Steps Five through Fourteen and the Advocate Script

The Advocate is the **patient's point person**. It is your job 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, secure, and non-judgmental place for her.

You are the person responsible for 'walking' her through the patient 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 the Medical Services Department, remember you are to be aware of 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 patient's **point person** you will be responsible for notifying 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 and secure 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 disagree with any part of the script, brochures or process, it is necessary for you to discuss your concerns and/or questions with the Patient Support Manager or Programs Director before you continue seeing patients.

The Advocate Script

Step 5

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

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 gather some basic information. 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 our intake process - getting some basic information from you, and then providing 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 talk through 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 list of 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 every woman's best interest as our primary focus.

Next, the Advocate will read the explanation of why we would like to have Permission to Contact. This lets her know we would 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. Read the explanation and ask

Do we have permission to call you? Leave a voicemail? Text? Email? When we contact you by any method…etc.

Continue with the appropriate questions by following the Patient Intake Form.

Please ask and document accordingly, making any appropriate notes. 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 text or call and we can't leave a message identifying ourselves, we have no way of getting a hold of her and could lose contact.

Once the Patient understands the Limitation of Services and Permission to Contact, please obtain her signature.

Step 6

ADVOCATE PERFORMS SITUATIONAL ASSESSMENT

Step 6 – The Advocate performs the Situational Assessment using the Patient Intake to direct conversation. Please document any information 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 also recognize her AVR and offer her 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 to look at other options.

Under PREVIOUS ABORTIONS, if the patient answers/indicates "yes" to the question regarding "any Physical or Emotional Effects", state:

> **"In reference to the referral list mentioned earlier, there are resources available to you. There is a small or individual class and a website. Would you like me to mark those referrals for you?"**

Under INTENTIONS AND SUPPORT, if the patient answers/indicates "yes" to the question, "Do you ever feel hurt or threatened by someone in your life," please then ask the next question of, "Are you in immediate danger?"

If YES, please notify your Shift Supervisor immediately. The Shift Supervisor is equipped to address the patient's safety and meet her immediate needs.

If NO, please continue by saying:

> **"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 the patient states that she would like to meet with a staff member, let her know that someone will meet with her after her appointment to give her additional resources. Please then notify your Shift Supervisor of this need as soon as you are able.

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. The guest and Advocate will exit at completion.

Step 7

ADVOCATE REVIEWS OPTIONS

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 communicates 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."**

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

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 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?"**

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. Would you like a copy of this?"**

Indicate on the Patient Intake 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, let her know that 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.

Step 8

PATIENT PROVIDES URINE SAMPLE

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. scheduling repeat appointment, Medical Script, etc.).

Once the Licensed Medical Staff informs the Advocate that they are ready, the Advocate introduces the patient to the Staff assigned to her care. The Licensed Medical Staff will greet the patient 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.

Step 9

ADVOCATE AND PATIENT SPIRITUAL DISCUSSION

As the Licensed Medical Staff runs the pregnancy test, the Advocate addresses the patient's spiritual needs with 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.

Begin this time with the patient by letting her know it takes the Licensed Medical Staff about :05 to :07 minutes to run the pregnancy test. The goal is to help her feel less anxiety about what to expect and feel more secure *(see our Operational Assumptions)*.

> **"It will take the Medical Staff approximately :05 to :07 minutes to run your pregnancy test. We like to use this time to talk about your support system and make sure you have what you need."**

It is important to remember that your patient was likely not expecting to talk about this area of her life when she came to her appointment. Explaining WHY we address spiritual things so that your patient understands how this information is relevant to her is key in her feeling comfortable enough to accept a spiritual discussion.

We recommend that you begin by using some opening, explanatory statements such as:

> **"We like to say that when a woman is facing a pregnancy, she faces it on three different levels: physically, emotionally and spiritually.**
> **–Physically – the Medical Staff will come in shortly and go over questions or concerns you may have,**
> **–Emotionally – this is why we asked many of the questions 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.

As you begin your spiritual conversation, please understand that this step is uniquely relationship driven instead of simply facts driven. While there are hard and fast, unchanging truths that you will be sharing with your patient, this topic is distinctively personal and likely sensitive to her. The "success" of this conversation is in large part due to how well she understands this step & the relationship that she has already built with her Advocate.

