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The role of abortion care education and training in advancing scope of practice for APCs

Evidence of competency-based education and training programs is an essential part of establishing abortion care as within advanced practice clinicians' (APC) scope of practice.[1] When assessing whether a procedure or practice area is within the scope of practice of an APC, regulatory boards look to educators for practice standards and clinical competencies. At the same time—as APC educators have been leaders in developing reproductive health curricula and core competencies for women's health practice, based on patient and community needs—it has become increasingly clear that women's primary care providers need the knowledge base and skills to prevent and manage unintended pregnancies.

Seventy percent of patients seen by NPs and PAs, and 90 percent of CNM patients, are at risk for unintended pregnancy.[2] Furthermore, the rate of unintended pregnancy has remained steady at 49 percent since 2000,[3] notwithstanding the *Healthy People 2010* initiative, which set as a national health goal reducing unintended pregnancy to 30 percent.[4]

If this need is to be met, abortion care must be clearly established as within APCs' scope of practice, and that goal in turn requires that both entry-level and post-graduate programs include curricula and core competencies in reproductive health and unintended pregnancy prevention.

Appropriately trained APCs possess the skills and expertise to provide abortion care

APCs have been recognized as qualified and effective primary care providers for the past 40 years, and they play a large and vital role in providing comprehensive reproductive health care. Indeed, APCs who specialize in women's reproductive health and/or primary care have acquired numerous advanced skills that are now considered common practice.

For example, these clinicians may administer paracervical anesthesia, insert intrauterine devices, perform colposcopies and biopsies, perform and interpret ultrasound exams, conduct intrauterine inseminations, perform and repair episiotomies, suture lacerations and incise and drain abscesses. They may also prescribe a wide variety of medications, including hormonal contraception and, in many states, controlled substances.[5] As part of these comprehensive reproductive health care services, APCs have for many years provided all aspects of abortion care, including follow-up pregnancy prevention, *except* for the actual procedure of pregnancy termination for those patients who seek it.

There is no sound basis for this exception. The knowledge and skills used in early abortion provision are also necessary and familiar tools, already within APC scope of practice, for safely managing other common conditions that affect the health status of many women during their reproductive years.

The medication misoprostol, for example, is not only used in medication abortion but is commonly used to enhance cervical dilation for uterine biopsy and reduce cervical injury. Similarly, uterine aspiration is used to diagnose and treat dysfunctional uterine bleeding and other menstrual cycle disruptions. It is a natural extension of practice for APCs to provide early abortion services as part of comprehensive continuity of care.

Abortion care education and clinical training in APC education programs

APCs in virtually all practice areas encounter patients with needs and concerns about contraception, sexually transmitted infections, unintended pregnancy, infertility, and intimate partner violence. It is therefore essential that APC education and training programs offer content and clinical guidelines related to these important reproductive health issues.

Indeed, the importance of including reproductive health in health service professional training has gained increased attention in recent years.[6] Professional associations and accreditation bodies have repeatedly identified the need to include reproductive health in the standard curricula, and the American Association of Colleges of Nursing, the National Organization of Nurse Practitioner Faculties, the American Academy of Physician Assistants, and the American College of Nurse-Midwives have all developed guidelines that recognize the need for graduates to possess competence in providing care related to sexual and reproductive health.[7] Several studies have demonstrated that routine incorporation of reproductive health issues into health professional education improves exposure to abortion care and influences attitudes toward the provision of comprehensive services,[8] a result consistent with findings from graduate and undergraduate medical education.[9]

Nevertheless, while APC programs vary in the way they operationalize reproductive health and abortion care competencies and educational standards, they consistently treat abortion care as a specialty practice within the broader curriculum of reproductive health, women's primary care, or obstetrics-gynecology medicine. For this reason, clinical training is often assigned to elective courses rather than integrated into required curriculum and clinical courses.[10]

For example, a 2001 survey of 486 accredited NP, PA, and CNM programs in the United States found that, of the 202 programs responding, the majority taught family planning methods and skills[11] and therapeutic skills,[12] while only half offered didactic instruction and only one in five offered routine clinical training in *any* pregnancy termination procedure.[13]

A 2007 state-wide survey of nursing education programs produced similar results.[14] The majority of program directors reported a high level of curricular adequacy for reproductive health care, such as prenatal care and infections.[15] In contrast, only half, roughly speaking, agreed that infertility and abortion were adequately covered, while only one out of twelve religiously-based institutions reported adequate coverage. Respondents repeatedly cited religious restrictions and the lack of appropriate facilities and/or qualified faculty to explain the absence of abortion, contraception, and infertility training.

