

**Implementing a Standardized Competency Checklist for Intrauterine Device Placement**

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### Abstract

*Problem & Purpose:* Women of reproductive age who presented to an outpatient women's health clinic (WHC) did not have access to timely appointments for intrauterine device (IUD) placement. This problem existed because only a limited number of advanced practice providers (APPs) at WHC were trained to insert IUDs. While IUD insertion is generally considered safe, complications such as uterine perforation, uterine expulsion, and difficult removal can occur, making it critical for providers to be properly trained. The purpose of this quality improvement (QI) project was to increase the number of skilled IUD placement practitioners at WHC by implementing and tracking the completion of a standardized education program and competency checklist, an evidence-based, research-supported practice change. *Methods:* A formal training and competency assessment program was implemented over a 15-week period in the Fall of 2024. All APPs that participated in the educational day were expected to subsequently complete the IUD competency assessment program, which consisted of two successful observations for APPs who have inserted IUDs at other practices (within the last three years) and five successful observations for new APPs. An evidence-based checklist developed by the University of California San Francisco Beyond the Pill Program was used for IUD competency evaluations. *Results:* Eight APPs completed the educational session and participated in at least two IUD competency evaluations. Four APPs completed all competency assessments and are now certified as independent placement practitioners. Of the 32 competency assessments completed, the percentage of skills deemed competent on each assessment ranged from 0% to 100%, with a median of 89%. *Conclusion:* Four out of the eight APPs at WHC were certified as independent placement practitioners by the end of the QI project. WHC sustained this project and by February 2025, all eight providers were certified. APPs participating in the program demonstrated an

increased competence level as they progressed through each observed IUD placement. Having more trained APPs at WHC will allow patients easier access to IUD placement appointments and will ensure that APPs have the proper skills to ensure safe IUD placement.

*Keywords:* IUD, intrauterine device, competency checklist

### **Implementing a Standardized Competency Checklist for Intrauterine Device Placement**

Levonorgestrel-releasing intrauterine devices (IUDs) are an increasingly popular method for effective contraception, as well as for the management of heavy menstrual bleeding (HMB) (Myo & Nguyen, 2023). Approximately one in five women in the United States experience HMB annually (CDC, 2022), underscoring the importance of increasing patient access to IUDs for the management of HMB. While IUD insertion is generally considered safe, complications such as uterine perforation, uterine expulsion and difficult removal can occur. It is critical that providers are properly trained to insert and manage possible IUD complications (Myo & Nguyen, 2023).

The problem that was addressed through this Doctor of Nursing Practice (DNP) project was that women of reproductive age, who presented to an outpatient women's health clinic (WHC) associated with a large academic medical center, did not have access to timely appointments for intrauterine device (IUD) placement, due to the low number of skilled placement providers. Site data indicated that there was a four to 14 week wait time for IUD placement, and only four of the advanced practice providers (APPs) at WHC were trained to insert IUDs. Patients were impacted by the long wait times, as they continued to suffer from the health-related consequences of HMB as they waited. The practice was affected, as many patients may have chosen to seek care at other local practices that had readily available appointments, which could lead to a poor reputation and financial loss for the practice. The long wait time for IUD insertion was caused by the complicated process for ordering IUDs, the low number of APPs trained in IUD placement, the lack of same-day IUD appointments, and the existence of only one nurse responsible for ordering IUDs. This project focused on the root cause related to the limited number of APPs trained in IUD placement. See Figure 1 for a fishbone diagram that further describes the root causes.

The purpose of this quality improvement (QI) project was to increase the number of skilled IUD placement practitioners at WHC by implementing and tracking completion of a standardized education program and competency checklist, an evidence-based, research supported practice change.

### **Available Knowledge and Specific Aims**

A systematic literature search was conducted using PubMed and the Cochrane Library database. The Boolean search strategy utilized in both databases was (Intrauterine device OR long-acting reversible contraception) AND (Training OR Simulation OR Implementation). Ten studies were retained for final eligibility. After the full-text review, one article was excluded because the results only focused on community health centers and four were eliminated as the simulation models described in these papers would not be available for use for the DNP project. Utilizing the snowball technique and Scopus, two additional articles were identified. Seven articles were included in the final evidence review and synthesis. See Table 1 for an evidence appraisal table which details the seven articles that supported this project.

This review and synthesis included one Level I-B study, three Level III-A, and three Level III-B studies (Dang et al., 2021). Five of the studies (Field et al., 2019; Ouyang et al., 2019; Phillips et al. 2018; Reeves et al., 2023; Thompson et al., 2018) included in the evidence review directly discussed the benefit of IUD training in increasing provider confidence and competence with IUD placement. One of the studies (Thompson et al., 2019) recognized that training is an important element to ensuring better patient access to IUDs but encouraged other barriers to be considered in conjunction with training to ensure patients had adequate access to IUDs. Lopes et al. (2022) presented a validated tool for assessment of IUD training. The use of validated tools ensures that there is consistency in the quality and outcomes of IUD training. The

evidence retrieved was good and consistent; there was an indication for a practice change to include a formal IUD training program at WHC to increase patient access to IUDs. See Table 2 for the evidence synthesis table.

### **Rationale**

The framework chosen to guide this QI project was the Promoting Action on Research Implementation in Health Services (PARiHS) framework, which included three components for successful implementation: evidence, facilitation and context (Kitson et al., 1998). See Figure 2 for a framework diagram. Evidence included research, clinical experience, patient experience, and local information. Multiple research studies have shown that offering formalized IUD education and training to providers increases comfort and knowledge. Facilitation is the act of helping others understand new information in a straight-forward way. In this training program, Bayer clinical educators facilitated a formalized didactic and hands-on training program on IUD placement prior to competency assessment. Context refers to the setting in which the project will be implemented. The setting for this project reflected an open and supportive environment, where all providers were interested in practicing to the full scope of their advanced practice degree. APPs were certified in IUD placement through implementation of a standardized, evidence-based checklist (Regents of the University of California & UCSF Bixby Center Beyond the Pill Program, 2016), which the QI project lead was granted permission to use for evaluation in the context of this project setting.

### **Methods**

#### **Context**

The culture at WHC was supportive of increasing the skills and services that APPs can provide to patients. A validated tool, the Organizational Culture Assessment Questionnaire

(OCAQ) was used to guide the assessment of the culture, climate and site resources in the areas of managing change, achieving goals, coordinated teamwork, customer orientation and cultural strength (Sashkin & Rosenback, 2013). Data from this tool was collected by the clinical site representative (CSR) and the nurse who schedules IUDs. Findings from the OCAQ showed that the practice is generally viewed as effective in adapting and managing change. This was a critical element to the success of the intervention, as APPs did not have a formal IUD competency program before the implementation of this QI project, and adapting to this change was necessary for project success. In terms of achieving goals and having an effective customer service strategy, the practice also ranked highly. The practice was generally aligned on goals and customer service was a top priority; this helped ensure that there was a united desire to achieve 100% completion of the competency assessment program. Coordinated teamwork and cultural strength were also highly ranked in the OCAQ; the team at this practice worked together to ensure that the intervention in this project was successful. The practice had a strong culture that emphasized patient safety; APPs had a desire to be formally trained and deemed competent so that they could provide safe and timely care to patients desiring IUDs.

### **Intervention**

To achieve the project purpose of increasing patient access to IUDs by reducing patient wait time, the goal was that a formal training and competency program was completed by 100% of APPs. The structure goal was to create a formal training and certification (competency assessment) program for IUD insertion by the end of Summer 2024, utilizing evidence from the literature review, the Beyond the Pill program and input from clinic staff. Creation of this program was delegated to the QI project lead and CSR. The first process goal for this QI project was that by the first two weeks of Fall 2024, 100% of APPs completed a formal education

program on IUD insertion led by a Bayer medical educator. A second process goal was that by time of QI project completion, all APPs completed the IUD competency portion of the training program, where IUD placements were observed, and a standardized competency checklist was used to assess insertion skills (Regents of the University of California & UCSF Bixby Center Beyond the Pill Program, 2016). To be deemed competent, a minimum of two observations were required for APPs who had prior IUD insertion experience (within the last three years) and a minimum of five observations were required for new APPs. This recommendation was based on an article which recommended five observed IUD placements for internal medicine providers to be deemed competent in IUD insertion (Michener et al., 2023). Experienced providers designated by the medical director were delegated to complete the IUD competency checklists on all the APPs. The outcome goal for this project was that 100% of APPs were competent in IUD insertion and able to independently insert IUDs by the end of the QI project.

