Integration of Abortion training in preservice Medical training

Declaration of Good Standing and Conflict of Interest Disclosure

My presentation complies with FIGO’s policy for declaration of good standing and conflict of interest disclosure;

I do not have a financial interest in any product or service related to my presentation;

My participation at this Congress has been supported by: CIRHT, UM
Learning objectives

• Describe the state of training of health professionals in abortion
• Discuss the advantages of Integration of abortion to Pre service medical training
• Describe the process we have gone through to achieve integration in Ethiopia
• Share our experience
The Gap

- In the dark corners of teaching hospitals
- Carried out primarily by few motivated Nurses
- Training was Primarily in service with all its challenges
- limited to lecture which focuses only on PAC
- Minimal involvement by faculty in provision of CAC and training of students and residents
The Gap

– Minimal to no knowledge on the laws and regulations of safe abortion (only 20% and 50% of MS and residents properly identify the laws)

– High level of Stigma, un cleared values (30% of residents on admission strongly opposed to safe abortion service provision)

– Hardly any experience in both medical and surgical elective termination

– No exposure to D and E (even faculty)
Why pre service

• Cost- effective and efficient strategy, reaching a large number of trainees at a time.
• It provides the time necessary to produce competent physicians capable of delivering patient-centered care with a sound attitude.
• Avoids compartmentalization.
• It allows the faculty to model behavior for the trainees.
• It facilitates fitting new graduates into the health system.
• Helps graduates to clarify values and produce champions!
Started with first class of St. Paul’s interns in 2012, following a baseline assessment that confirmed the lack of these competencies.
Approach

• Committed leadership!!!!! (college and dept)
• Curriculum
  – VCAT
  – Lectures and hands on practices
  – Weekly and monthly attachments
  – Weekly half hour meeting (all involved at Michu clinic)
  – Monthly Audit
• Faculty engagement
• Involving Nurses
• Conducive environment: Michu clinic
Killinkii Michuu MICHU CLINIC
Resident training starts with VCAT
Methods

• Didactic lectures, seminars, and tutorials
• Case-based scenarios
• Simulation-based training
• Dedicated time (one week) for interns to spend in the family planning unit during their OBGYN attachment, 1 month every year for residents
• log book
Testimonials

• “Previously there may have been a one-hour lecture, and then [we] memorize the information that we blurt out in an exam, and then we forget it. With this program, we have additional training and hands-on practice.”

DR. AHMED IBRAHIM, GRADUATE OF SPHMMC
Family Planning Fellowship

- Objective: produce leaders, researchers, trainers and advanced service providers
- A 2 year clinical fellowship program with a significant emphasis on research, leadership, and health management.
- A local fellowship with International exposure and networking opportunity (a collaboration with UM and WHO)
- Designed for a 2 year program for qualified and licensed Ob/Gynecologists
- In addition to a subspecialty certificate, candidates will have an opportunity to get MPH.
- Second batch just started
Achievements

- Graduates consistently proven to be competent in F/P and CAC
- Good number of graduates actively engaged F/P and CAC after graduation
- Family Planning and CAC services has grown by more than 5 fold in the hospital. Breaks cycle of “lack of cases”
- Post abortion family planning reached up to 95%
- Significant destigmatization of safe abortion services
- Research in Abortion and F/P has significantly increased
- Good mix of surgical and Medical abortion
- D and E Introduced
challenges

• Changing attitudes towards abortion (due to declining mortality and morbidity for unsafe abortion)
• Maintaining motivation and dedication to provision of safe abortion
• Increasing load
Going forward

• Aggressive VCAT
• Consider integrating ethics and VCAT??
• Work on national effort in integration to the curriculum
• More champions !!!
• Strengthen family planning fellowship
• Center of excellence in RH
Case for raising SPHMMC to COE in F/P CAC

• Over 100 million strong with still very high fertility rate, huge socio demographic burden and huge mortality and morbidity burden.

• A country increasingly taking a central stage in so many issues in the region.

• Demonstrable achievement in integrating abortion and contraception training into medical education at SPHMMC which had become a model to scale up to eleven more medical schools in the country and integrated into a nationally harmonized curriculum
Key Messages/summary

Integrating FP/CAC into Medical Education is

- acceptable and feasible intervention.
- Improves capacity and attitudes of graduates towards safe abortion
- Improves capacity and sustainability by creating future practitioners who provide CAC services
- Creates increased demand on the service