

# Guidelines for Integration of Fertility Awareness Methods into Educational Programs for Health Professionals



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**The Institute for Reproductive Health**, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness methods of family planning. Fertility Awareness is the knowledge of the fertile days in a woman's menstrual cycle when she is likely to become pregnant.

**IntraHealth International** has served the public health needs of developing countries for more than a quarter of a century. IntraHealth's primary mission is to mobilize local talent to create sustainable and accessible health care. With an original focus on women and children's health, IntraHealth's work has broadened. It now includes innovative approaches to increase access to basic health care, strengthen human resources for health and prevent and treat for HIV/AIDS, malaria and other infectious diseases. IntraHealth has public health projects in more than 25 countries on four continents, with its US office in Chapel Hill, NC. IntraHealth is a not-for-profit corporation.

### **Guidelines for Integration of Fertility Awareness Methods into Medical Professional Education**

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# Preface

This document presents guidelines to assist in integration of Fertility Awareness Methods (FAM) into established educational programs for health professionals, both preservice education and continuing education. The guidance here is intended to be relevant for integration of any Fertility Awareness Method into education for any cadre that will assist clients in selecting these or other family planning methods

Integration efforts can be very small and focused—for example, adding a few slides, references and test questions to a family planning update or course offered by a professional association. Alternatively, integration can be done on a very broad scale—for example, including FAM within a national family planning curriculum for nurses. In many situations, the most feasible opportunities will fall somewhere in between—for example, working with a motivated faculty member at a single nursing school to include Fertility Awareness Methods in appropriate courses and into a clinical practicum. In many situations a single small step can lead to expanded opportunities

The process, tools and suggestions included in these guidelines are based on IntraHealth's over 30 years of experience in training and learning for performance improvement, as well as input from the experience of a variety of partners working with the Institute of Reproductive Health (IRH) and the FAM Project.

## **Who is this Guide for?**

This document is for FAM Project partners and local organizations working with groups that provide education for health professionals. These groups can include schools and universities offering preservice education, as well as professional associations, NGOs, or others who offer courses to health professionals who have already completed preservice education.

## **Purpose**

This tool provides guidance on how to mobilize and assist key players who can incorporate Fertility Awareness Methods within their scope of responsibility. It is not a how-to guide for curriculum development or instructional design. Users will not find guidance on development of learning objectives, selection of methods, evaluation of learning, or development of instructional materials in this guide because this information is available from many other sources. One such resource is *Learning for Performance*, available at <http://intrahealth.org/resources/training-innovations-and-provider-performance/learning-for-performance>

# Introduction

Integration of Fertility Awareness Methods within existing educational programs for health professionals is an important step toward including these methods as a mainstream modern method of contraception and positioning Fertility Awareness Methods within the job expectation for family planning providers. Integration is also more efficient and sustainable over the long term than creating special workshops for specific groups.

**Preservice education refers to the sum of processes to produce health workers who are qualified for employment in health service,** from admitting students into professional training to deployment of skilled workers at service delivery sites. In countries where preservice education follows a single national curriculum, integrating Fertility Awareness Methods can have a very broad impact, affecting the education of one or more cadres at country level.

**Continuing education refers to courses of study for health professionals who have completed preservice education.** There is no one single model of continuing education that applies across country settings. Completion of continuing education courses may be required by licensure boards or councils in order to renew professional certification, or it may be optional. In some situations, continuing education courses may be organized into a course of study that results in a specialized professional qualification or membership in a professional group. Continuing education may be offered by a wide variety of groups, from universities to professional associations

**Preservice and continuing education are not completely separate, but rather interconnected parts of the multi-faceted system of education of health professionals in a country.** Clinical sites may serve as practicum sites for students from a variety of professional schools, as well as a site for continuing education that includes a clinical component. Professional schools are primarily committed to preservice education, but they may also offer continuing education to practicing professionals. Preservice may include elective courses that are conducted by an external group, such as a family planning association or professional association. As more countries are requiring continuing education as a condition for recertification, more professional associations are taking a stronger role in offering continuing education to their membership. But perhaps the strongest link among these programs is the faculty and teachers they share. The same educator may serve as faculty in medical and nursing schools, clinical trainer at a service delivery site, and also take a leading role in continuing education offered either through a professional school or through another body, such as a professional association. In terms of integrating Fertility Awareness Methods, working with teachers or trainers who are enthusiastic about Fertility Awareness Methods to integrate these methods into one course may enable these individuals to integrate FAM in other aspects of professional education as well. The interconnected context of educational systems is rarely well documented, which makes it very important to work closely and collaboratively with stakeholders who know the system and who must ultimately take the lead if Fertility Awareness Methods are to become integrated within professional education.

**The process and requirements for integrating Fertility Awareness Methods into preservice and continuing education are the same.** The most significant differences in preservice education and continuing education are in who the courses are for (e.g. have students already completed basic training?) and why the students are taking the course (is the course required or optional, etc?).

**The opportunities to integrate Fertility Awareness Methods are varied.** The list below includes some advantages of working at a variety of levels.

Key reasons to integrate Fertility Awareness Methods into preservice education at a single educational institution:

- To take advantage of the opportunity to work with faculty or preceptors who are enthusiastic about Fertility Awareness Methods.
- To build Fertility Awareness Methods into the educational pipeline that will produce a continuing supply of health workers.
- To integrate Fertility Awareness Methods within clinical sites that likely support not only pre-service education but also continuing education, etc.

