

 innovating education
in reproductive health



PLANNING FOR A CAREER THAT INTEGRATES
ABORTION AND FAMILY PLANNING

“The day I interviewed for my job, no one used the word **abortion** except for me. A year later, abortion is an acceptable word among my colleagues. I found that framing abortion as an important service within a range of family planning services helped us bridge a divide.”

Planning for a Career that Integrates Abortion and Family Planning

RESOURCES TO FIND THE JOB YOU WANT

- Preparing for your career
- Interview tips
- Negotiation strategies
- Thinking strategically

Preparing for your career

SET PRIORITIES

Take some time to do the important internal preparation of determining what matters most to you in selecting a position.

CONSIDER THESE FACTORS

- Location
- Size of the community
- Work-life balance
- Patient population
- Practice size
- Clinical autonomy
- Balance of clinical work
- Prevalence of administrative work
- Compensation
- Schedule
- **Ability to integrate family planning and abortion**

MODELS OF ABORTION INTEGRATION

Which model best fits your idea of how you would like to integrate family planning into your practice?

Integrate Medication Abortion

Perform medication abortions during regular consultation appointments. In order to reduce in-clinic time, provide counseling over the phone, have patients do lab work and pick up prescriptions the day before.

Perform In-office Manual Uterine Aspiration

Perform MUAs for your patients in a regular exam room during office hours. Schedule abortion/miscarriage patients in longer time slots at the end of the day when they can rest without occupying exam room space.

Accept Referrals

Reach out to a high-risk obstetrics practice and accept referrals to provide abortion care for women with abnormal pregnancies. Fit patients into your clinic schedule for pre-op visits and laminaria and schedule procedures in the OR or an ambulatory surgical center.

Moonlight

Spend one or two days per month working as an abortion provider in a free-standing clinic.

Refer and provide family planning

Provide comprehensive contraceptive care for your patients; counsel patients with unwanted pregnancies about their options and refer patients to a trusted provider in your community.

CAREER PLANNING WORKSHEET

THIS WORKSHEET IS DESIGNED TO HELP YOU THINK ABOUT WHAT COMPONENTS OF YOUR FUTURE CAREER ARE MOST IMPORTANT TO YOU.

My geographical focus is restricted to a specific area.	Absolutely	Flexible	Not at all
I want to work with residents and medical students.	Absolutely	Flexible	Not at all
I want research to be a major focus of my job.	Absolutely	Flexible	Not at all
I want to participate in global health projects.	Absolutely	Flexible	Not at all
I want to continue to practice obstetrics.	Absolutely	Flexible	Not at all
I want to continue to practice gynecology.	Absolutely	Flexible	Not at all
It is important to me to be part of a practice with established integrated abortion care.	Absolutely	Flexible	Not at all
I want the majority of my work time to be focused on family planning.	Absolutely	Flexible	Not at all
I want the majority of my work time to be focused on general ob-gyn.	Absolutely	Flexible	Not at all
I want to do administrative work.	Absolutely	Flexible	Not at all
I would like to work on budgets/finances/operations.	Absolutely	Flexible	Not at all
I would like to manage people/be a boss.	Absolutely	Flexible	Not at all
I want to focus some of my time on policy.	Absolutely	Flexible	Not at all
Some parts of my career plan are non-negotiable.	Absolutely	Flexible	Not at all

NOT ALL RESTRICTIONS ON ABORTION COME FROM THE GOVERNMENT

In a recent study of ob-gyns who finished training in 2010, respondents reported the following reasons for not being able to incorporate abortion and family planning as they wished.

INFORMAL RESTRICTIONS

“My office is not supportive. For example, my office manager says she would quit if we provided abortions.”

FORMAL RESTRICTIONS

“Hospital administration does not allow elective abortion in the hospital.”

CONCERN ABOUT VIOLATING COMMUNITY NORMS

“Small community with conservative views on abortion.”

STATE-LEVEL RESTRICTIONS

“The new legislation in [my state] makes it impossible for us to perform elective terminations for state-funded patients at our hospital.”

