

Student-Perceived Preparedness in Contraceptive and Abortion Counseling

Sarah Swiezy, BS, Lucy Brown, BS, Alexandra McKinzie, BS, Sarah Komanapalli, BS, Caitlin Bernard, MD
Indiana University School of Medicine, Indianapolis, IN

ABSTRACT

Project Background: Upwards of 25% of women will seek an abortion by age 45; however, 17% of accredited American medical schools lack any formal abortion-related curriculum, and only 50% offer a clinical elective exposing students to abortion counseling and procedures. The gap between the large number of women seeking this care and the small amount of curriculum designed to prepare students to effectively counsel and provide this care is stark, and it represents an urgent area of study and curriculum re-design.

Methods: We performed a cross-sectional survey of students at all levels of medical training to assess student-perceived level of preparedness to provide non-directive counseling on reproductive health topics, such as contraception and abortion. Preparedness was measured on a 6-point preparedness scale (1=very unprepared and 6=very prepared). Mean scores were analyzed as a whole and stratified by training level. We also performed a comparative analysis of the Association of Professors of Gynecology and Obstetrics (APGO) abortion-related learning objectives (LOs) and the corresponding LOs in our didactic reproductive health course curriculum at our institution.

Results: Our preliminary survey population (n=57) included majority female (66.7%) and underclassmen (MS1 = 42.1%, MS2 = 31.6%), and varied in intended specialty. Mean preparedness to provide contraception and abortion counseling score was 2.26±0.55. When stratified to include only students in their clinical years (MS3/4, dual degree), mean preparedness score only slightly increased to 2.97±0.75. Our curriculum analysis revealed that LOs from our didactic reproductive health course covered all 5 APGO LOs on Family Planning, but did not cover 2 of the 4 APGO LOs on Pregnancy Termination.

Conclusions: We identified gaps in our institution's Pregnancy Termination curriculum, as defined by the nationally recognized APGO LOs. We also identified that current didactic and clinical training at our institution inadequately prepares medical students to provide comprehensive reproductive health counseling to women, based on mean self-reported preparedness scores. The next step is to disseminate a more in-depth survey from Feb-Mar 2021 to the same student population to further evaluate student perceptions about preparedness for reproductive health counseling compared to preparedness to counsel about hypertension management to determine whether student preparedness in family planning significantly lags preparedness in other areas of medicine. Our ultimate goal is to positively influence curriculum enhancement in comprehensive reproductive health care at our institution.

BACKGROUND

- In the US, 1 in 4 women seek an abortion by age 45¹
- In the US between 2015-2017, ~65% of women aged 15-49 years were currently using birth control²
- Among 126 accredited American medical schools:
 - 17% report no formal education about abortion in clinical or preclinical years³
 - Only half offer an elective course to cover abortion during MS4 year³
- In a prior survey, the majority of medical students feel that addressing reproductive health with female patients will be an important part of their future practice, only 37.6% feel adequately trained to do so⁴
- The Association of Professors of Gynecology and Obstetrics (APGO) has established guidelines for medical school curriculum stating that by graduation, students should be able to:
 - Provide nondirective counseling to patients surrounding pregnancy, including unintended pregnancy
 - List surgical and non-surgical methods of pregnancy termination
 - Identify potential complications of pregnancy termination
 - Describe the public health impact of the legal status of abortion⁵

METHODS

Survey Development	Survey Distribution	Funding
<ul style="list-style-type: none"> • Qualtrics • 23 questions 	<ul style="list-style-type: none"> • Class GroupMes • Class Facebook pages • ERMD course director 	<ul style="list-style-type: none"> • Participants entered into drawing for 6 \$25 gift cards • Funding provided by Med Students For Choice (MSFC)

RESULTS

Variables	Our study	IUSM**
Sex		
Female	159 (63.0%)	716 (49.1%)
Male	89 (35.0%)	744 (50.9%)
Race		
Caucasian	192 (74.4%)	1228 (84.1%)
Underrepresented minorities	59 (22.9%)	232 (15.9%)
Class Distribution		
Neither ERMD or OB/GYN clerkship	121 (41.6%)	365 (25.0%)
ERMD Only	67 (23.0%)	365 (25.0%)
ERMD and OB/GYN clerkship	103 (35.4%)	730 (50.0%)
Home Geographic Region		
In-State (Midwest)	211 (84.1%)	1140 (78.1%)
Out-of-State	40 (15.9%)	320 (21.9%)
Total Respondents/Total Students	253*	1460

Table 1. Compared to IUSM, our study **oversampled females, MS1s, and Midwest natives.** Our study sampled race similar to IUSM make-up; however, racial minorities are underrepresented at IUSM.

QUESTION 13. Do you feel PREPARED to counsel patients on the following?

