



Overcoming Barriers to Integrating Abortion into Practice

Results from the CREATE Program (Continued Reproductive Education for Advanced Training Efficacy)

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Introduction

- The TEACH Program (Training in Early Abortion for Comprehensive Healthcare) assists 4 Northern California Family Medicine Residencies in integrating reproductive health and abortion care into core curricula, and assists many residencies across the country integrate leadership training into curriculum
- Like national trends ¹⁻², many TEACH graduates report barriers to providing all the reproductive health services they desire
- To overcome barriers to integrating abortion into practice reported in the literature³⁻⁵, TEACH piloted the CREATE Program (Continued Reproductive Education for Advanced Training Efficacy) in 2012-2013
- CREATE is currently in its 4th year, and has expanded to satellite programs in California's Central Valley, Seattle, and New York City
- The structured CREATE curriculum includes:

Participation in at least four advanced clinical training sessions

Participation in 2 of 3 workshops including:
1. Abortion complication management
2. Community and legislative advocacy training
3. Skills for practice integration and overcoming barriers

Completion of a reproductive health project, with faculty mentorship

Number of participants in CREATE program by year and location

Year	California: 6 Residencies	Seattle: 4 Residencies	New York City: 5 residencies
2012-2013	20		
2013-2014	19		
2014-2015	16		
2015-2016	21		

Bibliography

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Methods

We evaluate the curriculum through qualitative and quantitative assessment of:

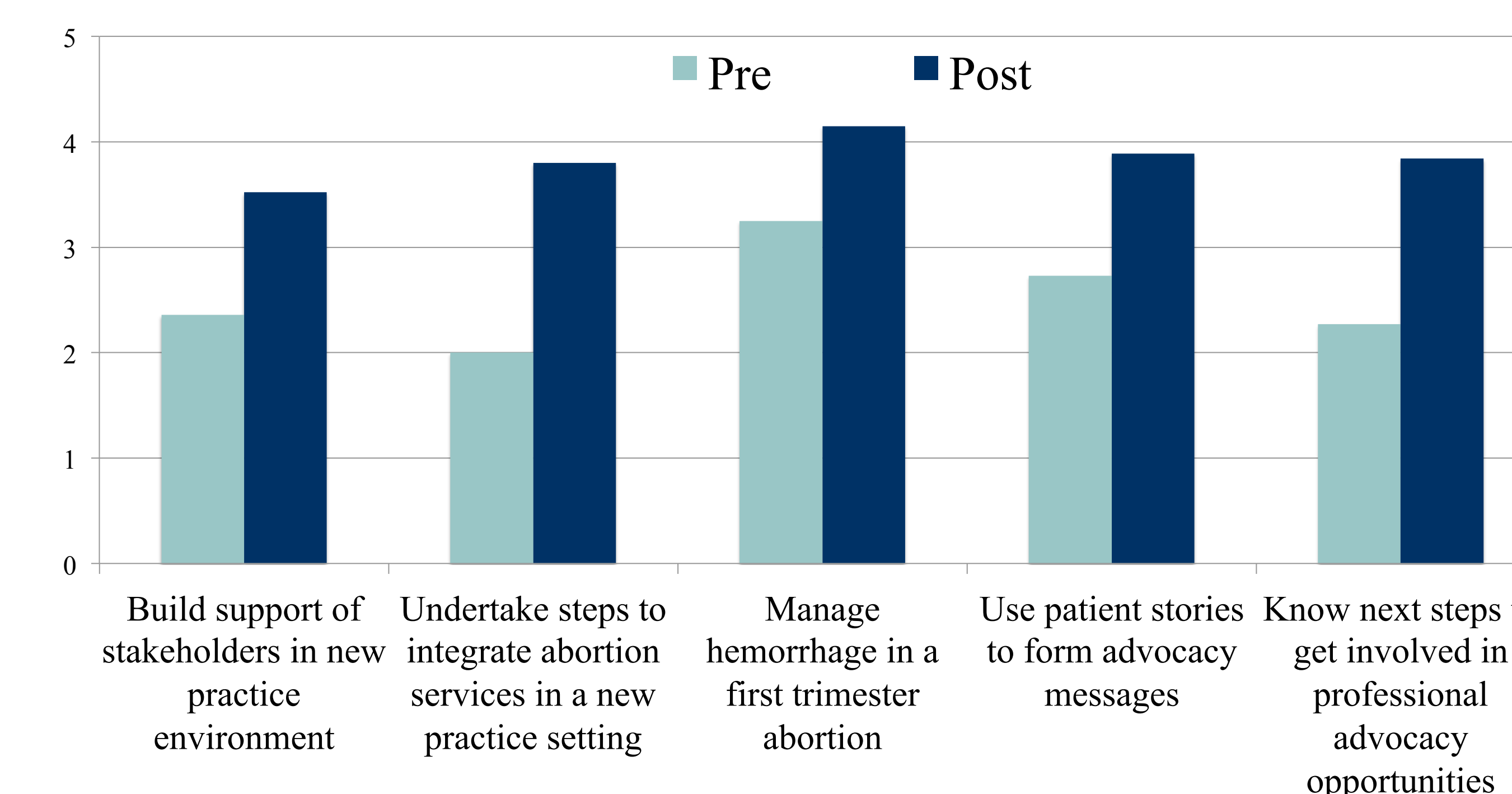
- Program completion and satisfaction
- Self-assessed confidence
- Knowledge on overcoming practice barriers
- Procedural volume

