Appendix A: Role Plays' Instructions, Observation, Checklist, and Scenarios

Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name, gender (male or female) and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Assess the client's reproductive health (RH) goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client's visit.
- Facilitate the client's decision-making process.
- Integrate information and services related to other RH issues as appropriate.
- Help the client act on her or his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Role Play Observation Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist.
- Review the case-specific issues on the observer information sheet for the role play.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues in the space provided.
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs.

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Ensured that the client met the medical eligibility criteria for the method she chose
- Helped the client carry out her decision

Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client information sheet and make sure you understand your character's situation.
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female.

During the interaction, offer information *only* when the provider asks relevant questions. Use th information given in your client information sheet to respond to the provider's questions. Feel free t ask questions of the provider.

Role Play Observation Checklist for Clinicians

Case: _____ Provider: _____ Client: _____ Observer: _____ Date: _____

Overall: Communicate Effectively and Maintain Rapport	**Yes**	**No**	**N/A**
Shows respect and avoids judging client			
Maintains relaxed, friendly and attentive body postures and eye contact			
Uses simple, clear language			
Uses open-ended and probing questions correctly			
Listens carefully to client (paraphrases and reflects)			
Asks client about feelings (and shows empathy)			
Encourages client participation			
Explains what will occur during visit and procedures			
Ensures client understanding and corrects misunderstandings			
Uses job aids appropriately			
Offers to involve client's partner			
Records data according to protocols			
Establish Rapport and Assess Client's Needs and Concerns			
Greets client appropriately			
Ensures confidentiality and privacy and that client is comfortable			
Asks about reason for visit			
Asks about client's partner(s), children, family, sexual behavior, health			
Asks about plans to have children, desire for FP (e.g., spacing, limiting)..			
Explores STI risk and what client does to avoid STIs			
Identifies areas to evaluate during physical exam (if indicated)			
Provide Information and Options Related to Client's Concerns			
Advises on preventing STIs (i.e., abstain, fewer partners, use condoms)			
Advises on achieving desired pregnancy as safely as possible			
Explains benefits of FP and healthy spacing			
Helps client identify FP methods suited to her or his needs			
Gives information on FP methods of interest			
Responds to other client questions or concerns			

Help Client Make an Informed Decision or Address a Problem	**Yes**	**No**	**N/A**
Asks client if he or she has any questions about methods of interest			
Asks client to choose a method			
Uses screening checklist to determine if client can use the method			
Agrees on decision or plan in partnership with client			
Provide Assistance to Support Client's Decision			
Gives contraceptive method and condoms for dual-method use, if needed			
Explains and/or demonstrates correct use			
Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration			
Reminds client about side effects and reasons for returning			
Gives treatment, supplies, medications (as indicated)			
Role plays or rehearses negotiation skills and helps client plan approach.			
Arranges follow-up, resupply, and referral to other services, as needed			
Case-Specific Observations or Questions:			
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Role Play Observation Checklist for Community Health Workers

Case: _____ CHW: _____ Client: _____ Observer: _____ Date: _____

Overall: Communicate Effectively and Maintain Rapport	**Yes**	**No**	**N/A**
Shows respect and avoids judging client			
Maintains relaxed, friendly and attentive body postures and eye contact			
Uses simple, clear language			
Uses open-ended and probing questions correctly			
Listens carefully to client (paraphrases and reflects)			
Asks client about feelings (and shows empathy)			
Encourages client participation			
Explains what will occur during visit and procedures			
Ensures client understanding and corrects misunderstandings			
Uses job aids appropriately			
Correctly records information on data-collection forms			
Establish Rapport and Assess Client's Needs and Concerns			
Greets client appropriately			
Ensures confidentiality and privacy and that client is comfortable			
Asks about reason for visit			
Asks about client's partner(s), children, family, sexual behavior, health			
Asks about plans to have children, desire for FP (e.g., spacing, limiting)			
Explores STI risk and what client does to avoid STIs			
Provide Information to Address Client's Identified Needs and Concerns			
Informs client when needs/concerns are beyond CHW capability			
Advises on preventing STIs (i.e., abstain, fewer partners, use condoms)			
Explains benefits of FP and healthy spacing			
Helps client identify FP methods suited to her or his needs			
Gives information on FP methods of interest			
Responds to other client questions or concerns			

