

## Steps Five through Fourteen and the Advocate Script

**The Advocate** is the **Team Leader**. It is your job is to ensure that the patient's needs are met. You are the 'face of the ministry' to her, and it is important you communicate this is a safe, non-judgmental place for her.

You are the person responsible for 'walking' her through the process. You will play a critical role in every step of her appointment at the Center. When she is meeting with the team members of Medical Services Department, remember you are to be intimately involved in all decisions made regarding her care.

It is also important that you 'stick to the script' as you walk the patient through her appointment. We are a **Team** and each member of the team is dependent upon the other to make sure all the patient's needs are met. By wavering from the script, you risk leaving the patient vulnerable to outside pressures. This script is in place because it is **proven to be effective** in equipping the women who come to us to make a life choice.

As the **Team Leader** you will be responsible to notify your Shift Supervisor of any out of the ordinary situations. It is very important that we stay on schedule, knowing that this is part of serving our patients best. If you ever find that an appointment is running behind schedule, for whatever reason, please notify your Shift Supervisor so that the necessary arrangements can be made to meet the needs of the other patients scheduled. If you come across a situation you are unsure of, never hesitate to consult with your Shift Supervisor.

At the Center, we recognize that **TRUTH** is our most powerful tool. It does not need us to 'prop it up' with our counsel, direction, or manipulation. Simply speak the **TRUTH** in love, then step back to allow the Holy Spirit, the Great Counselor, to do His job. The Advocate's role is **NOT** one of 'counselor', this is a key difference in this problem-centered paradigm as compared to the previously employed patient-centered paradigm.

The Advocate's role is to make sure the patient is walked through our patient process being respected at all times. At no time in this process should the patient be made to feel we have an agenda or plan for her. This is her time to be in a **SAFE** place to receive **TRUTH**. We have no idea the pressure she may be facing outside of our Center. She needs to know that our Center is a safe place with no judgment.

**TRUTH HAS NO AGENDA – IT SIMPLY IS.**

We need to trust in the power of **TRUTH** spoken in love, and even more so, trust our God – the Great Counselor – to take that **TRUTH** and speak life to her mind and heart.

If you ever find you are in disagreement with any part of the script, brochures or process, it is necessary for you to discuss your concerns and/or questions with the Patient Process Manager or Patient Resources Administrator before you continue seeing patients.

# The Advocate Script

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## Step 5

### ADVOCATE PRESENTS LIMITATION OF SERVICES AND OBTAINS PERMISSION TO FOLLOW- UP

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The Advocate presents the Limitation of Services and obtains permission to follow-up. Step 5 continues the experience (environment) of professionalism and reduces anxiety by taking the time to let the patient know what she can expect from her time at the Center. The Limitation of Services provides credibility and sets a level of expectation. The patient will know and understand that all services are at no cost to her, performed under the supervision of a Medical Director and that an abortion will not be performed or referred for. This clarifies our services. It communicates that we are a resource of information for her and that we do not profit from her decision.

Begin the appointment by greeting your patient and introducing yourself:

**“Hi. My name is \_\_\_\_\_ and I will be your Advocate today.”**

Address any guests that came with her, offering them the blue ‘Welcome Card’:

**“We’re glad you are here today. Due to confidentiality, we ask that you wait here while we go back and complete some basic paperwork. We will touch base with you in about 30 minutes. If you have any questions, please let the Receptionist know.”**

Once you are in the Consultation Room, begin with the following:

**“We’re glad you are here today. We’re going to begin by just going through some paperwork, getting some basic information from you, and then provide you with a comprehensive look at all your options. After that, you’ll meet with our Medical Staff who will run your pregnancy test and answer any health questions you may have – she will also determine if we will be able to offer you an ultrasound today or not. After all of this, we’ll provide you with a Personalized Solutions Assessment (referrals) that you may take with you.”**

Move on to presenting the Limitations of Services. Please read this to the patient. Preface this with:

**“Before we begin, I would like to go over our Limitation of Services with you. Please stop me if you have any questions.”**

Once you’ve read through the Limitation of Services, please ask once again:

**“Do you have any questions about any of these?”**

There are times when a patient may ask difficult questions. Such as:

- “Do you do abortions?”
- “What kind of place is this?”
- “Are you pro-life?”

