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# Train the Trainer: How to Facilitate a Values Clarification Exercise

*Ryan Training Program Webinar*

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Bixby Center  
for **Global**  
**Reproductive**  
**Health**

Jody Steinauer, MD, MAS  
*UCSF*

# How to Facilitate a Values Clarification Exercise (VCE)

## *Overview*

- **Identify target audience**
- **Consider logistics such as time, size of group, space**
- **Create objectives and plan structure**
- **Prepare for challenges**
- **Facilitate session**



# Potential Audiences

- **Medical students**
  - Pre-clinical
  - Clinical
- **Residents**
- **Faculty**
- **Nurses**
- **Counselors**
- **Other staff**



# Sample Objectives for VCE

- **To increase self-awareness about specific patient situations that make you feel uncomfortable.**
- **To understand the potential for a judgmental reaction or tone to interfere with the patient-doctor relationship and to develop strategies for preventing this interference.**
- **Family Planning Specific**
  - To become familiar with situations in which a woman might want an abortion
  - To develop compassion for women who face challenges in using birth control
  - To help determine the extent you will participate in abortion training



# Structure of Discussion

- **Small Group**
  - Less than 10
  - Can talk through each area in detail
- **Large Group**
  - 10 or more
  - Can have special challenges
  - Consider breaking into small groups for discussion
  - May only touch on the principles without getting into the details



# Setting the Tone

- **State your primary objective up front, as well as ground rules.**

Example: “We are going to talk about situations in which patients’ behaviors have made us feel uncomfortable. It is natural for us to feel judgmental or to react to patients’ behaviors that push our buttons. It is important for us to be aware of when we feel uncomfortable or judgmental and be prepared to handle it so that we can maintain a therapeutic relationship with the patient and provide patient-centered care.”

- **Don’t ask them to show you their written answers – let them know in advance.**
- **Openly share you own points of discomfort.**
- **Practice so you don’t react to students whose opinions make you uncomfortable.**
- **If the session focuses on abortion, it is important to disclose if you perform abortions.**



# Facilitating the Session

- **Introduction**

- Each participant shares a specific situation where a patient's behavior made us feel uncomfortable.
  - **Common Topics:** Patients who don't tell the truth or the full story, use substances, put their children at risk, don't do what we think is best, are mean to health care staff.
  - **Common Reproductive Health Topics:** women who have had many abortions, use substances during pregnancy, choose to continue pregnancy if they don't think she'll be a good mother.
- Emphasize the normalcy of reacting, feeling judgmental.
- Ask what they felt in the situation? How did they handle it? Did the patient notice that they were uncomfortable?
- Choose one example to ask why the group think the patient acted that way.



# General Feelings about Pregnancy Options

- **In general, how do you feel about your patients choosing abortion, adoption or parenthood?**
  - If the pregnancy threatens her physical health
  - If the pregnancy threatens her mental health
  - If the pregnancy involves significant fetal abnormality
  - If the pregnancy resulted from rape or incest
  - If she is not financially able to care for the child
  - If the pregnancy results from birth control failure
- **What are the reasons for your beliefs?**
- **What surprised you about your reaction?**
- **It's okay to challenge students.**

Adapted from *Obtaining Abortion Training: a Guide for Informed Decision-Making*. NAF, 1998.



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# Family Planning Behavior Challenges

- **Three potential scenarios:**
  - Too many Abortions
  - Does not want to use birth control in the future
  - Presents in the late 2<sup>nd</sup>-trimester for abortion



# Patient Expectations

**Let's consider a patient who comes to your clinic for a pregnancy test and it is positive. After reviewing her pregnancy options she desires an abortion and doesn't express any emotion about it. She does not appear sad, in fact, she asks you for a picture of the ultrasound for a keepsake.**

- How should a woman having an abortion act?
- How should a woman who is continuing a pregnancy act?
- How should a woman who miscarries act?
- Why do we have these expectations?
- How can we respect each person's process?

# Professional Responsibility

You are in an Ob/Gyn clinic seeing patients with an intern. A 17-year-old woman comes in for a pregnancy test that turns out to be positive. S/he performs an ultrasound, shows her the 7-week fetus, congratulates her and schedules her for a prenatal appointment in a few weeks. You notice that s/he does not mention the options of abortion and adoption to her.