### **Measures**

Each time a proctored IUD insertion was performed, an experienced provider observing the IUD placement completed a competency assessment checklist; data was collected for 15 weeks during the fall of 2024. This competency assessment (Appendix A) consisted of 25 competencies that the observing provider evaluated while the inserting provider was completing the IUD placement. The observing provider could indicate that the inserting provider was “developing competence,” “competent,” or “N/A.” By the final successful competency assessment, observing providers were expected to have 100% of skills marked as either “competent” or “N/A” to be deemed certified IUD placement practitioners. Of note, all other IUD competency assessment tools with published validity data found through a literature search were utilized in a population outside the United States; the evidence-based checklist created by

Beyond the Pill was deemed to be an appropriate tool for this QI project. Written permission to use this checklist for this QI project was obtained from Beyond the Pill staff.

An audit tool was used to assess how many APPs completed the full IUD training and competency program. APPs were given a QR code linked to a REDCap survey (see Appendix B) which allowed them to enter a date for each time they had a proctored IUD placement. This form also allowed APPs to record whether the IUD insertion attempt was successful. An IUD insertion attempt was considered successful if the APP was able to place the IUD in the patient without the observing provider having to intervene and insert. This data was collected throughout Fall 2024, with the QI project lead checking data weekly to ensure that progress was made toward each APP achieving the minimum number of competency assessments.

### **Analysis**

Data generated from this project was analyzed weekly using descriptive quantitative methods (frequency, percent, means). IUD competency assessments were not done prior to the start of the QI project; as a result, the QI project lead looked for increased utilization of the competency assessment tool and mitigated as indicated by the data, to ensure that the goal of two observations for experienced providers and five observations for new providers was completed. Variability in data was analyzed to determine the most likely cause: random variation, also known as common-cause, or intentional variation, known as special-cause (Ogrinc et al., 2018). Run charts were analyzed for specific pattern trends in the data to indicate the most likely cause, ideally special-cause. In this project, special-cause could be due to contextual factors such as changes in staffing and the number of patients being seen at the clinic.

### **Ethical Considerations**

To protect participant privacy and ensure data confidentiality during data collection, all data was entered into a secure REDCap tool by the APP (for data related to training and competency assessment tasks) and by the medical doctors (for competency assessment checklists). Non-human Subject's Research determination from the Human Research Protections Office (HRPO) of the UMSOM Institutional Review Board (IRB) was obtained prior to project implementation. Per site requirements, all ethical requirements were completed and documented in EXXAT STEPS. The QI project lead did not have any conflicts of interest to disclose; the QI project lead did not have paid employment at the project organization, project unit, a personal relationship with project team/participants, financial benefit from project outcomes, and did not have a promotion because of project outcomes. The QI project lead was compliant with HIPAA 125, HIPAA 201, and CITI courses.

### **Results**

For this project, the structure goal of developing a formalized competency assessment program for IUD insertion was completed. A formal program was developed by the QI project lead. This program included a didactic educational session and hands-on training with IUD simulation models, led by a Bayer medical educator, and a competency assessment program. Upon completion of the educational session and competency assessment program, APPs were certified as independent IUD placement practitioners.

The first process goal for this QI project was that all eight APPs completed the Bayer educational session, where the providers participated in both didactic and simulation learning activities. This process goal was successfully completed. Of note, not all APPs could be trained in a single educational session; an additional day was made available for APPs who missed the initial day. The second process goal for this project was that all eight APPs completed the IUD

competency program by the end of the QI project (December 2024). Four out of eight APPs were able to complete all competency assessments by the end of the QI project. Figure 3, “Certified Placement Practitioners Run Chart,” outlines how many APPs were certified as IUD placement practitioners by the end of the QI project.

The APPs participating in the QI project completed a total of 32 IUD competency assessments by December 20, 2024. See Figure 4 for the “IUD Competency Skills Evaluation Run Chart;” each data point on this run chart reports an individual provider’s competency assessment scores. Of the 32 competency assessments completed, the percent of skills deemed competent on each provider’s assessment ranged from 0% to 100%, with a median of 89%. See Figure 5 for the “IUD Competency Assessment Scores Bar Graph;” this bar graph displays scores for each competency evaluation by provider.

One unexpected finding that contributed to the lack of completion of the program by all APPs was that two APPs had unsuccessful placements (one unsuccessful attempt for Provider B and two unsuccessful attempts for Provider G). As a result, additional IUD placements had to be added to their schedule, which resulted in a delay in certification being achieved. See the bars marked with an asterisk on Figure 5 for unsuccessful IUD attempts.

The four APPs who completed the entire IUD competency training program were provided with a formal certificate of completion; this certificate was designed by the QI project lead. It was signed by both the QI project lead and medical director at WHC, and it will be included in the office files for each APP. See Appendix C, “Certificate of IUD Insertion Skills Program Completion,” for an example of the formal certificate of completion provided to the APPs upon successful completion of all competency assessments.

Facilitators for this QI project included the strong culture at WHC that emphasized patient safety. All stakeholders in this project, including the APP, QI project lead, CSR and medical director, were all invested in this program. There was a strong desire to have a formalized IUD training program, and this QI project allowed for that goal to be accomplished.

Limitations for this QI project included schedule changes, for both patients and providers, that reduced the number of openings for IUD competency assessments. Since this project had to be completed in a defined time frame, this made it challenging to ensure all eight APPs completed the program by the conclusion of the QI project. Additionally, there was a varying range of difficulty for the IUD insertions; some APPs had relatively simple IUD insertions, while others were more difficult. Unfortunately, there is no definitive way to know ahead of time whether an IUD attempt will be difficult.

### **Discussion**

This QI project provided initial support for implementing a sustainable, long-term formal training and IUD certification program at WHC. Key findings of this QI project included the successful completion of the IUD education day by all eight APPs. Additionally, eight APPs successfully completed at least two IUD insertion evaluations. A total of 32 competency assessments were conducted over the course of the QI project; percent competence ranged from 0% to 100%, with a median of 89%. Fifty percent of the APPs participating in this program completed all competency assessments required to independently insert IUDs by the end of the QI project.

For this project, two successful IUD placements were required for experienced providers (experience within the last three years) and five successful IUD placements were required for new providers. The recommendation for five observations for new providers is based on an

article by Michener et al. (2023), in which a recommendation was made that internal medicine physicians without prior experience should have five observed IUD placements. This article specified that providers who had inserted more than five IUDs within the last five years did not need direct observation of IUD placement prior to inserting. However, the medical director and CSR at the project site recommended two direct observations for those who had experience within the last three years, as the APPs at this practice may not have had five or more within the specified time frame in this article.

For most APPs, a trend in increasing competency assessment scores can be seen. Figure 5 shows the competency assessment scores for each APP, with most providers having an improved score as they complete more IUD insertions. This is an expected finding, as the competency assessment process is also a learning process. The provider who observed the IUD insertion provided helpful feedback after every insertion, which can aid the provider in improving skills for subsequent insertions. Some APPs had higher scores on their initial assessments versus their subsequent assessments. This variability may be seen because not all APPs had a single person observing all their IUD insertions; some APPs had more than one skilled provider observing their IUD placements. Additionally, some IUD insertions are much more difficult than others, which can lead to more challenges on subsequent IUDs than may be seen on an initial insertion.

### **Conclusion**

Four out of the eight APPs who participated in the IUD competency assessment program were certified as independent placement practitioners by the end of the QI project. WHC sustained this project and by February 2025, all eight APPs were certified. The site's commitment to sustaining this project past the formal QI project data collection end date is a

testament to how strongly the site felt about ensuring all APPs were properly trained. This ensures safe patient care during IUD insertion appointments.

APPs participating in the program demonstrated an increased competence level as they progressed through each observed IUD placement; this shows that participating in the competency evaluations was effective, and skills compounded on each other after each insertion. While IUD insertion is within the scope of practice for APPs, many providers do not feel comfortable inserting IUDs without undergoing a formalized training program. There was overwhelmingly positive feedback from the APPs at WHC, indicating that they were extremely grateful that they participated in this project and that they can add to the skills they can provide to their patients.

The IUD competency assessment program can be sustained at WHC so that new providers starting at the practice can have the same level of training. Moving forward, the structure for the IUD competency assessment program used in this QI project could also serve as a model for other women's health practices looking to formally train their APPs to insert IUDs.