Key reasons to integrate Fertility Awareness Methods into a clinical practicum:

- Because the clinical practicum requires application of knowledge and skills. The skills learned here are more likely to be applied on the job.
- Many or most clinical teachers will also have some type of teaching responsibility at educational institutions. Working with these clinical teachers can create an entry point to work with medical, nursing and midwifery schools.
- There may be fewer administrative hurdles to beginning work at the clinical practicum site.

Key reasons to integrate Fertility Awareness Methods into preservice nationally:

- To inform key influential stakeholders about Fertility Awareness Methods. These thought leaders can build broad support for inclusion of these methods into education and practice.
- To position Fertility Awareness Methods as a standard component of family planning and maternal health service standards on a national level.
- To include Fertility Awareness Methods in the education pipeline that produces health workers.

Key reasons to integrate Fertility Awareness Methods into a continuing education program of a professional association or other continuing education provider:

- To reach practicing health professionals who are enthusiastic to offer Fertility Awareness Methods as an expansion of the services they offer in the private sector.
- To reach health professionals who are required to take courses for professional licensing and recertification.
- Professional associations may be a good entry point to build support for including Fertility Awareness Methods among leaders in a particular cadre.
- In some situations, there may be fewer administrative hurdles to integrating Fertility Awareness Methods in programs of professional associations compared to working with universities or professional schools.

## Preservice Education

Preservice education includes the following separate but related components:

- **Entrance requirements**—the qualifications (education, experience, background) individuals must have to enter educational institutions. These may be set at the national level by the Ministry of Education, Council of Higher Education, or in some situations by educational institutions or specific health systems.
- **Coursework** —Educational institutions are responsible for what is taught in coursework and ideally they are responsible to provide a replicable training experience such that all persons completing coursework have a standard body of knowledge and skills. Coursework can deliver learning outcomes specified by knowledge objectives; however, skills are primarily developed in clinical practice or rotations. Preservice education may include courses or updates that are delivered by outside groups, such as family planning organizations or the professional associations of a specific health cadre.
- **Clinical practicum or rotation**—Patient care skills (clinical, counseling, etc.) are developed at a variety of service delivery sites where students put their knowledge and skills into practice under supervision of a skilled provider. In order for students to develop Fertility Awareness Methods skills, the service delivery sites must offer Fertility Awareness Methods and the workplace needs to support offering Fertility Awareness Methods. In some cases, it is feasible to introduce these methods to students during clinical rotations before it is possible to integrate FAM into coursework. Providers who oversee a clinical practicum may be strong advocates for inclusion of Fertility Awareness Methods into coursework.
- **Graduation requirements**—Requirements for graduation set expectations for educational institutions--both for coursework and for clinical practice. Incorporating Fertility Awareness Methods into examinations and graduation requirements may involve forging agreements between the Ministry of Education or Council of Higher Education and the Ministry of Health.
- **Licensing, certification and recertification**—After graduation, the next step toward practice is registration. For professions such as medical doctors, nursing and midwifery, licensing requirements are generally established by professional councils or boards, working closely with the Ministries of Health and Education. Professional councils and boards increasingly require continuing education credits for re-licensing. However, these requirements are not always applied.
- **Deployment policies**—The Ministry of Health is responsible for deploying qualified health workers to service delivery sites toward the goal of having workers with the right skills in the right places.

# Integration Process for Fertility Awareness Methods

The steps listed here outline a general process to integrate Fertility Awareness Methods into professional education. Guidance on each step and adaptable tools make up the remainder of this guide. Tools for each stage of the process are listed under the corresponding section.

## 1. Stakeholder Consultation

Consultation with stakeholders is critical to any effort to integrate Fertility Awareness Methods. When you have a general idea of where you can include these methods and have consulted written references, it is always worthwhile to gain stakeholder perspectives. Stakeholders will give valuable insight about who to work with, where to work and the requirements for making a change. This information is generally not available in documents, but local stakeholders will be able to tell you how changes are made. Keep in mind that stakeholders can be champions for change or can block change.

The stakeholder consultation serves the purpose of rapidly getting a broad understanding of the environment, constraints, resources and opportunities for integration of Fertility Awareness Methods that are critical to whether your initial idea will succeed. It also serves the purpose of identifying key decision makers and champions and getting their advice and support. The stakeholder consultant is an important opportunity to build a network of knowledgeable individuals with whom you can consult later, when questions arise.

A stakeholder consultation should be broad enough to include persons who understand the environment of practice at all levels and the educational system for the type of health worker you are targeting.

## 2. Readiness Assessment

The readiness assessment for integration of Fertility Awareness Methods is a process of consultation and observation to decide what is needed to incorporate these methods. Depending upon the scope of your work, you may visit an educational institution, one or more clinical sites, or the office of a professional association or other group that offers continuing education courses. Especially in the case of continuing education, it is important to meet with a small sample of persons who take the continuing education courses to make sure that their needs will be met. The time required for a readiness assessment varies depending upon the sites you will visit.

## 3. Planning

Based on the stakeholder consultation and readiness assessment, planning identifies the specific steps to integrate Fertility Awareness Methods. For example, if the effort focuses on integrating Fertility Awareness Methods within an educational institution, the plan should include making decisions about where anatomy and physiology, family planning or contraceptive method information and counseling can be incorporated into courses. If you are integrating Fertility Awareness Methods into a single course, it will be important to see that these topics are included. Planning may also include selecting or adapting materials, preparation of trainers and preceptors, and preparing clinical sites. The time for planning depends upon the scope of the project. For a small-scale effort, planning can generally be completed in one day. Attention should be paid to communicating the plan back to all stakeholders and individuals who participated in the readiness assessment.



#### **4. Implementation**

Implementation follows the plan developed in Step 3. Specifics will vary to fit local priorities. Many of the instructional and informational materials developed by the FAM Project are adaptable to the specific local priorities.

