

The Importance of Integrated Abortion Training in Medical and Nursing Education

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advancing health worldwide™

Medical and Nursing Education in U.S.

- Medicine
 - 4-year college → medical school → specialty training
 - Residency programs that include sexual & reproductive health
 - Family medicine and Ob-gyn
 - Internal medicine, General surgery, Emergency medicine
- Physician's Assistant
 - 4-year college → PA school
- Nursing
 - Undergraduate programs – RN, LVN, Bachelor's
 - Graduate programs – midwifery and nurse practitioner

Why Integrate Abortion Training?

- Prepare physicians and clinicians to provide:
 - Empathetic support, counseling and referral for women with unintended pregnancy
 - Contraception
 - Post-abortion care and management of complications
 - Evidence-based management of early pregnancy loss
 - High-quality abortion care
- Increase number of abortion providers
 - Increased access and decreased mortality

Why Integrate Abortion Training?

Clinical Skills

- Pre-abortion care:
 - Preoperative work-up
 - Pregnancy options counseling
 - Contraception counseling
 - Ultrasound
- Abortion care:
 - Pain management
 - Dilation, aspiration, evacuation
 - Medication abortion care
- Post-abortion care:
 - Management of complications
 - Contraception provision



All transferable skills

Why Integrate Abortion Training?

- Transferable skills



- Situations other than elective abortion
 - Empathetic counseling
 - Outpatient surgery
 - Trans-cervical procedures
 - Evidence-based pregnancy loss
 - Outpatient uterine aspiration
 - Emergent evacuation
 - Ultrasound

Why “Routine” / “Opt-out” Training?

Studies have found that two factors consistently predict post-residency provision of abortion

- Routine inclusion of abortion in residency
- Starting residency with the intention to provide abortion

Ensures that all learners are exposed to training

Undergraduate Medical Education

Students Desire Training

- U.S. medical students
 - 100 students at 1 school – 96% abortion should be included
 - 127 students at 1 school – 80% abortion should be included
 - 220 students at 1 faith-based school – 65% wanted more info
 - 312 health students (medicine, nursing, PA) at 1 school – 65% abortion should be included in clinical training
- Students in 3 Malaysian medical schools (n=991)
 - >90% wanted more training on abortion and counseling
 - 75% wanted more training in aspiration and medical abortion
- Irish students at 1 medical school (n=169)
 - 76% abortion education should be mandatory / 19% optional

U.S. Undergraduate Medical Education: APGO Learning Objectives

Intended Learning Outcomes	Level of Competence
A. Provide non-directive counseling to patients surrounding pregnancy options	D
B. Explain surgical and non-surgical methods of pregnancy termination	KH

Levels of Competence

K = Knows

KH = Knows How

SH = Shows How

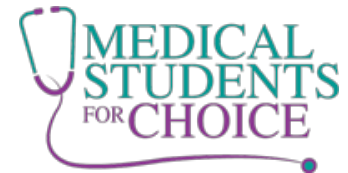
D = Does



APGO: Association of Professors of Gynecology and Obstetrics

U.S. Medical School Training

- Study of inclusion in pre-clinical curriculum 2002-2005
 - 67% report inclusion of elective abortion
 - Minimal time and often included only in ethics
- Clinical rotations
 - 23% no formal education about abortion
 - 32% lecture and 45% clinical exposure
 - When offered, rated highly
- Advanced rotations
 - In individual programs and through Medical Students for Choice
- Ongoing efforts to improve education



South African Medical Student Case Log

PROCEDURES WITNESSED & DONE

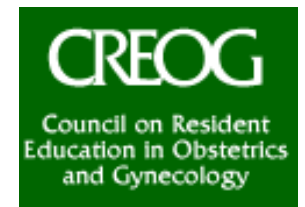
DATE	PROCEDURE	NAME OF PATIENT	FOLDER NO	SUPERVISOR	SIGNATURE
	<ul style="list-style-type: none"> Perform pregnancy test Haemoglobin (Hb) Test 	[REDACTED]	VGC 23034 2011	Dr. Nandoo	[Signature]
	<ul style="list-style-type: none"> Contraception Counselling (Witness) 	[REDACTED]			[Signature]
	<ul style="list-style-type: none"> Evacuation of the Uterus (Witness) 	[REDACTED]	FRC	Dr. Bloss	[Signature]
	<ul style="list-style-type: none"> Evac Performed (optional) 				