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**Table 1***Evidence Appraisal Table*

<b>Citation:</b> Field, C., Benson, L. S., Stephenson-Famy, A., & Prager, S. (2019). Intrauterine device training workshop for preclinical medical students. <i>MedEdPORTAL: The Journal of Teaching and Learning Resources</i> , 15, 10841. <a href="https://doi.org/10.15766/mep_2374-8265.10841">https://doi.org/10.15766/mep_2374-8265.10841</a>		<b>Level and Quality</b> <b>III - B</b>
<b>Purpose or Hypothesis</b>	To determine if an IUD workshop, that included both didactic and hands-on simulation, would increase knowledge and placement skills for IUDs among preclinical medical students	
<b>Type of Evidence Research Design</b>	Non-experimental: Intervention with a pre and postsurvey	
<b>Sample, Population, Size, Setting</b>	<p><b>Sampling Technique:</b> Non-probability: Self-selection (Volunteer) sampling of preclinical medical students  <b>Eligible Participants:</b> n=150 completed IUD training workshop  <b>Accepted:</b> n=137 completed pre and postsurveys  <b>Excluded:</b> n=8 students did not say what year they were in medical school or were not preclinical medical students (originally n=150 participated in workshop but only 142 were later determined to be eligible to complete pre and postsurveys)  <b>Control:</b> N/A  <b>Intervention:</b> A workshop for preclinical medical students that included a 45-minute lecture on IUDs and a 45-minute hands-on IUD simulation  <b>Power analysis/Achieved:</b> No power analysis described <b>Group Homogeneity:</b> Not assessed due to lack of control group</p>	
<b>Intervention Procedures</b>	<p><b>Control Protocol:</b> N/A  <b>Intervention Protocol:</b> A voluntary workshop for preclinical medical students that involved a didactic portion (45 minutes) given by a family planning faculty member and a hands-on simulation portion (45 minutes) where each student was given a simulation uterine disc and practice IUDs.  <b>Treatment Fidelity:</b> Pre and postsurvey was adapted from another study that had been conducted prior to this one that assessed IUD knowledge and comfort among medical students. Workshop intervention was based on previous study findings that showed that simulation training is effective in increasing IUD insertion skills and increases comfort.</p>	
<b>Primary Outcome and Measures</b>	<p><b>Dependent Variable:</b> Primary outcome was comfort level regarding counseling on IUDs. Other outcomes of interest in relation to comfort with IUD placement included IUD placement steps, placement of IUD in plastic model, teaching IUD placement to another student and IUD in placement  <b>DV Measure:</b> DVs were measured utilizing survey questions that assessed pre and post intervention knowledge on IUD mechanism of action, appropriate IUD candidates, comfort with IUD patient education and comfort level with IUD insertion. Survey questions regarding comfort were assessed with a five-point Likert scale and knowledge check questions were scored as either correct or incorrect.</p>	
<b>Results/Conclusions</b>	<p><b>Statistical Results:</b> In the presurvey, 27% (n = 37) of students either agreed or strongly agreed that they were comfortable with IUD counseling. This increased to 92% (n = 122, p &lt; .0001) on the postsurveys. On all measures associated with comfort of IUD placement, (IUD placement steps, placement of IUD in plastic model, teaching IUD placement to another student and IUD in patient) there was a significant (p&lt;0.0001) change in responses from pre to postsurvey. All of the participants in the study felt that taking part in the IUD workshop was worthwhile.  <b>Conclusions:</b> Simple workshops, that include both didactic and simulation models, can be an effective way to increase provider knowledge and comfort regarding IUD insertions. These findings could be expanded outside of medical students to include settings such as community hospitals and developing countries that may be seeking to implement IUD training programs.</p>	

<b>Citation:</b> Lopes, R., Galvão, E., & Guedes, H. (2022). Development and validation of a tool for competence assessment of the insert of the intrauterine device. <i>Revista Brasileira de Saúde Materno Infantil</i> , 22, 283–295. <a href="https://doi.org/10.1590/1806-9304202200020006">https://doi.org/10.1590/1806-9304202200020006</a>	<b>Level and Quality</b>  <b>III - B</b>
<b>Purpose or Hypothesis</b>	To develop and validate a tool that allows for nurses to be evaluated on IUD insertion
<b>Type of Evidence Research Design</b>	Non-experimental – three study parts: 1. tool development 2: evaluation of tool for apparent and content validation 3. testing of tool
<b>Sample, Population, Size, Setting</b>	<p><b>Sampling Technique:</b> Non-probability: Purposive  <b>Eligible Participants:</b> For tool evaluation, eligible participants had to have experience with IUD insertion for at least five years in the Hospital Sofia Feldman (HSF) – located in Brazil. For testing tool, obstetric nurses that used tool to assess competence of students had to have performed at least 10 IUD insertions between the period of March-August 2019 (this is the number required by HSF to be considered a nurse who can insert IUDs without supervision)  <b>Accepted</b> <i>Tool evaluation:</i> n=10 obstetric nurses and obstetrician gynecologists evaluated items on the tool. <i>Testing of tool:</i> n=6 obstetric nurses used the tool to assess 38 nursing residency students on IUD insertion  <b>Excluded:</b> N/A  <b>Control:</b> N/A  <b>Intervention:</b> Competence tool  <b>Power analysis/Achieved:</b> No power analysis described  <b>Group Homogeneity:</b> Not assessed due to lack of control and intervention groups</p>
<b>Intervention Procedures</b>	<p><b>Control Protocol:</b> N/A  <b>Intervention Protocol:</b> Competence tool included three domains (knowledge, behavior and skills) and included 39 verification items assessed with a 5-point Likert scale  <b>Treatment Fidelity:</b> Paper discusses concept that competence is theoretical in nature but allows for safe healthcare and can be assessed by evaluating knowledge, performance, skills, values, and attitudes. The tool developed aimed to assess these domains in relation to nursing competence for insertion of the IUD. The tool was first evaluated for both apparent validation and content validation and then tested for internal consistency.</p>
<b>Primary Outcome and Measures</b>	<p><b>Dependent Variable:</b> Outcomes assessed through tool included knowledge, behavior and skills related to IUD insertion  <b>DV Measure:</b> Outcomes measured with a 39-item tool that was measured with a 5-point Likert scale (1-strongly disagree, 2-partially disagree, 3-I do not know/N/A, 4-partially agree, 5-totally agree)</p>
<b>Results/Conclusions</b>	<p><b>Statistical Results:</b> Content validity index for all items on the tool was greater than 0.8. Tool had a total Cronbach’s alpha coefficient of 0.828. The Cronbach’s alpha was highest for the knowledge and behavior domains; however, the Cronbach’s alpha for skills domain was under 0.70.  <b>Conclusions:</b> A valid and reliable tool, similar to the one developed in this study, will aid in future IUD training programs and allow for healthcare professionals to be properly evaluated on knowledge, behavior and skills related to IUD insertion.</p>

