

# Introduction to the QFP



This module introduces the *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* and provides opportunities to practice the quality counseling principles.

## WELCOME

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# Navigation tutorial

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*For the best experience, use Firefox or Chrome to view this course.*

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*Click the play button below to start the video.*

## Counseling Adolescent Clients to Encourage Family Participation



PLAY



# Disclosures

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# Welcome

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00:52



**Welcome to the Introduction to the Quality Family Planning  
Recommendations eLearning module.**

This module includes:

-  Section 1: Introduction to Quality Family Planning (QFP) Recommendations
-  Section 2: Quality Counseling Principles

Throughout the module, you will be asked to read new information, complete activities, watch videos, and reflect. The module provides practical, evidence-informed strategies for counseling clients of reproductive age.

**By the end of this module, participants will be able to:**

- ☐ Understand the purpose of the QFP Recommendations
- ☐ Describe the scope of family planning, related preventive health, and other preventive services as outlined in the QFP
- ☐ Put into practice the quality counseling principles outlined in the QFP

## Section 1: The Quality Family Planning Recommendations

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*To listen to the audio version of this page, click the play button below.*



03:30

## Providing Quality Family Planning Services

### Recommendations of CDC and the U.S. Office of Population Affairs



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cme/conted.html>.



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

*Providing Quality Family Planning Services: Recommendations of Centers for Disease Control (CDC) and the U.S. Office of Population Affairs, often referred to as the QFP,*

**outlines how to provide quality family planning services.**

The goal of the QFP is to support agencies in offering family planning services that will help clients achieve their desired number and spacing of children and increase the likelihood that those children are born healthy. It also provides guidance for how to support the health of clients who choose not to have children.

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### **Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control (CDC) and the Office of Population Affairs**

[CLICK HERE](#)

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The QFP is divided into nine sections:

1

Overview of the steps to assess the needs of a client and decide what family planning services to offer

2

Contraceptive services

3

Pregnancy testing and counseling

4

Services to support clients in achieving pregnancy

5

Basic infertility services

6

Preconception health services

- 7 Sexually transmitted disease (STD) services
- 8 Related preventive health services
- 9 Quality improvement

This module focuses on the three categories of preventive health services outlined in the QFP, including the scope of family planning services listed above. It also provides opportunities to put into practice the quality counseling principles outlined in the QFP. Additional eLearning modules are available on [fpntc.org](http://fpntc.org) to explore these nine QFP sections in more detail.

The QFP outlines how to provide family planning services by:

- Defining a core set of family planning services for women and men
- Describing how to provide contraceptive and other clinical services, serve adolescents, and perform quality improvements
- Encouraging the use of the family planning visit to provide selected preventive health services

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**"Improving the quality of family planning services will lead to improved reproductive health outcomes."<sup>1</sup>**

The QFP incorporate the Institute of Medicine's description of health care quality, that is, "the extent to which health care services improve health outcomes in a manner that is consistent with current professional knowledge."<sup>2</sup>

The Institute outlines quality health care to be:

- **Accessible**—health services are available, without barriers
- **Client-centered**—care is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions
- **Effective**—services are based on scientific knowledge; provided to all who could benefit; not provided to those not likely to benefit
- **Efficient**—waste is avoided (including waste of equipment, supplies, ideas, and energy)
- **Equitable**—care does not vary in quality because of the personal characteristics of clients (sex, race/ethnicity, geographic location, insurance status, or socioeconomic status)
- **Safe**—services avoid injuries to clients
- **Timely**—waits and delays are minimal
- **Value**—care provides good benefit, such as lower cost of health care per person



## Activity: Elements of quality health care

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*To listen to the audio version of this page, click the play button below.*



### Instructions:

This exercise contains the list of elements important to quality health care. Match the element and description below.

# ELEMENTS OF QUALITY HEALTH CARE

This exercise contains the list of elements important to quality health care. Match the element and description below.

**ACCESSIBLE** \_\_\_\_

a) Care does not vary in quality because of the personal characteristics of clients.

**CLIENT-CENTERED** \_\_\_\_

b) Waste is avoided (including waste of equipment, supplies, ideas, and energy).

**EFFECTIVE** \_\_\_\_

c) Care provides good benefits, as in a lower cost of health care per person.

**EFFICIENT** \_\_\_\_

d) Care is respectful of—and responsive to—individual client preferences, needs, and values.

**EQUITABLE** \_\_\_\_

e) Health services are available without barriers.

**SAFE** \_\_\_\_

f) Waits and delays are minimal.

**TIMELY** \_\_\_\_

g) Services avoid injuries to clients.

**VALUE** \_\_\_\_

h) Services are based on scientific knowledge, provided to all who could benefit.