#### **5. Monitoring and Evaluation Plan**

The purpose of the monitoring and evaluation plan is to track indicators of success that are established locally to match the local situation. In addition the FAM Project tracks lessons learned to inform the integration process in other countries.

# Step 1: Stakeholder Consultation

The purpose of consulting broadly with stakeholders early in the process of integrating Fertility Awareness Methods is to get advice and information about the best ways to succeed, to collect background documentation for review, to develop consensus and support for integrating Fertility Awareness Methods, and to build relationships with key stakeholders whose help and advice may be needed later. Desk review of available documentation on education of health professionals can provide valuable background information, but is not a substitute for the advice of leading experts from the profession you are targeting and those who have worked extensively within the health and educational systems. The right stakeholders will know how changes can be made, who needs to be involved in the process and how to avoid pitfalls in a complex system. Consultation with stakeholders builds a supportive network of individuals who can be critical to the success or failure of the effort.

A meeting of stakeholders is an excellent time for an update on Fertility Awareness Methods, and this builds the base of knowledge and support for these methods in the professional community. Informing and involving stakeholders will lead to a better understanding of when a small project can be expanded and how to go about it.

## Goals

The goals of the stakeholder consultations are to:

- Understand how Fertility Awareness Methods are currently incorporated in educational programs and services.
- Let stakeholders know about other activities of the FAM Project.
- Provide an orientation to Fertility Awareness Methods.
- Gather initial ideas and advice about the most feasible opportunities for integration.
- Learn about the educational process into which Fertility Awareness Methods will be integrated (who are the learners, where will they work, what are the constraints and opportunities, how are other skills and knowledge taught, etc.
- Create support and trust of all stakeholders by establishing an open, transparent participatory process.
- Establish general agreements about the overall direction of the integration process.
- Identify champion(s) to promote/participate in the integration process.

## Outputs

- A summary of stakeholder perspectives and a general idea of gaps and opportunities
- Consensus on priorities and opportunities
- A supportive team of stakeholders
- Stakeholder guidance on the next step (readiness assessment).

## Activities

### 1.1 Identify key stakeholders

The stakeholders who should be invited depend on the scope of effort, and the group can be small. Generally, your local partners will be able to help identify a few stakeholders. You should visit the stakeholders individually and always ask their advice on others who should be consulted.

Stakeholders should be able to give guidance in the following areas:

- The process for modifying curricula, including who is responsible, the timeline and whether curricula are currently in review

- The existing family planning curriculum
- Faculty and teacher perspectives
- Current experience with Fertility Awareness Methods
- Courses where family planning, counseling and information related to Fertility Awareness Methods is currently taught
- Current clinical practice requirements for family planning
- Who is currently offering continuing education courses in family planning (including opportunities offered by NGOs and professional associations)?
- Certification and recertification requirements
- Fertility Awareness Methods in service delivery (Where is it currently offered? Who offers it?)
- Client perspectives on Fertility Awareness Methods
- Local research about the community's awareness of Fertility Awareness Methods (surveys, research, etc.).

### **1.2 Meet with each stakeholder individually**

FAM Project staff and local counterparts should meet with stakeholders individually. At this time, they should orient the stakeholders to Fertility Awareness Methods, integration activities in country and our interest in integrating Fertility Awareness Methods into professional education in both pre-service and continuing education. Using Tool A, ask for information and advice. Ask stakeholders for suggestions about others who should be consulted or invited to a stakeholder meeting.

Prepare notes after each meeting and summarize your findings to share with all stakeholders at a stakeholders meeting.

Invite all of the stakeholders you consulted to a stakeholder meeting. Also invite key informants who were recommended by stakeholders and individuals you were not able to meet. See:

#### ***Tool A: Stakeholder Consultation Guide***

### **1.3 Hold a stakeholder meeting**

The purpose of the stakeholder meeting is to give an update on Fertility Awareness Methods, share what you learned through individual consultation and develop consensus on the overall approach to Fertility Awareness Methods and priority activities. The stakeholder meeting should generally take 1 day. See:

#### ***Tool B: Stakeholder Meeting Sample Agenda***

#### ***Tool C: Sample Model for Fertility Awareness Methods in Preservice Education***

#### ***Tool D: Sample Opportunities to Integrate Fertility Awareness Methods into Educational Programs for Health Professionals***

## **Tool A: Stakeholder Consultation Guide**

This tool is intended as a general guide for initial consultations with stakeholders. Because the opportunities to integrate Fertility Awareness Methods are varied, the appropriate questions will vary. In general, open-ended conversations will be more productive than more rigid interview formats.

### **Opening**

Give a brief introduction to the FAM Project and its activities in the country to date.

### **Sample questions to start the conversation**

#### **About the national context and system**

- Are Fertility Awareness Methods included in the national service guides and guidelines? Where? Try to collect a copy.
- Is there a national system for educating your target cadre of medical professionals? Who are the groups providing education, preservice or continuing?
- Is there a national curriculum for the cadre you will be working with? How is family planning included? Are Fertility Awareness Methods included?
- Is there a formal curriculum revision effort in process? If so, how would you suggest we add Fertility Awareness Methods to that process? Who is in charge?
- Is continuing education a requirement for recertification? What organizations offer continuing education in family planning?
- What is the relationship between preservice education and continuing education? For example, a nursing school could be involved in continuing education as well as preservice.
- Is there documentation of what family planning providers are expected to do on the job (e.g. job descriptions)? If so, try to get a copy.

