GRACIE: Good afternoon and welcome to our series, Putting the QFP into Practice. The first webinar in the series is “How to Begin: Determining the Client’s Need for Services. My name is Gracie Askew and I will be your host today.
Disclosures

**PROVIDER UNIT:** Cardea Services

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Successful completion of this continuing nursing education (CNE) activity includes the following:

- Attending the entire CNE activity;
- Completing the online evaluation;
- Submitting an online CNE request.

**GRACIE:** I want to remind you all that this webinar will be approximately 45 minutes including time for Q and A at the end. In order to get **Continuing Nursing Education**, participants must attend the entire event, complete the online evaluation at the end of the webinar, and submit an online request. At the conclusion of the webinar we will give information on how to request CNEs.
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The planners and presenters of this CNE activity have disclosed no conflict of interest including no relevant financial relationships with any commercial companies pertaining to this CNE activity.

GRACIE: The planners and presenters of this activity have disclosed no conflict of interest including no relevant financial relationships with any commercial companies pertaining to this CNE activity.
GRACIE: I’d like to now hand you over to our two presenters, Kimberly Aumack Yee and Johanna Rosenthal who are both from Cardea Services, one of the Family Planning National Training Centers. Sue Moskosky, Acting Director from the Office of Population Affairs will also be available during the Q & A portion towards the end of the webinar.

KIMBERLY: Hello, everyone!
My name is Kimberly Aumack Yee and as Gracie said, I have with me today Johanna Rosenthal. (JOHANNA: Hello, everyone!) We’re glad to be starting off this series today with “How to Begin – Determining a Client’s Need for Services, AND we’re also going to be giving you a brief glimpse, or preview of the rest of our series.
How to Begin – Determining the Client’s Need for Services: An Overview

1st – Providing Quality Family Planning Services (QFP)

2nd – Clinical Pathway and examples of transitional statements and questions

3rd – Other training and resources

Close with Q & A

KIMBERLY:
First we will offer a brief overview of the “revised Title X guidelines” – called Providing Quality Family Planning Services, Recommendations of the CDC and the US Office of Population Affairs – for short, “the QFP.”

Second we will use the QFP’s Clinical Pathway as a roadmap or way to guide you through the array of services that can be offered, as well as provide some easy examples of how a clinic staff person might use “transitional statements” to comfortably explore the need for these services.

Third we’ll tell you about the rest of the PUTTING THE QFP INTO PRACTICE series, as well as other resources that will become available in the next few months.

At the end of this webinar, we’ll give you an opportunity to ask any questions that you may have. Our goal today is to provide a window into these Recommendations that are intended to be a comprehensive approach to delivering quality services that focus on improving health outcomes.
JOHANNA:
Given the very comprehensive QFP Recommendations, where do you begin? Determining which services are appropriate to offer, and how to start the conversation is an important first step. Therefore we’re kicking off our Series with a focus on “How to Begin—Determining a Client’s Need for Services”.

Our objectives for this session are that you will be able to:
• Describe how the Clinical Pathway can be used as a framework to help determine a client’s need for services. Some of you may already be familiar with this pathway if you’ve looked through the QFP.

AND you’ll be able to:
• Transition from addressing a client’s stated need to exploring the need for additional family planning and related preventive health services.

This webinar is designed more specifically for health educators, counselors, medical assistants, clinic managers, nurses and other members of the health care team. However, it’s also applicable to all staff interested in the basics of determining client need and those who are interested in learning about our series, “Putting the QFP into Practice”.

How to Begin—Determining a Client’s Need for Services

Objectives:
• Describe how the Clinical Pathway can be used as a framework to help determine a client’s need for services
• Transition from addressing a client’s stated need to exploring the need for additional family planning and related preventive health services.
KIMBERLY: Before we start, we want to talk a little bit about the Providing Quality Family Planning Services Recommendations, because this session and the whole series is based on these recommendations.

Some of you may not know about the QFP.... Or you may know about it but have questions about how best to apply these recommendations in your own clinic setting.

