The Importance of Integrated Abortion Training in Medical and Nursing Education

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University of California, San Francisco
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
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

<table>
<thead>
<tr>
<th>Intended Learning Outcomes</th>
<th>Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Provide non-directive counseling to patients surrounding pregnancy options</td>
<td>D</td>
</tr>
<tr>
<td>B. Explain surgical and non-surgical methods of pregnancy termination</td>
<td>KH</td>
</tr>
</tbody>
</table>

**Levels of Competence**
- K = Knows
- KH = Knows How
- SH = Shows How
- D = Does
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

Steinauer, Contraception 2009; Espey, AJOG, 2005;
Espey, Academic Medicine, 2004; Pace, Contraception, 2008.
# PROCEDURES WITNESSED & DONE

<table>
<thead>
<tr>
<th>DATE</th>
<th>PROCEDURE</th>
<th>NAME OF PATIENT</th>
<th>FOLDER NO</th>
<th>SUPERVISOR</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perform pregnancy test</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Malaria test (HB) Test</td>
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<tr>
<td></td>
<td>Contraception Counseling (Witness)</td>
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<tr>
<td></td>
<td>Evacuation of the Uterus (Witness)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Evac Performed (optional)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Log:**
- ERC Dr. Moss
- Signature: [Signature]

**Folder:**
- VGC 23034 2011
- Dr. Naidoo

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**UCSF**

**Innovating Education in Reproductive Health**
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-abortion complications.
Ob-Gyn Residency Training

Optional “Opt-In”

Routine “Opt-Out”

1976  1985  1992

- 1st-trimester
- 2nd-trimester
- 1st-trimester
- 2nd-trimester

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

Steinauer, Contraception, 2013.
Ryan Program Sites

75 programs in 34 states, 2 Canadian provinces and Puerto Rico
Ob-Gyn Residency Training

Routine Training Increased after ACGME Mandate

1995-ACGME requirement

Optional

Routine

1999-Ryan Program

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

www.rhedi.org
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

Steinauer, Contraception, 2013.
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

<table>
<thead>
<tr>
<th>Counseling skills</th>
<th>Positive Impact</th>
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</thead>
<tbody>
<tr>
<td>Pregnancy options counseling</td>
<td>88%</td>
</tr>
<tr>
<td>Contraceptive counseling</td>
<td>92%</td>
</tr>
<tr>
<td>Abortion counseling</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedural skills</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD placement</td>
<td>68%</td>
</tr>
<tr>
<td>Cervical anesthesia</td>
<td>63%</td>
</tr>
<tr>
<td>Mechanical cervical dilation</td>
<td>53%</td>
</tr>
<tr>
<td>1st-trimester uterine aspiration</td>
<td>57%</td>
</tr>
<tr>
<td>Pain management</td>
<td>72%</td>
</tr>
<tr>
<td>Ultrasound for pregnancy dating</td>
<td>74%</td>
</tr>
</tbody>
</table>

Steinauer, Contraception, 2013.
Partial Participation: Clinical Experience in Abortion

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Elective</th>
<th>Therapeutic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual uterine aspiration</td>
<td>12 (18%)</td>
<td>18 (27%)</td>
</tr>
<tr>
<td>Electric uterine aspiration</td>
<td>15 (22%)</td>
<td>20 (30%)</td>
</tr>
<tr>
<td>D&amp;E</td>
<td>10 (15%)</td>
<td>26 (30%)</td>
</tr>
<tr>
<td>Paracervical block</td>
<td>22 (33%)</td>
<td>32 (48%)</td>
</tr>
<tr>
<td>Mechanical dilation</td>
<td>14 (21%)</td>
<td>29 (43%)</td>
</tr>
<tr>
<td>Osmotic dilation</td>
<td>15 (22%)</td>
<td>27 (40%)</td>
</tr>
</tbody>
</table>

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

Steinauer, Contraception, 2014.
“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

Steinauer, Contraception, 2014.
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.