**INTRODUCTION**

This curriculum has been developed for trainers delivering content on medical abortion at or after 13 weeks gestation. The training materials cover all the key components needed for facilitation of a five-day training program that includes both didactics and hands-on client care designed to ready participants for service delivery. Materials included in this curriculum include training activities and resources to help facilitate a smooth training course that covers all the critical topics.

The agendas outline the preferred sequencing of the training activities included in the curriculum. The workshop starts with Values Clarification and Attitude Transformation (VCAT) work and has follow-up VCAT activities that build in emotional complexity interspersed throughout. The clinically-related activities are also sequenced in the order of provision of care, starting with pre-abortion assessment and counseling, moving into procedurally-related content and then follow-up care. The curriculum also provides guidance on how to manage hands-on clinical training logistics and patient care

**Facilitator Notes on Components of Sample Agendas:**

**DAY 1 –**

**Pre-Test**

* **I**t is important to set aside adequate time for participants to complete the pre-test. The pre-test allows us to determine the level of current knowledge of incoming participants and also provides a baseline for determining if there has been any change after the workshop is complete.

**Group Norms**

* During the introductory session it is important to include Group Norms, which is particularly key when working on abortion at or after 13 weeks gestation. Due to potential sensitivities around this area of work and concerns around privacy, “group norms” are critical to ensuring that participants feel that confidentiality is honored, creating an environment conducive to sharing openly. See [*Effective Training in Reproductive Health: Course Design and Delivery, Reference Manual*](https://ipas.azureedge.net/files/EFFREFE12-EffectiveTraininginReproductiveHealthRef.pdf) for guidance on setting group norms.

**VCAT**

* The introductory Values Clarification and Attitude Transformation (VCAT) activities allow participants to reflect on beliefs and values specifically related to abortion care at or after 13 weeks and address any areas of tension between personal beliefs and professional responsibilities related to this important work. A major barrier to the provision of abortion at or after 13 weeks is abortion-related stigma and lack of knowledge/misinformation about issues related to abortion at or after 13 weeks. These VCAT activities also begin to touch upon issues such as transient fetal survival, fetal disposal and other topics specific to abortion at or after 13 weeks. Addressing some of these potential areas of hesitation for participants prior to the onset of the clinical training is critical to ensuring participants have a clearer understanding of their own values surrounding abortion at or after 13 weeks and feel comfortable talking openly about concerns or challenges.

The VCAT activities are structured to start with activities that focus on the broader societal values and issues related to abortion at or after 13 weeks care and, as participants become more comfortable with the content and each other, the activities shift into allowing for discussion on personal beliefs and reflections.

**Group Norms for Clinical Practice**

* Discussing the Group Norms for clinical practice prior to any engagement with patients is critical. Ensuring that participants have a common understanding of the responsibility and approach to managing patient care is tantamount to ensuring patient safety and that each patient is treated with equal respect and professionalism. Review all aspects of the direct patient guidance thoroughly, delineating roles and responsibilities and any logistical issues, etc.

**Hands-On Patient Care**

* Each day (with the exception of Day 5) will *close* with participants/or a team of participants providing hands on-patient care under the supervision of the facilitator/s. Ensure that there is enough time to travel to the site (if needed). Participants will lead all aspects of patient care from conducting clinical assessment, admissions, initiation of medical abortion regimens, etc.

A small team of participants with a facilitator will also be assigned to return to the site during the late evening/night to follow-up on patient care and determine next steps, etc.

**DAY 2 –**

**Hands-On Patient Care**

* Each day (with the exception of Day 1) will *start* with participants/or a team of participants providing hands-on patient care under the supervision of the facilitator/s. Ensure that there is enough time to gather participants together in the morning and travel to the site (if needed). Participants will lead all aspects of patient care from conducting clinical assessment, admissions, initiation of medical abortion regimens, etc.

**Case Review**

* Each morning after all participants have returned to the training site, the participants that saw patients that day or the previous day will review the cases with the larger group. Using the Patient Care Group Logbook activity facilitators will create a large logbook (see sample logbook page) and go through each case. This allows all participants to hear about the cases together, discuss challenges, successes and possible courses for management. The large logbook is updated daily with new patients and follow-up on any existing patients and serves as a visual aid and reminder about what is happening with the clinical work.

**Other Key Issues**

* This presentation focuses on issues related specifically to abortion at or after 13 weeks, such as transient fetal survival, sex selection and inducing fetal demise. It is important for facilitators to familiarize themselves with this content prior to the workshop as these issues will inevitably arise during the workshop (whether in VCAT sessions or otherwise) and facilitators want to be able to appropriately address them when they come up. Facilitators should understand the issues, why they can be challenging for participants and be able to provide clear key messaging around the issues and the importance of the work (which can be found in the power point slide notes).

**Day 5 –**

**Final Case Review**

* The case review should occur each day, but this final case review is especially important to ensure that each case has been completed or has been handed off to site staff (if needed). It is a time to reflect on which cases went well and which ones were more complicated and to discuss any lessons learned. Facilitators should make sure that any final participant questions regarding the clinical work are answered at this time.

**Medical Abortion Versus D&E**

* This session provides an overview of the dilatation and evacuation procedure. The training is focused on medical abortion; however, this session provides general information on D&E as it is also a World Health Organization-recommended method for abortion at or after 13 weeks.