## **Correct Responses:**

Accessible (e) ; Client-Centered (d); Effective (h); Efficient (b); Equitable (a); Safe (g); Timely (f); Value (c)

# Scope of family planning services

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*To listen to the audio version of this page, click the play button below.*



01:17

**Family planning services fit within a larger set of preventive health services.**

The QFP divides preventive health services into three main categories:

- Family planning services
- Related preventive health services
- Other preventive health services



**Family planning services** include:

- Contraception for clients who want to prevent pregnancies or space births
- Pregnancy testing and counseling
- Services to achieve pregnancy
- Basic infertility services
- Preconception health services
- Sexually transmitted disease services



**Related preventive health services** include services that are:

- Beneficial to reproductive health
- Closely linked to family planning services
- Appropriate to deliver in a family planning visit, but do not contribute to the achieving or preventing pregnancy

Examples include cervical and breast cancer screening.



**Other preventive health services** include those not included in family planning services or related preventive health services, and those that are important to health but have no direct link to achieving or preventing pregnancy. Examples include screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis.

## Activity: Scope of family planning services

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*To listen to the audio version of this page, click the play button below.*



00:26

When determining client need, it is important to keep the scope of family planning services in mind and identify other preventive health services that you may need to refer your client to another provider for.

### Instructions:

This exercise contains a list of preventive health services. Drag and drop the white card into the square below, depending on if you think the service is a family planning service, related preventive service, or other preventive service.

# SCOPE OF FAMILY PLANNING SERVICES

When determining client need, it is important to keep the scope of family planning services in mind and identify other preventive health services that you may need to refer your client to another provider for.

This exercise contains a list of preventive health services. Put an “X” in the appropriate column, depending on if you think the service is a family planning service, related preventive service, or other preventive service.

	Family Planning Services	Related Preventive Services	Other Preventive Services
Contraceptive services			
Screening for breast and cervical cancer			
Basic infertility services			
Sexually transmitted disease services			
Lipid disorders			
Preconception health services			
Achieving pregnancy			
Nutrition and diet counseling			
Pregnancy testing and counseling			
Domestic and interpersonal violence screening and counseling			
Colorectal Cancer			

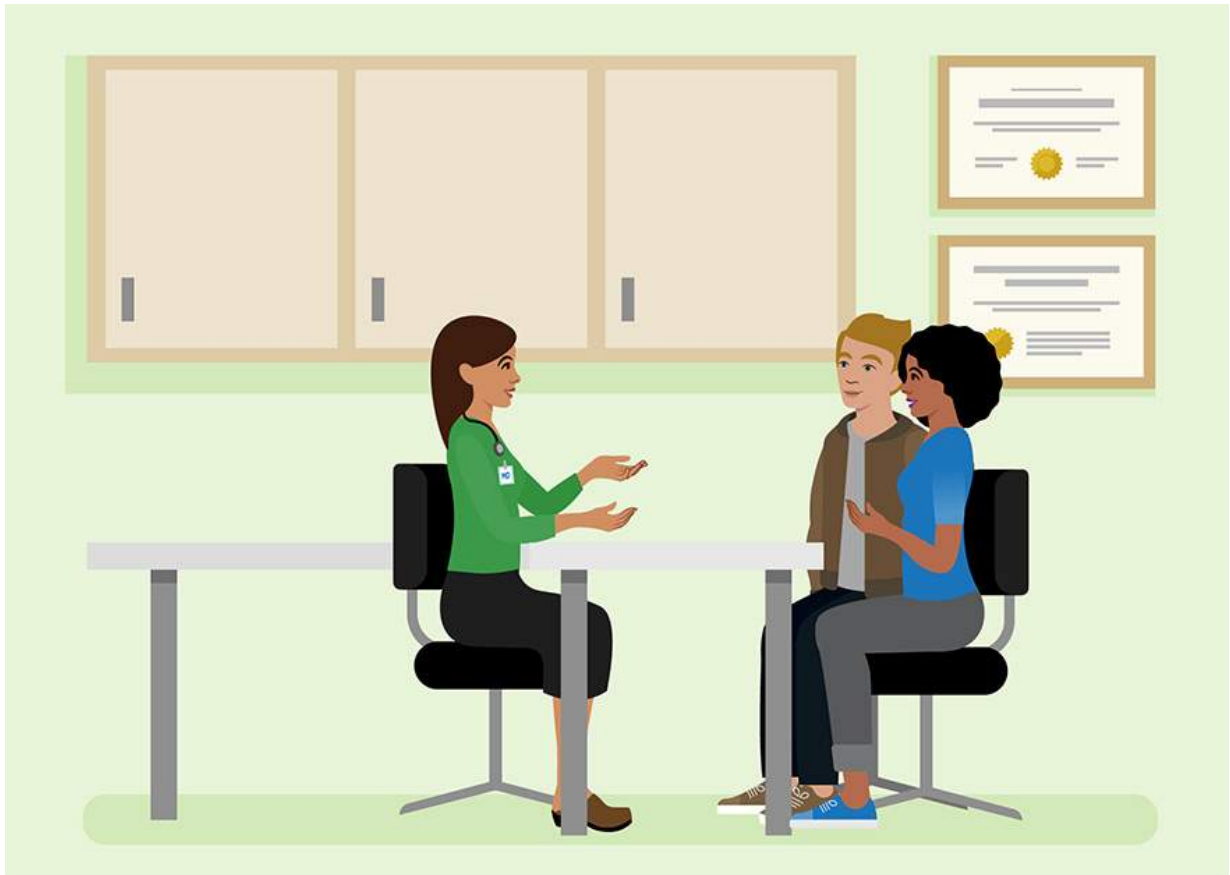
Adapted from Gavin L, Moskosky S, Marion C. et al. Providing Quality Family Planning Services  
Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR* 2014;63.