There is a point in the Limitations of Services that addresses these types of questions:

**“WE DO NOT PROFIT FROM YOUR DECISION. WE ARE HERE TO BE  
A RESOURCE OF INFORMATION TO EMPOWER YOU TO MAKE THE  
BEST DECISION.”**

**THIS STATEMENT GIVES A CLEAR, ACCURATE DESCRIPTION OF THE SERVICES WE PROVIDE FOR  
THE WOMEN IN OUR COMMUNITY. NO AGENDA, NO JUDGMENT. JUST CLEAR, TRUTHFUL  
INFORMATION TO HELP HER MAKE THE BEST DECISION FOR HERSELF.**

Be mindful that we do not know what is causing the person to ask these questions. This honest answer is an excellent way to assure whoever is asking that we have the every woman’s best interest as our primary focus.

Next, the Advocate will explain why we would like to have Permission to Contact. This lets her know we like to follow up with her to see how she is doing and if there is any further assistance that we can provide. Each form of contact should be specifically requested and noted accordingly. It is *critical* that we receive permission to contact and permission to identify the Center. Without this permission we are unable to have appropriate follow-up contact.

**“Our staff would like to make follow-up contact with you after your appointment. This communication could potentially be in regards to and include your Protected Health Information, all of which will be kept strictly confidential. Do we have permission to call you, leave a message, etc., and continue with appropriate questions following the Patient Intake Form.**

Please ask and mark the form accordingly making any appropriate notes. Please do not hand the paper to her and have her check off the boxes. It is critical that we receive permission not only to text or call the patient, but also permission to leave a message and identify ourselves on that message. Otherwise, when we attempt follow-up contact (Step 15), if she does not answer our txt or call and we can’t leave a message identifying ourselves, we have no way of getting a hold of her and will oftentimes lose contact.

Once the Patient understands the Limitation of Services and Permission to Contact, please have her sign and date Page 1 of the Patient Intake Form.

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**Step 6****ADVOCATE****PERFORMS****SITUATIONAL****ASSESSMENT**

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Step 6 – The Advocate performs the Situational Assessment using the Patient Intake Form to direct conversation. Please note any information in the paperwork that will assist us in follow-up.

This step speaks to our mission by addressing her physical, spiritual and emotional needs. The Advocate gathers information from the patient along with the patient's initial stated intention for the outcome of her pregnancy.

This information is also used to help us rate her risk on the Abortion Vulnerability Rating Scale (AVR Scale). Even a patient who states her intention to parent could rate High Risk or even Most at Risk on the AVR Scale due to the various risk factors in her life. Regardless of what she states her intention to be, we need to recognize her AVR and offer her the information on all her options.

**WE NEED TO TRAIN OURSELVES TO SEE HER STATED INTENTION AND HER RISK FACTORS.**

**WE CANNOT ALLOW OURSELVES TO MISS AN OPPORTUNITY TO EMPOWER OUR PATIENTS.**

Keep in mind, she may not be completely honest with us, or may not be aware of a life situation that is about to change that will force her into looking at other options.

If the patient answers “Yes” to the question “Are you involved with a person who hurts or threatens you”, validate her courage for sharing that information. Ask her if we can give her referrals and if she wants to meet with a staff member.

**“Thank you for sharing that with me. Can I mark the Safety Plan on your referral form which contains hotline numbers that you can call? Would you like to meet with a staff member to go over your options?”**

If she wants to meet with a staff member, notify your Shift Supervisor immediately. The Shift Supervisor will determine if immediate action is needed or if the appointment can continue.

