

**A MEDICAL STUDENT'S GUIDE TO  
IMPROVING REPRODUCTIVE HEALTH  
CURRICULA  
2<sup>ND</sup> EDITION**

A collaborative publication by



and



TIPS, STRATEGIES, AND RESOURCES  
FOR CONCERNED MEDICAL STUDENTS





## **A Medical Student's Guide to Improving Reproductive Health Curricula**

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### **About the Association of Reproductive Health Professionals**

The Association of Reproductive Health Professionals (ARHP), founded in 1963, is an international nonprofit membership association comprised of multidisciplinary health care providers, researchers, and educators. ARHP offers comprehensive information and education on all reproductive health topics to health care professionals, the public, policy-makers, and the media.

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### **About Medical Students for Choice®**

Medical Students for Choice® (MSFC) was founded in 1993 by students concerned about the shortage of abortion practitioners, the lack of abortion education in medical school, and escalating violence against abortion providers. MSFC represents over 8,000 students at more than 125 medical schools across the United States and Canada.

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Access *A Medical Student's Guide to Improving Reproductive Health Curricula* online at [www.arhp.org/StudentsGuide](http://www.arhp.org/StudentsGuide).

**In Memoriam**  
**MARJORIE BRAUDE, MD**  
**1924 – 2005**

This update of *A Medical Student's Guide to Improving Reproductive Health Curricula* is dedicated to the memory of Marjorie Braude, MD, whose work and commitment to the health and well-being of women around the world will be sorely missed. Dr. Braude, one of a few women to graduate from the University of Chicago Medical School Class of 1950, was a pioneering physician and a tireless advocate for many social welfare issues. At age 80, Dr. Braude was still in practice as a psychiatrist. She was an important mentor for many younger women physicians and was a supporter of universal health care, reproductive rights, and prevention of domestic violence.

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## INTRODUCTION

The Association of Reproductive Health Professionals (ARHP) and Medical Students for Choice® (MSFC) have updated *A Medical Student's Guide to Improving Reproductive Health Curricula*, initially developed by and for medical students to help evaluate and improve reproductive health curricula in medical schools. Since it was first published in 1999, the *Guide* has been distributed to thousands of medical students and has helped to improve curricula and training in many medical schools.

Why the need? In the United States alone, it is estimated that:

- 54 percent of women who have abortions report using a contraceptive method during the month they became pregnant<sup>1</sup>
- 49 percent of all pregnancies in each year are unintended<sup>2</sup>; 24 percent of all pregnancies (excluding miscarriages) and half of all unintended pregnancies end in abortion each year<sup>3</sup>
- 87 percent of all counties lacked an abortion provider in 2000; in non-urban and rural areas, the provider shortage increased to 97 percent<sup>4</sup>
- 19 million new sexually transmitted infections (STIs) occur each year<sup>5</sup> yet only 30 percent of physicians routinely screen patients for STIs<sup>6</sup>
- 15 percent of infertile women can attribute the cause of infertility to pelvic inflammatory disease (PID) resulting from an untreated STI<sup>7</sup>
- Questions about sexual activity and intimate relationships are included in only 26–50 percent of routine medical histories<sup>8</sup>

Although medical schools in the United States provide sufficient training in medical issues related to pregnancy, they often fail to adequately cover routine services such as family planning, primary care for infertility, and STI treatment and prevention. Most provide little, if any, training in abortion. Instruction is also lacking on provider-patient communication around sensitive issues such as HIV/AIDS, substance abuse, domestic abuse, and unintended pregnancy.

**Medical knowledge alone does not guarantee high-quality patient care.** Effective reproductive health care also requires skilled history-taking and sensitive patient counseling and education.

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1. Jones RK, Darroch JE, Henshaw SK. Contraceptive use among U.S. women having abortions in 2000-2001. *Perspectives on Sexual and Reproductive Health* 2002;34(6):294-303.

2. Henshaw SK. Unintended pregnancy in the United States. *Family Planning Perspectives* 1998;30(1):24-29, 46.

3. Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspectives on Sexual and Reproductive Health* 2003;35(1):6-15.

4. Ibid.

5. Centers for Disease Control and Prevention. Trends in Reportable Sexually Transmitted Diseases in the United States, 2004. Available from [www.cdc.gov/std/stats/trends2004.htm#ref1](http://www.cdc.gov/std/stats/trends2004.htm#ref1).

6. St. Lawrence JS, Montañó DE, Kasprzyk D, Phillips WR, Armstrong K, Leichliter JS. STD screening, testing, case reporting, and clinical and partner notification practices: A national survey of US physicians. *American Journal of Public Health* 2002; 92: 1784 – 1788.

7. Ness RB, Randall H, Richter HE, Peipert JF, Montagno A, Soper DE, et al. Condom use and the risk of recurrent pelvic inflammatory disease, chronic pelvic pain, or infertility following an episode of pelvic inflammatory disease. *American Journal of Public Health* 2004; 94: 1327 – 1329.