Still, despite these barriers, there is evidence of increasing? abortion care education and training in APC programs. Although many programs do not include medication and aspiration abortion skills training, APCs who want clinical training in unintended pregnancy prevention and management, including abortion provision, have options for clinical training electives, either during their initial education program or in a postgraduate program.

Postgraduate education and training for APCs in abortion care and provision

APCs whose basic education program did not include training in reproductive health and abortion care must look to postgraduate or continuing education programs. National professional organizations and a few academic or residency training groups have developed standards, curricula, and training guidelines for health professional students, medical residents, and women's health professionals who want didactic and clinical training in abortion care procedures or who wish to advance their practice into abortion care. Additional education is also available through professional organizations such as the Association of Reproductive

Health Professionals and the National Abortion Federation, as well through textbooks, CD-ROMs, and web-based materials.

Specific post-graduate curricula and training resources are fully described in the *APC Toolkit,*[16] which points to several existing opportunities for self-study and offers guidelines for training to competency in abortion care. Finally, APCs who wish to learn more about acquiring abortion training may contact the Abortion Access Project at info@abortionaccess.org or the National Abortion Federation at naf@prochoice.org to talk about the opportunities and possible challenges.

Overcoming education and training barriers to normalizing abortion care for APCs

The above options notwithstanding, APCs may find it very difficult to obtain training in abortion care. Many facilities with established training programs have already committed their training slots to medical residents, students, or their own staff, and APCs may face prejudice from trainers who are not supportive of abortion as part of APC scope of practice or who see APCs as possible competitors. Depending on the APC's prior experience, training in skills such as ultrasound, pregnancy options counseling, paracervical anesthesia, conscious sedation, medication abortion, and endometrial biopsy using manual vacuum aspiration (MVA) may also be necessary, and the training slots for these procedures may be equally competitive.

Furthermore, abortion care is isolated from primary care and reproductive health education for physicians as well as for APCs. In order to integrate abortion care into reproductive health curricula, educators and accreditation organizations must adopt the essential elements of professional practice that establish APCs as qualified providers of abortion care. Such ethical clinical practice/professional performance standards, as well as clinical/professional competencies, are needed to provide the foundation for competency-based curricula and evidence-based practice guidelines for early abortion care.

In addition, abortion care curricula and evidence-based clinical practice guidelines must be situated within a broader public health model of unintended pregnancy prevention and management. Currently, all CNM/NP/PA programs teach primary prevention of unintended pregnancy (such as preconception counseling, family planning, and contraception skills including emergency contraception). But there is a secondary component to the prevention of unintended pregnancy, which focuses on pregnancy diagnosis, options counseling, and early abortion care, including medication and aspiration abortion. It is this secondary component that needs to be developed and incorporated into APC education and training.

Finally, since the education of health professionals is increasingly competency-based, abortion care competencies must be formally developed. Reproductive health specialty practice competencies for unintended pregnancy prevention and management across primary, secondary, and tertiary prevention competencies must be specified and linked to women's primary care core competencies.

About the author

Diana Taylor, RN, MS, PhD, is Director of Research and Evaluation, Primary Care Initiative, ANSIRH. Contact: diana.taylor@nursing.ucsf.edu.

Endnotes

1 The umbrella term *advanced practice clinician* (APC) refers collectively to the roles of nurse practitioner (NP), certified nurse-midwife (CNM), and physician assistant (PA).

2 Hwang, A. C., Koyama, A. et al. (2005). Advanced practice clinicians' interest in providing medical abortion: results of a California survey. *Perspectives on Sexual and Reproductive Health.* 37(2), 92-7.

3 Finer, L. B., & Henshaw, S.K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health.* 38 (2), 90-96.

4 DHHS (2000). *Healthy people 2010: understanding and improving health*. Washington, DC, U.S. Department of Health and Human Services.

5 Barber, D. (1997). Research into the role of fertility nurses for the development of guidelines for clinical practice. *Human Reproduction*, 12(11 Suppl), 195-197; Springhouse (2001).

Procedures for Nurse Practitioners. Springhouse, PA, Springhouse: Author; Luterzo, J., Mahoney, S., Armstrong, A., Parker, J., Alvero, R., (2004). Saline infusion sonohysterography: Comparing the accuracy of NPs and OB/GYN residents'/ fellows' findings. *Women's Health Care Journal*, 3(3), 27-30.

[6] Beatty, R. M. (2000). Health professionals' knowledge of women's health care. *Journal of Continuing Education in Nursing*, 31(6): 275-279; Lazarus, C. J., Brown, S., & Doyle, L.L. (2007). Securing the future: A Case for improving clinicial education in reproductive health. *Contraception*, 75(2), 81-83.