4

Graduate Medical Education: Obstetrics and Gynecology

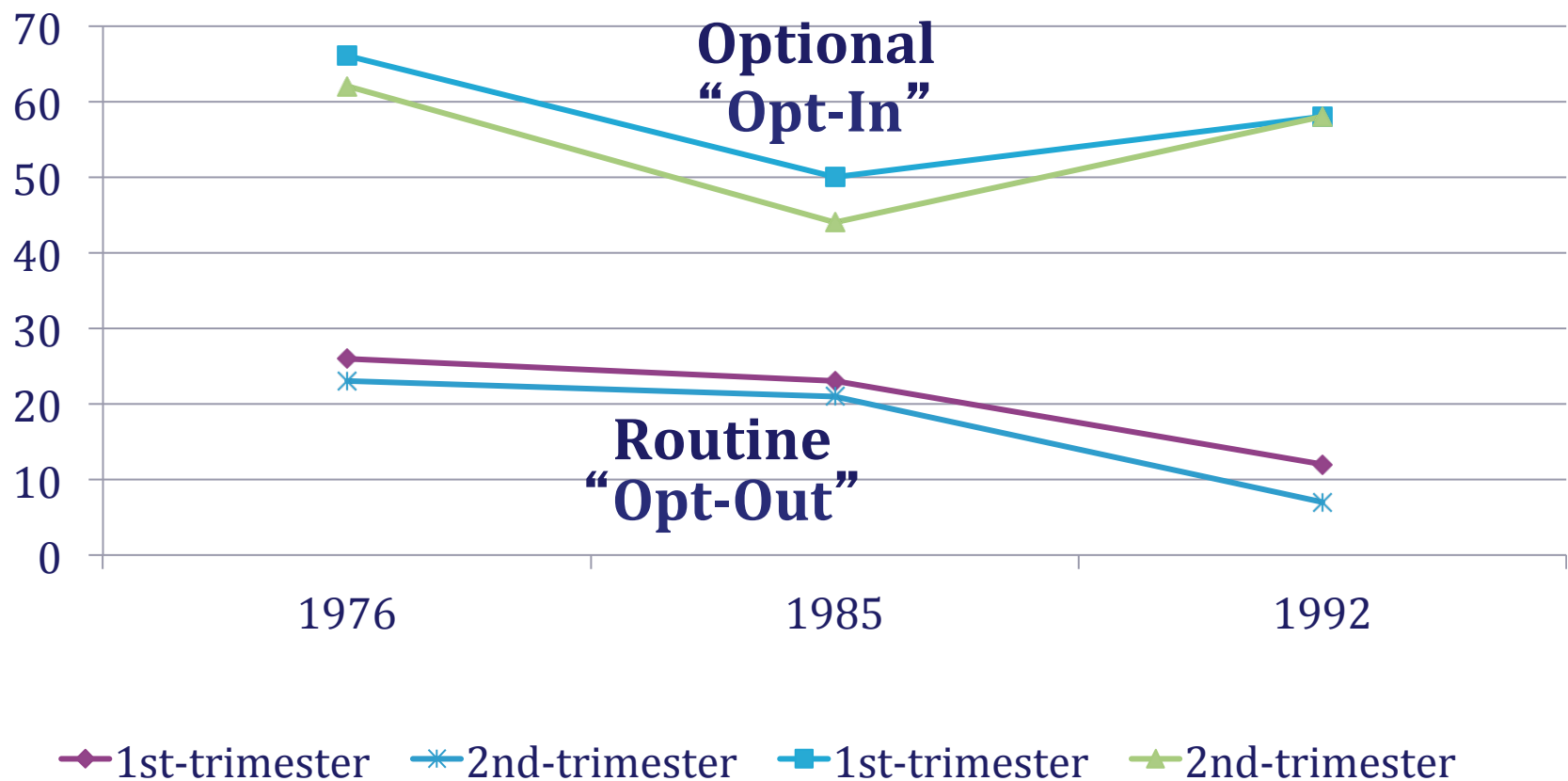
U.S. Graduate Medical Education: CREOG Objectives

- Residents should be able to counsel pregnant patients on alternatives to continuing pregnancy, including induced abortion and adoption.
- **Residents who decide not to provide this service because of a moral objection still should be able to counsel patients, make appropriate referrals, and manage post-abortal complications.**



CREOG: Council on Resident Education in Obstetrics and Gynecology

Ob-Gyn Residency Training



U.S. Graduate Medical Education: ACGME Competencies 1995

1995 The Accreditation Council for Graduate Medical Education passed requirement for routine abortion training in ob-gyn programs.

