



BRIDGING TO PRACTICE IN ABORTION CARE FOR FAMILY MEDICINE RESIDENTS PRACTICING IN ABORTION PROVIDER SHORTAGE AREAS

Inspiration for this curriculum:

Clinical competency in abortion does not ensure that a family physician will feel empowered to navigate the complex task of integrating abortion care into a rural/provider shortage practice after residency. This sentiment was expressed by several family medicine residents in Idaho and Montana who were moving to rural areas to practice, and inspired the first draft of this curriculum. This “Bridging to Practice” curriculum introduces non-clinical tools and frameworks of thought that residents can begin to foster long before starting their practice. These foundational arenas can then be further fostered with appropriate mentorship to allow residents to create their desired model of abortion provision when the time comes. It is designed to make residents aware of, and able to, cultivate the support and resources they need to provide abortion care in a family practice environment, and to reduce the sense of isolation inherent in doing so.

The six didactic topics include:

Session		Duration
1	Legal and political aspects of providing abortion care	2 hours
2	Models of abortion provision	2 hours
3	Stakeholder analysis and building community support	2 hours
4	Integrating abortion into family medicine clinic	2 hours
5	Values clarification and motivation for abortion provision	2 hours
6	Advocacy	2 hours

Mentor-resident partnerships can be established with existing abortion providers and psychosocial support to further empower graduates to integrate abortion care into their post-residency practice.

SESSIONS

Session 1: Legal, Political, and Social Aspects of Providing Abortion Care

Duration: 2 hours

Hour 1: Facilitated discussion around concerns residents have about providing abortion in a provider shortage area. Record concerns for discussion during second hour. Ideally the facilitator is part of the behavioral health staff (not directly involved in abortion care).

- Potential prompts: What concerns do you have about providing abortion in your future practice? What legal barriers do you foresee? Political barriers? Family concerns?

Hour 2: Panel of faculty/providers join now to discuss concerns brought up in Hour 1:

- Providers share how they have experienced or navigated each particular concern in their career.
- Highlight speakers who have experienced a lot of stigma or who have started providing abortion care in a place not previously providing.
- Discuss/address the relationship between abortion provision clinics and local law enforcement and security measures.

Potential speakers: Local providers. Consider inviting local representatives from ACLU, Legal Voice, or NAF to join in person or video in remotely.

Session 2: Models of Abortion Provision

Duration: 2 hours

Hour 1: Identify various models of abortion provision (e.g. integration into primary care practice, Planned Parenthood clinics, independent clinic, travelling provider). Pick three models represented by three speakers and have them each give a 15-minute overview of why they chose that model and how they set it up.

Hour 2: Q+A and Pro/Con discussion of each model

Session 3: Stakeholder Analysis and Building Community Support: Providing Controversial Services to Meet Patient Needs

Duration: 2 hours

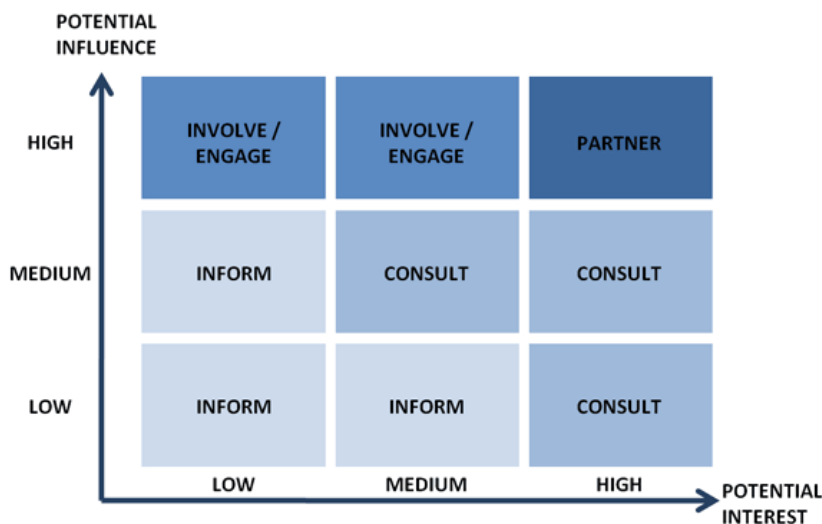
Hour 1: Complete an interactive stakeholder analysis exercise (described below) in an existing rural community where you might want to start providing abortion.

