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Title

Consent for Trainee Participation in Abortion Care: A Clinical Survey

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Abortion care is an essential form of primary healthcare and is included in primary care medical training. Obtaining informed consent for trainee involvement in abortion care requires careful attention to avoid harm for patients while ensuring adequate training for the future provision of healthcare. Policies and practices related to obtaining this consent have not previously been documented; doing so has the potential to inform the development of future guidelines. Objective: To identify current clinical practices, policies, and perspectives related to informed consent for trainee participation in abortion care. Study Design: Cross-sectional study using a REDCap survey. Setting: Abortion clinics training medical students and Family Medicine (FM) and/or Obstetrics and Gynecology (OBGYN) residents. Population Studied: Surveys were disseminated via email to directors of resident abortion training programs, with 46 responses (one per site) were collected in total. Of these sites, 67% were located in large cities, 44% were ambulatory care clinics within hospitals, and 20% were resident primary care clinics. The most common trainees at these sites were OBGYN residents (83%), medical students (70%), and FM residents (30%). Results: Just under half - 48% - reported their site has an informed consent form that mentions trainee involvement in abortion care, while 52% reported no mention of trainee involvement in their forms. With respect to policy, 65% reported their site has a general policy for trainee involvement in healthcare while 15% reported having no such policy. Notably, 20% reported not knowing whether such a policy exists. While 46% expressed the belief that asking patients specifically about trainee involvement in abortion care is very or extremely important, 80% of respondents reported that their clinical site does not provide training on obtaining this consent. Answers varied widely as to who conducts consent for trainee involvement and when consent occurs. Conclusions: Survey responses illustrated a wide variability in clinical practices and perspectives around consent for trainee involvement in abortion care. Given the sensitive and stigmatized nature of abortion care, guidelines for the consent process can ensure that patient needs are met and their autonomy respected. Research is needed to assess patient perspectives to inform the development of these guidelines.