

EDUCATION/COUNSELING

Standard: To assure that all clients receive quality education and counseling in accordance with federal Title X requirements.

The federal Title X Guidelines require the following:

I. Client Education

Title X agencies must have written plans for client education that include goals and content outlines to ensure consistency and accuracy of information provided. Client education must be documented in the client record. The education provided should be appropriate to the client's age, level of knowledge, language, and socio-cultural background and is presented in an unbiased manner. A mechanism to determine that the information provided has been understood should be established.

Education services must provide clients with the information needed to:

- Make informed decisions about family planning;
- Use specific methods of contraception and identify adverse effects;
- Perform breast/testicular self examination;
- Reduce risk of transmission of sexually transmitted diseases and Human Immunodeficiency Virus (HIV);
- Understand the range of available services and the purpose and sequence of clinic procedures; and
- Understand the importance of recommended screening tests and other procedures involved in the family planning visit.

Clients should be offered information about basic female and male reproductive anatomy and physiology, and the value of fertility regulation in maintaining individual and family health. Additional education should include information on reproductive health and health promotion/disease prevention, including nutrition, exercise, smoking cessation, alcohol and drug abuse, domestic violence and sexual abuse.

A. Method-Specific Informed Consent

Written informed consent, specific to the contraceptive method, must be signed before a prescription contraception method is provided. Consent forms for prescriptive methods of birth control are available through the Family Planning Program at no cost. Prior to implementation, the service site Medical Director should approve informed consent forms.

The consent forms must be written in a language understood by the client or translated and witnessed by an interpreter. To provide informed consent for contraception, the client must receive information on the benefits and risks, effectiveness, potential side

effects, complications, discontinuation issues and danger signs of the contraceptive method chosen. Specific education and consent forms for the contraceptive method provided must be part of the agency service plan.

The signed informed consent form must be a part of the client's record. All consent forms should contain a statement that the client has been counseled, provided with the appropriate informational material, and understands the content of both. The method-specific consent form should be renewed and updated when there is a major change in the client's health status or a change to a different prescriptive contraceptive method.

Federal sterilization regulation (42 CFR part 50, Subpart B), which address informed consent requirements, must be complied with when a sterilization procedure is performed or arranged for by the project.

II. Counseling

The primary purpose of counseling in the family planning setting is to assist clients in reaching an informed decision regarding their reproductive health and the choice and continued use of family planning methods and services. The counseling process is designed to help clients resolve uncertainty, ambivalence, and anxiety about reproductive issues and to enhance their capacity to arrive at a decision that reflects their considered self-interest.

The counseling process involves mutual sharing of information. Persons who provide counseling should be knowledgeable, objective, nonjudgmental, sensitive to the rights and differences of clients as individuals, culturally aware and able to create an environment in which the client feels comfortable discussing personal information. The counselor must be sufficiently knowledgeable to provide accurate information regarding the benefits and risk, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the various contraceptive methods. Additionally, the counselor should be knowledgeable about the other services offered by the agency. **Documentation of counseling must be included in the client's record.**

A. Method Counseling

Method counseling refers to an individual dialogue with a client that covers the following:

- Results of physical exam and lab studies (if indicated);
- Effective use of contraceptive methods, including natural family planning (NFP), and the benefit and efficacy of the methods;
- Possible side effects/complications;
- How to discontinue the method selected and information regarding back-up method use, including the use of postcoital emergency contraception;
- Planned return schedule;
- Emergency 24-hour telephone number;
- Location where emergency services can be obtained; and

- Appropriate referral for additional services as needed.

B. Sexually Transmitted Disease (STD) and HIV Counseling

All clients must receive thorough and accurate counseling on STDs and HIV.

STD/HIV counseling refers to an individualized dialogue with a client in which there is discussion of personal risks for STDs/HIV, and the steps to be taken by the individual to reduce risk, if necessary. Persons found to have behaviors which currently put them at risk for STD/HIV must be given advice regarding risk reduction and must be advised whether clinical evaluation is indicated. **All agencies must offer, at a minimum, education about HIV infection and AIDS, information on risks and infection prevention, and referral services.** On an optional basis, clinics may also provide HIV risk assessment, counseling and testing by specially trained staff. When the agency does not offer these optional services, the agency must provide the client with a list of health care providers who can provide these services.

