RHEDI developed these video-based learning tools which are intended to facilitate group discussion.   
Here are some ideas to consider for implementation:

* Show the video during intern orientation, group didactics, or any other discussions about patient-centered care or general options counseling.
* Use PGY 3 residents to lead or co-facilitate the discussion.
* Involve a behavioral health faculty member to facilitate the discussion.
* Show the entire case once through and allow for initial reactions. Then re-watch pausing after each scene for detailed discussion.
* Follow-up with role-play and observation exercises.

[Patient-Centered Pregnancy Options Counseling: Case 2 Video](https://www.youtube.com/watch?v=L9PgbeNsZZ8&t=10s)

* The patient was initially uncertain and expressed sadness about the circumstances of her pregnancy and was also able to make a decision during this same office visit.
  + How did this make you feel?
  + What are ways you can assess if the patient needs more information about all the options?
  + What are ways you can assess whether the patient is ready to make a decision or needs more time?
* What did this provider do to demonstrate patient-centered care? What other questions or techniques might you use to counsel this patient?
* In what ways did the provider demonstrate respect and trust for the patient’s autonomy? What are other ways to communicate this attitude and message?
* How is the patient similar/different from patients you’ve seen? How is the doctor similar/different from other clinicians and counselors you’ve seen?
* What are some common concerns or worries that may affect a patient’s decision-making process? How can you help the patient reconcile these concerns in a respectful and meaningful way?
  + In what ways did the provider assess for safety and reproductive coercion? What are other ways you might do this?
* What was the patient’s experience of this counseling session?
* In what ways is abortion care different when provided in the family medicine setting versus an abortion clinic? In what ways might clinic protocols be different?
* How do your state’s regulations differ from what’s presented in the video, and how do those requirements affect your counseling?
* A person’s social, racial, economic, historical and personal factors impact access and choice in health care. Discuss how this perspective informs your practice and patient’s experience within your care.

Key Points for Faculty

* The setting for this video may be different from what residents are used to. You can use this as an opportunity to discuss how the realities of your clinic (e.g. short appointment times, interruptions, and the physical setting of the office or exam room) affect counseling.
* Patient-centered care is respectful of, and responsive to, individual patient preferences, needs and values, and ensures that the patient guides clinical decisions. This can be a good opportunity to generalize patient-centered counseling skills across all medical care.
* Options-counseling traditionally entails a discussion about parenting, adoption and abortion. However, when following the patient’s lead, it may not always be appropriate to discuss each option.
* A patient can be sad or displaying emotion and still be capable of making a decision.
* Reproductive coercion (behavior that is intended to maintain power and control in a relationship related to reproductive health such as continuing or ending a pregnancy, intentionally impregnating a partner, etc.) is an important risk that should be assessed with all patients.
* Clinical practice will vary by location and over time.
  + For up to date information on state regulations visit:

<https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>

***We welcome your feedback. Email*** [***info@rhedi.org***](mailto:info@rhedi.org)***.***

***For more resources on Patient-Centered Pregnancy Options Counseling visit*** [***www.rhedi.org***](http://www.rhedi.org)***.***