Cervical cancer screening and management of cervical pre-cancers

Training of health staff in colposcopy, LEEP and CKC

Facilitators’ guide
Cervical cancer screening and management of cervical pre-cancers

Training of health staff in colposcopy, LEEP and CKC

Facilitators’ guide

World Health Organization
Regional Office for South-East Asia
Cervical cancer screening and management of cervical pre-cancers

Package contents

- Training of health staff in VIA, HPV detection test and cryotherapy
  - Trainees’ handbook
  - Facilitators’ guide
- Training of health staff in colposcopy, LEEP and CKC
  - Trainees’ handbook
  - Facilitators’ guide
- Trainees’ handbook and facilitators’ guide
  - Programme managers’ manual
- Trainees’ manual for community health workers
- Counselling cards
- Flip chart
- Teaching aids
Contents

Foreword v
Acknowledgements vi
Abbreviations vii
Section 1: General guidelines for training 1
  1.1 Introduction 2
  1.2 Training objectives 2
  1.3 Trainees’ profile 3
  1.4 Facilitators’ profile 5
  1.5 Batch size of trainees and number of facilitators 6
  1.6 Training materials 6
  1.7 Checklist of equipment and supplies required for the training 7
  1.8 Training site 9
  1.9 Duration of training 11
  1.10 Record keeping 11
  1.11 Dos and don’ts for facilitators 12
Section 2: Session plan 13
Section 3: Training methodologies 25
  3.1 Introduction 26
  3.2 Guidelines for conducting classroom training 26
  3.3 Guidelines for conducting clinic-based training 34
Section 4: Assessment of trainees 45
  4.1 Introduction 46
  4.2 Guidelines for conducting knowledge assessment 46
  4.3 Guidelines for conducting skills assessment in clinics 48
Section 5: Conducting the training 51
  5.1 Introduction 52
  5.2 Distribution of sessions and flow of events 53
  5.3 Feedback session 78
  5.4 Certification and closing 79
Section 6: Annex 81
  6.1 Trainees’ feedback form 82
  6.2 Sample questionnaire for knowledge assessment 84
  6.3 Sample informed consent form for colposcopy and biopsy 88
  6.4 Sample informed consent form for LEEP 90
  6.5 Checklists for counselling 92
  6.6 Checklist for colposcopy 97
  6.7 Checklist for LEEP 101
  6.8 Checklist for CKC 104
Cervical cancer is the second most common cancer among women worldwide and causes a significant number of deaths in the South-East Asia Region. Nearly 200,000 new cases of cervical cancer occurred in SEA Region Member States in 2008, giving an incidence of almost 25 per 100,000 and a mortality rate of almost 14 per 100,000. Cervical cancer can be prevented by early screening and vaccination. However, due to poor access to screening and treatment services, the vast majority of these deaths occur in women from nine Member States of the South-East Asia Region which account for more than one third of the global burden of cervical cancer.

In 2015, the WHO Regional Office for South-East Asia, in consultation with Member States, launched a Strategic Framework for the Comprehensive Control of Cervical Cancer in the South-East Asia Region. To strengthen the capacity of health-care providers, a training package has been developed based on the emerging scientific evidence related to new technologies and novel paradigms in cervical cancer screening and to the safety and efficacy of the vaccines.

A paradigm shift has taken place over the recent years in the understanding of the natural history of the disease, the preventive strategies, and the technologies associated with its early detection and treatment. The availability of effective and safe human papillomavirus (HPV) vaccine has introduced an entire new dimension to the prevention of the disease.

The South-East Asia Region is the first region of WHO to publish a training package on a comprehensive approach to cervical cancer screening and management of cervical pre-cancers. The training package provides strategies for a screen-and-treat programme building upon the existing evidence-based WHO global guidelines.

The training package is intended for programme managers, health-care providers and other professionals who have a responsibility for cervical cancer prevention, detection and treatment at the national and sub-national levels. There are eight separate modules for different target audiences including the facilitator’s guides.

I am convinced that the success of the Sustainable Development Goals and implementation of the Global Strategy on Women’s, Children’s and Adolescents’ Health will depend on strong commitment towards the ‘Survive, Thrive and Transform’ objectives for building healthy societies. This is our vision as we work together for stronger health systems, universal health coverage and scaling-up of life-saving interventions for comprehensive cervical cancer prevention and control.

I would urge Member States to strengthen the capacity of health-care providers in the prevention and control of cervical cancer.

Dr. Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
Acknowledgements

The World Health Organization (WHO) would like to thank all experts, partners and reviewers involved in developing this training package on cervical cancer screening and management of pre-cancers. The enormous task of preparing the comprehensive package to train the complete spectrum of providers in a cervical cancer screening program could be completed successfully due to the contributions of several experts from Member States of the WHO South-East Asia Region.

The development of the training package was coordinated by the WHO Collaborating Centre for Human Reproduction at the Department of Obstetrics and Gynaecology, Post-Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, India, under the leadership of Professor Lakhbir Dhaliwal and Professor Vanita Suri, along with team members Professor Rashmi Bagga, Dr. Rakhi and Dr. Parul. Inputs from consultants who worked on the project, Dr. Partha Basu, Screening Group, International Agency for Research on Cancer (WHO), France, and Dr. Srabani Mittal, Child in Need Institute, India, were critical.

WHO would like to thank the following experts who contributed and provided technical support to the development and finalization of this publication – Dr. Ashrafun Nessa, Bangladesh; Dr. Ugyen Tshomo, Bhutan; Dr. Suchitra Pandit, Dr. Neerja Bhatla, Dr. Jerad Maria Selvam, Dr. Shuchi Jain, India; Dr. Prof. Mya Thida, Dr. Theingi Myint, Myanmar; Dr. Kiran Regmi, Dr. Sarita Ghimere, Nepal; Dr. Nethanjali Mapitigama, Sri Lanka; Dr. Prof. Somchai Niruthisard, Thailand; Dr. Abhijeet Pathak, IPPF, India; Dr. Rashmi Asif and Dr. Geeta Chibber, Jhpiego (an affiliate of Johns Hopkins University), India; Dr. Sharad Singh, Population Services International, India; Dr. Anchita Patil, UNFPA, India.

Technical support in finalization of this package was provided by Dr. Arvind Mathur, Dr. Neena Raina, Dr. Anoma Jayathilaka, Dr. Priya Karna, WHO Regional Office for South-East Asia, New Delhi, India.

The pictures have been taken from IARC and reproduced with permission from IARC.
Abbreviations

CKC    cold knife conization
C4GEP  Comprehensive Cervical Cancer Control: A Guide to Essential Practice
CIN    cervical intraepithelial neoplasia
HPV    human papillomavirus
IFCPC  International Federation of Cervical Pathology and Colposcopy
LEEP   loop electrosurgical excision procedure
SCJ    squamocolumnar junction
TZ     transformation zone
WHO    World Health Organization
VIA    visual inspection with acetic acid
Section 1: General guidelines for training
1.1 Introduction

This manual is an instruction guide for facilitators to provide competence based training to providers of colposcopy and treatment services in a cervical cancer screening programme. The training is intended to assist gynaecologists and non-specialist clinicians to learn and improve upon their skills to perform colposcopy and to treat cervical pre-cancers by excision methods. Facilitators are required to consult both the *Facilitators’ guide* and the *Trainees’ handbook* while training participants through interactive presentations, group discussions, role plays, clinical practice sessions, etc.

The *Facilitators’ guide* contains detailed training methodologies, structure of the individual training sessions and guidelines for assessment of trainees. The *Trainees’ handbook* contains different modules to assist trainees with step-by-step learning of colposcopy and treatment procedures.

Training resources are based on the WHO *Comprehensive cervical cancer control: A guide to essential practice (C4GEP)*, 2nd edition, which will be the primary reference book for trainees. Henceforth, the book will be referred to as *WHO Guidance book* in this document. The *WHO Guidance book* is available online at http://apps.who.int/iris/bitstream/10665/144785/1/9789241548953_eng.pdf. Facilitators should be conversant with the contents of the *WHO Guidance book* since all the modules in the *Trainees’ handbook* are linked to the corresponding chapters and the practice sheets in the practice guidelines.

1.2 Training objectives

The training on Colposcopy and Management of Cervical Pre-cancers by LEEP and CKC aims to enhance the knowledge and skills of gynaecologists and nonspecialist clinicians involved in colposcopy and management of cervical pre-cancers at the secondary and tertiary levels of healthcare.

After completion of the training, trainees will be able to:

- counsel women before and after the interventions;
- perform colposcopy;
- make decision related to treatment and/or referral;
- treat precancerous conditions of the cervix by excision techniques;
- ensure appropriate follow-up of the women;
- maintain records of the women in appropriate format;
- organize colposcopy and treatment services.

The objectives include both knowledge enhancement and skills development.

**Knowledge-based objectives**

By the end of the training, trainees will be able to:

- explain how to screen for cervical cancer;
• describe the pathogenesis of cervical cancer with special reference to HPV;
• narrate the principles and techniques of colposcopy and interpretation of findings;
• explain the management of women with abnormalities detected on colposcopy;
• state the principles and techniques of LEEP and CKC;
• narrate the infection prevention practices.

Skill-based objectives

By the end of the training, trainees will be able to:
• demonstrate how to counsel a woman;
• perform colposcopy step-by-step;
• identify features of normal and abnormal cervix using a colposcope;
• perform LEEP or CKC as appropriate;
• follow appropriate infection prevention practices;
• manage women with procedure-related complications;
• conduct follow-up of women after treatment;
• document and maintain records;
• provide quality services as per the standard operating procedures.

1.3 Trainees’ profile

All gynaecologists and nonspecialist clinicians designated by the national cervical cancer screening programme or the local health authorities to provide colposcopy and treatment services at secondary and tertiary levels of healthcare need to be trained. The specialist gynaecologists are expected to learn about screening techniques and treatment by cryotherapy during their post-graduate training. Nonspecialist clinicians will be eligible for training in colposcopy and management of pre-cancers after successful completion of the course on VIA, HPV detection tests and cryotherapy and 6 months of active practice of these procedures.

Each trainee has to fill the experience record (Box 1.1) prior to initiation of the training to help facilitators understand their background and job experience.
Box 1.1: Experience record of trainees

*Fill in details wherever specified or circle the appropriate response*

1. Name: ______________________________________________________________
2. Designation: _________________________________________________________
3. Age: ________________________________________________________________
4. Sex: ________________________________________________________________
5. Contact no.: _________________________________________________________
6. Place of posting: _____________________________________________________
   Govt/Non-govt./Private ________________________________________________
7. Highest educational qualification: _____________ Year of passing: _____________
8. Duration of work experience: __________________________________________
9. Have you ever been trained to do cervical cancer screening? 
   YES  NO
10. If yes, which of the following procedures? VIA/Taking Pap smear/Taking sample for 
    HPV test/Other ______________________________________________________
11. Have you ever been trained to do colposcopy or treatment of pre-cancers? 
    YES  NO
12. If yes, on which of the following procedures have you been trained – Colposcopy/
    Cryotherapy/LEEP/CKC/ Others? _______________________________________
13. Current job responsibilities: Clinical/Training/Supervision/Others ____________
14. Do you practise the following in your work? 
   a) Colposcopy:  YES  NO 
   b) Cryotherapy: YES  NO
   c) LEEP:  YES  NO 
   d) CKC:  YES  NO
1.4 Facilitator’s profile

Facilitators should have adequate knowledge and skills in the concerned subjects. They should undergo training of trainers to be conversant with objectives, methodologies, session plans and the training materials. It is preferable that facilitators have training in training technology. They should be conversant with the cervical cancer control guidelines of their respective countries/region (if available).

1.4.1 Course coordinator

One facilitator will be designated as course coordinator whose responsibilities will be as follows:

<table>
<thead>
<tr>
<th>For classroom training</th>
<th>For clinic-based training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check the audio-visual system for proper functioning</td>
<td>Check the availability of adequate number of cases for demonstration, prepare a list of cases and get informed consent</td>
</tr>
<tr>
<td>Check availability of all training aids</td>
<td>Engage nursing and other staff at the clinical facility for the training</td>
</tr>
<tr>
<td>Ensure that sessions are conducted as per schedule</td>
<td>Check functioning of all equipment</td>
</tr>
<tr>
<td>Introduce the course</td>
<td>Check availability of adequate number of instruments and adequate amount of consumables, including those required for simulation sessions</td>
</tr>
<tr>
<td>Oversee administrative aspects including record maintenance</td>
<td>Plan allocation of cases and trainees to different practice stations</td>
</tr>
<tr>
<td>Check for general facilities like running water, washrooms, power back-up, refreshments etc.</td>
<td></td>
</tr>
</tbody>
</table>

1.4.2 Facilitator’s skills checklist

At the beginning of the training all selected facilitators need to fill in the facilitators’ skills checklist (Box 1.2) and submit it to the course coordinator. The checklist serves as a self-evaluation tool and is also an important document for assessment of quality of training.
1.5 **Batch size of trainees and number of facilitators**

The total number of trainees should be six to 10 per batch. The number of facilitators per batch should be at least three.

1.6 **Training materials**

The following training materials will be provided:

- *Training of health staff in colposcopy, LEEP and CKC: Facilitators’ guide*
- *Training of health staff in colposcopy, LEEP and CKC: Trainees’ handbook*
- Counselling cards and flip chart
- Demonstration models

---

**Box 1.2: Facilitator’s skills checklist**

**Facilitator’s skills checklist** (Please circle the statements that are appropriate for you)

- You have undergone a course on colposcopy and management of cervical pre-cancer or its equivalent at a recognized training centre
- You have undergone training of trainers
- You have been trained in training technology
- You have been practising colposcopy and treatment of pre-cancers regularly for at least 2 years
- You have previously been a facilitator for a similar course (If yes, number of times ___)
- You know your subject matter and are fully prepared to conduct the training session
- You are flexible and empathetic and can adapt your plans to meet trainees’ needs
- You encourage co-facilitators and trainees to give feedback and constructive criticism
- You give timely constructive feedback to co-facilitators and trainees

Facilitator’s name:

Designation:
### 1.7 Checklist of equipment and supplies required for the training

<table>
<thead>
<tr>
<th>Item</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For classroom training</strong></td>
<td></td>
</tr>
<tr>
<td>1. Folders for trainees containing:</td>
<td></td>
</tr>
<tr>
<td>i. <em>Trainees' handbook</em> containing the modules for different training sessions</td>
<td></td>
</tr>
<tr>
<td>ii. Trainees' log sheets</td>
<td></td>
</tr>
<tr>
<td>iii. CD-ROMs/flash drives containing PowerPoint presentations, videos of the procedures, WHO C4GEP manual, Strategic framework for the comprehensive control of cancer cervix in South-East Asia region, WHO SEARO 2015</td>
<td></td>
</tr>
<tr>
<td>iv. Flip charts, counselling cards</td>
<td></td>
</tr>
<tr>
<td>v. Pen, pencil, eraser, sharpener</td>
<td></td>
</tr>
<tr>
<td>vi. Writing pad</td>
<td></td>
</tr>
<tr>
<td>2. Name tags of trainees and facilitators</td>
<td></td>
</tr>
<tr>
<td>3. Attendance sheet for trainees and facilitators</td>
<td></td>
</tr>
<tr>
<td>4. Pens, pencils, A4 size paper, note pads, staplers, punching machine, cello tape</td>
<td></td>
</tr>
<tr>
<td>5. Laptop, LCD projector, extension cords, TV monitor or projection screen</td>
<td></td>
</tr>
<tr>
<td>6. Microphone, podium, tables for models and training material</td>
<td></td>
</tr>
<tr>
<td>7. Flip charts and stand, marking pens – various colours, large clips to hold flip chart paper</td>
<td></td>
</tr>
<tr>
<td>8. White board, duster, chart papers, tapes for posting papers on boards</td>
<td></td>
</tr>
<tr>
<td>9. PowerPoint presentations, images and videos for demonstration, flash cards</td>
<td></td>
</tr>
<tr>
<td>10. Print outs of pre- and post-training knowledge assessment questionnaires, checklists, log sheets, case record forms, consent forms</td>
<td></td>
</tr>
<tr>
<td>11. Certificates for trainees</td>
<td></td>
</tr>
<tr>
<td><strong>For clinical sessions</strong></td>
<td></td>
</tr>
<tr>
<td>12. Supplies for preparation of dilute acetic acid, Lugol’s iodine, Monsel’s paste, chlorine solution (as mentioned in the module)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>13.</td>
<td>Local anaesthetic, dental syringes or disposable syringes, needles/spinal needle</td>
</tr>
<tr>
<td>14.</td>
<td>10% formaldehyde, biopsy vials with labels</td>
</tr>
<tr>
<td>15.</td>
<td>Normal saline</td>
</tr>
<tr>
<td>16.</td>
<td>Ethyl alcohol, glutaraldehyde solution</td>
</tr>
<tr>
<td>17.</td>
<td>Examination gloves (sizes 6.5, 7, 7.5), cotton swabs, lubricant jelly</td>
</tr>
<tr>
<td>18.</td>
<td>Focussing lamp, examination table</td>
</tr>
<tr>
<td>19.</td>
<td>Colposcope</td>
</tr>
<tr>
<td>20.</td>
<td>Electrosurgical unit, loop electrodes, smoke evacuation system</td>
</tr>
<tr>
<td>21.</td>
<td>Self-retaining bivalve speculum, sponge holding forceps, instrument tray</td>
</tr>
<tr>
<td>22.</td>
<td>Kidney trays, galipots</td>
</tr>
<tr>
<td>23.</td>
<td>Self-retaining insulated vaginal speculum</td>
</tr>
<tr>
<td>24.</td>
<td>Insulated vaginal side-wall retractors</td>
</tr>
<tr>
<td>25.</td>
<td>Endocervical speculum</td>
</tr>
<tr>
<td>26.</td>
<td>Endocervical curette</td>
</tr>
<tr>
<td>27.</td>
<td>Teischler’s punch biopsy forceps,</td>
</tr>
<tr>
<td>28.</td>
<td>Needle holder, suture with needle</td>
</tr>
<tr>
<td>29.</td>
<td>LEEP trainer, animal tissues for simulated learning</td>
</tr>
<tr>
<td>30.</td>
<td>Sterilizer/boiler</td>
</tr>
<tr>
<td>31.</td>
<td>Consent forms, trainee assessment sheets, client record cards</td>
</tr>
<tr>
<td>32.</td>
<td>Writing desk, stools, chairs, curtains for clinic doors and windows, screen/cover sheets for women to be examined</td>
</tr>
</tbody>
</table>
1.8 Training site

The training should be held in a well-equipped hospital or other health facility with existing colposcopy and LEEP services. The readiness of a proposed training site should be assessed by a competent person using the checklist provided below.