Discussion Prompts:

Think of barriers and facilitators that will come up when you try to start providing abortion in that community and how you would respond to them. Where do you start? Who do you talk to? How do you address and engage the existing medical community? How do you assess who has the power to help make this happen or push back? How do you go about the process of building a foundation of support for your clinic, from inside and outside the community? How do you let the community get to know you? Introduce the tools/concepts of Community Assets, Needs Assessment, Stakeholder Analysis, Networking, Coalition Building.

Stakeholder Analysis Exercise:

Draw a box with empty quadrants like below. Write one group/individual on a post-it note. Place the post-it note depending on how much power/influence and interest they have in facilitating or blocking your goals. The group of residents doing abortion training can make up one group.



Hour 2: Discussing different ways to get community buy-in using Community Assets, Needs Assessment, Stakeholder Analysis, Networking, Coalition Building.

Session 4: Integrating Abortion into Family Medicine: Practical Considerations

Duration: 2 hours

Hour 1: Discuss the practical considerations of setting up abortion care in a new practice. Logistical aspects including: funding, building a board, values clarification with staff, training medical assistants, securing equipment, getting medications approved, navigating difficult conversations, negotiating job contracts, obtaining admitting privileges, and connecting with other providers in the area such as OBs and ER docs (for back-up). This session realistically could get broken up into several sessions for more details on each topic.

Hour 2: Use a local case example: For example, a provider who started integrating medication abortion into his/her practice might tell her story of how she set it up, discussing the health systems changes, legal challenges, and community involvement it took for her to get Mifepristone approved. Through this case, residents will also start to see what national and local resources are available to help them through this process if they are to take it on in the future.

Resources: Use [Chapter 11 of the CREATE workbook](#) to further inform this session.

Session 5: Why We Provide Abortion Care

Duration: 2 hours

Hour 1: Residents discuss what motivates them to provide abortion care and how they would like to see that play out in their career. Define what core values this provision is in line with, and how to communicate that to other people, including staff at their own clinic and other providers in the community. Brainstorm the benefits of providing abortion care – share stories.

Hour 2: Public health/advocacy overview of how providing abortion care benefits communities locally. Introduce the support systems and organizations regionally and nationally that are working on this issue.

- Community benefits when abortion is safe and legal
- Diffusing stigma through:
 - Medical/resident education
 - Increasing the number of abortion providers
 - Starting community conversations
- Organizations who conduct advocacy and research in abortion care.
 - [RHAP](#), [RHEDI](#), [NAF](#), [Guttmacher](#), [SFP](#).

Session 6: Advocacy as a Family Doctor

Duration: 2 hours

Hour 1: Residents brainstorm ways to be advocates for their patients through clinical and other work. Discuss pros and cons of doing advocacy work (legal, community, fundraising) outside of clinic vs. being an advocate through clinical work alone.

Hour 2: Speakers present different models of advocacy and what that means for them – ranging from providing abortion care alone, supporting other providers, testifying, etc.

Mentorship – Longitudinal

Each resident is paired with a mentor who has been involved in abortion care in a setting similar to that in which that resident wishes to practice. Meetings should occur in person or over the phone 3-4 times a year, and can coincide with didactic sessions.

- Residents in their 3rd year will create a documented plan that describes how they envision a future practice with abortion incorporated. This document will lay the groundwork for residents to brainstorm potential barriers and solutions to abortion provision, share these with their mentor, and develop an action plan for how to achieve their vision.

Topics to discuss with mentor:

- Concerns/fears about and benefits of practicing abortion care
- Advocacy or academic interests around abortion care (i.e. partnering on a project for conference/STFM)
- Networking and building support for future abortion practice

Certificate

To complete the RHC, residents must have:

1. Attended all but one of the bridging to practice didactic sessions
2. Completed the procedural and counseling abortion, LARC, and US training to competency
3. Completed a project related to abortion or reproductive health: i.e. STFM presentation, advocacy project, or organizing a didactic session