Resident evaluations were analyzed for the 2013-2014 and 2014-2015 academic years (pilot data from 2012-2013 not included)

Results

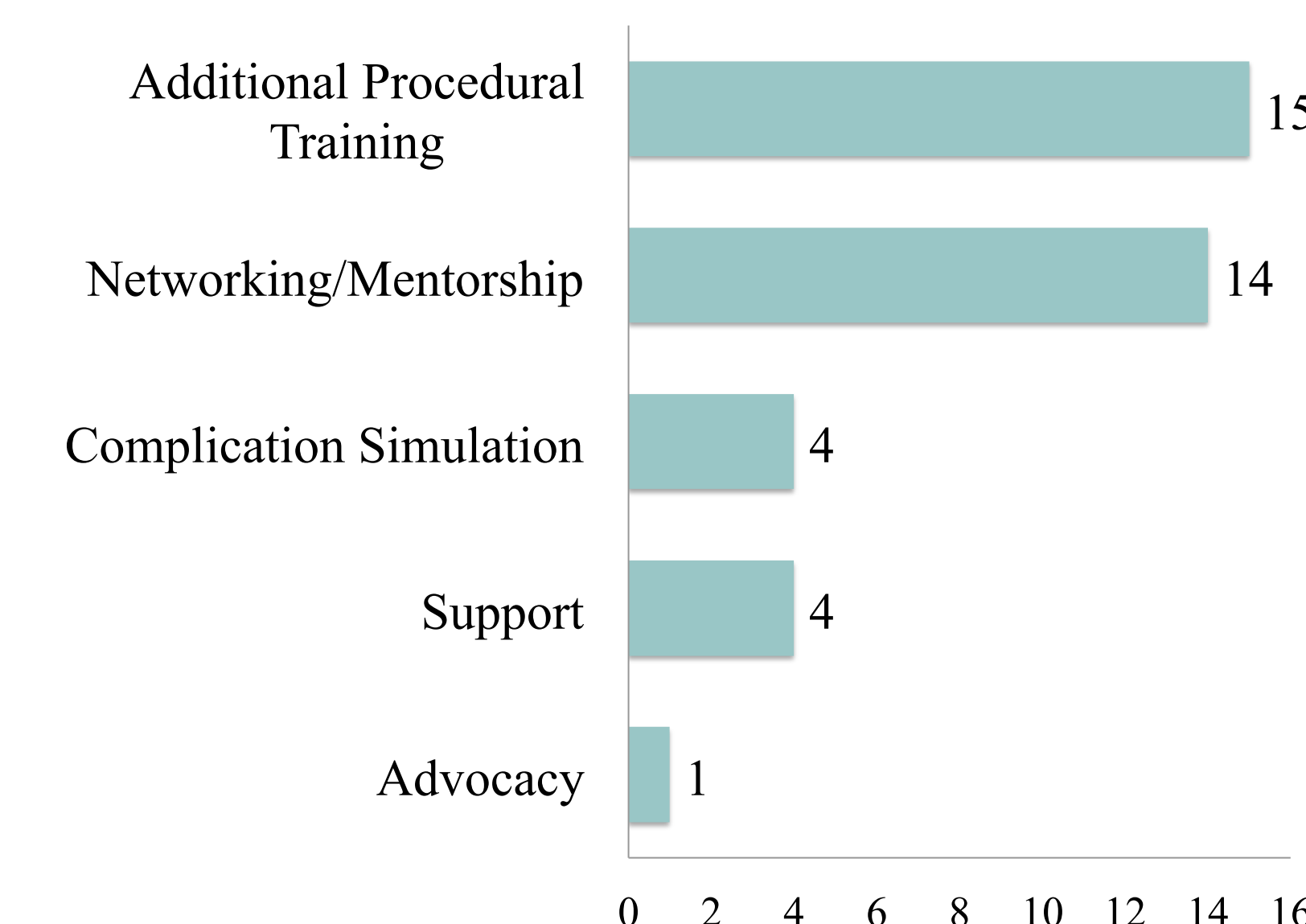
Improved Knowledge and Confidence in Practice Negotiation, Abortion Complication Management, and Advocacy Skills

Residents rated their own knowledge and confidence in their abilities on a Likert scale of 1-5 (1 = poor, 5 = excellent) before and after didactic sessions. All pre- and post-test differences significant to $p < .001$.