“No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. **Otherwise, access to experience with induced abortion must be part of residency education.** This education can be provided outside the institution.”

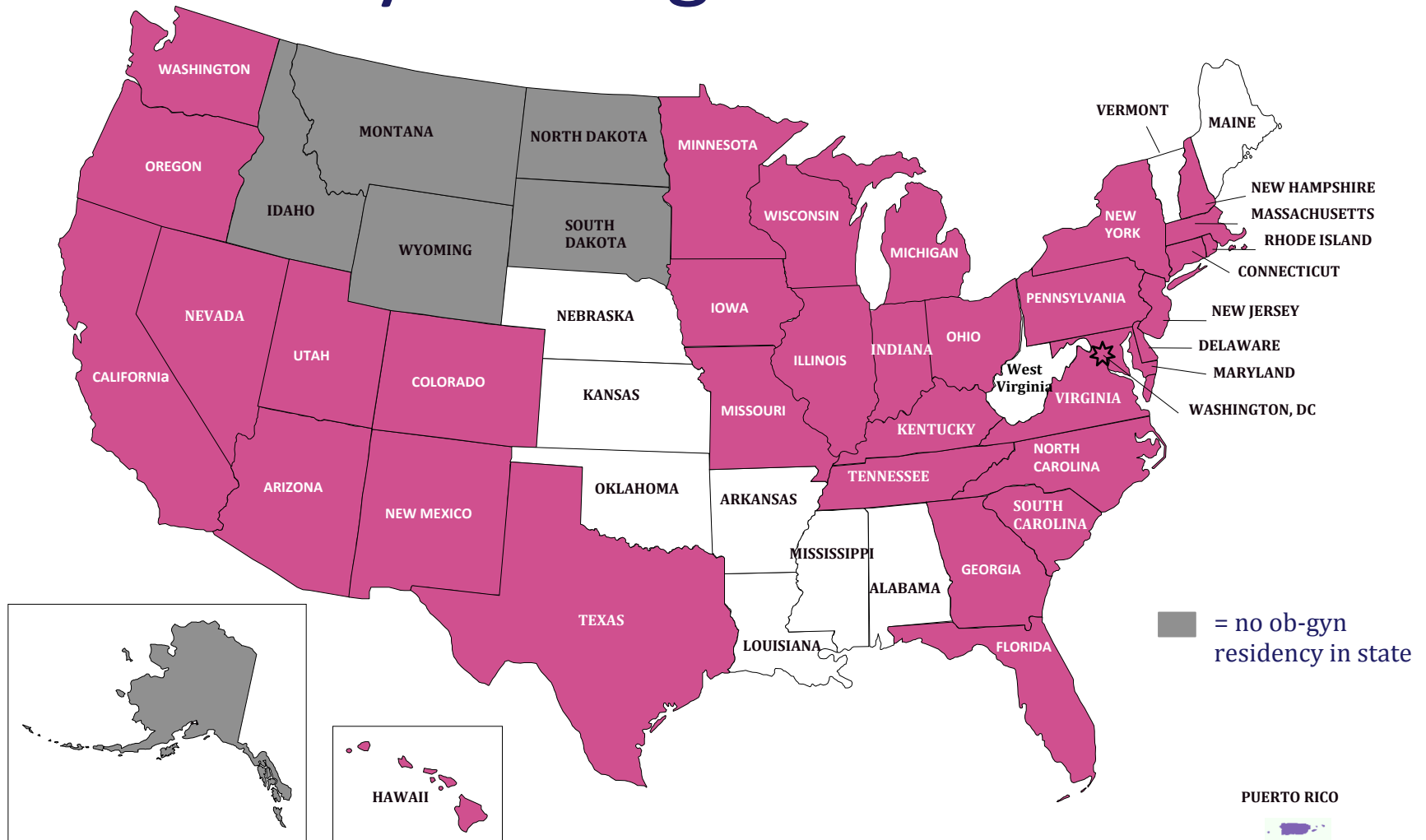


ACGME: Accreditation Council for Graduate Medical Education

Kenneth J. Ryan Residency Training Program in Abortion and Family Planning

