**LARC Training Feedback**

We are reaching out to you now because you received IUD and contraceptive implant insertion and removal training at the Hands-on Reproductive Health Training Center.

We would appreciate your taking a few minutes to give us some information on the training you received so that we can improve it for future trainees.

1. Name
2. Now that you have completed the training, how would you rate your own level of competence in the following…

Medical knowledge about the full range of contraception options

 Beginner

 Developing Competency

 Competent

Medical knowledge about IUDs & implants

 Beginner

 Developing Competency

 Competent

Providing patient-centered contraception counseling

 Beginner

 Developing Competency

 Competent

Ability to use resources about contraception (i.e. CDC MEC & SPR; RHAP website; Bedsider)

 Beginner

 Developing Competency

 Competent

Bimanual exam

 Beginner

 Developing Competency

 Competent

Speculum placement

 Beginner

 Developing Competency

 Competent

Uterine sounding

 Beginner

 Developing Competency

 Competent

Insertion copper IUD

 Beginner

 Developing Competency

 Competent

Insertion hormonal IUD

 Beginner

 Developing Competency

 Competent

Removal IUD

 Beginner

 Developing Competency

 Competent

Insertion implantable contraception

 Beginner

 Developing Competency

 Competent

Removal implantable contraception

 Beginner

 Developing Competency

 Competent

1. Do you feel there was adequate training time to gain competency in these skills?
2. How many more training sessions (approximately 4 hours each) do you feel you would need to gain competency in these skills?

0 (none, competency achieved)

1-2

3-4

5+

I do not think I can gain competency

1. Which of the following procedures are you providing or do you plan to provide in your clinical practice?

Speculum exams

I plan to provide

 I am providing

 I do not plan to provide

IUD insertion

 I plan to provide

 I am providing

 I do not plan to provide

IUD removal

 I plan to provide

 I am providing

 I do not plan to provide

Implant insertion

 I plan to provide

 I am providing

 I do not plan to provide

Implant removal

 I plan to provide

 I am providing

 I do not plan to provide

1. What supports or assistance is needed in order for you to provide IUDs and contraceptive implants at your site?
2. Is there a clinician who can support you in providing IUDs and/or implant insertions and removals?

Yes, IUD only

Yes, implant only

Yes, both IUD and implant

No, neither one

1. Is this clinician at your clinical practice site or off-site?

At your clinical practice site

Off-site

I don’t have a clinician who can support me

1. How would you **rate the LARC training** you received at the Hands-on Reproductive Health Training Center for meeting your learning needs and expectations for each of these skills?

Medical knowledge about the full range of contraception options

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Medical knowledge about IUDs & implants

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Providing patient-centered contraception counseling

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Ability to use resources about contraception (i.e. CDC MEC & SPR; RHAP website; Bedsider)

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Bimanual exam

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Speculum placement

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Uterine sounding

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Insertion copper IUD

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Insertion hormonal IUD

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Removal IUD

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Insertion implantable contraception

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

Removal implantable contraception

 Poor

 Unsatisfactory

 Satisfactory

 Excellent

1. What additional training do you feel should have been covered and what are your suggestions for improving the training?
2. What did you like best about the training?
3. What did you like least about the training?
4. Did you perceive any commercial bias during your training?

Yes

No

Comment:

1. Is there anything else about the training or your clinical practice/site that you would like to share that was not covered in this survey?