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Knowledge and practices of ulipristal acetate among faculty and residents at an academic medical center

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Results: Tweets most frequently focused on news (27.3%), EC access (27.3%) and humor (25.6%). Compared to males, females mentioned birth control (OR=9.18; $p=.002$) and EC side effects (OR=2; 5.10; $p=0.024$) more often than expected. Tweets with a humorous tone (31%) were shared most often, followed by those disclosing personal or vicarious experience (29%). News-related EC tweets had 2.27 times lower odds of being shared compared with other tweets ($p<.001$). Tweets had greater odds of being sent on the weekend if they mentioned a personal or vicarious experience (OR=1.91, $p<.001$), sought advice (OR=1.94, $p=.01$) or expressed humor (OR=1.56; $p<.001$). Similar patterns were identified for tweets sent around St. Patrick's Day discussing a personal or vicarious experience (OR= 1.59, $p=.001$), seeking advice (OR= 2.45, $p=.001$) and expressing humor (OR=1.47; $p=.005$).

Conclusions: Study findings offer timely and practical suggestions for reproductive health professionals wanting to communicate about EC via Twitter.

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IDENTIFYING AND IMPROVING KNOWLEDGE GAPS ABOUT EMERGENCY CONTRACEPTION IN FRONT-LINE HEALTH CARE PROVIDERS: A PILOT STUDY

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Objectives: Most research about emergency contraception (EC) is performed by gynecologists. However, patients are most likely to receive advice about EC from physicians in family medicine, student health clinics or in the emergency room. In this study, we assessed the baseline knowledge about EC in these “front-line” providers in a mid-sized city in Ontario, Canada, and then used identified knowledge gaps to create a learning module. We then assessed the module's effectiveness.

Methods: After obtaining ethics approval, we administered an online survey to health care providers at a family medicine clinic, university student health center and an emergency room. A didactic case-based teaching module was developed and presented to each group at departmental rounds. A follow-up online survey was then administered.

Results: A total of 26 physicians completed the pretest. The average score was $36\pm 18.9\%$. Only 27% of respondents correctly identified contraindications to oral EC, 23% correctly identified the mechanism of action, and 19% identified the approximate cost of EC. Preliminary results of the postmodule surveys showed an average score of 66.3%, with an increase of more than 50% in the number of participants correctly answering the three aforementioned questions.

Conclusions: The baseline knowledge of “front-line” EC providers was suboptimal. Areas of potential improvement include practical considerations about EC use and contraindications. Preliminary results suggest that a case-based learning module is effective at improving knowledge about EC.

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AVAILABILITY AND ACCESSIBILITY OF EMERGENCY CONTRACEPTION IN POSTREVOLUTION TUNISIA

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Objectives: In 2001, Tunisia became the first Arab country to register a dedicated progestin-only emergency contraceptive pill (ECP). ECPs were soon

integrated into the national family planning program, incorporated into the adolescent sexual and reproductive health guidelines and made available without a prescription. After the Tunisian revolution in 2011, Ennahda, an Islamic political party, prevailed in the national elections. This context motivated our study to assess the availability and accessibility of EC in the new political environment.

Methods: Our multi-methods study consisted of in-person interviews with representatives from 208 pharmacies in eight governorates (15% of all pharmacies in the country); mystery client interactions at 50 pharmacies in three governorates; and ethnographic fieldwork chronicling women's experiences obtaining reproductive health services. Our analysis plan included both qualitative and quantitative techniques.

Results: Geography, marital status and overarching political dynamics shaped availability and accessibility. Knowledge of ECPs and adherence to standard protocols were poorer in central and southern regions. Unmarried women seeking ECPs were subjected to more intrusive questioning than married women, and the election of Ennahda and the breakdown in governance and enforcement mechanisms created a broader cultural space for the expression of religious conservatism and refusal to provide care.

Conclusions: Our results indicate a need for continuing education in the pharmacy sector; the importance of supporting public-sector youth-friendly reproductive health programs; and the critical link between the current political environment and access to services. The importance of upcoming elections for reproductive health and women's status in Tunisia should not be underestimated.

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KNOWLEDGE AND PRACTICES OF ULIPRISTAL ACETATE AMONG FACULTY AND RESIDENTS AT AN ACADEMIC MEDICAL CENTER

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Objectives: We describe knowledge and practices regarding ulipristal acetate (UPA) among physicians at the University of California, Davis Medical Center. UPA may be more effective than levonorgestrel emergency contraception (EC), but knowledge and practices regarding UPA use for EC in an academic institution have not been described.

Methods: We surveyed current faculty and residents in emergency medicine, family medicine, internal medicine, obstetrics–gynecology and pediatrics using SurveyMonkey. We also collected demographic information including training status, race, religion and location and graduation year of medical school.

Results: Of 287 invited physicians, 114 responded. Obstetrician-gynecologists had the highest awareness of UPA (96%) and emergency medicine physicians had the least awareness (7%). Overall, 40 respondents (35%) had heard of UPA; when obstetrician-gynecologists were excluded, only 18 of 90 (20%) had heard of it. Twenty of 53 faculty (38%) and 19 of 59 residents (32%) were aware of UPA EC ($p=.5$). Awareness of this method was not related to time since medical school graduation ($p=.2$). Seven (6%) had prescribed UPA. Of the 16 physicians who had encountered patients seeking EC, 11 (69%) were more comfortable using EC methods other than UPA. When informed that UPA may be more effective than levonorgestrel for EC, 70 (62%) stated that they were somewhat or more likely to prescribe this method.

Conclusions: Although obstetrician-gynecologists were very knowledgeable about UPA EC, most other potential EC providers at our institution had not heard of it. Awareness was not related to training status or years of clinical experience. Educational efforts about EC should be multidisciplinary to increase clinician awareness of and access to UPA.

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