*This worksheet was supported by Award No. FPTPA006028-04-00 from the Office of Population Affairs (OPA).  
Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.*



## Section 2: Quality counseling principles

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**Providing quality counseling is an essential component of client-centered care.**

Meeting your client's needs and supporting their health are your primary goals when providing counseling related to preventing or achieving pregnancy and encouraging healthy

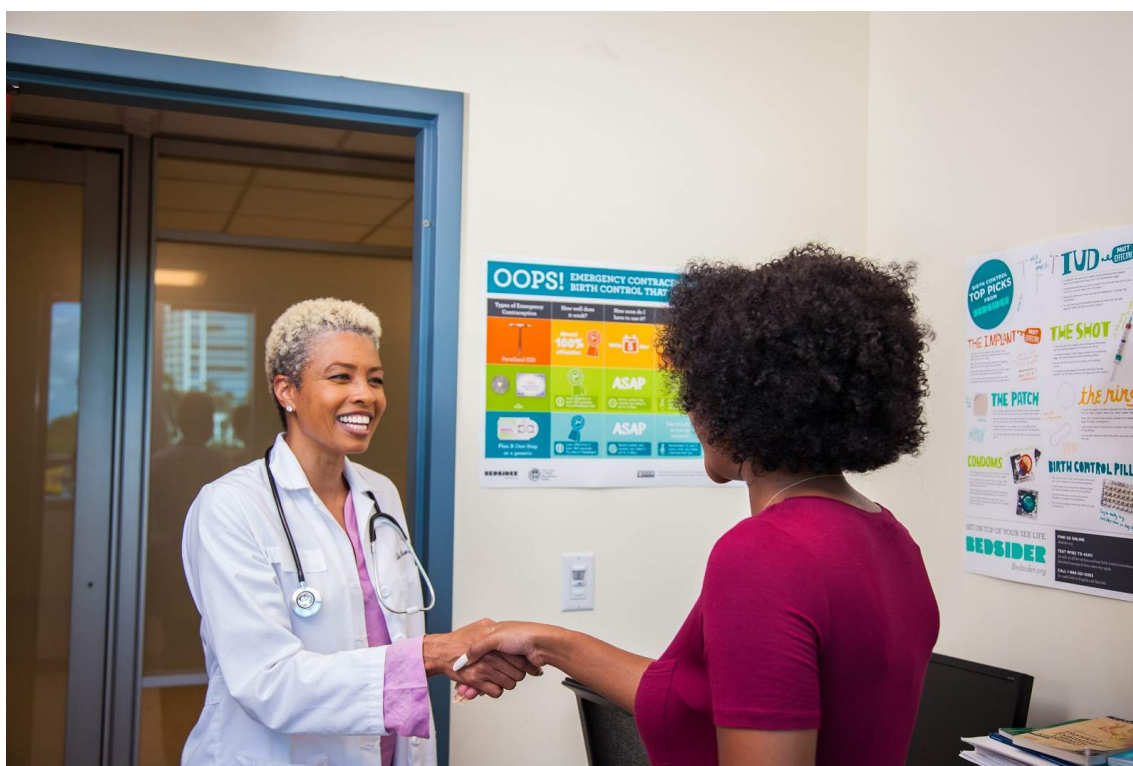
behaviors. Counseling is a process that enables your client to make and follow through on decisions.

The five principles for quality counseling as defined in the QFP are: <sup>1</sup>

### Principle 1: Establish and maintain rapport with the client

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Create a welcoming environment—greet your client warmly, show you care. Listen to and engage your client by asking open-ended questions. Explain privacy and confidentiality to help build a climate of safety and trust that will encourage questions at every stage of your client encounter.



### Principle 2: Assess the client's needs and personalize discussions

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Tailor your questions and conversation, so that your client's clinical needs, personal life considerations, and concerns are integrated into important education and decision-making discussions.



