**WEEK 2: Abortion, Professionalism, and Patient-centered Counseling**

**QUIZ QUESTIONS**

1. After the legalization of abortion in the United States in 1973, abortion training was not immediately integrated into routine ob/gyn training. What was the result of this?
* Abortion care was only available in large hospitals in major urban cities.
* Abortion care was mostly delivered in freestanding clinics (such as Planned Parenthood or other local community clinics).
* Abortion care was mostly provided by clinicians who used unsafe medical practices
* All of the above
1. Professionalism in medicine centers around 3 guiding principles: the principle of primacy of patient welfare, the principle of patient autonomy, and the principle of \_\_\_\_\_\_\_\_\_\_
* social justice.
* conscientious refusal.
* physician values.
* None of the above.
1. As described by *Global Doctors for Choice,* when exercising one’s right to conscientious refusal, a provider has a right to refuse to participate in treatment only if it doesn’t compromise \_\_\_\_\_\_
* The professional relationship with hospital administrators
* The workplace agreement by the medical facility
* The health and wellbeing of the patient
* All of the above
1. When assessing the criteria for refusing care under the American College of

Obstetricians and Gynecologists guidelines, a clinician may not:

* Compromise patient autonomy by providing inadequate counseling
* Threaten patient welfare by delaying needed care
* Undermine scientific integrity by providing inaccurate information
* Provide discriminatory care because they perceived the patient as immoral.
* All of the above
1. The nurse’s primary commitment must be:
* To preserve their own morals.
* To maintain care that aligns with one’s own judgments and values.
* To preserve the patient’s needs, safety and best interest.
* None of the above.
1. The fundamental principle in pregnancy decision-making is that the \_\_\_\_\_\_ has the answer to all health care decisions.
* Physician
* Counselor
* Patient
* Patient’s partner or family member
1. In order for a patient to give informed consent, they need to exhibit all of the following EXCEPT:
* Competence and the ability to rationally reason
* Appreciation of the consequences of a decision and understanding of the impact of a particular decision
* They have had a previous discussion with family and friends their decision.
* Making the decision based on one’s own free will
* Evidence a choice by either written or verbal consent
1. In assessing a patient’s decision to have an abortion, an appropriate question to ask in order to learn about her experience could be:
* “What makes you sure you want to have an abortion?”
* “What was it like for you to make the decision to have an abortion?”
* “Did you think about the other alternatives, liking having the baby or giving the baby up for adoption?”
* All of the above are appropriate questions to use when learning about the patient’s experience making the decision to have an abortion.
1. What does the concept “values clarification” mean for clinicians and other health-care providers?
* A chance for providers to examine their own values and beliefs on a specific topic (such as abortion), and explore how these feelings may impact the ability to best care for patients.
* Attempting to ensure that your patients share the same beliefs and morals as you in order to find empathy and compassion and help provide them with the best quality of care.
* To explain (or “clarify”) to the patient why you believe their behavior is immoral.
* None of the above
1. If a learner is unable to find empathy or compassion toward a patient (because of frustration or their personal morals and beliefs that what the patient is doing is wrong), what is another strategy they could adopt to continue professionally caring for the patient?
* Refusal of care
* Acceptance
* Disapproval
* All of the above