

**Submission Id: 5078**

**Title**

*Block scheduling for LARC in a family medicine residency program*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Context: Clinician-related barriers such as confidence and comfort with long-acting reversible contraceptives (LARC) counseling and insertion limit availability and uptake. Only 20% of family physicians report providing LARC. Training family physicians during residency may address barriers to LARC uptake and increase patient access. Objective: We sought to determine the impact of block scheduling LARC clinics on resident comfort and confidence with LARC. Study design and analysis: Educational intervention with pre-post assessments. Setting/Dataset: Family medicine residency training program in the residents' primary clinic and an FQHC rotation clinic. Population studied: Family medicine residents. Intervention/Instrument: LARC block clinics were established in a family medicine residency's primary clinic (FMC) and in an FQHC rotation clinic. Surveys administered at baseline and after one year assessed comfort and confidence with counseling and inserting LARC. Number of LARC placed in FMC was collected for the intervention year and the year prior. Outcome Measures: Likert-type responses reporting comfort and confidence with counseling and insertion of levonorgestrel (LNG) and copper IUDs and contraceptive implants. Results: 20 residents completed the baseline survey; 13 completed the end-of-study survey. For the cohort and individuals, comfort increased for counseling for LNG IUDs and for inserting both LNG IUDs and implants. Comfort increased for copper IUD insertion for individuals. There was an increase in resident willingness to recommend LARC, and more devices were placed during the intervention year than in the year prior at FMC (all:  $p < 0.05$ ). Conclusions: We observed that block scheduling of LARC clinics led to family medicine residents' increased comfort and confidence with counseling and placement for contraceptive implants and LNG IUDs. Our findings indicate that changes to clinic scheduling may contribute to increased access to LARC due to physician comfort and confidence with device counseling and insertion.