### Principle 3: Work with the client to establish a plan

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Address your client's personal goals by interactively exploring decision making and readiness for behavior change, if needed. Help establish a plan that will allow the client to achieve personal goals.



#### Principle 4: Provide information that can be understood and retained

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Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental, and in accordance with your client's plan at this time.



## Principle 5: Confirm client understanding

Give your client an opportunity to say—in their own words—the important information shared during the encounter. The goals of using this teach-back approach are to ensure client understanding and support success in their reproductive health choices.





## Video: Anna's contraceptive counseling visit

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*Click the play button below to start the video.*

**Counseling Adolescent Clients to  
Encourage Family Participation**



**PLAY**

# Personal values

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*To listen to the audio version of this page, click the play button below.*



00:44



**Personal values are things that are important to us.**



Family planning staff choose to do this work because they believe in and value the services they provide and the clients they help. Personal values and experiences contribute to the reactions staff have as they provide counseling. These reactions may offer opportunities to provide quality client-centered counseling or may pose some challenges that are important to identify and address.

Identifying and exploring your personal values and beliefs about family planning services will help you provide client-centered counseling that respects each client's unique life experiences and ensures positive health outcomes for that person.

## Audio: Importance of exploring personal values

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*To listen to the audio version of this page, click the play button below.*



00:32



In the 2-minute audio clip below, Dr. Christine Dehlendorf describes the importance of self-reflection to reduce bias in family planning services and provide quality client-centered care for all people. Dr. Dehlendorf is the director

of the Person-Centered Reproductive Health Program at the University of California, San Francisco and an Associate Professor in Residence in the Departments of Obstetrics, Gynecology, and Reproductive Sciences; Family and Community Medicine; and Epidemiology and Biostatistics.

*To listen to the audio, click the play button below.*



02:03

"Staff who provide contraceptive counseling have a professional and ethical commitment to focus on a client's needs and preferences, and to support patients in achieving their reproductive goals. However, all people including healthcare providers have been exposed to stereotypes related to race, gender, sexual orientation and other cultural identities. These internalized stereotypes or biases, while often unconscious, can affect our communication with clients, the questions we ask, the options we offer, the decisions we make. And this can interfere with our ability to provide equitable, client centered care. While the impact of these biases is important to consider in all areas of healthcare, with family planning care, it has added importance due to the fact that contraceptive care requires addressing issues that are private and are particularly sensitive to the personal and cultural beliefs, values, and practices of each individual. So how do we consider and address the potential impact of our biases? Self-awareness is a process of intentionally working to become more aware of our conscious and unconscious stereotypes and how they influence our interactions with clients. As professionals, it's our responsibility to engage in ongoing self-reflection related to how our biases as well as our values about contraception, sexual practices, relationships and other related issues may lead us to unduly influence a client's decisions or negatively impact their care experience through our words, actions, or even unconscious behaviors. What client characteristics or behaviors may negatively impact the care we provide for each person will vary, and may even vary by day and level of stress for each individual. Self-reflection allows us to identify these biases and build our personal strategies that will help us recognize and manage their impact on our interactions with clients. By doing this, we can all achieve our desired goal of providing the highest quality client-centered care for all."

# Activity: Exploring personal values

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*To listen to the audio version of this page, click the play button below.*



00:34

## Instructions:

Take a moment to reflect on your personal values.

- Click on the document below, “Exploring My Personal Values Worksheet.”
- Please complete the sentence stems as quickly as possible. Write the **first** thing that comes into your mind. Be **brief**—only a few words. Do not think too long about your answers.
- Reflect on your answers, think about your values, and consider how they may influence interactions with clients. Self-awareness will help you to provide quality and equitable care to all clients.
- Save this document so you can come back to it.

# EXPLORING YOUR PERSONAL VALUES

The goal for this activity is to identify your own values and potential biases (we all have them) and explore strategies to keep them separate from your role at the clinic. Identifying and exploring your personal values and beliefs about family planning services will help you provide client-centered counseling. This kind of counseling respects each client's unique life experiences and ensures positive health outcomes for that person.

Please complete these sentence as quickly as possible. Write the first thing that comes into your mind. Be brief—only a few words. *This worksheet is confidential—you will not need to share it with anyone.*

1. The best method of birth control is...
2. A person who uses emergency contraception repeatedly...
3. A man who doesn't use a condom but doesn't want to be a parent...
4. A woman who has six children...
5. A woman who smokes and says she just can't afford birth control...
6. The ideal method of birth control for teenagers...
7. The most risky method of birth control is...
8. A woman who does not know if she wants to be pregnant...
9. A person who says, "I just want a method that is natural..."
10. A person who does not want to be pregnant and wants their IUD removed...
11. People who use condoms every time they have sex...
12. Using natural family planning for contraception...
13. When a person is undecided about a birth control method, I would...

