Abortion education in medical schools: A national survey

Eve Espey, MD, MPH,* Tony Ogburn, MD, Alice Chavez, MD, Clifford Qualls, PhD, Mario Leyba

Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque, NM

**Objective:** This survey was performed to examine the inclusion and extent of abortion education in US medical schools.

**Study design:** A 3-item confidential survey requesting information about abortion education throughout the 4 years of medical school was mailed to the OB-GYN clerkship directors of the 126 accredited US medical schools.

**Results:** Seventy-eight surveys were returned, for a response rate of 62%. Overall, 17% of clerkship directors reported no formal education about abortion either in the preclinical or clinical years. In the third-year OB-GYN rotation, 23% reported no formal education, whereas 32% offered a lecture specifically about abortion. While 45% of third-year rotations offered a clinical experience, participation was generally low. About half of schools offered a fourth-year reproductive health elective, but few students participated.

**Conclusion:** Abortion education is limited in US medical schools. As an integral part of women’s reproductive health services, abortion education deserves a place in the curricula of all medical schools.

Abortion is one of the most common procedures women undergo in the US. It is estimated that 43% of women have had an abortion by age 45. Abortion care education is therefore generally accepted as an integral part of OB-GYN health curricula. The Council on Residency Education in Obstetrics and Gynecology (CREOG) includes objectives for residency training in abortion and its complications in the Core Curriculum in Obstetrics and Gynecology. The OB-GYN Residency Review Committee requires that training and education about abortion be offered to all OB-GYN residents. The Association of Professors of Gynecology and Obstetrics (APGO) has included medical student objectives about abortion in their Core women’s health curriculum since the 7th edition in 1997; these objectives, while not requirements, serve as guidelines to assist clerkship directors in developing curricula. Although information has been published on medical students’ attitudes toward abortion and individual schools’ programs for teaching reproductive health, the extent to which abortion education occurs in US medical schools remains unclear. The purpose of this study was to determine the inclusion and extent of abortion education in US medical schools.

**Material and methods**

We developed a 3-item confidential survey to determine the presence of abortion education and its extent in the preclinical and clinical years of medical school. The first item related to education in preclinical years, the second item to education in the third-year clerkship, and the third item to fourth-year reproductive health electives.
For the preclinical and clerkship year(s), the survey item read: “Do students at your medical school have any formal abortion education?” Respondents were given choices to mark, including 1) Lectures with abortion as a primary focus, 2) Lectures on another topic in which abortion is mentioned, 3) Small group sessions/tutorials, 4) Clinical experience observing or participating in surgical/medical abortion services, and 5) Don’t know. If respondents indicated that a clinical experience was offered, they were asked if the experience was formally integrated into the curriculum (eg, a half-day experience set up at a Planned Parenthood abortion site), or if students had to arrange involvement in the experience themselves. Additionally, respondents were asked what percentage of students participated in the experience. Respondents could also choose an “other” category and write comments. For the fourth-year electives, the survey item read, “Is a fourth-year elective offered that provides a clinical abortion education experience?” Respondents for those institutions that offered such an elective were asked to estimate the percentage of students per year who participate. Demographic information was not collected because of the sensitive nature of the survey.

Clerkship directors for the OB-GYN rotations of the 126 US medical schools were identified by calling the offices of OB-GYN department chairs. Surveys were sent by e-mail to each of the clerkship directors in February of 2003. Surveys were returned by fax, and the institution was identified on the first page of the fax. Each survey was then coded with a number corresponding to a list of the individual institutions, and maintained in a locked cabinet. One of the authors entered the data (AC) into an Epi Info program and was unaware of the identity of the institution when entering the data. Nonrespondents were identified and contacted a second time with an e-mail reminder and, if no response, with a single telephone call. All contacts were made by May of 2004. Responses were analyzed in the aggregate without personal identifiers. The study received approval through the University of New Mexico Human Research Review Committee.