Providing Quality Family Planning Services was published in the CDC’s Weekly Report in April 2014.

It was developed collaboratively by the CDC and the Office of Population Affairs of the U.S. Department of Health and Human Services.
KIMBERLY: For those of you familiar with the previous 2001 Title X Guidelines which included “requirements AND recommendations” all in one document, the new, revised Title X program guidance is now two distinct documents:
You see here on the left the QFP which are the clinical recommendations, and on the right are the “Program Requirements” or statutes, regulations and policies.
Evidence-informed

The recommendations are evidence-informed guidelines for all service delivery providers of family planning and reproductive health services.
The QFP

- Integrates existing guidelines
- Fills in the gaps
  - Describes how to work with males and adolescents
  - Emphasizes the role of providing various services
  - Highlights the role of quality improvement in health outcomes

**KIMBERLY:** This figure provides a visual image of how the QFP is related to other guidelines, such as CDC’s STD treatment guidelines, Medical Eligibility Criteria or Selected Practice Recommendations.

The QFP complements existing guidelines in two ways. First, it integrates existing guidelines that are appropriate for use in the family planning setting.

These guidelines are often used in a siloed, isolated manner and we hope that integrating them into a combined set of guidelines appropriate for the family planning setting will make them more accessible and useful to clinical providers.

The QFP also goes one step further, and fills in the gaps in existing guidelines. For example, the QFP provides new recommendations about contraceptive counseling, and shows how this can be integrated with the Medical Eligibility Criteria and the Selected Practice Recommendations.

The QFP also describes how to work with male clients, and how to address the special needs of adolescent clients. Other areas in which the QFP makes unique contributions are in emphasizing the role of helping clients achieve as well as prevent pregnancy, describing how to provide pregnancy testing and counseling services, and highlighting the role that quality improvement can play in improving health outcomes.
KIMBERLY: When thinking about “determining client need,” what is the scope of our services? ..... In the orange circle you see here, are the family planning services, right in the center of the graphic.

All of these services are related in some way to preventing or achieving pregnancy. However, these services are embedded within a broader framework of preventive health services.

Our agencies provide many important services, and you want to make sure that your clients receive all of the services that are appropriate for them, whether they are provided that day, or during another return appointment, or through a referral to go elsewhere.

The important thing is to determine and address your client’s needs and to offer other services that are clinically recommended.

Johanna’s going to talk you through all of these services as described in the clinical pathway.
JOHANNA: Thanks, Kimberly. As we said, the Clinical Pathway serves as a roadmap to services, and what we mean by that is that it’s a great visual for showing you the range of topics to consider when assessing a client’s need for services.

-In the blue box at the top, you see first, assessing the reason for the visit, source of primary care, and reproductive life plan. If the reason for the visit is related to preventing or achieving pregnancy, the client would receive services in these four orange boxes on the left. These services could include contraceptive services, pregnancy testing and counseling, achieving pregnancy and basic infertility services. Clients coming in for any of these services should also be assessed for the need for STD and possibly Preconception services depending on clinical recommendations.

--And, below are related preventive health services (such as breast and cervical cancer screening) that should also be provided or referred as needed, per clinical recommendations.

-Now, if you look to the far right, at the green boxes, the primary reason for the client’s visit is NOT related to preventing or achieving pregnancy. But, clients seeking non-family planning-related services such as a pap test or flu shot, may ALSO be in need of these services. For this reason we see the green arrow pointing back to the services for preventing or achieving pregnancy, if needed.

So now that you can see the Clinical Pathway “framework” – based on the QFP – let’s talk about how you can introduce these services to your clients.
The Challenge

How do you COMFORTABLY move from addressing your clients STATED need to talking about OTHER needed services?

KIMBERLY: The challenge for many of us, is how to comfortably move from addressing your clients stated need or reason for their visit, to talking about these other possible services, and determining if they are needed?
We will provide examples of...