III. Additional Information

In 2002, the California Family Health Council, Inc. developed a set of guidelines to help Title X agencies and client educators meet Title X requirements in the areas of informed consent, education, and counseling. Some of the major highlights of these guidelines have been included here as follows.

A. About Client Education and Counseling

When you provide quality education and counseling, you offer information in a way that helps your clients make well-informed decisions and choices. You can do this in two ways. You can teach basic information about reproductive health care issues in a group setting or one on one. A community health worker or medical assistant could conduct the education and counseling sessions. A clinician can discuss complex medical information and issues.

You can also offer your client information through video or audiotapes. For sight-impaired clients, you may use cassette tapes and materials written in large print and Braille. For hearing impaired clients, appropriate reading materials are used. It is also important to have someone available who can provide information in sign language.

No matter how your agency provides this education, a staff person will also meet with the client one on one so that he/she has an opportunity to ask questions and discuss personal issues. Counseling is then offered as needed. There is a major difference between education and counseling, even though they are often offered together. When you provide education, you are teaching clients specific information. You are giving facts. When you are counseling, you are discussing the client's feelings, concerns, and issues. Counseling offers a client a chance to talk about personal issues when it comes to his/her reproductive health, sexuality, and relationships.

One of the major purposes of client education and counseling is to help clients make informed decisions about their own reproductive health care. This means that clients must be given the quality of information and support they need to be able to freely choose the method of family planning they want to use.

Good education and counseling is a two-way process. When you ask questions and pay attention to the way clients communicate even when they are not speaking, you can better involve clients in the learning process. The more involved clients are, the more they learn and explore their feelings. This makes the education and counseling experience more meaningful to the clients.

Client education and counseling means more than giving fact through pamphlets or presentations. It means the sharing of information and experiences to help people discover and use new knowledge and skills in their lives. Personal contact, trust, and communication between the client educator and the client are important. The way that you provide client education and counseling is just as important as what you say. A warm welcome and a sincere smile always helps to create a special environment for a client education and counseling session. This is an environment where clients feel most able to question and learn new things. When clients feel you respect them and you care, a sense of trust can develop between you and the client.

B. Principles of Family Planning and Informed Consent

Family planning helps individuals freely choose the number of children they want. It also enables them to choose when they would like to have their children. The basis principles of family planning include the following:

1. The right to plan families: People should be able to choose how many children they want to have, and when to have them. People have the right to choose whether and when they want to have children. Family planning should be available to everyone, regardless of age, gender, race, ethnicity, sexual orientation, disability, religious belief, income, or marital status. All people should be allowed to decide whether to try to become pregnant or to prevent pregnancy.

A key part of this principle is that family planning decisions must be voluntary. People need to be able to make choices about childbearing freely, without pressure from friends, family members, client educators, or clinicians. All people have the right to make these choices for themselves. Occasionally, a court of law will make decisions. This only happens when people are legally unable to make decisions for themselves.

2. The right to informed consent: People should be able to get information and give informed consent. Family planning decisions can only be voluntary if people freely consent to receive these services. This is true for all medical services. Our legal system requires that client educators obtain informed consent from clients for a service or treatment before it is given. Clients also have the right to withhold their consent. They

can also change their minds at any time, without affecting the health care services that they receive.

Client education helps people give informed consent because they learn all about their options and the major risks and benefits of each choice. For family planning, this means a person must know about all of the birth control methods before choosing which one to choose. Client educators should also be careful to give correct information in an unbiased way. This means that the information is based on the facts, not on a client educator's personal opinion. Unbiased information helps clients better understand their options and choices. Clients can then make their own decisions about reproductive issues without pressure from others. If a client does not receive correct information, they can not freely make family planning decisions.

3. The right to confidentiality: People should receive services which are confidential. Family planning services should be provided in a way that respects the privacy and the dignity of each client. This means that discussions with clients and written records about the client are confidential (things that educators are required to report by law should be explained to the client before the educator begins taking a history). With the exception of information that is legally reportable, information can not be given to others without the client's consent. Client educators should talk with clients about their health care in a private setting. For this reason, hallways and waiting rooms are not acceptable places to talk with clients about family planning or anything personal.

4. The right to quality services. People should receive quality health care. Basic standards of quality should be met by all family planning programs which comply with Title X requirements. In order to do this; program staff should have proper training and skill. The program should also be accessible to clients and make it easy for them to receive services. Also, services should be provided in a language the client understands.

