

Abstract

BACKGROUND: As a controversial topic in American society, abortion occupies a precarious place in medical school curricula. Although medical students believe abortion is a valid and acceptable topic, fewer than 20% of U.S. medical schools offer formal abortion education in either the pre-clinical or clinical years. Only 40% provide abortion lectures during clerkships.

According to the Association of Professors of Gynecology and Obstetrics, student learning objectives, abortion education should be included at a minimum in the third year core clerkship. In the absence of published curricula, health professional schools must develop their own methods to teach the medical aspects of the subject, while respecting all points of view.

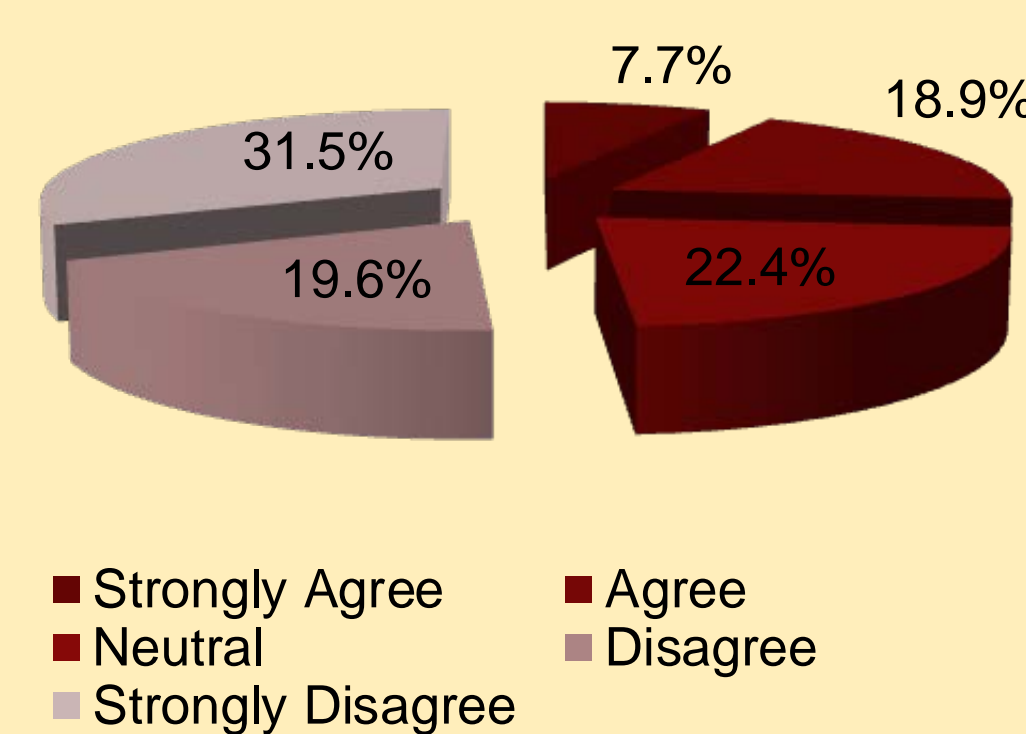
PURPOSE: This research presents a reproducible structure for addressing both medical and ethical considerations in educating pre-clinical students about abortion.

Methods

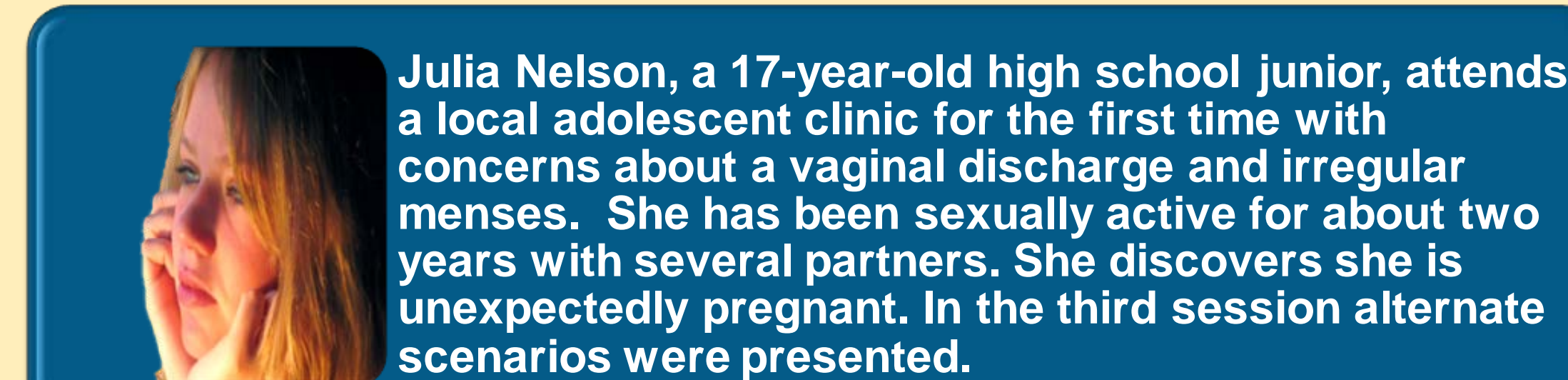
ETHICS: Second year medical students enrolled in Practice of Medicine, Problem Oriented Case-Based Learning (PCL) attended a required ethics lecture, during which they used an audience response system to answer questions. Their answers were tabulated to measure the range of student opinions. Students were then invited to post questions to the library blog