### Results

We received 78 completed surveys, for a response rate of 62%. Two clerkship directors indicated that they were unwilling to complete the survey, but did not explain why. Comparisons between education in the preclinical and third-year OB-GYN clerkship demonstrate more abortion education in the latter (Table I).

Eighteen (23%) clerkship directors reported they did not know if any education about abortion was included in the preclinical years. Thirty-four (44%) indicated that no formal education occurred. Only 19% reported a lecture specifically about abortion, and only 11% had a small group discussion of abortion and/or a clinical experience in abortion care.

Predictably, all clerkship directors were aware of the third-year curriculum (Table I). Twenty-five percent reported no formal education about abortion in the OB-GYN clerkship. Less than half (45%) of clerkships offered a clinical experience in abortion care for students rotating in the third year.

Of the 35 medical schools that offered a clinical experience, 74% of the experiences were at least partially integrated into the curriculum. We defined “integrated” as an experience that students were alerted to in advance, most often at the clerkship orientation, either verbally or in writing. “Non-integrated” experiences were those where students who expressed an interest to the clerkship director could take the initiative to arrange their own experience. Participation in a clinical abortion care experience was variable (Table II). In programs where the clinical experience was integrated into the curriculum, more students were likely to participate ($P < .001$).

Medical schools that offered abortion education in the preclinical years were more likely to offer education in the third-year clerkship ($P = .002$). Overall, 17% of medical schools reported no formal abortion education in either the preclinical or the third-year clerkship.

Thirty-one (52%) of all medical schools that responded offered a reproductive health elective in the fourth year; however, 92% of programs reported that 10% or fewer students in the class participated in these electives.

<table>
<thead>
<tr>
<th>Table I</th>
<th>Components of abortion education in the preclinical years and in the third-year OB-GYN clerkship*</th>
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</thead>
<tbody>
<tr>
<td>Education components</td>
<td>Preclinical years</td>
</tr>
<tr>
<td>Lecture on abortion</td>
<td>15 (19%)</td>
</tr>
<tr>
<td>Lecture, abortion mentioned</td>
<td>17 (22%)</td>
</tr>
<tr>
<td>Small group</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>Clinical experience</td>
<td>5 (6%)</td>
</tr>
<tr>
<td>No formal education</td>
<td>34 (44%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>18 (23%)</td>
</tr>
</tbody>
</table>

* Numbers in columns do not sum to 100% because some programs included more than one education component.

<table>
<thead>
<tr>
<th>Table II</th>
<th>Effect of curricular integration on student participation in the third-year clinical abortion experience (n = 27*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of student participation</td>
<td>Experience integrated into curriculum</td>
</tr>
<tr>
<td>Most</td>
<td>8 (30%)</td>
</tr>
<tr>
<td>Half</td>
<td>3 (11%)</td>
</tr>
<tr>
<td>Few</td>
<td>10 (37%)</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

Fisher exact test, $P < .001$. * Missing values (n = 8) were excluded.
Comment

We found that abortion education is limited in US medical schools. The topic is not covered at all in 17% of schools, and coverage may be minimal at other schools. Although we counted “Lecture on another topic in which abortion is mentioned” as education about abortion, the true value of such lectures may be limited. Only 19% of clerkship directors reported a lecture specifically about abortion in the preclinical years. Additionally, we found it concerning that almost a quarter of clerkship directors reported that they did not know whether any abortion education took place in the preclinical years.

Thirty two percent of OB-GYN clerkships include a lecture specifically about abortion. While lectures are useful and commonly used, a clinical experience may be preferable. Emmons et al9 examined learning preferences among a heterogeneous group of trainees including medical students, residents, and advanced practice clinicians. All of these learners preferred a clinical activity to either a small group conference or a large group activity, such as a lecture. Similarly, those who had more clinical exposure were more likely to feel competent practicing a wider range of clinical skills.