For some individuals, the only time they receive routine health services is when they go to a family planning clinic. Therefore, family planning services become the main source of health care for these individuals. The regular health screening they get at a family planning clinic can help identify many health problems. If health problems are identified early enough, they can be treated before they become serious. For health problems that can not be treated at the family planning clinic, clients should be referred to other medical programs and specialists.

C. How to Create A Special Environment for Learning

1. Introduce yourself and greet the client. Here are some steps to follow when you introduce yourself.

***Greet each client warmly and politely.** Ask the client what he/she prefers to be called. If you don't know how to say the client's name, ask him/her.

***Introduce yourself and offer the client a seat.** Your sessions should take place where other people can't hear the conversation. All clients should have a private place to talk with you.

***Tell clients what they share with you will be kept confidential.** Explain that you will not tell anyone, including his or her parents, partner, or friends. If there are any things that you are required to report (like sexual abuse of a minor) explain this to the client before you begin taking a history. Respond to any concerns they may have about privacy.

***Encourage clients to ask questions.** Give clients a chance to ask questions often. Invite them to ask their questions throughout the session. You can do this by asking, "What questions do you have?"

2. Pay attention to non-verbal messages. Here are some ways to pay attention to non verbal messages.

***Listen with more than your ears.** Watch the client's facial expressions and body language. For example, if a client looks anxious, do not assume she feels anxious. Instead, ask her how she is feeling. Remember that body language varies among people from culture to culture.

***Watch your own non-verbal messages.** Clients will have their own feelings about your body language and your facial expressions. You can often show warmth and caring by smiling and leaning slightly forward toward your clients as they talk.

3. Assessing the Client's Educational Needs

Assessing the client's educational needs means finding out what they need and want to know. This helps educators to be most effective with teaching and enables them to meet the client's needs. If it is not done, the educator will not know what the client wants and needs to learn. It also helps the educator use his/her time most effectively and efficiently.

At the beginning of a client education session, the educator should assess the reason for the client's visit and his/her knowledge about specific topics, such as contraception. The best way to do this is to ask questions.

Example:

Marisa is a new client at the clinic. After introducing yourself, you ask, "What brings you to the clinic today?" She says, "I don't want to get pregnant, and would like to get the shot." Her answer gives the reason for her visit and the method she wants. But before you start talking about Depo-Provera or Lunelle, you'll need to find out more information. You could ask Marisa these questions.

*What have you heard about the shot?

*Do you have any concerns about this method?

*Do you know anyone who has used the shot? What did they tell you about it?

*What are some of the reasons why you think it is the right method for you?

Based on Marisa's answers to your assessment questions, you will know what information you must teach her.

4. Set Clear Educational Objectives

Objectives are statements about what the client will be able to say or do by the end of the session. They describe the most important points the client will learn. Educational objectives focus on what the client will be able to do, not what the client educator says. Here are some sample objectives for an educational session about the male condom. Each objective describes something the client will be able to say or do.

Sample Objectives:

By the end of the educational session, the client will be able to:

- *Explain how the male condom works to prevent pregnancy, HIV, and STDs.
- *List the proper steps for using the condom.
- *Show how to correctly put on a condom and remove it using a penis model.
- *Describe the advantages and disadvantages to using the condom.
- *List any possible side effects of the condom.

5. Keep on Assessing

Ask what a client knows. Help him/her learn the appropriate information. By doing this, you may need to change some of the objectives you had originally planned to discuss. This is because some people already know much of the information. Therefore, there is no need to spend time discussing it. Others need to learn more about the topic. When you change your objectives to meet the specific needs of each client, you can teach them more effectively.

For example, you ask a client if he knows how to use the condom and he says, "Yes." You then ask him to explain how to use it. If the client is able to tell you exactly how the condom works, you do not need to teach the instructions because that objective has already been met. Instead, you can go on to the next objective. On the other hand, if the client's instructions are incorrect, you will need to take the time to correct the misinformation.

Sometimes, you need to add an objective and discuss information you had not originally planned. For example, let's say that a teenage client tells you she wants to talk with her mother about using the pill but doesn't know how to approach her. Hearing this, you can add an objective to address this specific need.

Example:

The client educator says,

"Let's practice how you might talk with your mother about using the pill. I'll pretend to be your mother and you can practice what you would say to her with me."

C. How to Share Information

Once you have created an environment for learning, you can begin to share information with the client about birth control and other topics.

