ABORTION TRAINING EXPERIENCES AMONG NEWLY GRADUATED OB/GYN RESIDENTS

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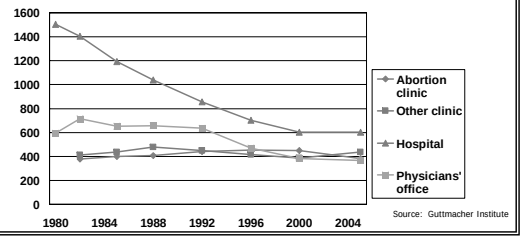
BACKGROUND

Abortion is one of the most common procedures performed in this country with half of all pregnancies being unintended and half of those pregnancies terminated. In 2005, 1.21 million abortions were performed[1].

Despite the tremendous need for abortion care, there is a growing shortage of abortion providers as fewer physicians include abortion care in their practices and existing providers approach retirement. The number of abortion providers has declined by 37% since 1982 and the vast majority of counties (87%) lack an abortion provider.

This decline in the number of abortion providers has been attributed, in part, to the lack of routine educational and training opportunities for health service professionals.

Number of providers by type



PURPOSE AND HYPOTHESIS

Commissioned by Physicians for Reproductive Choice and Health, and supported by the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health, Ibis designed and implemented a mixed-methods research project to study abortion training in Ob/Gyn residency programs.

Our study aimed to:

- Explore the factors that influence decisions to train and intentions to provide
- Better understand the types of residency training opportunities in abortion care
- Document how ACGME Guidelines are being implemented in residency programs

MATERIALS AND METHODS

The project included three components: 1) a content analysis of Ob/Gyn residency program webpages; 2) a survey of residents who completed residency in 2007; and 3) in-depth interviews with 36 physicians who completed residency in 2007.

This poster highlights findings from the in-depth interview study.

Interview Study methods:

- In-depth telephone interviews took place between July of 2007 and February of 2008
- Length of interview ranged from 20 minutes to 1 hour 30 minutes, with an average of about an hour.
- A total of 36 Ob/Gyn participated in the study
- Participants recruited through purposive and snowball sampling
- We recruited participants through nafbytes, professional networks and through the mailed survey that was sent to all final-year residents in 2007
- Aimed to achieve diversity in program type, training experience, and location of training
- Also sought to include residents form specific programs (UAS, religiously-affiliated, community)
- Interviews were taped and transcribed
- Transcripts were coded for key themes

DESCRIPTION OF THE SAMPLE

Qualitative study participants

RESULTS

Key findings that emerge from our analysis:

- Training decisions are multi-factorial
- Exposure to diverse patient populations and abortion care in early medical training important
- For people who did not train, the time/logistics of training greater factor than political or religious beliefs
- Elective programs are impractical, particularly if off-site or on extra time
- Disclosure of lack of training does not occur during application process
- Diversity of program type is enormous but pregnancy options counseling, abortion procedures counseling, first trimester abortions very weak

Clinical training was limited, you had to seek it out in order to get any type of clinical training…There was probably one physician that did pretty much all of the elective abortions and he wasn't really incorporated into our training as much as the other physicians….so you sort of had to seek it out on your own if you wanted to participate….We had to opt out in writing, which is sort of ironic because it wasn't really readily available.

Male, didn't train, Region 2

Why did I decide to (train)? …I just think it is every woman's right to have that procedure and that an Ob/Gyn you should be trained to do that, whether or not you plan to make that a routine part of your practice when you finish training, but you should at least know how to do it and to deal with the complications.

Female, trained, Region 2

…we had to fill out this paper saying whether we did or did not want additional training. If you said you didn't then that was fine and if you said you did then the program chair worked with you to come up with a plan for your training…there were four of us in my year and only one of us elected to have training.

Female, didn't train, Region 4

CONCLUSIONS

Training during elective time is impractical and training opportunities/policies vary considerably

Work hour requirements have resulted in "conflicting policies" and merit reconciliation

Requirements for options counseling, procedures counseling, first trimester procedures need to be strengthened

Exposure during medical school (at least didactic), discussion of policies during application process, mentoring all important

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