- **Transitional statements** that help bridge from one topic to another
- **Questions** that help you briefly explore other possible needed services
- **Confirming statements** that help you show you have heard and are attending to what the client has told you

**JOHANNA:** Well, we’re going to give you examples of transitional statements a way to bridge from one comment or topic to another that may seem somewhat unrelated, and questions to ask to help you briefly explore with your clients other possible needed services.

In some instances we also give examples of confirming statements that help you show you have heard and are attending to what the client has told you.

The rest of the series will go into detail about how to further probe and counsel clients in need of these other service areas. Today is an overview and how to begin.

Remember...all clients don’t need all of these services, just the ones that are clinically recommended. So how do we begin?
JOHANNA:
Let’s look at the Clinical Pathway again.
These are all the kinds of services that you’re likely to offer at your site OR at least provide local referrals to for clients who may need these services, if they are unable to get them at your site.

Let’s start at the top, determining the need for services among female and male clients...
JOHANNA:
As I mentioned earlier, the pathway starts with determining the client’s stated reason for the visit. It is very important to start first and foremost with acknowledging and addressing the client’s reason for the visit.
KIMBERLY: And it’s also important to remember that your site MAY be the only place where your client is receiving health services. That’s why it’s important to ask a question at the top of the Clinical Pathway about source of primary care.

Are you the only source of care for your client? If so, it’s that much more important to assess your client’s need for other services, and then address these needs if time. OR, have the client come back later if there isn’t time to address all the needs that could possibly come up.

IF, however, your client receives other services elsewhere, you can make a referral and remind them to see their other provider for the needed service.

Also, you don’t want to duplicate an STD or preconception service that may already have been addressed by another provider.
KIMBERLY: Assuming you’ve already asked about their reason for the visit, now you have to work in the question about source of primary care. We want to know: Does your client have another source of primary health care?

An example of a transitional statement could be: We provide a broad range of services here—which we can offer if you don’t already get these services somewhere else.

Then we can ask the question: Do you get health services anywhere else?

If the response is “no,” then the medical assistant would document that, and this would cue the clinical provider to address preconception health and STD services as well as other related preventive health services.
Determining the need for services among female and male clients of reproductive age
- Assess reason for visit
- Assess source of primary care
- Assess reproductive life plan

**JOHANNA:** And what about the much talked about Reproductive Life Plan? Why is it so important?
Reproductive Life Plan

- Is important for women AND men
- Helps clients think concretely about pregnancy or parenting intentions – now or in the future
  - Prevent a pregnancy?
  - Become pregnant or start a family?
- Informs decision-making about preventing or achieving pregnancy

JOHANNA:
Well the reproductive life plan helps both women AND men, of all ages and life circumstances think concretely about her or his pregnancy or parenting intentions – either now or in the future, and the reality of preparing today for plans to have (or NOT have) children in the future.

The questions help to determine to what extent the client is interested in preventing or achieving pregnancy now. It can also help in identifying the importance of selecting a highly effective method of birth control if pregnancy is not desired now.

If your client WANTS to start a family OR is at risk of unintended pregnancy, it can help you assess the need for preconception care. This way women, men and adolescents have a personal context for thinking about their reproductive life plan at this point in their lives.
Reproductive Life Plan

Transitional Statement:
I’d like to ask you some questions, unrelated to the reason of your visit. Some of them may feel personal, however we ask these questions of all our clients to help us provide quality, preventive health care.

Questions:
• What are your thoughts about having children in the future?
• Are you interested in getting pregnant now?

KIMBERLY: But what’s a comfortable way to bring up this topic?

JOHANNA: That’s a good question.

A transitional statement could be: “I’d like to ask you some questions, unrelated to the reason for your visit. Some of them may feel personal; however we ask these questions of all our clients to help us provide quality, preventive health care.

And then you can ask questions like:
What are your thoughts about having children in the future? Are you interested in getting pregnant now?
KIMBERLY: Johanna, what if your client is male? Let’s imagine he is a young man about 24, Latino, living in the central valley of California, and he comes to the clinic for a work physical. I know many think that it’s more awkward to ask a man these questions.