**Review your completed sentences above and reflect, asking yourself the following questions:**

- What kind of opportunities to provide client-centered counseling do my answers suggest/offer?
- What kind of challenges will need to be identified and addressed in order to provide quality client-centered counseling?
- What effective strategies have you used to separate personal values from your professional role?

*For training related to communicating with and serving diverse clients, complete the Cultural Competency eLearning course available on [fpntc.org](http://fpntc.org).*

# Client-centered communication skills

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*To listen to the audio version of this page, click the play button below.*



02:36



**Communication skills are important as you build trust with your client.**

Client-centered communications skills help you to build rapport, give and get information, and engage with your client from the moment an encounter begins and throughout it.

A client-centered approach includes treating each person as a unique individual with respect, empathy, and understanding. It also means providing easy-to-understand information based on your client's needs and goals; asking questions, listening thoughtfully, and responding appropriately.

## Strategies for Client-Centered Communication

### Show respect for each client and acknowledge their individual rights. —

This sounds like: "Clients who come here have had many different experiences with contraception. We want to find the method that is best for you. Do you have a sense of what is important to you when choosing OR when deciding on your birth control method?"

### Be non-judgemental from the start of the session. —

This sounds like: "Clients come to see us for a variety of reasons. What brings you here today?"

### Be aware of verbal and non-verbal communication. —

This looks like: Sitting down, uncrossing your arms, looking at the client, or maybe giving a reassuring smile.

### Ask appropriate questions focused on the health care needs identified. —

This sounds like: “You mentioned you want a contraceptive method that you don’t have to think about every day. There are several methods like that. Would you like to hear more about the patch, shot, implant, and IUD, and discuss if any of these methods might work for you?”

**Take time to learn about the community you serve, avoid assumptions.** —

This looks like: Talking to your Information & Education Advisory Committee members and asking if a new clinic brochure is suitable for the population served. Or talking to your clients about their individual practices. This sounds like: "You mentioned your religion is important to you; tell me more about how your religion influences your contraceptive method preferences."

For training related to communicating and serving diverse clients, complete the *Cultural Competency* eLearning course available on [fpntc.org](http://fpntc.org).



## Activity: The OARS model

*To listen to the audio version of this page, click the play button below.*



02:24

**OARS stands for Open-ended questions, Affirmations, Reflective listening, and Summarizing.**



OARS is a client-centered communication model of key skills that will help you create an interactive counseling session focused on your client's goals, needs, and preferences. It includes verbal and nonverbal responses and behaviors that need to be culturally sensitive and appropriate.

## **Introduction**

This exercise describes each step of the OARS model. Click through to read examples of questions to use during each step.

## Step 1

### Open-ended questions

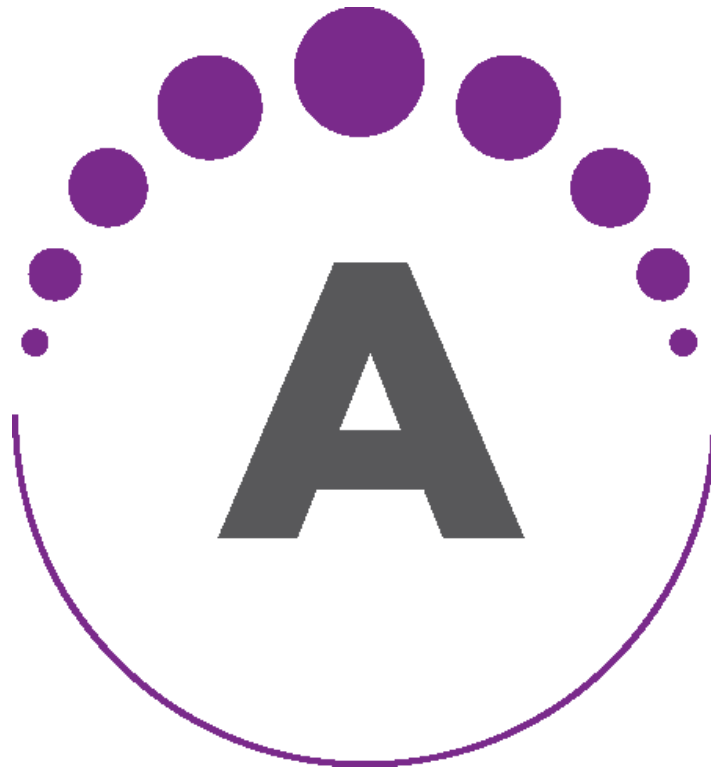


Open-ended questions engage the client and help you learn about their experiences and needs, and how you might help.

This sounds like: "Is there anything you would like to share with me about what's important to you that would help me give you what you need today?"