8. Coulehan JL, Block MR. *The Medical Interview: Mastering Skills for Clinical Practice*, 4th ed. Philadelphia, PA: F.A. Davis Company; 2001:186.

## ABOUT THE *GUIDE*

This *Guide* is organized into sections that contain specific actions and suggestions to help you implement curriculum improvements at your school. It includes lists of practical recommendations, case studies of student organizing efforts, and resources such as sample surveys, a sample petition, and a sample flyer. The *Guide* also compiles the strategies of students who have successfully worked to improve the reproductive health curricula in their schools.

**This publication is not meant to be a “step-by-step” guide.** It cannot provide suggestions that will fit every situation medical students might face when trying to organize for curriculum reform. It does, however, present a variety of suggestions from which you can choose to develop a plan of action that best suits your situation and needs.

Successful curriculum reform results from an accurate assessment of educational needs, implementation of applicable strategies, and persistence. Medical school administrators and faculty may be in varied states of readiness for curriculum improvements. For example, in some schools, all it may take is identifying and working with faculty who are already interested in and capable of setting up a reproductive health elective. In other cases, the situation may be more challenging; the medical school may be ideologically opposed to teaching some topics in reproductive health, such as abortion. In such situations, implementing change can be time consuming, require compromise, and demand particularly creative solutions.

We realize that being a medical student is more than a full-time job, and that many medical students have numerous responsibilities in their lives. This *Guide* was developed to save time and help you realize that even small changes can make a difference, leading to a more comprehensive reproductive health education and resulting in higher quality care for all women and men.

This *Guide* is designed to help you achieve fundamental changes at your school, from raising awareness to integrating reproductive health topics into the core curriculum. ARHP and MSFC are available for additional assistance and advice, including referrals to medical students and faculty who have been successful in these efforts. We wish you the best of luck in working to create a better environment for individuals to access the full range of reproductive health services.

## I. CONDUCT YOUR OWN RESEARCH: DETERMINE NEEDS

**Goal: Conduct a preliminary review of your school's strengths and weaknesses in reproductive health education.**

Actions:

- Contact MSFC to see if your school's reproductive health curriculum is part of the Curriculum Map database. If it is, MSFC will provide you with the data from your school as well as the data for your region so you can assess how your school compares with other schools in your region.
- If your school is not in the Curriculum Map database, you can assess your school's current coverage of reproductive health topics by reviewing course offerings (See *APPENDIX 8*). You also can review other schools' course offerings to find topics that may be missing from your school's curriculum. Knowing how other schools cover reproductive health topics can be a powerful tool when you talk to your school's administrators.

**Goal: Collect evaluation data on your school's coverage of reproductive health topics.**

Actions:

- Evaluate the curriculum to assess what is being taught in the area of reproductive health. Use *APPENDICES 6, 7, and 8* for sample surveys, or develop your own with other students and/or faculty. MSFC welcomes your participation in their Curriculum Mapping project and will provide surveys and implementation instructions if you choose to participate.

### Survey Tips

Ideally, the group you survey should be representative of the student body, including first-, second-, third-, and fourth-year students. Despite low levels of communication between students in their clinical and pre-clinical years, it is important to obtain feedback from all classes (see *IV. IDENTIFY POTENTIAL OBSTACLES AND SOLUTIONS*). Even if you cannot obtain a representative sample, it may still be worthwhile to collect the data.

Evaluate what students are taught each year and whether the curriculum met students' expectations. For example, what do second-year students expect to learn? Did they learn what they expected to learn? What do they wish they had learned? One way to use the information collected from the surveys is to make the case to the administration that students expect to receive the full range of medical training, such as abortion training, but may not have received it. (See *APPENDICES 6, 7, and 8* for more information on surveys.)

It is also important to survey administrators and faculty to assess their willingness to be part of your curriculum reform efforts.

To improve your response rate, circulate surveys via e-mail, conduct an electronic survey using a Web-based tool (e.g., [surveymonkey.com](http://surveymonkey.com)), or distribute surveys before or after class or at meetings and other events where members of your target audience are.

For more information on formulating survey questions, see *APPENDIX 6*.

- Gauge student support for curriculum change.
  - Circulate a written survey or interview students, then compile and summarize results in an informal report.
  - Hold a meeting with students to conduct a group evaluation on the curriculum (see *APPENDICES 4, 5, 9, and 10*). Take notes and summarize in an informal report.
  - Check with the curriculum affairs office to see if your school keeps student evaluations of clinical rotations from previous years that you can review.
  - Join your school's curriculum committee.
  - Use your school's list of competencies and the Women's Health Care Competencies for Medical Students developed by the Association of Professors of Gynecology and Obstetrics (APGO) (see *APPENDIX 20*) to develop your survey and strengthen your case when you meet with school administrators.
- Work with supportive faculty members to determine areas of the existing reproductive health curriculum that are adequate and areas that need improvement.
- See *II. GET CONNECTED!* for information about how to get assistance from other students and faculty members.