If the patient wants her guest with her during the ultrasound, inform the patient that the ultrasound will begin with the Medical Staff getting some initial measurements and then the guest will be brought into the Ultrasound room.

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**Step 7****ADVOCATE****REVIEWS****OPTIONS**

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Here we begin to offer the patient critical information. This is the whole reason she came to us. She likely knows she has three options but she needs facts regarding those options. By providing **TRUTH** given in love, we are doing what we said we would do. We are a resource of information empowering her to make the best decision.

**A smooth transition to this Step is essential.** It is necessary that the Advocate communicate to the patient the importance of receiving this information on all her options. Step 7 reflects the heart of our mission where we endeavor to transform our patient's fear into confidence and equip them to make healthy life-affirming decisions. Knowledge of her options better empowers her to make a good decision.

If a patient has stated an intention, regardless of what that intention is, it is critical that the Advocate help the patient see why it is in her best interest to listen to and receive information on all options. A well thought out transition phrase will help the Advocate do this, as well as keep the 15 Step Patient Process flowing seamlessly:

**“Oftentimes our patients come to us intending to carry out a particular plan regarding their pregnancy. After they leave here, circumstances may change in their lives which require them to consider other options. Then, they are left trying to make a decision without adequate information. This is what the Center is all about – we want to give you information to help you make the best choice for you. This is why we like to offer our patients information on all their options.”**

Offer her these brochures one at a time. As you pick up the Abortion – Procedures, Risks and Side Effects Brochure, turn it over to the back with the QR code and say:

**"I will briefly review each brochure and this information is also available online. Please feel free to scan this QR Code to access the most up to date information."**

Then, continue with:

**“It’s important that you understand what you can expect from any given medical procedure. This brochure contains information on abortion, including some of the most common procedures, risks and side effects – as well as fetal development. Would you like a copy of this?”**

Please remember to always ask the patient if she would like a copy of the brochure. If she is hesitant, ask her if she would like to take it for a friend or family member. Encourage her to take it, but do not force it on her.

Open the brochure to the center so that all 3 panels describing the different types of abortions are showing. We do NOT to read any information to her, simply offer her the brochure.

Moving on to the next option, pick up the Adoption Brochure:

**“This next brochure offers information on Adoption. This brochure answers some of the commonly asked questions about adoption. Many birth mothers are not aware of what their rights are as far as choosing a family or how much contact you can have after the adoption, etc. Would you like a copy of this?”**

If the patient states an interest in adoption information, be sure and note that on her paperwork (so we can be aware of it to talk to her about that in our follow-up conversations).

Moving on to the next option, pick up the Parenting Brochure:

**“This brochure offers you information on Parenting as an option. Parenting can bring about a lot of changes in your life. It discusses some of the most frequently asked questions about Parenting. There is also an insert included about Parenting Classes. Would you like a copy of this?”**

Indicate on the Patient Intake Form which brochures the patient accepted or declined. The presentation is considered ‘complete’ if you presented the option and offered the brochure.

If the patient asks a question that you are unsure of, tell her you are not sure, but you will be glad to find an answer for her. At an appropriate time ask a Shift Supervisor and they will be able to help you. A Shift Supervisor should always be consulted whenever there is an ‘out of the ordinary’ patient/situation.

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### **Step 8**

#### **PATIENT PROVIDES URINE SAMPLE**

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Before the patient meets with the Licensed Medical Staff for the first time in Step 8, the Advocate should complete the AVR assessment that provides the Staff with pieces of information that help in the patient flow and determining patient care (i.e., making the patient chart, DOB, scheduling repeat appointment, Medical script, etc.).

Once the Advocate has determined that the Licensed Medical Staff is ready, she should introduce the patient to the Staff assigned to her care. She will greet her and give her instructions on leaving her urine sample. It is important that the patient sees Step 8 as a transparent, seamless continuation of care.