JOHANNA: Yes, it certainly can feel this way. But you can use, if not the same, a very similar statement to begin, and then you would ask, “Are you interested in starting a family now?” rather than getting pregnant now.

And there are more questions you can ask to help the person think concretely about when and if they want to have a child in the future.

These questions and other details will be further explored in our webinar on Reproductive Life Planning, next Thursday, February 26th (now scheduled for March 19, 2015).
JOHANNA: So, if your client wants to prevent pregnancy or become pregnant, they would be offered the appropriate combination of services in the top orange boxes: Contraceptive services, pregnancy testing and counseling, achieving pregnancy or basic infertility services.

So let’s move into talking about contraceptive services.
Contraceptive Services

Confirming Statement:
“You mentioned that you are not interested in getting pregnant for quite a few years....”

Question:
Are you using a method of birth control now?

- (If yes) How is that method working for you?

- (If no) We have a wide range of safe, effective and easy-to-use birth control methods. Would you like more information about them?

KIMBERLY: Sure..... Let’s say you just discussed a woman’s reproductive life plan and she tells you she is not interested in getting pregnant for many years. It is often helpful to begin a discussion about contraceptive services with a confirming statement like:

“You mentioned that you are not interested in getting pregnant for quite a few years....”

And then you’d ask a question like, What method of birth control are you using, or, have you used in the past?

Or you could say, Are you using a method of birth control now?

If yes... How is that method working for you?

If no... We have a wide range of safe, effective and easy-to-use birth control methods. Would you like more information about them?
Pregnancy Testing and Counseling

Confirming Statement:
Hi, Ann, my name is Kimberly. I see you came here today for a pregnancy test.

Question:
Tell me about what prompted you to want to get a pregnancy test?

KIMBERLY: And what about pregnancy testing and counseling...If someone comes in requesting a pregnancy test, you can start with a confirming statement that’s welcoming and puts the client at ease.

“Hi, Ann, my name is Kimberley. I see you came here today for a pregnancy test.”

Then you can ask:

Tell me about what prompted you to want to get a pregnancy test?

This is a great way to learn about whether or not she wants to be pregnant. If she doesn’t, it can also give you information about if she’s using a birth control method and how well she’s been using it.

If the result of the test is negative, and she didn’t want to get pregnant, it’s an opportunity to provide information about safe and effective methods.
Pregnancy Testing and Counseling

- Gay
- Lesbian
- Bisexual
- Transgender
- Questioning
- Heterosexual

Who needs pregnancy testing?

KIMBERLY: Keep in mind, that sometimes clients who identify as gay or lesbian may have intercourse with a person of the opposite sex from time to time or unexpectedly, and you may have bisexual clients who need a pregnancy test as well.

Also you can’t assume what a transgender client may be at risk for in terms of pregnancy. Therefore, it’s important to recognize and be sensitive to the fact that ALL clients, regardless of how they present their sexuality or gender, may come in for a pregnancy test.
JOHANNA:

So back to the Clinical Pathway...if your client wants to become pregnant, she would be offered the appropriate combination of achieving pregnancy or basic infertility services.
JOHANNA:
Let’s talk about clients who WANT to get pregnant AND those who might need basic infertility services.
If when discussing the reproductive life plan a woman wants to get pregnant or the couple has had difficulty conceiving, they may need some tips.

It might be useful for them to know how to determine the fertile days of the menstrual cycle, know how often and when to have intercourse, and to get other resources and referrals.

Here’s a sample confirming statement: “We talked about your desire to get pregnant as soon as possible... We have trained staff who can talk with you about fertility and the key factors related to your most fertile time of the month.”

And then you’d ask: “Would you like to talk with one of our staff?” You could also ask: “About how long have you been trying to get pregnant?”

The answer will let the staff counselor or clinician know if this counseling session will be focused on achieving pregnancy or also probably include information on basic infertility and access to infertility resources.
JOHANNA: So returning to the Clinical Pathway... we’ve covered the first set of services in the four orange boxes that are directly related to preventing or achieving pregnancy. How do you explore the need for the next set of services, STD and Preconception Services?
KIMBERLY: Let’s start with STD services. I think many people don’t think about STDs or perhaps assume they aren’t going to be the unlucky person to get an STD so it’s not on their radar or if it is, it can be hard to talk about - they may fear others would judge them negatively if they bring this up.