<p><b>Citation:</b> Ouyang, M., Peng, K., Botfield, J. R., &amp; McGeechan, K. (2019). Intrauterine contraceptive device training and outcomes for healthcare providers in developed countries: A systematic review. <i>PloS One</i>, 14(7), e0219746.  <a href="https://doi.org/10.1371/journal.pone.0219746">https://doi.org/10.1371/journal.pone.0219746</a></p>		<p><b>Level and Quality</b></p> <p><b>III - A</b></p>
<p><b>Purpose or Hypothesis</b></p>	<p>To investigate the various types and impact of intrauterine contraceptive device (IUCD) training for healthcare providers</p>	
<p><b>Type of Evidence Research Design</b></p>	<p>Systematic review of a combination of RCTs, quasi-experimental and non-experimental, or non-experimental studies only, with or without meta-analysis.</p>	
<p><b>Sample, Population, Size, Setting</b></p>	<p><b>Search Technique:</b> Systematic literature search of MEDLINE, EMBASE, CINAHL, COCHRANE and SCOPUS related to the topic of IUCD training for healthcare providers in high-income countries <b>Eligible Studies:</b> n=941 identified and on basis of title and abstract, n=216 were included for-text full text screening <b>Excluded:</b> Based on full text screening of 216 articles, articles were excluded for following reasons: not measuring impact of IUD trainings on practice/insertion/removal (n=80), not eligible study type (n=19), not eligible study sample (n=4), not eligible study country (n=13), studies cannot access for full text evaluation (n=4), duplicate studies (n=66)  <b>Accepted:</b> n= 30 included in the review  <b>Control:</b> n/a <b>Intervention:</b> n/a  <b>Power analysis/Achieved:</b> n/a  <b>Heterogeneity analysis:</b> Studies were heterogenous in terms of study design, participants and outcomes</p>	
<p><b>Intervention Procedures</b></p>	<p><b>Control Protocol:</b> N/A  <b>Intervention Protocol:</b> IUCD training programs for healthcare providers was the topic of systematic search  <b>Treatment Fidelity:</b> GRADE system (recommended by Cochrane collaboration) was used to evaluate quality of evidence for studies.</p>	
<p><b>Primary Outcome and Measures</b></p>	<p><b>Dependent Variable:</b> Effectiveness of IUCD training  <b>DV Measure:</b> As a measure of effectiveness of IUCD training, the authors looked at a variety of themes in the articles that resulted from the search: 1. Improved knowledge and attitudes (n=5 studies) 2. Successful IUCD insertions (n=15 studies) 3. Complications following IUCD insertions (n=8 studies) 4. Provision of IUCD insertions (n=13 studies)</p>	
<p><b>Results/Conclusions</b></p>	<p><b>Statistical Results:</b> No statistical results were reported due to the heterogeneity of studies. Non-statistical results that arose as themes from the systematic review include: IUCD training leads to increased knowledge and improved attitudes, more successful insertions, lower rates of complication, and increased patient access to IUCDS. This study also showed that benefits of IUCD training are seen across all types of healthcare providers (doctors, nurses and residents).  <b>Conclusions:</b> IUCD training is effective for healthcare providers. Increasing access to IUCD training for all healthcare provider types will allow for greater patient access to IUCDs.</p>	

<p><b>Citation:</b> Phillips, J., &amp; Sandhu, P. (2018). Barriers to implementation of long-acting reversible contraception: A systematic review. <i>Journal of the American Association of Nurse Practitioners</i>, 30(4), 236–243.  <a href="https://doi.org/10.1097/JXX.0000000000000019">https://doi.org/10.1097/JXX.0000000000000019</a></p>		<p><b>Level and Quality</b></p> <p><b>III - A</b></p>
<p><b>Purpose or Hypothesis</b></p>	<p>To assess barriers to long-acting reversible contraception (LARC) usage and effective strategies to address</p>	
<p><b>Type of Evidence Research Design</b></p>	<p>Systematic review of a combination of RCTs, quasi-experimental and non-experimental, or non-experimental studies only, with or without meta-analysis.</p>	
<p><b>Sample, Population, Size, Setting</b></p>	<p><b>Sampling Technique:</b> Systematic literature search of Cochrane Library of Systematic Reviews, CINAHL, PubMed, AHRQ Evidence Reports, MedlinePlus, and the Joanna Briggs Institute using keywords: “long-acting reversible contraception, LARC, IUD, intrauterine system (IUS), IUD, IUS, hormonal implant, reversible contraception, reversible birth control, provider disclosure, provider training, nurse practitioner training, and knowledge” <b>Eligible Studies:</b> n=48 <b>Excluded:</b> n=25 studies remained after certain exclusion criteria applied (studies had to be peer reviewed and measured provider knowledge, training and educating regarding LARC). 11 additional articles were excluded after full text review  <b>Accepted:</b> n= 14 included in the review  <b>Control:</b> N/A  <b>Intervention:</b> N/A  <b>Power analysis/Achieved:</b> n/a  <b>Heterogeneity analysis:</b> Studies were heterogenous in terms of practice setting and provider type; no formal analysis done.</p>	
<p><b>Intervention Procedures</b></p>	<p><b>Control Protocol:</b> N/A  <b>Intervention Protocol:</b> N/A  <b>Treatment Fidelity:</b> Articles assessed using the Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool</p>	
<p><b>Primary Outcome and Measures</b></p>	<p><b>Dependent Variable:</b> Barriers to LARC usage  <b>DV Measure:</b> Three domains related to barriers to LARC usage emerged from literature search: lack of provider education and competency, no hands-on training in IUD insertion, and barriers to practice</p>	
<p><b>Results/Conclusions</b></p>	<p><b>Statistical Results:</b> N/A for statistical results. The results of this literature search showed that the main factors affecting LARC usage are: lack of healthcare provider training and competency assessment, deficient hands-on training and practice barriers.  <b>Conclusions:</b> Ensuring that advanced practice providers have access to LARC training (including both didactic and hands-on training) will help increase patient access to LARC. Currently, a major barrier to patient access to LARC is that there are not enough adequately trained providers to offer this service.</p>	

<b>Citation:</b> Reeves, J. A., Zapata, L. B., Curtis, K. M., & Whiteman, M. K. (2023). Intrauterine device training, attitudes, and practices among U.S. health care providers: Findings from a nationwide survey. <i>Women's Health Issues : Official Publication of the Jacobs Institute of Women's Health</i> , 33(1), 45–53. <a href="https://doi.org/10.1016/j.whi.2022.08.002">https://doi.org/10.1016/j.whi.2022.08.002</a>		<b>Level and Quality</b>  <b>III - A</b>
<b>Purpose or Hypothesis</b>	To assess how training in IUD placement impacts family planning providers attitudes, confidence and practices regarding IUDs. The authors' hypothesis was that those providers with training in IUD placement would have a higher rate of reporting IUDs as safe, have more confidence in IUD placement, and would be more likely to follow CDC recommended contraception guidance than those without training.	
<b>Type of Evidence Research Design</b>	Non-experimental: National survey	
<b>Sample, Population, Size, Setting</b>	<p><b>Sampling Technique:</b> Non-probability: Purposive <b>Eligible Participants:</b> n=1466 Office-based physicians (ob-gyns, family medicine physicians, adolescent medicine specialists) as well as nonphysician clinicians (nurse, nurse practitioner, physician assistant, certified nurse midwife) were eligible and allowed to complete the survey (only 1 survey/office). n=1444 actually completed the survey.</p> <p><b>Excluded:</b> n=381 survey respondents were excluded because they were nurses (who don't usually insert IUDs) or were classified as office administrative staff (such as managers)</p> <p><b>Accepted:</b> 1063 survey respondents, including physicians and advanced practice clinicians, were included in final analysis</p> <p><b>Control:</b> Providers not trained in IUD placement served as "control" for purposes of statistics for results; not a true "control" group</p> <p><b>Intervention:</b> Providers trained in IUD placement served as "intervention" for purposes of statistical comparison</p> <p><b>Power analysis/Achieved:</b> It was determined that 6,000 surveys would need to be mailed (considering power analysis and non-response rate). Surveys mailed to 2,000 office-based physicians and 4,000 publicly funded health centers that provided family planning services (2,000 Title X and 2,000 non-Title X)</p> <p><b>Group Homogeneity:</b> Provider characteristics assessed included sex, years of formal training completed, and region of practice. The authors stated that the group sampled was a "nationally representative sample of U.S. healthcare providers who provided family planning services in 2019."</p>	
<b>Intervention Procedures</b>	<p><b>Control Protocol:</b> N/A</p> <p><b>Intervention Protocol:</b> All survey participants received the "intervention protocol" – the survey consisted of 36 items related to attitudes and practices related to contraception. For purposes of data analysis, survey responses from trained providers versus untrained providers were compared.</p> <p><b>Treatment Fidelity:</b> The survey questions were adapted from CDC contraception guidance.</p>	
<b>Primary Outcome and Measures</b>	<p><b>Dependent Variable:</b> IUD safety attitudes, confidence with IUD placement, and IUD practices</p> <p><b>DV Measure:</b> All DVs measured via survey response as "yes/no" answers regarding safety, confidence and practices.</p>	
<b>Results/Conclusions</b>	<p><b>Statistical Results:</b> 85.1% of those in the study reported they were trained in IUD placement. Those that reported IUD training were more likely to report that IUD usage is safe (prevalence ratio [PR] 4.22; 95% confidence interval [CI] 1.29–13.85), to have higher confidence in IUD insertion in women who have given birth (PR 7.71; 95% CI 1.31–45.3) and in women who have not given birth (PR 7.12; 95% CI 1.17–43.5).</p> <p><b>Conclusions:</b> Trained IUD providers have a higher knowledge level regarding the safety of IUDs and express a higher confidence level in IUD insertion. Expansion of IUD training programs may allow for more healthcare providers to have higher confidence in IUD insertion, which could ultimately lead to better patient access for IUDs.</p>	