SAMPLE CLICKER QUESTION

Is there a difference between discarding an embryo which carries a fatal disease and aborting a fetus for similar reasons?



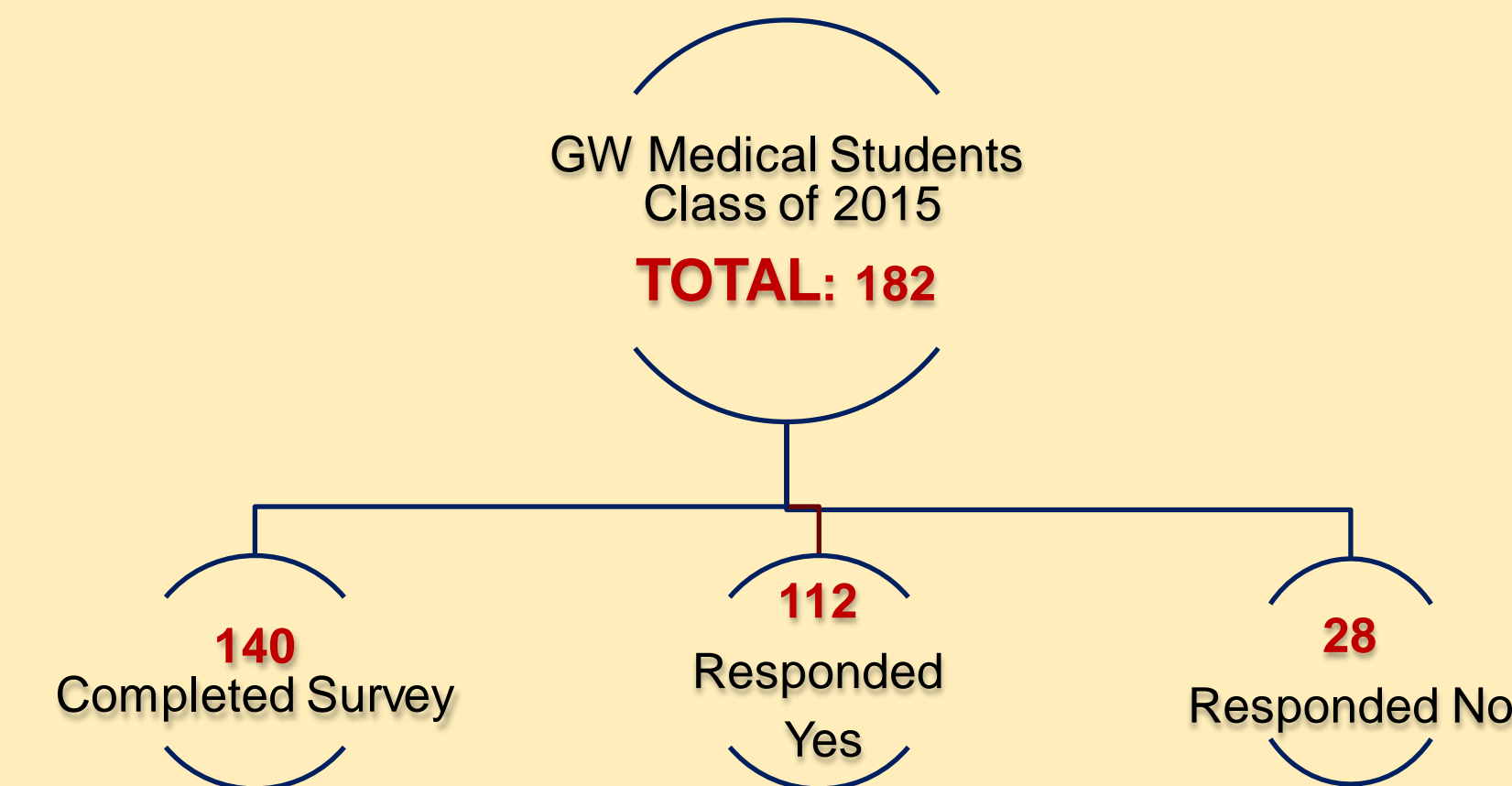
CASE-BASED/SMALL GROUP: Over the next three weeks, students in established small groups discussed a case that illustrated reproductive decision-making.