**Goal: Investigate and determine how curriculum improvements have been made in the past and what obstacles to change exist.**

Actions:

- Talk with faculty and students, particularly those in their third and fourth years, who have worked on curriculum change. Ask the following questions:
  - How has the curriculum changed in the past?
  - How is the curriculum currently changing?
  - How have changes been implemented?
  - What obstacles arose to changing the curriculum?
  - How were these obstacles overcome?
  - What is the current policy or process for curriculum change? (e.g., If changes are approved by a committee, how often does this committee meet? Who are the members? When and where is the next meeting? How many students sit on the committee? Do committee members need or prefer advance notice of agenda items?)
  - How responsive is your school to student-led curriculum reform?
  - Have faculty and/or students previously submitted formal proposals for curriculum change? If so, ask if you can obtain a copy.
  - See *II. GET CONNECTED!* for information about how to get assistance from other students and faculty members.

## II. GET CONNECTED!

**Goal: Identify a core group of students, faculty, and administrators who will support curriculum reform in the area of reproductive health.**

Actions:

- Recruit students to be involved in the process. Increasing student involvement spreads out the work and can diffuse criticism and increase the chances for success.
- Use your faculty contacts to help identify administrators who will support your efforts to integrate more information on reproductive health into the curriculum.

**Goal: Create working relationships with your allies.**

Actions:

- Create working relationships with allies by networking with individuals and getting involved with organizations and committees that support your efforts.
  - Network with fellow students.
  - Get involved in organizations that can serve as springboards, such as:
    - American College of Obstetricians and Gynecologists (ACOG)
    - American Medical Association (AMA)
    - American Medical Student Association (AMSA)
    - American Medical Women’s Association (AMWA)
    - Association of Reproductive Health Professionals (ARHP)
    - Medical Students for Choice® (MSFC)
    - Student National Medical Association (SNMA)
  - Look for allies among other student leaders from a broad base of organizations.
- Identify faculty and administration champions to work with.
  - Talk informally with faculty and administrators who may be supportive of integrating reproductive health education in your school’s curriculum. Talk to professors after class, to your advisor during a meeting, or with clinical preceptors during rounds.

It may be especially important to work with deans (medical school, students, or academic affairs); department chairs (ob/gyn, family medicine, internal medicine, pediatrics, and community medicine); clerkship directors; curriculum committee members; advisors; members of the president’s or dean’s council; women’s issues committee; and faculty with a specific interest in reproductive health.
  - For faculty and administrators who are not easily accessible, set up a meeting to talk about your desire to improve the curriculum.
  - Create working relationships with physician members of national organizations who are affiliated with your school and who support your efforts.
  - Strategize with supportive faculty on how to approach administrators. Faculty may have valuable insight about whom to approach first and which issues to emphasize.

### **Tips for Successful Meetings**

See *APPENDICES 9* and *10* for more information.

- Schedule appointments. Be patient and persistent when scheduling appointments with hard-to-reach faculty or administrators.
- Be on time for your appointments; running late will undercut your credibility.
- Provide attendees with information to review before the meeting, such as the survey you plan to use to evaluate the curriculum (see *APPENDICES 6, 7, and 8*).
- Be prepared. Have written information (e.g., flyers, evaluations, statistics, rationale for implementation, outline of goals and objectives) and give copies of important information to participants. Practice presenting your information beforehand.
- Emphasize that the common goal is to improve the education of medical students.
- Be diplomatic. Example: *Although the school provides good overall training, many students think we need to cover more topics in the area of reproductive health. What does the school think about this issue?*
- Bring another student from your core group.
- Take notes during the meeting. Record the date, time, attendees, each person's point of view, and how you think the meeting went. List conclusions and action items, as well as timeframes for tasks and responsible parties.
- Send copies of meeting minutes to people in attendance. Take this opportunity to confirm key communication points and thank them for meeting with you.

### **Goal: Maintain and strengthen the relationships you develop.**

Actions:

- Notify student leaders, key faculty, and administrative committees about important meetings, breakthroughs, and challenges related to your activities.
- Update other medical students on your progress. Brief them on current activities, solicit suggestions for other strategies, or ask them to sign a petition supporting your efforts.
- Inform administrators and faculty members about your progress. Be sensitive and ensure that you are not creating a polarized “us versus them” dynamic.
- Assign concrete tasks to keep people involved and committed.
- Show appreciation for support. If a person or a group gives time, money, or other assistance to benefit your cause, write a thank-you note letting the supporter know that the help has made a positive difference. Provide supporters with updates on the progress of your efforts.