<b>Citation:</b> Thompson, C. M., Broecker, J., & Dade, M. (2019). How long-acting reversible contraception knowledge, training, and provider concerns predict referrals and placement. <i>The Journal of the American Osteopathic Association</i> , 119(11), 725–734. <a href="https://doi.org/10.7556/jaoa.2019.122">https://doi.org/10.7556/jaoa.2019.122</a>	<b>Level and Quality</b>  <b>III - B</b>
<b>Purpose or Hypothesis</b>	The purpose of this study was to understand how barriers to long-acting reversible contraception (LARC) placement are related to each other and how these barriers impact LARC referral and placement.
<b>Type of Evidence Research Design</b>	Nonexperimental study – regional survey
<b>Sample, Population, Size, Setting</b>	<p><b>Sampling Technique:</b> Non-probability: purposive <b>Eligible Participants:</b> Healthcare providers who cared for women (ages 13-55 years) in the state of Ohio. Participants were recruited via four phases: obtaining provider email addresses from publicly available information, contacting program managers to request provider email addresses, utilizing the Centers for Osteopathic Research education directory to obtain provider emails and posting an ad in the Ohio Osteopathic Association newsletter.</p> <p><b>Excluded:</b> Resident physicians</p> <p><b>Accepted:</b> 224 healthcare providers <b>Control:</b> N/A <b>Intervention:</b> N/A</p> <p><b>Power analysis/Achieved:</b> The paper states that “using standard conventions (<math>\beta=.80</math>; <math>\alpha=.05</math>) and expecting a medium effect size (odds ratio, 1.72), we used G*Power30 to determine that the sample size needed was 139.” There were 224 participants in the study so an adequate sample size was reached.</p> <p><b>Group Homogeneity:</b> Not assessed as there wasn’t a control and intervention group. Table 1 reviews the demographics and practice characteristics of the participants in the study.</p>
<b>Intervention Procedures</b>	<p><b>Control Protocol:</b> N/A</p> <p><b>Intervention Protocol:</b> The questionnaire utilized in this study consisted of four measures: knowledge, training, concerns, and outcome variables.</p> <p><b>Treatment Fidelity:</b> Research questions were analyzed using correlation, regression, cross-tabulation, and independent-sample <i>t</i> test analyses using SPSS statistical software version 25.0 and a significance level of <math>\alpha=0.05</math>.</p>
<b>Primary Outcome and Measures</b>	<p><b>Dependent Variable:</b> Four research questions/outcomes assessed through use of questionnaire: 1. How does LARC knowledge, training and concerns relate to each other? 2. Which barriers, relative to each other, predict whether providers will refer LARC placement to another provider? 3. Which of the barriers, relative to each other, are the strongest predictors of provider LARC placement? 4. Of trained providers, how were barriers different between those who placed IUDs and those who referred for IUD placement?</p> <p><b>DV Measure:</b> Knowledge assessed with 11 multiple choice and true/false questions; Training assessed with two items on a one to five Likert Scale (1= strongly disagree to 5=strongly agree); Concerns assessed with four items on providers’ perceptions of patient’s concerns, three items on providers’ general concerns, four items on procedural concerns and six items on providers’ resource concerns – all of these were measured on a one to five Likert scale (1= strongly disagree to 5=strongly agree); outcome variables assessed with two questions with yes/no responses.</p>
<b>Results/Conclusions</b>	<p><b>Statistical Results:</b> Among the 224 providers who responded to the questionnaire, survey responses indicated that training had a positive association with LARC placement and a negative association with IUD referral (this was considered in the context of knowledge and provider concerns). Among providers who had IUD training, <math>n=26</math> (26.3%) referred IUD placement to other providers and <math>n=27</math> (27.3%) did not place IUDs at all. Larger barriers were reported by those providers who did place LARCs versus those who referred.</p> <p><b>Conclusions:</b> Barriers that affect LARC placement, including knowledge, training and provider concerns, are all related. Training is an important element influencing LARC placement, but even when providers are trained, not all providers place LARCs. Barriers outside of training also need to be addressed to increase the number of providers available to place LARC and patient access to LARC.</p>

<p><b>Citation:</b> Thompson, K. M. J., Rocca, C. H., Stern, L., Morfesis, J., Goodman, S., Steinauer, J., &amp; Harper, C. C. (2018). Training contraceptive providers to offer intrauterine devices and implants in contraceptive care: A cluster randomized trial. <i>American Journal of Obstetrics and Gynecology</i>, 218(6), 597.e1-597.e7. <a href="https://doi.org/10.1016/j.ajog.2018.03.016">https://doi.org/10.1016/j.ajog.2018.03.016</a></p>		<p><b>Level and Quality</b></p> <p><b>I-B</b></p>
<p><b>Purpose or Hypothesis</b></p>	<p>The purpose of this study was to measure the impact of an IUD training program on integration of IUDs into practice. The hypothesis was that offering a training program would help with increasing patient access to IUDs, through making the device more available in clinical practice.</p>	
<p><b>Type of Evidence Research Design</b></p>	<p>Experimental: Cluster Randomized Controlled Trial (providers could not be blinded after study began as the intervention was a training program – and it was clearly apparent whether or not a clinic had training)</p>	
<p><b>Sample, Population, Size, Setting</b></p>	<p><b>Sampling Technique:</b> Probability: Cluster <b>Eligible Participants:</b> Clinic staff (clinicians and noon-licensed staff) that worked at 40 participating Planned Parenthood health centers in 15 states  <b>Excluded:</b> Clinics that served less than 400 patients each year, provided more than 20% of patients seeking reproductive care with IUDs or implants, have other LARC related educational programs occurring concurrently, or shared staff with other clinics participating in the study  <b>Accepted:</b> n=576 total clinic staff included in analysis of survey results  <b>Control:</b> Survey responses: <i>Baseline only:</i> n=33 staff, <i>1-year follow-up only:</i> n=133, <i>Responded at both times:</i> n=116  <b>Intervention:</b> Survey responses: <i>Baseline only:</i> n=99 staff, <i>1-year follow-up only:</i> n=62, <i>Responded at both times:</i> n=153  <b>Power analysis/Achieved:</b> No power analysis discussed: it was stated that sample size was decided based on study’s primary patient outcome (choice of long-acting reversible contraception)  <b>Group Homogeneity:</b> Baseline characteristics similar in control and intervention group (age, sex, race,/ethnicity, position type, clinic practice type, clinic region) – reported in Table 1</p>	
<p><b>Intervention Procedures</b></p>	<p><b>Control Protocol:</b> No training program done  <b>Intervention Protocol:</b> 4-hour Continuing Education accredited course including a didactic portion, a hands-on simulation portion, and a practicum on counseling techniques.  <b>Treatment Fidelity:</b> Training program was developed based on the findings of research that looked at the top gaps related to IUD training and education. The training was offered to the entire team at the practice based on findings that showed that training is more effective when offered to the entire clinic.</p>	
<p><b>Primary Outcome and Measures</b></p>	<p><b>Dependent Variable:</b> Study outcomes: 1. Provider attitudes 2. Provider knowledge 3. Provider practices  <b>DV Measure:</b> 1. Provider attitudes measured with dichotomized survey responses regarding IUD safety 2. Provider knowledge assessed with two scales that were adapted from provider studies (1 scale had six items and 1 scale had 12 items – these scales were shown in prior studies to be reliable and consistent)</p>	
<p><b>Results/Conclusions</b></p>	<p><b>Statistical Results:</b> The change in the percentage of providers who believed IUDs were safe was higher in the intervention than the control arm (aOR=2.48 [1.13–5.4]). Providers expressing confidence in ability to provide IUD education increased in the intervention arm (53% to 67%) and did not change in the control arm (60%) (aOR=1.89 [1.04–3.44]). Discussion of IUDs and implants by providers increased in the intervention arm (71% to 87%) compared to the control arm (76% to 82%) (aOR=1.97 [1.02–3.80]).  <b>Conclusions:</b> All healthcare providers who provide contraceptive care to patients should be encouraged to participate in a training intervention which includes both didactic and hands-on learning modules. Participating in a formal training program is associated with enhanced knowledge and education; in this study, these results could even be observed a year after the intervention had concluded, which shows the sustainability of educational interventions.</p>	