1. **Share information about birth control methods.** Clients interested in family planning need to know basic information about all methods of birth control. They are then able to compare them and decide which method they would like to use. You can give this basic information about methods in writing or verbally.

However, as you educate clients about their chosen method of birth control, there are certain topics you must discuss. These topics are needed for informed consent. They include:

- *What it is
- *How it works
- *How effective it is
- *How to use it

In addition, you must inform clients about the method's advantages and disadvantages, side effects, complications as well as any warning signs, associated with the use of the method.

When you educate clients, you may wish to present these main points in a different order, depending upon the client's individual needs. Here are some examples of what you might say when talking to clients about their chosen method of birth control.

Example 1: Discuss the objectives.

For the female condom, you might begin by discussing the objective of the education and counseling session.

"Hello, my name is Eva. I'm a client educator at the clinic. Since you have chosen the female condom, let's talk about the method. It is important that by the time we have finished, you will know:

- *How the female condom works to prevent pregnancy, HIV, and STDs and how well it works.
- *How to use the female condom by using this pelvic model.
- *We'll also talk about the things you like about the female condom and anything you don't like about it.
- *Side effects you might have from using the female condom."

Example 2: Describe the method.

For the male condom, you might begin by describing what the method looks like and what it is made of. You should also show clients an actual sample of the method if possible.

"There are several types of condoms, as you can see here. They are all made of latex. I'll take this condom out of its package so you can see and touch it. Notice the expiration date on the package. It tells you when its too old to use anymore."

Example 3: Teach how the method works.

When explaining how the diaphragm keeps a woman from getting pregnant you might say:

"The diaphragm covers the cervix*. It is used with a spermicide*, which kills sperm. These two things prevent the sperm from meeting with an egg. If the egg and the sperm don't meet, you won't get pregnant."

*Find out if the client knows what a cervix is, where is located, and if she knows about spermicides.

Example 4: Explain how the method works.

When talking with clients about pregnancy rates for typical users and perfect users, explain what these rates mean for them. For example, for Depo-Provera, you might say:

"Depo-Provera is a very effective method. Let's say 100 women use this method for one year. 99 will not become pregnant and perhaps one will, even when the shots are taken as directed. This means it is 99% effective in preventing pregnancy."

Example 5: Teach how to use the method.

When teaching clients how to use a method, teach all of the steps clearly. Show them and tell them how to use a method. Then, have them show and tell you. For example, for contraceptive foam you might say:

"Let me show you how to use contraceptive foam. First, shake the foam can about 20 times. Then, press this applicator on top of the can and press down. You can watch the applicator fill up with foam. When it is filled completely with foam, lift the applicator away."

"Now, I'll use this plastic model of a woman's reproductive organs to show you how you will put the foam into your vagina."

Example 6: Discuss the advantages and disadvantages of the method.

Please remember, that what one person feels is an advantage may be a disadvantage to the next person. Ask clients what they like and don't like about the method they've chosen. Always ask clients if they have any concerns about the method. This can help determine if there are any disadvantages for the client. For example, for the pill you might ask:

"Do you see any advantages to taking the pill? How would you describe these advantages for you?"

"In your view, are there any disadvantages to taking the pill? Do you have any concerns about taking the pill?"

Example 7: Discuss possible side effects of the method.

Ask clients if they have heard of any side effects about the method. Correct any misinformation and discuss possible side effects. Tell clients whether the side effects are common or unusual. Determine how the client feels about the side effects. Explain what the client should or can do if a side effect is experienced. For Norplant you might say:

"A very common side effect of Norplant is changes in menstrual bleeding. Some women have no bleeding and others have irregular spotting. A few women bleed for many days or have heavy bleeding. How would you feel if you noticed changes in your menstrual bleeding after getting Norplant?"

For a spermicidal cream or jelly, you might say:

"an uncommon side effect is an allergic reaction. If this happens to you, you can try another spermicide. Sometimes by changing brands you can find one that doesn't give you an allergy."

Example 8: Discuss possible complications and warning signs.

Discuss possible complications and warning signs of complications. In addition, explain what should be done if the client experiences any warning signs. For the IUD you might say:

"Here is a list of the warning signs for the IUD. One way to think of these warning signs is to think of the word P-A-I-N-S. The P stands for "period late, abnormal spotting, or bleeding". The A stands for "abdominal pain or pain with intercourse." The I is for "infection." The N is for "not feeling well, fever, or chills." And the S stands for "string missing, shorter, or longer."