### III. DEVELOP STRATEGIES TO MEET YOUR GOAL

**Goal: Based on evaluation data, student and faculty feedback, and your school’s reaction to student-led curriculum change, identify a realistic goal for curriculum reform.**

Action:

- Although full integration of reproductive health topics into the required curriculum is ideal, this may not always be possible. Decide what you are and are not willing to negotiate, and remember that even small changes make a difference.

#### Examples of Curriculum Reform Goals

- Host a guest lecture on a reproductive health topic. Ask a faculty member to present a lecture, contact a clinician in the community, or visit [www.arhp.org/cme](http://www.arhp.org/cme) and click on “visiting faculty” for free guest lectures provided by ARHP’s visiting faculty program.
- Form an organization at your school committed to improving the coverage of reproductive health topics in the curriculum. MSFC can help you get started.
- Integrate reproductive health topics into existing courses, electives, and other required curricula. Use sample lectures and other resources from MSFC and/or the ARHP *Reproductive Health Model Curriculum* (see *APPENDICES 1 and 2*).
- Establish a women’s or reproductive health elective. Use sample curricula from MSFC and/or the ARHP *Reproductive Health Model Curriculum* (see *APPENDICES 1 and 2*).

**Goal: With your core group, explore your options for working to improve the curriculum.**

Action:

- Consider the following questions as you explore options for curriculum improvement:
  - Do you need more evaluation data to prove that the curriculum needs improvement (e.g., surveys, petitions, statistics, national trends)?
  - How many students think the curriculum needs improvement? Do you have critical mass support for attaining your goal?
  - If you decide to incorporate reproductive health topics into all or some courses, which courses? What information should be taught? How should the information be taught—in lectures, small group discussions, clinical settings?
  - What is the best time to hold a lecture, course, or event? Which faculty member(s) or other administrator(s) would be involved?

**Goal: Work with your core group to establish concrete strategies for improvements in the reproductive health curriculum.**

Action:

- Establish long- and short-term strategies to meet your goal and a timeline. Use your research (see *I. CONDUCT YOUR OWN RESEARCH: DETERMINE NEEDS*), and consider the following:
  - Define goals for improving your school’s curriculum.

- Determine whether your school should (a) integrate reproductive health topics into all or some courses, (b) offer an elective, or (c) hold a seminar.
- Establish strategies to achieve your goals and develop a realistic timeline that sets deadlines for your primary goals.
- If you are working to integrate reproductive health into your curriculum, develop a list of courses and changes that will be implemented. For example, medical interviewing/history-taking or physician/patient classes could include sexual history-taking; ob/gyn rotations could include pregnancy options counseling. Approach the appropriate faculty person with suggestions for integration.
- If you are working to add an elective, brainstorm possible clinical sites and a course director. Contact MSFC for assistance in identifying potential sites. Be certain that (a) the elective will be offered at a time when students are available and (b) there are students who are committed to taking the elective both this year and in the future.

**Goal: State your case for curriculum reform.**

Actions:

- Using the information collected, write a brief report to share with your core group (students, faculty, and administrators) and decision makers (department chairs, curriculum committee, etc.). Key points of the report should include:
  - The reasons the curriculum needs to be improved based on health care needs (e.g., the statistics included in the introduction to the *Guide*).
  - The reasons the curriculum needs to be improved from the perspective of students, faculty, and administrators. Use evaluation results as evidence to support your plans for curriculum improvement.
  - The willingness of the students, faculty, and administrators to support and implement curriculum change.
  - Information on existing resources, such as prepared curricula, that can be used to improve reproductive health education. (See *APPENDIX 1* for information on the *ARHP Reproductive Health Model Curriculum*.)
  - If applicable, include a list of the competencies that will be met by integrating these topics into the curriculum.
  - Include relevant resolutions on women’s health and reproductive health training from medical organizations, e.g., AMA resolution (See *APPENDICES 17, 18, and 19*).
- Search the literature to identify work being done to reform women’s and reproductive health curricula. This can be useful information for strategizing and presenting your case to faculty, administrators, or the curriculum committee. Examples include:
  - Donaghue GD. Women’s health: a catalyst for reform of medical education. *Academic Medicine*. 2000;75(11):1056-1060.
  - Krasnoff MJ. Resources for teaching about women’s health. *Academic Medicine*. 2000;75(11):1087-1094.

- Magrane D, McIntyre-Seltman K. Women's health care issues for medical students: an education proposal. *Women's Health Issues*. 1996;6(4):183-191.
- Nelson M, Nicolette J, Johnson K. Integration and evolution: women's health as a model for interdisciplinary change in medical education. *Academic Medicine*. 1997;72(9):737-740.