[7] American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*; American Academy of Physician Assistants (2008). *Physician assistants in obstetrics and gynecology* [Issue Brief]; American College of Nurse-Midwives (1997). *Expansion of midwifery practice and skills beyond basic core competencies*; National Organization of Nurse Practitioner Faculties & American Association of Colleges of Nursing (2002). *Nurse Practitioner primary care competencies in specialty areas: Adult, family, gerontological, pediatric, and women's health.* Prepared for Department of Health and Human Services, Health Resources and Services Administration, No. HRSA 00-0532(P). Although these guidelines differ by program type, they generally require training dedicated to counseling, health promotion, risk assessment, clinical interventions, and/or referrals.

[8] Breitbart, V. (2000). Counseling for medication abortion. *American Journal of Obstetrics and Gynecology*, 183 (2 Suppl), S26-S33; Hwang, A. C., Koyama, A., Taylor, D., Henderson, J. T., & Miller, S. (2005). Advanced practive clinicians' interest in providing medication abortion: Results of a California survey. *Perspectives on Sexual and Reproductive Health*, 37(2), 92-97; Simmonds, K., Zurek, M., Polis, C., & Foster, A. (2009). The Reproductive Options Education Consortium for Nursing: A unique approach to stimulating curricula reform in nursing education. *Journal of Nursing* Education. In press.

[9] Espey, E., Ogburn, T., & Dorman, F. (2004). Student attitudes about a clinical experience in abortion care during the obstetrics and gynecology clerkship. *Academic Medicine*, 79(1), 96-100; Helton, M., Skinner, B., & Denniston, C. (2003). A maternal and child health curriculum for family practice residents: Results of an intervention at the University of North Carolina. *Family Medicine*, 35(3), 174-180; Prine, L., Lesnewski, R., & Bregman, R. (2003). Integrating medical abortion into a residency practice. *Family Medicine*, 35(7), 469-471.

[10] A survey of PA educators by Association of Physician Assistants in Obstetrics and Gynecology (APAOG) (2000) found that abortion care is considered a subspecialty or elective practice. According to APAOG, many PAs learn reproductive options care, without performing the actual procedures, by doing pre- and post-abortion counseling and ultrasound diagnosis, inserting laminaria and paracervical blocks, assisting with procedures, managing care after abortions (including complications), family planning, and call coverage. Generally, abortion care is covered in the OB-Gyn didactic curriculum. However, clinical training in abortion procedures and related competencies must be scheduled on an elective basis. (K. Thomsen, PA educator, personal communication, December 2008).

[11] *E.g.* IUD insertions, *contraception* counseling and prescription.

[12] *E.g.* endometrial biopsy, uterine aspiration for abnormal bleeding or miscarriage management, and pregnancy options counseling.

[13] Foster, A. M., Polis, C., Allee, M. K., Simmonds, K., Zurek, M., & Brown, A. (2006). Abortion education in nurse practitioner, physician assistant and certified nurse-midwifery programs: A national survey. *Contraception*, 73(4), 408-414. Family planning and contraception (including emergency contraception) received near-universal didactic coverage (96%) and significant clinical coverage (89%). The majority of respondent programs also included pregnancy options counseling in both didactic (74%) and clinical (63%) education.

[14] Foster, A., Simmonds, K., Jackson, C., & Martin, S. (2008). *What are nursing programs teaching students about reproductive health? A survey of program directors in Massachusetts*. Poster presentation at the National Abortion federation Annual Meeting, Minneapolis, MN April 2008.

[15] A study of Massachusetts nursing programs provides a focused look at reasons for the low rate of representation in NP education of some reproductive health practices such as abortion (Foster et al. 2008). This 2007 survey of 67 program directors from all accredited Massachusetts nursing programs focused on their programs' didactic and clinical curricula on reproductive health; the majority of program directors (overall response rate, 60%) reported a high level of curricular adequacy for prenatal care (93%), HIV/AIDs (85%), STIs (85%), and pregnancy loss (75%). In contrast, roughly half of all respondents agreed that infertility (53%) and abortion (48%) were adequately covered, with 57% and 14% of religious-based institutions reporting that reproductive health content and abortion, respectively, were adequately covered.

[16] Taylor, D., Safriet, B.J., & Weitz, T.A. (2009). "When politics trumps evidence: legislative or regulatory exclusion of abortion from advanced practice clinician scope of practice." *J Midwifery Women's Health* 54(1), 4-7.