Help Client Make an Informed Decision or Address a Problem	**Yes**	**No**	**N/A**
Asks client if he or she has any questions about methods of interest			
Asks client to choose a method			
Uses screening checklist to determine if client can use the method			
Agrees on decision or plan in partnership with client			
Help Carry Out Client's Decision			
Gives contraceptive method and condoms for dual-method use, if needed			
Explains and/or demonstrates correct use			
Asks client to explain or demonstrate correct use, and reinforces client's understanding and/or corrects client's demonstration			
Reminds client about side effects and reasons for returning			
Role plays or rehearses negotiation skills and helps client plan approach.			
Arranges follow-up, resupply, and referral to outside services, as needed			
Case-Specific Observations or Questions:			
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Combined Oral Contraceptives (COCs)—Clinicians

Role Play Scenario 1—Adolescent client is interested in and is eligible for COCs

COCs Scenario 1—Client Information Sheet	COCs Scenario 1—Observer Information Sheet
Client Description You are a 17-year-old female who has been counseled about the benefits of using family planning by a nurse at the antenatal clinic. You were pregnant but miscarried one month ago. You read the pamphlet on family planning method options that was given to you by the provider at the clinic and have made a decision about which method you believe best suits your needs. **Offer this information *only* when the provider asks relevant questions:** • You have had a steady boyfriend for about six months. • Your boyfriend was taking antibiotics recently after he went to see a doctor at the STI clinic. • You do not use condoms. • Your last period started five days ago and were very regular each month prior to the miscarriage. • You feel healthy and have no health problems. • You would like to have a child someday, but your boyfriend says he is not ready, so you have chosen to use COCs because you believe that COCs would best suit your needs.	**Make note of whether the provider performs these case-specific tasks:** • Asks about the client's reproductive health goals, fertility intentions, and life plans • Ensures that the client understands the contraceptive options described in the pamphlet, including emergency contraception, and has made an informed choice to use COCs • Determines the client's medical eligibility using the COCs screening checklist • Provides COCs, instructions on correct use, including what to do if pills are missed, and information about resupply • Encourages her to be tested for STIs • Explains the benefit of using condoms and offers couples counseling to support correct and consistent condom use • Discusses benefits of healthy timing and spacing of pregnancies, noting it is best to wait until at least age 18 and at least six months after miscarriage before attempting to become pregnant **Methods for which the client is eligible:** • COCs • DMPA or NET-EN • Implants • Male or female condoms • Standard Days Method®

Combined Oral Contraceptives (COCs)—Clinicians

Role Play Scenario 2—Postpartum, partially breastfeeding client is interested in and is eligible for COCs

COCs Scenario 2—Client Information Sheet	COCs Scenario 2—Observer Information Sheet
Client Description You are a 23-year-old woman and have come to the clinic because your seven-month-old baby has a mild fever. You use this visit to ask about pregnancy spacing. You do not want another child for at least two years. **Offer this information *only* when the provider asks relevant questions:** • You are interested in COCs but your husband is not in favor of the idea; he believes the pills could harm the baby through the mother's milk. • You stopped fully breastfeeding a month ago, but you are still partially breastfeeding. • Your monthly bleeding returned two weeks ago, and since then you have not had sex because your husband is traveling. • You have no medical problems. • You feel comfortable talking to your husband about contraception.	**Make note of whether the provider performs these case-specific tasks:** • Asks about the client's reproductive health goals, fertility intentions, and life plans • Ensures client understands pregnancy risk; no longer protected by LAM • Addresses her husband's concern; provides information about COCs and breastfeeding and corrects misunderstandings • Confirms eligibility for COCs using the checklist • Provides COCs, instructions on correct use, including what to do if pills are missed, and information about resupply • Offers couples counseling, particularly if the husband needs further reassurance about the safety of COCs **Methods for which the client is eligible:** • COCs • DMPA or NET-EN • Implants • IUD • Male or female condoms

Combined Oral Contraceptives (COCs)—Clinicians

Role Play Scenario 3—Client requires management of COC side effects and review of instructions for missed pills