**Goal: Broaden the dialogue on curriculum change to reach those outside of your core group.**

Actions:

- Sponsor an event or lecture on a current reproductive health issue. You can recruit and inform students and faculty in attendance about your proposed curriculum changes.
- Hold a forum to discuss curriculum improvements. Invite people representing a variety of perspectives, including faculty and administrators. Personally invite as many people as you can and make the meeting effective, energetic, and motivational. Use your goals for curriculum reform to educate and motivate the masses!

#### **Tips for Successful Events**

- Schedule your event at a time that is convenient for the people you want to attend.
- Give possible attendees plenty of notice about the event.
- Personally invite people, especially faculty members.
- Advertise your event in places frequented by your intended audience (see *APPENDIX 5*).
- Increase advertising right before the event.
- Provide food and drinks or other incentives for attendees – and advertise these, too.

## IV. IDENTIFY POTENTIAL OBSTACLES AND SOLUTIONS

**Goal: Identify potential obstacles and develop strategies for overcoming them.**

Action: Consider the following scenarios and problem-solving techniques.

### STUDENT ISSUES

- **Student Issue 1:** Students think they receive sufficient information on reproductive health.
  - If you have not conducted an evaluation, do so now. (See I. CONDUCT YOUR OWN RESEARCH: DETERMINE NEEDS and/or APPENDICES 6, 7 and 8.)
  - If you have conducted an evaluation and the results indicate that students are satisfied with what is being taught, make sure that you have surveyed a truly representative group of students, particularly third- and fourth-year students. Make sure that the questions give students the opportunity to express opinions about perceived gaps in their education. Make sure you are asking the right questions.

#### Ask the Right Questions

Asking the right questions can help students see that they are lacking information in certain areas. For example, asking if students are satisfied with the curriculum may not elicit the most accurate response. However, if you provide a list of specific reproductive health topics and ask students if they think they should be covered, you will get a better sense of what students think the curriculum is missing. For more information on formulating survey questions, see APPENDIX 6.

- Provide students with clinical cases that require a breadth of knowledge that is absent from their current training.
- Give students information about topics taught at other schools that are not included in your school's curriculum.
- **Student Issue 2:** You cannot find students who seem interested in working to improve your school's reproductive health curriculum.
  - Do more research to find students who are interested in improving the curriculum. When you locate these students, consider working with just them rather than using a survey to establish need on a larger level. Even if there is only one student per year interested in receiving more training in reproductive health, it is worth the effort to make sure that student receives the education she or he deems critical.
  - Educate students about the impact of inadequate reproductive health medical education. The statistics listed in the introduction to this *Guide* can help you do this.
- **Student Issue 3:** You know that there are more people interested in improving the curriculum, but they have not attended organizational meetings or volunteered their time.
  - Set up a short meeting or talk informally with them about curriculum improvement.
  - Present the facts (e.g., reasons for implementation, statistics, etc.). Ask for their opinion and whether they will support your efforts.

- Solicit their support with a petition. Petitions do not require a lot of time, and they demonstrate student interest to the administration.
- **Student Issue 4:** Communication is lacking between pre-clinical and clinical students.
  - Talk informally with students about your work on curriculum improvements and ask for their opinion on the suggested improvements.
  - Hold an organizational meeting at a time convenient for all classes, to get students together to talk about improvements. Make sure you spread the word about the meeting (see *APPENDICES 4 and 5*).
- **Student Issue 5:** Some students are opposed to the school teaching certain reproductive health topics, such as abortion.
  - Be diplomatic; do not get angry, but be firm and stand your ground.
  - Emphasize that the goal of your efforts is to improve medical education and that it is important for future physicians to be knowledgeable about and prepared to provide comprehensive reproductive health care.
  - Concentrate on working with students who are supportive of improvements.
  - Always document the date and time of all negative experiences, especially any threatening encounters, and inform faculty members.
  - Talk to MSFC about potential opposition and ways to respond.
- **Student Issue 6:** Students have conducted the assessment and devised a plan and goals, but the year has ended and some of the leaders are moving on to clinical rotations.
  - Identify committed first- and second-year students early in the year and ensure that they are involved in the development of the plan and goals.
  - Develop a list of allies on the faculty and in the community to support the ongoing efforts during the transition of student leadership
  - Schedule a meeting every few months with third-year medical students who worked on the project so that the new leaders can gain from their knowledge and support.
  - Ask the third-year medical students who worked on the project the previous year to be available for questions and to provide mentoring to the first- and second-year medical students who assume leadership of the project.

#### **FACULTY AND ADMINISTRATOR ISSUES**

- **Faculty and Administrator Issue 1:** You are having trouble finding a faculty member who will work toward improving the curriculum.
  - Ask people who may have insight into faculty members' reproductive health politics.
  - Talk to advisors, professors, and clinical preceptors to solicit their help and ask them to suggest others who might be interested.
  - Identify community clinicians or members from local reproductive health organizations who are willing to help with your efforts.

