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Exercise in Professionalism

Adapted from the longer training published by the National Abortion Federation

This small group professionalism exercise occurs during intern orientation and is then revisited during family planning rotation orientation. During the two-hour small group session, a group leader walks the interns through a series of exercises where they have to choose the patient most deserving of an abortion, rank patients from most to least deserving, and discern their comfort with certain patients continuing a pregnancy and becoming a parent. After each exercise, we discuss their responses. Ultimately, the exercise helps learners become more self-aware and provide them with tools and language to use when discussing challenging issues with colleagues and patients.

[Group Leader: Introduce self and lead group through introductions. Introduce the exercise by reading through the information below.]

As physicians, we are expected to be objective when providing patient care. But we all hold personal values that can influence how we respond to patients. Some of these values are very clear to us and easily articulated. Others exist at a deeper level and may influence how we treat patients without our awareness. Our values also change as we gain life experience and professional experience.

Professionalism is one of the core competencies that you are expected to learn during residency. As defined by the ACGME, professionalism includes the ability to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

As humans, we are judgmental people. Professionalism involves separating the judgments that we make as humans from the care that we provide for patients as professionals.

The following exercise is intended to help you reflect on some of your personal values regarding sexuality and reproduction and the ways in which these personal values may influence the patient care that you provide.

Ground rules:

1. Allow everyone to speak
2. Be respectful of others views

EXERCISE 1

[Group Leader encourages participants to take a moment to reflect on your own experiences with parenting, abortion, and pregnancy prevention. You will not be asked to share this information with the group, but it will provide a foundation upon which to build for the exercises to follow. I typically allow 5-7 minutes for this personal reflection and encourage participants to write their answers.]

If you do not have children, which of the following statements would apply to you?

- Do not want to have children
- Not ready to have children
- Infertility/difficulty conceiving
- Lack of opportunity
- Do not want to be a single parent
- Financial reasons
- Health Reasons
- Career goals
- Placed a child for adoption
- Loss of child

Have you had experience with any of the following, either as a child or family member?

- Welfare
- Mental Health Problems
- Drug or alcohol abuse
- Prenatal health risk of a mother
- Single parenting
- Divorce/blended families

For parents, have you experienced any of the following with your child/children?

- Health challenges
- Mental health issues
- Drug addictions
- Financial challenges
- Single parenting
- Divorce
- Death of a child

Consider how these personal experiences might complicate your ability to understand your patient's choices.

Which of the following apply to your experience with abortion?

- My partner or I have had an abortion
- I have accompanied a family member
- I have accompanied a friend
- I am aware that a family member or close friend had an abortion
- My partner or I have considered abortion because of pregnancy
- My family or I picket at abortion clinics
- No personal experience with abortion

If you or your partner has had an abortion, describe the positive and negative aspects of this decision.

How do you think your experiences with abortion have challenged or assisted in your objectivity as a physician when counseling a woman about her pregnancy options?

Have you experienced any of the following during your own experiences, or those of a partner, with birth control?

- Difficulty accessing birth control
- Parental disapproval
- Partner conflict
- Financial difficulties
- Misinformation
- Compliance difficulty
- Lack of preparation
- Failure of method
- Medical contraindication
- Use influenced by drugs or alcohol
- Assumed partner was using
- Cultural difference

Have you or your partner experienced side effects of birth control including allergic reaction, weight gain, mood changes, irregular bleeding, nausea, pain, change in sexual performance, acne, change in sexual pleasure, or change in libido?

How many times have you or your partner changed birth control?

How have these personal experiences strained or assisted your objectivity when you discuss birth control and pregnancy with patients?

EXERCISE 2

[Group Leader: In order to provide appropriate options counseling for women faced with an unintended pregnancy or a pregnancy complication, it is important to examine our own comfort level and consider the circumstances that might challenge our neutrality.]

Sometimes we feel comfortable with one woman's decision to have an abortion but feel challenged by the circumstances surrounding another woman's decision.

