

Commentary

Multi-specialty family planning training: collaborating to meet the needs of women

Jody Steinauer^{a,*}, Christine Dehlendorf^b, Kevin Grumbach^b, Uta Landy^a, Philip Darney^a^a*Bixby Center for Global Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences, San Francisco General Hospital, University of California, San Francisco, San Francisco, CA 94110, USA*^b*Department of Family and Community Medicine, University of California, San Francisco, San Francisco, CA 94110, USA*

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1. Introduction

The specialty of family medicine is recognized as having an important role in the delivery of family planning services in the United States. Not only do many women receive their contraceptive services from family physicians [1], but there is a growing recognition of the role family physicians can play in ensuring that women have access to safe and timely abortion service [2,3]. Passage of the Affordable Care Act has drawn attention to this role, as increased insurance coverage may result in many women accessing contraceptive care within primary care services, as opposed to using dedicated family planning clinics.

As the role of family medicine in family planning increases, the need for family physicians with technical and research expertise in this area also increases. The Fellowship in Family Planning has contributed to developing these experts since its inception, with one of the first fellowship programs—the University of Rochester—training family physicians in contraceptive and abortion care. Subsequently, the Albert Einstein College of Medicine initiated a fellowship site dedicated to training family medicine family planning experts. In addition, several family physicians have received family planning in fellowship training at sites based in Departments of Obstetrics and Gynecology, including at the University of Southern California and Columbia University.

While these efforts have increased the number of academic primary care physicians with expertise in family

planning, the impact has been limited due to the small number of training opportunities. In addition, until recently, there have been no programs with ongoing experience with training both family medicine and obstetrics/gynecology family planning experts and facilitating collaboration between these specialists in this area. As these two specialties have distinct and complementary roles in family planning, both perspectives are essential components of a health care system which can meet the needs of all women. Enhancing collaboration between these disciplines through multi-specialty training programs has the potential to facilitate coordinated research and training across the range of women's family planning needs. In this commentary, we describe the experience at the University of California, San Francisco (UCSF) of an integrated training model with both obstetrician/gynecologists and family physicians. This model can enhance the future of family planning research and training, in which both specialties play an integral and complementary role, through increasing the number of family medicine family planning experts as well as expanding the opportunities for and expertise in collaborative family planning research and clinical care.

2. UCSF Model

UCSF was the first site for the Fellowship in Family Planning, enrolling its first fellow in 1991. Faculty and fellows in the department have been involved in a broad range of family planning research, including having participated in studies leading to the approval of every new form of contraception since 1981 and providing first- and second-trimester abortion care at the Women's Options

* Corresponding author.

E-mail address: steinauerj@obgyn.ucsf.edu (J. Steinauer).

Center at San Francisco General Hospital. In 2006, the UCSF Fellowship in Family Planning enrolled its first family physician fellow, and since that time has enrolled a total of 11 family planning fellows—8 obstetrician/gynecologists and 3 family physicians. In the collaborative training model, the clinical and research experiences of all fellows have been integrated with attention to the unique needs and strengths of each specialty, including the focus on first-trimester abortion and the integration of family planning services into primary care of family medicine, and the attention to complex surgical and second-trimester abortion care of obstetrics and gynecology. This model has benefited our fellowship by bringing together the perspectives of two specialties with distinct, but overlapping, areas of interest and expertise in the field of family planning. These benefits have included complementary clinical roles and a broader and multi-disciplinary scope of research.

Clinically, fellows in both specialties have provided services at our hospital-based abortion clinics, with family physicians focusing on first-trimester and obstetrician/gynecologists on second-trimester procedures, and all have provided contraceptive care in family planning sites. In addition, fellows have continued to provide general clinical care specific to their specialty. The family physicians maintain a primary care practice and train family medicine residents at outpatient abortion clinics, and the obstetrician/gynecologists staff general obstetrics and gynecology outpatient clinics and perform gynecologic surgery. In addition, all fellows attend on labor and delivery for their respective services.