PARTICIPATION IN A SUBSPECIALTY

“Logistics in my daily practice of urogynecology-too busy with other things.”

Impact of abortion restrictions on patient care

Even if integrating abortion is not your highest priority, restrictions around abortion can impact other components of care. For example, how will your patients receive care in the following situations?

SCENARIO 1: Previablen PPRM

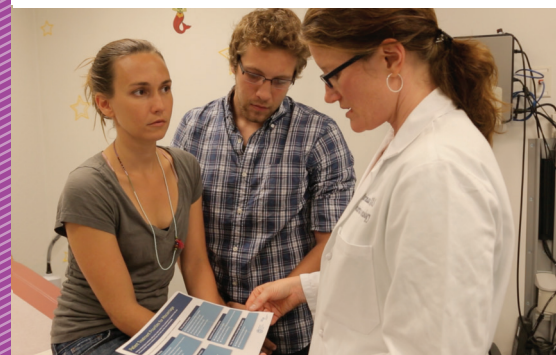
SCENARIO 2: Diagnosis of advanced breast cancer in a pregnant patient

SCENARIO 3: Diagnosis of a lethal fetal anomaly on ultrasound

CONSIDER THE FOLLOWING QUESTIONS:

1. Are patients counseled about terminations in these types of scenarios?
2. Who does the counseling?
3. Is it possible to schedule a surgical or induction termination?
4. Where would the patient undergo the termination?
5. Would the patient be referred elsewhere?
6. Is there a committee involved in determining care?
7. Are there any restrictions from the hospital or nursing staff?
8. For the PPRM patient, what if the fetal heart is still beating? What if she has chorioamnionitis?
9. For a fetal anomaly, what if the anomaly is not lethal? What if it is trisomy 21?

Discuss these scenarios with any potential practice to get a sense of how well your values about patient care will mesh with theirs.



Interviewing tips

Joining a practice with different values from your own is not likely to lead to a positive experience. However, it may be appropriate to be cautious in the way you ask about abortion.

LEARN AS MUCH AS POSSIBLE BEFORE THE INTERVIEW

- Call the local Planned Parenthood, free-standing clinic, or academic ob-gyn department to learn about the reputation of the practice and any impressions about their attitudes toward abortion
- Read patient reviews
- Review marketing materials
- Look up any publications by the partners or affiliated hospital staff

Be prepared for one of your interviewers to react negatively to the thought of bringing abortion into the practice. As part of your internal preparation, determine how you will react if the suggestion of incorporating abortion is rejected. **Is abortion integration a deal-breaker for an otherwise ideal job?**

BROACHING THE TOPIC OF ABORTION

Ease into the discussion of abortion by asking about the patient population and general practice:

- What proportion of women cared for in the practice are of reproductive age?
- What contraceptives are regularly prescribed? Are long-acting contraceptives (IUDs and implants) provided?
- How are miscarriages managed? Is uterine aspiration integrated in an outpatient setting and/or emergency room?
- How are high-risk pregnancies and genetic anomalies handled? Where is a woman referred if she desires a termination?
- Is there a consensus among the group about how to approach patients with unintended pregnancy or those desiring elective abortion?

Frame your interest in providing abortion in the context of continuity of care and an additional billable service. Offer to provide research about the cost-effectiveness, safety, and patient satisfaction of in-office aspiration abortion provision to ground the conversation in evidence, not emotion.

Highlight your abortion training as a special skill set. Training in family planning and abortion involves more than just procedural skills. Emphasize all of skills you gained from family planning training:

- Contraceptive counseling, knowledge and skills
- Pregnancy options counseling
- Early ultrasound
- Ambulatory surgery
- In-office pain management
- Uterine aspiration for elective abortion and early pregnancy failure

“I grew up in the midwest and always knew I’d want to go back there to practice. I assumed I’d have to be low-key about my desire to integrate abortion. But, I was surprised during my interview that my training made me a more desirable candidate.”

