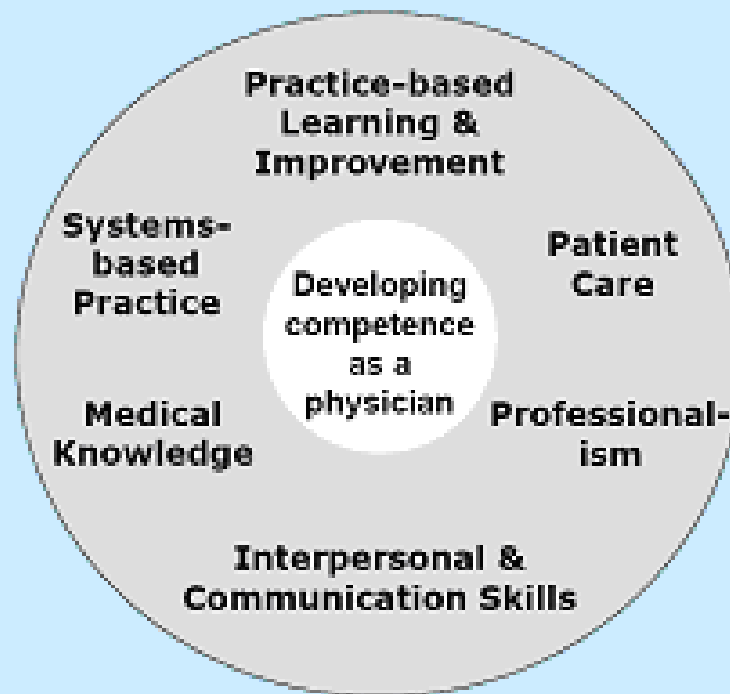


Teaching Everything through Family Planning and Abortion!

Carla Lupi, MD, FACOG
Assistant Dean for Learning & Teaching
Herbert Wertheim Florida International University
College of Medicine
April 2013

Competencies

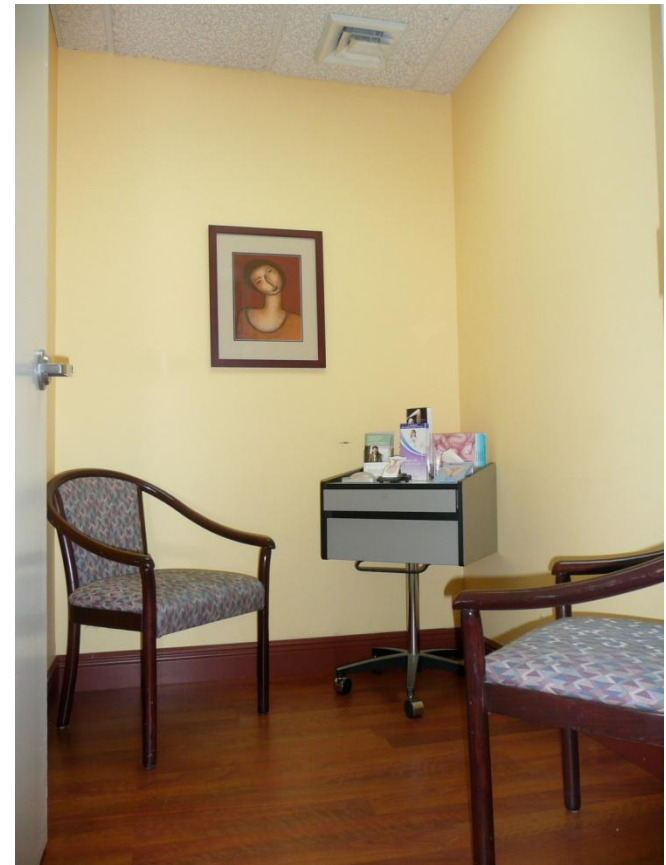


Derstine, 2006

Learning Objectives:

Communications

- Provide patient centered options counseling
- Provide contraceptive counseling
- Provide pre-operative counseling



Learning Objectives:

Professionalism & Ethics

1. Autonomy
2. Safe & timely care
3. Scientific integrity
4. Non-discrimination



EDUCATION

**An educational workshop and student competency
in pregnancy options counseling:
a randomized controlled trial**

Carla S. Lupi, MD; Aliye Runyan, MD; Nicolette Schreiber, MD; Jody Steinauer, MD, MAS; Jema K. Turk, MPA, MA, PhD

skits

```
graph TD; A[skits] --> B[large group discussion  
conscientious refusal]; B --> C[trios role play]; C --> D[debrief trios role  
play];
```

large group discussion
conscientious refusal

trios role play

debrief trios role
play

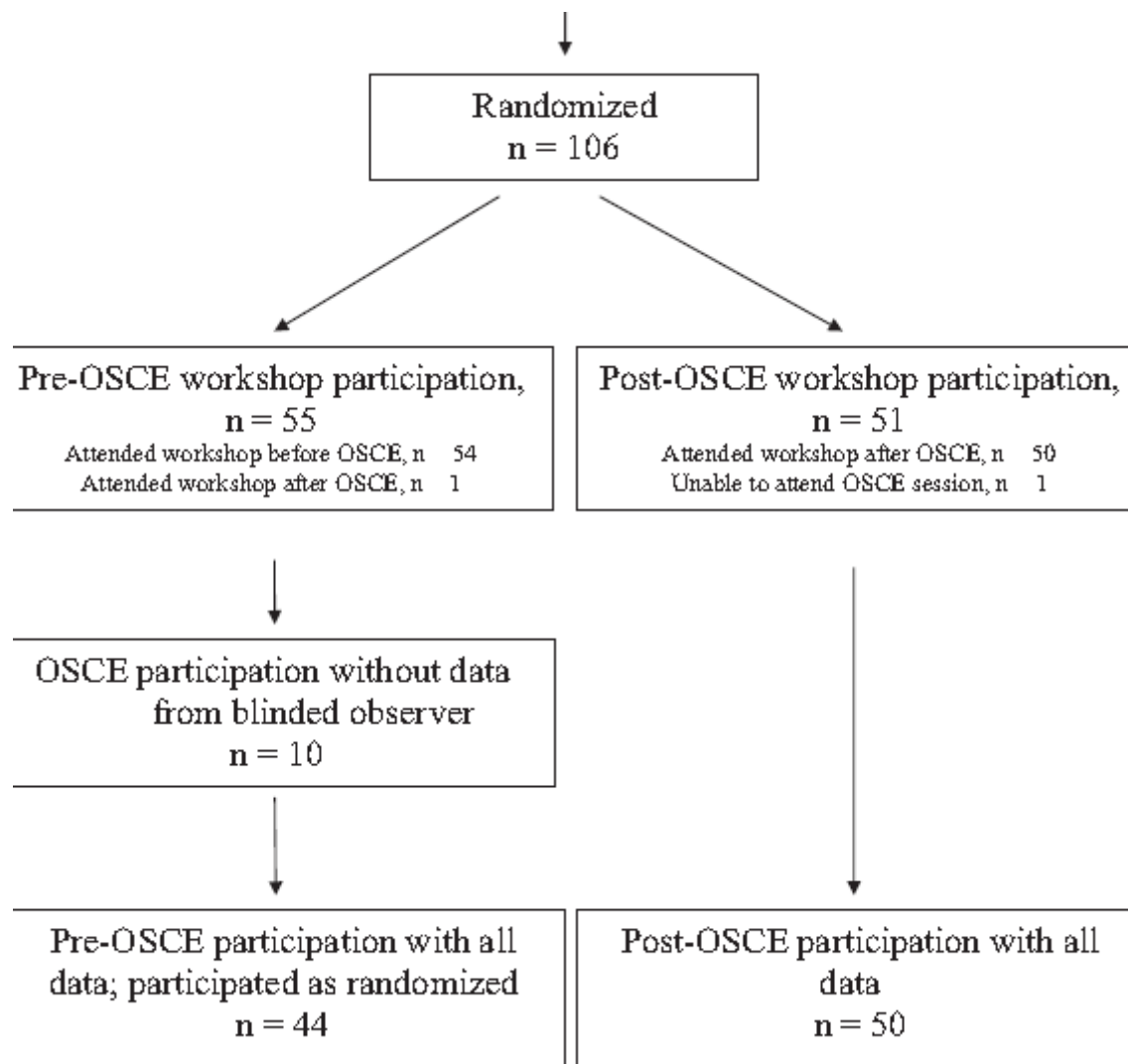


TABLE 3

Effect of workshop on communication skills

Communication skill	Preexercise group, n = 45 n (%)	Postexercise group, n = 50 n (%)	P value
Student communicated verbal empathy and support	34 (77)	47 (94)	.02
Student communicated nonverbal empathy and support	31 (70)	46 (92)	.01
How would you rate this student's communication skills?	28 (64)	45 (90)	.00
How would you rate your satisfaction with this encounter with student?	25 (57)	43 (86)	.00
How would you rate student's ability to develop rapport with patient?	29 (66)	43 (88)	.01

All communication items scored 1/0, where 1 = good, very good, or excellent and 0 = poor or fair. For all items, n (%) for good, very good, or excellent reported.

Lupi. RCT: pregnancy options counseling and conscientious refusal. *Am J Obstet Gynecol* 2012.

TABLE 4

Student assessment of counseling exercise, pre- and post-workshop

Assessment items	Overall agreement rate, n = 105 n (%)	Preexercise group agreement rate, n = 55 n (%)	Postexercise group agreement rate, n = 50 n (%)	P value
Scenario came across as realistic and believable				
Yes	101 (98)	52 (98)	49 (98)	.97
