**Daily 2-Way Evaluation Card – Uterine Aspiration Training**

Trainee: Evaluator:

Date: Number Aspirations Performed:

**Beginner (B):** Limited fund of knowledge; requires constant assistance/supervision.

**Advanced Beginner (AB):** Developing independent thinking. Requires intermittent assistance. Knows limits and seeks guidance as needed.

**Developing Competence (DC):** Developing independent thinking. Needs intermittent assistance; knows limits, seeks guidance as needed.

**Competent (C):** Occasional assistance. Knows limits, seeks guidance as needed. Asks appropriate questions to advance understanding and technique.

**Advanced Competence (AC):** No observation required. Rare assistance. Knows limits and seeks guidance as needed. Discusses complex cases with a trainer.

*Leave blank if skill not observed or N/A*

***Trainer***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SKILLS** | **B** | **AB** | **DC** | **C** | **AC** |
| Provides equitable, respectful, trauma-informed care |  |  |  |  |  |
| Pays attention to patient comfort and adjusts accordingly |  |  |  |  |  |
| Dilates cervix safely |  |  |  |  |  |
| Achieves complete procedure (abortion or miscarriage is complete at 1st POC evaluation) |  |  |  |  |  |
| Identifies potential problems/seeks assistance as needed |  |  |  |  |  |
| Recognizes and manages complications |  |  |  |  |  |
| Knows elements of pre- and post-procedure care |  |  |  |  |  |
| Communicates effectively and respectfully with staff |  |  |  |  |  |
| \*Rate current ability to safely perform procedure without supervision |  |  |  |  |  |

Comments/Examples:

***Trainee***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SKILLS** | **B** | **AB** | **DC** | **C** | **AC** |
| My ability to provide equitable, trauma-informed care |  |  |  |  |  |
| My ability to pay attention to patient comfort and adjust accordingly |  |  |  |  |  |
| My ability to dilate the cervix safely |  |  |  |  |  |
| My ability to complete the procedure (at 1st POC evaluation) |  |  |  |  |  |
| My ability to identify potential problems/seek assistance as needed |  |  |  |  |  |
| My ability to recognize and manage complications |  |  |  |  |  |
| My knowledge of pre- and post-procedure care elements |  |  |  |  |  |
| My ability to communicate effectively and respectfully with staff |  |  |  |  |  |
| \*My current level of confidence in my ability to safely perform the procedure without supervision |  |  |  |  |  |

What felt good about today?

What felt challenging about today?

What do I want to work on my next training day?

Is there a specific trainer or facility feedback you want to discuss today?

\*This tool was adapted from the TEACH Abortion Training Curriculum, 8th Edition