Negotiation strategies

SET GOALS: INTERNAL PREPARATION

- Identify the alternatives: What will you end up with if this negotiation fails?
- Evaluate each aspect of the negotiation separately.
- Define the best outcome, target, and minimum acceptable offer using objective benchmarks, not gut feelings.

MAKE A PLAN AND PRACTICE

- Write out your negotiation plan.
- Brainstorm questions you want to ask and answers to questions you expect.
- Develop strategies to address their concerns about integrating abortion.
- Look for places where you may be able to compromise.

Don't respond to an offer on the spot.

Take the time to evaluate the offer and compare it to your goals for each aspect of the negotiation. If the offer doesn't meet your minimum requirements, 1) ask for more, and 2) be willing to walk away.

ADVOCATING FOR THE PRACTICE YOU WANT

When you ask about incorporating abortion into your practice, you may get pushback from your potential employer. Here are some potential arguments against integrating abortion and how to talk about them:

CONCERN ABOUT LOSING PATIENTS

- Offer to provide abortions only by patient requests, for medical indications, or by referral from other ob-gyns without marketing the service.

MORAL OPPOSITION TO ABORTION FROM PARTNERS

- Frame the conversation around a patient who you were able to care for compassionately because of your training in abortion.
- Stay focused on the needs of patients and if necessary, on patients with medically-necessary abortions.

FEAR OF BECOMING A HIGH-VOLUME PROVIDER

- Emphasize a desire to provide continuity of care for patients already in your practice or to accept referrals from other clinicians in your hospital or group and not to market the service widely.

EXAMPLE NEGOTIATION:

Dr. M is preparing her negotiation plan after being offered a position with a group practice in a mid-sized city in the midwest. The most important components for her are compensation, work hours, and the ability to offer uterine aspirations in her office setting. As she proceeds, she will evaluate each part of the negotiation separately.

COMPENSATION

Dr. M determines an ideal salary offer, a minimum acceptable offer, and a target salary based on comparable salaries of other first-year physicians in the same town.

WORK HOURS

She sets her ideal schedule, the maximum number of hours she is willing to work, and a target number of hours.

IN-OFFICE PROCEDURES

Dr. M then determines what level of integration of in-office procedures would be ideal, the minimum acceptable level, and a goal. She decides she is unwilling to join the practice if she will not be able to provide aspirations at least for early pregnant loss.

The first offer from the practice includes a salary below her target level, but requires fewer days on call than she is willing to work. She decides to ask the practice if she can take one more call shift per month in order to achieve her target salary. She also confirms that she will be able to integrate the in-office procedures. She learns that no one in the practice is currently doing this, but that they are open to her taking the lead in bringing this practice to the group.

After adjusting the salary and work hours and getting confirmation in her contract that she can practice as she wishes, Dr. M accepts the position!

Think though your own practice priorities and envision how you would handle a contract negotiation.

Be confident that your preparation will lead you to a successful outcome!

“I set myself up in this place where the job was what I wanted to be doing and the people seem open. I decided to work from within, get established in the community, so that when it comes up, they know me and it’s not a huge issue.”

Thinking strategically about integrating abortion in restrictive environments

If your first job after residency does not include abortion provision, envision the kind of practice you want to have in five years and how to get there.

- Work hard, get to know your colleagues, and become known in your community as a great doctor.
- Begin managing miscarriages in the office or ER using MUA.
- Start casual conversations with the staff to uncover resistance and emphasize the positive experiences you had during your training.
- Learn as much as you can about the institution and the needs of your patients.
- Join a committee within the hospital. Become familiar with the power structures and gain the respect of administrative leaders.
- Join ACOG and the ob-gyn society in your region and take a leadership role.
- Highlight how incorporating outpatient procedures into the practice can benefit many areas of patient care such as hysteroscopy, colposcopy, and miscarriage management in addition to abortion.

Planning for change

These two physicians are focusing on establishing their careers in the short term while keeping their eye on the goal of integrating abortion.