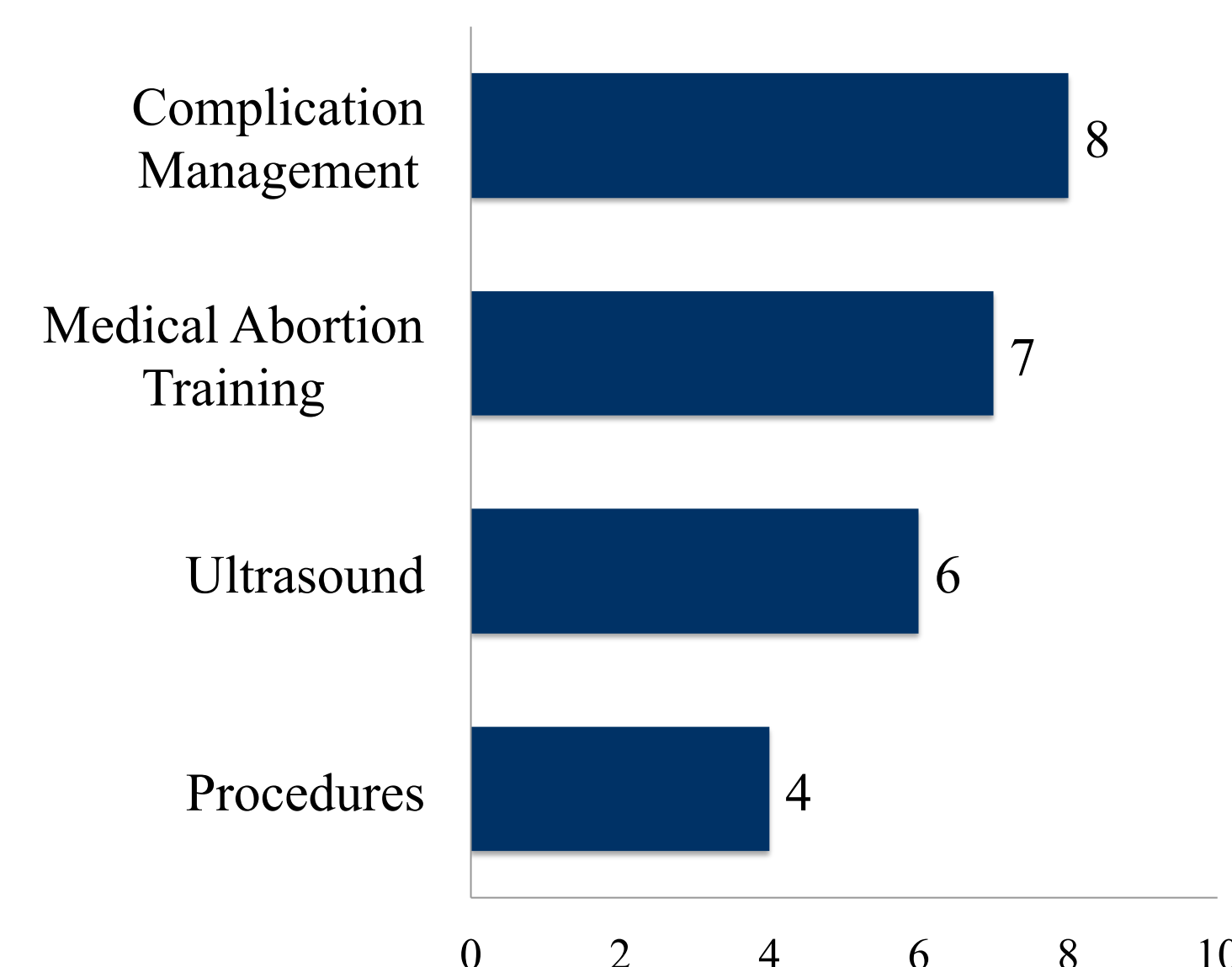
Most highly rated aspects of CREATE

N = 35



Areas where residents desired more training

N = 35



Resident Reflections

"The program has helped prepare me to be a **competent and confident abortion provider** after residency."

"I think the advocacy work and opportunity is an **unparalleled experience** from a resident perspective... What you did this year with resolutions and Lobby Day was fantastic... a welcomed **new approach to learning reproductive health**."

"I enjoyed hearing from family practitioners that have found different ways to make [abortion in practice] work."

"I learned about finding allies, collaborating with key stakeholders, and **working as part of a team**."

Resident Project Examples

- "How-to" guide on becoming an abortion provider in an anti-choice region of the country
- Medication abortion integration into residency clinics
- Quality improvement initiative for tracking abortion complications in the family practice clinic setting
- Abortion simulation workshops for medical students and residents using the papaya model
- Advocacy through resolution-writing, letters to the editor, and provider support in service-threatened areas

Conclusions

- A structured elective offered to advanced trainees may help motivated residents build needed skills
- Motivated residents highly value advanced clinical and interactive training sessions on abortion practice
- Residents value leadership development, networking, and guidance of integrating abortion into practice
- More training on ultrasound, medication abortion, and abortion complications management has been integrated into curriculum to meet requests
- Additional time and funding are planned to evaluate impact of advanced curriculum on graduate abortion provision