Students were asked to complete a survey as part of routine curriculum evaluation and invited to post reflections about abortion issues to a monitored Blackboard Discussion Board. Though allowed to post anonymously, ground rules required them to adhere to basic standards of professionalism.

Results: Survey

SURVEY RESULTS: At the end of the case, 140 students completed the survey, and 112 consented to have their responses analyzed for research purposes.



SAMPLE SURVEY QUESTION: Acknowledging there are a variety of points of view on the issue of abortion in society and the medical profession, to what extent do you agree with the following sentences?

Figure 1: There was a balanced representation of pro-choice views

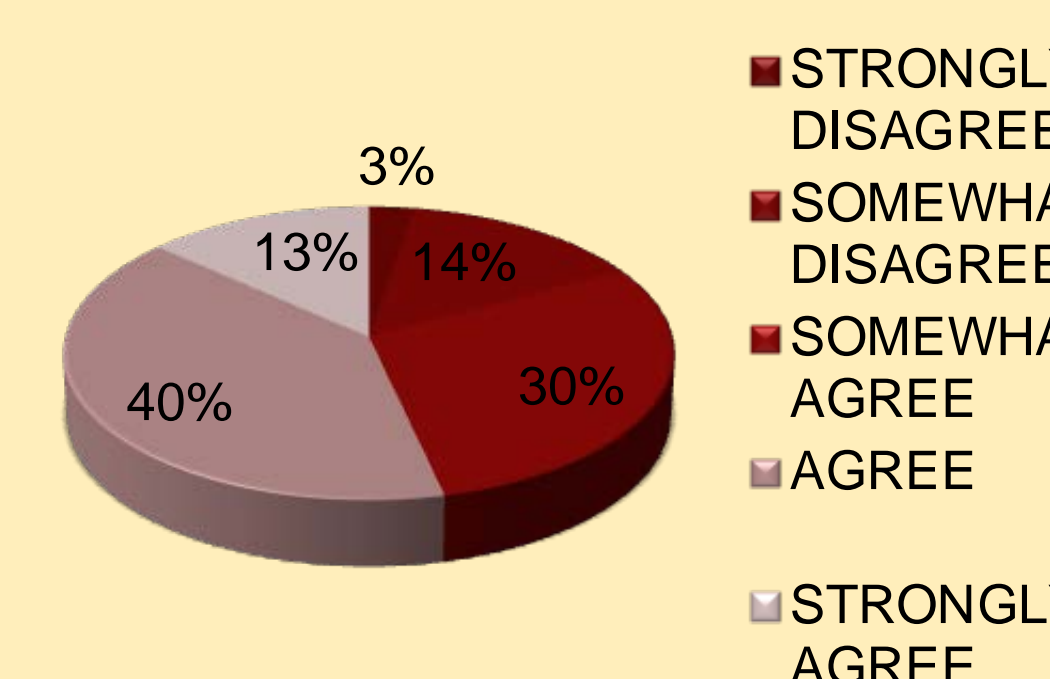


Figure 2: There was a balanced representation of pro-life views

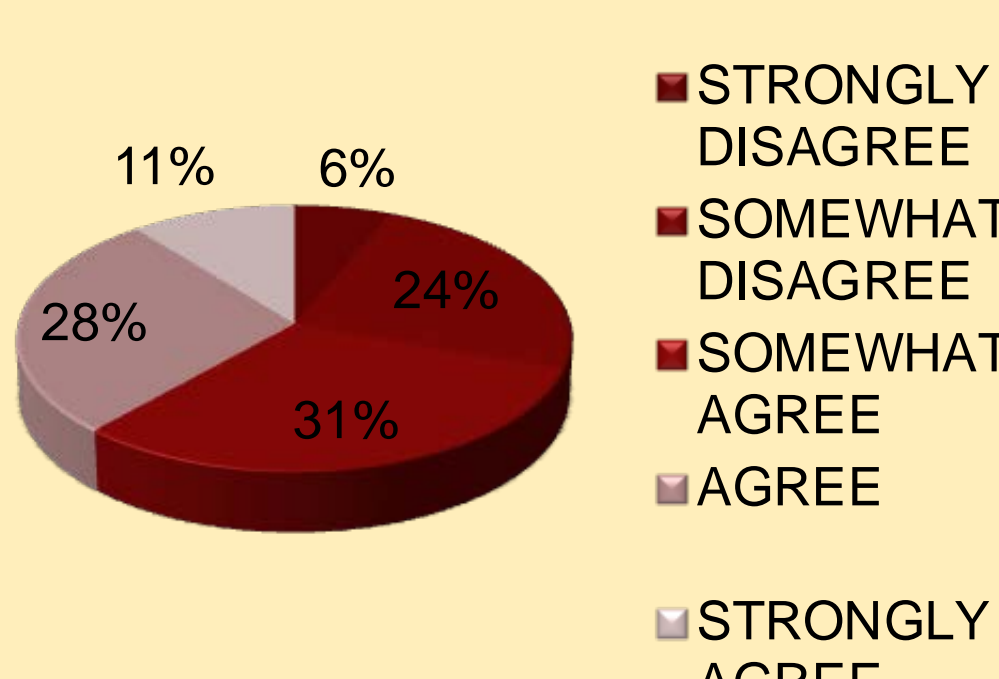


Figure 3: I feel better equipped now to discuss abortion with my patients

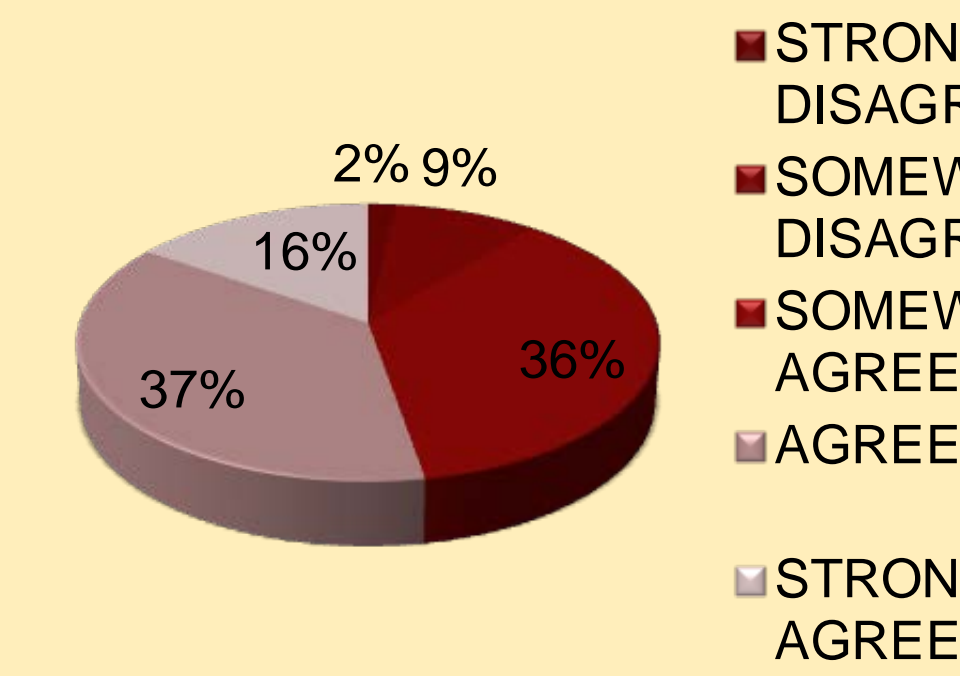
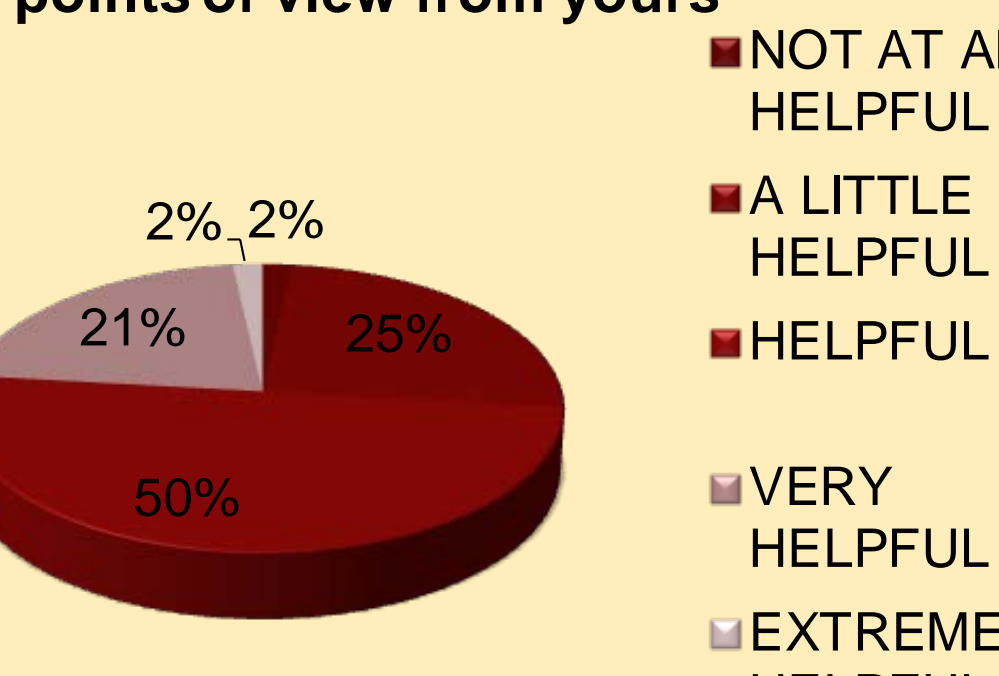