Consider your reactions to the following circumstances and then we will discuss as a group]

- I can accept a woman's abortion decision in any circumstance when she has made an informed and voluntary decision.
- I can accept a woman's abortion decision in certain circumstances including:
 - to end a pregnancy that threatened her life
 - to end a pregnancy that threatened her physical health
 - to end a pregnancy that threatened her mental health
 - to end a pregnancy involving a significant fetal abnormality
 - to end a pregnancy resulting from rape or incest
 - to end a pregnancy resulting from birth control failure
 - to end a pregnancy if the woman is unmarried
 - to end a pregnancy if the woman is in an unstable relationship or is not in a relationship
 - to end a pregnancy if the woman does not want any more children
 - to end a pregnancy if the woman is not financially able to care for a child
 - to end a pregnancy if the woman feels she is not ready for the responsibility of a child
 - to end a pregnancy if a child would interfere with educational or career goals
 - to end a pregnancy if the woman is unready for how a child could change her life
 - to end a pregnancy if the woman is very young
 - to end a pregnancy if the woman has not had a previous abortion
 - to end a pregnancy because of gender
- I find abortion unacceptable under any circumstances

[Group Leader now asks if any members are comfortable discussing their response to the question. Some probing questions include:

- Did anyone fall on the extremes of the spectrum where they find abortion acceptable in all circumstances or under no circumstances? Are you able to explain why?*
- Was anyone surprised by their response to this question? Why?*
- For those who are in the middle and found certain circumstances acceptable, are you able to articulate how you drew your boundary? Which circumstances in particular challenged you?]*

EXERCISE 3

[Group Leader: As health care providers, we carry inherent biases based on our own personal values and life experiences. We are going to explore some of these biases through the following exercise that asks us to make tough decisions about rationing care. Remember it is hypothetical.]

You are on a hospital committee tasked with deciding which of the following patients may have the one abortion left in the hospital's quota for the year.

- ___ 12 year old incest victim
- ___ 15 year old rape victim
- ___ 22 year old carrying a fetus with a severe deformity
- ___ 24 year old heroin addict who already has three children in state custody
- ___ 26 year old single mother how has a young child with leukemia
- ___ 30 year old with 2 children whose husband recently died in a car crash

[Group Leader Discussion Questions:

- Which person did you choose? Why?*
- How did you differentiate between the 12 year old incest victim and the 15 year old rape victim?*
- What role did age play in your choice? Why was that important?*
- For anyone who chose the 22 year old carrying a fetus with a severe deformity, what are you valuing by offering her the one abortion left in the quota? Why did her case appeal to you? What are your concerns about her not being allowed to have an abortion?*
- For anyone choosing the heroin addict, what were your concerns if she continued her pregnancy? What values does your choice reflect?*
- For anyone choosing the single mother whose other child has leukemia or the woman whose partner recently died, what were your concerns about her continuing her pregnancy? Why did you feel she was most deserving?*
- How did you decide who to choose?*
- How did it feel to be the person who had to decide?*
- Can you imagine yourself breaking the news those not chosen that they would not be able to have an abortion because of the quota?]*

The six women below have come to you requesting an abortion. Because of circumstances beyond your control, you can only refer one of them for an abortion. Rank the cases from 1 (most want to refer) to 6 (least want to refer).

- ___ Gloria is 14 years old, unsure about what to do. She has supportive parents.
- ___ Louise is 19 years old, has two children and has had two previous abortions.
- ___ Selma is 24 years old, a student in medical school and engaged to be married. She wants to begin her career before starting her own family.
- ___ Eileen is 29 years old, single, and pregnant with an IUD in place.
- ___ Margaret is 35 years old, divorced, pregnant from a one-night encounter, her first sexual experience following her divorce.
- ___ Dorothy is 45 years old, married with 3 grown children. Neither she nor her husband wants any more children.

[Group Leader Discussion Questions:

- Who did participants choose as the most deserving and least deserving? Why?*
- Did you find that you were able to rank these cases easily or was it difficult? Can you articulate why?*
- Often participants voice concern about the lack of detail in the cases as a hindrance to deciding. What are the similarities of this situation with what you might face in clinical care? What details did you populate their stories with in order to make your decision? Where did those details come from?*
- How did it feel to rank these people? What personal values were identified for you in the way that you ranked them? Value on responsibility? Education? Career? Quality of life? Future potential of a child? The ability to plan a family? Others?]*

EXERCISE 4

[Group Leader: Abortion can be a charged issue that raises strong emotions or feelings for many. However, we also make judgments about parenting and these can show up in our daily work and influence our patients and the students that we teach.]