To begin, it is important to affirm that relationship by giving her an opportunity to share. We find that when she feels safe, heard, and respected, she is most likely to willingly receive the information you are offering to her. She will respect you as you respect her. As you seek to draw her out, consider using terms that are comfortable to your patient. We are slow to use wording that is too black-and-white "religious" to begin this conversation, finding greater receptiveness to broader terms such as "spirituality", "personal beliefs", etc. These are concepts that are often far more neural and familiar to her, as they are broad enough to encompass any unusual beliefs she may hold."

"You stated that you are not currently active in a specific church or religion; do you have a background in a certain area? Or would you say that spiritual things are a part of your life at all?"

Or some other quick transitioning questions can be…

- **"Do you believe in a higher power?"**
- **"Do you believe in life after death?"**

Be sure to follow up on her answers by asking more personalized questions in response. Perhaps your patient shared that she has gone to church in the past or is familiar with the Bible. You may find it helpful to ask some more specific questions, such as…

- **"To you, Who is Jesus?"**
- **"Do you believe in heaven and hell?"**
- **"Do you think there's a way for us to know for certain where we will go?"**

Let her respond and use that as a beginning of a spiritual discussion. Throughout this time, remember that affirmation is important. Again, she will usually respect you if you respect her. It is important to note that we can affirm her without affirming her beliefs. Thank her for sharing with you and be intentional to build on any common ground. If she believes in a higher power, you could point out that you do too. If she struggles with fear of the unknown, you could point out that you did too before you found the good news of the gospel.

Depending on your patient's answer to the questions you asked, you can begin to transition the conversation to the gospel. For example, if your patient shares that she believes she will go to heaven, you could ask what makes her confident. If she states that 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.

"I would love to share with you a little bit about what I believe," OR, "I would love to share with you a little bit about what has encouraged/helped/supported me in my life."

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

-The gospel is simple.

- 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.

-We need to 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 information on eternal life needs to be relational. Remember that because this step is so relationship based, your authenticity and vulnerability make all the difference to her. It is important that you remain safe and trustworthy to her, and she gauges this by how relatable she believes you are. All too often, Christians are portrayed as unloving, intolerant, and judgmental. Perhaps she has never met a believer that admits to struggling, just like her. To help her trust you, perhaps you want to show some trust in her by sharing something about yourself similar to how she just shared with you. This can help transition into what you believe – the lifesaving work of Jesus Christ.

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 that she has a lot on her mind right now, so 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 as you remain sensitive to her needs. **LISTEN TO HER** and respond accordingly. The training videos will help you with this.

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. If what we say takes far longer than what she shared, this conversation will become a presentation – and feel much less safe and neutral to the patient.

Sometimes it will be appropriate to share the entire message; other times you may just talk about a few 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!

The Center has put together a "God's Eternal Promise" card that you can offer to your patient if appropriate. This way, even if you are unable to "get through" 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.

It is important that you share the gospel in a way that feels natural and authentic to you. If you would like to use the God's Eternal Promise card that we offer our patients as a foundation to this conversation, you can familiarize yourself with it here so that you can offer it in a way that is personable and natural to you.

God's Eternal Promise

God tells us very clearly in the Bible that He created us, He loves us, and He wants to spend eternity with us. This can be explained in just one verse – 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."

What does this mean?

"FOR GOD LOVED THE WORLD SO MUCH…"

God loves everyone in the world, regardless of who they are. It is His desire to spend forever with us, but there is a problem we have as part of our human nature – sin. *"For everyone has sinned, we all fall short of God's glorious standard."* (Romans 3:23) As this verse explains, sin is defined as anything we do that falls short of God's perfectly right and just standard. Until our debt of sin has been paid for, it separates us from God.

"...THAT HE GAVE HIS ONE AND ONLY SON..."

God sent His Son Jesus to earth to pay our debt of sin. The cost was His own life, which he gave willingly as a sacrifice.

Jesus is the One Who *"takes away the sin of the world."* (John 1:29)

When Jesus died on the cross, His death and resurrection paid in full for all the wrong that we have ever done or will ever do in our lives.

"...SO THAT EVERYONE WHO BELIEVES IN HIM..."

People often mistakenly believe that we need to earn God's approval by being "good enough", doing the right things, or doing more good than bad.

