Combined Oral Contraception (COCs)

Directions

Two participants in your group will assume (or be assigned) roles. One will be a clinician, the other a client. Participants taking part in the role play should spend a few minutes reading the background information and preparing for the exercise. The observers in the group also should read the background information so that they can participate in the small group discussion following the role play.

Participant Roles

Clinician: The clinician is an experienced family planning provider, who is skilled in counseling.

Client: The client is 31 years old and began taking COCs after the birth of her fifth child 2 years ago. At that time, she was screened for medical conditions that might be a precaution for COC use, but none were found. She has had no problems with COCs, once she got over the initial nausea and breast tenderness. Her husband died several months ago and she has had to take a second job in order to provide for her children. She never gets more than 4 hours of sleep each night.

Situation

The client has now returned to the clinic complaining of headaches that she believes are caused by the COCs. She is very nervous. Her mother-in-law told her about someone who, after using COCs for years and suffering bad headaches, died because the COCs caused something in her head to burst.

Focus of the Role Play

The focus of the role play is on the interaction between the clinician and the client. The clinician needs to assess the extent of the client’s headaches and their possible relationship with COCs. She needs to counsel and reassure the client and recommend a plan of management. The client should remain adamant in her belief that the COCs are causing her headaches until the clinician provides her with the information and management plan that will calm her concerns.

Observer Discussion Questions

1. How did the clinician approach the client?
2. How did the client respond to the clinician? Did the clinician change her approach based on this response? If so, was it appropriate?
3. Did the clinician accurately assess the relationship of the headaches to the COCs? Did she outline an appropriate management plan?
4. How might the clinician improve her interaction with the client?