Box 1.3: Training site readiness checklist

<table>
<thead>
<tr>
<th>Facility/Item</th>
<th>Number where applicable</th>
<th>Functional yes/no/NA</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Provision of the following clinical services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Colposcopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. LEEP and CKC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In-patient admission facilities if required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Infrastructure for classroom teaching</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Classroom with minimum seating capacity of 15 (to accommodate 6–10 trainees, 2–3 facilitators and 1–2 observers), seating arrangement preferably U-shaped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Classroom should be well-lit and ventilated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Lights and fans or air-conditioner in working condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Audio-visual facilities in classroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Electricity (sockets and extension cords)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Toilet facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Drinking water supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Electrical power backup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. Training aids</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. LCD projector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. TV monitor or projection screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Microphone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audio-visual aids with accessories</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Flip chart with stand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Large clips to hold chart paper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Flash cards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility/Item</td>
<td>Number where applicable</td>
<td>Functional yes/no/NA</td>
<td>Remarks</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------</td>
<td>----------------------</td>
<td>---------</td>
</tr>
<tr>
<td>18. White board, marker pens and duster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Staplers, highlighters, stapler pins, punching machine, scissors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. A4 size plain papers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Coloured sticky labels, cello tapes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Computer facilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Computers accessible to trainees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Internet facility accessible to trainees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Printer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Photocopier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D. Library facility for trainees</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E. Attitude of facility staff for training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Willingness of facility manager/in-charge to make the facility a training site for cervical cancer screening and treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Potential facilitator among service providers willing to train</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Other service providers willing to support the activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F. Availability of infrastructure, equipment and supplies for colposcopy and treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Colposcopy clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Clinic and counselling areas well-lit and ventilated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Curtains/screens on windows and doors for privacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Space and stools/chairs for counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Examination tables with mattresses, sheets and pillows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Focusing light</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Equipment, instruments and supplies for colposcopy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.9 Duration of training

The total duration of the training will be 10 days. Details of the training schedule and session plans are given in later sections.

1.10 Record keeping

Training records provide evidence pertaining to the conduct of a training and can be useful in identifying training gaps. Keeping paper records during the training is a simple and convenient method. However, maintaining computerized training records is useful for ease of data retrieval and sharing with programme managers.

Facilitators are required to maintain the following records.

• Attendance sheet/register of trainees
• Trainees’ experience record
• Facilitators’ skills checklist
• Log sheets submitted by trainees
• Completed assessment questionnaires from trainees
• Knowledge assessment matrix filled in by facilitators
• Filled in image recognition forms by trainees
• Image recognition skills assessment matrix by facilitators
• Summary performance sheet of trainees
### 1.11 Dos and don’ts for facilitators

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be conversant with the session plan and the training materials prior to start of training</td>
<td>• Make adverse/negative comments on any trainee</td>
</tr>
<tr>
<td>• Ensure that the training site is ready prior to onset of training</td>
<td>• Be shy, nervous or worried</td>
</tr>
<tr>
<td>• Maintain friendly and supportive environment</td>
<td>• Use one-way teaching without any interaction</td>
</tr>
<tr>
<td>• Call trainees by their name as much as possible</td>
<td>• Ignore trainees' queries</td>
</tr>
<tr>
<td>• Speak clearly and loudly</td>
<td>• Make presentations without facing the trainees or avoiding eye contact with them</td>
</tr>
<tr>
<td>• Spend enough time with trainees so that all their queries can be answered</td>
<td>• Use teaching aids or materials other than the prescribed ones</td>
</tr>
<tr>
<td>• Give simple and clear instructions to trainees</td>
<td>• Rush through any of the sessions</td>
</tr>
<tr>
<td>• Ensure clear visualization of the presentations/demonstrations by all trainees</td>
<td></td>
</tr>
<tr>
<td>• Encourage trainees to interact and be involved in all the sessions</td>
<td></td>
</tr>
<tr>
<td>• Strictly adhere to the session plan and the session contents</td>
<td></td>
</tr>
</tbody>
</table>
Section 2: Session plan
## Session plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Session</th>
<th>Time</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Registration</td>
<td>8:30 a.m.–9:00 a.m.</td>
<td>Registration of trainees and facilitators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Filling up of experience records of trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Signature of trainees on attendance sheet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Handing over of training folders</td>
</tr>
<tr>
<td>Opening</td>
<td>Opening session</td>
<td>9:00 a.m.–10:00 a.m.</td>
<td>Welcome of participants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Introduction of facilitators and trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assessment of trainees’ expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Presentation of training objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ground rules and informing logistics of training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Agenda of training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pre-training knowledge assessment</td>
</tr>
<tr>
<td>Session 1</td>
<td>Session 1: Introduction to cervical cancer</td>
<td>10:00 a.m.–11:00 a.m.</td>
<td>Magnitude of problem of cervical cancer</td>
</tr>
<tr>
<td></td>
<td>screening</td>
<td></td>
<td>Principles of cervical cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Need for cervical cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Concept of organized screening programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protocol for cervical cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Screening tests for cervical cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Target population for cervical cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Frequency of cervical cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Informed consent for cervical cancer screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National cervical cancer screening protocol</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>--------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Session 2: Pathogenesis of cervical cancer with special reference to HPV infection</td>
<td>11:00 a.m.–12:00 p.m.</td>
<td>Interactive presentation: Risk factors of cervical cancer, Epidemiology of HPV infection, Mechanism of carcinogenesis by HPV infection, Natural history of cervical intra-epithelial neoplasia</td>
</tr>
<tr>
<td></td>
<td>Session 3: Counselling</td>
<td>12:00 p.m.–1:00 p.m.</td>
<td>3 a: Interactive presentation: Necessity of counselling, Being a good counsellor, Steps for counselling, Using checklists, flip chart and counselling cards, Counselling messages</td>
</tr>
<tr>
<td></td>
<td>3 b: Facilitated group activity learning</td>
<td></td>
<td>Role play</td>
</tr>
<tr>
<td></td>
<td>Lunch break</td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Session 4: Principles of colposcopy</td>
<td>2:00 p.m.–3:30 p.m.</td>
<td>4 a: Interactive presentation: Introduction to colposcopy, Microscopic features of epithelium of cervix, Squamocolumnar junction and its importance, Squamous metaplasia, Transformation zone (TZ)</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Vascular patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of 5% acetic acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of Lugol’s iodine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 b: Facilitated group learning activity</td>
<td>Digital image recognition skill – presentation and discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 5: Instrumentation and technique of colposcopy</td>
<td>3:30 p.m.–4:30 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 a: Interactive presentation</td>
<td>Indications of colposcopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instruments required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consumables required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Steps of colposcopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procedure of colposcopy guided cervical biopsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interpretation of colposcopy findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documentation of colposcopic findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post colposcopy tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Common problems in colposcopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 b: Facilitated group learning activity</td>
<td>Digital image recognition skill – presentation and discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of the day’s activities</td>
<td>4:30 p.m.–4:45 p.m.</td>
<td></td>
<td>Key points to be presented by trainees</td>
</tr>
<tr>
<td>Discussion of the next day’s agenda</td>
<td>4:45 p.m.–5:00 p.m.</td>
<td></td>
<td>Discussion to be led by facilitators</td>
</tr>
<tr>
<td>Day 2</td>
<td>Review of the previous day’s activities and doubt clearance</td>
<td>9:00 a.m.–9:30 a.m.</td>
<td>Presentation of key points by trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discussion to be led by facilitator for doubt clearance</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td><strong>Session 6:</strong> Colposcopic features of normal, benign, pre-cancer and cancer of cervix</td>
<td>9:30 a.m.–11:00 a.m.</td>
<td><strong>6 a:</strong> Interactive presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Normal colposcopy findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Abnormal colposcopy findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Early invasive and invasive carcinoma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Miscellaneous findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Management algorithms</td>
</tr>
<tr>
<td></td>
<td><strong>6 b:</strong> Facilitated group learning activity</td>
<td></td>
<td>Digital Image recognition skill – presentation and discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Case studies and discussion</td>
</tr>
<tr>
<td></td>
<td><strong>Session 7:</strong> Treatment of cervical pre-cancers by loop electrosurgical excision procedure (LEEP) and follow-up</td>
<td>11:00 a.m.–12:30 p.m.</td>
<td><strong>7 a:</strong> Interactive presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Principles of LEEP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Instruments and consumables required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eligibility criteria for LEEP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Steps of LEEP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Post treatment advice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Advantages and disadvantages</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Management of treatment complications</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appropriate infection prevention practices</td>
</tr>
<tr>
<td></td>
<td><strong>7 b:</strong> Group learning activity</td>
<td></td>
<td>Case studies/role play</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
| Session 8: Treatment of cervical pre-cancers by cold knife conization (CKC) and follow-up | 12:30 p.m.–1:00 p.m. | Principles of CKC  
Instruments and consumables required  
Eligibility criteria for CKC  
Steps of CKC  
Post treatment advice and follow-up  
Advantages and disadvantages  
Management of treatment complications  
Appropriate infection prevention practices |

| 8 a: Interactive presentation | | Lunch break | 1:00 p.m.–2:00 p.m. |

| 8 b: Group learning activity | 2:00 p.m.–2:30 p.m. | Case studies |

| Session 9: Importance of infection prevention practices | 2:30 p.m.–3:30 p.m. | Prevention of spread of infection  
Processing of instruments  
Waste disposal |

| 9 a: Interactive presentation | | 9 b: Group learning activity |

<p>| 3:30 p.m.–4:00 p.m. |  | Role play |</p>
<table>
<thead>
<tr>
<th>Day</th>
<th>Session</th>
<th>Time</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ensuring quality of services by healthcare providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Programme monitoring and its necessity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indicators to monitor cervical cancer screening programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quality assurance and quality control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Framework for effective quality assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supportive supervision guidelines and tool</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Evaluation of programme performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Using evaluation results for quality improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4:30 p.m.–4:45 p.m.</td>
<td>Key points to be presented by trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4:45 p.m.–5:00 p.m.</td>
<td>Discussion to be led by the facilitator</td>
</tr>
<tr>
<td>Day 3</td>
<td>Review of the previous day’s activities and doubt clearance</td>
<td>9:00 p.m.–9:30 a.m.</td>
<td>Presentation of key points by trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discussion to be led by the facilitator for doubt clearance</td>
</tr>
<tr>
<td></td>
<td>Organization of groups for clinic based sessions</td>
<td>9:30 a.m.–10:00 a.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstration session (clinic-based)</td>
<td>10:00 a.m.–11:00 a.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Getting to know the colposcope</td>
<td></td>
<td>Introduction to different parts of the colposcope</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Functions of each part of the equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Connections and adjustment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Equipment maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Troubleshooting</td>
</tr>
<tr>
<td></td>
<td>ii) Getting to know the instrument tray for colposcopy</td>
<td></td>
<td>Introduction to different instruments and consumables used for colposcopy</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical skills training</strong></td>
<td>11:00 a.m.–3:00 p.m.</td>
<td>Working with the instruments&lt;br&gt;Decontamination and sterilization of instruments</td>
</tr>
<tr>
<td></td>
<td>Lunch break</td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Counselling</td>
<td></td>
<td>Individual counselling/group counselling/couple counselling using skills checklists, counselling cards and flip charts</td>
</tr>
<tr>
<td></td>
<td>ii) Colposcopy</td>
<td></td>
<td>Procedure to be observed on client&lt;br&gt;Procedure to be performed under supervision&lt;br&gt;Procedure to be performed independently on client</td>
</tr>
<tr>
<td></td>
<td><strong>Demonstration session</strong></td>
<td>3:00 p.m.–4:30 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Preparation of dilute acetic acid</td>
<td></td>
<td>Introduction to ingredients and consumables, method of preparation, storage and use, precautions</td>
</tr>
<tr>
<td></td>
<td>ii) Preparation of Lugol’s iodine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii) Preparation of Monsel’s paste</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv) Preparation of 0.5% chlorine solution</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Summary of the day’s activities</strong></td>
<td>4:30 p.m.–4:45 p.m.</td>
<td>Key points to be presented by trainees</td>
</tr>
<tr>
<td></td>
<td><strong>Discussion of the next day’s agenda</strong></td>
<td>4:45 p.m.–5:00 p.m.</td>
<td>Discussion to be led by facilitators</td>
</tr>
<tr>
<td>Day 4–Day 5</td>
<td>Review of the activities and doubt clearance</td>
<td>9:00 a.m.–9:30 a.m.</td>
<td>Presentation of key points by trainees&lt;br&gt;Discussion to be led by facilitators for doubt clearance</td>
</tr>
<tr>
<td></td>
<td><strong>Classroom training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Image recognition session / video presentation</strong></td>
<td>9:30 a.m.–10:30 a.m.</td>
<td>Presentation of images and videos of procedures being performed and discussion</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Clinic-based training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstration session in the clinics</td>
<td>10:30 a.m.–11:30 a.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Getting to know LEEP equipment and accessories</td>
<td></td>
<td>Introduction to electrosurgical unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Electrical connections and setting-up of the unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Functions of all parts of the unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Equipment maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Troubleshooting</td>
</tr>
<tr>
<td></td>
<td>ii) Getting to know the LEEP instrument tray</td>
<td></td>
<td>Introduction to different instruments and consumables used for LEEP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Working with the instruments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Decontamination and sterilization of instruments</td>
</tr>
<tr>
<td></td>
<td>iii) Getting to know instrument tray for CKC</td>
<td></td>
<td>Introduction to different instruments and consumables used for CKC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Working with the instruments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Decontamination and sterilization of instruments</td>
</tr>
<tr>
<td></td>
<td>Clinical skills training</td>
<td>11:30 a.m.–4:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch break</td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) Counselling</td>
<td></td>
<td>Individual counselling /group counselling/ couple counselling using skills checklists, counselling cards and flip charts</td>
</tr>
<tr>
<td></td>
<td>ii) Colposcopy</td>
<td></td>
<td>Procedure to be observed on client</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Procedure to be performed under supervision on client</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Procedure to be performed independently on client</td>
</tr>
<tr>
<td></td>
<td>iii) Treatment by LEEP</td>
<td></td>
<td>Simulated learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Procedure to be observed on client</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Day Session</strong></td>
<td></td>
<td><strong>Time</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Contents</strong></td>
<td></td>
<td><strong>Procedure to be performed under supervision on client:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Procedure to be performed independently on client:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Summary of the day’s activities</strong></td>
<td>4:00 p.m.–4:15 p.m.</td>
<td><strong>Key points to be presented by trainees</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion of the next day’s agenda</strong></td>
<td>4:15 p.m.–4:30 p.m.</td>
<td><strong>Discussion to be led by facilitators</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Preparation for mid-course assessment (Day 5)</strong></td>
<td>4:30 p.m.–5:00 p.m.</td>
<td><strong>Orientation to mid-course assessment, explanation of the assessment process (knowledge assessment and skills assessment)</strong></td>
</tr>
<tr>
<td><strong>Day 6</strong></td>
<td><strong>Review of the previous day’s activities and doubt clearance</strong></td>
<td>9:00 a.m.–9:30 a.m.</td>
<td><strong>Presentation of key points by trainees</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Discussion to be led by facilitators for doubt clearance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Mid-course assessment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Knowledge assessment</strong></td>
<td>9:30 a.m.–11:00 a.m.</td>
<td><strong>Administration of assessment questionnaire</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Image recognition skill assessment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Clinical skills assessment</strong></td>
<td>11:00 a.m.–3:30 p.m.</td>
<td><strong>Counselling, colposcopy (with/without punch biopsy) and treatment by LEEP</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Lunch break</strong></td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Review of filled in knowledge assessment questionnaires and image recognition forms and filling up of assessment matrix sheets</strong></td>
<td>3:30 p.m.–4:45 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion of the next day’s agenda</strong></td>
<td>4:45 p.m.–5:00 p.m.</td>
<td><strong>Presentation of key points by trainees. Discussion to be led by facilitators</strong></td>
</tr>
<tr>
<td><strong>Day 7–Day 8</strong></td>
<td><strong>Review of the previous day’s activities and doubt clearance</strong></td>
<td>9:00 a.m.–9:30 a.m.</td>
<td><strong>Presentation of key points by trainees</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Discussion to be led by facilitators for doubt clearance</strong></td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-----</td>
<td>---------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Classroom training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Image recognition session/video presentation</td>
<td>9:30 a.m.–10:30 a.m.</td>
<td>Presentation of images and videos of procedures being performed for discussion</td>
</tr>
<tr>
<td></td>
<td>Clinic-based training</td>
<td>10:30 a.m.–4:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch break</td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical skill training</td>
<td>10:30 a.m.–1:00 p.m.</td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>Colposcopy</td>
<td>Procedure to be observed on client</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be performed under supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be performed on client</td>
<td></td>
</tr>
<tr>
<td>ii)</td>
<td>Treatment by LEEP</td>
<td>Simulated learning</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be observed on client</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be performed under supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be performed on client</td>
<td></td>
</tr>
<tr>
<td>iii)</td>
<td>Treatment by CKC</td>
<td>Procedure to be observed on client</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be performed under supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedure to be performed on client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary of the day’s activities</td>
<td>4:00 p.m.–4:15 p.m.</td>
<td>Key points to be presented by trainees</td>
</tr>
<tr>
<td></td>
<td>Discussion of the next day’s agenda</td>
<td>4:15 p.m.–4:30 p.m.</td>
<td>Discussion to be led by facilitator</td>
</tr>
<tr>
<td></td>
<td>Preparation of the final assessment (Day 8)</td>
<td>4:30 p.m.–5:00 p.m.</td>
<td>Explanation of assessment process (knowledge assessment and skills assessment)</td>
</tr>
<tr>
<td></td>
<td>Final assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 9</td>
<td>Knowledge assessment</td>
<td>9:00 a.m.–10:30 a.m.</td>
<td>Administration of assessment questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Image recognition skill assessment</td>
</tr>
<tr>
<td></td>
<td>Clinical skills assessment</td>
<td>10:30 a.m.–3:30 p.m.</td>
<td>Counselling, colposcopy (with/without punch biopsy) and treatment by LEEP/CKC</td>
</tr>
<tr>
<td>Day</td>
<td>Session</td>
<td>Time</td>
<td>Contents</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Lunch break</td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of filled in knowledge assessment questionnaires and image recognition forms. Filling in of assessment matrix sheets</td>
<td>3:30 p.m.–4:15 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion of next steps and action plan</td>
<td>4:15 p.m.–5:00 p.m.</td>
<td></td>
</tr>
<tr>
<td>Day 10</td>
<td><strong>Clinical skills assessment</strong></td>
<td>9:00 a.m.–12:30 p.m.</td>
<td>Counselling, colposcopy and treatment by LEEP, CKC</td>
</tr>
<tr>
<td></td>
<td>Filling in feedback forms</td>
<td>12:30 p.m.–1:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch break</td>
<td>1:00 p.m.–2:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion of clinical skills assessment</td>
<td>2:00 p.m.–3:00 p.m.</td>
<td>Discussion of summary performance sheets and knowledge assessment sheets</td>
</tr>
<tr>
<td></td>
<td>Certificate distribution and comments from trainees</td>
<td>3:00 a.m.–4:00 p.m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3: Training methodologies
3.1 Introduction

The training on colposcopy and management of cervical pre-cancers involves knowledge development through interactive presentations and skill enhancement through facilitated group learning activities and clinical sessions. Training sessions should be conducted as per a predetermined schedule, and adherence to this schedule is important for timely and efficient conduct of the sessions. Facilitators should meet daily after all the sessions are over to review the day’s activities and plan for the next day’s training and to ensure availability of all training materials and teaching aids. All facilitators should be in agreement about each others’ roles and responsibilities prior to the start of the training.