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### **Step 9**

#### **ADVOCATE AND PATIENT SPIRITUAL DISCUSSION**

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While the Licensed Medical Staff runs the pregnancy test the Advocate addresses the patient’s spiritual needs by having a spiritual discussion. This step is part of our mission and fulfills our intention to be a resource of information by addressing all her needs – physical, emotional and spiritual.

It is a good idea to begin this time with the patient letting her know it takes the Licensed Medical Staff about :05 to :07 minutes to run the pregnancy test and gather the appropriate paperwork. This will help her feel less anxiety about what to expect and feel more secure (Operational Assumptions).

**“It will take the Medical Staff approximately :05 to :07 minutes to run your pregnancy test and assemble the appropriate paperwork. We like to use this time to discuss your support system.”**

You can begin by using some opening statements such as:

**“We like to say that when a woman is facing a pregnancy, she is faces it on three different levels: physically, emotionally and spiritually. We want to address all three levels –**  
**–Physically – the Medical Staff will come in shortly and go over questions or concerns you may have,**  
**–Emotionally – this is why we ask many of the questions that we did in the beginning of the appointment (perhaps mention someone she told you is supporting her – personalize it to her)**  
**–& Spiritually – as many women consider this to be a strong source of support for them. Would it be okay if we talk about that briefly?”**

AS IN EVERY STEP, THIS DISCUSSION TAKES PLACE ONLY AFTER PERMISSION TO HAVE A SPIRITUAL DISCUSSION HAS BEEN GIVEN BY THE PATIENT.

IF THE PATIENT STATES SHE IS NOT INTERESTED IN A SPIRITUAL DISCUSSION, WE NEED TO RESPECT THIS. **WE DO NOT OFFER PRAYER OR LITERATURE IF THE PATIENT DECLINES THE SPIRITUAL DISCUSSION.** YOU CAN THEN SPEND THE REMAINDER OF THE :05 TO :07 MINUTES DISCUSSING OTHER AREAS OF SUPPORT IN HER LIFE.

*Be prepared to make conversation so that the patient's decline of a spiritual discussion is not awkward for either of you.*

If the patient gives permission to have a spiritual discussion, you can continue by perhaps bringing up what she said earlier about attending church:

**“You stated that you attend church regularly, sometimes, etc., is that correct? Is your spiritual life important to you? I ask because it is important to get an understanding of your support system.” OR “I know that you stated that you are not currently active in a church or religion, but may I ask have you ever been?”**

Let her respond, and use that as a beginning of a spiritual discussion.

Or some other quick transitioning questions can be...

**–“To you, who is Jesus?”**  
**–“Do you believe in heaven and hell?”**  
**–“If something terrible were to happen to you and you were to die, do you know for sure where you would go?”**

Depending on her answer – if she says “Heaven” – ask her what makes her confident? If she states she has believed in Jesus Christ for her eternal life, then encourage her in this relationship with Him.

If she isn't sure, or is depending on someone/something other than Jesus Christ, you can move on in your discussion.

**“Can I share with you a little bit about what the Bible says about going to Heaven and having a relationship with God?”**

-If she says she is not interested in moving forward with a spiritual discussion, we need to respect this and spend the remainder of the time discussing other areas of support in her life.

-If she is interested and has given you permission, go ahead and have a spiritual discussion with her.

-Because our time is short – please keep in mind:

- We don't want to overwhelm her...Remember, we are hoping this visit to the Center will be the first step in her transformation process.
- Stay focused on her reason for being here
- Our main mission at this point is to empower her choose life
- We can't 'fix' her life (nor has she asked us to)

-While the message of Eternal Life is unchanging, your method of sharing this information should be ever-changing to be relevant to the patient that you are meeting with and her life situation.

-The method you use to offer her the information on eternal life needs to be relational. Be cautious that you do not become so dependent on your 'method' or 'process' that you appear to be giving her a 'sales pitch'. Keep it conversational and relevant to her.