- **Faculty and Administrator Issue 2:** Faculty members are unresponsive to your requests or too busy to work with you.
  - Speak with faculty members about what you can do to make it easier for them to be involved in improving the curriculum (e.g., identify potential guest lecturers, clinical placement sites, qualified adjunct faculty members; offer to collect information or make calls for speakers). Determine why they are unenthusiastic; hesitancy in becoming involved may have to do with lack of time, money, or resources. Show them relevant parts of the *Reproductive Health Model Curriculum* (see *APPENDIX 1*).
  - Suggest that the workload be shared by multiple faculty members.
  - Prioritize changes and make many small changes over a longer period of time.
- **Faculty and Administrator Issue 3:** Key administrators or faculty members are not supportive of reproductive health curriculum improvements.
  - Seek the support and help of people who have a good relationship with them. If possible, have your supporters present your case.
  - Present your case in a non-confrontational manner.
  - Solicit administrators' and faculty members' opinions after presenting your case. Write down their responses and prepare replies that address their concerns.
- **Faculty and Administrator Issue 4:** The curriculum committee is not responsive to the concerns of students.
  - Make sure you are presenting committee members with sufficient information and reasons why curriculum changes are needed, including survey and evaluation results, petitions, other signs of student support, and statistics that demonstrate need.
  - Highlight prominent medical schools that are covering reproductive health topics.
  - Use your school's list of competencies and APGO's Women's Health Care Competencies for Medical Students (see *APPENDIX 20*) as a means of influence.
  - Document all interaction with the committee.
  - If the committee remains unresponsive, appeal to the dean of students or to someone in a position of authority and seek advice.

## OPERATIONAL ISSUES

- **Operational Issue 1:** Your school is ideologically opposed to the teaching of certain reproductive health topics, such as abortion.
  - Emphasize that curricular improvements will better prepare students for residency or specialty training.
  - Use resolutions and policies from major medical organizations to indicate the wide base of support for this education (see *APPENDICES 17, 18, and 19*).
  - Use your school's list of competencies and APGO's Women's Health Care Competencies for Medical Students (see *APPENDIX 20*) as a means of influence.

- Unless you are aiming to integrate reproductive health topics into your school’s core curriculum, emphasize that the new educational offerings would be voluntary.
- Consider a letter-writing campaign. Work with your student government and school newspaper to publicize your efforts and/or circulate a petition to show student support for curriculum reform.
- **Operational Issue 2:** You cannot find a time when all interested students are available to attend a lecture or course.
  - Consider offering it twice.
  - Offer seminars or invite guest lecturers to speak during common “breaks” such as lunchtime or in the evenings.
- **Operational Issue 3 (*For those who are working to create an elective*):** There are not enough clinical sites to hold the clinical component of the elective.
  - Suggest that the school use alternative forms of education such as anatomical models and videos to demonstrate and practice procedures.
  - Use case studies and problem-based education to teach certain aspects of the course.
  - Bring in speakers to give informative talks on clinical issues.
  - Use a CD-ROM or Web-based virtual patient program to teach clinical skills.
- **Operational Issue 4 (*For those who are working to create an elective*):** An elective is offered, but registration numbers are low.
  - Make sure the course is being offered when students are available.
  - Talk with students who were initially interested to find out why they did not register.
  - Advertise the elective opportunity both within the school and to students at other schools via student groups (e.g., MSFC, AMSA, etc.).
  - Confirm that the course was listed in the course catalog.
  - Make sure advisors know the curriculum content and are educated on its importance.
  - Hold another informational meeting to generate interest in the course. Talk about the need for increased reproductive health training and the topics in the elective.

#### **Can’t Get an Elective or Course at Your School?**

- Advertise electives held at other medical schools and encourage students to attend. Visit [www.arhp.org/electives/](http://www.arhp.org/electives/) for a list of electives and clerkships that use the ARHP *Reproductive Health Model Curriculum*.
- Advertise the abortion training externship opportunities available through MSFC and encourage students to participate in them. Visit [www.ms4c.org/extern.htm](http://www.ms4c.org/extern.htm) for information on the program, which funds medical students training in a private physician’s office, hospital, or clinic setting to learn about reproductive health services.

