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person during low technology reproductive-health education sessions at community centers.

CONCLUSION: The refugee women in this study were interested in using contraceptives to limit family size due to economic strain. Participants reported concerns about side effects that impacted their current contraception use. The women preferred contraceptive education in their community centers.

Financial Disclosure: The authors did not report any potential conflicts of interest.

Complex Family Planning Fellowship Graduates' Practice Plans and Barriers to Practicing in Areas of Unmet Need [A42]

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INTRODUCTION: With recent changes in the political climate, complex family planning (CFP) fellowship directors have noted an increasing proportion of applicants expressing the intent to practice in areas with a dearth of abortion providers. However, data does not exist documenting fellowship graduates' intended and post-training practice areas.

METHODS: We anonymously surveyed 2017-2020 CFP fellowship graduates to inquire about demographics, intended and obtained post-fellowship positions, and successes and challenges in obtaining jobs. We used descriptive statistics and coded and analyzed open-ended responses for thematic content using grounded theory.

RESULTS: One hundred (91%) of 110 invited CFP fellowship graduates responded. Most (92%) expected to practice in an academic environment. Half (49%) pursued fellowships with the intent to practice in a location with an unmet need for abortion providers. Of those, only 22 (45%) did so. When asked why they ultimately did not practice where intended, common themes included job availability, family-related concerns, safety concerns, and relationship status changes.

CONCLUSION: CFP fellowship graduates primarily intend to practice in academic environments, with half planning to do so in underserved locations. However, the majority of those who entered fellowship hoping to fill an unmet need for abortion providers were unable to do so. While the CFP fellowship has laid the groundwork for training leaders in abortion provision, more work is needed to eliminate barriers that interfere with fellowship graduates' willingness and ability to obtain positions in locations with unmet need.

Financial Disclosure: The authors did not report any potential conflicts of interest.

EDUCATION

Professional Practice Trends of Minimally Invasive Gynecologic Surgeons Upon Graduation From U.S. Fellowships [A43]

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INTRODUCTION: To investigate professional practice trends of minimally invasive gynecologic surgery (MIGS) fellows upon completion of training and assess if fellowship training site demographics match that of current practice.

METHODS: Using the past five MIGS graduating classes, 172 graduates were included. Graduates' names were searched for program location and post-graduate area of practice. Demographic information

pertaining to fellowship city and practice city was obtained from the US Census. The Social vulnerability index (SVI) was used to measure socioeconomic status (SES), and Simpson's diversity index was used for ethnic diversity. Independent chi-square tests compared graduates' practice regions' demographics to their training sites'.

RESULTS: Training and practice sites are located in large cities vs. midsize/small cities, and possess lower median household incomes (250,000) practice in large cities, and those who trained in smaller cities (69%) practice in smaller cities ($P < .001$). Most graduates (64.4%) who trained in higher median-income areas continue to practice there, and 69.3% of graduates who trained in low-income areas work in similar regions ($P < .001$). Most training and practice cities possess high-to-moderate SVI. Most graduates (66%) practice in moderately diverse areas and among those trained in highly diverse areas, and 55.8% continue to work there.

CONCLUSION: MIGS graduates continue to practice in areas that are demographically similar to their training sites. Graduates tend to practice in larger cities and serve areas that possess moderate-to-high ethnic diversity and SVI, suggesting that diverse patients have access. Considering these trends, MIGS fellowship programs may have a larger responsibility to encourage practice in less-populated areas.

Financial Disclosure: The authors did not report any potential conflicts of interest.

Online Education Improves Clinicians' Knowledge and Competence Related to Advances in Cervical Cancer Screening [A44]

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INTRODUCTION: Women who test positive on primary screening tests for human papillomavirus (HPV) infection are triaged with Pap to determine whether a colposcopy is needed. The diagnostic variability of Paps may lead to missed diagnosis. Clinicians would benefit from education that will provide expert guidance on best-practice triage strategies for women who test HPV-positive.

METHODS: The educational initiative consisted of an online video-based continuing medical education (CME) discussion among three experts, with synchronized slides. Intervention included pre/post study assessment, and McNemar tests ($P < .05$ level) determined statistical significance. Learners who improved (answered ≥ 1 questions correctly pre-education than post) were identified. Data are reported from 1/11/2021-10/17/2021.

RESULTS: The analysis set consisted of obstetrician-gynecologists (ob-gyns) ($n = 1,086$) and primary care providers (PCPs) ($n = 296$). Pre- vs. post-education decisions demonstrated significant improvement ($P < .001$) in knowledge and competence related to the following for HPV positive women (pre% vs. post%): Knowledge regarding the limitations of traditional cytology methods: 20% of ob-gyns improved (36% pre, 48% post, $P < .001$); 21% of PCPs improved (28% pre, 41% post, $P < .001$). Knowledge regarding newer methodologies to triage women with abnormal screening results: 41% of ob-gyns improved (31% pre, 67% post, $P < .001$); 33% of PCPs improved (24% pre, 49%, $P < .001$). Competence related to follow-up care: 21% of ob-gyns (16% pre, 30% post, $P < .001$); 11% of PCPs improved (18% pre, 24% post, $P < .05$).

CONCLUSION: The intervention demonstrates improvements and highlights the role of online video-based CME discussion in improving knowledge and competence related to clinicians' ability to triage women who are HPV positive or have an abnormal Pap test. Additional gaps were identified for future education.

Financial Disclosure: The authors did not report any potential conflicts of interest.