We found that 35 (44%) had a clinical experience available for students. Those clerkships with an experience formally integrated into the clerkship had more participants than those that left it up to the student to request that an experience in abortion care be arranged. Also, our impression, based on comments provided by a number of respondents, was that clerkships in which a “champion” actively promoted the clinical experience had more student participants than those that did not. The champion was typically a faculty member who provides abortion services and was responsible for abortion education in the clerkship curriculum. We speculate that students respond favorably to the concept of education about abortion when abortion is presented as an integral, mainstream part of women’s health services.

When a clinical experience was available and was integrated into the curriculum, the format was most often a half-day experience or a 1-week elective. At the University of New Mexico, we offer both a half-day experience at Planned Parenthood (70% of students participate) and a 1-week reproductive health experience to replace a week of gynecology (20% of students participate). From the standpoint of scheduling, a half-day experience may allow more students to participate. Some clerkship directors at programs lacking a clinical experience in abortion care felt that, were such an experience offered, participation would be minimal. As demonstrated in Table II, we found that many students elected to participate when the abortion care experience was available and integrated into the structure of the clerkship.

It is encouraging that half the schools surveyed offered a fourth-year reproductive health elective. While these electives are valuable in reaching the small number of students who are particularly motivated to gain expertise in reproductive health, they do not fulfill the need for the kind of general education that reaches all students in the preclinical years or clinical clerkships.

Several schools mentioned that the topic of abortion is only covered in an ethics course. Although the ethical dimensions of abortion are important, other aspects of abortion—its public health significance, pre- and post-procedure care—are equally if not more important. Focusing solely on the ethical dimension of abortion leaves important aspects uncovered. As we move toward evidence-based medicine and strive to include population health issues in student education, these perspectives should be emphasized.

Our study has several limitations. We chose to survey directors of OB-GYN clerkships. Although some abortion education may be given in other rotations, such as Family Medicine, we chose OB-GYN clerkship directors nevertheless because 1) these individuals were likely to be responsible for core objectives in women’s health, and 2) OB-GYN residencies are required to offer abortion training to their residents. Similarly, because we did not survey curriculum leaders of the preclinical years, our data concerning abortion education during these years may contain inaccuracies. The lack of knowledge of clerkship directors about the preclinical curriculum is, however, in itself, disturbing. The accrediting body for medical schools, the Liaison Committee on Medical Education (LCME) has as a standard that medical school curricula be “coherent and coordinated.”10 In order to achieve an integrated 4-year medical school curriculum, a knowledge of the content of the preclinical and clinical curriculum is critical. In the area of women’s health, communication between those who direct preclinical courses and the OB-GYN clerkship directors could help ensure comprehensive coverage of important issues and avoid unplanned repetitions. A gap in knowledge that exists for abortion education likely has its counterpart in other important components of the curriculum.

Another limitation of the study is that 38% of clerkship directors did not respond to the survey. If the nonrespondents’ institutions had different educational experiences from those who completed the survey, our results may be biased. Because no identifiers were attached to responses at analysis, we could not compare differences between respondents and nonrespondents. We speculate, however, that those clerkship directors who did not respond were more likely not to have included abortion education because educators are often eager to share perceived valuable components of the curriculum.

The only previously published study of abortion education in medical school reports a clinical experience in abortion care at a single institution. This investigation
into medical students’ attitudes about a clinical experience in abortion care revealed that a substantial number of student participants in abortion care experiences became more supportive of women’s access to abortion.11

A compelling reason for encouraging student participation in an abortion care experience is the propensity for such an experience to change students’ attitudes.

We conclude that abortion education is deficient in US medical schools. Control over family size is vital for women’s physical, social, and economic well being. Comprehensive knowledge of family planning, including abortion, is a central component of women’s health. While many physicians choose not to offer abortion services in their practices, even so, they should understand abortion procedures and complications because of the high prevalence of abortion. The controversial nature of abortion creates an even greater imperative for a rational, evidence-based, and public health-oriented discussion of this topic in the curriculum of all US medical schools.

References

10. Liaison Committee on Medical Education. Functions and structure of a medical school May 2000.