#### **About the context of institutions or organizations that provide training**

- Are there professors or tutors who already include Fertility Awareness Methods in their courses? Who teaches Fertility Awareness Methods? Try to get a copy of course materials.
- Does the course of study include a clinical practicum? If so, where do students go for the practicum? Who should be contacted at the clinical practicum sites?
- What opportunities are there for adding a course on Fertility Awareness Methods or integrating Fertility Awareness Methods within an existing course?
- In most situations, the stakeholder consultation will not focus on specific information about courses. However, if there are individuals who could provide this information, consult the readiness assessment for suggested issues to address.

**About the service delivery context**

- If Fertility Awareness Methods are offered, is the counseling of high quality?

**General advice**

- What other institutions or groups should we visit? Who should we consult there?
- What other stakeholders should we involve? Are there individuals who might resist or block integration of Fertility Awareness Methods?
- What do you see as the challenges/barriers to adding Fertility Awareness Methods?

**Closing**

- Do you have any other advice about the best opportunities to integrate Fertility Awareness Methods in professional education?
- Thank the stakeholder for his/her help. Invite him/her to a stakeholders meeting.
- After each consultation, summarize what you learned, paying careful attention to advice about the best opportunities to incorporate Fertility Awareness Methods.

## **Tool B: Stakeholder Meeting Sample Agenda**

### **Fertility Awareness Methods Stakeholder Meeting**

Time and Date  
Place and Sponsors

<b>Time</b>	<b>Item</b>	<b>Presenter</b>
15 min.	Opening—Goals of the meeting, review of agenda, introductions	Sponsoring local group
15 min.	Fertility Awareness Methods in the country context The FAM Project—Review the goals and activities of the Project, if appropriate.	FAM Project staff
45 min.	Update on Fertility Awareness Methods	FAM Project staff
1 hr. 45 min.	Summary of consultations with stakeholders Discussion	FAM Project staff or local colleague
1 hr.	Lunch	
2 hrs. 30 min.	Priorities and opportunities	Stakeholders
1 hr.	Summary of agreements, decisions, next steps	Stakeholders
30 min.	Closing	Sponsoring local group

## Tool C: Sample Model for Fertility Awareness Methods in Preservice Education

The chart below can serve as a starting point to identify where Fertility Awareness Methods should be included in preservice education.

Ideal/Goal	Detailed Description
National service guides and guidelines include Fertility Awareness Methods	Fertility Awareness Methods are in policies and job descriptions and the information is up-to-date.
Classroom training for all students builds the knowledge and skills needed	<p><b>Menstrual cycle</b> is taught in 1st year anatomy and physiology course.</p> <p><b>Fertility Awareness Methods</b> are in the family planning curriculum (didactic and clinical).</p> <p><b>Lactational Amenorrhea Method (LAM)</b> is in the family planning and obstetrics and gynecology curricula (didactic and clinical).</p> <p><b>Family Planning Counseling Course</b> includes at least two role plays for any Fertility Awareness Method offered:</p> <ol style="list-style-type: none"> <li>1—Initiation of the Fertility Awareness Method</li> <li>2—Continuation of the method</li> </ol> <p>(Additional elements to consider incorporating in role plays include: a client who is interested in the method, but another method would probably be better, couple counseling, condom use, HIV risk.)</p> <p>Any family planning continuing education includes options to learn about Fertility Awareness Methods.</p>
Trainers and preceptors use standard session plans and materials for Fertility Awareness Methods	<p>Teachers understand the basis of Fertility Awareness Methods and how to counsel clients about using these methods effectively.</p> <p>Clinical trainers/preceptors are competent providers of Fertility Awareness Methods.</p> <p>A standard package of teaching materials is in use for replicable training.</p> <p>Training, mentoring and supervision tools that include Fertility Awareness Methods are in use.</p>
Clinical practicum sites have what is required to support offering the methods.	<p>Cycle beads are available to clients at a service site or community outlet.</p> <p>Materials for in-service/continuing education/coaching are in use.</p> <p>FAM information is available for clients.</p> <p>Skills checklist is available.</p>
Graduation and certification	Fertility Awareness Methods are included in the family planning competencies required for graduation and certification.

## **Tool D: Sample Opportunities to Integrate Fertility Awareness Methods into Educational Programs for Health Professionals**

These examples are provided as a starting point for identifying the best opportunities to integrate Fertility Awareness Methods.

- Support a professional association in building awareness of Fertility Awareness Methods through a national conference, newsletter, website, or as a continuing education option for its members. The same course might be added as an elective for faculty and students.
- Support a department in adding Fertility Awareness Methods as a standard element of the curriculum, or as an elective or special course.
- Work with a single professor who is enthusiastic about Fertility Awareness Methods to add Fertility Awareness Methods within a course he or she currently teaches.
- In some situations, first year medical and nursing students may take basic anatomy and physiology courses together. In others, the same professors may teach these courses for both doctors and nurses. Incorporating content about the menstrual cycle and Fertility Awareness Methods in shared courses or working with persons who teach both nurses and doctors is an efficient step toward incorporating Fertility Awareness Methods in education for multiple cadres.

Work with clinical supervisors or preceptors to include Fertility Awareness Methods within a clinical rotation.

- Target clinical preceptors who have opportunities to add Fertility Awareness Methods to classroom teaching at a training institution, rather than waiting for a national mandate.
- Provide an update on Fertility Awareness Methods. These may include a presentation or grand rounds for faculty, a presentation at a national or local professional meeting, or similar opportunities.
- Add Fertility Awareness Methods to a family planning update.



## Step 2: Readiness Assessment

The readiness assessment follows up on outcomes of a stakeholder meeting. The stakeholders will have given advice about which sites to visit, who to contact, and the best opportunities.

