**Sample Protocol Template**

**GENERAL INSTRUCTIONS FOR WRITING THIS PROTOCOL -** delete this text from the final protocol.

Use this template as follows:

* Red text represents instructions to you - to be deleted from the final version. For example, when a section starts with “[Choose/modify language…]” you should read the red bracketed phrase, and delete any instructions and/or text not relevant to the final protocol document.
* Blue text represents guidance on suggested content, to be edited and changed to black or replaced with black in the final version.
* Black text represents text that should be incorporated as-is, if applicable; you can adjust black text as needed to suit represent your institution’s protocol.

The submitted version of the protocol should have no red or blue text (including these instructions).

**Institution Pregnancy Intention and Contraceptive Needs Assessment Protocol v. X**

**Purpose**

To provide institution name staff with a protocol for conducting universal pregnancy intention and contraceptive needs assessment screening for patients, including how to conduct the assessment, document responses, and respond to patient answers.

**Background**

Implementation of a routine family planning screening assessment opens the door to a key health-promoting conversation that might otherwise be missed if clinicians adhere solely to the office visit agenda. Screening assessments are designed to address health topics at routine intervals and work best when interventions are immediately available that can improve health outcomes. Such is the case for assessment of pregnancy intention and contraceptive needs. Universal screening of adolescents and adults at every primary care, sexual and reproductive health, and OB/GYNvisit can identify gaps in contraceptive use, recent unprotected intercourse, and chronic medical conditions that might impact a future pregnancy. Informed of a patient’s pregnancy intentions, clinicians can offer interventions such as emergency contraception and initiation of a new contraceptive method to those wanting to avoid pregnancy, and preconception counseling to those considering pregnancy in the next year.

A critical component of universal screening is standardization. Asking all patients the same screening question limits the opportunity for bias and ensures that all patients have their contraceptive needs addressed, including patients who may not routinely be offered contraception (i.e. patients with disabilities, patients who are chronically or terminally ill, patients with same-sex partners). By addressing contraceptive needs with all patients, clinicians have an opportunity to optimize parental and child health outcomes by helping patients plan and space pregnancies.

Family planning is an essential element of primary care, and primary care clinicians should consider patients’ reproductive goals and routinely screen for pregnancy intention and contraceptive needs. The goal of this document is to describe [your institution’s] process and workflow for conducting universal pregnancy intention and contraceptive needs assessment screening.

**Conducting Screening** [choose/modify the language provided based on how your institution will be conducting PICNIC]

[If a scheduler is conducting PICNIC, include the following text; otherwise, delete text] A scheduler will conduct verbal screening when the patient calls to make their appointment. The scheduler will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If PICNIC will be conducted using a paper-based intake form or pre-appointment screener, include the following text; otherwise, delete text] Staff will conduct screening using an intake form or different waiting room screener or pre-appointment screener. The form will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If PICNIC will be conducted using a pre-visit electronic screener, include the following text; otherwise, delete text] A screening question will be added onto an existing pre-visit electronic screener. The screener will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a medical assistant is conducting PICNIC include the following text; otherwise, delete text] A medical assistant will conduct verbal screening while rooming the patient or obtaining vital signs, prior to the clinician encounter. The medical assistant will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a family planning counselor is conducting PICNIC include the following text; otherwise, delete text] A family planning counselor will conduct verbal screening while providing initial education. The medical assistant will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a nurse is conducting PICNIC include the following text; otherwise, delete text]A nurse will conduct verbal screening prior to the clinician encounter. The nurse will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

[If a clinician (NP, PA, CNM, DO, etc) is conducting PICNIC include the following text; otherwise, delete text] A clinician will conduct PICNIC verbally during the patient encounter. The clinician will ask insert PICNIC question here, which can be identified using the Toolkit or Worksheet resources.

**Documenting Screening** [choose/modify the language provided based on who in your institution will be conducting PICNIC]

[If scheduler/intake form/screener will document the result using a paper-based form, use the following text; otherwise delete] The screening result will be documented using insert method here, including but not limited to paper patient records, a “tickler” chart with a paper billing form, other. The clinician will be cued to discuss contraception with the patient by [insert notification/cue method] or conception planning by [insert notification/cue method].

[If scheduler/intake form/screener will document the result using EMR, use the following text; otherwise delete] The screening result will be documented in EMR using insert method here, including but not limited to “pop-up” question with a hard stop, “pop-up” question without a hard stop, question in the flowsheet, place in a pre-completed note, or other type of documentation.