JOHANNA: Yes, that’s right. Often clients come in for Family Planning services, concerned about pregnancy, but they aren’t thinking about how the behaviors that put them at risk for pregnancy also could put them at risk for STDs. They also may not realize how easily STDs can be transmitted or they may not have any symptoms.
Kimberly: Let’s say a client comes in for a visit because her period’s late. She’s concerned about getting pregnant and wants a pregnancy test. She uses condoms as her birth control method, but not consistently. What are some good ways to bring up the subject of STD testing? What would you say?
Sexually Transmitted Disease Services

Possible Transitional Statements:

A. “Pregnancy is not the only thing you need to be nervous about. You could have also gotten an STD. You need to be really careful if you have more than one partner. How many partners do you have? Do you have any symptoms?”

B. “The same things that put you at risk for being pregnant also put you at risk for getting an STD. I’d like to ask you some questions about your sexual health. They may feel like very personal questions, but know that we ask all our clients these questions so that we can provide the best care possible.”

KIMBERLY: I’ll read two possible transitional statements and you can click on the Feedback button and choose “yes” if you think it’s the best one. Remember, your Participant Panel must be open to see the Feedback button and it looks like a checkmark. So first I’ll read both statements:

Statement A. “Pregnancy is not the only thing you need to be nervous about. You could have also gotten an STD. You need to be really careful if you have more than one partner. How many partners do you have? Do you have any symptoms?”

OR

Statement B. “The same things that put you at risk for being pregnant also put you at risk for getting an STD. I’d like to ask you some questions about your sexual health. They may feel like very personal questions, but know that we ask all our clients these questions so that we can provide the best care possible.”

Let’s start with statement A. Click on Yes if you like A best and No if you don’t

Now let’s look at statement B. Click on Yes if you like B best and No if you don’t.

Ok, it looks like most people prefer B which is correct.
Why is that? Statement “B” begins the discussion in a nonjudgmental, non-blaming way. It lets the client know that the questions to come may feel personal, and explains WHY we ask these questions—because we want to provide the person with the best care possible.

**Sexually Transmitted Disease Services**

Tell me about your partners......

**Question:**
How do you protect yourself from HIV and other infections you could get from having sex?

**KIMBERLY:** After beginning with a transitional statement like “B”

**The next question or prompt could be:**
Tell me about your partners......then you can pause, and listen to what the person says.

Then, you can ask a more specific question like:

How do you protect yourself from HIV and other infections you could get from having sex?

This is just an example of how to begin the conversation about partners, sexual behaviors and risk assessment, and the STD Counseling and Education webinar in our series will focus on this topic.
Preconception Health Services

• Support healthy pregnancy and birth outcomes

• Support the overall health and well-being of both women and men

JOHANNA: Now let’s talk about Preconception health services. These include assessments and services that are beneficial because they can support healthy pregnancy and birth outcomes as well as support the overall health and well-being of both women and men. For example, maintaining a healthy weight, eating healthy foods, not smoking or using drugs are all behaviors that are important in order to be healthy.

The CDC recommends that preconception health services be offered to both women AND men, regardless of childbearing intentions.
Preconception Health Assessment

- Medical history
- Reproductive life plan and sexual assessment
- Exercise and Nutrition
- Environment exposures to chemicals and other substances
- Intimate partner violence
- Tobacco/alcohol/other drugs
- Immunizations
- Depression
- Physical assessment of weight and height (BMI), blood pressure
- Diabetes risk assessment questions

Johanna:
For preconception health assessment there are a lot of things to ask about, including: medical history, reproductive life plan and sexual assessment, exercise, healthy diet and the need for folic acid for women, and the other things on this list.
Preconception Health Services

Prioritize screening and counseling for:
• Couples trying to start a family
• Women not using contraception or using a less effective method

KIMBERLY: However, you don’t need to offer these services to EVERYONE.