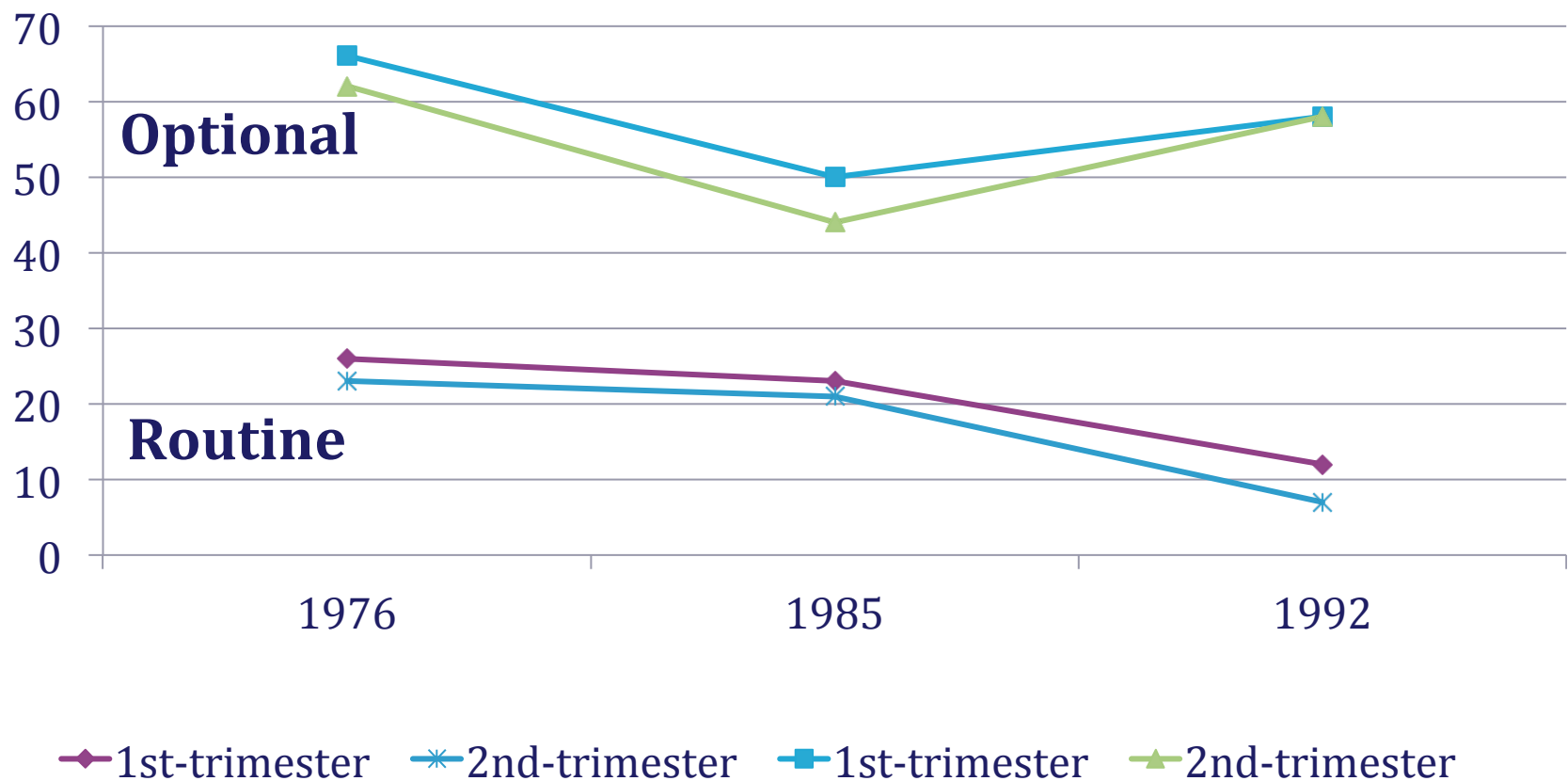
- A program that provides technical and financial support for ob-gyn programs to integrate training
- **72 U.S. programs have integrated abortion training – representing almost 1/3 of all U.S. ob-gyn programs**
- Documented experience and improved competence in contraception and uterine evacuation
 - Many other skills – ultrasound, counseling, pain management, post-abortion care