**-Be cautious that you aren't focused on a 'tract mentality':**

- “Accepting Christ into her life”
- “Accepting Jesus as her Lord and Savior”
- “Praying to receive Christ”

**These are all phrases we have learned from tracts – not from the Bible. The Bible teaches belief in Christ alone for the salvation of eternal life.**

-We only have a limited amount of time (5-7 minutes) –

**SO KEEP THE MAIN THING THE MAIN THING – BELIEF IN JESUS CHRIST**

If we try to include too many things, it can get complicated. Remember she has a lot on her mind right now – let's keep it simple – The Gospel IS Simple.

-Please personalize your message of God's love for this patient to her and her life situation. You may, or may not, give a complete and thorough presentation of the Gospel of Eternal Life. **LISTEN TO HER** and respond accordingly. The training videos will help you with this.



The Center has put together a Gospel of Eternal Life Card that you can offer to your patient (if appropriate). This way, even if you are unable to present the complete message, she will leave with key scriptures that, should she desire to learn more, will lead her into the Truth of Eternal Life through Jesus Christ.

We cannot stress enough the importance of not making this :05-:07 minutes of talking as fast as you possibly can so you can get through what you need to get through. This is about relationship. Taking situations of need in her life and letting her know that Jesus can meet those needs.

Sometimes it will be appropriate to share the entire message, other times you may just talk about a few of the verses (or you may add your own). The key is to connect with her to point her to Jesus.

Please do not be 'afraid' to offer this **TRUTH** to her. This is critical information for her. If she is open, please give her what she needs!

## Sharing the Message of Eternal Life

**God's word is clear in the Bible – He loves us. He created us and wants to spend eternity with us. One of the most familiar verses in the Bible is John 3:16**

JOHN 3:16 “FOR GOD LOVED THE WORLD SO MUCH THAT HE GAVE HIS ONE AND ONLY SON, SO THAT EVERYONE WHO BELIEVES IN HIM WILL NOT PERISH BUT HAVE ETERNAL LIFE.”

**Let's consider His words a phrase at a time...**

“FOR GOD LOVED THE WORLD SO MUCH...”

**God loves everyone in the world, including you and me. He wants to spend eternity with us. But there is a problem we all have – sin.**

**“For everyone has sinned, we all fall short of God's glorious standard.”  
(Romans 3:23)**

**The next line is...**

“...THAT HE GAVE HIS ONE AND ONLY SON...”

**God giving His son is the solution to our sin as He is**

**“...the Lamb of God who takes away the sin of the world.” (John 1:29)**

**When Jesus died on the cross, His death paid for all the wrong you and I (everyone) have ever done or will ever do in our lives. Next, Jesus tells us what we must do:**

**“...SO THAT EVERYONE WHO BELIEVES IN HIM...”**

**Let's think about this. People oftentimes mistakenly believe that if we are:**

- 1. Good enough**
- 2. Do the right things**
- 3. Do more good than bad**

**That this will earn us the right to get to heaven. But Jesus does not tell us to do good works, or anything else to get to heaven. He only tells us to “believe in Him” FOR eternal life.**

**“God saved you by His grace when you believed. And you can't take credit for this, it is a gift from God. Salvation is not a reward for the good things we have done, so none of us can boast about it.” (Ephesians 2:8-9)**

**The next line is...**

**“...WILL NOT PERISH...”**

**Jesus promises that if we believe in Him, we will “not perish” – which is another way of saying we will not be condemned and go to hell.**

**“God sent His Son into the world not to judge the world, but to save the world through Him.” (John 3:17)**

**Next,**

**“..BUT HAVE ETERNAL LIFE.”**

**If we believe, we will not perish because we have “eternal life.” This everlasting life begins the moment we believe in Jesus for it.**

