



Closing the gap between abortion training and provision: Results from the CREATE (Continued Reproductive Education for Advanced Training Efficacy) program pilot

Suzan Goodman MD MPH ^{1,2}, Sarah McNeil MD³, Grace Shih MD ^{1,2,4}, Elise Belusa MS ², Panna Lossy MD⁵, Joann Moschella DO⁶, Marji Gold MD ⁷, Christine Dehlendorf MD MAS ^{1,2}

1)UCSF Department of Family and Community Medicine 2) UCSF Bixby Center for Global Reproductive Health 3)Contra Costa Regional Medical Center Family Medicine Residency 4) University of Washington 5) Santa Rosa Family Practice Residency 6) Natividad Medical Center Family Practice Residency 7) Center for Reproductive Health Education in Family Medicine (RHEDI)

Background

The TEACH Program (Training in Early Abortion for Comprehensive Healthcare) assists four Northern California Family Medicine Residencies to integrate reproductive health into their core curricula.

Follow-up studies show that both training availability and procedural volume are positively correlated with future abortion provision, regardless of previous intention to provide. ¹⁻³ But similar to national trends ⁴⁻⁵, many TEACH graduates reported barriers to providing all the reproductive health services they desired.

Pilot Program

To address gaps between training, reported barriers, and subsequent abortion provision, TEACH piloted the CREATE (Continued Reproductive Education for Advanced Training Efficacy) Program in 2012-2013.

Previously, residents could have advanced clinical training days, but the CREATE Program introduced a structured curriculum including:



Methods

We evaluated the curriculum pilot, through qualitative & quantitative assessment of:

- Program completion and satisfaction
- Self-assessed confidence
- Knowledge on overcoming potential barriers
- Procedural volume
- Intent to provide abortion services post-graduation

This evaluation research is approved by the UCSF Committee on Human Research.

Results

In this first year of the CREATE Program, 24 trainees applied and 20 completed the pilot. Successful completion was associated with geographic proximity to the central program and residency faculty involvement. Reasons for not completing included “other priorities” and “unlikeliness to provide where they are going”. Participation in the reproductive health workshops varied (from 6 – 14 residents per session), with 68% reporting increased likelihood to attend if they could do so remotely.

Participants reported level of satisfaction was high with all pilot components, including advanced clinical training (5 of 5 on Likert scale), followed by complication review (4.4), workshops (4.3), and independent projects (4.3).

Resident self-assessed confidence in providing first trimester abortions was similar both at the end of their R2 rotation and at the end of the CREATE Program (both 95%). Managing abortion complications, however, saw an increase in participants’ self assessed confidence (from 58% before to 62% after CREATE).

Table1. Session evaluations demonstrated improved self-assessed knowledge *

Workshop Topics	Mean Change in Likert scale (Range)
Mechanisms to keep skills and knowledge active after training	2.3 (1 - 4)
Connecting with networking and mentoring where I am going	2.2 (0 - 4)
Strategies for seeking opportunities, interviewing, and negotiating contracts	2.2 (0 - 4)
Steps to integrate abortion services in a new practice setting	1.6 (2 - 4)

* Change in 5 point Likert scale, from before and after session

Resident independent projects included:

- Leading papaya simulation sessions for medical students and residents
- Advocacy projects (CAFP testimony, letters to editor, or to support providers in service-threatened areas)
- Quality improvement projects (at residency or student-run clinics)
- International reproductive health projects

Lessons learned and reported by residents from these projects included the importance of:

- Advanced logistical planning of training sessions
- Being fully aware of potential barriers to abortion provision in practice environments,
- Building buy-in for abortion services at their clinical sites.

Discussion / Lessons Learned

- Motivated advanced trainees were a captive audience; easier to reach than residency graduates.
- Resident access to clinical training may improve with advanced scheduling, especially during electives.
- Residents appreciate and want more experience with complication management.
- Residents valued community building of in-person workshops, but attendance may be improved with proximity to workshop locations, availability of remote access to workshops / webinars, and increased faculty participation.

Limitations

- Additional time and funding are needed to evaluate impact of procedural volume and future abortion provision

Conclusions

- Residents with interest in reproductive health highly valued further clinical training sessions on abortion and abortion complication didactics.
- Residents also valued guidance on practice integration and leadership development.
- Integrating these components into residency training with a structured R3 curriculum may help motivated residents to become abortion providers following graduation.

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