"What will you do if you experience one or more of these warning signs?"

2. Share content information on other topics.

All of the examples in this section describe topics that you should cover when you educate clients about methods of family planning. You will also provide information on a variety of other reproductive health and sexual issues. These may include breast and testicular self-examination, human sexuality, HIV and STDs, clinic procedures, and other topics. Regardless of the information you share, the process is much the same.

D. How to Help Clients Learn

Clients learn in many different ways. They have different learning styles and abilities.

1. Ask questions.

There are two main types of questions that you can use. These are open-ended questions and closed questions.

Open-ended questions

These kinds of questions encourage clients to give as much information as they would like. They are an excellent way to help you assess a client's needs.

Examples of open-ended questions are:

*"What brings you to the clinic?"

*"How do you feel about being examined today?"

*"What are some ways you can protect yourself from getting HIV/STDs?"

When clients answer open-ended questions, they can discuss whatever they think about the question. These types of questions encourage communication.

Closed questions

These questions can be answered with one or only a few words. They are often used in order to clarify information or get specific answers. The answers to these types of questions are often "Yes", "No", or "I don't know."

Examples of closed questions are:

*"Is this the first time you've had a pelvic exam?"

*"Are you using a method of family planning?"

*"When did you start your last menstrual period?"

If you need a fact from a client, such as the date of her last menstrual period, a closed question works well. But when you want clients to describe their thoughts, feelings, or what has happened to them, it is best to use open-ended questions.

Tips for asking questions.

Ask only one question at a time.

If you ask more than one question at the same time, the client won't know which one to answer. You also won't know which one was answered. For example, if you ask, "Have you decided to use the diaphragm? Do you know anything about it?" the client could answer "Yes" or "No". The answer does not tell you which question the client is answering,

Don't ask questions in a way that makes the client "think" you want a particular answer.

Sometimes client educators phrase questions in such a way that clients answer based on what they "think" the client educator wants to hear, instead of the truth. For example, if

you ask "you only have sex with your husband, don't you?" the client will probably answer, "Yes", even if she is also having sex with someone else. If you change your question to "how many partners have you had sex with in the last month?", you will be more likely to get a truthful response.

2. Use a variety of teaching methods.

In addition to asking questions and listening to answers, there are other teaching methods that you can use. These methods include demonstration, role-play, and short lecture. It is usually best to use a variety of teaching methods when educating clients.

Demonstration.

You show a client how to do something. For example, you fill an applicator with spermicidal foam while the client watches.

Question and Answer

You ask questions of the client, and the client asks questions which are answered by you. This is an excellent way to find out what a client knows about a certain topic.

Role Play

You give clients the chance to practice what they might say or do in a given situation. For example, you ask the client to practice what she would like to say to her boyfriend about condom use. You then play the role of her boyfriend.

Short Lecture.

You give information for a short period of time. If the lecture gets too long, clients can lose interest.

3. Encourage clients to learn new skills.

Each teaching method needs to be used correctly and in the right situation. It is important to actively involve clients in the learning process. Clients need more than just new information to use their birth control method well. They also need to learn new skills (i.e. how to use the method).

It's not always easy to learn new skills. Your clients need a chance to practice them. You can help clients practice skills by showing or demonstrating the skill to them first. Many of the ways to do this have already been described. After you have shown a new skill to a client, give the person a chance to try it. Allow the client to practice more than once. As he/she practices, give feedback and support.

4. Use different teaching materials.

Another way to involve clients is to use different teaching materials. Here are some of the most common teaching materials and ways to use them in family planning clinics.

Print materials

Print materials include brochures, pamphlets, information sheets, and wallet cards. Use print materials to:

- *Show clients the most important information you want them to know.
- *Draw circles around specific information to emphasize its importance.
- *Give to the client to take home.

Visual Aids

These include flip charts, posters, and diagrams of the human body and drawings. Use visual aids to:

- *Reinforce the most important information.
- *Help clients understand and learn.

Samples and models

Samples are actual objects that clients can see and touch. Models are copies of objects that clients can see and use to practice skills. Use samples and models to:

- *Help clients develop skills.
- *Help clients feel comfortable by allowing them to touch and hold the object.
- *Show clients how to do something.
- *Give them a chance to practice, with your support.

