New Research

Abortion Training As an Integral Part of Residency Training

To the Editor:
Many of the 7,000 members of Medical Students for Choice (MS4C) seek residency programs where they can receive training in the full range of reproductive health services, including abortion. Students have no easy way to find out which family practice residency programs offer abortion training; this issue does not appear in residency guides, and the controversy surrounding the topic can deter students from asking program representatives directly. To address this problem, the Society of Teachers of Family Medicine (STFM) Group on Abortion Training and Access surveyed all 480 US family practice residency directors regarding abortion training in their programs. We found that 11 programs fully integrate abortion training into the curriculum, providing it either in standard gynecology rotations and/or at the family health center. In 2002, these 11 programs had a match rate substantially higher than the overall match rate in family practice.

To determine the level of abortion training offered in family practice residency programs, we developed a simple questionnaire, tested it locally with several residency directors and faculty members, and modified it using this feedback and guidance from STFM’s Research Committee. The survey was sent to residency directors via e-mail and regular mail. After as many as three additional copies were sent to nonrespondents, 337 program directors returned the questionnaire, yielding a 70% response rate. Because a previous study of abortion training in obstetrics-gynecology programs suggested that some directors overstated the level of training offered,7 we confirmed positive responses through conversations with chief residents. Twenty-one directors reported that their programs offered abortion training as an integral part of residency training. Through phone conversations with chief residents—who generally have detailed, first-hand knowledge about most aspects of their programs—we confirmed that 11 of these programs provided abortion training as a routine component of the curriculum. The other 10 programs either did not provide abortion training as an integral part of the residency (eight programs) or were in the process of closing (two programs). Of these eight active programs, four made abortion training available only through an established elective, three allowed interested residents to find and set up an elective for themselves, and one offered no abortion training.

We wondered whether student demand might lead to a higher match rate in the few programs that integrate abortion training. We obtained information about national fill rates, as well as specific programs’ fill rates, from the American Academy of Family Physicians, STFM, and the National Resident Matching Program. Table 1 summarizes the data.

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<th>Match Rate:</th>
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<tr>
<td></td>
<td>US Seniors</td>
<td>All Students</td>
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<tr>
<td>All US family practice residency programs (480 total)</td>
<td>49%</td>
<td>79%</td>
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<td>Family practice residency programs with fully integrated abortion training (11 total)</td>
<td>77%</td>
<td>97%</td>
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Sources: American Academy of Family Physicians and the National Resident Matching Program
Confounding variables may account for the high fill rates of family practice residency programs that offer abortion training. Location is often cited as the most important factor in choosing a residency program. Perhaps these 11 programs all have the advantage of a desirable location. A previous study showed that emphasis on procedural training by family physicians correlated with successful resident recruiting. Programs with abortion training may have a generally strong procedural curriculum, and perhaps this general strength in procedures (rather than the specific strength in abortion training) attracts students. Decision making in residency selection is complex and poorly understood, with no single curricular factor taking clear precedence. Although the correlation between a high level of abortion training and a high match rate may not represent cause, it suggests an area for further study—and it may provide reassurance to program directors who plan to expand abortion training.

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REFERENCES
4. In relation to cost, 282 (60.0%) of the respondents recognized cost as a major factor when prescribing an antibiotic for the first therapeutic approach, while 349 (74.0%) did not consider cost as a major factor when prescribing for a patient who did not respond to the first-line treatment and the disease worsened. The uncontrolled use of antibiotics has favored the appearance of antibiotic-resistant strains. In Mexico, as elsewhere, physicians are subject to pressures for antibiotic prescribing.
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Comment
Valuable Web-based Resources

To the Editor:
In recent years, many articles, abstracts, and national presentations have addressed Web-based learning in medical education. Despite this, in our recent Web-based learning literature review, we concluded that many programs contain cur-
riculum design faults and that the evaluation of Web-based learning in medical education is in its infancy. While conducting our review, we noted that medical educators rarely use references and resources from other disciplines. We therefore wish to alert readers to three references from outside of medical education that we have found invaluable in designing and evaluating our Web-based learning projects. These resources are (1) the Institute of Higher Education Policy’s 24 quality benchmarks for on-line distance learning, 1 (2) the Teaching, Learning, and Technology Group’s Flashlight Project, 2 and (3) Schleyer’s et al Course Quality Index for continuing education courses. 3

The Institute of Higher Education Policy has defined 24 quality benchmarks for on-line distance learning in its report, Quality on the Line: Benchmarks for Success in Internet-based Distance Education. This report, which is available online and free of charge, addresses institutional support for Web-based learning, course development, course structure, teaching and learning, faculty support, student support, and evaluation.

The Teaching, Learning, and Technology Group helps educational institutions and corporations improve their educational programs by appropriate uses of technology. Their Flashlight Project offers several evaluation and benchmarking tools free of charge, although most resources are only available by subscription. Consultation packages cost from $420 to $6,700 per year.

Schleyer and colleagues created their Course Quality Index, a practical and useful checklist for designing Web-based learning programs, after a review of on-line continuing dental education programs.

Web-based learning in medical education is here to stay. To encourage quality course design and efficient use of the substantial resources invested in Web-based learning programs, we invite medical educators to use these resources from other disciplines in developing their on-line programs.

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Family Medicine in Turkey

To the Editor:

The process of restructuring primary health care services and family practice in Turkey has been accelerated in recent years. The current primary health care delivery system is not working well. According to the current legal arrangements, one has to first go to the primary care professionals for preventive and curative services. However, people generally prefer to go to specialists directly.

There is no institution supervising this process, and there are no sanctions. The Ministry of Health is working on a draft bill for the reform of health services, and this draft bill aims to get family physicians involved as gatekeepers in the primary care system. However, the current number of family physicians is not enough.

The Turkish Association of Family Physicians, which was established in 1990, aims to work actively in the field of undergraduate and postgraduate education of primary care physicians in cooperation with the Ministry of Health and the universities. The low level of confidence in the primary care system has to be reversed. This, in turn, is related to the policies on medical education and training of primary care physicians.

Institutions that train primary care physicians (medical schools) have increased in number in the last 10-15 years. We see that medical schools are established almost in every province for political reasons without sufficient need and priority reports. Most of these medical schools lack the necessary infrastructure and faculty, and this in turn affects the quality of medical education negatively.

Another factor affecting the quality of education for primary care physicians is the high number of students, especially in large medical schools, leading to passive learning. In recent years, there have been significant attempts for reform, such as the establishment of the Turkish National Medical Education Council, the organization of nationwide Medical Education Congresses, attempts to standardize the medical education, the determination of a national basic core curriculum, the encouragement of active (student centered) learning in the medical educational system, the establishment of medical education departments, and the decrease in the number of students in large medical schools. These can be seen as positive developments in terms of bringing up qualified primary care physicians and the restoration of confidence in the primary health care system.

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