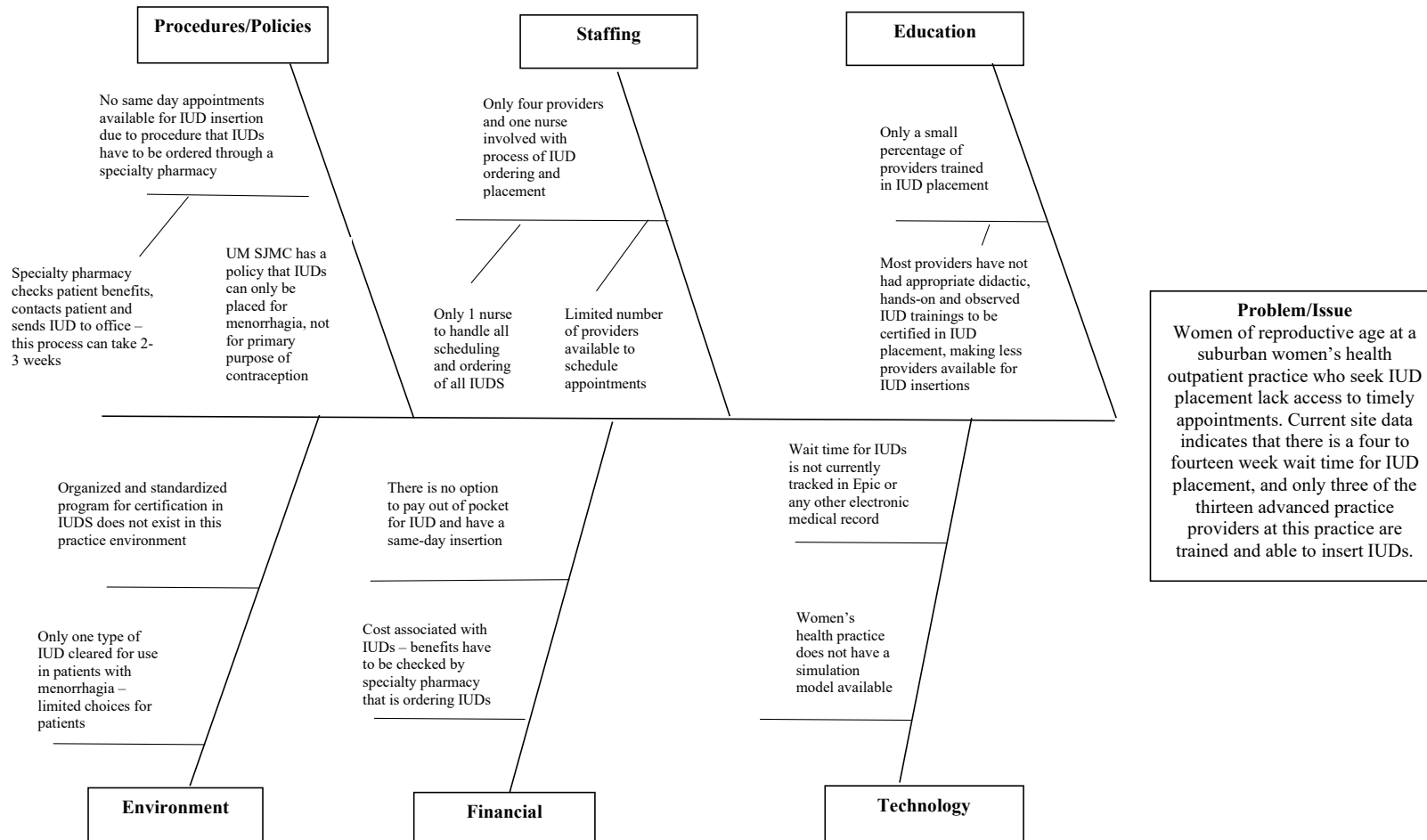
**Table 2***Evidence Synthesis Table*

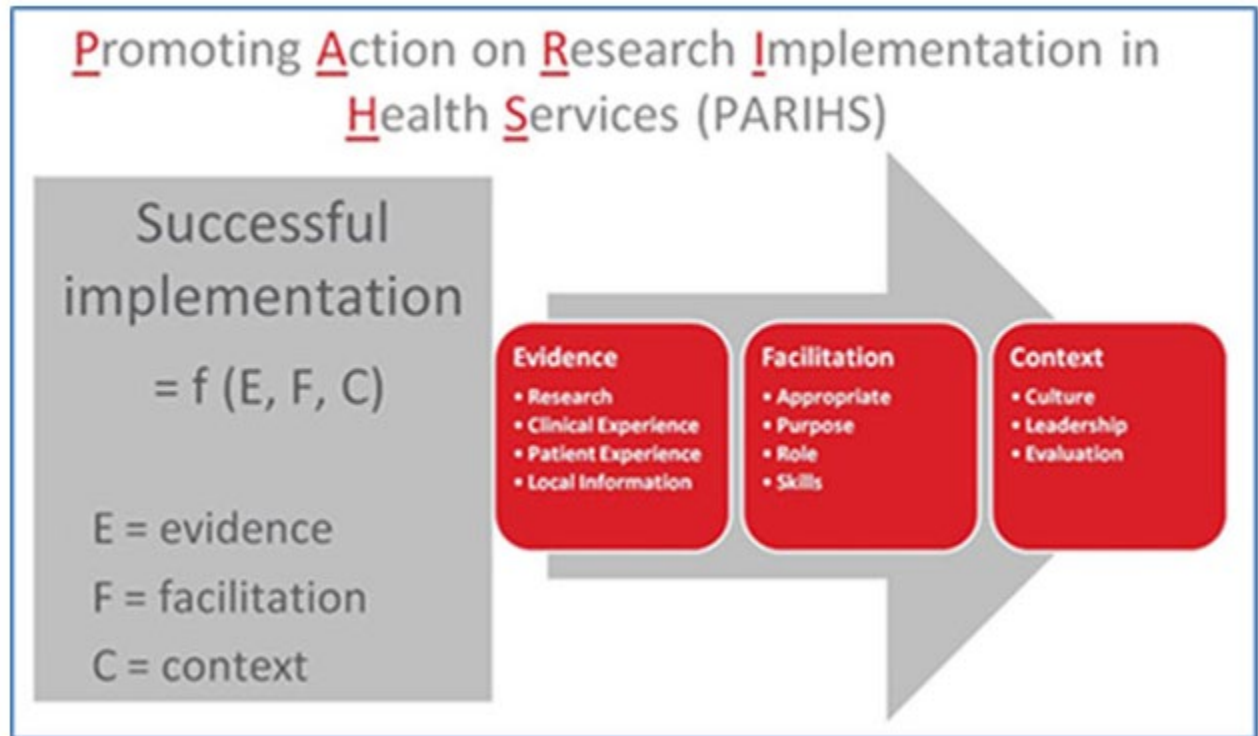
Project Title: Implementing a Standardized Competency Checklist for Intrauterine Device Placement			
PICOT: The purpose of this quality improvement (QI) project was to increase the number of skilled IUD placement practitioners at WHC by implementing and tracking the completion of a standardized education program and competency checklist, an evidence-based, research-supported practice change.			
JHNEBP Model Level (Dang et al., 2021)	Total Number of Sources	Author and Quality Rating of each study	Synthesis of Findings
<b>Level I</b> Experimental study · Randomized Controlled Trial (RCT) · Systematic review of RCTs with or without meta-analysis	1 Cluster Randomized Controlled Trial (Thompson et al., 2018)	B	This cluster randomized trial of 576 staff at family planning centers involved a baseline and one-year follow up survey. The intervention group received a four-hour CE-accredited course that had didactic, hands-on simulation and counseling/ education sessions. Conclusions drawn from the study are that formalized education programs for intrauterine devices and implants, consisting of both didactic and hands-on learning activities, can help with increasing IUD access for patients. The replicable training program in this study was shown to have a positive impact on provider knowledge, attitudes and confidence, with changes sustained one-year after the intervention had concluded.
<b>Level III</b> Non-experimental study · Systematic review of a combination of RCTs, quasi-experimental, and non-experimental studies, or non-	2 Systematic Reviews of a combination of RCTs, quasi-experimental, and non-experimental studies (Ouyang et al., 2019; Phillips et al., 2018)  1 Non-Experimental study: Intervention with a pre and post survey (Field et al., 2019)  1 – Non-Experimental study: development and validation of	Ouyang et al., 2019 – A Phillips et al., 2018 – A Field et al., 2019 – B Lopes et al., 2022 – B Reeves et al, 2023 – A Thompson et al., 2019 - B	(Field et al., 2019; Ouyang et al., 2019; Phillips et al. 2018; Reeves et al., 2023) all had similarities in terms of the finding that IUD training is critical to ensure that healthcare providers are trained, competent and confident in both IUD counseling and placement. These studies emphasize the importance of expanding access to IUD training in order to increase the number of competent providers, which ultimately will allow for patients to have better access to IUDs.  Lopes et al. (2022) implemented a non-experimental study that involved the development and validation of a tool for the evaluation of IUD insertions. This study concluded that having a valid and reliable tool, similar to the one developed in this study, could aid in future IUD training programs and allow for healthcare professionals to be properly evaluated on knowledge, behavior and skills related to IUD insertion. In conjunction with the findings of Field et al. (2019), Ouyang et al. (2019), Phillips et al. (2018), and Reeves et al. (2023), having a validated tool to evaluate IUD trainings can ensure that providers