However, Jesus does not tell us that we need to earn the way to heaven based on our own goodness. He only tells us to "believe in Him" for eternal life, because His goodness is sufficient.

***"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)**

"...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)**

"..BUT HAVE ETERNAL LIFE."

If we believe, we will not perish because we have "eternal life" – the promise that our soul will remain with Him forever. This everlasting life begins the moment we believe in Jesus for it.

***"He who believes in Me has everlasting life."* (John 6:47)**

God's Word is clear that if anyone simply believes the words of Jesus found in John 3:16, they will not perish but have eternal life with Him in heaven!

This truth about Jesus does not just affect our eternal destination, but also life today. He desires to have a relationship with each one who believes in Him!

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

If you would like to know more about believing in Jesus for eternal life or want to know Him better, you can:
- Spend time reading God's Word and talking to Him (in prayer) frequently.
- Find and attend a church that clearly teaches the Word of God.
- Find and attend Bible study. Spending time with other people who know Jesus will help you learn more about God and the hope He offers you.

-If appropriate, please offer the Gospel of John and God's Eternal Promise 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."

Step 10

PREGNANCY TESTS RESULTS

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 shortens the appointment, moving immediately to Steps 13 and 14.

- A positive test allows the appointment to continue with the Licensed Medical Staff obtaining the patient's health history and determining if an ultrasound will be offered (Steps 11 and 12).

Step 11

HEALTH HISTORY

Step 11 is the role of the Licensed Medical Staff. The Advocate is not present and has NO SCRIPT. You will need to be available once the Medical Staff is finished with this step. During this time, please remember to touch base with the patient's guest as you have guaranteed in Step 5. Remain neutral, being careful to give no details regarding the patient's confidential information to the guest (pregnancy test results, etc.) Simply inform them that the patient is with the medical staff and let them know that you will be back again. Also, during this time, you can review and make sure your documentation is complete thus far.

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, as this would affect the patient's AVR. If the patient revealed any additional previous abortions to the Licensed Medical Staff, it may be necessary to adjust the patient's AVR Chart.

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 are any questions 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 document the reason(s) why.

Step 12

ULTRASOUND PERFORMED

Step 12 is the role of the Licensed Medical Staff. The Advocate has NO SCRIPT while being present in the ultrasound room. The advocate should remain silent and neutral with her reactions and behaviors.

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

If the patient has a guest present at her appointment that she has requested to be in the ultrasound, the Licensed Medical Staff will indicate when it is time for the Advocate to get them. While walking the guest to the exam room, please inform them of where it is appropriate to sit and state: "Please know that due to our privacy policy, we cannot allow cell phone usage – including photos or recordings – in the exam room." Do not enter the ultrasound room until you are finished giving instructions.

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 Advocate Ultrasound Notes by marking the appropriate boxes that match your observations of the patient/patient's guest(s) during the ultrasound.

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 initiate the exit process with the patient.

Step 13 is also where the Licensed Medical Staff will present the Abortion Risks and Procedures information to the patient whose stated intention requires 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.

The Licensed Medical Staff will ask and record the patient's final stated intention. 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 enables 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 stated intention and respectfully move forward.

The Licensed Medical Staff will then schedule the Repeat Appointment if appropriate, noting all applicable information on the patient's PSA.

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 can then mark any referrals requested by the patient and will re-enter the Ultrasound Room to complete the Exit Process.

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

"Is there any other information you feel you need?"

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 directly to the Receptionist so that the patient feels free to be honest in her evaluations.

Flag any *A or *AIO patient for Immediate Follow-Up. Use the intention given during the situational assessment and the intention stated to the Licensed Medical Staff to determine if the patient had or has an intent to abort or is considering abortion. If at either time she was *A or *AIO, flag her for Immediate Follow-Up. This will result in the patient receiving a call from our follow-up staff within 24-48 hours of her appointment, giving her reassurance that she is supported and giving her the opportunity to ask any questions that she may have. A patient can also be flagged for Immediate Follow-Up, even if she is not *A or *AIO, if there are other risk factors in her life and you believe that she can benefit from receiving a call within 24-48hrs of her appointment. Use your best judgement.

Regardless of the patient's intention, it is critical that we always FOLLOW 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 DECISION FOR LIFE.