


Resident Partial Participation


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What is Partial Participation?

- Definition
- Spectrum:
 - 2008 national study (37%)
 - within RP (2013-15%)
 - currently 20%
- False dichotomy of 'opt out' language



RP National Office Requires:

The rotation must be a **required** part of the residency curriculum.

Residents with religious or moral objections can partially participate in accordance with the **ACGME guidelines**.***

Clinical expectations of partially participating residents include provision of preoperative counseling, postoperative patient care, pregnancy options counseling, contraceptive counseling, treatment of miscarriage, management of abortion complications, and the opportunity to observe abortion procedures.

Partially participating residents are responsible for readings, learning didactic material, and must participate in the didactic sessions and values clarification/professionalism exercises.

KJRRTP Core Funding Expectations, 2018.

ACGME Guidelines

Clarification of Program Requirement: IV.A.6.d.(1)-(3):

IV.A.6.d) Family Planning and Contraception:

IV.A.6.d.(1) **Programs must provide training or access to training** in the provision of abortions, and this must be part of the planned curriculum. ←

IV.A.6.d.(2) Residents who have a religious or moral objection **may** opt-out, and must not be required to participate in training in or performing induced abortions.

IV.A.6.d.(3) Residents **must have experience** in managing complications of abortions and training in all forms of contraception, including reversible methods and sterilization. ←

http://www.acgme.org/Portals/0/PFAAssets/ProgramResources/220_OBGYN_Abortion_Training_Clarification.pdf

Studies on Partial Participation

Quantitative study of partially-participating residents' experiences

- Residents reported positive benefits from the rotation.
- A significant number participated in uterine evacuation.
- Residents were more likely to participate if the indication was for anomalies, health concerns or EPL.
- **Change** in participation during rotation:
 - 22 residents (33%) changed participation level from what they expected before beginning the rotation.
 - 15% participated more than they expected, 18% participated less than they anticipated.

"Opting out of abortion training: benefits of partial participation in a dedicated family planning rotation for ob-gyn residents." Steinauer, Hawkins, Turk, Darney, Preskill, Landy. *Contraception*. 2013 Jan 87(1): 88-92.

Partial Participation: Benefits

93% ob-gyn residents who partially opted out of rotation reporting a positive effect on family planning skills

	<u>Positive Impact</u>
Counseling skills	
Pregnancy options counseling	88%
Contraceptive counseling	92%
Abortion counseling	86%
Procedural skills	
IUD placement	68%
Cervical anesthesia	63%
Mechanical cervical dilation	53%
1 st -trimester uterine aspiration	57%
Pain management	72%
Ultrasound for pregnancy dating	74%

Steinauer et al., *Contraception* 2013

Partial Participation: Clinical Experience in Abortion

Proportion that performed at least 1 procedure by indication

Procedures	Elective	Therapeutic*
Manual uterine aspiration	18%	27%
Electric uterine aspiration	22%	30%
D&E	15%	30%
Paracervical block	33%	48%
Mechanical dilation	21%	43%
Osmotic dilation	22%	40%

31% did at least one 'elective' abortion.

*Therapeutic = for maternal indications, fetal anatomic or genetic anomaly, pre-viable PPRM

Steinauer et al., Contraception 2013

Partial Participation, continued

Qualitative study of residents' experiences with partial participation in abortion training

- Residents valued a range of skills gained by partially participating

"Our attendings are very proactive in teaching and giving us more information and working with us for where we are individually with our own comfort level and making sure that we get good exposure to, if nothing else, at least the complications that can come from elective TABs if you're opting out of that to make sure you're competent in handling those"

"Impact of partial participation in integrated family planning training on medical knowledge, patient communication and professionalism." Steinauer, Turk, Preskill, Devaskar, Friedman, Landy. Contraception. 2014 April 89(4); 278-85.

Partial Participation, continued

- Improved patient care

"I can be able to talk them and say 'here 's what 's going to happen and here 's what you can expect and while I may not provide this, I support you and I can tell you where you can go to get this safely done.'"

- Changes in attitudes about abortion and women seeking abortion

"My eyes were opened to people's situations. You know, the more people you see, the more situations you understand, **the more empathy that you can start to feel** for these folks that are placed in often times very hard situations. And so I think that's probably one of the greatest things that I came away with."

Steinauer et al., Contraception 2014

Partial Participation, continued

- Miscommunication about process

"I really didn't want to have any part of any of that [a non-medical abortion]. To me, that wasn't opting out."

Steinauer et al., Contraception 2014

Partial Participation, continued

Qualitative study of residents' experiences in navigating the boundaries of training

- Diversity among residents' boundaries and decision timing

"I thought about it a lot. Actually, before I even applied to residencies, I knew this would become an issue. I applied to places where I felt that they would be more welcoming to my situation."

"Exploring how residents who partially participate in family planning training determine their level of participation," Turk J, Preskill F, Fields A, Landy U, Steinauer J. Women's Health Issues, Vol 27, Issue 5, September 2017, pgs 614-619 | 279-85.

Partial Participation, continued

- Variation of influences

The chief was the only person in the whole hospital that night that could perform D&Es comfortably. And she did, and she pretty much saved this person's life and uterus and future fertility. And it wasn't a situation where (the patient) had wanted, you know..And that was one of the reasons why I wanted to at least- I'm interested in learning the skill. I want to feel comfortable that if I'm in a situation, I want to be able to be that person, to save somebody's life.

- Perception of support and or pressure

"I don't think [the attending] was pushy. He said, "What do you feel comfortable doing? This is what we do and what do you feel comfortable doing?" and he let me draw my own line. Although he wasn't pushy, I still felt that because he was my attending, maybe there was some sense of needing to please."

Turk et al, J. Women's Health Issues, 2017.

Partial Participation, continued

Qualitative study of the role of Ryan Program Directors in helping residents navigate partial participation

- Interviews with 20 Ryan Program directors about resident orientation to abortion training and faculty involvement in residents' participation decisions
- When faculty members allow residents to participate at their level of comfort, faculty perceive increased resident satisfaction with their abortion training experience.
- Faculty also report valuable opportunities to mentor residents.

Helping Residents Navigate Their Participation Decisions

- Participants interested in:
 - Dealing with challenging feelings around abortion
 - How to keep residents engaged
 - Teaching curriculum and legal aspects of abortion provisions

Innovating Education in Reproductive Health

- Free and open source
- Abortion Course, Managing Early Pregnancy Loss, Explained: Abortion Research and Policy
- Teaching videos
- Infographics



UCSF www.innovating-education.org innovating education in reproductive health

Interactive Partial Participation Guide

- INTERVIEW
- ORIENTATION
- 1-2 WEEKS BEFORE
- 1ST DAY OF ROTATION
- DURING ROTATION

Interview

When applicants come to interview, this is the perfect time to discuss ways in which your program integrates abortion training. Some options to introduce residents to the training:

1. You - as the faculty member responsible for training - or the residency program leadership can present it to the applicants as a group.
2. Often applicants tour the clinical care facilities, and many programs include a tour of the family planning clinic as part of their tour. It is helpful if you or another team member can be there to lead the tour and answer questions.

We have found it is important to explicitly mention that abortion training is expected. Some residents will want to opt-out of certain parts of the rotation, but all are expected to participate to the extent they feel comfortable.

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