Session 8: Clinical Practicum

Objectives
- To practice counseling skills in an actual PAC setting
- To provide feedback and discuss lessons learned in skills practice

Training Methods
- Practicum (during normal clinic or hospital hours)
- Large-group discussion

Materials
- Flipchart paper, easel, markers, and tape
- Transparency 8-A: Sample Postabortion Counseling Checklist (page 172)
- Handout 8-A: Counseling Observation Checklist (page 143)
- Handout 8-B: Client Interview Guidelines (page 145)
- Client-education materials

Advance Preparation
1. Prepare a flipchart listing the objectives of this session.
2. Schedule practicum assignments with the service site well in advance.
3. Review all handouts and make one copy for each participant.
4. Gather client-education materials on postprocedure care, family planning, or other appropriate topics.
5. Obtain permission from site staff and from clients for the participants to counsel the clients.
6. Assign each participant to a supervisor or trainer.

Session Time (total): 1/2 day to 1 day
SESSION 8 TRAINING STEPS

Session Time: 1/2 day to 1 day

Activity 1: Presentation/discussion (30 minutes)

1. Present an overview of the practicum process:
   - The participants will work individually with clients, preferably seeing a client through all three phases of postabortion care. Supervision, either by a site staff person or by a member of the training team, will be provided at all times.
   - Other participants can observe a colleague who is counseling a client. Handout 8-A: The Counseling Observation Checklist can be filled out immediately following the observation or during breaks in counseling. (This may work best if the participants are grouped in teams of two to work together throughout the day, with one observing when ever the other is counseling.) (Note: During the practicum, the participants can also refer to the Sample Postabortion Counseling Checklist, Transparency 8-A, on page 172.)
   - Other participants can “interview” a client before she leaves the service site, using the Client Interview Guidelines (Handout 8-B).

2. Distribute and review Handouts 8-A and 8-B.

Activity 2: Practicum (during normal clinic or hospital hours)

1. Instruct the participants and trainers to arrive at the site prior to the beginning of service delivery so they can be involved in preprocedure counseling.

   TRAINING TIP

   Each participant should counsel at least two clients before, during, and after the procedure. This will allow them to see the range of situations they may encounter and reinforce the lesson that they must tailor their counseling style and content to the particular client. The priority is for the participants to counsel postabortion clients, due to the specific nature of this curriculum. If there are not enough postabortion cases at the site, the counseling skills can be applied to other clients receiving maternity care (after the counseling information content is adjusted accordingly).

2. Instruct the participants and trainers to stay on-site as long as there are clients available for counseling. Coordination with site staff is crucial; the presence of the workshop participants and trainers should not delay or interrupt their services.

Activity 3: Discussion (1 hour)

1. Discuss the practicum experience at the end of the day. To begin, ask each participant to summarize his or her case in two or three sentences.

2. Then ask each participant the following questions:
   - How did it feel to counsel a “real” client?
   - Do you feel that you communicated effectively with your client?
   - Do you feel that you were able to help the client?
If so, in what way were you able to help?
If not, what will enable you to help clients in the future?
- Do you feel like you were sufficiently prepared to talk to the client?
  If not, what will enable you to talk to clients in the future?
- What lesson(s) have you learned from the experience that may be applied in your own work setting?

3. Share the observations recorded on the Counseling Observation Checklist (Handout 8-A).

4. Summarize by going around the room and asking the participants how they will apply what they learned in their own work setting:
- Each participant must identify at least one change that he or she will make as a result of this experience in the way he or she works with clients.

**TRAINING TIP**

As the participants identify which changes they will make in their client-provider interactions as a result of this experience, remind them of the need to *integrate* these skills into their non–PAC-related work. Emphasize that the principles of counseling can be applied to their communication and contact with all clients.
Handout 8-A
Counseling Observation Checklist

Name of provider: __________________________________________________________
Name of observer: __________________________________________________________
Client number: _____________________________________________________________

1. Does the provider make the client feel comfortable? (Describe.)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Does the provider try to explore the client’s feelings?
   ❑ Yes
   ❑ No
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Does the provider use effective interpersonal communication? (Check all that apply.)
   ❑ Two-way communication
   ❑ Listening
   ❑ Verbal/nonverbal communication
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Does the provider encourage the client to talk (e.g., to ask questions or express feelings)?
   ❑ Yes
   ❑ No
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

(continued)
**Handout 8-A (continued)**

**Counseling Observation Checklist**

5. What kind of information is given to the client?
   - PAC procedure
   - Anesthesia
   - Possible side effects/risks
   - Contraception
   - Access to other reproductive health services

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

6. Does the provider encourage the client in making any decision/plan after the postabortion procedure is completed?
   - Yes
   - No

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

7. What was the overall provider-client interaction like? (Describe.)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. What was the client’s reaction and responses? (Describe.)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Handout 8-B
Client Interview Guidelines

Name of provider: __________________________________________________________
Name of interviewer: _______________________________________________________
Client number: _____________________________________________________________

When was the client interviewed?
- Before the PAC procedure
- After the PAC procedure

1. What is your opinion about the way the staff have communicated with you since you arrived here?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

2. What was the provider’s attitude toward you?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

3. What kind of information did the provider give you?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

4. Were all of your questions answered? Did you understand the answers?
   ______________________________________________________________
   ______________________________________________________________

5. Did you have any questions that you did not ask? Why did you not ask those questions?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

(continued)
Handout 8-B (continued)
Client Interview Guidelines

6. Is this your first visit to this clinic?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

7. Based on the way you have been treated, would you tell other people to come here?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. What would you recommend to improve the quality of this clinic’s services?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________