

Top Tips for training for the Letter of Competence in Intrauterine Techniques

These are hints and suggestions that have been collected from FSRH Registered Trainers (FRTs) across the country. They do not replace the Faculty guidance for LoC IUT but provide supplementary information for trainers who are new to Faculty training or for anyone interested in trying alternative strategies.

A. Be prepared

1. Laminate one copy of the instructions for each type of IUC available in the clinic so that they can be glanced at easily by trainee during sessions and can be re-used from trainee to trainee.
2. Have a document describing each IUC in terms of fitting device diameter, dimensions of IUC, longevity and cost so that they can see rationale for choosing a particular device (works best as a table).
3. Utilise a dedicated IUC fitting clinic where possible so that the trainee can fit several IUCs consecutively rather than having long gaps between each fit.

B. When the trainee arrives

1. At the first visit for trainee have the first clinic slot closed so that model uterus training can be undertaken and a few ground rules established.
2. Provide trainee with reusable versions of currently used devices and model uterus so that they can practise at home.
3. Ensure the trainee can accurately describe uterine version and position by repeating the examination after the trainee until you are satisfied that they are competent in this element.
4. If the trainee is anxious and/or not experienced in gynaecological procedures then de-construct the fitting procedure and gradually increase the elements of the fitting process performed by the trainee until the trainee is happy with all of the steps.
5. Some trainees find writing a “recipe” of the steps involved very helpful especially if there is going to be a gap between the training and starting to fit in their own in practice. Other learners find the technique of “mental practise” – cognitively rehearsing in their mind the steps required to fit an IUC without any physical movement just before they start the fitting helpful.
6. Teach the use of local anaesthetic with a portion of cucumber cut so that the flat surface is circular to simulate the cervix. Discuss different local anaesthetics available and be aware of different types of syringe/vial combinations. Teach the trainee the maximum safe doses of each anaesthetic type.
7. If a patient does not attend use this opportunity to review the management of important problems or scenarios eg vasovagal syncope, anaphylaxis, perforation, non-visible threads.

8. Ensure use of Cu IUD for emergency contraception is covered including when it is safe to fit and what follow up required.

9. Ensure that the trainee has experience in the pre-fit counselling/checks and the post-fit chat as well as the practicalities of the fitting itself but it may speed up training if sometimes the trainer runs through things quickly with the woman giving more time for the fitting itself.

10. If a trainee struggles to successfully fit a device explain what you as a trainer **are** doing differently that may make the IUC fitting process successful – is it pulling harder with the non-dominant hand on the stabilising forceps or is it directing the sound in a particular direction?

11. Demonstrate the use of different sorts of sounds including the curved sound/dilator type that are good for very anteverted or retroverted uteri.

12. Encouraging the trainee to follow up the women who had their device fitted in the training sessions in the first few weeks by telephone is helpful as the trainee will find out first hand what women experience after a fit in the way of pain or discomfort or bleeding and they will get a feel for what is normal. This will help them formulate accurate counselling regarding what to expect after a fit. They will need to have gained permission from the woman for this follow up telephone call at the time of the fitting.

C. Towards the end of training

1. Ensure the trainee can conduct a fit without any intervention from the trainer including setting up all the required equipment.

2. Ensure that the trainee is aware of what equipment they will need to acquire in their workplace so that they can run an IUC insertion service.

3. Once the trainee is felt to be competent and their log-book has been signed off, to increase their confidence and prepare them for independent practice, ask them to conduct the consultation and fitting process with the trainer close by but not actually in the same room.

4. Demonstrate examples of paperwork or proformas that could be useful for counselling, consent process and after care that the trainee could utilise in their practice by changing the headed paper.