The purpose of this step is to identify what needs to be done to establish or strengthen education on Fertility Awareness Methods in the context of an educational institution and its associated clinical practicum sites, or in the program of an organization or group that offers continuing education courses. In this step, assumptions based on the stakeholder consultation will be validated through local discussions and observations. In some situations it may be advantageous to conduct the readiness assessment for several institutions or organizations at the same time. This is particularly true when clinical practicum sites serve a variety of preservice and continuing education programs. Involving multiple groups may be more efficient than working with organizations individually and also lead to better outcomes.

### Goals

The goals of the readiness assessment are to:

- Identify the opportunities to prepare students to offer Fertility Awareness Methods as a component of their family planning job responsibilities and the best entry points for making changes.
- To identify what changes are needed.
- To follow up on contacts identified by the stakeholders and involve them in integrating Fertility Awareness Methods.
- To select priorities for adding a short course or strengthening the way Fertility Awareness Methods are taught within existing courses.

### Output

- A report on the readiness assessments.

### Activities

The Fertility Awareness Methods readiness assessment can generally be completed in one day through appointments with appropriate faculty and a visit to a clinical practicum site.

#### 2.1 Preparation

Arrange to spend approximately one day meeting with faculty and others responsible for courses where Fertility Awareness Methods could be included. It is important to meet with key informants identified by the stakeholders and with other decision-makers. Generally high level contacts will arrange meetings with teaching staff (professors, lecturers or tutors) who actually deliver instruction. Tool E gives advice on the types of questions to ask. Before visiting the organization, it is important to be thoroughly familiar with this tool. The survey tool included in Monitoring and Evaluation may also be useful.

#### 2.2 Consult and collect documents at the educational institution

Use Tool E to seek information and build support at the educational institution. It is important to verify what you have been told and to validate your assumptions. Be prepared to ask for specifics (numbers of students attending a class when Fertility Awareness Methods were introduced, etc.). Ask for copies of educational materials that were used.

If there is an opportunity and time allows, give an update on Fertility Awareness Methods. See:

***Tool E: Readiness Assessment: Educational Program Provider***

***Tool F: Readiness Assessment: Clinical Practicum Site***

***Tool G: FAM Project Data Collection Tool for Educational Programs for Health Workers***

### 2.3 Visit to clinical practicum sites

Clinical practicum sites are a key entry point into education for health professionals because this is the experience that most directly affects what students will do when they are posted to service. The purpose of the clinical practicum site visit is to assess whether the workplace is set up to support job performance. Key elements that affect workplace performance are:

- **Clear expectations** (Are students expected to counsel clients on Fertility Awareness Methods as a required and routine part of the clinical family planning or obstetrics and gynecology rotation?)
- **Feedback** (Do supervisors tell students what they do well and give clear feedback on what should be done differently?)
- **Adequate workplace** (Are cycle beads and materials for counseling clients available in each area where they are needed?)
- **Motivation and incentives** (Do students receive positive feedback for offering Fertility Awareness Methods with other family planning methods? Are staff members supportive of offering Fertility Awareness Methods? Do supervisors communicate that this is an important skill and an important service?)
- **Knowledge and skills** (When students come to the clinical rotation, do they know what they need to know about Fertility Awareness Methods and do they have adequate counseling skills to provide quality counseling services? Are clinical supervisors or preceptors prepared to teach knowledge and skills that students lack?). See:

***Tool F: Readiness Assessment: Clinical Practicum Site***

***Tool G: FAM Project Data Collection Tool for Educational Programs for Health Workers***

## **Tool E: Readiness Assessment: Educational Program Provider**

This tool is appropriate to use at institutions or organizations that provide preservice or continuing education.

- Section A should be used in all situations.
- Section B should be used where Fertility Awareness Methods are already included in courses but could be strengthened.
- Section C should be used for continuing education providers.
- Section D should be used where Fertility Awareness Methods are not included at all.
- Remember that Tool G is also available to help collect specific data on how FAM is included, and gives more specific questions for Sections B and C.

### **A. General introduction**

Begin by verifying what you have heard from stakeholders and listening for other opportunities that the stakeholders may not have been aware of.

- If you are contacting someone recommended by a stakeholder, let the person you are interviewing know this.
- Explain the basic plan for integration of Fertility Awareness Methods.
- Verify whether or not Fertility Awareness Methods are currently included in educational offerings of the institution or organization (preservice or continuing). Stakeholders should have given you this information, but there may be other opportunities the stakeholders were not aware of.
- Ask for general advice about opportunities. (Refer to Tools C and D.)
- Offer to give an update on Fertility Awareness Methods. It is important to build awareness of Fertility Awareness Methods broadly. Always be willing to share up-to-date information about Fertility Awareness Methods.

### **B. If Fertility Awareness Methods are part of the course of study**

- Which courses include content related to Fertility Awareness Methods (e.g. anatomy and physiology, obstetrics and gynecology, family planning)?
- What reference materials are used? When were they last updated?
- Who teaches courses that include Fertility Awareness Methods? Try to meet this person.
- Can you have (or see) a copy of a session plan, course materials, checklists etc.?
- Are Fertility Awareness Methods included in a clinical practicum? Try to meet the persons responsible.
- Are Fertility Awareness Methods included on examinations that are part of graduation requirements?
- What other methods of contraception do students learn to offer?
- How are students' skills in counseling assessed? Is there an observation checklist? How is competency assessed in counseling clients about Fertility Awareness Methods?

### **C. If the institution or organization offers only continuing education**

- Are the continuing education courses linked to recertification?

