

Group Discussion Guide and Questions

For Facilitators:

The following questions and topics are suggestions to help you guide a discussion after participants have viewed the virtual reality experience. You can choose those most relevant to the individual or group you're working with, or personalize your discussion by adding questions.

Ensure the group knows these questions are meant to generate open discussion and self-exploration. Their responses will not be used for assessment or shared with others. Encourage them to be candid.

Character Response

1. What factors in the story caused you to feel sympathy?
2. What factors in the story caused you to feel judgement? Toward the woman? Toward the care providers?
3. What parts of the story had the greatest effect on you?

Care Provider Response

4. How did care provider #1's behavior make you feel? #2's? #3's?
5. Have you encountered behaviors similar to those demonstrated by the care providers in your own training or practice? In your personal medical care?

Personal Reflection

6. How did the story make you think differently about your patients' experience?
7. How did the story make you think differently about how you approach your patients?
8. How do your thoughts, personal experiences, or biases affect your words and behaviors when interacting with patients?
9. What are some ways you can address your thoughts so that your words and behaviors make women feel more supported?
10. What did the story inspire you to change in your future education or professional practice?

Professionalism

Doctor #1

1. Discuss the reality of this experience, especially in rural or conservative areas.
2. Discuss how this experience may set a woman back in her timeline of obtaining an abortion.

3. What professional realities or institutional and legislative barriers contribute to this doctor's refusal to provide an abortion?

Examples:

Lack of exposure to or training in abortion care.

- Medical education and residency programs lack routine training in abortion care.
- Public funding or other restrictions on medical schools and teaching hospitals.
- Lack of exposure in training perpetuates biases toward women who get abortions and false assumptions about safety and prevalence.
- Conscientious Refusal allows care providers to abstain from providing.
- TRAP laws make it difficult for physicians to provide abortions, further stigmatizing.
- Stigma toward physicians who provide abortion.
 - Practice restrictions and fear of repercussions from colleagues
 - Colleagues may see abortion as less skilled procedure
 - Climate of harassment and violence at abortion clinics

4. How would you respond to a woman who sees you after this experience?

Nurse #2

1. What factors may have gone into this nurse's language and behavior choices? Make a list of all the possibilities.

Examples:

- She is having a bad day.
 - She's been trying to get pregnant without success.
 - She thinks the woman is in a good position to support a baby.
2. Discuss how care providers and health professionals in various roles throughout a hospital, clinic, or practice (nurses, MAs, ultrasound techs, ED staff) may not have had the opportunity to explore their personal biases and professional responsibility and how this may affect the care they provide.
 3. How can you encourage a professional culture or classroom environment where your colleagues are supported in exploring their personal thoughts and feelings toward abortion?
 4. How would you respond if you learned a colleague was exhibiting similar behavior toward patients?

Doctor #3

1. Are you satisfied with this doctor's response?
2. What could she have done to further normalize abortion and validate her patient's insecurities?
3. What positive effects may validation of the woman's history have on the future of the doctor-patient relationship and the woman's care?