The training has two primary components:

- classroom training.
- clinic-based training.

Both the components include the facilitated group learning activities for which the breakout groups should be formed as instructed in Box 3.1.

Box 3.1: Formation of breakout groups

- Organize trainees into smaller groups during the opening session.
- Each group should not have more than four trainees.
- Designate one facilitator to each group.
- Print a list showing the groups to which trainees and facilitators have been assigned.
- Display the list in the classroom and clinical stations for all trainees to see.
- Instruct trainees not to change groups.

3.2 Guidelines for conducting classroom training

- Conduct all the interactive presentations and the designated breakout facilitated group learning activities in the classroom.
- Start each day’s session in the classroom by reviewing the previous day’s activities and discussing the relevant queries of the trainees. Let trainees respond to each others’ queries. The facilitator may provide the correct explanation if trainees are not able to do so correctly.
- Review the day’s timetable along with the trainees.
- For each session:
  - Follow the instructions for conducting training as per the corresponding modules given in Section 5 of the Facilitators’ guide.
  - Present the learning objectives at the beginning of each session.
  - Use the PowerPoint or video presentation included in the teaching aids for each module.
• Refer to the facilitated group learning activities listed at the end of each module. Facilitated group learning activities in the classroom include:
  – role plays;
  – image recognition (digital images);
  – case studies.
• At the end of each day, ask trainees to summarize the day’s activities and key points.
• Brief trainees on the next day’s agenda.

3.2.1 Guidelines for delivering PowerPoint presentations

**Purpose:** PowerPoint presentations serve as excellent teaching tools that help in transfer of knowledge with focused content, clear messages and effective visuals. They enhance the learning process by allowing trainees to analyse, interpret and interact on topics covered.

**Preparation**

a) Know the subject well by reading individual modules and the corresponding information in the *WHO Guidance book* relevant to the PowerPoint presentation.

b) Familiarize yourself with the contents and sequence of the presentation.

c) Refer to the key points for discussion for the corresponding module provided in this manual.

d) You may add your own notes to emphasize issues of local importance.

e) Rehearse the presentation so that you cover all important points within the given time limit.

**Delivering the presentation**

• Check the seating arrangement to make sure that slides are clearly visible to trainees.

• Introduce yourself, if not already done.

• Speak clearly and ensure that all trainees can hear you.

• Inform trainees that they are free to ask questions anytime during the presentation and can do so one at a time by raising their hands.

• Introduce the topic and give an overview of the content of the presentation.

• Face the trainees and not the slides while making presentations.

• You may use a pointer, stick or pencil to indicate a specific part of the presentation.

• Explain each slide slowly, highlighting the key points.

• Never read from slides or from the notes.

• Make sure you cover all the information provided in the notes accompanying each slide.

• Maintain the logical order of ideas in the presentation.

• Do not give extra information, except about updated information or relevant national/regional guidelines.

• Make the presentation interactive by asking trainees questions in between slides. This will also allow you to assess their understanding.
• Keep the interactive discussion focused to the topic of the presentation.
• Strictly adhere to the time limit of the presentation.
• Summarize key points at the end of the session.
• Allow time for questions from trainees. Provide complete answers.
• Thank trainees after the presentation.

3.2.2 Guidelines for video presentations

Purpose: Video presentations allow trainees to become familiar with the procedure while remaining in classroom setting. It is an excellent tool to learn the steps of a procedure before doing it in clinical practice.

Preparation
• Check the video well in advance by using the projection system and computer used for classroom teaching.
• Familiarize yourself with the contents of the video and make your own notes for the session.
• Check seating arrangements so that all trainees are able to see the videos clearly.

Presenting a video
• Inform trainees about the objective of showing the video and the procedure that it will show.
• Ask trainees to carefully watch all steps of the procedure shown.
• Ask them to list their queries, if any, for discussion at the end of the video presentation.
• Discuss the queries systematically. If required, repeat relevant segments of the video for improved understanding.
• Summarize key points at the end of the session.

3.2.3 Guidelines for managing a role play

Purpose: Role plays are conducted to give trainees an opportunity to practice and improve their knowledge and skills of communication and counseling in a non-threatening and simulated environment before performing the procedures on clients. Role plays help in changing attitudes of trainees towards concerned problems.

Organizing a role play
• Check the list of suggested role plays provided at the end of the corresponding module and select one of them.
• Identify the group that will be performing the role play.
• Identify or ask trainees to volunteer to enact the specified roles.
• Brief trainees about the background situation and focus of the role plays described in the module.
• Clearly describe each role to the trainees.
• Encourage adherence to the counselling steps given in the checklists while enacting role plays for counselling.
• Allow trainees adequate time (10 min) to develop the script for the given situation.
• Ensure that the focus of the script remains on the theme related to the given topic.
• Assign the role of observers to the remaining trainees. Observer trainees should use the skills checklist to observe trainees playing the role of providers and give feedback at the end.
• Set a time limit for the role play (approximately 7–10 min).
• Ask trainees to speak loudly and clearly.
• Ensure the role play remains focused to the given situation.
• Thank the group after the role play is over.
• Ask trainees (actors) how they felt while performing the role.
• After completion of the act, facilitate debriefing by asking observer trainees to provide constructive feedback. Discuss what else could have been addressed during the role play.
• Provide constructive feedback and necessary improvements for the benefit of the whole group.
• Encourage all trainees of the group to ask questions. Always ensure complete answers are given.
• Check Box 3.2 for a model role play – counselling a woman for colposcopy.

While conducting role play or case studies, the facilitator may change the subjects' names, locations or the circumstances of the situation as described in the module to make them locally and culturally appropriate.

Things to observe during a role play
• How did the trainee approach the issue of concern with the client?
• Did the provider use language easily understood by the client?
• Did the provider encourage the client to talk, to make the communication two-way and share concerns?
• Did the provider give the client enough information relevant to the given situation?
• Was the provider non-judgmental and using positive verbal and nonverbal communications?
• Did the provider use any educational tools or audio-visual aids to clarify the messages effectively?
• Did the provider encourage the client to ask questions?
• Did the provider adequately address the client's questions and concerns to help her make an informed choice or decision?
• What could the provider do to improve the interaction with the client?
Box 3.2: Model role play

Counselling a woman with positive VIA result for colposcopy

• Roles and background situation for the role play
  ▪ Select trainees or ask trainees from the group to volunteer to perform the following roles:
    – Pen-chan, a 30-year-old woman having one child, who has attended the clinic at the district hospital for colposcopy
    – Kulap, a doctor who performs colposcopy at the district hospital
    – Sukhon, a nurse at the district hospital to whom Pen-chan reports before seeing the doctor
  ▪ The entire group, including the role players, should know the following background situation:
    Pen-chan has been advised at the primary health centre to have colposcopy in view of VIA positivity. She has been told that colposcopy is necessary to confirm or exclude the presence of disease. She is very apprehensive that the test may be painful and has strong fears of getting a diagnosis of cancer.

• Focus of the role play
  The focus of the role play is the interaction between a doctor and a woman seeking colposcopy. Sukhon will first go through Pen-chan’s records and will confirm that colposcopy is necessary for her. Sukhon guides Pen-chan to Dr Kulap for colposcopy. Dr Kulap makes Pen-chan feel comfortable and then assesses her knowledge about cervical cancer and its early detection through screening. Dr Kulap explains the necessity of colposcopy in view of Pen-chan’s VIA positivity and tells her about the possibility of underlying pre-cancer or cancer. The doctor also informs Pen-chan that the disease, if detected, can be treated and arrangements will be made for that. Dr Kulap then explains the procedure in simple language and reassures Pen-chan that the test is not painful but she may experience some discomfort. Dr Kulap also explains that she will do the treatment if she finds it necessary after doing the colposcopy and briefly describes the treatment procedure. To alleviate the fear of cancer in Pen-chan’s mind, Dr Kulap explains that there is a small possibility of getting a cancer diagnosis. However, by undergoing colposcopy Pen-chan will have the benefit of getting the disease diagnosed at an early stage when treatment can cure the cancer. So the test and subsequent treatment will ensure a long life for Pen-chan. Dr Kulap thanks Pen-chan for her time.

• Time allotted for the role play: 10 minutes
3.2.4 Guidelines for conducting case studies

**Purpose:** Case studies allow trainees to thoroughly analyse a situation or a case that will reveal interesting and useful information and their attitudes towards the issue of the case study. Case studies are preferably done in small groups to allow everyone to participate, including those who might not speak in a larger group.

**Preparation**
- Check the list of suggested case studies provided at the end of the corresponding module and select one.
- Familiarize yourself with the case study and the issue to be discussed.
- Prepare a slide of the case study for projection during the session or have print outs of it/them for distribution to the groups.

**How to conduct the case studies**
- Identify groups for discussion of case studies and let each group select their group rapporteur.
- Project the slide of the selected case study describing a familiar problem/situation or distribute handouts of the case study to the small group.
- Include images where appropriate and show the images along with the case study.
- Allow trainees to go through the problem/situation and discuss the diagnosis of the case and the management and rationale for the recommendations with them. Assign time for group work (approximately 10 minutes).
- Ask group rapporteurs to present their group’s point of view regarding the case along with further course of action and its rationale, if appropriate.
- Ask the members of other groups to comment and provide their inputs, if any, on the case.
- Facilitate the necessary corrections with explanations and ask one member of the group to record the key points on a flip chart.
- Ask one trainee to make a final brief summary of the case and the course of management.
- Encourage all trainees to ask questions and give feedback.
- A model case study is given in Box 3.3.
Box 3.3: Model case study

Case study: (Colposcopy on a VIA positive woman)

Sheela, a 35-year-old woman, has been referred for colposcopy from a primary health centre as her VIA test is positive. The findings of colposcopy are as follows:

<table>
<thead>
<tr>
<th>Colposcopy pictures shown</th>
<th>Questions for discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Before acetic acid application" /></td>
<td>1. What is the type of transformation zone?</td>
</tr>
<tr>
<td><img src="image2" alt="After acetic acid application" /></td>
<td>2. What is the Swede score in this case?</td>
</tr>
<tr>
<td><img src="image3" alt="After Lugol’s iodine application" /></td>
<td>3. What is the possible colposcopy diagnosis?</td>
</tr>
</tbody>
</table>

Biopsy was taken and the histology report was CIN 2.

*Time allotted for case study: 20 minutes

*Reproduced with permission from Atlas of Colposcopy and Management of Cervical Pre-cancers. IARC, Lyon (forthcoming)

3.2.5 Guidelines for conducting an image recognition session

**Purpose:** Colposcopy image recognition sessions help teach trainees how to identify normal and abnormal features of the cervix on colposcopy from digital images. They can also be taught to plan management of women based on the clinical information and the images.

**Preparation**
- Check the corresponding module to find out if the image recognition session is included in the facilitated group learning activities for that module.
• Ensure that the images for the session are included in the PowerPoint presentation of the corresponding module.

• Familiarize yourself with the images and their description.

How to conduct the session

• Identify groups for the image recognition session.

• Explain that images of the cervix will be projected in sets. Each set of images will have at least three colposcopic pictures of the cervix: 1. Before application of acetic acid, 2. After application of acetic acid and 3. After application of Lugol’s iodine. Trainees will be required to identify the SCJ, detect the type of TZ, give a colposcopy diagnosis and comment on the appropriate management for each set of images.

• Inform trainees that they will have to fill in the image recognition form (Box 3.4) given below for each set of images.

• Project each set of images for 1 minute and ask trainees to comment as mentioned above.

• Facilitate the discussion, provide inputs if required and clarify doubts.

• Collect all forms from the trainees and later review them and fill in the image recognition skills assessment matrix (Box 3.5).

Box 3.4: Image recognition form

<table>
<thead>
<tr>
<th>Image set</th>
<th>Colposcopy</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a) Visualization of SCJ – completely visible, partially visible, not visible&lt;br&gt;b) Transformation zone – Type 1/ 2/ 3&lt;br&gt;c) Features of metaplasia – Crypts/Nabothian cysts&lt;br&gt;d) Colposcopy findings:&lt;br&gt;  i. Normal&lt;br&gt;  ii. Abnormal – Grade 1/ Grade 2/ Non-specific&lt;br&gt;  iii. Suspicious for invasion&lt;br&gt;  iv. Miscellaneous&lt;br&gt;  e) Swede score</td>
<td>• No treatment&lt;br&gt; • Biopsy&lt;br&gt; • Cryotherapy&lt;br&gt; • LEEP&lt;br&gt; • CKC&lt;br&gt; • Refer for treatment of cancer&lt;br&gt; • Follow-up</td>
</tr>
<tr>
<td>2</td>
<td>a) Visualization of SCJ – completely visible, partially visible, not visible&lt;br&gt;b) Transformation zone – Type 1/ 2/ 3&lt;br&gt;c) Features of metaplasia – Crypts/Nabothian cysts&lt;br&gt;d) Colposcopy findings:&lt;br&gt;  i. Normal&lt;br&gt;  ii. Abnormal – Grade 1/ Grade 2/ Non-specific&lt;br&gt;  iii. Suspicious for invasion&lt;br&gt;  iv. Miscellaneous&lt;br&gt;  e) Swede score</td>
<td>• No treatment&lt;br&gt; • Biopsy&lt;br&gt; • Cryotherapy&lt;br&gt; • LEEP&lt;br&gt; • CKC&lt;br&gt; • Refer for treatment of cancer&lt;br&gt; • Follow-up</td>
</tr>
</tbody>
</table>
3. a) Visualization of SCJ – completely visible, partially visible, not visible
   b) Transformation zone – Type 1/2/3
   c) Features of metaplasia – Crypts/Nabothian cysts
   d) Colposcopy findings:
      i. Normal
      ii. Abnormal – Grade 1/ Grade 2/ Non-specific
      iii. Suspicious for invasion
      iv. Miscellaneous
   c) Swede score

   • No treatment
   • Biopsy
   • Cryotherapy
   • LEEP
   • CKC
   • Refer for treatment of cancer
   • Follow-up

Box 3.5: Image recognition skills assessment matrix

Note: Put a ✓ in the row of each trainee for questions that have a correct response.

<table>
<thead>
<tr>
<th>Trainee number</th>
<th>Correct responses to image question sets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Set 1</td>
</tr>
<tr>
<td></td>
<td>Colposcopy Management</td>
</tr>
<tr>
<td>1</td>
<td>a b c d e</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

3.3 Guidelines for conducting clinic-based training

Clinic-based training comprises both facilitated group learning activities and clinical skills training to learn colposcopy and treatment by LEEP and CKC.
Facilitated group learning activities at the clinic

- Demonstration of colposcope and instruments for LEEP and CKC
- Demonstration of instruments for colposcopy, LEEP and CKC
- Demonstration of preparation of different consumables
- Simulated learning of the procedures

Clinical skills training includes the following three stages

- Letting trainees observe the procedures
- Letting trainees perform the procedures under supervision with assistance
- Letting trainees perform the procedures independently

3.3.1 Guidelines for conducting demonstration sessions on equipment and preparation of consumables

**Purpose:** Demonstration sessions are fundamental for acquisition of new clinical skills and to allow small group interactions facilitating the learning process. In this session, trainees will learn about the different parts of the equipment, their accessories and usage. They will also learn and practise the steps for preparing different consumables required for colposcopy and treatment.

**Preparation**

- Identify and prepare the place where you will conduct clinical demonstration sessions.
- Ensure adequacy of space to avoid crowding.
- Ensure all the materials required for the proposed session are available well in advance. The list of consumables required for demonstrations in clinics is given in Table 3.1.
- You may require someone to help you while giving some of the demonstrations. Identify your assistant (e.g. a trainee or a nurse) beforehand and brief her/him on the activity and her/his role.
- You may arrange a practice demonstration session with your assistant with skills checklist, if possible, a day or two earlier than the proposed day of the session.
- Familiarize yourself with the steps of the skill to be demonstrated.