<p>experimental studies only, with or without meta-analysis · Qualitative study or systematic review of qualitative studies with or without meta-synthesis</p>	<p>a tool for evaluation of IUD insertions (Lopes et al., 2022)</p> <p>1 Non-Experimental study : national survey (Reeves et al, 2023)</p> <p>1 Non-Experimental study: local survey (Thompson et al., 2019)</p>		<p>are trained to the appropriate level of competence. Thompson et al. (2019) conducted a local survey of Ohio healthcare providers and found that while training is an important element influencing LARC placement, barriers outside of training also need to be addressed to increase providers available to place LARC and patient access to LARC.</p> <p>Two systematic reviews were included in the literature review. Ouyang et al. (2019) conducted a review of 30 studies focused on intrauterine contraceptive device (IUCD) training programs for healthcare providers. From the review, it was found that IUCD training leads to increased knowledge and improved attitudes, more successful insertions, lower rates of complication, and increased patient access to IUCDS; these training benefits are seen across all types of healthcare providers (doctors, nurses and residents). Phillips et al. (2018) conducted a systematic review of 14 studies to assess barriers to long-acting reversible contraception (LARC) utilization. The review concluded that ensuring that advanced practice providers have access to LARC training (including both didactic and hands-on training) will help increase patient access to LARC.</p> <p>Field et al. (2019) conducted a non-experimental study that involved an IUD training workshop for preclinical medical students, along with a pre and postsurvey. This study found that workshops, which include both didactic and simulation models, can be an effective way to increase provider knowledge and comfort regarding IUD insertions. These findings could be expanded outside of medical students to include settings such as community hospitals and developing countries that may be seeking to implement IUD training programs.</p> <p>Reeves et al. (2023) conducted a nationwide survey of 1063 advanced practice clinicians and physicians and found that trained IUD providers have a higher knowledge level regarding the safety of IUDS and express a higher confidence level in IUD insertion.</p>
<p>Note: No Level II, IV, or V articles were included as a part of this synthesis.</p> <p>Overall Quality Rating w/rational and Recommendation: <b>Good and consistent evidence – practice change</b></p> <p>Five of the studies (Field et al., 2019; Ouyang et al., 2019; Phillips et al. 2018; Reeves et al., 2023; Thompson et al., 2018) included in the evidence review directly discuss the benefit of IUD training in increasing provider confidence and competence with IUD placement. One of the studies (Thompson et al., 2019) recognizes that training is an important element to ensuring better patient access to IUD, but encourages other barriers to be considered in conjunction with training in order to ensure patients have adequate access to IUDs. Lopes et al. (2022) presents a validated tool for assessment of IUD training. Using validated tools is a way to ensure that there is consistency in the quality and outcomes of IUD training.</p>			

**Figure 1**

*Fishbone Diagram*

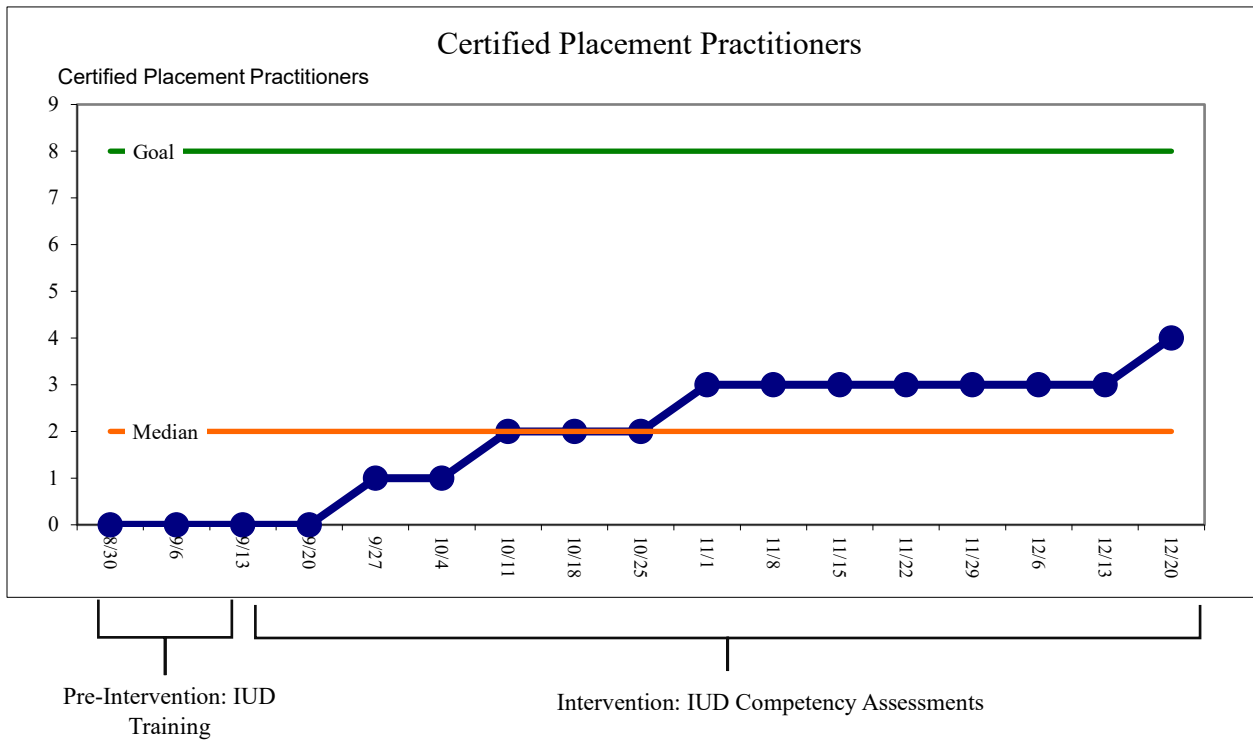


**Figure 2***Framework*

Source: Adapted from (Kitson et al., 1998)

**Figure 3**

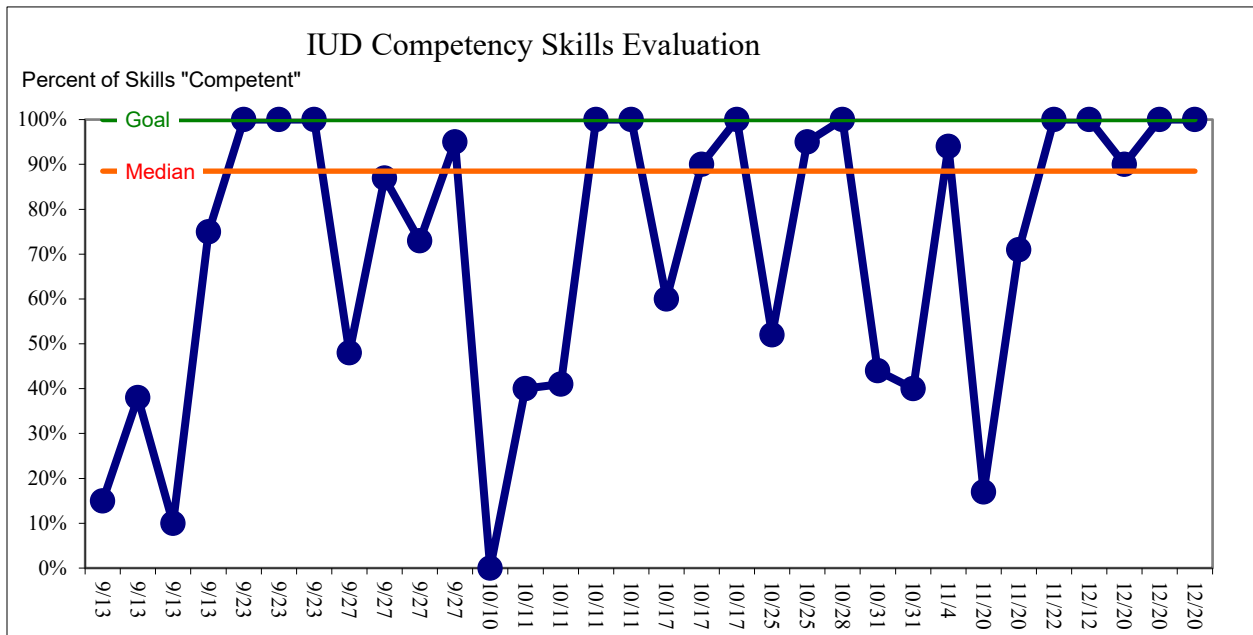
*Certified Placement Practitioners Run Chart*



