

## Non-Directive Pregnancy Options Counseling: OSCE Checklist

**IMPORTANT: Answer ALL questions Yes/No**

<b>STUDENT NAME:</b>	<b>RATER NAME:</b>
----------------------	--------------------

INTRODUCTION AND SET-UP		Yes	No
1a.	Washed hands		
1b.	Greeted patient kindly		
2a.	Introduced self		
2b.	Identified role (medical student, doctor ....)		
3.	Explained purpose (e.g. to take over from the other doctor, to finish helping you today, to speak with you about next steps, to go over test results....)		
4a.	Asked about use of effective contraception (e.g. oral contraceptives, ring, patch, implant or IUD; this may be done at any time in the encounter)		
4b.	Asked about the effects of symptoms (nausea) on daily life (this may be done at any time in encounter)		
DELIVERY OF PREGNANCY TEST RESULTS		Yes	No
5a.	Prior to delivering results, student assessed what patient already knew/believed/suspected (e.g. what do you think is going on? Did they explain what tests they were going to do?)		
5b.	Prior to delivering results, student gave a specific verbal warning (e.g. I have some news that we need to discuss, I have some news that may be unexpected...) [simply announcing "I have test results" as they might do to explain their purpose is NOT sufficient]		
5c.	Delivered the pregnancy test results in a neutral fashion (showed neither excitement nor disappointment when delivering results)		
6.	Plainly told patient "results show that you are pregnant" OR "Your test result is positive which shows/means that you are pregnant" (If student relied only on the word "positive" to convey result, <b>check NO</b> )		
7.	Explicitly asked how the patient felt about the pregnancy		
STUDENT'S RESPONSE TO PATIENT'S EMOTIONAL SILENCE AT HEARING THE NEWS OF PREGNANCY (Students may use these techniques later in the interview. Do NOT record those here. This section is ONLY for those techniques they use in response to the patient's initial reaction to the news of pregnancy. They are not expected to use ALL techniques)		Yes	No
8a.	Silence that indicated that the student was "in the moment" with the patient		
8b.	Reflection/naming/inquiring about emotion: restated the patient's emotion (i.e. I can see this might be very difficult for you, can you tell me what's going on, what you are feeling right now....)		
8c.	Normalizing, legitimizing or understanding: expresses understandability or normality of patient's response (e.g. it's understandable, many women in this situation also feel this way)		
8d.	Made an offer of support or partnership ("we will get through this/I am going to help you/I will be here...")		

PLEASE PROCEED TO NEXT PAGE TO CHECK OFF ADDITIONAL ITEMS

**Non-Directive Pregnancy Options Counseling: OSCE Checklist**

COVERAGE OF OPTIONS (To get credit for exploring beliefs and/or feelings, student should not only elicit the first response that the patient may give after appropriate silence at hearing the news of pregnancy or being told of an option, but do one of the following: ask "why do you feel that way/can you tell me more?")					Yes	No
9.	Acknowledged pregnancy continuation and parenting as an option					
10.	<u>Explored</u> beliefs and/or feelings about pregnancy continuation and parenting					
11.	Acknowledged abortion as an option					
12.	<u>Explored</u> beliefs and/or feelings about abortion					
13.	Acknowledged pregnancy continuation and adoption as an option					
14.	<u>Explored</u> beliefs and feeling about pregnancy continuation and adoption					
RESPONSE TO "What should I do?" or "What would you do if it were you/your loved one?" If SP does not get to ask this question, then leave these items BLANK.					Yes	No
15a.	Did not answer the question OR said "I can't answer that for you"/"my answer will not help you"					
15b.	Answered the question with an "I..." statement about steps student would take to help make the decision but not with any preference for a final decision (e.g. "I would explore all of my options", "I would discuss it with..." "I would take my time to think about it...")					
15c.	Answered the question in a way that conveyed preference for/judgment about a specific option or would otherwise suggest to the patient that she should choose any option over another					
RISK ASSESSMENT					Yes	No
16.	<u>Explicitly</u> assessed risk for intimate partner violence (e.g. "Do you feel safe at home?" "Is there anyone you are afraid of?")					
17.	<u>Explicitly</u> assessed risk for reproductive coercion (e.g. "Will he try to force you into doing something about the pregnancy that you might not want to?", "Did he do anything to make you pregnant when you didn't want to be?", "Does he force you to have sex?")					
OVERALL COMMUNICATION					Yes	No
18.	Communicated without judgment					
19.	Effectively and respectfully closed the encounter					
20.	Appropriately avoided terms/phrases such as "baby", "giving up for adoption", "you don't want to be pregnant"					
21.	How would you rate this student's communication skills?	Poor	Fair	Good	Very Good	Excellent
		1	2	3	4	5

**(Continue to next page for Patient-Centered Skills Global Rating Scale.)**

<b>PATIENT-CENTERED SKILLS</b>				
<p><input type="checkbox"/> <b>FAIL</b> <i>Clearly below expected level of training- requires remediation.</i></p> <ul style="list-style-type: none"> <li>• Student did not demonstrate adequate patient centered communication skills.</li> <li>• <b>Patient would leave encounter feeling judged and/or emotionally unsupported, and/or without any opportunity to express feelings.</b></li> </ul>	<p><input type="checkbox"/> <b>MINIMUM PASS</b> <i>Certain aspects of encounter need improvement- student would benefit from remediation.</i></p> <ul style="list-style-type: none"> <li>• <b>Patient would leave encounter not feeling judged, and possibly feeling emotionally supported. Allowed some emotional silence during which she could have expressed inner state. One or two options may not be acknowledged.</b></li> </ul>	<p><input type="checkbox"/> <b>PASS</b> <i>At expected level of training.</i></p> <ul style="list-style-type: none"> <li>• Student demonstrated adequate patient centered communication skills.</li> <li>• <b>Patient would leave encounter clearly feeling supported, with more than 1 opportunity to express thoughts/ feelings. All three options are acknowledged though not all are explored.</b></li> </ul>	<p><input type="checkbox"/> <b>HIGH PASS</b> <i>Certain aspects of encounter were above expected level of training.</i></p> <ul style="list-style-type: none"> <li>• <b>Patient would leave encounter clearly feeling supported. All options are acknowledged but not all explored. Had she experienced domestic violence, this would have been discovered.</b></li> </ul>	<p><input type="checkbox"/> <b>EXCELLENT</b> <i>Clearly beyond expected level of training.</i></p> <ul style="list-style-type: none"> <li>• Student demonstrated strong patient centered skills.</li> <li>• <b>Patient would leave encounter with increased clarity and new information, having explored her beliefs/feelings about her options, and feeling that she had been supported and heard. Had she experienced domestic violence or reproductive coercion, both would have been discovered.</b></li> </ul>