- Who takes the continuing education courses? What is their background? If possible, try to talk with someone who might take a course on Fertility Awareness Methods. Find out as much as you can about the learners.
- What type of courses are offered (workshops, e-learning, distance education, on-the-job training, etc.)?
- Is a family planning course offered? Does it include Fertility Awareness Methods? Who teaches the course? How often is it offered?

**D. If Fertility Awareness Methods are NOT part of the course of study,**

- When was the curriculum last updated? What is the process for curriculum revision? Who is the person responsible?
- Try to meet the person who teaches anatomy and physiology, the person in charge of family planning, the person in charge of obstetrics or maternal and newborn care, the person responsible for clinical practice for family planning.
- Review curricula and session plans on anatomy and physiology and on family planning.
- Ask for advice about ways to include Fertility Awareness Methods

**Check for Materials.** Whenever you visit a site, try to see each of the materials below and collect a copy if possible.

- Job descriptions for family planning providers or counselors
- Family planning service delivery guidelines
- Course list that shows where Fertility Awareness Methods is, or could be taught
- Physiology and anatomy syllabus
- Family planning syllabus
- Obstetrics/gynecology or maternal/newborn care syllabus
- Learning objectives relevant to Fertility Awareness Methods
- Lesson plans relevant to Fertility Awareness Methods
- Tests or assessments that include, or could include, a question on Fertility Awareness Methods
- Family planning counseling checklists

## **Tool F: Readiness Assessment: Clinical Practicum Site**

### **Introduction**

Briefly explain the overall plan for integration of Fertility Awareness Methods and the purpose of your visit. Explain who recommended that you visit the site.

If students have been exposed to Fertility Awareness Methods in their coursework

- Ask about the students' level of knowledge about Fertility Awareness Methods and related topics (menstrual cycle, counseling, etc.) when they begin the rotation.
- Do students have an opportunity to counsel clients regarding initiation of Fertility Awareness Methods and to counsel clients who are already using these methods?
- What other methods of contraception do students learn to offer?
- How are students' skills in counseling assessed? Is there an observation checklist? How is competency assessed in counseling clients about Fertility Awareness Methods?
- Are cycle beads available on site or at a convenient location?
- Are materials to counsel clients about Fertility Awareness Methods available?

If students have not been exposed to Fertility Awareness Methods in their coursework

- Do students receive information about Fertility Awareness Methods or other family planning methods at the practicum site? If so, how?
- Ask to see reference materials about family planning.
- What other family planning methods do students know how to deliver?
- What opportunities do you see to offer Fertility Awareness Methods as a part of clinical services at the site?

Ask to see the items below. Collect a copy of documents you do not already have.

	Job description for family planning provider or counselor
	Family planning guides and guidelines
	Family planning counseling and supervisory checklists
	Materials for family planning counseling
	Cycle beads.

## **Tool G: FAM Project Data Collection Tool for Educational Programs for Health Workers**

The tool below developed by the FAM Project may be useful to gain a basic understanding of opportunities to integrate Fertility Awareness Methods in Professional Medical Education. Information can be collected using the following methods: review of syllabi, curricula and other materials; interviews with Professors/Instructors; survey of sample of students. Groups to contact include: professional schools for a variety of cadres, medical professional organizations, and organizations implementing other established professional education programs. For the purpose of this assessment, exclude groups offering workshops that are not part of an ongoing program.

Record your findings as listed below:

### **PART A: Basic Information**

1. Type of organization:
  - Academic institution (college, university, academy, school)
  - Professional association (e.g. Ob-Gyn or nursing association)
  - Other \_\_\_\_\_
2. Type of professional education offered (Mark all that apply)
  - Preservice
  - Continuing education
3. Who is the education for (Mark all that apply)
  - Doctors
  - Nurses
  - Nurse Auxiliary
  - Other \_\_\_\_\_

### **PART B: Information from review of a syllabus or curriculum**

4. Is the Standard Days Method included?
  - Not included
  - In classwork only (theory and didactic)
  - In practice only (humanistic lab/role plays etc.)
  - In theory and practice
  - In a clinical practicum and on skills checklists
5. Does classwork build the knowledge and skills to deliver Fertility Awareness Methods services? For example is knowledge about the menstrual cycle embedded in the anatomy and physiology course. How?
6. In what courses, lectures, topics or modules is Standard Days Method included?

## **PART C: Interview faculty members**

1. What are the entrance requirements for students to take courses?
2. Which sessions do you teach? Is family planning covered? Is the Standard Days Method covered?
3. How did you learn about the Standard Days Method? Have you received any orientation or training in the Standard Days Method? By whom?
4. Is the Standard Days Method included wherever a list of family planning options appears?
  - All the time
  - Most of the time
  - Some of the time
  - Never
5. What are the specific learning objectives for contraceptive technology? Are there specific objectives for the Standard Days Method? Can you describe them or supply a copy?
6. For any course that includes the Standard Days Method, how much time is allocated to the course and how much for the Standard Days Method? How much for other methods?
7. Do you have any materials about the Standard Days Method from which to draw information for your class?
8. What methods and materials do you use while teaching Standard Days Method? Who developed the materials? (List all materials that are currently available to you.)
  - Syllabus
  - Lesson plans
  - Cycle Beads and insert
  - Overhead transparencies/slides/PowerPoint
  - Case studies, role plays
  - Learning guides and checklists
  - Tests or other assessments of student knowledge, skills, and attitudes
9. Where did you get information about the Standard Days Method to integrate into the course or curriculum? Who developed the materials? Was IRH involved in development of the materials? If so, how? What materials did you use?
10. How are the basics of family planning or contraceptive technology taught? To what extent is the Standard Days Method included in the sessions on contraceptive technology? How are oral contraceptives covered?
11. Do students have any hands on experience offering contraceptive counseling? Please describe. any hands on experience that specifically includes the Standard Days Method? What hands on experience in counseling for oral contraceptive use is included?

