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 1-4, 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 literature5-9, 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

<table>
<thead>
<tr>
<th>Year</th>
<th>California Residencies</th>
<th>Seattle Residencies</th>
<th>New York City Residencies</th>
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<tbody>
<tr>
<td>2012-2013</td>
<td>20</td>
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<td>2013-2014</td>
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<td>2014-2015</td>
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<td>2015-2016</td>
<td>21</td>
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<td>12</td>
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Methods
We evaluate the curriculum through qualitative and quantitative assessment of:
• Program completion and satisfaction
• Knowledge on overcoming practice barriers
• Self-assessed confidence
• Procedural volume
Resident evaluations were analyzed for the 2013-2014 and 2014-2015 academic years (plot 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.

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

Bibliography