Figure 4: Counseling patients with different points of view from yours



SAMPLE SURVEY QUESTION: One of the objectives of the Julia Nelson Case was to help you discuss reproductive health and abortion. Please rate how helpful this case was in the following areas. Also rate the appropriateness of the topic:

Figure 5: Identifying the physicians' role with respect to abortion

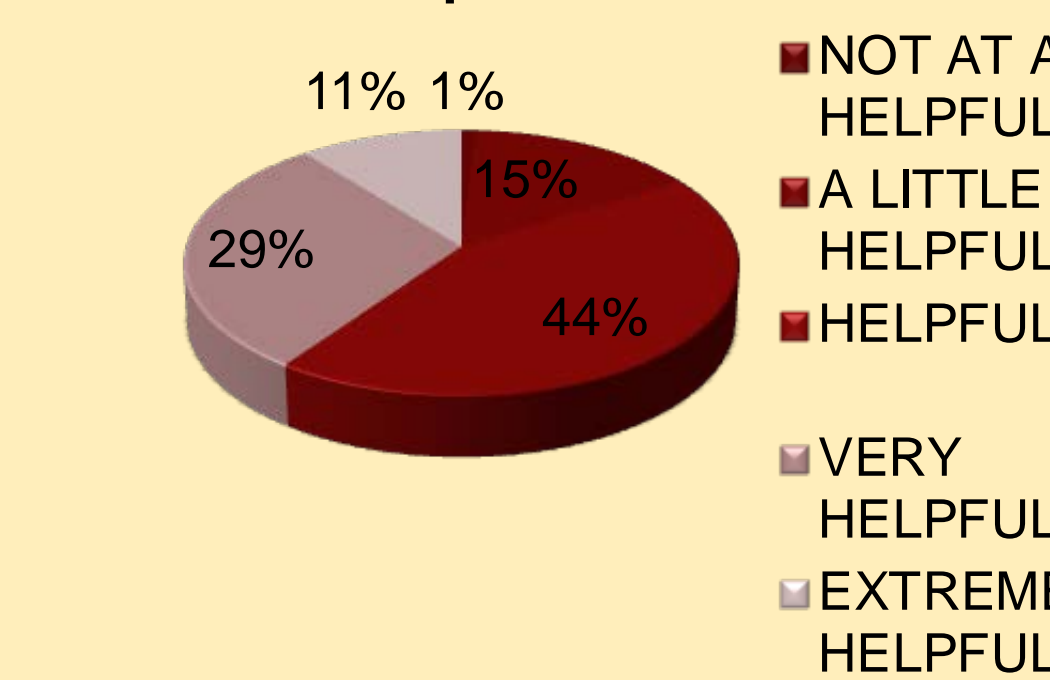


Figure 7: The topic of abortion should be part of the medical curriculum

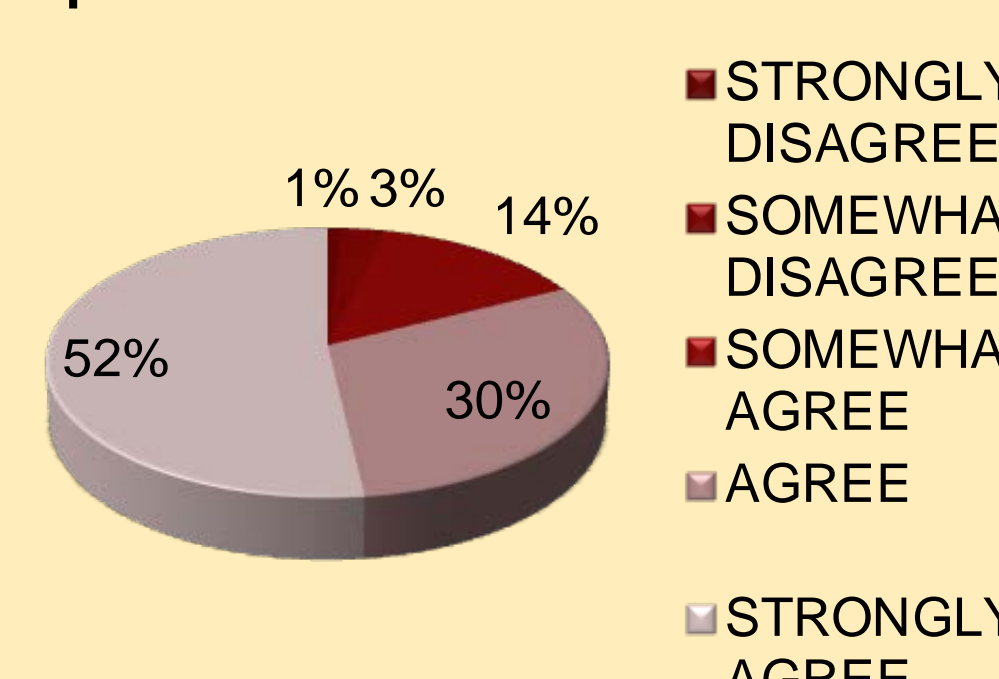
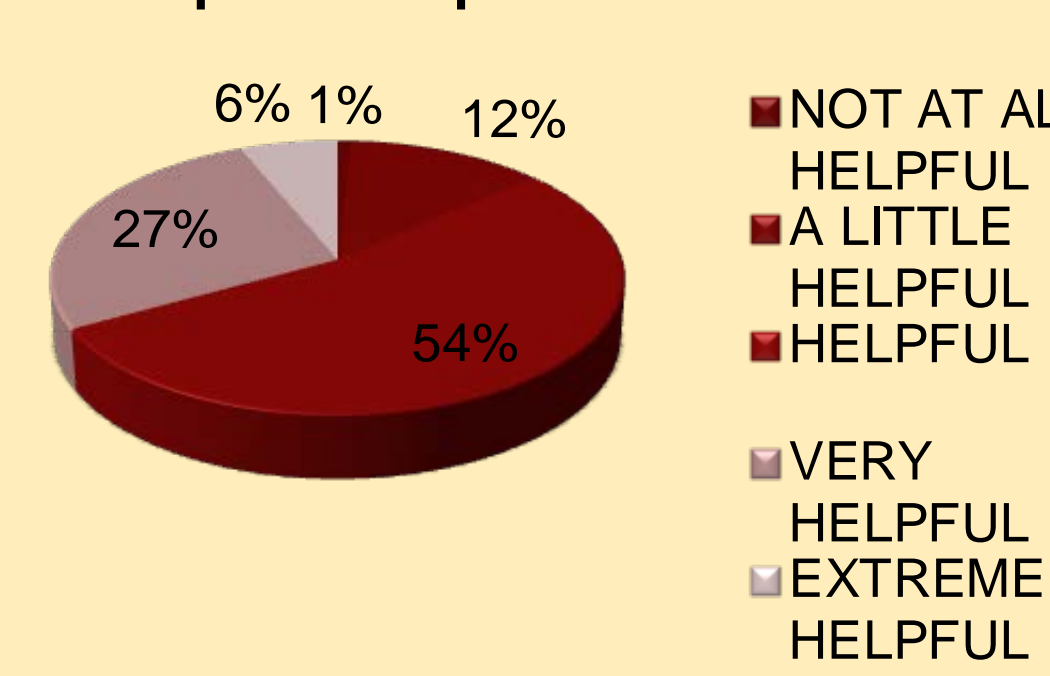


