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Original research article

Abortion training in Canadian obstetrics and gynecology residency programs☆,☆☆

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Abstract

Objective: To evaluate the current state of abortion training in Canadian Obstetrics and Gynecology residency programs.
Study design: Surveys were distributed to all Canadian Obstetrics and Gynecology residents and program directors. Data were collected on inclusion of abortion training in the curriculum, structure of the training and expected competency of residents in various abortion procedures.
Results: We distributed and collected surveys between November 2014 and May 2015. In total, 301 residents and 15 program directors responded, giving response rates of 55% and 94%, respectively. Based on responses by program directors, half of the programs had "opt-in" abortion training, and half of the programs had "opt-out" abortion training. Upon completion of residency, 66% of residents expected to be competent in providing first-trimester surgical abortion in an ambulatory setting, and 35% expected to be competent in second-trimester surgical abortion. Overall, 15% of residents reported that they were not aware of or did not have access to abortion training within their program, and 69% desired more abortion training during residency.
Conclusion: Abortion training in Canadian Obstetrics and Gynecology residency programs is inconsistent, and residents desire more training in abortion. This suggests an ongoing unmet need for training in this area. Policies mandating standardized abortion training in obstetrics and gynecology residency programs are necessary to improve delivery of family planning services to Canadian women.
Implications: Abortion training in Canadian Obstetrics and Gynecology residency programs is inconsistent, does not meet resident demand and is unlikely to fulfill the Royal College of Physicians and Surgeons of Canada objectives of training in the specialty.

Keywords: Abortion training; Resident education; Family planning; Obstetrics and Gynecology residency

1. Introduction

Abortion is a common medical procedure in Canada; by the age of 45, 31% of Canadian women have experienced at least one abortion [1]. In 2012, the Canadian Institute for Health Information reported that 83,708 abortions were performed in Canada [2]. This is likely an underestimate of the true incidence, as services are increasingly provided by out-of-hospital facilities, and reporting is voluntary [2,3].

Abortion is a medically necessary procedure as per all provincial and territorial colleges of physicians and surgeons in Canada [4]. Many of these colleges stipulate that although physicians with a conscientious objection to abortion care are not obligated to provide this care, they must provide patients with information and assistance to make informed choices [5,6]. The Canadian Medical Association and the Society of Obstetricians and Gynecologists of Canada (SOGC) support access to safe abortion for all Canadian women [7,8]. The SOGC states that health care providers must offer timely referrals for pregnancy termination services and provide appropriate care to women presenting with complications from abortion [8].

Despite these policies, Canadian women do not have universal access to abortion services [9,10]. Previous studies indicate that finding an abortion provider in a timely fashion is challenging and that the number of providers in Canada is

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decreasing [11]. This trend may be attributable to a lack of comprehensive training for medical students and resident physicians [11]. In 2004, Roy et al. [12] surveyed senior residents and program directors from Canadian Obstetrics and Gynecology residency programs. In this study, 97% of residents indicated that abortion training was available; however, training was routine in only half of the programs [12].

In the United States, the Accreditation Council for Graduate Medical Education (ACGME) requires Obstetrics and Gynecology residency programs to provide residents with training in abortion provision and in the management of abortion complications, which must be part of the planned curriculum (opt-out) [13]. The American Congress of Obstetricians and Gynecologists issued a Committee Opinion in November 2014, supporting the ACGME accreditation requirements and emphasizing the importance of comprehensive abortion education in residency programs as a means to improve access to safe abortion [14].

In Canada, the Royal College of Physicians and Surgeons determines the postgraduate training objectives for Obstetrics and Gynecology, which is a 5-year program. With respect to abortion training, these objectives state that a fully trained resident should be able to independently perform a "dilation and curettage", a "dilation and evacuation in the early second trimester" and, with supervision, a "dilation and evacuation of a pregnancy greater than 14 weeks gestation" [15]. The Royal College of Physicians and Surgeons does not provide guidelines for the recommended structure of abortion training in residency programs; specifically, there is no stipulation that training should be opt-out as there is in the United States. Anecdotal evidence suggests that exposure to abortion procedures is inconsistent across training programs, which may be due to a lack of a formal national training curriculum with mandatory opt-out training [16,17]. To assess whether there is a need for curriculum reform, we aimed to describe the current state of abortion training for Canadian Obstetrics and Gynecology residents.

2. Materials and methods

We surveyed all Canadian Obstetrics and Gynecology residents and program directors between November 2014 and May 2015. Members of the SOGC Resident Advocacy Committee reviewed the survey prior to distribution. This committee consisted of eight residents from different Canadian Obstetrics and Gynecology residency programs, including two residents from Francophone programs and two others whose first language was French. Although the possibility of a French language survey was discussed, we ultimately only distributed an English language version since the Resident Advocacy Committee, specifically the Francophone members, did not feel it would be a barrier to completing the survey for their Francophone colleagues.

We recruited 16 resident site coordinators, who were responsible for distributing a paper version of the survey to other residents in their respective programs. Eight of these site coordinators were members of the SOGC Resident Advocacy Committee, and the other eight were resident volunteers. The site coordinators distributed the surveys at academic half days and other resident gatherings, collected them in opaque sealed envelopes, and mailed them back to the study investigators. Following the distribution of the paper survey, in order to ensure that all residents had the opportunity to participate, program administration assistants emailed residents a link to the online version of the survey. We instructed residents to complete only one version of the survey. We mailed program directors a blank survey which they could return in a sealed opaque envelope to their site coordinator, or mail back to study investigators independently. We also emailed program directors with the option to complete an electronic version of the survey if they did not complete the paper version. Non-responding program directors received two personal follow-up email invitations from the supervising study investigator. Identifying information on the survey was limited to post-graduate year (for residents) and name of program (for both residents and program directors).

We calculated a sample size a priori of 225 residents [18]. This was based on the proportion of residents who reported that their program had routine (opt-out) abortion training in a similar survey in 2004 (50%) [12], a reported total of 540 Canadian Obstetrics and Gynecology residents 2014 [19], 95% confidence intervals and a margin of error of 5% for point estimates [18]. A sample size of 225 residents would yield a 42% response rate, which was similar to response rates of previously conducted surveys completed by resident physicians [20]. We aimed to include the program director from each of the 16 obstetrics and gynecology training programs in Canada [21].

We calculated the number of residency programs that included abortion training and whether these activities were opt-in or opt-out. *Opt-out* was defined as "All residents are placed in a family planning rotation and opt-out if they do not wish to participate," and *opt-in* was defined as "Selective or Electives are offered within your program for interested residents (this may include a local freestanding clinic)." We also calculated the percentage of residents who expected to be competent in abortion provision procedures upon the completion of residency and program directors' perspectives on the expected competency of their residents in these skills.

The data entry was independently reviewed by two study investigators to ensure accuracy. Data were analyzed using Statistical Package for the Social Science (SPSS). Data for residents and program directors were analyzed separately.

The Hamilton Integrated Research Ethics Board reviewed the study protocol and survey, and it was approved as a quality assurance study.

3. Results

A total of 301 residents and 15 program directors responded, yielding a response rate of 55% for residents