Ryan Program Sites

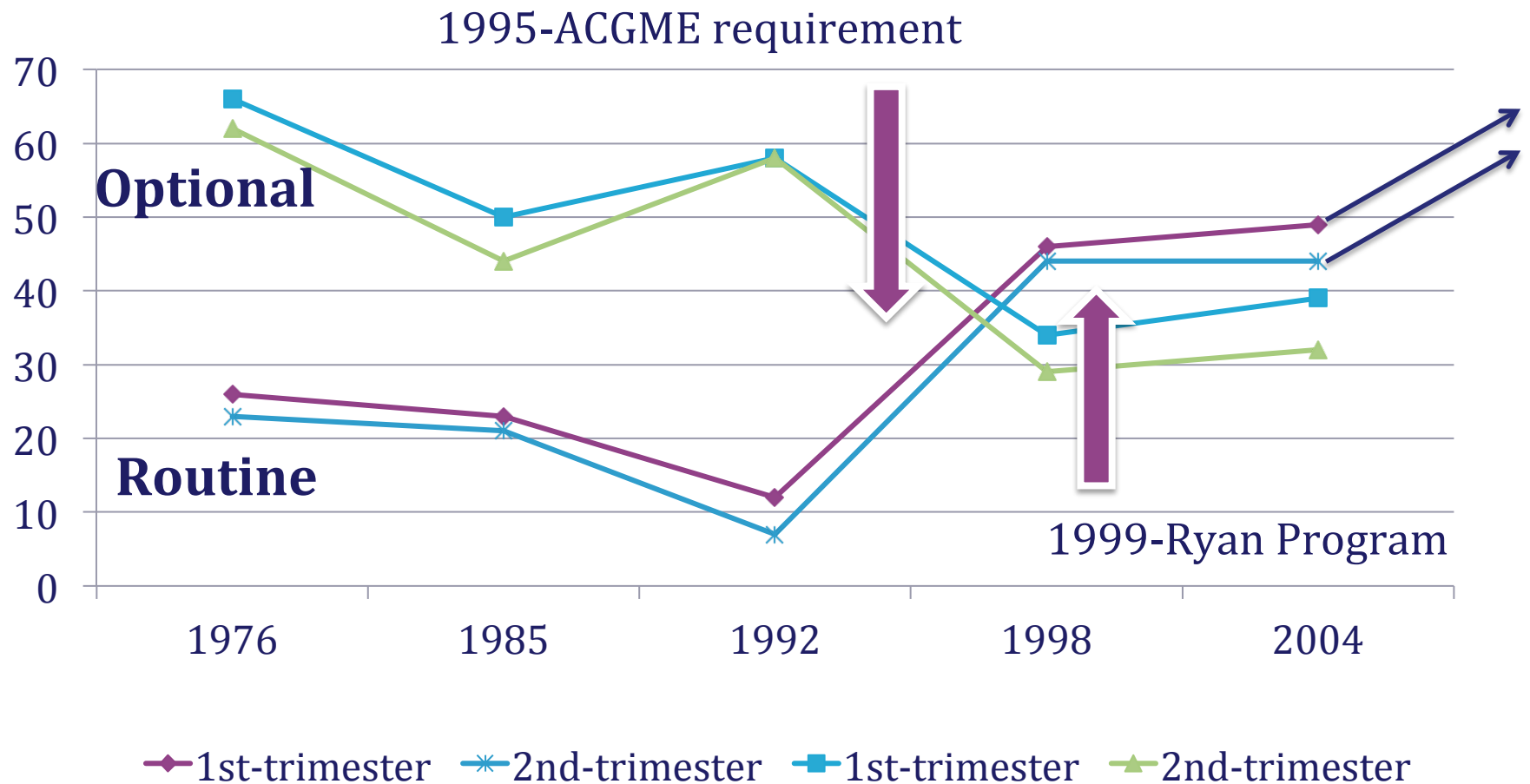


75 programs in 34 states, 2 Canadian provinces and Puerto Rico

Ob-Gyn Residency Training



Routine Training Increased after ACGME Mandate



Graduate Medical Education: Family Medicine

Family Medicine Training

The American Academy of Family Physicians includes **pregnancy options counseling and abortion counseling for all residents and voluntary termination of pregnancy of up to ten weeks gestation in its advanced expectations.**