JOHANNA: That’s right. In the family planning setting, staff may prioritize screening and counseling for couples who are trying to start a family and women who are not using any contraception or are using a less effective method.

And, it’s always important to assess for and offer preconception health services based on the clinical recommendations.

Remember, the delivery of preconception, STD and related preventive health services should not become a barrier to a client’s ability to receive services related to preventing or achieving pregnancy. If other family planning services cannot be delivered at the initial visit, then follow up visits should be scheduled.
Preconception Health Services

Transitional Statement:
I’d like to ask you some questions that we ask everyone, women and men about their health behaviors and lifestyle. This is important because having healthy behaviors now, helps support a healthy pregnancy and baby should you decide to start a family. It also supports your overall health and well-being.

KIMBERLY: That said, what transitional statement might you use to begin a conversation about preconception health services?

JOHANNA: Kimberly, in bringing up the STD services we talked about a minute ago, the way you explained that “we ask all our clients these questions” really helps to normalize, or make clients realize that they’re not being singled out in any way. This really works when wanting to assess your clients’ needs for any other services such as preconception health.

So here’s our transitional statement again– this time for asking about preconception health services:

I’d like to ask you some questions that we ask everyone, women and men, about your health behaviors and lifestyle. This is important because having healthy behaviors now, helps support a healthy pregnancy and baby should you decide to start a family. It also supports your overall health and well-being.

Then you’d begin your screening questions.
KIMBERLY: As you may recall, we began the visit with a question about the source of primary care. As we had said earlier, if your client does NOT have another source of primary care, then the medical assistant would document that, and this would cue the clinical provider to explore the need for other Related Preventive Health Services.
Related Preventive Health Services

- risk of breast cancer
- cervical cancer screening
- clinical breast exam
- mammography
- genital exams for males

KIMBERLY: These services could include asking about any family history that would suggest an increased risk for breast cancer, clinical breast exams and breast and cervical cancer screening, mammography and for males, genital exams.

If your agency doesn’t offer these services it is important to have strong links to other community providers— to make sure clients have access to these important services through referrals.

These services should be provided based on the clinical recommendations included in the QFP, regarding frequency of screening, who should be screened and what procedures should be used.

For example, women younger than 21 would not be screened for cervical cancer; and women 21 to 65 are only screened every 3 or 5 years, depending on the type of test used.
KIMBERLY: So now we’ve discussed providing services to clients who come in, interested in either preventing or achieving pregnancy, so all the services in orange.

But let’s look back at the Clinical Pathway, and think about those clients who come in for another reason – a visit that’s NOT related to pregnancy at all.....and the importance of the reproductive life plan questions for these clients as well.
KIMBERLY: Some of you may work in a primary care setting and your client comes to you for acute care, or for chronic care management or another preventive service. It could even be a pap test or an STD test, but it’s still not related to preventing or achieving pregnancy.

After addressing the reason for the visit, it would still be important to also assess the need for services related to preventing or achieving a pregnancy.

You can see that the green arrow leads you back to provide these services if needed. For example, someone may be in need of contraceptive services even if that wasn’t the reason for their visit.
JOHANNA: Yes, and there are many reasons why someone may not be using contraception (even if they don’t want to get pregnant). So it’s important to be prepared to possibly talk about this, even if the reason for the visit is not family planning-related.

Some people may not want to get pregnant, or cause a pregnancy now, but haven’t consciously made a decision to use a contraceptive method.

A teen girl whose had sex before and didn’t get pregnant may be thinking “I don’t have sex very often...” OR “I didn’t think I could get pregnant...” OR I haven’t gotten pregnant yet”...

Some people may have misinformation about the safety of contraception or have concerns about method side effects. They may have heard stories of unsatisfactory experiences from others.

This is another reason why the reproductive life planning questions are so important, whether the reason for the visit is related to sexual and reproductive health or not.
JOHANNA: I know often staff say there isn’t TIME to talk about all of these topics and services.

