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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 (RHEI).
- 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 trainee 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 6 clinical sessions at Planned Parenthood (PP) clinics with additional sessions integrated into most residency clinics
  - Reading and cases in ANSIRH Workbook
  - 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 trainees 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 the mean rating of the rotation across 12 program areas was not significantly different compared to fully participating residents (p>0.6).

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