



Integration of Abortion training in Pre-service Medical training

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



14-19 OCTUBRE 2018
RIOCENTRO | RIO DE JANEIRO | BRASIL

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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**

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Killinkii Michuu
MICHU CLINIC

SERVICE WE OFFER

- Family Planning Information and Counseling
- Contraception
- Comprehensive Abortion Care
- Adolescent and Youth Reproductive Health
- Other Related Services

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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**