**How to conduct demonstration sessions**

- Ensure that all trainees in the group can clearly see the demonstration performed by you.
- Give demonstrations slowly and step-by-step. If there is a skills checklist for the procedure, ask trainees to refer to it during the demonstration.
- Allow at least one trainee to do the procedure.
- After you have finished demonstrating, give trainees time to ask questions. Answer all queries completely.
Table 3.1: List of demonstration sessions at the clinic and items required

<table>
<thead>
<tr>
<th>Module no.</th>
<th>Module name</th>
<th>Demonstration session</th>
<th>Items required</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Instrumentation and technique of colposcopy</td>
<td>Getting to know the colposcope</td>
<td>• Binocular coloscope or digital colposcope</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Cords/wires for connecting the colposcope with electrical source, extension boards</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Teaching tube, camera</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Laptop (along with software for image capture and storage)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• TV monitor</td>
</tr>
<tr>
<td></td>
<td>Getting to know the instrument tray for colposcopy</td>
<td></td>
<td>• Kidney tray</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Galipot/small bowls-(minimum 3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Self-retaining vaginal specula</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Vaginal side-wall retractor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Sponge-holding forceps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Endocervical speculum</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Endocervical curette</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Punch biopsy forceps</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Gloves (sterile/ gloves after high-level disinfection/disposable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Cotton swabs (made of clean cotton, need not be sterile), cotton swab sticks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Normal saline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Dilute acetic acid (5%) solution (freshly prepared)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Lugol's iodine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Monsel's solution/paste</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 10% formaldehyde</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Lubricant jelly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Vials for biopsy samples</td>
</tr>
<tr>
<td>Module no.</td>
<td>Module name</td>
<td>Demonstration session</td>
<td>Items required</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td>-----------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
|           | Preparation of dilute acetic acid |                       | • Glacial acetic acid  
|           | |                       | • Distilled water   
|           | |                       | • Glass container  
|           | |                       | • Graduated measuring cylinder  
|           | |                       | • Disposable syringe: 10 ml  
|           | |                       | • Gloves  
|           | |                       | • Label  
|           | |                       | • Electronic top pan balance  
|           | |                       | • Laboratory apron  
|           | Preparation of Lugol’s iodine |                       | • Potassium iodide  
|           | |                       | • Iodine crystals  
|           | |                       | • Distilled water  
|           | |                       | • Filter  
|           | |                       | • Brown glass bottle  
|           | |                       | • Glass beaker  
|           | |                       | • Glass stick  
|           | |                       | • Gloves  
|           | |                       | • Label  
|           | |                       | • Electronic top pan balance  
|           | |                       | • Laboratory apron  
|           | Preparation of Monsel’s paste |                       | • Ferric sulphate base: 15 gm  
|           | |                       | • Ferrous sulphate powder: few grains  
|           | |                       | • Sterile water for mixing: 10 ml  
|           | |                       | • Glycerol starch: 12 gm  
|           | |                       | • Electronic top pan balance  
|           | |                       | • Measuring cylinder  
|           | |                       | • Mortar and pestle  
|           | |                       | • Glass beaker  
|           | |                       | • Glass stick  
|           | |                       | • Brown glass bottle  
|           | |                       | • Laboratory apron  

37
<table>
<thead>
<tr>
<th>Module no.</th>
<th>Module name</th>
<th>Demonstration session</th>
<th>Items required</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Treatment of cervical precancers by loop electrosurgical excision procedure</td>
<td>Getting to know the equipment and</td>
<td>• Smoke evacuator with tubing for attachment to speculum</td>
</tr>
<tr>
<td></td>
<td>(LEEP) and follow-up</td>
<td>accessories for LEEP</td>
<td>• Electrosurgical unit (with patient return electrode, hand switch or foot plate)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Loop/ball electrodes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Insulated self-retaining vaginal speculum with smoke extraction channel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Syringe with needle for injecting local anaesthetic agent (dental syringe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>preferred) or spinal needle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Insulated lateral vaginal wall retractor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• All contents of colposcopy instrument tray</td>
</tr>
<tr>
<td>8</td>
<td>Treatment of cervical precancers by cold knife conization (CKC) and follow-</td>
<td>Getting to know the equipment and</td>
<td>• Electrosurgical unit (with patient return electrode, hand switch or foot plate)</td>
</tr>
<tr>
<td></td>
<td>up</td>
<td>instruments for CKC</td>
<td>• Ball electrodes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Posterior vaginal speculum</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Anterior vaginal speculum</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Lateral vaginal wall retractors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Single tooth tenaculum</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number 11 scalpel with blade</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Needle holder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Syringe with needle for injecting vasoconstricting agents on cervix (dental</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>syringe preferred)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• All contents of colposcopy instrument tray</td>
</tr>
<tr>
<td>9</td>
<td>Infection prevention practices</td>
<td>Preparation of 0.5% chlorine solution</td>
<td>• Bleaching powder kept in an air-tight container</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Plastic bucket (medium size) or tub with lid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Plastic mug</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Wooden stirrer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Plastic tea spoon</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Water – 1 litre</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Utility gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Label</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Laboratory apron</td>
</tr>
</tbody>
</table>
3.3.2 Guidelines for conducting simulated learning sessions

**Purpose:** Simulated learning sessions are designed with specific learning objectives for each technique/procedure. They offer ample opportunity to trainees for hands-on learning in a structured manner. Debriefing is also conducted in a non-threatening environment for competence building. Simulated learning helps in integrating theoretical knowledge with practical skills necessary for service delivery.

**Preparation**
- Identify and prepare the place where you will conduct simulation sessions.
- Ensure adequacy of space to avoid crowding.
- Make sure all materials required for the proposed simulation session are available well in advance. The list for equipment/instruments and consumables required for simulation sessions is given in Table 3.2.
- Familiarize yourself with the steps of the procedure to be demonstrated.

**How to conduct simulated learning sessions**
- Ensure all trainees in the group can clearly see the procedure performed by you.
- Explain the learning objectives of the particular simulated learning session and orient trainees to the procedure.
- Familiarize trainees with the necessary equipment/instruments and consumables prior to the start of the simulation session.
- Explain the sequence of steps of the simulation procedure you are going to perform using the skills checklist.
- Carry out the simulation procedure slowly and step-by-step. Ask trainees to consult the checklist for the particular procedure that is provided in the corresponding module.
- Debrief after the simulation procedure and encourage trainees to ask questions. Answer all queries completely.
- Ask each trainee to carry out supervised practise on models by turns and provide constructive feedback using the skills checklist.
- Have individual discussions with trainees about the procedure steps you think the trainee should practise and improve before performing on clients. If required, repeat the simulation procedure yourself, stressing on identified problem areas.
- Inform trainees about supporting texts given in the corresponding module and advise them to read these before attending the relevant clinical skills training sessions.
Table 3.2: List of simulated learning sessions and items required

<table>
<thead>
<tr>
<th>Module no.</th>
<th>Module name</th>
<th>Simulation</th>
<th>Items required</th>
</tr>
</thead>
</table>
| 7          | Treatment of cervical precancers by loop electrosurgical excision procedure (LEEP) and follow-up | LEEP procedure | • Table for simulation procedure  
• Animal tissue (e.g., ox tongue)  
• Smoke evacuator with tubing for attachment to speculum  
• Colposcope  
• Electrosurgical unit (with patient return electrode, hand switch or foot plate)  
• Extension boards for electrical connection  
• Instrument trolley  
• Instrument tray for colposcopy  
• Loop/ball electrodes  
• Insulated self-retaining speculum with smoke extraction channel  
• Insulated lateral vaginal retractor  
• Syringe with needle for injecting local anaesthetic agent (dental syringe preferred) or spinal needle  
• Local anaesthetic (1–2% xylocaine) with/without 1:100,000 epinephrine  
• White marker pen or correction fluid solution (for drawing lesion on animal tissue) |

How to use the LEEP trainer model for a simulated LEEP procedure

Fig. 3.1 shows the steps of assembling the LEEP trainer model. The LEEP model consists of a base plate, a circular rim attached to the plate and a detachable cylindrical pipe (Fig. 3.1a). The cylinder is positioned on the base plate by sliding it through the circular rim so that one end rests on the base plate and the other end remains open (Fig. 3.1b). The cylinder serves as a realistic representation of the vaginal sidewalls. The final assembled model is shown in Fig. 3.1c.

Fig. 3.2 shows the steps for performing simulated LEEP using the LEEP trainer model

• Take an animal tissue (e.g., sausage, piece of chicken, ox tongue, etc.) and cut a small piece to resemble the cervix (Fig. 3.2a).
• Use a white ink/whitener/white nail polish to draw an acetowhite lesion on the piece (Fig. 3.2b).
• Place the cut animal tissue inside the lumen of the inner cylinder in such a way that it rests on the base of the LEEP model. Make sure the piece fits snugly into the lumen of the inner cylinder so that it remains stable and does not slip.
• Place a patient return electrode at the base of the cut animal tissue to facilitate use of an electrosurgical generator. Insert a suction catheter through the opening of the cylinder for sucking out the smoke generated and secure it with sticking tape (Fig. 3.2c).
• Perform the LEEP procedure step-by-step (Fig. 3.2d) according to the checklist provided in the corresponding chapter.
• Remove the cut and coagulated portion of the animal tissue.
• Reuse the remaining portion of the animal tissue to recreate the necessary numbers of "cervix" for further simulated learning.
• Remove the left over animal tissue/other debris and clean the LEEP model thoroughly.

**Fig. 3.1: Assembling the LEEP trainer model**

- **Fig. 3.1(a):** Model consisting of base plate, circular rim attached to the plate and detachable cylindrical pipe
- **Fig. 3.1(b):** Positioning of the cylinder by sliding it through the circular rim
- **Fig. 3.1(c):** Final assembled LEEP trainer model

**Fig. 3.2: Simulation procedure using the LEEP trainer model**

- **Fig. 3.2 (a):** Apple/animal tissue cut to resemble a cervix and placed inside the lumen of the cylinder
- **Fig. 3.2 (b):** An acetowhite area is drawn on the "cervix"
- **Fig. 3.2 (c):** A suction catheter inserted to extract the smoke
- **Fig. 3.2 (d):** LEEP being performed
3.3.3 Guidelines for conducting clinical skills training

**Purpose:** Clinical skills training provides comprehensive learning opportunities to trainees for the development of core competencies in communication and procedural skills. The training is guided by a set of checklists that detail the steps or tasks to be performed on a client. The checklists serve as a guide for the activities to be performed in a recommended sequence of standard practice.

**How to use the skills checklists in the Trainees’ handbook**

Checklists for counselling, colposcopy and treatment are included in the respective modules of the Trainees’ handbook. The checklists are designed to be used for both teaching as well as supervision of skill acquisition during clinical practice sessions by facilitators. The checklists will also be used during assessment of skills. Trainees will be rated as per performance indicated on the checklists. It is mandatory for trainees to learn and perform the critical steps highlighted in the checklists to be certified for skill acquisition.

**Preparation**

- Make sure that all equipment/instruments and consumables required for the planned clinical skills training session are available well in advance. The lists are included in the corresponding module of the Trainees’ handbook.

**How to conduct clinical skills training**

- Maintain the same group of trainees as done for classroom teaching.
- Reorganization of the groups may be necessary if the number of clinical practice stations is different from the original number of groups.
- Assign each group to their clinical practice stations.
- Ensure adequacy of space to avoid crowding.
- Ensure privacy in the clinical practice stations to avoid uneasiness to the client.
- Designate at least one clinical facilitator for each group.
- Ask trainees to consult the checklists in the corresponding module of the Trainees’ handbook for step-by-step learning of the clinical skills of the procedures.
- Distribute print-outs of necessary checklists appropriate for that particular clinical skills training session. Explain that checklists have columns to be filled in while observing/performing on clients. While observing or conducting supervised practice, trainees must complete one column for each client and get it signed by the facilitator at the end of each day’s clinical session. The completed and signed checklists serve as the log sheet, a record of client practice.
- The recommended minimum client practice required by each trainee is given in Table 3.3.
- Briefly discuss the procedures that trainees will observe or do under supervision.
- Demonstrate procedures slowly and step-by-step.
• Allow trainees to perform the procedure on clients individually only after they have completed observation of the necessary number of procedures.
• Ask trainees to perform the procedures adhering to the steps given in corresponding checklists.
• Ask trainees to fill in their respective log sheets after completion of the observed or supervised procedures.
• Review the performance of each trainee and discuss any particular step/technique that you feel a trainee requires to practise more. This should be done away from the client.
• Summarize the session and certify the log sheet at the end of the day’s training session.

Table 3.3: Recommended client practice by trainees

<table>
<thead>
<tr>
<th>S. no.</th>
<th>Activity</th>
<th>Number to be observed</th>
<th>Number to be performed under supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Counselling</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Colposcopy with/without punch biopsy</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>3.</td>
<td>LEEP</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Cold knife conization</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Section 4: Assessment of trainees
4.1 Introduction

Assessment of trainees is an essential component of training that helps in assessing whether trainees have achieved the desired levels of skills. The purpose of assessment is to analyse gaps in both training and learning processes.

It is recommended that the assessment of trainees be carried out in two phases – a) mid-course assessment and b) final assessment. The purpose of the mid-course assessment is to understand focused training needs of trainees and determine the areas that require improvement. It helps to monitor progress towards achieving training objectives more effectively and efficiently. Final assessment helps to assess how effective training efforts have been in enhancing the knowledge and related skills of trainees and to what extent the objectives of the training have been achieved. It also helps to determine how competently trainees would be able to provide screening and treatment services when they return to their own place of work. The process of assessment includes:

i) **Knowledge assessment** to be conducted in the classroom using:
   - assessment questionnaires having multiple-choice questions;
   - image recognition skills assessment.

ii) **Skills assessment** to be conducted in the clinic for various interventions

4.2 Guidelines for conducting knowledge assessment

**Preparation**

- Keep the following ready for knowledge assessment in the classroom:
  - Copies of the assessment questionnaire – you may use the sample questionnaire given in this manual or develop your own set of MCQs based on the sample MCQs given at the end of each module.
  - Print outs of knowledge assessment matrix (Box 4.1).
  - Digital images – 5 sets, queued in a PowerPoint presentation in the order in which images would be projected.
  - Print outs of image recognition skill assessment matrix (Box 3.5).
  - Flip charts, stand and marker pens.

**How to conduct the knowledge assessment**

- Inform trainees about the purpose of the assessment (mid-course or final, as appropriate).
- Brief them on the components of the knowledge assessment process and the order in which each component would be reviewed. (Trainees may be informed about the purpose of the assessment and the process to be followed a day prior to allow them to be prepared).
- Check seating arrangements to make sure the projected digital images and case studies for assessment are clearly visible to trainees.
- Distribute the assessment questionnaire, comprising 20 questions, to all trainees and explain how to tick the correct responses.
• One mark should be allotted for each correct response and there should be no negative marking.

• Allow 30 minutes to answer the questions. Collect all the completed questionnaires after the specified time.

• Allow a 5 minute break before starting the image recognition skills assessment session.

• Distribute the image recognition skills assessment forms to all trainees.

• Project each set of images for 1 minute and allow trainees 4 minutes to write their responses.

• Ask trainees to respond to all the questions by putting a tick \( \checkmark \) against the correct response on the assessment form.

• Collect all the completed forms.

• Evaluation of the responses in the submitted assessment questionnaires and image recognition skills assessment forms can be done immediately after the assessment or may be done later at a more convenient time. Trainees can evaluate each others’ responses.

• Identify knowledge gaps from the assessment matrix sheets and write them down on the flip chart.

• Discuss the knowledge gaps one-by-one with the trainees. You may project the images again, explain the findings and describe the diagnosis so that trainees can rectify their mistakes.

• Thank trainees after the knowledge assessment.

**Box 4.1: Knowledge assessment matrix**

**Note:** Mark a \( \checkmark \) in the row of each participant for questions that have a correct response.
4.3 Guidelines for conducting skills assessment in clinics

Table 4.1: Recommended client practice for assessment

<table>
<thead>
<tr>
<th>S. no.</th>
<th>Activity</th>
<th>Number of client practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mid course</td>
</tr>
<tr>
<td>1.</td>
<td>Counselling</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Colposcopy with/without punch biopsy</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>LEEP</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Cold knife conization</td>
<td>0</td>
</tr>
</tbody>
</table>

Preparation

- Keep the following ready for clinical skills assessment:
  - Printouts of checklists for skills development included in the *Trainees' handbook*
  - List of clients for examination and procedures
  - Arrangements for colposcopy and treatment at the clinic

How to conduct skills assessment

- Distribute the checklists and informed consent forms to all trainees (each facilitator should also have a copy of the checklists).
- Designate each trainee to a particular clinical examination station.
- Refer to the recommended client practice for assessment given in Table 4.1 and inform each trainee about the requisite number of procedures (counselling, colposcopy with/without punch biopsy, LEEP and CKC) they would have to perform.
- If adequate number of cases are not available, then do the assessment by making trainees simulate the procedures.
- Assign individual clients to each trainee and give them client IDs and names.
- Ask trainees to perform the necessary procedures adhering to the corresponding checklist for skill development.
- Make sure that one facilitator is present at each clinical examination station all through the assessment procedure.
- The facilitator has to judge the Trainees’ performance by using the corresponding checklist for skill development.
- For each trainee, rate the performance of each step using the following rating scale:
• 1 – Step or sequence not performed correctly (needs improvement)
• 2 – Step or sequence partly performed
• 3 – Step or task efficiently and precisely performed in the proper sequence

- To be considered competent for a particular procedure a trainee must perform the critical steps efficiently and precisely (Rating – 3) and obtain Rating 2 and above in at least 80% of all the steps (including the critical ones).
- Discuss the scores individually with each trainee and guide them to rectify/improve the steps where necessary.
- You may display the assessment scores in the summary performance table (Table 4.2) for comparative assessment.

**Table 4.2: Summary performance of trainees**

<table>
<thead>
<tr>
<th>Trainee number</th>
<th>Mid-course assessment (score %)</th>
<th>Final assessment (score %)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge assessment</td>
<td>Image recognition</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*To be eligible for certification, a trainee needs to have an overall final assessment score of 80% or above with all critical steps performed as per standards. Those securing less than this would be required to undergo re-orientation before final certification. The duration and focus of the re-orientation training will depend on trainee’s weaknesses as perceived by facilitators. Such re-orientation training should be completed within 2 days.*
Section 5: Conducting the training
5.1 Introduction

The training comprises sessions of which some are classroom based trainings and the rest are clinic-based trainings. A standard session plan has been included in the document. The timing of the classroom sessions and the clinic-based sessions may be re-arranged at times convenient for the health facility where the training is organized. For example, on days where there is a combination of both classroom and clinical sessions, the latter may be held in the morning (OPD hours) and classroom sessions in the afternoon, depending on the availability of clients and the local needs.