**“He who believes in Me has (right now) everlasting life.” (John 6:47)**

**Do you believe the words of Jesus found in John 3:16? If so, then you will not perish – you have Everlasting Life!!**

**The truth about Jesus impacts not only our eternal destination, but our life today as well.**

**“...I have come that they may have life, and have it to the full.” (John 10:10)**

**If you would like to find out how this decision to believe in Jesus Christ for your everlasting life can transform your life now, there are some things you can do:**

**-Spend time reading God’s Word and talking to Him (prayer) frequently  
-Find and attend a church that clearly teaches the Word of God  
-Find and attend Bible Study. Spending time with other believers will help you learn more about God and His best for you.**

**\*\*It is here if you are using the card that you can transition to telling her how, if she is interested, our Center can help her grow in her relationship with the Lord.\*\***

**If this is something you are interested in, we offer Bible Studies and Life Basics Classes that can help you learn and understand more about the love of Jesus and what that can mean for your life today.**

(Please keep in mind, these classes are only offered at our Hartford-North Office)

-If appropriate, please offer the Gospel of John and Gospel of Eternal Life Card to take home with her.

-Depending on her response and your connection with her, it is entirely appropriate to pray for her to conclude the spiritual discussion. **PLEASE DO NOT VERBALLY PRAY FOR “THE BABY” OR “HER PREGNANCY” AT THIS TIME.**

Once this conversation is completed (5-7 minutes), the Advocate should excuse herself from the patient explaining she is going to see if the Licensed Medical Staff has her pregnancy tests results. It is also important that the Advocate communicate to the patient that she is going to be stepping out of the room to allow the Medical Staff and patient to have a confidential health discussion and that she (the Advocate) will return after this discussion. This allows for a smooth transition of the patient to the Licensed Medical Staff by assuring her of the next step in the process.

**“I will be stepping out so that you can have a confidential health discussion with the Medical Staff. I will be back with you as soon as she is finished.”**

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**Step 10****PREGNANCY****TESTS****RESULTS**

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Step 10 is the role of the Licensed Medical Staff. A pregnancy test has a binary outcome, either positive or negative. The result of this test determines the remainder of her appointment.

- A negative test will take the appointment in one direction (appointment jumps to Steps 13 and 14)

- A positive test will move her forward in another direction. The appointment continues with the Licensed Medical Staff obtaining patient's health history and determining if an ultrasound will be offered. (Steps 11 and 12).

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**Step 11****HEALTH****HISTORY**

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Step 11 is the role of the Licensed Medical Staff. The Advocate has NO SCRIPT. You will need to be available once the Medical Staff is finished with this step. During this time, you can make sure your paperwork is complete, including the PSA to be given to the Medical Staff in Step 13.

After the Licensed Medical Staff has met with the patient, it is necessary for the two of you to connect and discuss if there were any previous abortions revealed to the Medical Staff which would affect the patient's AVR. If the patient revealed any new information to the Licensed Medical Staff, it may be necessary to adjust the patient's AVR Chart (page 4 of the Patient Intake Form).

If an ultrasound is to be performed, it is necessary for you to communicate to the Sonographer the patient's stated intention and AVR to determine whether she meets the criteria to be invited back for a Repeat Appointment. Please consult the **Repeat Action Plan** to determine this. If there is any question about this, please consult the Shift Supervisor to help determine the patient's next step.

Whenever a decision is made that **does not** follow the **Repeat Action Plan**, please indicate the reason(s) why on the paperwork.

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**Step 12****ULTRASOUND****PERFORMED**

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Step 12 is the role of the Licensed Medical Staff. The Advocate has NO SCRIPT. She should remain silent and neutral with her reactions and behaviors.

The Licensed Medical Staff will prepare the patient for her ultrasound.

