



EDUCATION

Abortion education in medical schools: A national survey

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KEY WORDS

Abortion
Medical education
Medical curricula

Objective: This survey was performed to examine the inclusion and extent of abortion education in US medical schools.

Study design: A 3-item confidential survey requesting information about abortion education throughout the 4 years of medical school was mailed to the OB-GYN clerkship directors of the 126 accredited US medical schools.

Results: Seventy-eight surveys were returned, for a response rate of 62%. Overall, 17% of clerkship directors reported no formal education about abortion either in the preclinical or clinical years. In the third-year OB-GYN rotation, 23% reported no formal education, whereas 32% offered a lecture specifically about abortion. While 45% of third-year rotations offered a clinical experience, participation was generally low. About half of schools offered a fourth-year reproductive health elective, but few students participated.

Conclusion: Abortion education is limited in US medical schools. As an integral part of women's reproductive health services, abortion education deserves a place in the curricula of all medical schools.

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Abortion is one of the most common procedures women undergo in the US. It is estimated that 43% of women have had an abortion by age 45.¹ Abortion care education is therefore generally accepted as an integral part of OB-GYN health curricula. The Council on Residency Education in Obstetrics and Gynecology (CREOG) includes objectives for residency training in abortion and its complications in the Core Curriculum in Obstetrics and Gynecology.² The OB-GYN Residency Review Committee requires that training and education about abortion be offered to all OB-GYN residents.³ The Association of Professors of Gynecology and Obstetrics (APGO) has included medical student objectives about abortion in their Core women's health curriculum since

the 7th edition in 1997; these objectives, while not requirements, serve as guidelines to assist clerkship directors in developing curricula.⁴ Although information has been published on medical students' attitudes toward abortion⁵⁻⁷ and individual schools' programs for teaching reproductive health,^{8,9} the extent to which abortion education occurs in US medical schools remains unclear. The purpose of this study was to determine the inclusion and extent of abortion education in US medical schools.

Material and methods

We developed a 3-item confidential survey to determine the presence of abortion education and its extent in the preclinical and clinical years of medical school. The first item related to education in preclinical years, the second item to education in the third-year clerkship, and the third item to fourth-year reproductive health electives.

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Table I Components of abortion education in the preclinical years and in the third-year OB-GYN clerkship*

Education components	Preclinical years	Third-year OB-GYN clerkship
Lecture on abortion	15 (19%)	25 (32%)
Lecture, abortion mentioned	17 (22%)	29 (37%)
Small group	4 (5%)	9 (12%)
Clinical experience	5 (6%)	35 (45%)
No formal education	34 (44%)	18 (23%)
Don't know	18 (23%)	0

* Numbers in columns do not sum to 100% because some programs included more than one education component.

For the preclinical and clerkship year(s), the survey item read: "Do students at your medical school have any formal abortion education?" Respondents were given choices to mark, including 1) Lectures with abortion as a primary focus, 2) Lectures on another topic in which abortion is mentioned, 3) Small group sessions/tutorials, 4) Clinical experience observing or participating in surgical/medical abortion services, and 5) Don't know. If respondents indicated that a clinical experience was offered, they were asked if the experience was formally integrated into the curriculum (eg, a half-day experience set up at a Planned Parenthood abortion site), or if students had to arrange involvement in the experience themselves. Additionally, respondents were asked what percentage of students participated in the experience. Respondents could also choose an "other" category and write comments. For the fourth-year electives, the survey item read, "Is a fourth-year elective offered that provides a clinical abortion education experience?" Respondents for those institutions that offered such a fourth-year elective were asked to estimate the percentage of students per year who participate. Demographic information was not collected because of the sensitive nature of the survey.

Clerkship directors for the OB-GYN rotations of the 126 US medical schools were identified by calling the offices of OB-GYN department chairs. Surveys were sent by e-mail to each of the clerkship directors in February of 2003. Surveys were returned by fax, and the institution was identified on the first page of the fax. Each survey was then coded with a number corresponding to a list of the individual institutions, and maintained in a locked cabinet. One of the authors entered the data (AC) into an Epi Info program and was unaware of the identity of the institution when entering the data. Nonrespondents were identified and contacted a second time with an e-mail reminder and, if no response, with a single telephone call. All contacts were made by May of 2004. Responses were analyzed in the aggregate without personal identifiers. The study received approval through the University of New Mexico Human Research Review Committee.

Table II Effect of curricular integration on student participation in the third-year clinical abortion experience (n = 27*)

Level of student participation	Experience integrated into curriculum	Experience not integrated into curriculum
Most	8 (30%)	0
Half	3 (11%)	0
Few	10 (37%)	2 (7%)
None	0	4 (15%)

Fisher exact test, $P < .001$.

* Missing values (n = 8) were excluded.

Results

We received 78 completed surveys, for a response rate of 62%. Two clerkship directors indicated that they were unwilling to complete the survey, but did not explain why. Comparisons between education in the preclinical and third-year OB-GYN clerkship demonstrate more abortion education in the latter (Table I).

Eighteen (23%) clerkship directors reported they did not know if any education about abortion was included in the preclinical years. Thirty-four (44%) indicated that no formal education occurred. Only 19% reported a lecture specifically about abortion, and only 11% had a small group discussion of abortion and/or a clinical experience in abortion care.

Predictably, all clerkship directors were aware of the third-year curriculum (Table I). Twenty-five percent reported no formal education about abortion in the OB-GYN clerkship. Less than half (45%) of clerkships offered a clinical experience in abortion care for students rotating in the third year.

Of the 35 medical schools that offered a clinical experience, 74% of the experiences were at least partially integrated into the curriculum. We defined "integrated" as an experience that students were alerted to in advance, most often at the clerkship orientation, either verbally or in writing. "Non-integrated" experiences were those where students who expressed an interest to the clerkship director could take the initiative to arrange their own experience. Participation in a clinical abortion care experience was variable (Table II). In programs where the clinical experience was integrated into the curriculum, more students were likely to participate ($P < .001$).

Medical schools that offered abortion education in the preclinical years were more likely to offer education in the third-year clerkship ($P = .002$). Overall, 17% of medical schools reported no formal abortion education in either the preclinical or the third-year clerkship.

Thirty-one (52%) of all medical schools that responded offered a reproductive health elective in the fourth year; however, 92% of programs reported that 10% or fewer students in the class participated in these electives.

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