## Step 2

### Affirmations



Affirmations validate the client and acknowledge their strengths and accomplishments.

This sounds like:

“It’s great that you are here today. It’s not always easy to find time to make an appointment for yourself when you have small children.”

“It sounds like you’ve been really thoughtful about your decision.”

### Step 3

## Reflective Listening



Reflective listening is reflecting out loud the words, feelings, and behaviors that you see and hear from the client to make sure you truly understand.

This sounds like:

“When you talked about having irregular bleeding, your voice got really strong. This must be really frustrating for you.”

“When you said you don’t want to get pregnant right now, there were tears in your eyes.”

## Step 4

### Summarizing



Summarizing happens during and at the end of a session, when you explicitly restate what's been said so far, often to help you move to a new topic.

This sounds like:

“So we’ve been talking about what’s important for you right now—not getting pregnant and finishing school—and having birth control that really, really works! Shall we talk more about the methods that are really effective and easy to use?”

“We’ve talked about several methods and it sounds like you think an IUD might be a great choice for you. Tell me what you’ve heard are the most important points of using an IUD.”

## Summary

Using these skills will help establish and maintain rapport with your client, assess your client's needs, and personalize your counseling and education responses.

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**OARS Model—Essential Communication Skills Job Aid**

[CLICK HERE](#)

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## Activity: OARS in action

*To listen to the audio version of this page, click the play button below.*



00:10

### Instructions:

This activity gives you the opportunity to practice using the OARS model. Match each example sentence to the correct step of the OARS model below.



Who have you talked to about birth control?

Open-Ended Questions



It's great that you are here today. It's not always easy...

Affirming



Some of what I heard you say...

Reflective Listening



Let's go over what we have talked about so far.

Summarizing



# Communication styles

*To listen to the audio version of this lesson, click the play button below.*



00:22



**Family planning staff and clients may communicate in similar or different ways based on personal and cultural patterns.**

The two types of communication are:

verbal (words and sounds)

non-verbal (movements, facial expressions, touch, timing)

Both types of communication are important to be aware of when interacting with your client.

## Activity: Explore communication styles

*To listen to the audio version of this page, click the play button below.*



00:15

### Instructions:

In this activity you can explore the different ways people communicate. We will look at the communication styles presented by the provider, then the client. As you click on the graphic to explore communication styles, consider your own communication preferences.





## Eye Contact

Eye contact is a form of non-verbal communication. Eye contact can either be direct or indirect.

What are your preferences regarding eye contact?





### **Formality of Communication**

People may prefer to communicate through formal or informal language. Formal language is professional, structured, and does not include any slang words. Informal language is less rigidly structured, and uses a more casual tone.

What are your preferences regarding formal or informal language?



## Verbal Expressions

Verbal expressions can either be circular or linear. Those who prefer circular verbal discussions will use expressive language containing a large number of adjectives, idioms, and metaphors. Linear communication is clearly spoken out with precise words.

What are your preferences regarding circular or linear language?



## Personal Space

Personal space is a form of non-verbal communication. People may be comfortable with more or less personal space. Another way to look at this is whether someone is comfortable sitting close, or would rather stay at a distance.

What are your preferences regarding personal space?









## Verbal Messages

Verbal messages can either be given directly or indirectly. The direct style involves the use of explicit verbal message to communicate the speaker's needs, wants, goals, and desires. People more comfortable with direct verbal messaging tend to feel more comfortable saying no. This is in contrast to those more comfortable with indirect verbal messaging who tend to conceal and be more sensitive to the complexity of issues.

What are your preferences regarding direct or indirect verbal messages?



## Verbal Expressions

Verbal expressions are both emotive and rational. Those who prefer emotive verbal communication emphasize relationships, collaboration, and how they feel during conversations. Those who prefer rational verbal communication rely on information and data in their conversations, and are less comfortable discussing feelings.

What are your preferences regarding emotive or rational verbal communication?



## Touching

Touching is a form of non-verbal communication. People may or may not be comfortable with touching, especially with people they do not have a close relationship with.

What are your preferences regarding touching people?



## Quality education strategies

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*To listen to the audio version of this section, click the play button below.*



01:12



**Quality education includes providing accurate information in an interactive way, tailored to each client. Most importantly, it's informed by an understanding of**

**your client's needs, desires, current knowledge, and experiences.**

Quality education is an integral part of client-centered counseling. For example, you will use quality education strategies to support Principle 3: Work with the client to establish a plan and Principle 4: Provide information that can be understood and retained by the client.

A useful way to think about it is: **Education is used as a tool to support decisions and to inform preferences.** It is your responsibility to provide balanced information, explain benefits and risks in an accurate and neutral way, make sure your client has the information they need to make an informed decision, and explore concerns your client may have and sensitively correct any misinformation. It is up to your client to make their own decision, making it especially important that you ask the right questions, let your client do the talking, really listen, and offer accurate information in an effective and respectful way.

