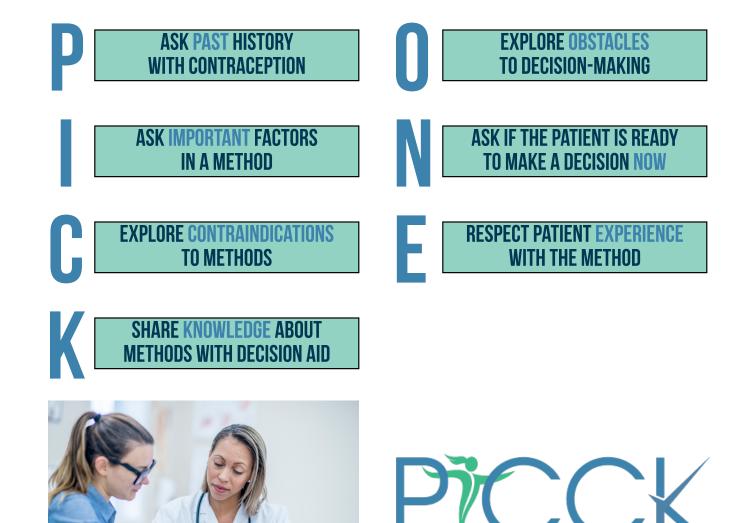
SHARED DECISION-MAKING APPROACH TO CONTRACEPTIVE COUNSELING

Use this mnemonic - PICK ONE to remember the elements of shared decision-making for person-centered contraceptive counseling, leading to a more satisfying encounter for you and your patients



PARTNERS IN CONTRACEPTIVE CHOICE AND KNOWLEDGE

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ASK PAST HISTORY WITH CONTRACEPTION

Ask about their **past** history with birth control—what methods they have tried, liked, and disliked. Knowing specifically what worked for them and what didn't in the past can help guide counseling. This question should be seen as information-gathering, not an opportunity to discuss the biological plausibility of side effects they experienced with different methods. Validate their experiences (without committing to causality) to build trust in the encounter.

ASK IMPORTANT FACTORS IN A METHOD

Ask what the patient thinks is **important** about their birth control method. Providers tend to focus on efficacy, but patients often think more about other factors, such as the effect on their monthly bleeding, their control over stopping and starting the method, and possible non-contraceptive benefits. Understanding the patient's values is vital for individualized counseling that takes into account their preferences.

EXPLORE CONTRAINDICATIONS TO METHODS

Next is to assess **contraindications** to any contraceptive method. If you don't know this patient's history, now is the time to ask pertinent questions about their medical history to determine medical eligibility for the various methods.

SHARE KNOWLEDGE ABOUT METHODS WITH DECISION AID

Now it's time to share your **knowledge** with the patient about their contraceptive options. Research shows that patients value a conversation with their clinician over other ways of getting this information. We find it helpful to use a visual aid that includes information about the various methods. As you counsel, you can indicate which methods may or may not be appropriate for the patient. This approach is especially helpful if a patient doesn't know about all the options available to them. The PICCK website has links to multiple decision aids that you can consider using with your patients.

EXPLORE OBSTACLES TO DECISION-MAKING

Explore **obstacles** to method use. Patients may have conflicting values about what they want in a contraceptive method, but you shouldn't try to resolve these conflicts. Only the patient knows what value is most important to them, so explore any conflicts with them. Hearing a provider reflect back what they are saying, and showing what kinds of decisions need to be made, can help a patient select a method more confidently. Other obstacles may include cost/lack of insurance coverage or the need to keep use of a method private.

ASK IF THE PATIENT IS READY TO MAKE A DECISION NOW

After counseling about methods and answering the patient's questions, inquire whether or not they have enough information to make a decision **now**. They may be ready to make a choice today, or may want to think about their options. Offer to provide written or electronic information about methods that they are interested in. You can also offer a bridge method of birth control until they return for a follow-up appointment. This bridge method could be a pill pack, a box of patches, a Depo-Provera shot, or a supply of condoms and a prescription for emergency contraception.

RESPECT PATIENT EXPERIENCE WITH THE METHOD

Finally, the patient is ready to try out their method. After they've used their contraceptive method, they may want to return for an appointment or touch base with you to discuss their **experiences**. Keep the door open to them, and let them know that you're always available to answer any questions, allay their concerns, manage side effects, and to change their method at any time. It is important to respect the experience your patient has had and any decision they make.



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