## V. WHAT NEXT?

**Goal: Maintain and strengthen curriculum improvements.**

Actions:

- Keep in touch with your core group. Make sure group members and other allies are kept abreast of progress and challenges.
- Maintain contact with ARHP and MSFC so they can continue to provide assistance and support your work.
- Make sure that students are providing feedback on the changes with course or seminar evaluations. Use the information from the evaluations to further improve the curriculum and to reinforce the improvements you have made.
- Give encouragement and support to any faculty member or administrator who has implemented improvements in an existing course. Write letters of support and notes of thanks. Emphasizing your appreciation for their commitment to include reproductive health information in their courses will maintain good rapport.
- Continually recruit new students to “carry the torch” in pushing for future improvements. Identify and involve those who will be motivated and effective leaders.
- Document the history of your curriculum improvement efforts. Make it available to future students via campus organizations and archives, and please send copies to ARHP and MSFC as well. Include the following information to help others: *What steps would make it easier for future students to upgrade or change the curriculum as needed? What barriers might future students encounter? Who are the key players to work with?*
- Communicate to key decision makers the popularity and continued need for the lecture or course by sending evaluations, updates on the number of students educated, etc.
- Let decision makers know that it will reflect positively on the school to continue and expand teaching of women’s health topics.
- Keep working toward increasing levels of curriculum improvement.

**Keep on Fighting!**

**Remember that the work you are doing is important.  
Even small victories make a difference.**

**ARHP and MSFC are here to help you.  
Contact ARHP at (202) 466-3825 or [arhp@arhp.org](mailto:arhp@arhp.org)  
and MSFC at (888) 540-MSFC or [msfc@ms4c.org](mailto:msfc@ms4c.org).**

## **APPENDIX 1**

### **ARHP REPRODUCTIVE HEALTH MODEL CURRICULUM**

The *Reproductive Health Model Curriculum (Curriculum)* is an adaptable teaching tool designed to improve the coverage of women's and reproductive health issues in medical education settings. Learning objectives link to the Women's Health Care Competencies developed by the Association of Professors of Gynecology and Obstetrics (APGO), with activities and additional resources provided to enhance the content. The *Curriculum* emphasizes that reproductive health and human sexuality encompass more than the anatomy, physiology, and biochemistry of the sexual response system. Effective provider-patient communication skills are presented throughout the *Curriculum*, with particular attention paid to cultural competence and an awareness of how psychosocial factors affect health and health care. *Curriculum* topics include abortion, adolescent health, contraception, infertility, menopause, sex and sexuality, and sexually transmitted diseases/infections.

The *Reproductive Health Model Curriculum* (formerly known as the *RHI Model Curriculum*) was first published in 1996 by the Reproductive Health Initiative (RHI) of the American Medical Women's Association. In 2005, RHI's programs and resources became a part of ARHP.

**The *Curriculum* is available free of charge on the ARHP Web site at [www.arhp.org/curriculum](http://www.arhp.org/curriculum).**

**ARHP staff can assist you in establishing an elective or integrating the *Curriculum* into existing courses. For more information, contact ARHP at (202) 466-3825 or [curriculum@arhp.org](mailto:curriculum@arhp.org).**

## APPENDIX 2

### MSFC STUDENT RESOURCES

Medical Students for Choice<sup>®</sup> (MSFC) was founded in 1993 by students concerned about the shortage of abortion providers, the lack of abortion education in medical schools, and escalating violence against abortion providers. Today, the organization represents over 8,000 students at more than 125 medical schools across the United States and Canada.

For reproductive choice to be a reality, future physicians need to be well trained to provide all reproductive health services, including abortion. MSFC organizes and assists students in improving abortion and reproductive health education in medical schools nationwide. The MSFC national office can help you not only with organizing ideas and strategies but with resources to support your educational efforts on campus. Please contact MSFC staff for any of the following:

- **MSFC Group:** Chances are there is already an MSFC group at your school that you can join. If not, MSFC can help you organize and expand or change curricula on your campus. Contact us to get more involved or start a group.
- **Student Activism Fund:** MSFC runs a small fund to assist schools in organizing events and planning workshops or seminars on reproductive health issues. Up to \$100 per semester is available for each MSFC group.
- **Speakers and Reproductive Health Care Providers:** Area speakers and providers can be a great asset as part of a classroom lecture or to serve as a clinical site for observation and training. Contact us for a list of resources in your area.
- **Videos:** Videos are available for loan on topics ranging from the history of abortion rights to instructional pieces on procedural techniques and patient counseling.
- **Publications:** You can subscribe to our quarterly newsletter, *MSFC Update*, by contacting our office and asking to be placed on our mailing list. We also can assist students in locating educational resources to use in developing a reproductive health syllabus.
- **Reproductive Health Externship Program:** MSFC funds a month-long externship to give approximately 70 students each year the opportunity to learn about reproductive health services in a private physician's office, hospital, or clinic setting. Each extern receives up to a \$1,000 stipend to help cover transportation and housing expenses associated with the externship. Application forms are available at [www.ms4c.org/extern.htm](http://www.ms4c.org/extern.htm).
- **Annual and Regional Meetings:** The MSFC Annual Meeting provides students with an opportunity to learn from respected health professionals about a range of reproductive health issues often not covered in medical school curricula. Regional meetings are held several times a year to increase opportunities for all students to receive education and training in reproductive health and to build regional support and resource networks.
- **Poster session:** Medical students are invited to submit abstracts for MSFC's poster session at the Annual Meeting. Cash awards are provided to the top three posters submitted.
- **E-mail Network:** MSFC runs a nationwide e-mail network to keep you informed of current MSFC activities and provide a forum for discussion of strategy and campus activities. Contact us for subscription information.