# Interactive counseling and education

*To listen to the audio version of this page, click the play button below.*



03:15



## **Counseling is an interactive process that enables your client to make and follow through on decisions.**

Providing quality contraceptive counseling is an essential component of client-centered care. Counseling is a dialogue; it's a conversation. Counseling includes exploring your client's experiences, feelings, and beliefs to help facilitate their decision making. The approach used in counseling is to help clients understand themselves better and to follow through on their decisions.

Education is an integral component of the counseling process that provides accurate information, so that clients can make informed decisions. Information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs and practices. The amount of information presented should be limited to essential points, and tailored to the needs and fill knowledge gaps of that individual. Education is never one-way; it should be interactive and engaging.

In your role providing family planning counseling, you will help your clients make informed decisions by applying quality counseling and education strategies. In the end, your client will make their own decisions.

Helping clients make informed decisions involves:

- Exploring your client's preferences for family planning services, including assessing knowledge and preferences.

- Using client-centered interpersonal skills, including building rapport through such techniques as asking open-ended questions, providing affirmations, and reflecting on your client's experiences.

- Providing tailored education that can be understood and retained by your client.

- Providing support for your client in identifying which services are the best match for their preferences.

Respecting how your client wishes to make decisions about their family planning services.

There may be a need to consider other decision-making factors in your client's life:

Personal life circumstances—such as homelessness and income, substance and/or alcohol use, or other life situations—may influence decision making.

Reproductive/contraceptive coercion could play a role in decision making. A partner or another person may have a major influence on a client's access to and/or consistent and correct use of a birth control method. Sexual coercion and sexual violence may also play a role, like if a client is being coerced or forced into sexual contact against their will.

Asking about the opinions of other people in the client's life (such as a partner or parent) or any other influences on family planning decisions should be considered and explored, as indicated.

An interactive client-centered decision-making process involves assessing and being guided by your client's preferences, while also making sure your client has complete and accurate information about all available methods. This interaction will always include discussion of the method's effectiveness, potential side effects and how the client might manage them, and other considerations in method choice that relate to each client's life and lifestyle.



## Activity: Counseling and education

*To listen to the audio version of this page, click the play button below.*



00:12

### Instructions:

This exercise contains a list of statements for counseling or education. Drag and drop the white card into the square below, depending on if you think the statement would be counseling or education.

Counseling

What do you know about the different methods of birth control?

What is the most important thing for you in a birth control method?

**What other methods have you used in the past...how did they work for you?**

**It sounds like you've heard things about IUDs that make you nervous...**

**How concerned are you about side effects with pills?**

**What things might get in the way of you returning to the clinic to get your shot**

**How might your partner feel about using a condom - every time you have sex?**

**Before you leave, what do you know about emergency contraception?**

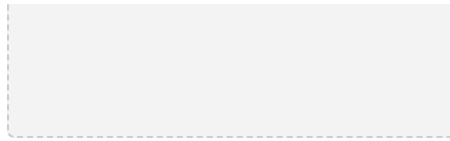
**Why do you think it is important to get tested routinely tested for STIs?**

**What have you heard can decrease a person's ability to get pregnant?**

**What might you do differently the next time to protect yourself against STIs?**

**How do you feel about discussing conception with your partner?**

**Education**



Now that we've talked about condoms, tell me how you'd use condoms step-by-step

If you can't make it in time for your shot, be sure to have a back-up plan

If one has side effects with a pill, a provider can make a prescription change

Emergency contraception's available over the counter. Where might you pick it up

The most effective methods if you don't want to get pregnant right now are...

Let me show you this chart, and we can talk about which methods would work best

We now have a lot of research showing that IUDs are really safe for most women

For a method to be effective, use it consistently and correctly

Women with female partners may also be at risk for getting an STI.

Some people don't realize that it's normal to take time to get pregnant

## Activity: Strategies for effective education

*To listen to the audio version of this page, click the play button below.*



00:11

### Instructions:

Click through these flashcards to view details on the top seven strategies for effective education. It is important to keep in mind each of these strategies when interacting with your client.

**Provide information that is  
clear and easy-to-understand**

- Keep it simple!
- Substitute a short word for a long one: “use”

**Use culturally and linguistically appropriate messages**

- Ask respectfully about your clients' beliefs, religion, or customs.

2 of 7

**Tailor information to the individual client**

- Focus on your client's needs and knowledge gaps.

3 of 7

- Tell your client about benefits and risks in an

## **Share balanced information**

accurate way.

