

Case-Based Options Counseling Panel To Supplement An Indiana Medical School's Pre-Clinical Family Planning and Abortion Education Curriculum

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Abstract : Background: While 25% of US women will seek an abortion before age 45, targeted laws have led to a decline in abortion clinics, subsequently leaving 96% of Indiana counties and the 70% of Hoosier women residing in these counties without access to services they desperately need.^{1,2} Despite the need for a physician workforce that is educated and able to provide full-spectrum reproductive health care, few medical institutions have a standardized family planning and abortion pre-clinical curriculum. Methods: A Qualtrics survey was disseminated to students from Indiana University School of Medicine (IUSM) to evaluate (1) student interest in curriculum reform, (2) self-assessed preparedness to counsel on contraceptive and pregnancy options, and (3) preferred modality of instruction for family planning and abortion topics. Based on the pre-panel survey feedback, a case-based pregnancy options counseling panel will be implemented in the students' pre-clinical, didactic course Endocrine, Reproductive, Musculoskeletal, Dermatologic Systems (ERMD) in February 2022. A Qualtrics post-panel survey will be disseminated to evaluate students' perceived efficacy and quality of the panel, as well as their self-assessed preparedness to counsel on pregnancy options. Results: Participants in the pre-panel survey (n=303) were primarily female (61.72%) and White (74.43%). Across all class levels, many (60.80%) students expected to learn about family planning and abortion in their pre-clinical education. While most (84-88%) participants felt prepared to counsel about common, non-controversial pharmacotherapies (e.g. beta-blockers and diuretics), only 20% of students felt prepared to counsel on abortion options. Overall, 85.67% of students believed that IUSM should enhance its reproductive health coverage in pre-clinical, didactic courses. Traditional lectures, panels, and direct clinical exposure were the most popular instructional modalities. Expected Results: The authors predict that following the panel, students will indicate improved confidence in providing pregnancy options counseling. Additionally, students will provide constructive feedback on the structure and content of the panel for incorporation into future years' curriculum. Conclusions: IUSM students overwhelmingly expressed interest in expanding their pre-clinical curriculum's coverage of family planning and abortion topics. To specifically improve students' self-assessed preparedness to provide pregnancy options counseling and address students' self-cited learning gaps, a case-based provider panel session will be implemented in response to students' preferred modality feedback.

Keywords : options counseling, family planning, abortion, curriculum reform, case-based panel

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