

PAPAYA WORKSHOP ROLE PLAY

Two people can do this informal role-play to illustrate abortion options counseling and manual vacuum aspiration (MVA) in a primary care office setting. This example is meant to begin destigmatizing abortion care and demonstrating how it can be part of a primary care setting where other kinds of health care services are routinely provided. We recognize that this may not be feasible in all practice settings or communities. So we welcome you to adjust the language and script if you prefer to reflect a scenario more common in your community.

Clinician/Narrator: I'm here in my office with my patient, Susan, a cisgender woman. At a previous visit, she told me that she had never gotten around to filling her prescription for her contraceptives. For a few weeks, she had been feeling nauseated in the morning and wondered if she might be pregnant. She also realized that she still didn't get her period. We did a pregnancy test and it was positive. She was really surprised and upset and so we made an appointment for today to talk more about it.

(Clinician/Narrator turns to patient.): "So, Susan, you've had a bit of time to digest this information. What thoughts or feelings are coming up for you right now?"

Susan: "It's just not in my plans to have a child right now. I've decided that I just really need to be referred for an abortion."

Clinician: "Well I want you to know I appreciate the thought you put into this decision. And I'm here to support you. You actually don't have to go anywhere else for your abortion. If your pregnancy is early, I can do early abortion care here in the office."

Susan: "You do? You mean, right here in this office? How do you do that?"

Clinician: "Yes, I offer both early abortion care options – using abortion pills or an in-office procedure called a manual vacuum aspiration or MVA. We can talk about the things you need to know about each method and then you can decide which sounds better to you. First, I will just give you a fact sheet about each method, give you some time to think over the options, then I'll come back and answer any questions you might have."

Clinician – to audience: In a busy office, people may need some time to talk and digest information. So, I often give them some of the information to read while I go see another patient or prepare paperwork or the ultrasound machine, if needed. In most cases, we don't need to do an ultrasound because we can confirm how far along the pregnancy is by asking about the patient's last period. In this case, Susan didn't have a consistent period with the birth control she was using so we are not able to assess her gestational age this way.

Giving a little bit of time to read through the abortion options also leaves space for some patients to talk to a support person, like a partner. Some patients bring a support person to the appointment, others may want to call someone. If they decide to have the abortion procedure, sometimes they want to call in a support person during the procedure or come back on a day when they can have their support person with them.

Clinician: “So, Susan, what do you think about what you have read?”

Susan: “I’m interested in the abortion pills, but it’s new to me. I’ve had a few friends who have done the abortion procedure, but I am not too familiar with the pills.”

(Note to facilitator: Depending up how much time you have for this presentation, you can be more or less detailed with the options counseling. Since we used this to introduce MVA, we edited the discussion about abortion options to keep the role-play short.)

“But the main thing is, I’d like to miss as little work as possible, and have this over as soon as possible. So, it seems like an in-office procedure would do that the best. When can we do this?”

Clinician: “Well, I can schedule you to come back later today, because this is the afternoon when I do procedures. So, we can do it today, if you’d like. I’d like to do a sonogram first, since we’re not sure just how many weeks pregnant you are, and give you some Ibuprofen that needs about 30 minutes to get into your system.”

Susan: “Today would be great. Can, my partner who is waiting outside, stay with me during the procedure?”

Clinician: “Absolutely, your partner can stay with you if you’d like. Let me get you the ibuprofen first, and then I’ll describe the procedure, do the sonogram, and give you a consent form to read and sign.”

Clinician/Narrator – to audience: *Susan takes the ibuprofen. I do the sonogram and confirm that she’s 9 weeks pregnant, which is within the ability of our primary care practice to do. I describe the procedure and Susan reads and signs the consent form. We get her ready, seated with a blanket or sheet over her waist, on the exam table and start by asking for consent.*

Clinician: “If you would like I can explain each step as I do it. If at any point you want me to stop or you need a break, you can just let me know or give me a signal and we will pause. You are in control, and I won’t do anything without your consent.”

(Susan agrees and wants each step explained)

“Go ahead and sit on the exam table like you would be for a pap smear. I will use a slightly larger speculum and give you some internal injections to take the edge off the discomfort of the procedure. It may help to take a big breath in and slowly exhale. You will still feel me stretching your cervix open to reach your uterus which feels crampy and similar to your period. You’ll feel a tugging sensation when I remove the pregnancy with this aspirator (*shows Susan the MVA syringe and demonstrates the strength of the suction on her finger.*) The suction is gentle, and the whole procedure itself only takes about 6 to 8 minutes.”

This is a good place to pause and see if the participants in the workshop have additional questions.

Next, the patient holds the papaya while the “clinician” does the procedure on the papaya, talking as one would during the procedure. For example, “Now you’re going to feel the injections, sometimes it helps to take a big breath in and slowly exhale...” and so on...You can use similar language from the counseling.

For med students, we actually don’t bring needles, we just pretend to do the injections with a 10 cc syringe. We do put a tenaculum on the papaya, wipe with the gauze on a sponge stick, dilate it to a #10 denniston and remove the seeds with a #10 cannula.