Other audiovisuals

These include videos, films, and slide shows. When using audiovisuals:

- *Always preview the audiovisual.
- *Introduce the audiovisual to the client and explain the reason for having him/her watch it.
- *Discuss the audiovisual with the client after it is shown.

5. Speak in ways that clients understand.

The words you choose and the ways you talk to clients is very important. To communicate effectively, it is important to speak in ways that clients understand. One way to do this is to listen to the words that your client uses and then use those words if you can. Another way is to use examples your client can relate to. Examples help connect new ideas with words and concepts the client already knows.

Use common language the client knows.

In order to learn, clients must need to be able to understand what you are saying. At the most basic level, client educators need to speak in the language used by the client. For example, if clients speak Chinese they need to talk with a client educator (or at least a trained interpreter) who speaks Chinese. When educating clients, minimize the use of technical medical terms. When you need to use unfamiliar terms, explain their meaning clearly. Never assume a client knows the term, even if it is one you would expect her to know, such as menstrual cycle and ovulation.

Relate new information to what the client already knows.

A good way to do this is to present information in a way that is based on what the client has just learned. For example, you should talk about the reproductive organs and what they do before you explain the menstrual cycle.

Demonstrate

Showing the client what you mean can clarify things. Remember that the way you educate clients is just as important as the content you teach. There are many effective teaching techniques, including the ones described in this section. When you use these techniques, clients actively participate in the learning process. This helps them remember and use information correctly.

E. How to Give Informed Consent

Informed consent is when a client freely chooses to use a birth control method or go through a medical procedure, knowing all the important facts. Informed consent is a very important part of family planning services. Clients must give their informed consent before they can obtain a prescriptive method of birth control.

Decisions people make about their own health care often depends upon their cultural values. Some clients may wish to consult a family member before they give their consent. Others look to the client educator; expecting him/her to make the decision for them. In this situation, client educators should explain their role at the clinic and why it is important for clients to make their own decision.

1. Importance of informed consent.

A client's informed consent to use a birth control method is important for many reasons. There are legal, ethical, and practical reasons.

Legal reasons.

In the United States, laws protect a person's right to make an informed choice about medical care. The laws state that health care providers must make sure that each client reaches an informed decision about their own health care. If a person is harmed by a service and was not fully informed of the risks, the provider might be held responsible. This kind of lawsuit can be very costly to a health care provider.

Ethical reasons.

Ethical reasons come from the moral standards of our society. This means that informed consent is a fair and just process which supports a person's basic rights. Family planning services are based on a person's right to freely choose whether and when to have children. People should always be able to make their own family planning choices. They also have a right to know all the facts that can help them make these choices.

Practical reasons

There are many practical reasons to make sure that clients make informed choices. First of all, people who freely choose a birth control method from many options and

understand how to use it are more likely to use their method well. If their chosen method does not work out, they are more likely to return to the clinic for a different method. Also, the informed consent process can help client feel that their views and values are respected. This can make people feel more satisfied with the clinic. When they are more satisfied, they are more likely to return for follow-up care as well as refer other clients.

2. Guidelines for informed consent

There are six basis guidelines that must be followed for clients to give their informed consent for a birth control method.

Clients must know about all birth control methods.

Before clients can make an informed choice to use a specific birth control method, they need to understand all of their options. Client educators must make sure that each client knows basis information about all of the birth control methods in order to compare them. This information can be provided verbally, or in writing. For example, clients may receive educational materials about the methods. To compare the methods, clients need to understand the following basis facts about each available method.

- *What they are and how they will work
- *How well they work and how long they last
- *advantages and disadvantages

Clients must fully understand their chosen method.

Each client must understand exactly how to use his or her chosen method. They need to know about any possible side effects or complications that could result from using it. They also need to know the benefits the method can provide as well as any risks involved in using it.

For certain methods, clients must know about fitting or insertion procedures that they need before they receive the method. For example, the diaphragm and the cervical cap are methods that need to be fitted by a clinician so the client gets the correct size. Other methods, like the IUD and Norplant, need to be inserted.

If a client gets a method like one of these, she needs to know if there are any health risks involved in the fitting or insertion procedure. She also needs to know if she might feel any discomfort when she gets her method.

Some methods have warning signs that are explained to the client. Warning signs are physical changes in the body which could mean the person is developing a serious health problems, or complication, as a result of using the method. Clients need to know what to do if they experience any of the warning signs.