CASE 1: BUILDING SUPPORT

After discussing abortion during two interviews in the midwest, Dr. B was told, unequivocally, that she could not perform abortions despite the lack of formal restrictions. Instead of giving up her ambition to provide abortion in a small town, she accepted a position in a different practice without asking specifically about abortion—but not before ensuring that no formal restrictions were in place and having her contract reviewed by a lawyer.

SHORT TERM: Focus on building a strong practice while integrating less controversial family planning services.

LONG TERM: After securing board certification and gaining the respect of partners, staff, and the community, work slowly to integrate family planning.

CASE 2: MAKING CHANGE

Dr. C joined a small group practice in the northwest that does not currently perform abortions, but does not oppose them. Their primary hospital was recently converted from a Catholic hospital to a secular one, but many of the staff members continue to oppose abortion and family planning.

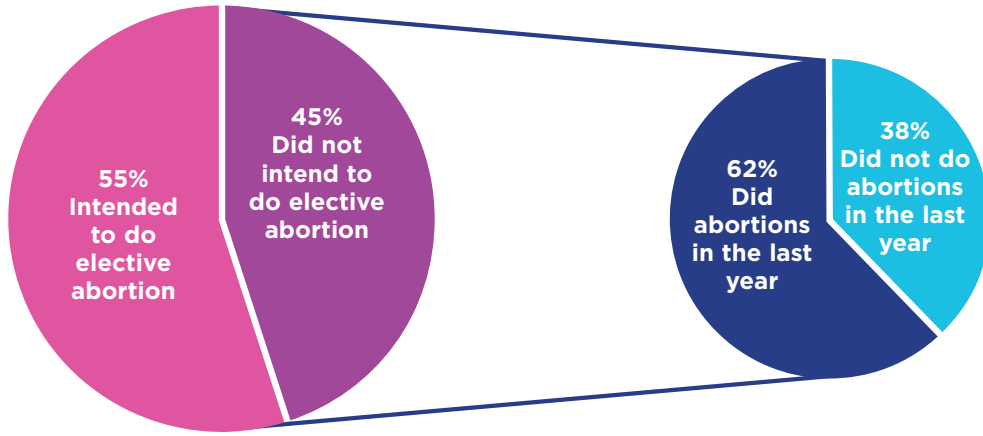
SHORT TERM: Integrate early first-trimester abortion services within the office using medication abortion, MUA, or both.

LONG TERM: Join a committee at the hospital to encourage a policy change.

What happens after residency

A recent study asked ob-gyns residents about their practice plans and then followed up two years later. During residency, more than half reported intending to do abortions in practice. Of those who intended to do abortions, almost 60 percent did at least one.

Percent who did one or more abortions in the last year by intention to do abortions



POSITIVE FACTORS

The most important positive factors contributing to doing abortions in the last year were:

- Adequate training
- A logistically simple process to do abortions
- Political and conscientious commitment to abortions

NEGATIVE FACTORS

For physicians who intended to be abortion providers during residency who were not able to provide the service as they wished, the biggest negative factors were:

- Logistic challenges in doing abortions
- Hospital or practice group restrictions prohibiting abortion provision
- Fear of community response
- Feeling that abortion care is provided better by others

If offering abortion care after residency is a priority for you, consider these factors when selecting a position.

For more information about integrating family planning into practice after residency or to join our support network, visit www.innovating-education.org/support.

Through Innovating Education in Reproductive Health, you can access career resources, keep up-to-date with clinical research, share experiences about clinical practice challenges and successes and network with other physicians and clinicians committed to family planning and abortion.

Innovating Education in Reproductive Health is a program of the Bixby Center for Global Reproductive Health at UCSF and serves as a collaborative platform to develop, study, and disseminate curricular tools to teach about sexual and reproductive health issues to a variety of learners. We also promote access to quality care in abortion and family planning by supporting physicians and clinicians with this training to incorporate these skills into their practice.

If you have questions about our program or would like to talk about your career plans, contact info@innovating-education.org.