5.1.1 Classroom training

Classroom training has been structured in the form of 10 modules. Each module starts with an overview that refers to the chapter and sections of the WHO Guidance book on which that particular module is based. The module contains a discussion of key points and the list of relevant group learning activities. The checklists for clinical skills trainings are also included in the module where appropriate. The topics in each module are arranged in a logical sequence and it is recommended that facilitators follow the given sequence during teaching. All interactive lectures should be completed during the first two days.

5.1.2 Clinic-based training

Clinic-based trainings are structured to include demonstration sessions, simulated learning sessions and clinical skills training sessions. All clinic-based trainings are to be completed within 5 days. There are a total of seven demonstration sessions and one simulated learning session. Clinical skills trainings have been structured in the form of three sessions. Overlapping of activities in these sessions is expected as the flow of events is common to individual client assessment, examination and management. Checklists for all clinical skills trainings are provided in the relevant modules.

5.1.3 Training assessment

The mid-course training assessment is to be conducted on Day 6 and final assessment on Days 9 and 10. The assessment process comprises assessment of both knowledge and clinical skill components.

*Each day, after completion of clinic-based training/assessment sessions trainees should return to the classroom to summarize the day’s activities and discuss the next day’s agenda.*
5.2 Distribution of sessions and flow of events

Day 1

5.2.1 Opening session

Session length: 1 hour 30 minutes

Ensure the following materials are ready before conducting the session

- Flip charts with stand and marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Introduction to training on colposcopy, LEEP and CKC)
- A folder similar to the one distributed to the trainees
- Pre-training knowledge assessment questionnaire
- Pre-training knowledge assessment matrix

- Welcome trainees
- Display a slide showing the overall objectives of the training. Explain the objectives.
- Self introduction of facilitators and trainees:
  - Explain to the trainees that a few minutes will be spent on introduction of facilitators and trainees.
  - For the introduction of facilitators and trainees, write the following points on a flip chart:
    - Your name
    - Place where you currently work
    - A few words about the organization you work for
    - Nature of your work
  - You and your co-facilitators should introduce yourselves first, based on the points listed on the flip chart.
  - Ask each trainee to introduce himself or herself briefly based on the same points.
- Do the following administrative tasks:
  - Inform trainees about the ground rules (show as a slide and explain).
Ground rules for trainees

- Adhere to the training schedule according to session plans
- Maintain attendance record for certification of facilitator
- Go through the subjects discussed during various sessions in the WHO Guidance book at the end of the day for better understanding and discussion with the facilitator
- Attend all clinical sessions according to the schedule
- Participate in group activities according to the session plan
- Complete the specified number of worksheets during each clinical session and get them certified by the facilitator
- Ensure and respect privacy and rights of clients in the examination rooms

- Inform trainees about the available facilities (lunch room, toilets, computers, Internet facility etc.).
- Inform them about reimbursement of expenses and names of the support staff providing secretarial assistance.
- Display a slide showing the contents of the folder given to the trainees and ask them to verify. Explain the parts of the training package.
- Instruct trainees to fill in the experience record of trainees (show as a slide) and collect the filled in forms.
- Divide trainees into smaller groups as per the instructions given in Box 1 for group learning activities.

- Discuss the overall session plan:
  - Show the following agenda of the training in a slide (modify session time according to local needs) and briefly highlight the modules to be covered and the clinical sessions.

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning session</th>
<th>Afternoon session</th>
</tr>
</thead>
</table>
| 1   | **Opening session**  
Introduction to cervical cancer screening  
Pathogenesis of cervical cancer with special reference to HPV infection  
Counselling | • Principles of colposcopy instrumentation and technique of colposcopy |
| 2   | Colposcopic features of normal and abnormal cervix | • Infection prevention practices |
|     | Treatment by LEEP  
Treatment by CKC | • Ensuring quality of services and practices and programme monitoring in cervical cancer screening |
3–5  Image and video demonstration • Clinical practice session on colposcopy
Clinical practice session on colposcopy, LEEP and CKC
• Preparation for mid-course assessment (Day 5)

6  Mid-course assessment

7–8  Image and video demonstration • Clinical practice session on colposcopy, LEEP and CKC
Clinical practice session on colposcopy, LEEP and CKC
• Preparation for final assessment (Day 8)

9 – 10 Final assessment • Feedback and closing activities

- Discuss how to use the *Trainees' handbook*:
  - Ask trainees to take out the *Trainees' handbook* from the folder.
  - Ask them to open the page for Module 3, so they can see the structure of a sample module.
  - Display the slide on the structure of a sample module as given below.

  - **Module overview**
  - **Learning objectives**
  - **Module contents**
    - Knowledge component (as key question format)
    - Skill development (as skills checklists)
    - Group activities (include role plays, case studies, image recognition and simulated learning)
  - **Sample MCQs**

  - Explain that each module presents key information to complement the materials in the corresponding chapter of the *WHO Guidance book*. Trainees are required to be well-versed with the contents of the chapter before they attend clinical sessions.

- List trainees’ expectations:
  - Put up a flip chart with the heading "Expectations".
– Ask each participant to mention at least one expectation. Note it on the flip chart.
– At the end, discuss how expectations will be addressed during the training.

- Display the slide listing do’s and don’ts instructions for trainees and discuss.

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reach the training venue at least 15 minutes before the session starts each day</td>
<td>• Cross-talk among yourselves during teaching sessions</td>
</tr>
<tr>
<td>• Be familiar with training sessions and training materials provided</td>
<td>• Use mobile phones or do anything to distract your colleagues during training sessions</td>
</tr>
<tr>
<td>• Interact with facilitators as and when required and get doubts cleared</td>
<td>• Hesitate to ask questions</td>
</tr>
<tr>
<td>• Get to know your group members and stay with your allocated group during group activities</td>
<td>• Examine a client without consultation or supervision of your facilitator</td>
</tr>
<tr>
<td>• Listen carefully to the instructions given by facilitators for the clinical sessions</td>
<td></td>
</tr>
<tr>
<td>• Be respectful of each other and considerate to clients</td>
<td></td>
</tr>
<tr>
<td>• During clinical sessions, know the safety precautions beforehand and follow them</td>
<td></td>
</tr>
</tbody>
</table>

**How to conduct pre-training knowledge assessment**

- Prepare a set of 20 multiple choice questions (MCQs) from the sample MCQs listed in each module in the *Trainees’ handbook* before commencement of the training. (A set of sample questions is given in Annex 6).
- Distribute question sheets to trainees and explain how to tick correct responses.
- Allow 30 minutes for trainees to answer questions.
- Evaluate responses immediately after the pre-test using the knowledge assessment matrix (Box 4.1). Ask your fellow facilitators for help, if necessary.
- Identify knowledge gaps from the assessment matrix and share them with other facilitators. This need not be shared with trainees at this point of time.
5.2.2 Session 1: Introduction to cervical cancer screening

Session length: 1 hour

Ensure the following materials are ready before conducting the session

- Flip charts with stand and marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Introduction to cervical cancer screening)
- A copy of the WHO Guidance book
- A copy of the Trainees’ handbook
- A copy of the national protocol for cervical cancer screening, if any

- Welcome trainees to the session
- Display the slide with learning objectives of the module as given below. Explain the learning objectives to trainees.
  - By the end of this module, trainees will be able to:
    - describe the concept of cervical cancer screening;
    - state the burden of cervical cancer in the population;
    - explain how screening for cervical cancer helps to reduce the burden of disease;
    - list out the various components of an organized screening programme;
    - describe the advantages and disadvantages of different screening tests for cervical cancer;
    - define the target age group and frequency of screening;
    - describe the protocol for cervical cancer screening of the respective country.
- Open the WHO Guidance book to Chapter 1 – Background and Chapter 5 – Screening and treatment of cervical pre-cancer. Show the trainees these chapters.
- Inform trainees that the current module is based on Sections 5.1, 5.2 and 5.3 of the chapter and instruct them to read these sections before attending the next day’s sessions.
- Inform trainees that they can find answers to key questions related to the topic in the Trainees’ handbook under Module 1 – Introduction to cervical cancer screening.
- Project the presentation on Module 1 – Introduction to cervical cancer screening. Discuss the contents of the slides.
- Ask trainees if they have any questions or doubts. List these on the flip chart.
- Respond to questions and doubts.
Key points for discussion

• Cervical cancer is a major cause of morbidity and mortality in the country/region.
• Cervical cancer can be prevented by systematic screening of target populations and ensuring treatment of positive cases.
• Screening should be organized rather than opportunistic or sporadic.
• An organized screening programme must have a protocol that clearly indicates the target population, frequency of screening and screening test to be used.
• There are several screening tests and screening options; each of them has advantages and disadvantages.
• Informed consent procedure prior to screening is necessary. The nature of the consent will depend on existing regulations.

5.2.3 Session 2: Pathogenesis of cervical cancer with special reference to HPV infection

Session length: 1 hour

Ensure the following materials are ready before conducting the session

• Flip charts with stand and marker pens
• White board, marker pens, duster
• Laptop, LCD projector, pointer, power source
• PowerPoint presentation (Pathogenesis of cervical cancer with special reference to HPV infection)
• A copy of the WHO Guidance book
• A copy of the Trainees’ handbook

• Welcome trainees to the module.
• Display the slide with the learning objectives of the module as given below. Explain the learning objectives to the trainees.
  • By the end of this module, trainees will be able to:
    – list the various risk factors for cervical cancer;
    – understand the role of HPV infection in cervical cancer;
    – describe the mechanism of spread of HPV infection;
    – explain the natural history of cervical cancer originating from HPV infection.
• Open the WHO Guidance book to Chapter 1 – Background. Show it to the trainees.
• Inform trainees that the current module is based on Section 1.3 of the chapter and instruct them to read this sections before attending the next day’s sessions.
• Inform trainees that they can find answers to key questions related to the topic in the *Trainees’ handbook* under Module 2 – Pathogenesis of cervical cancer with special reference to HPV infection.

• Project the presentation on Module 2 – Pathogenesis of cervical cancer with special reference to HPV infection. Discuss the contents of the slides.

• Discuss the multiple choice questions and their answers given at the end of the chapter.

• Ask trainees if they have any questions or doubts. List these on the flip chart.

• Respond to questions and doubts.

**Key points for discussion**

• Infection from high risk HPV is "necessary but not sufficient" cause of cervical cancer.

• HPV is a very common sexually transmitted virus and majority of infected women will clear the virus due to natural immunity.

• Women who cannot clear the infection and have persistent infection with any of the high risk types of HPV will develop cervical neoplasia.

• Cervical intraepithelial neoplasia (CIN) is the premalignant condition of the cervix and is classified into CIN 1, CIN 2 and CIN 3 depending on the severity of the disease.

• CIN 2 and CIN 3 lesions have high probability of progression and must be treated. CIN 1 lesions can be followed-up as they are mostly transient.

---

**5.2.4 Session 3: Counselling**

**Session length: 1 hour**

**Ensure the following materials are ready before conducting the session**

• Flip charts with stand and marker pens

• White board, marker pens, duster

• Laptop, LCD projector, pointer, power source

• PowerPoint presentation (Counselling)

• Checklist for counselling skills development

• A copy of the *WHO Guidance book*

• A copy of the *Trainees’ handbook*

• Welcome trainees to the module.

• Display the slide with the learning objectives of the module as given below. Explain the learning objectives to the trainees.
By the end of this module, trainees will be able to:
- understand the concept and importance of counselling;
- counsel women prior to and after colposcopy;
- counsel women prior to and after treatment for cervical pre-cancers.

- Open the *WHO Guidance book* to Chapter 3 – Community mobilization, education and counselling. Show it to the trainees.
- Inform trainees that the current module is based on Section 3.5 – Counselling; and Practice Sheets 3.4, 3.5, 5.1 and 5.7. Instruct them to read these sections before attending the next day’s sessions.
- Inform trainees that they can find answers to key questions related to the topic in the *Trainees’ handbook* under Module 3 – Counselling.
- Project the presentation on Module 3 – Counselling. Discuss the contents of the slides.
- Discuss the steps for counselling as per the checklists.
- Inform trainees that the group learning activity on role play for counselling will now begin.
- Conduct role plays by following the guidelines for managing a role play given in Section 3.2.3.
- Discuss the multiple choice questions and their answers given at the end of the chapter.
- Ask trainees if they have any questions or doubts. List these on the flip chart.
- Respond to questions and doubts.

### Examples of topics for role plays

Refer to *Trainees’ handbook*, Module 3.4.1 for role plays

- **Role play 1:** Counselling a woman with positive VIA to undergo colposcopy
- **Role play 2:** Counselling a woman with normal colposcopy findings
- **Role play 3:** Counselling a woman who has suspected high-grade lesion on colposcopy and requires LEEP
Key points for discussion

• Counselling is face-to-face, confidential communication.
• Counselling can be group, individual or couple counselling.
• The woman should be given information on cervical cancer, screening methods and treatment procedures if the screening test is positive.
• Listen to what the woman has to say and encourage her to express her concerns.
• Ask open-ended questions.
• Use simple language. Talk to the woman in a friendly way, develop a cordial relationship, and assure her that the conversation is confidential.
• Use supportive non-verbal communication, such as nodding and smiling and maintain good eye contact all along.
• Be sensitive to any cultural or religious considerations.

5.2.5 Session 4: Principles of colposcopy

Session length: 1 hour 30 minutes

Ensure the following materials are ready before conducting the session

• Flip charts with stand and marker pens
• White board, marker pens, duster
• Laptop, LCD projector, pointer, power source
• PowerPoint presentation (Principles of colposcopy)
• Digital images in PowerPoint slides
• Colposcopy image recognition forms and colposcopy image assessment matrix.
• A copy of the WHO Guidance book.
• A copy of the Trainees’ handbook

• Welcome trainees to the module
• Display the slide with the learning objectives of the module as given below. Explain the learning objectives to trainees.
  • By the end of this module, trainees will be able to:
    – understand the gross and microscopic anatomy of the cervix;
    – explain the significance of identification of the squamocolumnar junction;
    – describe the physiology of the transformation zone of the cervix;
    – identify various vascular patterns of the cervix;
    – describe the role of acetic acid and Lugol’s iodine in colposcopy.
• Open the *WHO Guidance book* to Chapter 5 – Screening and treatment of cervical pre-cancer. Show it to the trainees.

• Inform trainees that the current module is based on Sections 5.4 and Practice Sheets 5.8 and 5.9 of the *WHO Guidance book* and instruct them to read these sections before attending the next day’s sessions.

• Inform trainees that they can find answers to key questions related to the topic in the *Trainees’ handbook* under Module 4 – Principles of colposcopy.

• Project the presentation on Module 4 – Principles of colposcopy. Discuss the contents of the slides.

• Inform trainees that the group activity on digital image recognition will now begin for all the groups.

• Conduct the session as per the guidelines for conducting image recognition session given in Section 3.2.5.

• Inform trainees that for this session they are required to fill in only Sections a, b and c of the second column (column heading – Colposcopy) of the image recognition form. You may give an example of how to fill in the form.

• Discuss the multiple choice questions and their answers given at the end of the module.

• Ask trainees if they have any questions or doubts. List these on the flip chart.

• Respond to questions and doubts.

• Thank the group at the end of the session.

---

**Key points for discussion**

- A colposcope is a tool to examine the lower genital tract under stereoscopic vision using variable magnification.

- The area of the cervix where the columnar epithelium has been replaced by the metaplastic squamous epithelium is referred to as the transformation zone.

- Type 1 TZ is completely ectocervical, SCJ is fully visualized either at the external os or on the ectocervix.

- Type 2 TZ is fully visible with an endocervical component, SCJ is fully visualized but is located in the endocervical canal fully or partially.

- Type 3 TZ is not fully visible, SCJ is within the endocervical canal and is only partially visualized.

- Normal blood vessels have a branching pattern with a central stem from which smaller branches spread out.

- Atypical blood vessels have bizarre shapes, no definite branching patterns and unequal thickness.
5.2.6 Session 5: Instrumentation and technique of colposcopy

Session length: 1 hour

Ensure the following materials are ready before conducting the session

- Flip charts with stand and marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Instrumentation and technique of colposcopy)
- Video (Colposcopy procedure) showing normal cervix
- Copy of IFCPC 2011 colposcopy nomenclature form
- Copy of Swede score
- Checklist for colposcopy skills development
- Checklist for counselling skills development
- A copy of the WHO Guidance book
- Colposcopy image recognition forms and colposcopy image assessment matrix
- A copy of the Trainees’ handbook

- Welcome trainees to the module.
- Display the slide with the learning objectives of the module as given below. Explain the learning objectives to the trainees.

- By the end of this module, trainees will be able to:
  - efficiently organize colposcopy services;
  - perform colposcopy competently;
  - use correct colposcopic terminology;
  - interpret colposcopic findings and make provisional diagnosis;
  - identify cases for appropriate management;
  - counsel women before and after colposcopy.

- Open the WHO Guidance book to Chapter 5 – Screening and treatment of cervical precancers. Show it to the trainees.

- Inform trainees that the current module is based on Sections 5.4 and Practice Sheets 5.8 and 5.9 of the WHO Guidance book and instruct them to read these sections before attending the next day’s session.

- Inform trainees that they can find answers to key questions related to the topic in the Trainees’ handbook under Module 5 – Instrumentation and technique of colposcopy.
• Project the presentation on Module 5 – Instrumentation and technique of colposcopy. Discuss the contents of the slides.

• Discuss the checklist for steps of colposcopy provided in the module.

• You may decide to present the video after finishing the PowerPoint presentation or at a suitable time afterwards.

• Project the video on steps of colposcopy.

• Conduct the session according to the guidelines for the video presentation given in Section 3.2.2.

• Discuss the checklist for counselling for colposcopy provided in the module.

• Inform trainees that the group activity on digital image recognition will now begin for all groups.

• Conduct the session according to the guidelines for conducting image recognition session given in Section 3.2.5.

• Instruct trainees that for this session they are required to fill in all the sections of the second column (Column heading – Colposcopy) only.

• Ask trainees if they have any questions or doubts. List these on the flip chart.

• Respond to questions and doubts.

• Thank the group at the end of the session.

**Key points for discussion**

• Indications of colposcopy include positive screening tests for cervical cancer, suspicious cervix on visual examination, assessment of lesions prior to treatment, post-treatment follow-up and persistently unsatisfactory cytology.

• Colposcopic findings are documented by IFCPC 2011.

• Swede score is used for colposcopy diagnosis.

• Freshly prepared acetic acid should be used.