Indicate your first emotional response to each woman described below who is choosing to **continue her pregnancy and become a parent**. Mark the line to identify your feelings.

Cindy is 20, has been unsuccessful in her attempts to overcome her cocaine addiction of two years. She has one child in foster care. She is on welfare and does not have a steady boyfriend.

Very comfortable _____ Very Uncomfortable

Sarah is 16, living at home with her adoptive parents. Her birth mother was 13 when she gave her up for adoption. She feels she would be disloyal to her birth mother if she did not go through with the pregnancy because her mother continued her pregnancy.

Very comfortable _____ Very Uncomfortable

Kaiya is 36, has 3 children, all girls, ages 8, 6, and 4. She has not imagined having more than 3 children but her husband is hopeful that this pregnancy will be a boy. She feels her husband's wishes are important and is sympathetic to his desire for a boy. They are in a secure financial position.

Very comfortable _____ Very Uncomfortable

Liza is 30, pregnant for the first time. She has not told her husband she went off birth control because he says he is not ready for children and will be ready in a year or two. She states she is sure he will change his mind. She says she would not be emotionally or financially prepared to be a single parent.

Very comfortable _____ Very Uncomfortable

Karen is 46, broke up with long term partner who doesn't want a child, will have to go on welfare, but has always wanted a child. She has limited family support and has a history of depression, although it is now controlled with medication.

Very comfortable _____ Very Uncomfortable

[Group Leader Discussion Questions:

-Which women made you very comfortable versus very uncomfortable?

-What can you learn about the things that you value from this exercise?

-How might these types of judgments show up in your interactions with patients?

-How did this exercise make you feel? Were there any surprises for you?]

EXERCISE 5

[Group Leader: If time allows...We also make judgments about adoption.]

Indicate your first emotional response to each woman described below who is choosing to **continue her pregnancy and make adoption arrangements**. Mark the line to identify your feelings.

Jen is 28, has just found out she is 14 weeks pregnant. She was adopted at birth by an older North American couple who brought her from South America. She is an artist, her boyfriend a student, both carrying large student loans. She feels she has a responsibility to her birth mother to through a pregnancy and place her baby for adoption. Her partner tries to remain neutral but is visibly very upset.

Very comfortable _____ Very Uncomfortable

Vicki, age 28, has a history of mental health problems but is capable of making her own decisions. She is 15 weeks pregnant and has not told the man involved in the pregnancy. She is canceling her abortion appointment because she has seen a TV show about women who can't have children and she was very moved by their plight. She has decided she would like to place her baby for adoption to help infertile couples.

Very comfortable _____ Very Uncomfortable

Anna is a single parent of two children. She had sex with an ex-husband who is re-married. She says she cannot afford another child and does not feel comfortable with abortion. She has not told her ex-husband about the pregnancy. She says she has decided to place the baby for adoption to a distant relative.

Very comfortable _____ Very Uncomfortable

Tiffany, age 15, wants to continue her pregnancy and place her baby for adoption to a loving couple she met at her friend's church. Her parents are upset and want to "talk some sense into her." They believe it is in Tiffany's best interest to have an abortion. Tiffany says she is not ready to be a parent and does not "believe" in abortion.

Very comfortable _____ Very Uncomfortable

April, age 33, has recently broken up with her boyfriend. She is devastated about the pregnancy but she does not think she could reconcile abortion with her spiritual beliefs. Her friends and family are trying to influence her to continue the pregnancy and raise the child with their help but she thinks she would not be able to provide a life that she has imagined for a child. She has decided to place her baby for adoption. Her boyfriend is upset but does not want to become a parent.

Very comfortable _____ Very Uncomfortable

[Group Leader Discussion Questions:

- Which women made you very comfortable versus very uncomfortable?*
- What can you learn about the things that you value from this exercise?*
- How might these types of judgments show up in your interactions with patients?*
- How did this exercise make you feel? Were there any surprises for you?]*

Conclusion

[Group Leader: I want to thank you all for participating openly in this discussion. This is the beginning of a process that you are about to undertake as you embark on your training. I hope that this exercise will give you some new tools to use to reflect on your judgments, which are inevitable, and the ways in which they may show up in your patient interactions.

Does anyone have any final thoughts that they want to share?

I encourage everyone to follow up with me personally if there was anything that came up for you today that you didn't want to discuss in this group.]