

The Equivalent of: Meeting Obstetrics and Gynecology Residency Requirements for Family Planning Training in a Post-Roe Era

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Citation: Sinha A, Reider M, Reed V (2023) The Equivalent of: Meeting Obstetrics and Gynecology Residency Requirements for Family Planning Training in a Post-Roe Era. *J Womens Health Care Manage*, Volume 4:1. 143. DOI: <https://doi.org/10.47275/2692-0948-143>

Received: May 19, 2023; **Accepted:** June 08, 2023; **Published:** June 13, 2023

Background

The recent requirement changes by Accreditation Council of Graduate Medical Education (ACGME) and the American Board of Obstetrics and Gynecology (ABOG) highlight the importance of training for Obstetrics and Gynecology (OB-GYN) residents in Family Planning, or Comprehensive Reproductive Health Care (CHRC), including abortion. After the *Dobbs v. Jackson* in June 2022 concerns regarding abortion training for residents have been raised as 43.9% of ACGME-accredited OB-GYN training programs were predicted to lack in-state abortion training at the time of the Supreme Court's decision [1].

Abortion Training in OB-GYN Residency

In September 2022, the ACGME Revised Common Program Requirement stated that residency programs must provide clinical experience or access to clinical experience in the provision of abortion in the standard curriculum [2]. Within that same week, the ABOG released a certification clarification that stated all trainees must complete eight weeks (or the equivalent) of their training dedicated to CRHC, including abortion-related health care to be eligible for certification [3].

Family planning and abortion training for OB-GYN residents ensures access to abortion care and safe management of spontaneous pregnancy loss for their future patients. Graduates have traditionally met requirements in surgical abortion based on case numbers [5], often in much less than eight weeks. The practicality of implementing curricular changes to have eight weeks of dedicated family planning would be a potential challenge, especially for the graduates of the class of 2023. However, the requirements for ABOG certification eligibility specifically note there must be eight weeks, or the equivalent, in CRHC. We aimed to describe our template of experiences to document fulfillment these requirements by each resident. These frameworks may provide residency program directors with guidance in signing the ABOG required affidavits, effective June 2023 [3].

Eight Weeks, or the Equivalent, of Family Planning Training

Contraception counseling, office procedures, sterilization, medical and surgical abortion are all included in CRHC.

Each of these areas, are important components in OB-GYN training. As noted above, the ABOG statement that each resident must have eight weeks, or the equivalent, of training to be eligible for certification, starting with the graduating residency class of 2023.

With a conservative estimate of one, thirty-minute contraceptive visit per half day of clinic session, we estimated that each resident spent 14 days providing contraceptive counseling over a four-year residency. These visits could have included contraception medication initiation, management, or procedures, such as intrauterine device insertions, subdermal implant insertions, and manual uterine evacuations for miscarriage management and medical management options for early pregnancy failures. Residents individually reviewed and documented the time they spent in these sessions.

Didactic and simulation experiences were identified, *via* retrospective review, and hours were tabulated. These sessions were robust with nearly 20 hours of time dedicated to family planning topics over four years of residency. However, in summation, there were only a few days of these activities in total.

Sterilization via laparoscopic salpingectomy and tubal ligation represent other critical aspects of complex family planning. We assigned an estimate of two hours to each of these cases to including preoperative, operative, and postoperative management. Residents reviewed their case logs to determine the number of hours spent taking care of these patients. Fourth year residents spent between seven and twelve days during their residency in this area of patient care.

Thorough evaluation determined that our residency program had built in many family planning training opportunities via didactic education, simulation, surgeries, procedures, outpatient clinic and advocacy opportunities. The combination of these varied learning modalities successfully leads to comprehensive education and is critical training that has already been in place at our program. The ABOG requirements have provided the impetus to document this in a comprehensive manner.



Flexibility or Tracking in OB-GYN

While our residents were able to obtain eight weeks of CRHC training, having tracking, or flexible blocks of rotation time built into their curriculum, has the advantage of providing opportunities for residents that need or desire more training in particular areas of interest [6]. For example, the timing of this decision in September 2022 meant that the PGY-4 residents would still have the option of self-directed flexible learning blocks, or tracking blocks, to increase family planning experiences. Residents were able to share/adjust blocks to match timing of abortion access in our state. Some residents spent tracking time participating in an early pregnancy action clinic, abortion clinics, and in outpatient gynecology clinics. While some residents may have opted for additional family planning time, some resident had already designated their fourth-year tracking blocks to expand other areas of clinical interest and flexibility allowed for experiences to be individualized. Flexibility will also be an advantage if out of state experiences are need based on state specific laws change. As not all programs have the flexibility of tracking, the template for documentation of experiences, may provide a guide for others to use (Table 1).

Table 1: A list of activities that are included within the scope of Comprehensive Reproductive Health Care (CRHC). Cleveland, OH, 2022-2023.

Class of 2023	Hours	Days
Family Planning/Comprehensive Reproductive Health Care		
Dedicated Time: Family Planning Block		15-20
Additional Clinical Time- Other than PGY2 Family Planning Block		
Resident Continuity Clinic (30 days/~1 hour of contraception each day)		14
Procedure Clinic		0-2
Complex Family Planning Clinic		0-6
Pregnancy Early Access Clinic (PEAC)		0-16
Abortion Clinic		0-5
PGY-4 General GYN Clinic Block (~2 hours/day of GYN Clinic)		0-8
Specialty Staff/Attending Clinics, (Tracking: ~4 hours/day)		0-6
Out of State Abortion training (Tracking)		0-15
Surgical Procedures (Case Numbers outside of FP Block)		
Surgical Sterilization and Surgical Ectopic Pregnancy Management (2 hours/case)	70-118	7-12

Conclusion

While each PGY-4 resident in our program had largely different clinical experiences, all of fourth-year residents have successfully met the equivalent of eight weeks of Comprehensive Reproductive Health Care requirement to date. In addition, we will have all residents prospectively log these experiences going forward, including their dedicated family planning rotations, to assure eligibility for certification by ABOG upon graduation from residency. While some state specific laws may continue to affect residency program to fulfill the ACGME requirements to provide medical and surgical abortion training, program leadership may utilize these templates as a framework to document fulfillment of the ABOG family requirement of eight weeks, or the equivalent, of training in Family Planning.

References

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