• Diluted 3–5% acetic acid is used as undiluted acetic acid can cause burns.
Welcome trainees to the module.

Display the slide with the learning objectives of the module as given below. Explain the learning objectives to trainees.

- By the end of this module, trainees will be able to:
  - identify normal colposcopic features;
  - identify abnormal colposcopic features and categorize them according to the IFCPC classification;
  - recognize the colposcopic features of early invasive and invasive cervical cancer;
  - identify other miscellaneous findings on colposcopy;
  - manage women with abnormal colposcopic findings.

Open the WHO Guidance book to Chapter 5 – Screening and treatment of cervical precancer. Show it to the trainees.

Inform trainees that the current module is based on Sections 5.4 and Practice Sheets 5.8 and 5.9 of the WHO Guidance book and instruct them to read these sections before attending the next day’s session.
• Inform trainees that they can find answers to key questions related to the topic in the *Trainees’ handbook* under Module 6 – Colposcopic features of normal, benign, pre-cancer and cancer of cervix.

• Project the presentation on Module 6 – Colposcopic features of normal, benign, pre-cancer and cancer of cervix. Discuss the contents of the slides.

• You may decide to present the video after finishing the PowerPoint presentation or at a suitable time afterwards.

• Project the video on steps of colposcopy.

• Conduct the session according to the guidelines for the video presentation given in Section 3.2.2.

• Inform trainees that the group activity on digital image recognition will now begin for all groups.

• Conduct the session as according to the guidelines for conducting image recognition session given in Section 3.2.5.

• Conduct the session by following the guidelines for conducting case studies given in Section 3.2.4.

• Discuss the multiple choice questions and their answers given at the end of the module.

• Ask trainees if they have any questions or doubts. List these on the flip chart.

• Respond to questions and doubts.

• Thank the group at the end of the session.

**Examples of case studies** (Refer to Section 6.5.2 of the *Trainees’ handbook*)
1. VIA positive woman. On colposcopy only minor changes are observed. Swede score: 4
2. VIA positive woman. Colposcopy with suspected invasive cancer

**Points to remember**
- Mature squamous epithelium is pink in colour and may have fine capillaries or normal branching blood vessels.
- Atrophic squamous epithelium is thin and pale pink in colour.
- Ectropion is the presence of columnar epithelium on the ectocervix.
- Erosion is the denudation of cervical epithelium.
- The cervix enlarges, becomes soft and congested and is covered with copious mucus during pregnancy.
- A thin acetowhite area with irregular geographical margin and flat surface appearing on the TZ, fine mosaic or fine punctations indicates Grade 1 or minor abnormality.
- A dense acetowhite area on the TZ with well-defined flat or elevated regular margin, coarse mosaics, coarse punctations, cuffed crypt openings, inner border sign and ridge sign indicate Grade 2 abnormalities.
- A growth or ulcer with necrotic areas indicate invasive lesions.
5.2.8 Session 7: Treatment of cervical pre-cancers by loop electrosurgical excision procedure (LEEP) and follow-up

Session length: 1 hour 30 minutes

Ensure the following materials are ready before conducting the session

- Flip charts with stand and marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Treatment of cervical pre-cancers by loop electrosurgical excision procedure (LEEP) and follow-up)
- Video on LEEP
- Checklist for treatment by LEEP
- A copy of the WHO Guidance book
- A copy of the Trainees’ handbook

• Welcome trainees to the module.
• Display the slide with the learning objectives of the module as given below. Explain the learning objectives to trainees.
  - By the end of this module, trainees will be able to:
    - describe parts of the LEEP electrosurgical unit;
    - identify eligibility criteria for treatment with LEEP;
    - perform the technique following correct steps;
    - recognize probable treatment complications;
    - offer appropriate management of complications;
    - detail infection prevention practices of LEEP.
• Open the WHO Guidance book to Chapter 5 – Screening and treatment of cervical pre-cancer. Show it to the trainees.
• Inform trainees that the current module is based on Sections 5.5.2 and Practice Sheet 5.11 of the WHO Guidance book and instruct them to read these sections before attending the next day’s session.
• Inform trainees that they can find answers to key questions related to the topic in the Trainees’ handbook under Module 7 – Treatment of cervical pre-cancers by loop electrosurgical excision procedure (LEEP) and follow-up.
• Project the presentation Module 7 – Treatment of cervical pre-cancers by loop electrosurgical excision procedure (LEEP) and follow-up. Discuss the contents of the slides.
• Discuss the checklist for LEEP provided in the module.
• You may decide to present the video after finishing the PowerPoint presentation or at a suitable time afterwards.
• Project the video on LEEP.
• Conduct the session according to the guidelines for video presentation given in Section 3.2.2.
• Inform trainees that the group activities on case studies and role plays will now begin.
• Rotate the groups in a way so that all the groups can perform both the group activities by turn.
• Conduct the session by following the guidelines for conducting case studies given in Section 3.2.4.
• Conduct the session by following the guidelines for managing a role play given in Section 3.2.3.
• Discuss the multiple choice questions and their answers given at the end of the module.
• Ask trainees if they have any questions or doubts and list them in the flip chart.
• Respond to questions and doubts.
• Thank the group at the end of the session.

Examples of case studies (Refer to Section 7.5.2 of the Trainees’ handbook)

Case study 1: VIA positive woman. Colposcopy shows major findings and the SCJ is not fully visible

Examples of topics for role plays (Refer to Section 7.5.1 of the Trainees’ handbook)

Role play 1: Informed consent procedure and counselling for LEEP
Role play 2: Follow-up care after LEEP

Key points for discussion

• In LEEP, wire loop electrode powered by an electrosurgery unit is used to remove the entire transformation zone along with the lesion.
• A blend of cutting and coagulation is used.
• LEEP can be used for CIN of any grade, lesions not amenable to treatment by ablative techniques, discordance between the cytology, colposcopy and punch biopsy, especially if a high-grade disease is suspected or there is glandular abnormality on cytology, punch biopsy or endocervical curettage.
• Contraindications to LEEP include pregnancy, severe infection/inflammation of the cervix and less than 3 months postpartum.
• Women should avoid sexual intercourse for about 4 weeks.
• Watery discharge or blood stained discharge can occur for about 4 weeks.
• A woman should report immediately if there is fever of more than 38 °C/ foul smelling purulent discharge/severe lower abdominal pain or vaginal bleeding heavier than menses.
5.2.9 Session 8: Treatment of cervical pre-cancers by cold knife conization (CKC) and follow-up

Session length: 1 hour 30 minutes

Ensure the following materials are ready before conducting the session

- Flip charts with stand and marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Treatment of cervical pre-cancers by cold knife conization (CKC) and follow-up)
- Video on CKC
- Checklist for treatment by CKC
- A copy of the WHO Guidance book
- A copy of the Trainees’ handbook

- Welcome trainees to the module.
- Display the slide with the learning objectives of the module as given below. Explain the learning objectives to trainees.
  - By the end of this module, trainees will be able to:
    - identify eligibility criteria for treatment with CKC;
    - perform the technique following correct steps;
    - recognize probable treatment complications;
    - offer appropriate management of complications.
- Open the WHO Guidance book to Chapter 5 – Screening and treatment of cervical pre-cancer. Show it to the trainees.
- Inform trainees that the current module is based on Sections 5.5.3 and Practice Sheet 5.12 of the WHO Guidance book and instruct them to read these sections before attending the next day’s session.
- Inform trainees that they can find answers to key questions related to the topic in the Trainees’ handbook under Module 8 – Treatment of Cervical pre-cancers by cold knife conization (CKC) and follow-up.
- Project the presentation on Module 8 – Treatment of cervical pre-cancers by cold knife conization (CKC) and follow-up. Discuss the contents of the slides.
- Discuss the checklist for CKC provided in the module.
- You may decide to present the video after finishing the PowerPoint presentation or at a suitable time afterwards.
• Project the video on CKC.
• Conduct the session according to the guidelines for video presentation given in Section 3.2.2.
• Inform trainees that the group activities on case studies and role plays will now begin.
• Rotate groups in a way such that all groups can perform both group activities by turn.
• Conduct the session by following the guidelines for conducting case studies given in Section 3.2.4.
• Conduct the session by following the guidelines for managing a role play given in Section 3.2.3.
• Discuss the multiple choice questions and their answers given at the end of the module.
• Ask trainees if they have any questions or doubts. List these on the flip chart.
• Respond to questions and doubts.
• Thank the group at the end of the session.

**Examples of case studies** (Refer to Section 8.5.1 of the *Trainees’ handbook*)

Case study 1: HPV positive woman. Colposcopy shows major findings and the SCJ is not fully visible. Punch biopsy of cervix shows microinvasive carcinoma.

Case study 2: Woman had CKC 3 days previously. She attends the clinic with excessive vaginal bleeding.

**Examples of topics for role plays** (Refer to Section 8.5.2 of the *Trainees’ handbook*)

Role play 1: Informed consent procedure and counselling for CKC

Role play 2: Follow-up care after CKC

**Key points for discussion**

• CKC is the procedure to remove a cone-shaped portion of the cervix using a knife.
• It should include both the ectocervix and endocervix to ensure removal of the entire transformation zone and the lesion.
• The only indications for CKC are biopsy proved micro-invasive cancer and adenocarcinoma *in situ*.
• Contraindications to CKC are pregnancy, severe infection/inflammation of the cervix, less than 3 months postpartum or any contraindication for general or regional anaesthesia.
• Margin of the cone should be evaluated to ensure completeness of excision.
5.2.10 Session 9: Infection prevention practices

Session length: 1 hour

Ensure the following materials are ready before conducting the session

- Flip charts with stand and marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Infection prevention practices)
- A copy of the WHO Guidance book
- A copy of the Trainees’ handbook

- Welcome trainees to the module.
- Display the slide with the learning objectives of the module as given below. Explain the learning objectives to trainees.
  - By the end of this module, trainees will be able to:
    - list various modes of spread of infection in a health facility;
    - describe the steps to be taken to prevent transmission of infection;
    - follow standard work precautions to prevent spread of infection.
- Open the WHO Guidance book to Chapter 5 – Screening and treatment of cervical pre-cancer. Show it to the trainees.
- Inform trainees that the current module is based on Sections 5.2.7 and Annex 3 of the WHO Guidance book and instruct them to read these sections before attending the next day’s session.
- Inform trainees that they can find answers to key questions related to the topic in the Trainees’ handbook under Module 9 – Infection prevention practices.
- Project the presentation on Module 9 – Infection prevention practices. Discuss the contents of the slides.
- Ask trainees if they have any questions or doubts. List these on the flip chart.
- Respond to questions and doubts.
5.2.11 Session 10: Ensuring quality of services and programme monitoring in cervical cancer screening

Session length: 1 hour

Ensure the following materials are ready before conducting the session

- Flip charts with stand, marker pens
- White board, marker pens, duster
- Laptop, LCD projector, pointer, power source
- PowerPoint presentation (Ensuring quality of services in cervical cancer screening and programme monitoring)
- A copy of the WHO Guidance book
- A copy of the Trainees’ handbook

- Welcome trainees to the module.
- Display the slide with the learning objectives of the module as given below. Explain the learning objectives to trainees.
  - At the end of this module, trainees will be able to:
    - list the different components to implement efficient and safe service delivery;
    - describe how quality of services is improved through programme monitoring and supervision;
    - describe the roles of individual service providers at the health facility level.
- Open the WHO Guidance book to Chapter 2 – Essentials for cervical cancer prevention and control programmes. Show it to the trainees.
- Inform trainees that the current module is based on Section 2.2.3 – Programme implementation as well as Section 2.2.4 – Programme monitoring and assessment and Practice Sheet 2.2 –

Key points for discussion

- Infection prevention is of paramount importance in all health interventions.
- The basic steps for processing instruments, surgical gloves and other items are: Decontamination, cleaning, high pressure saturated steam sterilization and high-level disinfection (HLD).
- HLD can be done either by boiling or chemical methods using 0.5% chlorine solution or 2% glutaraldehyde.
- Biomedical wastes should be disposed-off in appropriate coloured bins.
Key performance and impact indicators. Instruct them to read these sections before attending the next day’s sessions.

- Inform trainees that they can find answers to key questions related to the topic in the Trainees’ handbook under Module 10 – Ensuring quality of services in cervical cancer screening and programme monitoring.
- Project the presentation on Module 10 – Ensuring quality of services in cervical cancer screening and programme monitoring. Discuss the contents of the slides.
- Ask trainees if they have any questions or doubts. List these on the flip chart.
- Respond to questions and doubts.

**Key points for discussion**

- Programme monitoring is the continuous oversight of all activities related to the programme to ensure that services are delivered according to plans and the programme achieves its objectives.
- A system of supportive supervision is essential to ensure adherence to performance standards by all providers.
- Screening rate, screening test positivity rate, treatment rate, coverage of target population, age-specific cervical cancer incidence are the core indicators.
- Good quality standards for screening services at the health facility should be maintained.

**Days 3–5**

**Demonstration sessions**

Conduct all the sessions following the instructions given in the guidelines for conducting demonstration of equipment and preparation of consumables included under Section 3.3.1: Guidelines for clinic-based training.

**Getting to know the colposcope**

Discussion points for demonstration of the colposcope:

- Introduction to different parts of the colposcope
- Functions of each part of the equipment
- Connections and adjustments
- Equipment maintenance
- Troubleshooting

**Getting to know the colposcopy instrument tray**

Discussion points for demonstration of the colposcopy instrument tray:

- Introduction to different instruments and consumables used for colposcopy.
• Working with the instruments.
• Decontamination and sterilization of instruments.

**Knowing the equipment and instruments for LEEP procedure**

Discussion points for demonstration of equipment and instruments for LEEP procedure:
• Introduction to an electrosurgical unit.
• Electrical connections and setting up the unit.
• Functions of all parts of the unit.
• Equipment maintenance
• Troubleshooting

**Preparation of dilute acetic acid**

**Session outline**

• Introduction to the ingredients and consumables
• Method of preparation
• Storage and use
• Precautions

**Preparation of Lugol’s iodine**

**Session outline**

• Introduction to the ingredients and consumables
• Method of preparation
• Storage and use
• Precautions

**Preparation of Monsel’s paste (optional)**

**Session outline**

• Introduction to the ingredients and consumables
• Method of preparation
• Storage and use
• Precautions
Preparation of 0.5% chlorine solution

**Session outline**

- Introduction to the ingredients and consumables
- Method of preparation
- Storage and use
- Precautions

Simulated learning session

Conduct the session following the instructions given in guidelines for simulated learning sessions included under Section 3.3.2 – Guidelines for conducting clinic-based training.

**Simulation of LEEP procedure**

Discussion points for LEEP simulation:

- Introduction to parts of the electrosurgical unit, smoke evacuator
- Introduction to different types of loop electrodes
- Electrosurgical cutting and coagulation settings
- Mechanism of action
- Contents of instrument trolley
- LEEP procedure step-by-step
- Precautions

Clinical skills training sessions

Conduct all sessions following instructions given in the guidelines for clinical skills training included under Section 3.3.3 – Guidelines for conducting clinic-based training. Checklists for items required for clinical skills training are given in Tables 3.1/3.2.

All clinical skills training sessions should be of at least 2 hours duration each and should include time for discussion. Additional time may be allowed depending on the number of clients present on the day.
Clinical skills training session – Colposcopy

Session outline
- Counselling
- History-taking and review of available clinical information
- Colposcopy procedure step-by-step
- Interpretation of colposcopy findings, Swede score
- Documentation using 2011 IFCPC colposcopic terminology
- Post-procedure counselling/referral
- Care of equipment and instruments

Clinical skills training session – LEEP

Session outline
- Counselling
- History-taking and review of available clinical information
- Colposcopy and interpretation of findings
- Determining eligibility for treatment
- Informed consent procedure
- Getting equipment and instruments ready
- LEEP procedure step-by-step
- Documentation
- Post-procedure counselling and follow-up
- Care of equipment and instruments

Clinical skills training session – Cold knife conization

Session outline
- Counselling
- History-taking and review of available clinical information
- Colposcopy and interpretation of findings
- Determining eligibility for treatment
- Informed consent procedure
- Getting equipment and instruments ready
- Step-by-step cold knife conization procedure
- Documentation
- Post-procedure counselling/referral and follow-up
- Care of equipment and instruments
Day 6

Mid-course assessment

• Preparation for mid-course assessment can be started on Day 5. Explain the procedure and components of mid-course assessment to trainees. Explain the assessment process (knowledge assessment and skills assessment).

• Set the following time limits for each assessment section:
  - Knowledge assessment – 1 hour 30 minutes (Mid-course assessment questionnaire – 30 minutes; Digital image assessment – 30 minutes; Case studies – 30 minutes).
  - Clinical skill assessment – Minimum 3 hours (time may be altered depending on the number of available clients that day); use simulators if adequate number of cases are not available.
  - Review of filled in mid-course knowledge assessment questionnaire and image recognition forms and assessment matrix sheets – 30 minutes.
  - Discussion time following clinical skill assessment – 30 minutes.

• Conduct knowledge and clinical skills assessment following the instructions given in Section 4 – Assessment of trainees.

Days 7–8

Conduct clinical skills training sessions on colposcopy, LEEP and CKC as done on Day 4–5

Day 9

Final assessment

Preparation of final assessment can be initiated on Day 8. Explain the procedure and the components of final assessment to trainees. Explain the assessment process (knowledge assessment and skills assessment).

Final assessment of knowledge and clinical skills

• Display the slide containing the objectives of final assessment:
  - Assess the effectiveness of training in enhancing the knowledge and related skills of trainees
  - Determine how competently trainees would be able to provide colposcopy and treatment services when they return to their own place of work
Inform trainees of the following time limits:

- Knowledge assessment – 1 hour 30 minutes (MCQs – 30 minutes, Digital image assessment – 30 minutes, Case studies – 30 minutes).
- Clinical skills assessment – 2 hours each for morning and afternoon sessions (or depending on the number of available clients that day) including time for discussion.

Conduct the knowledge and clinical skills assessment following the instructions given in Section 4 – Assessment of trainees.

Review the filled in multiple choice questionnaire, image recognition forms and assessment matrix sheets.

**Next steps and action plans**

Discuss the next steps and action plan after the clinical skills assessment on Day 9:

- Ask trainees to assemble in the classroom.
- Explain the importance of continued practice to maintain their newly acquired skills:
  - Stress on the importance of initiating colposcopy and treatment services at their respective facilities as soon as possible to maintain the acquired skills.
- Request trainees to contact their respective facility in-charge after going back so that their services can be appropriately utilized.