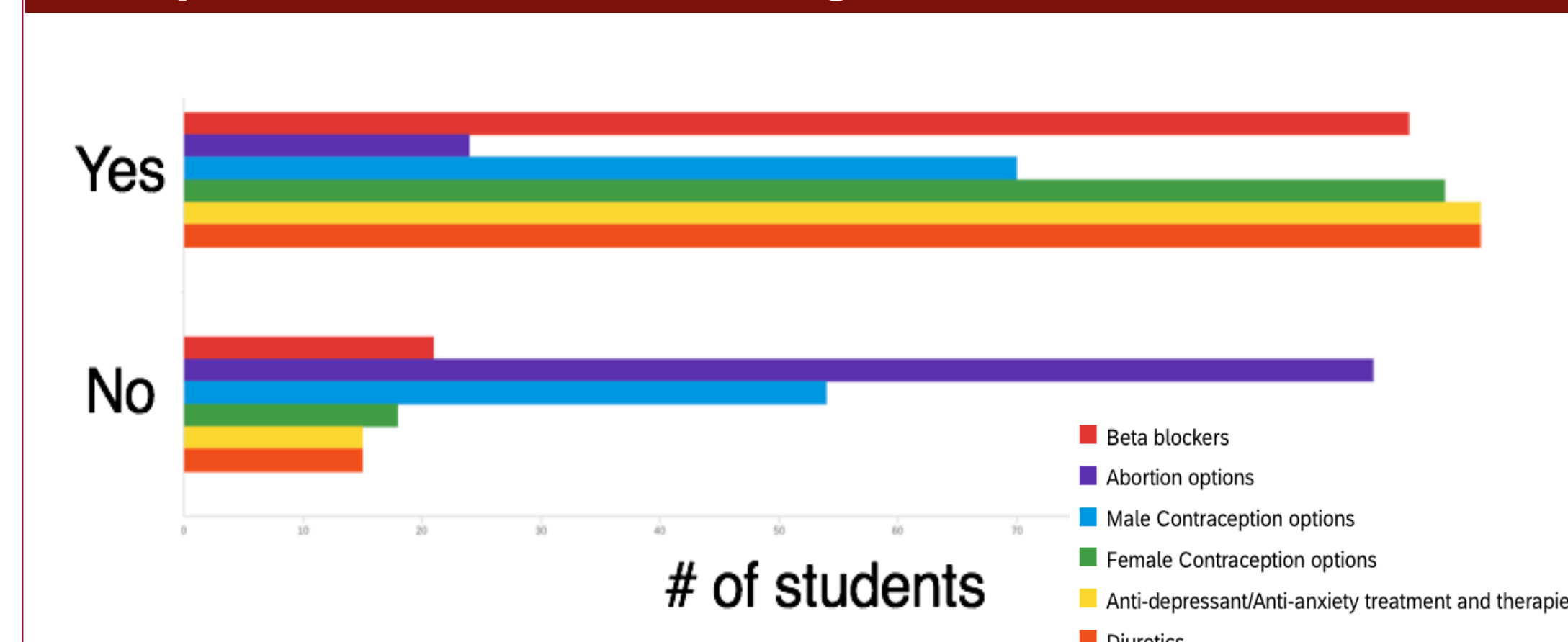


Figure 2. All students who marked ERMD Only or ERMD and OB/GYN clerkship were shown this question to ensure that they had had some exposure to curriculum intended to teach reproductive health topics. In total 124 students answered this question.

SURVEY RESPONSES

QUESTION 13. Stratified by courses taken.

