

Emergency Contraception Counselling - Mark Scheme

OPENING THE CONSULTATION		
1	Introduce yourself	
2	Confirm patient details	
3	Check the patient's understanding of the types of emergency contraception available	
4	Explore the reasons why the patient wants emergency contraception (including ideas, concerns, expectations)	
EXPLANATION		
5	Explain when emergency contraception can be used	
6	Explain where emergency contraception can be accessed from (for future reference)	
7	Explain that there are 3 types of emergency contraception available (EllaOne, Copper IUD, Levonorgestrel)	
8	Explain the advantages of each (or the advantages of the one the patient wants)	
9	Explain the disadvantages of each (or the disadvantages of the one the patient wants)	
10	Explain the risks associated with each type of emergency contraception	
FOLLOW-UP		
11	Explain the need to take a pregnancy test if; the patient feels like they are pregnant, the patient has not had a period within three weeks of having emergency contraception or if a hormonal method of contraception was started soon after using emergency contraception.	
12	Explain how the patient's regular contraception should be taken after the emergency contraception (if relevant). If this patient is not on contraception, advise the patient to consider long term contraception options.	
CLOSING THE CONSULTATION		
13	Ask if patient has any further questions	
14	Check understanding	
15	Summarise key points	
16	Provide leaflet	
17	Thank patient	
KEY COMMUNICATION SKILLS		
18	Active listening	
19	Summarising	
20	Signposting	