**Day 10**

**Final assessment of clinical skills (continued):**

- Set the following time limits for each assessment section:
  - Clinical skill assessment – 3 hours (or depending on the number of available clients that day) including discussion time following clinical skills assessment.
- Conduct the skills assessment session following the instructions given in assessment of trainees (Section 4.3).

**5.3 Feedback session**

Ensure the following materials are ready before conducting the session

- Training feedback forms
- Flip charts with stand
- White board, marker pens
• Distribute feedback forms and allow 15 minutes for completing the form.
• Inform trainees that they need not write their names on the feedback forms.
• Collect the completed forms and invite them to verbally share their opinions.
• Listen carefully to the negative feedback and write it on a flip chart.
• Take up each point and discuss how the training can be improved in future.
• Conclude the session by thanking trainees for their participation.

5.4 Certification and closing

• Based on the final assessment score, identify trainees eligible for certification.
• Write down the names of eligible trainees on the certificates and keep these ready for the session.
• Call upon the names of trainees one by one and hand over the certificates.
• Discuss plans for reorientation training of trainees who did not qualify for certification.
• Acknowledge participation of all those who contributed towards making the training a success, thank trainees and close the session.
Section 6: Annex
Annex 6.1

Trainees’ feedback form

Training of gynaecologists and non-specialist clinicians in colposcopy and treatment

We value your comments to evaluate and improve our training. Please take time to complete the feedback form:

Part A:
Rate the following as per the scale starting from 1 (Sub-standard) to 9 (Excellent)

Training contents and materials
1. Relevance and quality of presentations and printed material 1 2 3 4 5 6 7 8 9
2. Quality of practical demonstrations 1 2 3 4 5 6 7 8 9
3. Adequate exposure to clinical procedures 1 2 3 4 5 6 7 8 9
4. The number of cases for clinical procedures 1 2 3 4 5 6 7 8 9
5. Time spent for demonstration of procedures 1 2 3 4 5 6 7 8 9
6. Overall time for the sessions and course 1 2 3 4 5 6 7 8 9

Comments.

Facilitators
7. Expertise on the topic 1 2 3 4 5 6 7 8 9
8. Facilitators’ ability to stay focused on the topic 1 2 3 4 5 6 7 8 9
9. Time allowed for me to ask all my questions 1 2 3 4 5 6 7 8 9
10. My questions were appropriately answered 1 2 3 4 5 6 7 8 9
11. Assistance during the demonstration of procedures 1 2 3 4 5 6 7 8 9

Comments.
Training venue

12. The cleanliness and comfort of the venue 1 2 3 4 5 6 7 8 9
13. Air conditioning or heating settings 1 2 3 4 5 6 7 8 9
14. Projection equipment settings (focus and view) 1 2 3 4 5 6 7 8 9
15. The provision of food and drinks 1 2 3 4 5 6 7 8 9
16. Clinical training facility adequately equipped 1 2 3 4 5 6 7 8 9

Comments.

Part B:

List 3 skills (or knowledge) you have improved upon during this training

1.
2.
3.

How do you propose to apply the skills learnt during training at your own facility?
(Encircle the appropriate response (s))

1. I am already working at the screening/colposcopy services at my facility and my quality of work will improve.
2. I will join the existing screening/colposcopy services at my facility.
3. I will initiate the screening/colposcopy services at my facility.
4. I will train my colleagues and support staff at my facility.

Suggestions for making this training more effective in the future

1.
2.
3.
### Sample questionnaire for knowledge assessment

#### 1. Screening is defined as:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Application of a test on an apparently asymptomatic healthy population to identify those with high risk of developing the disease that the test can detect.</td>
</tr>
<tr>
<td>b)</td>
<td>Application of a test on symptomatic men and women to treat a particular disease.</td>
</tr>
<tr>
<td>c)</td>
<td>A test that can detect the presence of a gene in cancer patients.</td>
</tr>
<tr>
<td>d)</td>
<td>Identification of patients who require immediate attention in a busy emergency room.</td>
</tr>
</tbody>
</table>

#### 2. Which of the following is not a screening test for cervical cancer?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Pap test</td>
</tr>
<tr>
<td>b)</td>
<td>VIA</td>
</tr>
<tr>
<td>c)</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>d)</td>
<td>HPV DNA</td>
</tr>
</tbody>
</table>

#### 3. All of the following are risk factors for cervical cancer, except:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Multiple sexual partners</td>
</tr>
<tr>
<td>b)</td>
<td>HIV infection</td>
</tr>
<tr>
<td>c)</td>
<td>Smoking</td>
</tr>
<tr>
<td>d)</td>
<td>Bacterial vaginosis</td>
</tr>
</tbody>
</table>

#### 4. Human papillomavirus (HPV):

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Is a DNA virus</td>
</tr>
<tr>
<td>b)</td>
<td>Is a RNA virus</td>
</tr>
<tr>
<td>c)</td>
<td>Infects columnar epithelium only</td>
</tr>
<tr>
<td>d)</td>
<td>Causes only warts</td>
</tr>
</tbody>
</table>

#### 5. Counselling should involve all, except:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>b)</td>
<td>Privacy</td>
</tr>
<tr>
<td>c)</td>
<td>Paraphrasing</td>
</tr>
<tr>
<td>d)</td>
<td>Constant use of medical terminology</td>
</tr>
</tbody>
</table>
6. **During counselling prior to colposcopy, the client should be told about:**

   a) Importance of colposcopy to confirm the presence of disease  
   b) Available treatment options if colposcopy is abnormal  
   c) Possibility of a woman experiencing some discomfort during the procedure  
   d) All of the above

7. **Colposcopy involves all, except:**

   a) Visualization of the cervix without magnification  
   b) Differentiation between normal cervix, low grade and high grade precancerous lesions  
   c) Visualization of the cervix after application of 5% acetic acid  
   d) Visualization of the cervix after application of Lugol’s iodine

8. **Which of following statements is true?**

   a) Ectropion is a result of precancerous lesions of the cervix  
   b) Ectropion is eversion of columnar epithelium onto the ectocervix  
   c) Ectropion is formed under the influence of progesterone  
   d) Ectropion if not treated will cause adenocarcinoma of the cervix

9. **All the following are indications of colposcopy, except:**

   a) Positive screening test for cervical cancer  
   b) Persistently unsatisfactory cytology  
   c) Post treatment follow-up  
   d) As a screening test

10. **The following are Grade 1 findings on colposcopy, except:**

    a) Fine mosaic  
    b) Fine punctation  
    c) Dense acetowhite epithelium  
    d) Irregular geographic border

11. **Major findings on colposcopy include all, except:**

    a) Sharp border  
    b) Inner border sign  
    c) Ridge sign  
    d) Slow appearance of acetowhiteness
12. Invasive cervical cancer is indicated by all the following, except:
   a) Cervical growth
   b) Iodine positive area
   c) Abnormal vessels
   d) Dense acetowhite area

13. Which of following is not an indication for LEEP?
   a) Glandular abnormality on punch biopsy
   b) Discordance between cytology, colposcopy and punch biopsy
   c) Treatment failure with ablative therapy
   d) Cervical polyp

14. Which of the following is not a contraindication for LEEP?
   a) Pregnancy
   b) Severe local infection
   c) 2 months postpartum
   d) CIN 3

15. Which of the following is not an indication for CKC?
   a) Adenocarcinoma *in situ*
   b) Micro-invasive cancer
   c) LEEP facilities not available
   d) Ectropion

16. All the following are contraindications for CKC, except:
   a) Pregnancy
   b) Severe cervical infection
   c) Two months postpartum
   d) Type 3 TZ

17. After using the speculum, it should be decontaminated for 10 minutes by soaking it in:
   a) 1.0% Savlon solution
   b) 0.5% chlorhexidinegluconate solution
   c) 0.5% chlorine solution
   d) 70% ethyl alcohol solution
18. Sterilization destroys:
   a) Bacteria
   b) Viruses
   c) Bacterial endospores
   d) All of the above

19. Which of following is an impact indicator for a cervical cancer screening programme?
   a) VIA positivity rate
   b) Proportion of screen positive women treated in the same sitting
   c) Proportion of screen positive women ineligible for cryotherapy
   d) Reduction of incidence of cervical cancer

20. Which of the following are false about disposal of biomedical waste?
   a) Yellow for human anatomical waste
   b) Red for discarded medicines
   c) Blue for sharps
   d) Black for chemical wastes

**Answer key**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a</td>
<td>2</td>
<td>c</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>a</td>
<td>5</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>d</td>
<td>7</td>
<td>a</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>d</td>
<td>10</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>d</td>
<td>12</td>
<td>d</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>d</td>
<td>15</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>d</td>
<td>17</td>
<td>c</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>d</td>
<td>20</td>
<td>a</td>
<td></td>
</tr>
</tbody>
</table>
Annex 6.3

Sample informed consent form for colposcopy and biopsy

Please read the information carefully. After reading this if you have any doubts or questions please do not hesitate to ask any of us.

Why are you here?

You were referred to this centre since the result of the VIA test you had few days ago was positive. Being positive on VIA by itself does not indicate that you have any pre-cancer or cancer of the cervix (lower part of the womb). You need a further check up to confirm or exclude the disease. The special test that will be done is known as colposcopy. Colposcopy is the examination of the cervix and the walls of the vagina. It is performed using a lighted microscope, called a colposcope, designed to give a magnified view of the lining of the cervix and vagina. Aided by light and magnification and using simple techniques to highlight abnormal cells, your doctor is able to sample areas of abnormality for biopsy (removal of small piece of tissue to confirm the diagnosis) or to do treatment.

How will colposcopy be done?

You will be reclining on the examination table with your legs elevated on footrests. The procedure usually takes about 10 minutes. After placing a spoon-like instrument (speculum) to hold open the vagina, a mild solution of acetic acid (vinegar) will be swabbed on the cervix. Your doctor will then perform a thorough examination of the cervix and vagina and determine whether to proceed with collection of biopsy sample (s) or not. Finally the cervix will be painted with iodine solution. A small piece of tissue of the size of a grain of rice will be obtained for biopsy and will be sent to the laboratory to be examined under the microscope. Your doctor may also decide to treat the abnormal area without waiting for the biopsy report. If he/she decides to treat, he/she will separately explain the procedure and take your consent.

There is very little to no discomfort from this examination and you should be able to resume your normal activities immediately. Your doctor will tell you if a biopsy has been taken. If it has, you should avoid vaginal douching, use of tampons or sexual relations for a week.

What problems can occur during or after the test?

As stated above, you may experience brief, mild discomfort during the examination, both from placement of the speculum or cervical cleansing with the acetic acid (vinegar). The procedure is otherwise very similar to a gynaecologic examination. If you have had cervical biopsy you may have slight vaginal bleeding (spotting) or blood stained vaginal discharge for a few days. If you have treatment you may have some complications and you need to follow certain precautions that your doctor will explain separately.
**Consent for colposcopy**

I acknowledge that Dr/Mr/Ms ..................................... has explained the proposed procedure to me and has answered any questions that I have to my satisfaction.

I hereby consent to colposcopy and biopsy (if necessary).

…………………………  ………………………… …………………………

Name                  Signature                  Date

…………………………  ………………………… …………………………

Witness’ name          Witness’ signature       Date
Annex 6.4

Sample informed consent form for LEEP

Please read the information carefully. After reading this if you have any doubts or questions please do not hesitate to ask any of us.

Why do you need treatment?

We just did colposcopy examination on you since the result of the VIA test you had a few days ago was positive. On examination we have seen a white patch on your cervix (lower part of the womb) that we suspect is due to pre-cancer. Such changes if left untreated may turn into cancer after a few years. We strongly recommend that you get the condition treated. We may take a biopsy and wait for the biopsy results. However, in that case you will have to return on another day and your treatment will get delayed by a few weeks. Sometimes the biopsy result is not accurate. If you are prepared, we can complete the treatment today itself. The treatment will be done under local anaesthesia and will be completed within approximately 20 minutes. You will be able to go home today.

How will the treatment be done?

The treatment that we recommend for you is known as LEEP. In this procedure we will use special equipment to scoop out the abnormal area from your cervix. You will be reclining on the examination table with your legs elevated on footrests. After placing a spoon-like instrument (speculum) to hold open the vagina, a mild solution of acetic acid (vinegar) will be swabbed on your cervix. Then your cervix will be painted with iodine solution. Local anaesthetic will be injected on the cervix. Using special types of knives that are activated by an electro surgical unit, the entire abnormal area of the cervix will be removed. The cervix will be cauterized to stop bleeding from any point. After the procedure is over you may have to rest for about 10 to 20 minutes. The removed piece of tissue will be sent to the laboratory for biopsy (examination under microscope).

What problems can occur during or after the treatment?

You may experience brief, mild discomfort during the examination, both from placement of the speculum or cervical cleansing with the acetic acid (vinegar). During the LEEP procedure you may experience mild pain or sometimes a warm sensation in your vagina. Please let us know if you feel any discomfort more than that. In rare cases, there may be bleeding more than what is expected during the procedure. That is almost always controlled by cauterization but the treatment may take a longer time.

You will have a watery vaginal discharge for a week or two that may be blood stained. This is expected and not to be worried about. Please use a sanitary napkin as long as necessary. In rare cases, you may have infection or bleeding. You must contact us or any other doctor if you have high fever, a lot of foul smelling vaginal discharge, moderate to severe lower abdominal pain or bleeding more than your average menstrual flow within a month. If you do not have any problems you should come back after 1 month so that we can have a look at your biopsy report. If the biopsy
report is the same as the colposcopic diagnosis you need to have a repeat check-up after 1 year. Such a check-up can be done at the same centre where you were initially examined. There is a small possibility that the biopsy report may turn out to be cancer and in that case we will advise you to attend an appropriate facility for further treatment.

**Do you have to take any precautions to prevent complications?**

You should not perform vaginal douching or use tampons for a month after the treatment. You need to avoid sexual intercourse for 1 month. You must ask your partner to use condoms in case sexual contact is unavoidable.

**Consent for LEEP**

I acknowledge that Dr/Mr/Ms……………………………… has explained the proposed procedure to me and has answered my questions to my satisfaction. I am completely aware of the procedure and the risks involved.

I hereby consent to LEEP.

…………………………  ………………………… …………………………

Name Signature Date

…………………………  ………………………… …………………………

Witness’ name Witness’ signature Date
Annex 6.5

Checklists for counselling

The same will be used as assessment sheets during training and assessment

Note to facilitators

Rate the performance of each step using the following rating scale:

• 1 – Step or sequence not performed correctly (needs improvement)
• 2 – Step or sequence partly performed
• 3 – Step or task efficiently and precisely performed in the proper sequence

To be considered competent for a particular procedure a trainee must perform the critical steps efficiently and precisely (Rating – 3) and obtain Rating 2 and above in at least 80% of all the steps (including the critical ones).

Checklist 1: Steps for counselling a woman for colposcopy – colposcopy is normal

<table>
<thead>
<tr>
<th>Steps</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling prior to colposcopy</td>
<td>1</td>
</tr>
<tr>
<td>1. Greet the woman respectfully and introduce yourself</td>
<td></td>
</tr>
<tr>
<td>2. Explain the screening test result and its implication</td>
<td></td>
</tr>
<tr>
<td>3. Explain the necessity of colposcopy to confirm the presence or absence of disease</td>
<td></td>
</tr>
<tr>
<td>4. Describe how colposcopy will be done and the possible results</td>
<td></td>
</tr>
<tr>
<td>5. Give information about the possibility of obtaining biopsy or treatment</td>
<td></td>
</tr>
<tr>
<td>6. Explain the treatment options and treatment procedures that may be required</td>
<td></td>
</tr>
<tr>
<td>7. Reassure the woman that the colposcopy procedure causes minimum discomfort</td>
<td></td>
</tr>
<tr>
<td>8. Inform the woman that the procedure will take a longer time and the discomfort may be a little more if treatment is done</td>
<td></td>
</tr>
<tr>
<td>9. Explain the expected side effects and potential complications of treatment, in brief</td>
<td></td>
</tr>
</tbody>
</table>
10. Respond to the woman’s possible concerns

Post colposcopy counselling: Colposcopy is normal

11. Help the woman to get up from the table and be comfortably seated

12. Discuss the results of colposcopy and the significance of a normal test

13. Tell the woman when and where to go for the next screening

14. Assure her that she can return to the clinic for any medical advice or attention if required

15. Maintain your record

*The highlighted steps are considered critical

Score achieved:

Facilitator’s signature

Facilitator’s remarks

Checklist 2: Steps for counselling a woman for colposcopy – colposcopy is abnormal and the woman needs LEEP

<table>
<thead>
<tr>
<th>Skills Checklist: Counselling skills in colposcopy and LEEP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>Counselling prior to colposcopy</td>
</tr>
<tr>
<td>1. Greet the woman respectfully and introduce yourself</td>
</tr>
<tr>
<td>2. Explain the screening test result and its implication</td>
</tr>
<tr>
<td>3. Explain the necessity of colposcopy to confirm the presence or absence of disease</td>
</tr>
<tr>
<td>4. Describe how colposcopy will be done and the possible results</td>
</tr>
<tr>
<td>5. Give information about the possibility of obtaining a biopsy or treatment</td>
</tr>
</tbody>
</table>
6. Explain the treatment options and treatment procedures that may be required

7. Reassure the woman that the colposcopy procedure causes minimum discomfort

8. Inform the woman that the procedure will take a longer time and the discomfort may be a little more, if treatment is done

9. Explain the expected side effects and potential complications of treatment, in brief

10. Respond to the woman’s possible concerns

Post colposcopy counselling: Colposcopy is abnormal and LEEP is necessary

11. After completing colposcopy, ask the woman if she is more comfortable discussing the test results while lying down or sitting up on the table

12. Inform the woman about the colposcopy findings and the significance of positive results

13. Give her detailed information about how treatment will benefit her

14. Give detailed information about the LEEP procedure

15. Explain the side effects she may experience during and after the procedure

16. Encourage the woman to ask questions and respond with care

17. Give the woman some time to decide

18. Obtain informed consent for LEEP

Post-LEEP counselling

19. Provide the woman with instructions for self-care at home

20. Inform her that she should seek medical attention if she experiences the following within 4 weeks of treatment:

   • Fever with shaking chills and/or >38 °C
   • Foul smelling purulent discharge
   • Severe lower abdominal pain/cramps
   • Vaginal bleeding >2 days or with clots other than expected menstrual bleeding
21. Provide instructions for using condoms/sanitary pads (if supplied)