Alternative: biased counseling toward abortion. “You want to finish high school, don’t you?”

- **What are our counseling obligations?**



# Discussion Strategy

- **Focus on reactions**
  - Discuss our reactions – emphasize that different people react differently
  - How might our reactions be viewed by patient
  - Compare to other challenging clinical situations
- **Increase awareness of patient's perspective**
  - Discuss why women may present this way
  - What could we ask her to broaden our perspective about pts in this situation
- **Goal**
  - How can we maintain a therapeutic relationship with patient? What can we do next time?

# How to Handle Difficult Discussions

- **“Isn’t it amazing how judgmental we can be?”**
- **Direct questioning**
  - “Thank you for sharing your opinion about why abortion is wrong. Can you talk about how you would handle a patient who tells you she wants an abortion? Or if you have a patient who is pregnant, how will you feel discussing her pregnancy options?”
- **Throw it back to the group**
  - “What does everyone think? This is a really important issue. If someone feels that abortion is wrong, what are their obligations to a patient in terms of counseling? What are their choices about how to handle it?”
- **Take a deep breath and don’t react**
  - While the voice in your mind says, “I cannot believe she just said that.”
- **Usual facilitation techniques if someone is dominating the conversation**
  - “Can I hear what someone else thinks about that?”
  - “Thank you for sharing. I’m sorry, but we have limited time. We need to move on.”

# VC Evaluation

- **Audiotape and analysis of sessions**
  - 5 sessions audiotaped
  - Content: Drug use (no interest in stopping, during pregnancy, lied about stopping), Chronic disease (not treating appropriately, repeat admission), IPV (current but unwilling to leave), Pediatrics (trauma due to inattention by parents), Difficult behavior (not treated with respect), Religious beliefs (transfusion), Inappropriate emotional display, Reproductive Health
- **Interviews of students**
  - 16 students interviewed



# Workshop Impact: Self Awareness

**I thought overall it was to be able to take a step back and to be able to identify in yourself one's values. And I think that can be in like the way we normally approach patients, what things are we thinking about and what reservations do we have, and then what does that mean in terms of how we interact with patients and how does that differ...And then once you've identified that, to sort of try and think about how you'll approach patients in the future and maybe in some ways to be aware of what you're bringing to the table. And if you find ways in which you think you could be better at providing care by being aware of those things and making differences, how can you come up with different strategies in order to be able to change that.**



# Workshop Impact: Patient Context

**For the couple of scenarios that people talked about where they didn't agree with a patient's decisions, we kind of explored a lot of the reasons why the patient might have made those decisions. And so I think it helped the students empathize with the patient and understand why they may have chosen what they chose, and in the future apply those skills again if we come upon a patient, which will happen, whose decisions we don't agree with, to kind of step back and realize that we don't know really everything that's going on in their life.**





# Workshop Impact: Patient Context

And to remember that as medical students and future doctors, we have a very specific kind of personality type, and way of dealing with the world that is often times very different from the general public in that, you know, for a doctor or medical student to, you know, take an anti-hypertensive medicine that has side effects, and you don't feel a great effect from every day, because it's good for you, makes sense. And we would do it, and we would never miss a pill. But for the general public, that's much harder to understand, and you know, half of patients or something don't do it. So to just keep that in mind, that we're often different; but also to try not to distance ourselves because of that, or feel superior because of that. Because, you know, we're still all human.

We were talking about getting an abortion at like 23 [weeks] and one of the students said – which I thought was really eye-opening – was people who just take forever to make decisions generally. Some people can say well I'm going to do this and I'm going to do that and others it just takes them a really long time, and I never thought of that, you know?...But the majority of people actually need time to think about things, which is huge, especially if you're going to have a baby. And I was like whoa, that's really true.



# Discussion



Department of Obstetrics,  
Gynecology and Reproductive  
Sciences

School of Medicine



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Thank You!



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# Interesting Case

- **I was following a woman in her labor at the private hospital in town, and she really bugged me. During the labor she focused only on how she looked, and she wouldn't let the husband see her during pushing or exams. She also was obsessed with how long it would take for her to become skinny again, and emphasized that she would definitely not breastfeed because it "is gross." She also talked a lot about what the baby would look like and how she hoped it wasn't fat. She even bragged about having a night nurse so she wouldn't have to stay up with the baby for three months.**