The main points to include when helping clients fully understand their chosen method are:

- *What it is

- *How it works
- *How to use it
- *Possible side effects
- *Possible complications and warning signs
- *Precautions (If any)
- *Effectiveness
- *Advantages and disadvantages

Clients must receive information verbally and in writing.

Client educators need to talk with clients about the details of their chosen method and also give the information to them in writing. Clients need to receive written information about any warning signs of their chosen method. They need to know when, where, and how to get emergency care, if they need it. Clients should receive written materials in a language they understand. For clients who can not read well, you can read the printed information for them.

If a client is deaf or hard of hearing, you can use pictures and print information to share ideas. Also, you should use a sign language interpreter to translate the session. When a client is blind or can not see well, brochures or pictures may not be useful. You client may be able to use a magnifying glass or materials with large print. You can use audiotapes, read the information, or use models that can be touched. For clients who read Braille, use Braille materials. Talk to the client and find other ways to communicate.

Clients must be able to ask questions and receive answers about any of the methods or procedures.

Client educators should encourage clients to ask questions. All of the client's questions need to be answered correctly or referred to someone who knows the answer. A client educator can also research the answer and tell the client later.

Sometimes, new information about the benefits or risk of a method is discovered after a client is already using the method. If this happens, clients need to learn about it when they return to the clinic for their next visit. Client educators should keep themselves updated on any changes in information about birth control methods so that they can keep clients well informed.

Clients must know that they have the right to stop using a method at any time.

- *Clients have a right to withdraw their consent at any time
- *Clients may change their methods while learning how to use a chosen method.
- *They may sign a consent form for a method and then decide not to use it. Sometimes, a clinician may find medical reasons why a client should not use the chosen method.
- *Clients may use a method for a while and decide it isn't right for them. It is important for client educators to tell clients that they can change their minds about a method at any time. If a client changes her or his mind, the client should always get the same quality of health care as they did before.

When client educators provide good education about all birth control methods, clients are more likely to choose a method they will want to continue using for a while.

F. How to evaluate what clients have learned.

1. How to evaluate the session.

When you evaluate, you find out if clients have successfully accomplished the objectives. In order to evaluate the session, you need to observe clients as they describe and/or demonstrate the main points. If clients can tell you or show you they have learned them, you know the objectives of the session have been achieved. There are different ways to find out what clients are learning. You can:

- *Ask questions
- *Have the client show what they have learned
- *Give a written test.

Evaluation questions

When you ask questions and listen to a client's answers, you will know what they have learned from the session. When you ask evaluation questions, it is usually best to ask open-ended questions. Clients may then explain the answers in their own words.

Here are some questions you can use to evaluate what a client has learned about birth control pills.

- *What is one of the ways the pill works to keep you from getting pregnant?
- *What would you do if you forgot to take a pill?
- *What are the five warning signs of a serious side effect of the pill?
- *If you have any of these warning signs, what should you do?

Return demonstration

After you show a client how to do something, you can ask him/her to demonstrate it for you. This is called a return demonstration. For example, after you show a male client how to put a condom on a penis model, you can give the model and the condom to the client. Then, ask him to describe and show you all the steps for putting on the condom. For methods that need to be inserted into and removed from the vagina, have the client show you by using a model of the female reproductive system.

Written tests

For clients who read well, written tests can be used to evaluate an increase in their knowledge. Written tests are sometimes given to a group of clients. A pre-test and a post-test can be used.

2. When to evaluate the session

It is important to evaluate the client learning at various times throughout the education session. This means evaluating at the beginning, during, and at the end of the session. By evaluating often, you can find out if the client understands you and if a client needs extra help to learn the main points.

If a client does need extra help, review the point that is unclear before you go on to give new information. What you have just talked about, but in a different way. For example, use examples, or change your demonstration.

When you know the client understands the information well, go on to the next point. As you can see, by evaluating what clients have learned throughout the session, you may better address their learning needs. Some clients learn very quickly. They may already know some of the information or they may grasp new ideas easily. For these clients, you may need to change the education and counseling session. Instead of teaching a lot of information, you can ask the clients to provide you with much of the information through questioning and discussion. Correct any misinformation.

At the end of the education and counseling session, you may also ask for feedback from the clients. For example, you might ask, "How could this session have been better for you?" If you welcome and encourage feedback, you can learn new ways to improve your educational sessions directly from the people you are teaching.

Evaluate the session:

- *At the beginning
- *During
- *At the end

REFERENCE

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