22. Ensure that the woman has understood the instructions fully

23. Answer any questions the woman may ask

24. Schedule a follow-up visit

*The highlighted steps are considered critical

Score achieved: Facilitator’s signature

Facilitator’s remarks

Checklist 3: Steps for counselling a woman for colposcopy (invasive disease is suspected on colposcopy)

Skills Checklist: Counselling skills in colposcopy and referral

<table>
<thead>
<tr>
<th>Steps</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling prior to colposcopy</td>
<td>1</td>
</tr>
<tr>
<td>1. Greet the woman respectfully and introduce yourself</td>
<td>2</td>
</tr>
<tr>
<td>2. Explain the screening test result and its implication</td>
<td>3</td>
</tr>
<tr>
<td>3. Explain the necessity of colposcopy to confirm the presence or absence of disease</td>
<td>4</td>
</tr>
<tr>
<td>4. Describe how colposcopy will be done and the possible results</td>
<td></td>
</tr>
<tr>
<td>5. Give information about the possibility of obtaining a biopsy or treatment</td>
<td></td>
</tr>
<tr>
<td>6. Explain the treatment options and treatment procedures that may be required</td>
<td></td>
</tr>
<tr>
<td>7. Reassure the woman that the colposcopy procedure causes minimum discomfort</td>
<td></td>
</tr>
</tbody>
</table>
8. Inform the woman that the procedure will take a longer time and the discomfort may be a little more, if treatment is done

9. Explain the expected side effects and potential complications of treatment, in brief

10. Respond to the woman's possible concerns

Post colposcopy counselling: Cancer is suspected on colposcopy

11. Help the woman to get up from the table and be comfortably seated

12. **Express concerns about the test findings and ask the woman if she would like to have any of her relatives or friends with her**

13. Inform the woman about the colposcopy findings and their implications

14. Reassure the woman that appropriate treatment for the condition is available and arrangements will be made for that

15. Emphasize the fact that early treatment is most crucial

16. **Give detailed and specific information on the referral centre that she needs to visit for treatment**

17. If a biopsy has been taken during colposcopy, inform the woman about the date and place from where the biopsy report needs to be collected

18. Encourage the woman to ask questions and respond with care

*The highlighted steps are considered critical*

Score achieved: 

Facilitator's signature

*Facilitator’s remarks*
Annex 6.6

Checklist for colposcopy
The same will be used as assessment sheets during training and assessment

Note to facilitators
Rate the performance of each step using the following rating scale:
- 1 – Step or sequence not performed correctly (needs improvement)
- 2 – Step or sequence partly performed
- 3 – Step or task efficiently and precisely performed in the proper sequence

To be considered competent for a particular procedure a trainee must perform the critical steps efficiently and precisely (Rating – 3) and obtain Rating 2 and above in at least 80% of all the steps (including the critical ones).

<table>
<thead>
<tr>
<th>Skills Checklist: Colposcopy</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps</strong></td>
<td>1</td>
</tr>
<tr>
<td>Preparation for colposcopy</td>
<td></td>
</tr>
<tr>
<td>1. Keep necessary instruments ready (see list of equipment)</td>
<td></td>
</tr>
<tr>
<td>2. Check availability of consumables (see list of consumables)</td>
<td></td>
</tr>
<tr>
<td>3. Ensure that the colposcope is functioning and is ready to use</td>
<td></td>
</tr>
<tr>
<td>4. Position the colposcope and check for adequacy of intensity of light source</td>
<td></td>
</tr>
<tr>
<td>5. <strong>Adjust the eye pieces to get well focused stereoscopic vision</strong></td>
<td></td>
</tr>
<tr>
<td>6. Arrange instruments and supplies on high-level disinfected tray or container</td>
<td></td>
</tr>
<tr>
<td>History taking (Ask questions/check records)</td>
<td></td>
</tr>
<tr>
<td>7. Personal information: Name, age, husband’s name, address, telephone number and LMP</td>
<td></td>
</tr>
<tr>
<td>8. Obstetric history</td>
<td></td>
</tr>
<tr>
<td>9. History of past illness</td>
<td></td>
</tr>
</tbody>
</table>
10. **Check referral records and review the cause of referral**

11. Ask for any of the following symptoms:
   - Persistent foul smelling white discharge
   - Post-coital bleeding
   - Post-menopausal bleeding
   - Irregular menstrual bleeding

12. Record all relevant information on a case record form

**Counselling and consent**

13. Follow the checklist for counselling at 5.6.2

**14. Obtain informed consent**

**Step-wise colposcopy procedure**

15. Check that the woman has emptied her bladder

16. Help her onto the examining table, help her to undress and drape her

17. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry

18. Put one pair of new examination gloves on both hands

19. Inspect external genitalia and check urethral opening for discharge

20. Select speculum of appropriate size and lubricate the blades with lubricant jelly or saline

21. Insert speculum and adjust it so that the entire cervix can be seen

22. Fix the speculum blades in the open position so that the speculum will remain in place with the cervix in view

23. **Adjust the colposcope to bring the cervix in sharp focus using appropriate magnification (usually 6x or 8x)**

24. If the cervix cannot be exposed properly or is obscured by excessive inflammation or bleeding or scar the colposcopy is to be considered “inadequate”

25. Examine the cervix for cervicitis, growth, ulcers or contact bleeding

26. Apply normal saline to the cervix with cotton swabs to gently remove the mucus and discharge
27. **Identify the external os and the squamocolumnar junction (SCJ).**

28. Examine blood vessels with the help of a green (or blue) filter. Increase magnification if required

29. Soak a clean swab in 5% acetic acid and apply it to the cervix

30. Wait for 1 minute for any acetowhite change to appear

31. **Locate the SCJ again and determine the type of TZ**

32. Look for any new white patch (acetowhite area) appearing on the cervix

33. **If there is an acetowhite area, look for the following features:**
   - Density
   - Margin characteristics
   - Location in relation to SCJ or external os
   - Number of quadrants involved
   - Vascular pattern

34. Use an endocervical speculum to visualize the endocervix, if necessary

35. After completion of the examination with acetic acid, use a fresh swab to remove any remaining acetic acid from the cervix and the vagina

36. **Apply Lugol’s iodine and inspect for colour change**

37. Use Swede score for interpretation of colposcopy findings

38. Perform cervical biopsies (or proceed for treatment) depending on the Swede score

39. Obtain punch biopsy (s) from the worst identified lesion (s) close to the SCJ

40. Apply Mosel’s solution (paste) to biopsy site to control bleeding

41. Remove the speculum

42. Help the woman to get up from the examination table and sit comfortably. Tell her that you will explain the test findings soon
### Post-colposcopy tasks

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43.</td>
<td>Dispose-off the swabs in appropriate disposal bags</td>
</tr>
<tr>
<td>44.</td>
<td>Immerse the speculum in 0.5% chlorine solution</td>
</tr>
<tr>
<td>45.</td>
<td>Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out</td>
</tr>
<tr>
<td>46.</td>
<td>Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry</td>
</tr>
<tr>
<td>47.</td>
<td><strong>Record the colposcopy findings in the woman's case record form</strong></td>
</tr>
<tr>
<td>48. i)</td>
<td>If colposcopy test is normal, counsel the woman as per Skills Checklist 3.6.1</td>
</tr>
<tr>
<td></td>
<td>ii) If punch biopsy has been taken, label the specimen and fill up the lab requisition form and give post-biopsy instructions</td>
</tr>
<tr>
<td></td>
<td>iii) If colposcopy is abnormal and immediate LEEP is planned proceed for treatment as per skills checklist 3.6.2</td>
</tr>
<tr>
<td></td>
<td>iv) If invasive cancer is suspected on colposcopy, counsel the woman as per Skills Checklist 3.6.3</td>
</tr>
</tbody>
</table>

*The highlighted steps are considered critical*
Annex 6.7

Checklist for LEEP

The same will be used as assessment sheets during training and assessment

Note to facilitators
Rate the performance of each step using the following rating scale:

- 1 – Step or sequence not performed correctly (needs improvement)
- 2 – Step or sequence partly performed
- 3 – Step or task efficiently and precisely performed in the proper sequence

To be considered competent for a particular procedure a trainee must perform the critical steps efficiently and precisely (Rating – 3) and obtain Rating 2 and above in at least 80% of all the steps (including the critical ones).

<table>
<thead>
<tr>
<th>Skills Checklist: LEEP</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-LEEP counselling</td>
<td></td>
</tr>
<tr>
<td>1. Greet the woman respectfully and introduce yourself</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Explain to the woman why the treatment is recommended and describe the procedure</td>
<td></td>
</tr>
<tr>
<td>3. Tell her about the side effects she may expect and the alternatives to LEEP</td>
<td></td>
</tr>
<tr>
<td>4. Listen to her problems and concerns and respond to her queries</td>
<td></td>
</tr>
<tr>
<td>5. Ensure that the woman is not pregnant</td>
<td></td>
</tr>
<tr>
<td>6. Obtain informed consent for LEEP</td>
<td></td>
</tr>
<tr>
<td>Getting ready</td>
<td></td>
</tr>
<tr>
<td>7. Check that instruments, supplies and colposcope are available and ready to use</td>
<td></td>
</tr>
<tr>
<td>8. Check that the ESU and smoke evacuator are ready for use</td>
<td></td>
</tr>
<tr>
<td>9. Check that the woman has recently (not more than 30 minutes earlier) emptied her bladder</td>
<td></td>
</tr>
<tr>
<td>10. Help her onto the examining table. Help her to undress and drape her</td>
<td></td>
</tr>
</tbody>
</table>
11. Place a reusable patient return electrode under her buttocks or on her thigh and connect it to the ESU

12. Wash hands thoroughly and air dry them

13. Put on new examination or high-level disinfected surgical gloves

14. Arrange instruments and supplies on high-level disinfected tray or container

**Doing the procedure**

15. Insert an appropriate sized insulated speculum with smoke extraction channel and fix blades so that the entire cervix can be seen clearly

16. Connect the smoke evacuator tubing to the insulated speculum

17. Place a lateral vaginal wall retractor, if required

18. Manipulate colposcope to focus the cervix clearly

19. Apply 5% dilute acetic acid and identify:
   - Squamocolumnar junction
   - TZ and area to treat
   - Limits of the lesion

20. Apply Lugol’s iodine to delineate the lesion clearly

21. Inject 10 ml of 1% lignocaine with adrenaline into the stroma of the ectocervix (just beneath the epithelium) at the periphery of the lesion avoiding 3 o’clock and 9 o’clock positions

22. Set the power setting of the ESU to a blend of 50 watts of coagulation and 50 watts of cutting currents

23. Select an appropriate sized loop depending on the size and endocervical extent of the lesion to remove the lesion with minimum number of passes

24. Introduce the loop into the tissue 2–3 mm outside the outer margin of the lesion (either left or right or lower margin, but not the upper margin) and activate the ESU by pressing the cutting switch

25. Direct the loop gradually into the cervix until the crossbar nearly comes in contact with the epithelial surface

26. Guide the loop parallel to the surface of the cervix across the endocervical canal till the opposite outer margin of the lesion is reached

27. Gradually withdraw the loop and as soon as it is out of the tissue release the switch to stop the ESU
28. Remove the excised tissue with a pair of forceps

29. Fulgurate the defect on the cervix with a ball electrode using the pure coagulation current from the ESU to control the bleeding

30. If necessary use multiple passes to remove the lesion entirely

31. Remove blood and clots from the vagina and smear Monsel’s paste on the treated area

32. Remove the return electrode. Remove the speculum and place it in 0.5% chlorine solution for 10 minutes

33. Help the woman to get up from the examination table and sit comfortably

**Post-LEEP tasks**

33. Dispose-off the swabs and other disposable items in appropriate disposal bags

34. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out:
   - If disposing off the gloves, place them in a leak-proof container or plastic bag
   - If reusing surgical gloves, submerge them in 0.5% chlorine solution for 10 minutes for decontamination

35. Wash hands thoroughly with soap and water and air dry them

36. Check to be sure the woman is not having any discomfort or bleeding

37. **Advise her about post-treatment care and follow-up instructions**

38. Document the treatment done in the case record form along with the follow-up plan

*The highlighted steps are considered critical*
Annex 6.8

Checklist for CKC

The same will be used as assessment sheets during training and assessment

Note to facilitators

Rate the performance of each step using the following rating scale:
- 1 – Step or sequence not performed correctly (needs improvement)
- 2 – Step or sequence partly performed
- 3 – Step or task efficiently and precisely performed in the proper sequence

To be considered competent for a particular procedure a trainee must perform the critical steps efficiently and precisely (Rating – 3) and obtain Rating 2 and above in at least 80% of all the steps (including the critical ones).

<table>
<thead>
<tr>
<th>Skills Checklist: CKC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>Pre-CKC counselling</td>
</tr>
<tr>
<td>1. Greet the woman respectfully and introduce yourself</td>
</tr>
<tr>
<td>2. Explain to the woman why the treatment is recommended and describe the procedure including the anaesthesia details</td>
</tr>
<tr>
<td>3. Tell her about the side effects she may expect</td>
</tr>
<tr>
<td>4. Listen to her problems and concerns and respond to her queries</td>
</tr>
<tr>
<td>5. Ensure that the woman is not pregnant</td>
</tr>
<tr>
<td>6. Obtain informed consent for CKC under anaesthesia</td>
</tr>
<tr>
<td>Preparing for anaesthesia</td>
</tr>
<tr>
<td>7. Check the investigation reports and fitness for anaesthesia</td>
</tr>
<tr>
<td>8. Check that the woman is fasting for at least 6 hours</td>
</tr>
<tr>
<td>9. Check that the woman has recently (not more than 30 minutes earlier) emptied her bladder</td>
</tr>
<tr>
<td>10. Make the woman lie down on the OT table and inform the anaesthetist</td>
</tr>
</tbody>
</table>
### Preparing for the procedure

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11.</strong></td>
<td>Check that the instruments, supplies and colposcope are available and ready to use</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Check that the ESU is ready for use</td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Put the patient in the lithotomy position</td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Place a reusable patient return electrode under her buttocks or on her thigh and connect it to the ESU</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Wash hands thoroughly and air dry them</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Put on sterile surgical gloves</td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Arrange instruments and supplies on a high-level disinfected tray or container</td>
</tr>
</tbody>
</table>

### CKC procedure

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18.</strong></td>
<td>Clean the vulva, vagina and perineum with antiseptic solution and drape the patient</td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>Insert an appropriate sized speculum and expose the cervix</td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>Grasp the anterior lip of the cervix with a tenaculum</td>
</tr>
<tr>
<td><strong>21.</strong></td>
<td>Apply Lugol’s iodine to delineate the lesion</td>
</tr>
<tr>
<td><strong>22.</strong></td>
<td>Place a suture at the 12 o’clock position for the orientation of the specimen</td>
</tr>
<tr>
<td><strong>23.</strong></td>
<td>Insert stitches lateral to the cervix (at 3 o’clock and 9 o’clock positions) – optional</td>
</tr>
<tr>
<td><strong>24.</strong></td>
<td>Use an appropriate haemorrhage reducing technique. Inject 5–10 ml premixed solution of 2% lignocaine and epinephrine in a concentration of 1:100,000 into the stroma of the ectocervix (just beneath the epithelium) at the periphery of the lesion avoiding 3 o’clock and 9 o’clock positions</td>
</tr>
<tr>
<td><strong>25.</strong></td>
<td>Use a number 11 surgical blade to make a circular incision starting at 12 o’clock on the face of the cervix</td>
</tr>
<tr>
<td><strong>26.</strong></td>
<td>Angle the tip of the blade towards the endocervical canal till about 15–20 mm of the endocervix is resected</td>
</tr>
<tr>
<td><strong>27.</strong></td>
<td>Remove the cone specimen in one piece preferably</td>
</tr>
<tr>
<td><strong>28.</strong></td>
<td>Remove the excised tissue with a pair of forceps</td>
</tr>
<tr>
<td><strong>29.</strong></td>
<td>Fulgurate the defect on the cervix with a ball electrode using the pure coagulation current from the ESU to control the bleeding</td>
</tr>
</tbody>
</table>
30. Perform endocervical curettage

31. Remove blood and clots from the vagina

32. If bleeding is heavy, do either:
   - Fulguration
   - Apply haemostatic sutures
   - Apply Monsel’s paste
   - Vaginal packing

33. Remove the return electrode. Remove the speculum and place it in 0.5% chlorine solution for 10 minutes

**Post-CKC tasks**

34. Dispose-off the swabs and other disposable items in appropriate disposal bags

35. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out:
   - If disposing off the gloves, place them in a leak-proof container or plastic bag
   - If reusing surgical gloves, submerge them in a 0.5% chlorine solution for 10 minutes for decontamination

36. Wash hands thoroughly with soap and water and air dry them

37. Ensure that the patient is monitored properly in the recovery room

38. Check after 4–6 hours if the woman is fit to go home and is not having any bleeding or discomfort

39. **Advise about post-treatment care and follow-up instructions**

40. Document the treatment done in the case record form along with the follow-up plan

*The highlighted steps are considered critical*
Training of health staff in colposcopy, LEEP and CKC – Facilitators’ guide


© World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license (CC BY-NC-SA 3.0 IGO). See https://creativecommons.org/licenses/by-nc-sa/3.0/igo/.

Under the terms of this license, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, product or service. The use of the WHO logo is not permitted. If you adapt the work, you must bear your work under the same or identical Creative Commons license. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO), WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition.” Any mediation relating to disputes arising under the license shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.


Cataloguing-in-Publication (CIP) data, CIP data are available at http://apps.who.int/.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and quotes on rights and licensing, see http://www.who.int/areas/licensing.

Third-party materials. If you wish to reuse materials from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder.

The risk of claims resulting from infringement of any third-party-owed component in the work rests solely with the user.

General disclaimer. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not be legal or political agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published materials are being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material rests with the reader. No warranty shall WHO be held liable for damages arising from its use.
Cervical cancer screening and management of cervical pre-cancers

Training of health staff in colposcopy, LEEP and CKC

Facilitators’ guide