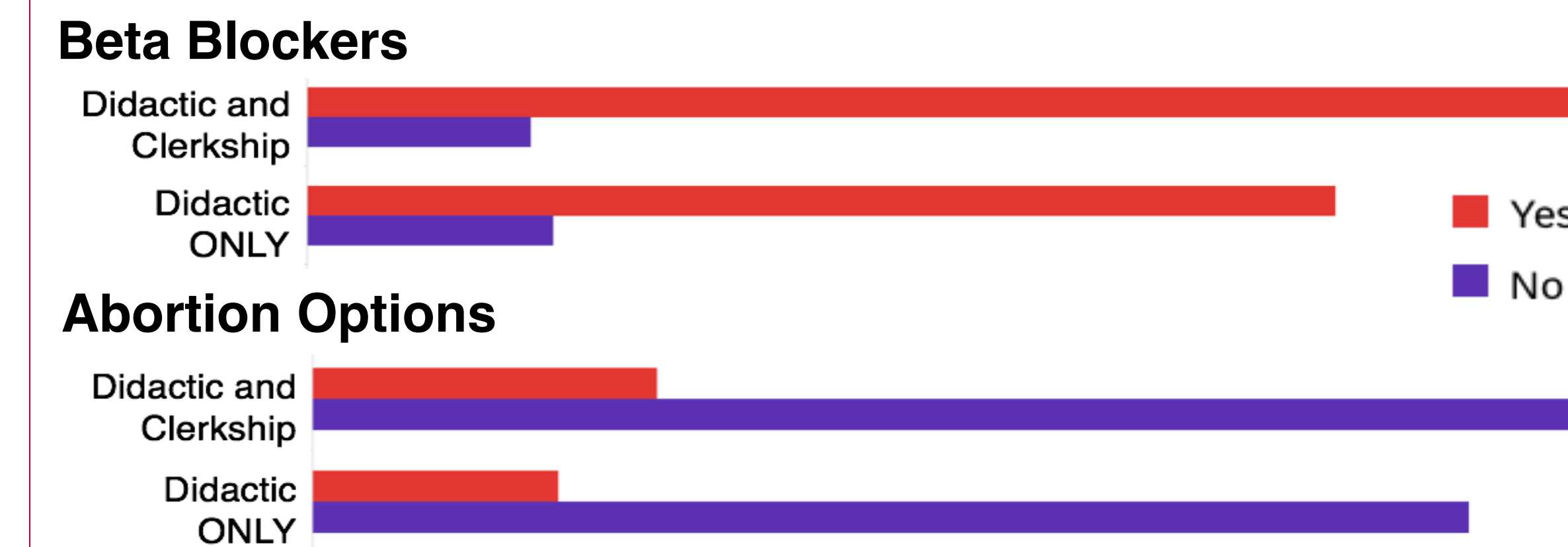


Figure 3. Students feel prepared to counsel patients about topics such as beta blockers, independent of courses taken (both didactic and clinical), but feel unprepared to counsel about abortion options. This indicates that our curriculum is successful in teaching clinical skills, but has a significant gap in reproductive health topics.

QUESTION 13. Stratified by intended specialty.

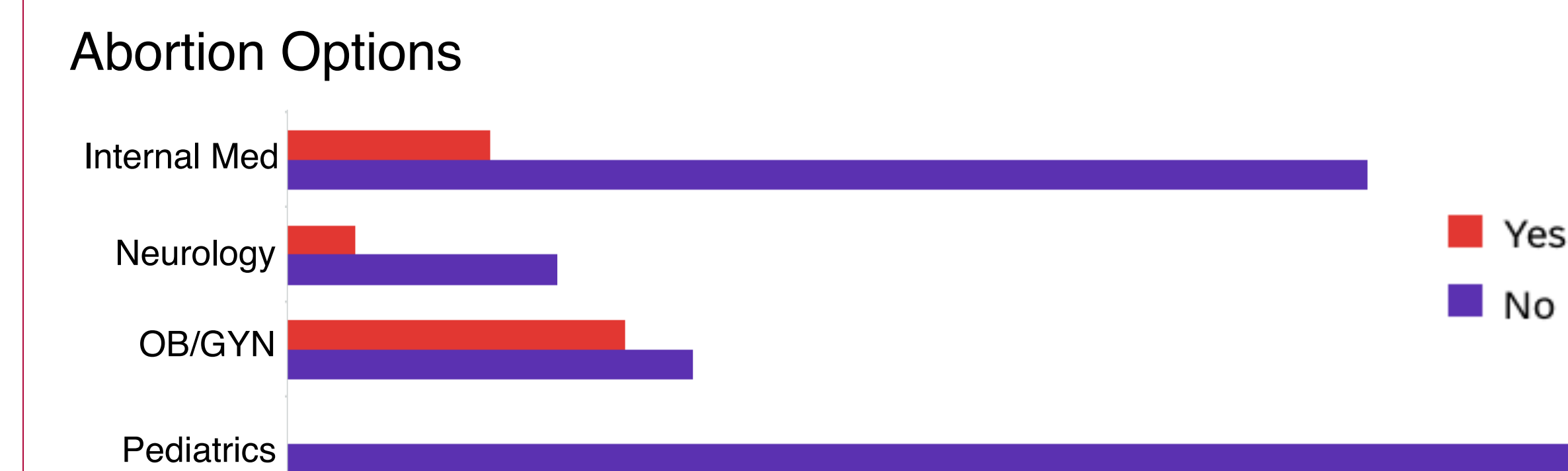


Figure 4. Students interested in pursuing a career in OB/GYN feel more prepared to counsel patients on abortion-related topics. Based on another survey question, we know students interested in OB/GYN have sought out *extracurricular* experiences and resources at higher rates, likely contributing to this difference.

QUESTION 19. How well do you feel that didactic courses prepared you for the family planning and contraception component of the OB/GYN clerkship?



Figure 5. Only students who marked ERMD and OB/GYN clerkship were shown this question. Their responses indicate that students did not feel that they were taught practical skills and clinically-relevant information during the didactic ERMD course.