12. Do you use cases studies for family planning in general? Do you use case studies for oral contraceptives? Do you use case studies for the Standard Days Method? If so, what do they cover? Can you supply a copy?
13. Are students evaluated on their family planning knowledge and skills? What specifically is evaluated for the Standard Days Method? Are students evaluated on knowledge? How? What specific questions are included? Can you supply a copy of the test or questionnaire used?
14. How are courses evaluated? What type of learning outcomes have you obtained? How do the learning outcomes for Standard Days Method compare to those for other methods?
15. Are there any contraceptive knowledge-related graduation requirements? What are they? Is the Standard Days Method part of that requirement?
16. Are there contraceptive knowledge-related licensing requirements? What are they? Is the Standard Days Method part of the requirement?
17. How often is the curriculum you use updated? How is the decision made? Who is involved? When was the last time the family planning curriculum was updated? When was the Standard Days Method portion of the curriculum updated? When do you expect to update it again? Who will do it?
18. If Standard Days Method is in the curriculum, what was the process for including it? Who was involved? When was this decision made?
19. Do you receive contraceptive technology updates? How often? Who offers the updates?
20. How many students complete the course of study at your institution each year? How many have attended classes that include Standard Days Method? Do you have information about the learning outcomes?



## Step 3: Planning

After you have identified an opportunity to integrate Fertility Awareness Methods, consulted with stakeholders and conducted the appropriate readiness assessments to confirm the specifics of what you plan to do, it is time to make a detailed plan.

The purpose of this step is to clarify the specifics for integrating Fertility Awareness Methods and to plan the activities that are needed based on the stakeholder consultation and readiness assessment. Inputs are the completed stakeholder consultation, readiness assessment for the educational institution or organization and readiness assessment for a clinical practicum site.

Because the opportunities for integration of Fertility Awareness Methods are varied, the specific work that needs to be planned will be unique to the situation.

### Goal

The goal of planning is to:

- Develop an action plan of the specific activities that need to be completed to enable Fertility Awareness Methods to be included.

### Output

An action plan with activities, person responsible and delivery dates for each activity.

### Activities

#### 3.1 Hold a planning meeting

The persons who need to attend the planning meeting vary depending upon the scope of the opportunity available to you. Some or all of the stakeholders from the consultation should be invited as well as individuals who will be directly involved in teaching. Generally, the leadership of the group you are working with will designate who should attend.

If you are working with preservice education at an educational institution, you will probably need to include persons who teach in the following areas:

- Anatomy or physiology related to Fertility Awareness Methods
- Family planning methods and counseling
- Obstetrics/gynecology or maternal/newborn care
- Clinical practice (supervisors and/or preceptors from the clinical sites)

If you are working with a continuing education provider, you will want to include the person who oversees continuing education courses and the person or persons who will teach the course. If possible, try to have one or more persons who represent the target audience for the course.

#### ***Tool H: Sample Agenda: Planning Meeting***

### **3.2 Adapt or create a clear description or performance expectation for Fertility Awareness Methods.**

Training needs to prepare students for the job tasks they will be responsible for on the job. Sources of information about job tasks include:

- Existing job descriptions for family planning or maternal and child health care providers
- National service delivery guidelines

The job description or performance expectation should describe what the provider will do to carry out a job responsibility (for example, counsel, tell or show). Job tasks are subdivisions of the job responsibility and should also be described as observable behaviors.

#### ***Tool I: Sample Fertility Awareness Methods Component of a Job Description or Performance Expectation***

### **3.3 Complete an Action Plan and get necessary approvals**

The action plan should be based on the advice given by stakeholders and representatives of the school or organization.

#### ***Tool J: Action Plan Format***

## ***Tool H: Sample Agenda: Planning Meeting***

<b>Time</b>	<b>Topic</b>	<b>Person leading or facilitating</b>
15 minutes	Introduce the meeting (purpose, introductions, tools)	
30-60 minutes	Present the findings of the readiness assessment	
1 hr	Complete or adapt Tool I: Sample: Fertility Awareness Methods component of a job description or performance expectation	
1-2 hrs.	Complete the planning tool	

## **Tool I: Sample Fertility Awareness Methods Component of a Job Description or Performance Expectation**

<b>Job responsibility</b>	<b>Tasks/expectation</b>
Counsel family planning clients about Fertility Awareness Methods	Help clients determine if they can use Fertility Awareness Methods effectively. Instruct clients on use of Fertility Awareness Methods.
Counsel returning clients about Fertility Awareness Methods use	Determine if returning clients are using Fertility Awareness Methods correctly and consistently. Correct any problems clients are having using Fertility Awareness Methods. Provide information about changing to another method if couples are not able to use Fertility Awareness Methods correctly and consistently.
Counsel women or couples during antenatal care or after delivery about the Lactational Amenorrhea Method	Help clients determine if the Lactational Amenorrhea Method is an appropriate method they can use effectively. Instruct clients on use of the Lactational Amenorrhea Method.

## **Tool J: Action Plan Format**

<b>Expected change or objective</b>	<b>Action required</b>	<b>Persons Responsible</b>	<b>Date Due</b>

## Step 4: Implementation of Interventions

The planning step determines the role of the different persons in the implementation of activities. Generally, the role of the FAM Project in implementation of the action plan is a supportive one with local stakeholders taking the lead.