The distinct perspectives and areas of expertise of the two specialties have benefited our clinical and teaching mission in family planning. The focus on providing first-trimester surgical and medication abortions of our family medicine fellows has positively contributed to the resident training experiences in this area for both family medicine and obstetrician/gynecologist residents, and has also provided our obstetrician/gynecologist fellows more flexibility to focus on second-trimester abortion procedures. In addition, the availability of second-trimester abortion training has enabled our family medicine fellows to have the ability to perform abortions in the early second trimester. In contraceptive care, the primary care perspective of family medicine has been useful when considering contraindications to certain contraceptive methods and provision of and teaching about vasectomy, while the obstetrician/gynecologists focus on surgical services such as female sterilization. We have also noted that the clinical collaboration and greater sense of partnership between the two departments have had an unexpected, positive effect on the experience of family medicine residents rotating on obstetrics, who have noted an improved learning climate on labor and delivery. The close working relationships between the two specialties in the Fellowship in Family Planning has engendered an added level of mutual collaboration and respect.

The fellows' research efforts have also been integrated, with equal and collaborative participation in works-in-progress sessions, journal clubs and mentorship meetings. With respect to research projects, some fellows have focused on topics relevant to the specific role of their specialty in family planning. For example, our family medicine fellows have conducted research on men's role in contraception and on the integration of family planning services into primary care, while our ob-gyn fellows have performed studies on cervical preparation for second-trimester abortion and pregnancy termination for fetal anomalies. We have found that, despite the relatively specialty-specific nature of these studies, having all fellows be aware of and contribute to the development of each other's research—through works-in-progress and formal and informal networking—has broadened our fellows' perspectives on family planning and of the research that needs to be accomplished to meet society's family planning needs.

In research areas of interest to both specialties, our fellows have developed more extensive multi-disciplinary collaborations, with each specialty contributing their distinct perspective. For example, a family medicine fellow (and second author on this commentary) who had been exposed to the study of health disparities in chronic disease during residency applied this experience to the study of family planning. With mentorship from both family medicine and ob-gyn faculty, she has developed a strong and growing research career integrating the fields of family planning, medical decision making, and health disparities [4–7], including obtaining a career development award from the NIH with both family medicine and ob-gyn mentors. After completion of her fellowship, she has continued to be active in the fellowship community, including providing research and career mentoring for both family medicine and ob-gyn fellows.

We have also had success at establishing long-distance, multidisciplinary collaborations. One family medicine fellow worked closely with an ob-gyn physician in Michigan to analyze the ob-gyn's data on the management of early pregnancy failure from the perspective of primary care. In another example, an ob-gyn fellow worked with a family medicine mentor at UCSF with experience studying vulnerable populations, as well as the family medicine fellowship team in New York, to study homeless women's family planning needs. In each of these cases, the development and execution of the research benefited from involvement of individuals from both specialties, producing results which have the potential to influence our understanding of how to provide family planning care to women from a range of populations and in a diversity of settings.

3. Ingredients for success

The success of our collaborative training model between the two specialties has been facilitated by several factors in

our institution. First, the two departments have a long history of collaborating to meet the mission of our hospital to care for poor patients in San Francisco. Both specialties provide obstetrics care, with the family medicine department staffing its own service with back-up from the obstetrics and gynecology staff, and there is a strong working relationship between the two clinical services. In addition, there is a long history of family medicine residents receiving training in outpatient gynecology in ob-gyn clinics and on the labor and delivery service of the ob-gyn department. Second, both departments have a robust research infrastructure, a strong history of published research and a long-standing commitment to evidence-based practice, which has supported the training and mentorship of fellows. Finally, the division chiefs at San Francisco General Hospital in Obstetrics, Gynecology and Reproductive Sciences and Family and Community Medicine have been and continue to be committed to maintaining strong working relationships between the departments and the collaborative model which has evolved. As a result, fellows benefit from their mentorship and ongoing communication between the departments. This commitment to the fellowship has continued even after a recent change in department leadership in obstetrics and gynecology, in which the current division chief is not primarily focused on family planning.

4. Implications for family planning research and training

While there is often some tension in the relationship between the specialties of obstetrics and gynecology and family medicine related to the overlapping scope of practice, both specialties play integral roles when meeting the family planning needs of women and developing a robust body of evidence supporting this work. In the era of health care reform, with its focus on the patient-centered medical home [8] and the interface between primary and specialty care [9,10], it is of particular importance to expand the number of family medicine family planning experts, as well as to promote collaboration among family planning experts in both specialties. Providing such collaborative training

creates a new generation of family planning specialists who are prepared to meet the challenges of our evolving health care system. Our experience in creating an interdisciplinary training model of family planning specialists demonstrates that this model not only benefits the family physicians who have access to newly created training opportunities, but also offers advantages to the ob-gyn fellowship community. Based on our experience, we encourage all ob-gyn family planning fellowships to work with family medicine departments in their institutions to actively foster collaboration between the specialties.

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