Figure 6: Identifying the physicians' role with respect to reproduction



Results: Blog

DISCUSSION BOARD: All identifiers were removed from the Blackboard postings and content was coded to identify themes and subthemes. Major themes included physician responsibilities, unbiased information, and abortion laws. A constant theme that emerged was students' acknowledgment of the complexity of abortion as a medical topic and the ethical dilemmas that physicians face.

DISCUSSION BOARD CODED THEMES	
Access to Care	Medical Decision
Abortion Law	Medical Doctor Autonomy
Abortion Provider	Mother v. Fetus
Complicated Issue	Open Discussion Beneficial
Counseling a Patient	Patient Autonomy
Evidence in the Literature	Physician's Responsibility
Holistic Care	Roe v Wade

EXAMPLE: PHYSICIAN'S RESPONSIBILITY THEME

"Providing access to Plan B would be a big first step toward reducing the needs for abortion since Plan B is a form of post-conception birth control, pre-implantation. It would be important for future physicians like myself to be able to appropriately refer patients to the resources they need as well as provide as much counseling as they can."

EXAMPLE: UNBIASED INFORMATION THEME

"What makes it tough is that if one believes for sure that life starts at conception, 100%, then abortion would be taking away life...I can see how those who are pro-life seem to have such a tough time even referring people because it can be viewed as "promoting" abortion, which, in their minds, is killing. I guess the biggest thing is being absolutely unbiased and just stating the facts, of which there are few in this issue which is often mixed with religion, personal beliefs, and cultural values."

Results: Focus Group

FOCUS GROUP: Third year students were recruited to participate in a focus group discussion to reflect on the relevance and utility of the PCL case for the OB/GYN clerkship.

CODED THEMES	SUB THEMES
Professional discussion	Peer discussion
Clinical Exposure	Religious affiliated hospital Urban provider hospital
Academic Exposure	PCL case helped PCL case did not help
Patient Education Exposure	Yes exposure No exposure

EXAMPLE: CLINICAL EXPOSURE/ URBAN PROVIDER SUB THEME

"I thought I knew my own feelings and everything and after actually seeing an abortion at 20 weeks..... the kind of picture that you have in your head and what actually you know is there in front of you, it was very different and I think if the faculty was there (referring to GYN faculty participating in the PCL case) that would have ...helped bring more realistic things to the PCL

EXAMPLE: PROFESSIONAL DISCUSSION THEME / PCL HELPFUL SUB THEME

"the job of PCL, my understanding is always to learn how to work through these issues and learn how to address them as like a developing medical provider and I thought that that was done well."

Conclusion

CONCLUSION: Case based learning, a framing lecture, and a safe place to express and challenge opinions together constitute an effective strategy for introducing a controversial topic in medical education.

FUTURE: We plan to implement the same curriculum next year and will conduct a similar survey and focus group to assess the stability of these results.

Acknowledgments

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References

Dror, I., Schmidt, P., & O'connor, L. (2011). A cognitive perspective on technology enhanced learning in medical training: great opportunities, pitfalls and challenges. *Medical Teacher*, 33(4), 291-296. doi:10.3109/0142159X.2011.550970

Espey, E., Ogburn, T., Chavez, A., Qualls, C., & Leyba, M. (2005). Abortion education in medical schools: A national survey. *American Journal Of Obstetrics & Gynecology*, 192(2), 640. doi:10.1016/j.ajog.2004.09.013.

Espey, E., Ogburn, T., Leeman, L., Nguyen, T., & Gill, G. (2008). Abortion education in the medical curriculum: a survey of student attitudes. *Contraception*, 77(3), 205-208.

Koyama, A., & Williams, R. (2005). Abortion in medical school curricula. *McGill Journal of Medicine*, 8(2), 157-160