

## **Abortion Training in Canadian Medical Education**

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POSITION PAPER

## Summary of Position Paper (≤150 words)

Therapeutic abortion care and counselling is an important health service that, while legal in Canada, has many education gaps for abortion providers.<sup>1</sup> This dearth in adequate training leaves medical students and residents feeling ill equipped to provide abortion in their practice, despite support of abortion care overall. However, it has been shown that following clinical experience and adequate training, students and practitioners feel more comfortable in providing or referring to abortion services compared to prior.<sup>2-4</sup> In light of the concerns regarding education gaps and the reliance of extracurricular bodies to fill them, the CFMS recommends medical undergraduate and relevant post-graduate programs increase exposure to abortion provision, counselling and referral that is sensitive to students' personal beliefs, evaluate current abortion education with individualized plans to address gaps and advocate for increased curricular objectives promoting greater exposure to medical and surgical abortion.

## Introduction/Background

Therapeutic abortion has been legal in Canada since R. v. Morgentaler in 1988, however, access to abortion in Canada remains a challenge. To improve access, it is necessary for medical students and residents to meet competencies in their medical education training to either counsel and refer patients seeking abortion services or to directly provide safe and effective abortion care. At present, Canadian undergraduate medical education and residency programs provide inadequate training in therapeutic abortion. A study examining abortion education in family medicine residency training revealed that 57% of residents reported receiving no formal medical education on abortion. Of the residents surveyed, 79% reported never observing or assisting with an abortion during training and 61% strongly or very strongly supported the inclusion of abortion training during their residency education.<sup>1</sup> A study found that while a significant portion of medical students in their 1st to 3rd years of training supported the legalization of abortion, they were less comfortable providing abortion in future private practice.<sup>2</sup> When structured abortion education is included in clerkship training, medical students are more willing to offer medical abortion or refer to an abortion provider compared to attitudes prior to clerkship.<sup>3</sup> Since the implementation of the accredited Medical Abortion Training Program for family physicians, pharmacists, and obstetricians and gynecologists (OB/GYN) in the appropriate prescription of Mifegymiso for first trimester abortions, there has been a 2200% increase in prescribers across Canada.<sup>4</sup> Given the essential nature of abortion care, the inadequate access to abortion services in Canada, the demand for more abortion training by medical learners, and the link between better education and better care, it is clear that abortion education in Canadian medical schools is still lacking and needs to be improved.

## Principles/Stance

1. Abortion is medically necessary healthcare.
2. Abortion education is a necessary part of medical education.
3. There is a strong need for increased formal and informal educational opportunities among Canadian medical trainees surrounding abortion care and provision, which would increase their confidence to refer and willingness to provide abortions.
4. There is a need to train future abortion providers and referring physicians in order to make abortion more accessible in Canada.
5. Availability of abortion care and competency among physicians in this area is key to the advancement of women's rights within contemporary society.

## Concerns

1. *Current training regarding abortion care in Canadian Undergraduate Medical Education (UGME) is inconsistent among institutions, and overall insufficient.*
2. *Current training regarding abortion care in Canadian UGME is often limited to a small proportion of didactic learning, and often relies on student-led initiatives such as Medical Students for Choice to fill in gaps in an "opt-in" model.*
3. *Current training in Canadian UGME does not include opportunities for abortion exposure during clerkship rotations.*

## Recommendations

- **The CFMS recommends an increase in exposure for medical trainees to abortion provision, counselling, and referral with the support of faculty, including an opt-out option for students on the grounds of personal values etc.**

Despite abortion being a medically necessary intervention, current education on its provision is vastly insufficient in terms of time allocated and topics covered.<sup>1</sup> Consequently, a significant portion of medical students who support abortion care report feeling uncomfortable with providing abortion in their practices.<sup>2</sup> Increased exposure for medical trainees to abortion provision, counselling, and referral is important to improve comfort with and decrease stigma surrounding abortion provision, while increasing both willingness to refer and overall access to abortion in Canada.<sup>3</sup> In practice, this includes increasing the time devoted to abortion education in UGME in both didactic and clinical skills settings, increasing the amount of topics covered in UME (including medical and surgical abortion, abortion options in different trimesters, etc.), providing opportunities to observe abortion provision and counselling during Obstetrics and Gynecology (OB/GYN) and family medicine clerkship rotations and increasing training opportunities to become an abortion provider during family medicine residency programs. This would be done with support of pre-clerkship, clerkship, and residency faculty to reduce stigma and improve exposure to abortion provision among future physicians.

- **The CFMS recommends a thorough examination and evaluation of current curricular objectives surrounding abortion education in pre-clinical and clinical undergraduate training as well as relevant postgraduate medical education programs in Canada (i.e. OB/GYN, Family Medicine). Where gaps exist, formal recommendations should be made to the relevant governing bodies.**

In order to effectively increase exposure for medical trainees to abortion provision, counselling, and referral (Recommendation 1), it is imperative to understand current abortion education in Canadian medical education. It is known that current Canadian abortion curricula is inconsistent and non-comprehensive in terms of time devoted to abortion topics, topics covered, and curricular objectives<sup>5</sup>. Furthermore, there are provincial and regional disparities in abortion availability and access across the country<sup>6</sup>, and abortion education at medical schools may reflect the availability of abortion providers to provide education opportunities to medical trainees. The examination and evaluation of abortion education will include, but is not limited to, teaching styles (i.e. didactic lectures, clinical teaching on OB/GYN rotations, workshops, etc.), topics and curricular objectives (i.e. medical and surgical abortion, how to become a provider, abortion counselling, abortion stigma, access to abortion in Canada, etc.), and formal and informal learning (i.e. topics covered on examinations, workshops taught by student-run groups such as Medical Students for Choice, opt-in vs. opt-out models, etc.).

- **The CFMS will create a student task force that will engage with student representatives (i.e. LORSH's, MSFC representatives, etc.) and faculty from each medical school to further understand the current exposure to abortion provision, including elective or routine exposure, in order to better understand this gap in medical education.**

As a result of a lack of standardized abortion education within medical schools across the country, the needs of each school differ. Through creating a task force and engaging with key stakeholders at all Canadian medical schools, the CFMS would be best able to understand disparities in abortion education across the country, as well as the strengths and weaknesses of each school's curriculum. Every medical school is situated within a politically and culturally unique sphere, and it is important to understand how these factors influence the inclusion of routine and elective abortion training in medical education. As medical students may match to any site in the country, it is key to create a baseline understanding of abortion care and provision, providing any graduating Canadian medical student the tools to be competent in this service. While students are interested in receiving this education and believe abortion provision is critical, they do not feel comfortable doing so in their own practice due to lack of education. Since the majority of abortion providers in Canada are family physicians and majority of medical students will enter into family medicine, it is crucial that they are given equal and adequate abortion provision education.

- **The CFMS will advocate for the inclusion of increased curricular objectives directly considering education and exposure to medical and surgical abortions both at the undergraduate and relevant postgraduate medical education level.**

To ensure the implementation of increased abortion education in Canadian medical education, there must be nationally standardized curricular objectives. This must be consistent throughout pre-clerkship, clerkship, and residency. The CFMS calls for increased curricular objectives regarding abortion education topics included in didactic learning, exposure to medical and surgical abortion in a clinical setting, and abortion counselling and advocacy.

## References

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