### Goal

The goal of implementation is:

- To complete the interventions specified in the planning step

### Outputs

The outputs of implementation are:

- Activities in the action plan are completed
- One or more courses include Fertility Awareness Methods

### Activities

Depending on the plan, implementation support may include the activities listed here.

#### 4.1 Selecting, supplying or adapting Fertility Awareness Methods educational materials

In some situations, especially when a course is being created, local teachers will want to use materials supplied by the FAM Project without modification. However, when Fertility Awareness Methods are added to an existing course, there is great value in adapting materials so that they fit into the rest of the course and are easy for teachers to use. Among the considerations in making modifications are:

- What methods and materials are teachers currently using and what are they most comfortable using?
- What are the characteristics of the specific group of students?
- What constraints in time and resources limit what can be done?
- Are the learning activities/teaching methods in use appropriate to the Fertility Awareness Methods?

#### 4.2 Preparation of clinical sites

Concerns to be addressed may include:

- Preparing the trainers/tutors/preceptors who supervise students in clinical practice
- Ensuring a continuing supply of cycle beads and materials for clients
- Preparing supervisory expectations about offering Fertility Awareness Methods

*For guidance on specific steps to prepare for a course, including development of learning objectives, instructional strategies, materials and assessments, as well as preparation of trainers and preceptors see:*

*Learning for Performance: A Guide and Toolkit for Health Worker Training and Education Programs available at: [intrahealth.org](http://intrahealth.org)*

*<http://intrahealth.org/resources/training-innovations-and-provider-performance/learning-for-performance>*

## Step 5: Monitoring and Evaluation Plan

A monitoring plan is needed to ensure that the implementation is going as planned and to identify any adjustments that need to be made. An evaluation plan is needed to document how successful the efforts to integrate Fertility Awareness Methods have been, to document the process and to inform the integration process in other countries. In some situations, integration of Fertility Awareness Methods will be a phased process and the evaluation serves as a basis to identify next steps.

### **Goal:**

To evaluate the effectiveness of integration of Fertility Awareness Methods.

### **Outputs:**

- Monitoring and evaluation plans.
- An evaluation report that presents findings in graphic and written format and lessons learned or recommendations.

### **5.1: Monitor the implementation**

The Action Plan (Tool J), which is an output of step 3 (Planning), is the basis for monitoring activities. FAM Project staff should periodically contact the persons responsible for each planned activity to find out if actions are on target and find out if additional support is needed. Project staff should arrange to make site visits to follow up. The specifics to monitor will vary depending on what is in the action plan.

The activities should also be evaluated at periodic times. Tool K gives sample indicators for the evaluation plan. Which indicators are pertinent should be chosen. The evaluation should show whether the work was successful and assist in making decisions about subsequent programming. Data collection instruments should be created based on the plan. Reports should present the data in written and graphic format and provide logical conclusions and implications for next steps.

#### ***Tool K: Sample Indicators for Fertility Awareness Methods***

## **Tool K: Sample Indicators for Fertility Awareness Methods**

The list below compiles a variety of indicators that may be appropriate, depending upon the national or institutional model developed by the stakeholders and action plans developed. After selecting the appropriate indicators, specify the methodology, person responsible and target date for each indicator.

<b>A. Tools and Processes that include Fertility Awareness Methods (FAM)</b>		
<i>Put a check below for each indicator that is pertinent</i>	<b>Information Source/ Methodology</b>	<b>Person / date</b>
<input type="checkbox"/>	National norms and guidelines include Fertility Awareness Methods.	
<input type="checkbox"/>	Written job descriptions for FP service delivery include Fertility Awareness Methods.	
<input type="checkbox"/>	Foundation courses include information on the menstrual cycle.	
<input type="checkbox"/>	Family planning coursework builds knowledge (theory) for FAM.	
<input type="checkbox"/>	Family planning coursework builds skills (practicum) for counseling on sexuality and couple communication (which are essential aspects of FAM).	
<input type="checkbox"/>	Obstetrics or MCH coursework builds knowledge and skills for the Lactational Amenorrhea Method.	
<input type="checkbox"/>	Course materials (session plans, role plays, assessments etc.) include teaching FAM.	
<input type="checkbox"/>	Clinical practicum includes counseling clients on how to use FAM.	
<input type="checkbox"/>	Fertility Awareness Methods are included in graduation requirements in appropriate areas.	
<input type="checkbox"/>	Professional certification includes Fertility Awareness Methods in the context of family planning	
<input type="checkbox"/>	Existing continuing education or in-service courses which teach about FAM.	



<b>B. Quantifiable Indicators of Change at Institutional Level</b>			
<i>Put a check below for each indicator that is pertinent</i>		Methodology to measure / document	Person / date
	Number and percentage of institutions where Fertility Awareness Methods are included in the course of study		
	Percentage of relevant courses that include FAM		
	Number and percentage of faculty and staff (professors, lecturers, tutors, preceptors) teaching courses with FAM included		
	Number and percentage of clinical supervisors prepared to develop student skills with Fertility Awareness Methods using a standard approach		
	Number and percentage of students in family planning, obstetrics, or other departments who complete courses that include FAM		
	Number and percentage of students completing in-service or continuing education courses that include FAM		

<b>C. Qualitative Measures of Success</b>			
<i>Put a check below for each indicator that is pertinent</i>		Methodology to measure/ document	Person/Date
	Do teachers/faculty/tutor/clinical preceptors feel confident teaching about Fertility Awareness Methods?		
	Do teachers/faculty/tutor/clinical preceptors feel they have the resources needed to teach FAM?		
	Do health professionals feel confident in their ability to offer Fertility Awareness Methods based on the professional education they complete?		
	Are clients satisfied with the Fertility Awareness Methods services they are offered at service delivery sites?		

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