[If a medical assistant/family planning counselor/nurse is conducting PICNIC and handing the result off to the clinician verbally, use the following text; otherwise delete] The screening result will be handed off verbally to the clinician when insert timing/point of clinical encounter.

[If a medical assistant/family planning counselor/nurse is conducting PICNIC and documenting the result using a paper-based method, use the following text; otherwise delete] The screening result will be documented using insert method here, including but not limited to paper patient records, a “tickler” chart with a paper billing form, other. The clinician will be cued to discuss contraception with the patient by [insert notification/cue method] or conception planning by [insert notification/cue method].

[If a medical assistant/family planning counselor/nurse is conducting PICNIC and will document the result using EMR, use the following text; otherwise delete] The screening result will be documented in EMR using insert method here, including but not limited to “pop-up” question with a hard stop, “pop-up” question without a hard stop, question in the flowsheet,  place in a pre-completed note, or other type of documentation.

[If a clinician is conducting PICNIC and will document the result using EMR, use the following text; otherwise delete] The screening result will be documented in EMR using insert method here, including but not limited to “pop-up” question with a hard stop, “pop-up” question without a hard stop, question in the flowsheet,  place in a pre-completed note, or other type of documentation.

**Responding to Screening**

Regardless of the patient’s response or who is conducting PICNIC, there are several key principles that all staff should consider when responding to patients’ answers to the PICNIC question (Section 6 of the PICNIC Toolkit has more information on each of these principles). These include:

* Responding without judgment
* Clarifying when needed, maintaining boundaries inherent to the screener’s clinical role
* Affirming the patient’s wishes
* Explaining next steps

[If a scheduler is conducting PICNIC you can include this text; otherwise delete] Once the scheduler has documented the screening result, they can explain the next steps to the patient by saying something such as, [this text can be modified as desired] “Great, I will note your interest in discussing insert need for the clinician who will try to assist you today.”

[If an MA/nurse/family planning counselor is conducting PICNIC you can include this text; otherwise delete] If the MA/nurse/family planning counselor documenting the screening result is not trained to conduct contraceptive counseling, they might respond, [this text can be modified as desired] “Great, I will note your interest in discussing insert need for the clinician who will try to assist you today.” If the MA/nurse/family planning counselor is trained to conduct contraceptive counseling with a patient, they might begin the conversation after conducting PICNIC.

[If a clinician is conducting PICNIC you can include this text, otherwise delete] After documenting the screening result, the clinician might then conduct full contraception or preconception counseling, depending on visit flow.

[It is important to have a clear protocol for staff to follow in the event that your institution cannot accommodate their needs during the same encounter. Please include the following text as appropriate for your institution].

[If your institution does not provide prenatal counseling, include this text; otherwise delete] Patients desiring prenatal counseling will be referred to insert referral name and contact information within insert timeframe.

[If your institution does not provide IUDs and implants, include this text; otherwise delete] If the patient desires an IUD or implant, they will be referred to insert referral name and contact information within insert timeframe.

[If your institution may not be able to provide full counseling at each visit, include this text; otherwise delete] If it is not possible to provide the patient with thorough contraceptive counseling during the encounter, patients will be rescheduled within timeframe and offered a bridge method such as condoms and emergency contraceptives to take home with them that day.

**Staff Onboarding and Training for Screening**

**Onboarding:** Specify which staffshould be trained on this protocol within specify timeframe of hire/policy adoption by specify who will review this protocol with them. In addition, specify which staff should undergo training for specify what type of training using the specify PICNIC training course/website/etc. within specify timeframe of hire. [Refer to Appendix X for training resources; delete this text] Completion of training will be documented specify how, where, and by who.

**Ongoing Training*:*** Specify which staff should undergo training for specify what type of training using the specify training course/website/etc. every specify how often. [Refer to Appendix X for training resources; delete this text] Completion of training will be documented specify how, where, and by who.

**Supplies for Screening**

The selected screening workflow requires the following supplies: paper decision aids/colored sticky notes/expo markets/tablets/etc. The staff responsible for stocking these supplies on a timeframe basis is staff person/role. Supplies will be stored in location.

**This policy will be reviewed and updated every timeframe by person/committee.**

**Accepted: date**

**Signatures:**

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Person, role Person, role