

An Unexpectedly Positive Experience: Utilizing Opt-Out Provisions in Early Abortion Training for Family Medicine Residents

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INTRODUCTION

- During training, many residents encounter areas of medical care where their personal beliefs differ from those of patients.
- We present data and lessons learned from abortion training with opt-out provisions within 4 Family Medicine residencies during academic years 2003-2006 in Northern California. The residencies have participated with The Center for Reproductive Health Education in Family Medicine (RHEDI).
- Goals of this study: a) determine how opt-out provisions were implemented, b) assess experience of residents who opt-out or only participate in specific areas of patient care, c) assess faculty and trainer experience working with these residents, and d) provide helpful strategies with opt-out provisions to other residency programs.

METHODS

- 4 residencies participated with the TEACH Project (Training for Early Abortion for Comprehensive Healthcare)—an academic-community partnership that assists residencies to integrate abortion training into their standard curricula.
- Training Model:
 - Didactic sessions at residency
 - Up to 8 clinical sessions at Planned Parenthood (PP) clinics with additional sessions integrated into most residency clinics
 - Reading and cases in ANSIRH Workbook¹
 - Basic opt-out curriculum areas as delineated in Workbook, to which additional training can be added
- Residents who participated in the PP rotation completed post-training evaluations, and those who chose not to fully participate in the rotation were contacted for follow-up telephone evaluations. Follow-up discussions with faculty and trainers took place at collaborative program meetings.
- The TEACH Project receives partial grant funding for its activities, and its evaluation research has been approved by the UCSF Committee on Human Subjects Institutional Review Board.

RESULTS

Residency Opt-Out Policies

- 3 programs encouraged PP attendance, while 1 program required it.
- Only 1 program provided residents with a formal written opt-out policy
- All 4 programs emailed current residents about the rotation with mention of opt-out provision.
- All 4 residencies offered residents the opportunity to have informal discussions with residency faculty regarding decisions to participate.
- All provided in-depth discussion and values clarification with offsite trainers if the resident attended PP at least once.

Resident Participation

- Of the 96 residents able to participate, the vast majority (75, or 78%) completed all aspects of care. Two residents not included in this analysis were unable to attend because of scheduling conflicts.
- The 21 residents (22%) who opted out of participating in all aspects of the rotation were divided into three categories: medication abortion only, no abortions, no PP attendance.
- The number of training sessions attended was less for residents opting out of some aspects of care ($p < 0.001$), but their mean rating of the rotation across 12 program areas was not significantly different compared to fully participating residents ($p = 0.6$).

Figure 1. Resident Participation at PP

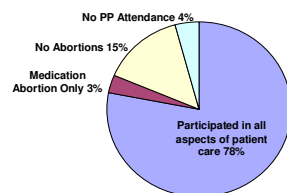


Table 1. Resident Attendance and Evaluation

Level of Resident Participation	n	Average Number of Sessions*	Rotation Evaluation Completed	Mean Rating of Rotation (3 point scale)**
Participated in all aspects of care	75 (78%)	5.6	75	2.77 (sd 0.49)
Medication Abortion Only	3 (3%)	4	3	2.75 (sd 0.44)
No Abortions	14 (15%)	1.6	12	2.65 (sd 0.51)
No PP Attendance	4 (4%)	0	0	N/A

* $p < 0.001$; ** $p = 0.6$

Key Themes from Resident, Faculty, and Trainer Feedback

- "Training will help me better counsel patients about pregnancy and abortion options." (Medication Abortion Only Resident)
 - 40% of residents interviewed noted improved counseling skills among the things they liked best about the rotation
- "Yes, [the rotation was] procedurally good, even if it isn't something I want to do, it will help with similar procedures. Also, even if you're not doing this procedure [it is] good to know the ins and outs to better counsel patients and provide aftercare." (No Abortions Resident)
 - 33% of residents interviewed noted exposure to new skills among the things they liked best about the rotation
 - The vast majority of residents interviewed noted interactions with staff and trainers as what they liked most about the rotation
- "My work with opt-out residents was the most rewarding and interesting of all." (Trainer)
- "We found that the roof did not fall down when abortion training is introduced into the residency, contrary to existing fears. Nor did the 'residency become an abortion clinic' when abortion training is integrated; It is not about warring camps, but about normalization of ambivalence around abortion." (Residency Faculty)

LIMITATIONS

- Sample size was small and regionally representative. Not all residencies participated in the full duration of the study. Data inconsistencies existed for opt-out trainees, including difficulty contacting residents who did not attend the rotation.

DISCUSSION—LESSONS LEARNED

- By tailoring the opt-out training to individual residents' comfort levels, trainees were able to learn important reproductive health skills, even when they did not participate in performing abortion procedures.
- Programs should be explicit about gradation of procedural involvement and consider a formal written policy. Partial procedural involvement can include ultrasound, paracervical block, cervical dilation, and IUD insertion.
- Individual values clarification is helpful in the process of each resident deciding their level of involvement.
- Consider training multiple faculty members in values clarification, including some not involved as instructors of the rotation.
- Balance emphasis on abortion, adoption and parenting in didactic sessions and curriculum materials.

SUMMARY

- Integrating abortion training with opt-out provisions into Family Medicine residencies results in a positive experience not only for residents who fully participate in the training, but unexpectedly also for those who choose to opt-out.
- By facilitating a gradient of involvement trainees opting out of performing abortions can still gain exposure, improved counseling, and reproductive health skills.
- A thoughtfully designed and implemented opt-out policy is key to the integrated abortion training program's success.

REFERENCES

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- Dickens BM. Reproductive health services and the law and ethics of conscientious objection. *Med Law*. 2001;20 (2):283-93.
- Foster AM, Steinauer J. Educational and legislative initiatives affecting residency training in abortion. *JAMA* 2003; 290; 13: 1777-8.