REFERENCES

- [1] Jones RK, Jerman J. Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014. *American Journal of Public Health*. 2017;107(12):1904-1909.
- [2] <https://www.cdc.gov/nchs/products/databriefs/db327.htm#:~:text=of%20Family%20Growth,In%202015%E2%80%932017%2C%20approximately%2065%25%20of%20women%20aged%2015,of%20contraception%20>
- [3] Espey E, Ogburn T, Chavez A, Qualls C, Leyba M. Abortion education in medical schools: A national survey. *American Journal of Obstetrics & Gynecology*. 2005;192(2):640-643.
- [4] Wittenberg A, Gerber J. ORIGINAL RESEARCH—EDUCATION: Recommendations for Improving Sexual Health Curricula in Medical Schools: Results from a Two-Arm Study Collecting Data from Patients and Medical Students. *The Journal of Sexual Medicine*. 2009;6(2):362-368.
- [5] <https://apgo.org/page/msostudent>

SURVEY RESPONSES

QUESTION 16. Regardless of personal views about abortion, students should be knowledgeable about its public health importance, techniques, and complications.

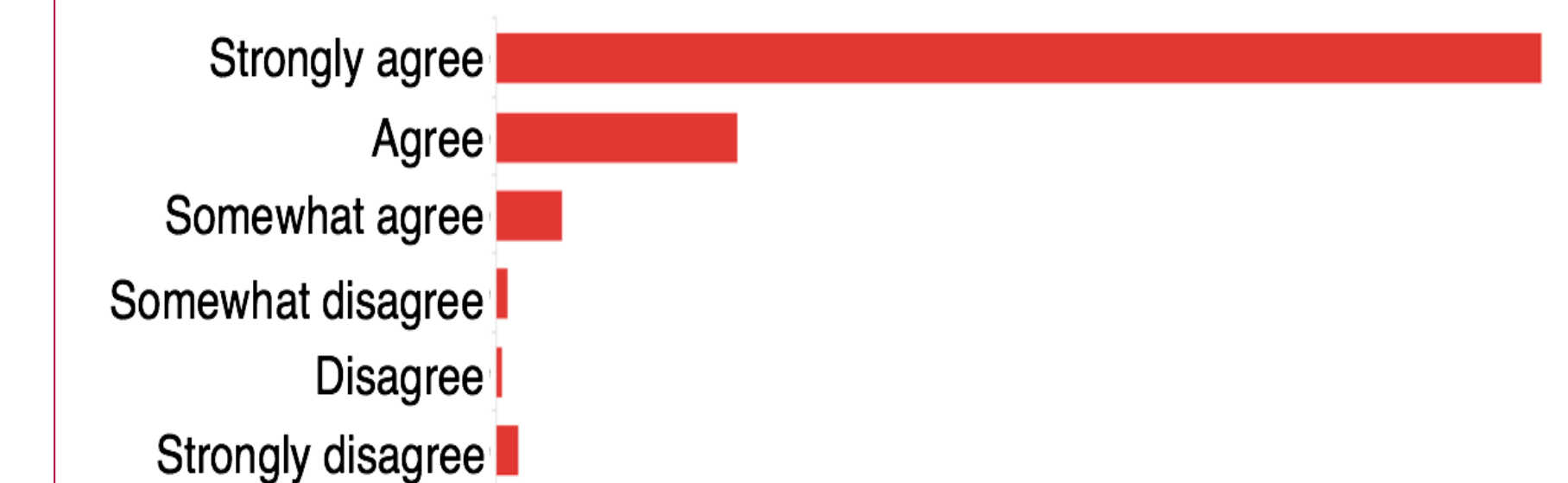


Figure 7. A majority of students strongly agree with this statement, assuring schools that adding standard women's healthcare into the curriculum aligns with student-defined priorities.

QUESTION 9. Are you interested in including the following in didactic curriculum?



Figure 6. Students overwhelmingly want topics related to abortion and family planning covered in their didactic curriculum to prepare them to actively participate in patient counseling once they begin clinical rotations.

DISCUSSION

- We used the phrase “prepared to counsel” in our survey to assess not just for memorization of medical topics, but for clinical skills building
- “Prepared to counsel” is also aligned with APGO guidelines for medical student competencies
- Our study results highlight a need for medical schools to re-evaluate the completeness of their reproductive health curriculum
- While students at our institution *perceive preparedness* to counsel on options, complications, and side effects of some topics, including *hypertensive and anti-anxiety medications*, they *perceive unpreparedness* to counsel on others, namely *abortion*
- Despite students at our institution wanting reproductive health topics to be taught in the curriculum, our institution (and likely many others) are denying them the needed didactic curriculum and clinical experience to be well-rounded future physicians