

Physicians for Reproductive Health

Adolescent Reproductive and Sexual Health Education Program (ARSHEP)

5th Edition Standardized Patient Video Clips

Facilitation Guide

The vignettes in this series each depict a short segment of a longer clinical interaction between a health care provider and an adolescent patient. The scenarios in the vignettes are presented twice, each time with a different provider perspective, to emphasize the nuances, techniques, problems, and strengths of each perspective. The clips should be shown with 5-10 minutes of discussion following each version of the scenario. Comparing the two versions should encourage critical response regarding the differences in provider performance. The video exercise should last approximately 10-25 minutes per scenario (depending on length of discussion).

The clips should be used in concert with the ARSHEP PowerPoint modules on related topics. Depending on the amount of time allotted for the presentation, the clips can be used to supplement the existing slide set or to replace certain slides.

During the showing of clips for the scenarios, presenters should remind participants that there is no “good” or “bad” version. The providers in each of the scenarios do some things well and could improve on other things. The presenter should facilitate an interactive critical discussion within the group to identify positive elements of the encounter and areas for improvement.

Presenters should introduce the video segment to participants stating:

1. The segment is a snippet of a longer clinical encounter and is meant to emphasize various techniques related to the presentation we are about to view/ have just viewed.
2. The same scenario is presented twice to demonstrate different provider approaches. Each version illustrates strengths, areas for improvement, and aspects of the provider’s personal style that are neutral.
3. Please note each provider’s verbal and non-verbal communication style; clinical knowledge and appropriateness; and other attributes that might result in better or worse outcomes with the adolescent patient in the video, as well as with your own patients.
4. I will facilitate the discussion by asking the same basic questions after each version:
 1. What does the provider do well in the clinical encounter?
 2. What might the provider have done differently or better?

This guide notes selected strengths and weaknesses demonstrated in each segment. Facilitators are encouraged to discuss strengths and weaknesses from the guide if they are not addressed. This can be accomplished by incorporating leading questions such as: “What did you think of...?” “How did you feel about the way they...?”

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Scenario 1: Long Acting Reversible Contraception — “IUDs-What are those?”

Modules this scene should be used with:

Essentials of Contraception and Adolescents
Long Acting Reversible Contraception (LARC)

Synopsis: Lisa is a 17 year old student who has been a patient of yours for 2 years. She has been in a relationship with her current boyfriend for a year and has been using oral contraception for about 8 months. She is in clinic today because she has been having some irregular bleeding and is concerned it's related to the pill.

In Version A, the provider is nonjudgmental and supportive of the patient's struggle to correctly and consistently use oral contraception. She offers the patient the full range of contraceptive options, stressing effectiveness. However, she misses opportunities to discuss related reproductive health services.

In Version B, the provider is skeptical at first of Lisa's ability to consistently and correctly use oral contraception. She discusses emergency contraception (EC) and offers alternative methods, but does not elicit the patient's preferences and beliefs before discussing options. The provider offers the Intrauterine Device (IUD) as a first line method and advocates for this method during the visit. In the end, she recognizes Lisa's preferences, and works with the patient to identify strategies that allow her to continue her preferred method, the pill.

Points presenter should ensure are discussed in this scenario:

Version A

1. What does the provider do well in the clinical encounter?
 - Remains nonjudgmental about patient's disclosure about forgetting her pills
 - Provides positive feedback about patient following correct protocol for missing/making up pills
 - Discusses dual use of condoms and contraception and risk of sexually transmitted infections (STIs)
 - Discusses long and short term alternatives to the pill that could be appropriate for the patient
 - Offers methods in order of effectiveness, offers IUDs as first line method
 - Supports patient in communicating about sexual health with parents
2. What might the provider have done differently or better?
 - Work with patient and offer strategies for improving consistent pill use
 - Suggest services including EC and STI testing after disclosure of unprotected sex
 - Elicit patient's own preferences and beliefs before discussing options
 - Explain reasoning when she claims the hormonal IUD is better (cite patient's bleeding concerns)
 - Acknowledge and validate patients concerns about IUDs

Version B

1. What does the provider do well in the clinical encounter?
 - Empathizes with patient about logistic challenges at home that impact her ability to take the pill
 - Discusses and offers EC
 - Suggests IUD as a first line contraceptive method

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- Reminds patient that IUDs can be removed at any time, and that a 3, 5 or 10 year commitment is not needed
 - Explains the differences between hormonal and copper IUDs as well as side effects specifically in relation to the patient's concerns about bleeding
 - Affirms patient's choice to continue using the pill and opens the door for future discussions
 - Offers suggestions to help the patient remember her pills
2. What might the provider have done differently or better?
- Avoid judgment and skepticism about patient's ability to correctly and consistently take the pill
 - Discuss STI risk and facilitate condom use
 - Elicit patients preferences and beliefs before discussion options
 - Acknowledge patient knows her needs best rather than pushing her towards the IUD
 - Discuss the full range of contraceptive options, not just LARCS
 - Avoid assumptions about parental communication around sexual behavior and contraception

Scenario 2: Sexual History Taking and Gender— “Do I really need to talk about this during my physical?”

Modules this scene should be used with:

Sexual History Taking: Essential Questions
Caring for Lesbian, Gay, Bisexual and Transgender Youth
Caring for Transgender Adolescent Patients
Adolescent-Friendly Health Services

Synopsis: James is a 16 year old patient who is new to the area, and has come to the office today for a school physical.

In Version A, the provider uses the visit to get to know the patient as well as possible. He starts with less sensitive topics and then moves into questions about sex and sexuality. He explains why these questions must be asked so James will feel comfortable answering honestly.

In Version B, the provider takes the sexual history of the patient and takes time to discuss contraception and correct the patient's misunderstandings around pregnancy risk. However, he misses opportunities to discuss topics like home and school life. He also misses the opportunity to ask specific questions about gender identity and discuss pronoun preferences.

Points presenter should ensure are discussed in this scenario:

Version A

1. What does the provider do well in the clinical encounter?
 - Asks patient's name at the start
 - Explains why questions are asked, and that answers will be confidential
 - Starts interview with less sensitive questions (about home and school), then moves into questions about sex and sexuality

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- Provides positive feedback about the patient's strengths (having a job, helping at home)
 - Asks about gender identity
 - Corrects chart with name and pronouns for future
2. What might the provider have done differently or better?
- Correct the patient's misunderstanding regarding testosterone and contraception
 - Clarify sexual behaviors when taking a sexual history (oral, vaginal, anal, insertive or receptive)

Version B

1. What does the provider do well in the clinical encounter?
- Uses patient's preferred name
 - Asks about sexual behavior with both males and females
 - Provides positive reinforcement about condom use
 - Discusses contraception including emergency contraception
 - Corrects patient to make sure he knows hormones will not protect against pregnancy
2. What might the provider have done differently or better?
- Ask about gender identity or preferred pronouns
 - Clarify sexual behaviors (oral, vaginal or anal sex, insertive or receptive) during history taking
 - Follow up about the patient's plans for hormone use