APPLYING PATIENT CENTERED REPRODUCTIVE GOALS AND CONTRACEPTION COUNSELING SKILLS

Michigan Family Planning Update 2019
September 11th 2019
Sue Montei
Linda Gregg
Janet Isabell
Patty Cason, MS, FNP-BC
Envision Sexual and Reproductive Health
envisionsrh.com
DISCLOSURES

• Advisory Board/Consultant
  – Cooper Surgical, Natural Cycles, Evofem, Sebela

• Trainer/speaker
  – Merck, Medicines 360, Sebela
LEARNING OBJECTIVES:

1. Address reproductive goals and contraceptive preferences
2. Demonstrate skillful, efficient, patient centered questioning
3. Display patient-centered counseling skills
GOAL IS PATIENT CENTERED CARE

- Asking questions is a patient centered approach
- “Plant a seed”
- Efficient use of limited time
- More satisfying for the clinician
- Patient satisfaction

CONTRACEPTION COUNSELING
THREE NON-DIRECTIVE MODELS

1. Foreclosed (48% of visits)
   – characterized by discussion of few contraceptive methods
   – Patient chooses method with no involvement from the provider

2. Informed choice (30%)
   – characterized by detailed description of multiple methods
   – little or no interaction between the patient and the provider

Dehlendorf, C., Krajewski, C., & Borrero, S. 2014
Fox, E., et al., 2018)
CONTRACEPTION COUNSELING
THREE NON-DIRECTIVE MODELS

3. Shared decision making
   – Preferred by patients
   – Associated with method continuation and satisfaction with method
   – Associated with patient satisfaction with provider

Dehlendorf, C., Krajewski, C., & Borrero, S. 2014
Fox, E., et al., 2018)
“...clinicians provide patients with information about all the options and help them to identify their preferences in the context of their values.”

Chewning et al., (2012). *Patient Educ Couns*
SHARED DECISION MAKING

Patient Contribution:
• Their values
• Their preferences
• Their goals
• Their past experiences

Clinician Contribution:
• Assist in clarifying patient’s goals and preferences
• Provide scientific/medical information that is:
  – relevant
  – assimilated/integrated by the patient!
DOES PATIENT CENTERED CARE TAKE LONGER?

• Giving the patient information that is not directly relevant to them can use up precious time
• Paraphrasing saves time --the clinician is in control
• Patients who feel like their care is patient centered feel less resistance and more trust = less time
• Consider the whole day’s schedule and average out the visits
  – Some visits are straightforward
  – Some patients need more time to clarify their preferences
WHY DON’T WE SAY REPRODUCTIVE LIFE PLAN?

Why avoid the word plan?

• The current conceptual framework that views pregnancy-related behaviors from a planned behavior perspective may be limited among low-income populations

• Many people express happiness with a pregnancy, regardless of their stated intention

• The word “plan” has a meaning

Borrero, S., et al., 2015
PLANNING

“Because nearly all of the women in our study had strong feelings about the ideal circumstances (specifically, being in a committed relationship and financially stable) in which one should plan a pregnancy, yet few, if any, women actually achieved either relationship or financial stability, pregnancy planning seemed irrelevant and rarely occurred.”

Borrero, S., et al., 2015
PREPARE TO ROLE PLAY

• Choose 2 real people to role play whom you know well
  – It could be you yourself, a friend, a relative, an acquaintance, or a child of one of your friends

• Pick someone who:
  – Doesn't want to have a child any time soon
  – Is able to become pregnant or cause pregnancy
  – Is having sex with someone with whom a pregnancy is possible
ROLE PLAY
YOU SHOULD KNOW:

• What is important to them in their life
• About their values
• What they do for work or school
• Their age
• Have they ever been pregnant? do they have kids?
ROLE PLAY
WRITE ON THE PAPER

Demographic information that would have been in their chart

• Age
• Parity
• Relevant social history
• Any relevant medical history
• Any other contributing feature that would be in their medical record
**ROLE PLAY** PATH QUESTIONS

**PA:** Parenting/Pregnancy Attitudes:
Do you think you might like to have (more) children at some point?

**T:** Timing: When do you think that might be?

**H:** How Important: How important is it to you to prevent pregnancy (until then)?
“Do you have a sense of what is important to you in your birth control?”
POINT OUT POSITIVES

Condom use, adherence to a method, exercise, diet improvement, knowledgeable.