- Most family practice residency programs do not include abortion training. (n=220 directors)
 - 7% routine training
 - 42% optional training
 - 32% medication abortion training
 - 23% aspiration abortion training



Family Medicine Training

- National initiative – RHEDI Program
 - Funding and assistance in establishing training
 - 25 established programs with fully integrated abortion training
- Increasing number of programs



Other Specialties of Medicine

- Physicians of other specialties have been trained
 - Internal medicine, general surgery, emergency medicine, pediatrics
- Must advocate for training during graduate medical education/residency
- Identify clinician and clinic to train after residency

Graduate Education: Nursing

Advanced Practice Clinicians (APCs)

- Nurse practitioners, certified nurse midwives, physicians assistants
 - Safe to provide first-trimester abortion
 - Some U.S. states permit provision
 - California – trained in freestanding clinics – provided evidence for policy change
- 2000 study of training
 - 48% didactic & 16% clinical aspiration abortion
 - 33% didactic & 17% clinical medication abortion



Post-graduate Medical Education: Family Planning

U.S. Fellowship in Family Planning

- A post-residency training program for ob-gyns and family physicians in contraception and abortion
 - Master's Degree in Public Health or Clinical Research
 - 2-3 years
 - Clinical training
 - Research training
 - Policy training
 - Teaching responsibilities
 - International rotation



Abortion Training: Partial Participation

Abortion Training: Partial Participation

What if a resident or student wants to opt out of doing abortions?

- It is critical to learn about abortion so they can provide counseling, contraception, referral, and post-abortion care.
- They should be expected to participate in all aspects of pre- and post-abortion care.
- They should be given an option to train in uterine aspiration.

Partial Participation - Benefits

67 ob-gyn residents who partially opted out of rotation reporting a positive effect on family planning skills

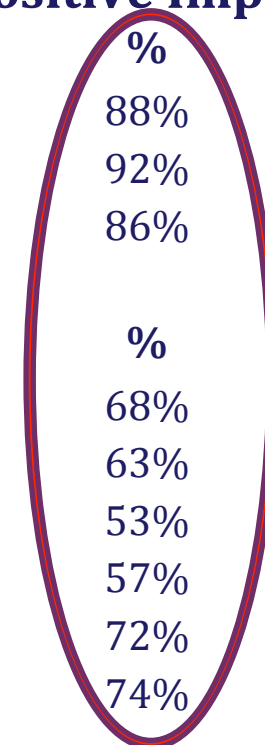
Counseling skills

Pregnancy options counseling
Contraceptive counseling
Abortion counseling

Procedural skills

IUD placement
Cervical anesthesia
Mechanical cervical dilation
1st-trimester uterine aspiration
Pain management
Ultrasound for pregnancy dating

Positive Impact



Partial Participation: Clinical Experience in Abortion

Proportion that performed at least one procedure by indication

Procedures	Elective	Therapeutic
Manual uterine aspiration	12 (18%)	18 (27%)
Electric uterine aspiration	15 (22%)	20 (30%)
D&E	10 (15%)	26 (30%)
Paracervical block	22 (33%)	32 (48%)
Mechanical dilation	14 (21%)	29 (43%)
Osmotic dilation	15 (22%)	27 (40%)

31% changed their mind and decided to do at least one elective abortion.

*Therapeutic = for maternal indications, fetal anatomic or genetic anomaly, previable, preterm rupture of membranes

Partial Participation: Attitudes

- Qualitative study of 26 ob-gyn residents who opted out of doing abortions
 - Increased acceptance of the need for abortion
 - Increased empathy for women seeking abortions
 - More respect for process of abortion care and counseling

“My eyes were opened to people’s situations. You know, the more people you see, the more situations you understand,

the more empathy that you can start to feel

for these folks that are placed in often times very hard situations. And so I think that’s probably one of the greatest things that I came away with.”

- 33 year old male resident from the Midwest

“I would say it’s made me have more respect for [physicians who provide abortions] and I’m happy that there are people who are comfortable doing it because I really believe it’s so important. I’m almost a little disappointed that I can’t be one of those people. So it’s just really made me value them more.”

- 28 year old female resident from the Northeast

Conclusion

- Abortion as a critical component of comprehensive sexual and reproductive health care must be integrated into medical and nursing education.
- It is important to ensure that learners who do not plan to fully participate receive training in abortion care.
- Many efforts in the United States have improved training toward the goal that all clinicians are prepared to care for women.