KIMBERLY: Absolutely.
**It’s Important to….**

- Understand WHY and WHICH services are important to offer
- FOLLOW the QFP clinical recommendations!
- Always be client-centered
- Consider what can be done at a follow-up visit
- Remember that you’re part of a TEAM!

Providing Quality Family Planning Services, Recommendations of CDC and the U.S. Office of Population Affairs, Appendix C for “Principles for Providing Quality Counseling.”

**KIMBERLY:** This is why, first of all, it’s important to understand WHY and WHICH services should be offered, and to follow the QFP’s clinical recommendations. Some services may not be appropriate.

You also need to be client-centered and actively listen for information that will guide you. And consider what needs to be done now versus in a follow up visit.

Remember that you’re a part of a health care team, each with a different important role...MAs, counselors and educators may begin the assessment and help determine which services are needed during initial intake, while clinicians build on this, further assessing clients’ needs and following clinically recommended practices of care.

Although this is not a counseling skills training, we do want to acknowledge that your communication skills are really important elements when assessing a clients’ needs in a quality way. See the QFP, Appendix C for Principles for Providing Quality Counseling.
Remaining client-centered, and following the clinical recommendations, is key to providing quality family planning services.

**KIMBERLY:** Our goal today was to introduce you to the array of services that are included in the QFP Recommendations. We shared with you examples of transitional statements and key questions to help you begin the conversation to assess which services are most appropriate for your client.

That said, your questions always need to be tailored to your client. Remaining client-centered, and following the clinical recommendations, is key to providing quality family planning services.
Putting the QFP Recommendations into Practice Series

Webinars
- Integrating Reproductive Life Planning into Your Family Planning Session
- Achieving Pregnancy: Education and Counseling
- Basic Infertility Services: Education and Counseling
- Following Clinical Recommendations for Basic Preconception Health Services
- Sexually Transmitted Disease Services: Assessment and Counseling

JOHANNA: To help you do this, the rest of the “Putting the QFP into Practice Series” that will be offered throughout the spring will address all of these different kinds of visits that we have been talking about today. The series will offer five more webinars that will cover:

- Reproductive Life Planning
- Achieving Pregnancy
- Basic Infertility Services
- Basic Preconception Health Services
- STD Assessment and Counseling
Putting the QFP Recommendations into Practice Series

eLearning Courses and Tools

- Five Key Steps in Providing Contraceptive Services
- Pregnancy Testing and Counseling (with video)

Family Planning Training Centers website: fpntc.org

JOHANNA: We’ll also offer two eLearning courses:
- Five Key Steps in Providing Contraceptive Services
- and Pregnancy Testing and Counseling which will include a video.

Other trainings, with a special clinician focus, will be available on these same topics. Please check the Family Planning National Training Center website for more information.
Providing Quality Contraceptive Counseling and Education
A Toolkit for Training Staff

- Five Principles of Quality Counseling
- Communication skill-building
- Training activities (with step-by-step instructions)
- Training materials (worksheets and practice scenarios)

JOHANNA: Another great resource we’ll be offering is a “toolkit” on Providing Quality Contraceptive Counseling and Education.

The materials in the toolkit include job aids on the principles of quality counseling and communication skill building, and training activities and materials that you can do together with staff during a staff meeting or training, to practice using the knowledge and skills described in the series.
KIMBERLY: It’s now time to begin our Question and Answer period. Remember, if you want to type in a question, type it in the Q and A window, select “To all panelists” and hit return or send. We’re very happy to have Sue Moskosky from OPA with us to address your questions. Welcome, Sue!

SUE: Thank you. I am glad to be here. Glad that all of you could join this afternoon. We are very eager to hear what questions you might have as we are moving forward with implementing the QFP. Take advantage of our availability and ask questions.

A document entitled “Responses to the Q & A” will be available soon!
GRACIE:
If you have any problems with completing the evaluation or requesting your certificate, please call our Training Coordinator, Jana Dolsen, at 510-835-3700.

Thank you again, and have a wonderful rest of your day.