• Shows the patient that you are both on the same side (their side)

• Builds rapport and the patient will trust you
POSITIVE FEEDBACK

• “It’s great that you were so strong in standing up for yourself -- asking your partner to use condoms.”
• “Great question!”
• “I wish all my patients knew that...”
• “Not many people (your age) act so responsibly about using a condom every time.”
• “It’s great you know that!”
PARAPHRASING

• “It sounds like you are not interested in kids any time soon. Do I have that right?”

• “I am hearing you say it’s super important to you to have a birth control method that you can rely on. Is that correct?”
“Many of my clients say that they _______. Is that what you mean?”
PARTICULAR CHARACTERISTICS OF CONTRACEPTIVE METHODS

“It sounds like one of the things that is important to you is that your birth control is very good at preventing pregnancy. Do you have a sense of what else is important to you?”
ATTITUDE ABOUT

- Need to conceal contraception;
  - no supplies?
  - normal bleeding pattern?
- Non-contraceptive benefits
- Side effects
- Menstrual cycle and bleeding profile
- Effect on sexual life

- Effectiveness
- Hormones
- Length of use
- Control over removal
- Object in body
- Return to fertility
FOR ROLE PLAY
“Do you have a sense of what is important to you in your birth control?”

“I hear you saying ____ Is that what you mean?”

“It sounds like ____ Do I have that right?”

“Wow, so you feel pretty strong about _____”

“Many of my patients say that _____ is that what concerns you?”
EMPATHY WITHOUT LABELING FEELINGS

• Rather than using a negative label:
  – “You sound angry” (or anxious)

• Use neutral words:
  – “It sounds like this is really concerning to you”
  – “Wow, anyone would find that really hard to deal with!”

• Not: “I know how you feel.”

(Hatcher. 2018)
EMPATHY FOR ROLE PLAY

• “It sounds like this is really concerning to you”
• “Wow, anyone would find that really hard to deal with!”

(Hatcher. 2018)
WHY ON EARTH?!?

Instead:

• “What is concerning to you about_____”
• “Tell me more about that”
• “People have various reasons that concern them, I’d like to understand your particular concerns.”
MISINFORMATION...MISCONCEPTIONS

1. About relative effectiveness of methods

2. Underestimates their own or their partner’s fertility

3. Pregnancy is safer than contraception
TRY NOT TO CORRECT OR DISAGREE “FIND THE YES”

First step is to find something in what the patient is saying to agree with or support

Instead of “No” or “But”

“Yes! .... And________________”

Not “Yes, but...”
WAYS TO SAY “YES”

START with either:

1. Agreement
2. Display of empathy
3. Validation
MAKE AN INFORMATION SANDWICH

1. Question

2. Information

3. Questions

Best if about the information just provided.

(Hatcher. 2018)
A FOLLOW UP QUESTION REQUIRES THE PATIENT TO INTEGRATE INFORMATION

- How would that be for you?
- Has that ever happened before?
- How did you manage it?
- Do you have a sense of how you would manage it?

(Hatcher. 2018)
WHAT QUESTIONS DO YOU HAVE?

What other questions do you have for me about______?
CONTACT INFO

patty@envisionsrh.com
REFERENCES


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• Post, S. G., & Roess, M. (2017). Expanding The Rubric of "Patient-Centered Care" (PCC) to "Patient and Professional Centered Care" (PPCC) to Enhance Provider Well-Being. HEC Forum, 29(4), 293-302.