*Note.* IUD competency assessments did not begin until 9/13, when IUD training was completed by providers. IUD competency assessments will continue past 12/20 to ensure all eight providers are certified.

**Figure 4**

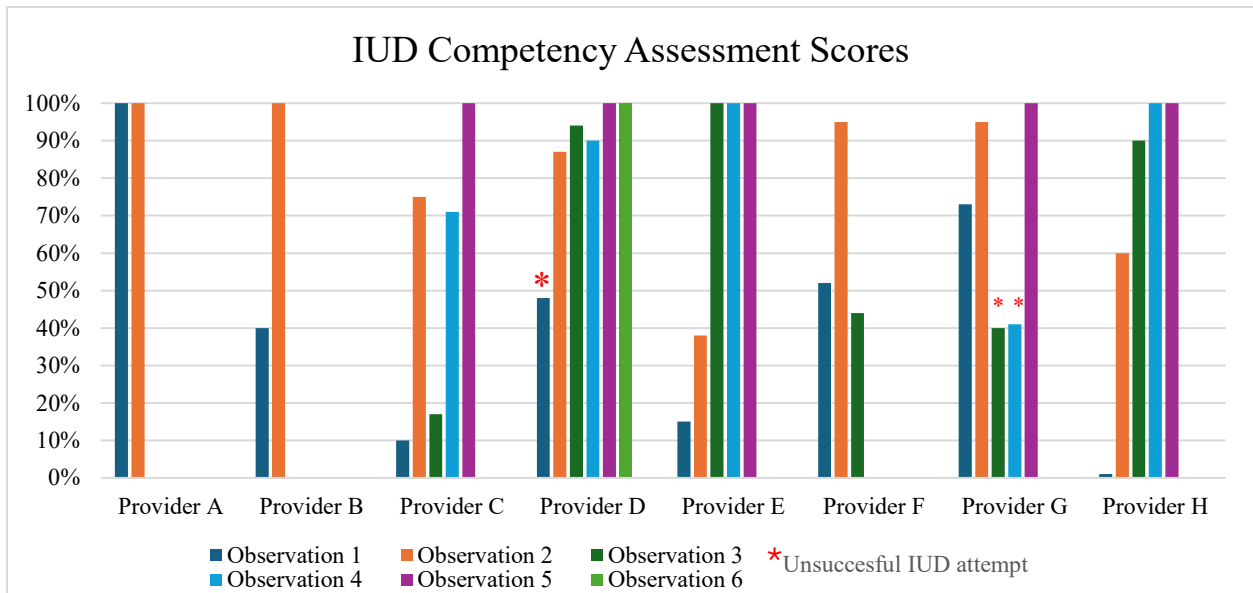
*IUD Competency Skills Evaluation Run Chart*



*Note.* Each data point reports an individual provider’s competency assessment scores.

**Figure 5**

*IUD Competency Assessment Scores Bar Graph*



*Note.* Red asterisk(s) denotes one unsuccessful IUD attempt by Provider D and two unsuccessful IUD attempts by Provider G. To become certified, experienced providers need a minimum of two successful IUD placements and new providers need a minimum of five.

**Appendix A**

*IUD Competency Checklist*

**IUD Competency Checklist**

Page 1

Please complete the checklist below during the proctored IUD insertion.

IUD Competency Checklist: Copyright ©2016 The Regents of the University of California. All Rights Reserved.  
 Developed by the UCSF Bixby Center Beyond the Pill Program. [beyondthepill.ucsf.edu](http://beyondthepill.ucsf.edu)

- 
- 1) Date of Insertion \_\_\_\_\_
- 
- 2) Name of Provider Inserting IUD
- Heather
  - Eliza
  - Lauren
  - Kristen
  - Luukia
  - Megan
  - Jackie
  - Jessica
  - Anna
- 
- 3) Name of Observing Provider/Evaluator
- Monique
  - Gigi
  - Dr. Collierius
  - Dr. Buescher
  - Dr. Janoo
- 
- 4) MRN (Patient Receiving IUD) \_\_\_\_\_

**IUD Competency Checklist**

**Developing Competence:**  
 -Requires some verbal prompts, detailed instruction or hands-on help

**Competent:**  
 -Applies all counseling, placement, and removal skills without detailed verbal or hands-on help  
 -Verbalizes management options for complex cases

	Developing Competence	Competent	N/A
5) Counseling: Uses shared decision making to select method & type of IUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Counseling: Reviews benefits, bleeding pattern, side effects of chosen IUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Counseling: Obtains/confirms informed consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8)			

	Counseling: Explains risk: perforation, expulsion, infection & method failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9)	History taking: Excludes pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10)	History taking: Assesses indication for EC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11)	History taking: Assesses need for screening/testing: HCG, STI, Hgb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12)	History taking: Assesses need for back-up method if appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13)	Placement/Removal: Assesses IUD Tray Setup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14)	Placement/Removal: Performs adequate bimanual exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15)	Placement/Removal: Uses tenaculum traction during sounding and IUD placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16)	Placement/Removal: Uses appropriate sound technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17)	Placement/Removal: Loads device with sterile technique (no-touch or sterile gloves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18)	Placement/Removal: Deploys device at uterine fundus and safely removes inserter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19)	Placement/Removal: Cuts string at appropriate length (3-4 cm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20)	Placement/Removal: Removes when strings present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21)	Placement/Removal: Removal of instruments and sharps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22)	Placement/Removal: Provides effective anticipatory guidance during placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23)	Placement/Removal: Communicates appropriately with proctor and patient during procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24)	Placement/Removal: Assesses and helps manage pain (during and post placement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25)				

- |   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| Placement Challenges:<br>Adjustment of tenaculum or<br>sound prn                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26) Placement Challenges: Use of os<br>finder, or dilator to allow<br>passage through internal os | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27) Patient Challenges: Bleeding<br>irregularities  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28) Patient Challenges: Missing<br>strings  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29) Patient Challenges: PID with IUD<br>in Place  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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30) Formative Comments on IUD Insertion

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**Appendix B**

Certified IUD Provider

Page 1

**Certified IUD Provider**


Please complete the survey below.

Thank you!

- 
- 1) Date of IUD Insertion \_\_\_\_\_
- 
- 2) Do you have experience with IUD insertion at a practice other than WHA?  Yes  No
- 
- 3) Name of Provider Inserting IUD  Heather  Eliza  Lauren  Kristen  Luukia  Megan  Jackie  Jessica  Anna
- 
- 4) Name of Observing Provider/Evaluator  Monique  Gigi  Dr. Collierius  Dr. Buescher  Dr. Janoo
- 
- 5) MRN (Patient Receiving IUD) \_\_\_\_\_
- 
- 6) Was IUD Insertion Successful?  Yes  No

**Appendix C**

*Certificate of IUD Insertion Skills Program Completion*



**PRACTICE NAME**

**CERTIFICATE OF IUD INSERTION SKILLS PROGRAM COMPLETION**

is hereby granted to

**PROVIDER NAME**

for successfully completing the Bayer Mirena educational program and completing 5 successful observed IUD placements. Provider Name is now certified to independently insert IUDs at Practice Name.

\_\_\_\_\_

**MEDICAL DIRECTOR**

\_\_\_\_\_

**DNP STUDENT/QI PROJECT LEAD**      **DATE**

Add Date