When in the ultrasound room and once the ultrasound has been completed, the Licensed Medical Staff will indicate that she is finished by instructing the patient on her next steps. The Advocate will step out of the room IMMEDIATELY, along with the guest (if present). It will take the Licensed Medical Staff a few moments to complete her tasks and to follow you out. This time alone with the Licensed Medical Staff gives the patient the opportunity to ask more personal questions about the ultrasound. We have found this to be a very meaningful and valuable part of the process!

Please complete the Ultrasound Room Notes (page 5 of Patient Intake Form) by marking the appropriate boxes that match your observations of the patient/patient's guest(s) during the ultrasound.

Please be sure the Licensed Medical Staff fills out and signs the appropriate box on page 5 of the Patient Intake Form.

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### Step 13

LICENSED  
MEDICAL STAFF  
PRESENTS  
PERSONALIZED  
SOLUTIONS  
ASSESSMENT  
(PSA) USING  
EXIT PROCESS

Step 13 is the role of the Licensed Medical Staff.

**THE PERSONALIZED SOLUTIONS ASSESSMENT (PSA) IS THE PATIENT'S NEXT STEP. OUR GOAL IS TO BE HER FIRST STEP AS SHE FACES THIS UNPLANNED PREGNANCY. BY GIVING HER THE NEXT STEP THROUGH HER PSA, WE ARE MINIMIZING HER POTENTIAL TO PANIC AND CALL THE ABORTION CLINIC.**

After the ultrasound, the Licensed Medical Staff will re-enter the ultrasound room with the exit process and **PSA** (the Advocate will have completed the appropriate information on the **PSA** and given it to the Medical Staff). The Licensed Medical Staff will ask and record the patient's final stated intention. She will then schedule the Repeat Appointment if appropriate, noting all applicable information on the patient's **PSA**. Two copies of this are made for the patient's chart (one for the Advocate's paperwork and one for the Medical Staff's). The patient is given the original (Step 14) by the Advocate.

Step 13 is also where the Licensed Medical Staff will present the Abortion Risks and Procedures information to the patient whose stated intention warrants this information (only if Abortion is an Option - \*AIO or her intention is Abortion - \*A). This will be determined either by the Advocate or the Licensed Medical Staff earlier in the appointment. This is why it is so important for the Advocate and the Medical Staff to consult with each other after each has met with the patient to determine the patient's stated intention and AVR rating.

We ask the question about the patient's intention twice during our appointment time with her:

1. The Advocate asks Intention at the end of Step 6, before any information has been given to her
2. The Licensed Medical Staff asks Intention at the end of her appointment, after all information has been given and the Ultrasound has been performed

\*It is important that the questions are asked in a non-judgmental, non-agenda driven manner.

Asking the questions at these times enable us to measure our impact on the patient, knowing if we have moved her in a positive direction. Regardless of her response, it is imperative that we politely and professionally accept her intention and respectfully move forward.

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### Step 14

ADVOCATE  
EXIT  
PROCESS

Step 14 is an Advocate role. After the Licensed Medical Staff has completed Step 13 with the patient, she will update the Advocate and give her the completed **PSA** to give to the patient. The Advocate will re-enter the Ultrasound Room to complete the Exit Process.

The Advocate concludes the appointment with a connection to ensure that the patient's needs have been fully met.

**“Is there any other information you feel you need to make an informed decision?”**

The Advocate will escort the patient and her guests to the lobby area. The Advocate will offer the patient an opportunity to fill out an Exit Survey and instruct her to return it to the receptionist so that the patient feels free to be honest in her evaluations.

Regardless of the patient's intention, it is critical that we always **STICK TO THE SCRIPT. TRUSTING THE PROCESS is ESSENTIAL.** *Through all of these steps, we have continued to move her forward, changing her fear of the unknown into confidence in the future by giving her important information.*

**OUR SUCCESS WILL BE MEASURED IN THE NUMBER OF WOMEN WHO LEAVE OUR OFFICE FEELING EMPOWERED TO MAKE A POSITIVE LIFE DECISION.**