4 of 7

## **Use clear numbers and comparisons**

- Frame your information with numbers use a consistent format and frame the information

5 of 7

## **Engage the client in an interactive conversation**

- Actively engage your client by asking questions and giving information that they

6 of 7

**Use teach-backs to confirm understanding**

- Ask clients to tell you, in their own words, what they're going to do

7 of 7

# Teach-back

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To listen to the audio version of this page, click the play button below.



01:30



The teach-back approach is one method for ensuring that your client understands the most important information shared during the counseling session.



## *First*

### **Assess Comprehension**

If there is still some confusion, you repeat, reassess, and summarize. Ask your client to say in their own words what they heard to be the important points of your discussion—do this in a way that doesn't challenge or make it sound like a test.

This sounds like: "To make sure I adequately covered all the important points, can you tell me what you understand about when to remove this patch, and when to put on another?"

## *Second*

### **Repeat**

If the points aren't covered well, discuss the information again.

- Keep it simple
- Present the information in small chunks that are easily remembered
- Go slowly and pause
- Allow for questions
- Use props like models, flyers, or diagrams, if applicable

This sounds like: "Here, let me circle information about when to change the patch."

### *Third*

#### **Reassess**

If you need to review important information, you may ask your client to give you the instructions or information once again. Then, determine again whether they retained what was most important.

This sounds like: “Great, could you tell me what you would do if you forgot to switch out the patch?”

### *Fourth*

#### **Summarize**

In a few words reinforce what your client should know and do.

This sounds like: “Perfect, change your patch on the same day every week.”

# Counseling scenario



## Counseling Jordana

Jordana is having trouble remembering to take the pill. She is talking with you, a family planning provider, about options. For each interaction, choose the best option to continue the conversation.

CONTINUE

### Scene 1 Slide 1

Continue → Next Slide



It sounds like it's challenging for you to remember to take your pill every day. Let's explore if another method might work better for you.

1 Do you have a sense of what is important to you about your birth control method?

2 Let me tell you about all of the contraceptive methods available...

## Scene 1 Slide 2

0 → Next Slide

1 → Next Slide



I hear you saying that you want a very effective method that you have control over. Have you considered the vaginal ring? Let me tell you a little about it so you can see if it is a good fit...

1 What questions or concerns do you have about the ring?

2 Do you agree the ring is a good fit?

## Scene 1 Slide 3

0 → Next Slide

1 → Next Slide



We have discussed several things today, including how the ring is used, how it might affect your period, and possible side effects. I would like to be sure I was clear.

1 Can you repeat to me what I just told you?

2 Can you tell me when you'll know it's time to remove and insert a new ring?

## Scene 1 Slide 4

0 → Next Slide

1 → Next Slide



Great. It sounds like you have a clear understanding of how to use the vaginal ring.

1 Thank you for coming in today.

2 Before you go, let's make sure you know what to do and how to get a hold of us if you have questions or concerns in the future.

## Scene 1 Slide 5

0 → Next Slide

1 → Scene 1 Slide 1



# Quiz

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Now we will **review** the information we have **covered** during this module. For each question, select the response you think is correct.

*Question*

**01/05**

The Quality Family Planning Recommendations (QFP) outlines how to provide family planning services by:

Defining a core set of family planning services for women and men.

Describing how to provide contraceptive and other clinical services, serve adolescents, and perform quality improvements.

Encouraging the use of the family planning visit to provide selected preventive health services.

All of the above.

*Question*

**02/05**

The Institute of Medicine (IOM) defines health care quality as:

Maintaining a desired level of health care service.

The extent to which health care services improve health outcomes in a manner that is consistent with current professional knowledge.

Inspecting a health care service to make sure it is working smoothly.

Question

03/05

Family planning services include:

*(Check all that apply)*

Basic infertility services

Contraception for clients who want to prevent pregnancies or space births

Preconception health services

Pregnancy testing and counseling

Screening for lipid disorders

Sexually transmitted disease services

Screening for breast and cervical cancer

Question

04/05

The five principles for quality counseling as defined in the QFP are as follows:

Assess the client's needs and personalize discussions

Provide information that can be understood and retained by the client

Establish and maintain rapport with the client

Work with the client to establish a plan

Confirm client understanding

All of the above

*Question*

**05/05**

In the OARS client-centered communication model, OARS stands for:

Open-ended questions

Assuming the client understands

Restating the same information in the same way

Summarizing

Open-ended questions

Affirmations

Reflective listening

Summarizing

Open-ended questions

Affirmations

Reflective listening

Sharing your personal opinion

## Conclusion

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*To listen to the audio version of this page, click the play button below.*



00:20

*This is the end of the [Introduction to the Quality Family Planning Recommendations](#) module.*

Thank you for joining us. Your feedback is important to us!

Please complete a brief evaluation of this module. After completing the evaluation, you can download your certificate of completion from your FPNTC training account.

### Course Evaluation



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# References

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