Demonstration and hands-on practice are critical components of training for clinical procedures such as manual vacuum aspiration (MVA). Simulated practice reinforces key information and steps covered during didactic sessions and significantly increases their recall. Additionally, practice with a pelvic model helps trainees become more comfortable handling the instruments before performing the procedure on a woman. Demonstration and practice on pelvic models should be routinely included as a component of MVA training.

Pelvic models may be used for a range of training or orientation situations. These include instructor led demonstrations of procedures (trainees do not perform the simulated procedure), short courses designed to familiarize trainees with the procedure but without a clinical practicum with patients, and competency-based trainings that include clinical practica. This tip sheet provides basic information on the use of pelvic models for competency-based MVA training. Trainers should refer to the Ipas training curricula (see resources) for in-depth training information; this guidance can also be adapted to other contexts.

**Uterine evacuation procedure demonstration and simulated practice**

Use of the pelvic models in training generally follows didactic and interactive content that may cover topics such as uterine evacuation (UE) methods, counseling, infection prevention, clinical assessment, uterine evacuation procedure with the Ipas MVA Plus® including instrument features, care, use, and processing.
Trainers perform a demonstration of the UE procedure on a pelvic model for the entire group, and then allow participants to perform simulated practice. It is important to simulate the procedure exactly as participants should perform it in actual clinical settings (including glove use, draping the woman for modesty, etc).

**Supplies:**
- Adequate table space and supplies for demonstration and simulated practice;
- *Performing Uterine Evacuation with the Ipas MVA Plus Aspirator and Ipas EasyGrip® Cannulae: Instructional CD-ROM* and equipment for showing the CD-ROM;
- *Uterine Evacuation Procedure with Ipas MVA Plus® Skills Checklist* for each participant;
- *Steps for Performing MVA Using the Ipas MVA Plus and Ipas EasyGrip Cannulae wall chart* for each participant’s facility.

**Notes:**
- Participants can share a mock sink and table (for examining the tissue) while practicing at individual stations.
- Ipas pelvic models can only accommodate size 6mm cannulae and smallest dilators.

**Each practice station needs:**
- pelvic model
- fabric drape to cover the model’s perineum for “modesty”
- towel or other fabric to create “work field”
- gloves
- speculum
- small metal cup for antiseptic
- sponge clamp for preparing cervix and wiping it at end of procedure
- gauze for prep and wiping cervix at end of procedure
- 10cc hypodermic syringe
- 1.5inch (about 3.5cm) hypodermic needle (or spinal needle)
- tenaculum
- Ipas dilators (a few small ones for simulation purposes)
- Ipas 6mm EasyGrip cannula
- Ipas MVA Plus Aspirator
- medium basin to hold discharged product of conception (POC)
- handwashing sign with sink and soap (can be hand-drawn)

**For the tissue examination table:**
- lamp
- glass dish

**For the sink:**
- strainer

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**Important**

Always check pelvic models and other equipment to ensure that all parts are present and set-up is fully functional.

Store pelvic models in a dry environment protected from direct sunlight and high temperatures which can cause melting and disfigurement.
Demonstration and simulated practice

Perform a demonstration of the uterine evacuation procedure on a pelvic model for the entire group.

- Distribute the *Uterine Evacuation Procedure with Ipas MVA Plus Skills Checklist* to each participant.
- Ask a volunteer to stand next to you and read each step of the checklist aloud as you demonstrate.
- Ask another volunteer to sit at the head of the procedure table and act the part of the woman.
- Ask participants to follow along on their copy of the checklist as they watch the demonstration.

**Trainer’s note:** During this demonstration, act as if the procedure were taking place in an actual clinic setting. As you perform the procedure, answer questions, discuss possible adverse events as they might occur, use standard precautions and speak to the volunteer “woman” as you would speak to a woman during an actual procedure.

Ask and answer questions: *What questions do you have about this demonstration of the procedure?*

Next, switch roles: Ask the volunteer who played the role of the woman to demonstrate the procedure while you read the checklist out loud. Ask the volunteer who read the checklist to now play the role of the woman.

Participants now practice the procedure in small groups.

Divide participants into groups of three or four.

- Each group will perform simulated practice of the uterine evacuation procedure at pelvic model stations.
- Ask one trainee to be the provider and perform the procedure while another participant plays the observer, reading the checklist aloud. The third trainee plays the role of the woman and the fourth plays the support person.
- At the end of each procedure, the provider should first give feedback describing her or his experience.
- The support person, the woman and the observer should then give the provider feedback about skills that were performed well and areas for improvement.
- Trainees should switch roles until all have had the opportunity to practice performing the procedure,
using the checklist to observe, acting as the woman and practicing the support role.

- While participants are practicing, rotate to each pelvic model station to observe, listen, address issues that arise, correct technique as needed, and ensure that roles are being followed.

**Trainer’s note:** This may be a good time to bring in additional trainers as the simulated practice evaluation can be time-consuming, depending on the number of participants.

At the end of the training, evaluate each trainee’s performance using the checklist.

- Other participants can continue practicing while you conduct evaluations.
- Each trainee must be evaluated as competent with simulated practice on a pelvic model before he/she can perform on live women during the clinical practicum.
- Make arrangements for trainees who fail to reach competency at this time to have additional practice and evaluation.

To conclude the demonstration and simulated practice, ask and answer any remaining questions: What final questions do you have about the procedure?

**Resources**


**Uterine Evacuation Procedure with Ipas MVA Plus Skills Checklist** can be found in the *Woman-centered abortion care: Trainer’s manual* (198-199) and the *Woman-centered postabortion care: Trainer’s manual* (146-147).

**IpasUniversity** is a free, online learning site for reproductive health-care professionals. The self-paced courses focus on safe abortion care and postabortion care. Several of the courses could be useful prior to coming to a training that involves use of a pelvic model. http://www.ipasu.org.

For more information about ordering the following supplies as well as hard-copies of the documents above, contact customerservice@ipas.org:

- Ipas MVA Plus Aspirator
- Ipas EasyGrip Cannulae
- Dennison Dilators
- Pelvic models