COCs Scenario 3—Client Information Sheet	COCs Scenario 3—Observer Information Sheet
Client Description You are a 20-year-old woman who has never been pregnant. A month ago you purchased COCs from a nearby pharmacy. You have been taking the pills every day for one month but have been experiencing nausea and spotting. When you told your friend about this, she suggested that you stop taking the pills because you might be pregnant. You stopped taking the pills two days ago and have come to the clinic to see if you are pregnant. **Offer this information *only* when the provider asks relevant questions:** • You are in school and do not want to become pregnant for at least two years. • You last had sex nine days ago, but you were taking the pills. • You do not think that you are pregnant, but you are concerned about the nausea and spotting. • You were taking the pill in the morning before school or after class in the late afternoon. • The two pills that you skipped were the brown ones in the last row. • You have experienced mild nausea, but no vomiting. • You have no health problems.	**Make note of whether the provider performs these case-specific tasks:** • Asks about the client's reproductive health goals, fertility intentions, and life plans • Assesses the risk of pregnancy and rules it out based on the fact that the client took all active (hormonal) pills consistently and correctly. • Discusses common COC side effects, particularly during the first few months, and offers reassurance • Recommends taking the pills with meals or before bed to reduce nausea symptoms • Suggests taking the pills at the same time each day to reduce spotting • Provides missed pill information: instructs client to throw away the two inactive pills that she missed and take the next pill in her pack today • Offers resupply or encourages the client to purchase a new pack of pills ahead of time • Reviews the benefits of using condoms (dual protection) to prevent HIV/STIs **Methods for which the client is eligible:** • COCs • DMPA or NET-EN • Implants • IUD • Male or female condoms

Combined Oral Contraceptives (COCs)—Clinicians

Role Play Scenario 4—Older client with concerns about eligibility is interested in and is eligible for COCs

COCs Scenario 4—Client Information Sheet	COCs Scenario 4—Observer Information Sheet
Client Description You are a 41-year-old woman with three teenage boys and a two-year-old girl (who was a surprise baby following the removal of an IUD). You and your husband have been using condoms every time you had sex, but you don't feel they are reliable enough. You are interested in COCs but are concerned that you might be too old for this method. **Offer this information *only* when the provider asks relevant questions:** • You have no serious health problems and have a regular menstrual cycle. • You used the IUD in the past but were not pleased with the heavy bleeding and cramping. • You would like a method that maintains your normal bleeding cycle and reduces cramping, which is why, after reading a pamphlet on FP methods, you are interested in COCs. • You are not interested in sterilization at this time. • Your last period started 21 days ago.	**Make note of whether the provider performs these case-specific tasks:** • Asks about the client's reproductive health goals, fertility intentions, and life plans • Asks about methods the client has used in the past and what she liked or didn't like about them and whether there are any methods she does not want to consider • After client reveals COCs as her method of choice, discusses benefits (based on the client's responses, COCs would be an ideal method because this method maintains a normal bleeding pattern, reduces cramping, and is reversible) • Confirms medical eligibility for COCs using the checklist • Provides COCs and instructions on correct use and on resupply **Methods for which the client is eligible:** • COCs • DMPA or NET-EN* • Implants* • IUD • Male or female condoms • Standard Days Method® * Although the client is medically eligible, these methods would not be appropriate because the she wants a method that maintains regular menstrual cycles.

Combined Oral Contraceptives (COCs)—Clinicians

Role Play Scenario 5—Breastfeeding client with HIV is interested in but is *not* eligible for COCs

COCs Scenario 5—Client Information Sheet	COCs Scenario 5—Observer Information Sheet
Client Description You are a 28-year-old woman who is HIV-positive. You have brought your six-week-old baby for early infant diagnosis (PCR test for HIV) to the MCH/PMTCT clinic. You want to make sure that you and your baby are healthy before trying to have another pregnancy in about two years. **Offer this information *only* when the provider asks relevant questions:** • You are exclusively breastfeeding and planning to wean abruptly at six months. • You are interested in COCs and have used them before. • You feel healthy, and four months ago your CD4 was 800. • Your husband is HIV-positive and is on highly active retroviral therapy (HAART).	**Make note of whether the provider performs these case-specific tasks:** • Asks about the client's reproductive health goals, fertility intentions, and life plans • Determines the client's eligibility using the checklist (at this time she is not eligible; initiation of COCs should be delayed until the infant is six months old, unless she stops breastfeeding prior to six months) • Discusses other contraceptive options that the client may be eligible to use including LAM; describes how LAM works and the need to start another method if one of the criteria changes • Discusses the importance of using condoms (dual protection) even when both partners are HIV-positive **Methods for which the client is eligible:** • LAM • DMPA or NET-EN • Implants • IUD • Male or female condoms