Impact of Formal Family Planning Training on Residents' Transferable Obstetrics and Gynecology Skills

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Background: Outpatient Surgery

- Many gynecological procedures are preferentially being done in the office.
 - Hysteroscopy
 - D&C
 - Diagnostic, early pregnancy failure and termination
 - Endometrial ablation

- Require operating on awake patients
 - Management of analgesia and anesthesia
 - Efficient surgical skills

Background: Resident Teaching

- Challenging to include dedicated outpatient surgery rotations
- Family planning rotation ideal for outpatient surgical training
- Other non-family planning-specific skills
 - Counseling
 - Ultrasound

Transferable Skills

The Kenneth J. Ryan Residency Training Program

• Ryan Program

- Mission: formally integrate family planning training into residency education
- Provides technical and financial support to help programs meet ACGME mandate
- Average rotation 3 days per week for 5 weeks

Growth of Ryan Program



Ryan Program



59 programs in 28 US States; 2 Canadian provinces and Puerto Rico

Ryan Program Outcomes

- >2,000 residents
 - 30% of current US residents
 - 24% of US residency programs
- Outcomes:
 - Increased competence in contraception, uterine aspiration, and medication abortion
 - Benefits for all residents
 - Departmental-level effects

Steinauer J, et al. *Contraception* 2007

Research Question

• Site visits: residents and program directors describe non-family planning benefits

- RQ: How does rotation impact non-family planning, obstetric and gynecologic skills?
 - Counseling
 - Ultrasound
 - Outpt. operative skills, analgesia management,
 - Early pregnancy failure

Methods and Response Rate

- Program evaluation since 1999
 - Pre- and post-rotation surveys of residents
 - Annual survey of **Ryan program directors**, residency program directors and chairs
- Response Rate
 - Residents: 803 (68%)
 - Ryan program directors: 88 (85%)

Results: Transferable Skills

| Procedure | Median # done on rotation |
|--|------------------------------|
| Counseling Pregnancy option counseling | 22.7 |
| Ultrasound First-trimester ultrasound Second-trimester ultrasound | 30 30 |
| Outpatient surgery Conscious sedation management Paracervical block Cervical dilation | 22.7 34.7 33.3 |

51% of programs do conscious sedation

Results: Transferable Skills

% Program Directors reporting increased competence

Significantly Increased

Somewhat Increased



Results: Early Pregnancy Failure

| Procedure | Median number done on rotation | % for EPF or abnormal pregnancies |
|-----------------------|-----------------------------------|---|
| AB counseling | 15.0 | 20.0 |
| MED AB | 5.0 | 25.0 |
| Manual UA | 10.0 | 20.0 |
| Electric UA | 15.5 | 10.0 |
| D&E | 5.0 | 25.0 |
| Induction termination | 3.0 | 90.0 |

52% - emergency room 78% - outpatient setting

Residents' Reports of Most Useful Skills Learned in Rotation

| What aspects of your training during the family planning rotation do you consider most useful for your future practice? (Check all that apply) | Proportion | |
|--|------------|--|
| Counseling | 85% | |
| Ultrasound skills | 76% | |
| Outpatient Surgical Skills | | |
| Pain Management | 53% | |
| Methods of Cervical Dilation | 66% | |
| Methods of Uterine Evacuation | 76% | |

Residents' Experience

- It was an excellent experience and although I don't think I'll be offering abortions as a service when I graduate from residency, it was invaluable to learn how to counsel patients appropriately and be able to evaluate a pregnancy using ultrasound.
- I learned a lot during this rotation, and developed skills that can be carried throughout residency, regardless of whether or not I choose to perform abortions in the future
- [I most enjoyed] learning procedures I will use in real life after residency

Conclusions

- Family planning improves skills transferable to other ob-gyn settings
- Valued by residents and faculty
- Another reason to integrate family planning into residency training

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