



OSCE Checklist: Emergency Contraception Counselling

Opening the consultation	
1	Wash your hands and don PPE if appropriate
2	Introduce yourself to the patient including your name and role
3	Confirm the patient's name and date of birth
4	Explore why the patient wants emergency contraception
Ideas, concerns and expectations	
5	Explore what the patient currently understands about emergency contraception
6	Ask if the patient has any concerns about emergency contraception
7	Explore what the patient is hoping to get out of the consultation
Explanation	
8	Explain when emergency contraception can be used
9	Explain where emergency contraception can be accessed from
10	Explain the three types of emergency contraception available (EllaOne, copper IUD, levonorgestrel)
11	Explain the advantages of each type of emergency contraception
12	Explain the disadvantages of each type of emergency contraception
Follow-up	
13	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.
14	Explain how the patient's regular contraception should be taken after the emergency contraception (if relevant). If the patient is not on contraception, advise the patient to consider long term contraceptive options.
Closing the consultation	
15	Summarise the key points back to the patient
16	Ask the patient if they have any questions or concerns that have not been addressed
17	Direct the patient to any websites or leaflets with further information
18	Arrange appropriate follow-up
19	Thank the patient for their time
20	Dispose of PPE appropriately and wash your hands
Key communication skills	
21	Active listening
22	Summarising
23	Signposting