Instructions given at beginning were sufficient to complete interaction				
Yes	99 (96)	51 (96)	48 (96)	.95
Medical information given in instructions was sufficient to handle interaction with assumed diagnosis of pregnancy				
Yes	103 (100)	53 (100)	50 (100)	na
Participation in standardized patient exercise increased comfort with my skills in nondirective options counseling				
Yes	91 (88)	46 (87)	45 (90)	.61
Participation in standardized patient exercise increased my moral comfort with nondirective options counseling				
Yes	82 (80)	39 (74)	43 (86)	.12

na, not available.

Lupi. RCT: pregnancy options counseling and conscientious refusal. *Am J Obstet Gynecol* 2012.

APGO 9th Edition Objectives

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Provide non-directive counseling to patients surrounding pregnancy options	D	C, DS, CEL, R, RP	MCQ, OSCE, OE, KF, SF	A, B, D, E, F
B. Explain surgical and non-surgical methods of pregnancy termination	KH	C, DS, R	MCQ, OE, KF, OSCE, SF	E, F
C. Identify potential complications of induced abortion	SH	C, DS, R, CEL	CK, OSCE, SE, MCQ, OE	B
D. Understand the public health impact of the legal status of abortion	K	C, DS, R	MCQ, OE	F

Learning Objectives:

Practice Based Learning & Improvement



US Adaptation of WHO Medical Eligibility Criteria for Contraceptive Use

Kathryn M. Curtis, PhD
Division of Reproductive Health
Centers for Disease Control and
Prevention



SAFER • HEALTHIER • PEOPLE™



Nexplanon

What does it look like?



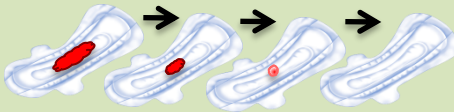
Where does it go?



How long does it last?

3 years

What will happen to my period?



Will it help with my period cramps?



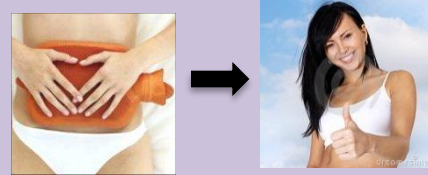
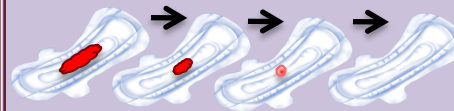
Does it have hormones?



Mirena



5 years



Paragard



10 years

