

IUD Training Evaluation Study Stage 2 - Post

Thank you for taking a few minutes to be involved in our IUD Training Evaluation Study.

Please note that all information which you provide will be treated strictly **CONFIDENTIALLY**.

* Please enter your date of birth (*required*)
(This is used to link to your pre-training questionnaire responses)

Date of Birth: DD / MM / YYYY

Optional- What is your name?

Where did you undertake your IUD clinical training attachment? Select all that apply.

- Ashfield Family Planning NSW Clinic
- Newcastle Family Planning NSW Clinic
- Penrith Family Planning NSW Clinic
- Dubbo Family Planning NSW Clinic
- Central Coast Community Womens Health Clinic
- Campbelltown Hospital
- Other (please specify)

What type of practice do you currently work in? Select all that apply.

- Private General Practice
- Community Health Centre
- Hospital
- Other (please specify)

Before starting your training with FPNSW, had you EVER inserted any IUDs in any setting, either in Australia or overseas? Select all that apply.

- I was already inserting IUDs in my practice
- I had inserted IUDs previously in Australia
- I had inserted IUDs previously in another country
- I had never inserted an IUD
- I had never inserted an IUD but other Drs in my practice were inserting IUDs

Please provide details eg. approximate number, setting

In the 3 months before starting this IUD insertion training, please estimate the number of women that you advised to see another practitioner to have an IUD inserted. Please estimate

a) Total number

OR b) Average per month

In the 12 months since completing your IUD insertion training, approximately how many patients have you advised to see another practitioner to have an IUD inserted? Please estimate

a) Total number

OR b) Average number per month

Now that you have completed your IUD insertion training, do you see any BARRIERS to undertaking IUD insertion in your own practice? Select all that apply.

- Time pressures
- Lack of necessary equipment
- Shortage of appropriate patients
- I am not confident enough in performing the procedure unsupervised
- The need for nurse assistance, which is not available
- It is not cost-effective for my practice
- Other (please specify)

Have you attempted to insert any IUDs since you completed your final IUD insertion training clinic?

- Yes
- No

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The following questions ask about your experience of inserting IUDs since completing the IUD Training Course.

Approximately how many IUDs have you attempted to insert since you completed your final IUD insertion training clinic session?

a) Total number

OR b) Average number per month

Approximately what number of these attempted insertions were unsuccessful?

a) Total number

OR b) Estimate as a percentage of attempted insertions

Please enter the approximate number of times that EACH of the following problems has occurred (as far as you know) with, or following, the IUD insertions that you have done since completing your training:

a) Sounding problems

b) Technical problems with IUD device

c) Expulsion of device

d) Infection

e) Vasovagal reactions

f) Perforation

g) Malposition

Have you encountered any other problems with your IUD insertions?
(Please indicate the other problem types and the number of occurrences for each.)

Which of the following statements most closely reflects your current IUD insertion practice?

- I only insert hormonal IUDs
- 75% of the IUDs I insert are hormonal IUDs
- I insert approximately an equal number of copper and hormonal IUDs
- 75% of the IUDs I insert are copper IUDs
- I only insert copper IUDs

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To cross-check our Medicare item data, we need to ask you about your billing practices.

Approximately what PERCENTAGE of your IUD insertions have been claimed as Medicare item number 35503 "IUD Contraception Introduction"?

Please estimate a percentage figure between 0-100% below.

As Medicare will not be aware of privately billed insertions until a patient submits a claim, our data may underestimate the number of insertions you have performed. Approximately what PERCENTAGE of IUD insertions have you privately billed in the last 12 months?

Please estimate as a percentage figure between 0-100% below.

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The statements below reflect attitudes towards IUD use.

Using the scale please indicate your response to each statement:

	Strongly agree	Agree	Undecided	Disagree	Strongly Disagree
a) Past treatment for an STI is a contraindication to IUD insertion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Screening for Chlamydia is recommended for all women prior to IUD insertion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Screening for Bacterial Vaginosis is recommended for all women prior to IUD insertion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Copper-bearing IUDs are a suitable choice for multiparous women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Hormone-bearing IUDs (Mirena) are a suitable choice for multiparous women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Copper-bearing IUDs are a suitable choice for nulliparous women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Hormone-bearing IUDs (Mirena) are a suitable choice for nulliparous women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Copper-bearing IUDs can be used for emergency contraception for up to 5 days after unprotected sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Hormone-bearing IUDs (Mirena) can be used for emergency contraception for up to 5 days after unprotected sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The statements below reflect skills around IUD insertion.

Using the scale, please indicate your response to each statement:

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
a) I have the confidence and skills to insert copper-bearing IUDs in MULTIPAROUS women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I have the confidence and skills to insert hormone-releasing IUDs (Mirena) in MULTIPAROUS women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I have the confidence and skills to insert copper-bearing IUDs in NULLIPAROUS women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I have the confidence and skills to insert hormone-releasing IUDs (Mirena) in NULLIPAROUS women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[OPTIONAL] Who paid for you to attend the IUD insertion training?

- Bayer
- Yourself personally
- Your employer
- Another source

Other (please specify)

Is there anything else that you would like to comment about regarding your IUD training or inserting IUDs in clinical practice? We would be interested in anything that you would like to tell us about!

We thank you very much for your time in completing this survey. Please click the FINISHED button to send your responses to us.