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Original research article

Ob/Gyn training in abortion care: results from a national survey

Courtney B. Jackson[a,*], Angel M. Foster[b,c]

[a]Ellertson Fellow (2006-2008), Ibis Reproductive Health, Cambridge, MA, USA
[b]Ibis Reproductive Health, Cambridge, MA, USA
[c]Faculty of Health Sciences, University of Ottawa, ON, Canada

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Abstract

Background: Abortion is one of the most common health services utilized by women in the USA. Training new providers is an important factor in ensuring an adequate supply of clinicians to provide comprehensive reproductive health services.
Study Design: Data came from a mailed survey of obstetrician/gynecologists who completed residency in 2007.
Results: Participation in first-trimester procedures training was lower than that in second-trimester procedures training. Notably, residents reported less exposure to medication abortion than nearly all other abortion procedures; only 41% of survey participants reported having received training in mifepristone/misoprostol. Significantly more respondents who trained in programs with routine training participated in first-trimester procedures, specifically medication abortion, manual vacuum aspiration and electric vacuum aspiration, compared to those who attended programs with elective training.
Discussion: As the vast majority of abortions in the USA occur during the first trimester, exposure to the full array of common first-trimester abortion procedures, including both medication abortion and aspiration abortion procedures, warrants attention. These findings suggest that residency education guidelines may need to be revised to ensure adequate training in medication abortion.
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Keywords: Abortion procedures; Medication abortion; Mifepristone; Residency education

1. Introduction

Half of all pregnancies in the USA are unintended, and nearly half of these pregnancies are terminated [1]. Despite the clear need for access to abortion services, the number of facilities that provide abortion care has declined over the past three decades from 2900 in 1982 to 1787 in 2005 [2]. While the decline has slowed during the past decade, there remains concern about the accessibility of abortion care in the USA as 87% of counties lack an abortion provider [2].

Training of new clinicians has been identified as an important way to ensure an adequate supply of health professionals qualified and willing to provide abortion care. Because obstetrician/gynecologists (Ob/Gyns) are critical providers of health care to women of reproductive age, it is important to understand Ob/Gyn training opportunities as well as the factors associated with individual Ob/Gyns' decisions to participate (or not) in training.

In 1976, one quarter of residency programs reported that they provided training in "elective abortion" as a routine component of their curriculum [3], but by 1992, this percentage had declined by half to just 12% [4]. Responding to both the decline in training opportunities and the growing shortage of clinicians providing abortion care, in 1995, the Accreditation Council for Graduate Medical Education (ACGME) made more explicit the requirement that Ob/Gyn residency programs provide residents with routine training opportunities in induced

* Corresponding author. Arlington, MA 02476, USA. Tel.: +1 617 955 9020; fax: +1 617 373 5506.
E-mail address: cbjackson06@gmail.com (C.B. Jackson).

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abortion [5,6].[1] Training opportunities in abortion care soon increased. According to a 1998 survey, 81% of residency program directors reported that their program offered training, although only 26% of program directors reported that all of their graduates received that training [7]. A 2004 survey of residency program directors revealed that training opportunities continued to increase, with 51% of program directors reporting that they provided routine training, 39% optional training and 10% no training opportunities [8]. However, even when training opportunities are available, program directors consistently report less than 100% participation among residents, with very low rates of participation among programs that offer optional (also referred to as "elective" or "opt-in") abortion training [7,8]. The gap between program directors' reports of the availability of training and estimates of the percentage of residents who actually participate in training highlights the need for research on individual residents' training experiences and the factors that facilitate individual residents' decisions to participate in training.

Prior studies have considered the gestational stages at which residents train, but little research has explored training participation rates by specific abortion procedures. It is critical to understand how training experiences vary by type of procedure in order to assess how well equipped new clinicians are to provide the full range of procedures commonly obtained by women seeking abortion care at all gestational stages. Based on the results of a survey of Ob/Gyns who completed residency in the USA in 2007, this article provides insight into the training experiences of recently trained Ob/Gyns.

In this article, we address three research questions: (1) How do recent graduates of Ob/Gyn residency programs describe the availability, location and climate of abortion training in their residency programs? (2) Which procedures did recent graduates receive training? (3) How does program structure relate to participation in training?

2. Methods

The data to answer these questions came from one component of a multimethod study of Ob/Gyn residency programs. The overall study included a content analysis of residency program Web sites [9], in-depth interviews with 36 Ob/Gyns who completed residency during 2007 and the component reported here, a survey of all Ob/Gyns who completed residency during 2007.

We designed a survey instrument to capture information about recent graduates' residency training opportunities, motivation for ranking residency programs, training experiences in specific abortion procedures, future intentions to provide abortion care and attitudes toward abortion. Our survey questions asked residents explicitly about training in "elective abortion" through which we intended to assess residency graduates' training in the provision of comprehensive abortion care, not limited to abortions for maternal or fetal indications or the management of miscarriages/fetal demise. We solicited input from experts in medical education and abortion research to develop the instrument and received institutional review board approval from Western Institutional Review Board (Olympia, WA, USA).

Based on contact information purchased from Medical Marketing Services, we sent a mailing to all final year Ob/Gyn residents (N=1017) in May 2007. We made four subsequent attempts to follow-up with nonrespondents between June 2007 and January 2008. We offered respondents a $5 gift card as a token of our appreciation.

The data were entered into an Access database and imported into SPSS 16.0 for analysis. We used univariate frequencies to describe residents' training experiences and cross-tabulation analysis and χ^2 test of statistical independence to determine the relationship between program structure and training participation.

We measured *prior interest* in abortion training by responses to a question that asked respondents if training in "elective abortion" care factored into their ranking of residency programs. Those who indicated that they ranked programs with abortion training higher were coded as having prior interest. We measure program structure using two dimensions: the availability of training during residency, defined as routine (e.g., residents must opt out of training), elective (e.g., residents must opt into training) or not available at all, and the location of training (either on-site or off-site for those programs that included routine and/or elective training opportunities). For some analyses, in order to retain sufficient cell sizes, these dimensions were combined into one measure, with residents classified into one of five categories: (1) routine on-site, (2) routine off-site, (3) elective on-site, (4) elective off-site and (5) no training available. If a respondent reported routine on-site as well as either routine off-site training or elective on-site training, he or she was classified into the routine on-site category to reflect the most readily available and accessible training scenario.

3. Results

We received 324 completed surveys, for an overall response rate of 32%. Respondents represented 159 of the

[1] The ACGME mandate came into effect on January 1, 1996, and states: No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. Otherwise, access to experience with induced abortion must be part of residency education. This education can be provided outside the institution. Experience with management of complications of abortion must be provided to all residents. If a residency program has a religious, moral, or legal restriction that prohibits the residents from performing abortions within the institution, the program must ensure that the residents receive satisfactory education and experience in managing the complications of abortion. Furthermore, such residency programs (1) must not impede residents in the programs who do not have religious or moral objections from receiving education and experience in performing abortions at another institution and (2) must publicize such policy to all applicants to those residency programs (ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology).

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