## APPENDIX 3 ADDITIONAL RESOURCES

The following organizations can provide you with educational resources such as fact sheets and videos or help in finding speakers. A more comprehensive list of organizations appears in the Resources section of the *Reproductive Health Model Curriculum*, available at [www.arhp.org/curriculum](http://www.arhp.org/curriculum).

### **Abortion Access Project**

552 Massachusetts Avenue, Suite 215  
Cambridge, MA 02139  
Phone: (617) 661-1161  
Web: [www.abortionaccess.org](http://www.abortionaccess.org)

### **American College of Obstetricians and Gynecologists**

409 12th Street, SW  
Washington, DC 20024-2588  
Phone: (202) 638-5577  
Web: [www.acog.org](http://www.acog.org)

### **American Medical Association, Medical Student Section**

515 N. State Street  
Chicago, IL 60610  
Phone: (800) 262-3211  
Web: [www.ama-assn.org/ama/pub/category/14.html](http://www.ama-assn.org/ama/pub/category/14.html)

### **American Medical Student Association Task Force on Medical Education Standing Committee on Women in Medicine**

1902 Association Drive  
Reston, VA 20191  
Phone: (703) 620-6600  
Web: [www.amsa.org](http://www.amsa.org)

### **American Society for Reproductive Medicine**

1209 Montgomery Highway  
Birmingham, AL 32516-2809  
Phone: (205) 978-5000  
Web: [www.asrm.org](http://www.asrm.org)

### **Association of American Medical Colleges**

2450 N Street, NW  
Washington, DC 20037-1127  
Phone: (202) 828-0400  
Web: [www.aamc.org](http://www.aamc.org)

### **Association of Professors of Gynecology and Obstetrics**

2130 Priest Bridge Drive  
Crofton, MD 21114  
Phone: (410) 451-9560  
Web: [www.apgo.org](http://www.apgo.org)

### **Centers for Disease Control and Prevention**

6525 Belcrest Road  
Hyattsville, MD 20782  
Phone: (301) 436-8500  
Web: [www.cdc.gov](http://www.cdc.gov)

### **Guttmacher Institute**

120 Wall Street, 21<sup>st</sup> floor  
New York, NY 10005  
Phone: (212) 248-1111  
Web: [www.guttmacher.org](http://www.guttmacher.org)

### **National Abortion Federation**

1755 Massachusetts Avenue, NW, Suite 600  
Washington, DC 20036  
Phone: (202) 667-5881  
Web: [www.prochoice.org](http://www.prochoice.org)

### **Physicians for Reproductive Choice and Health**

55 West 39<sup>th</sup> Street, 10<sup>th</sup> Floor  
New York, NY 10018  
Phone: (646) 366-1890  
Web: [www.prch.org](http://www.prch.org)

### **Planned Parenthood Federation of America**

434 W. 33<sup>rd</sup> Street  
New York, NY 10001  
Phone: (212) 541-7800  
Web: [www.ppfa.org](http://www.ppfa.org)

### **Student National Medical Association**

5113 Georgia Avenue, NW  
Washington, DC 20011  
Phone: (202) 882-2881  
Web: [www.snma.org](http://www.snma.org)

Additional national, state, and local organizations that may be helpful include:

- Law enforcement offices and services
- Local abortion providers
- Domestic violence support centers
- Organizations that provide services and resources for people of color, gays and lesbians, rural populations, older adults, people with disabilities, people who are HIV-positive
- Student health centers
- Hospitals
- Women's health clinics
- Family planning and STD/STI clinics
- Public health schools
- Infertility clinics
- Substance abuse prevention centers
- Planned Parenthood clinics
- Rape crisis centers
- State, county, and city health departments
- National and local pro-choice advocacy groups

## **APPENDIX 4**

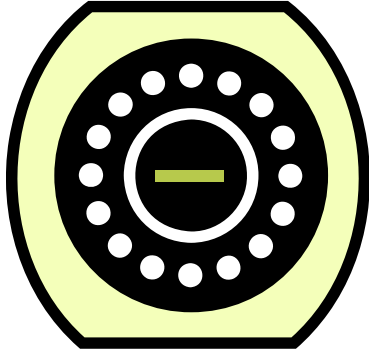
### **SPREAD THE WORD**

Telling others about the need for curriculum improvements is vital to the success of your campaign.

Here are some ideas for how to get the word out:

- Make overheads to display meeting notices in classrooms before class, or write the information on chalkboards.
- Use e-mail to send out notices of meetings and coordinate organizing efforts.
- Make flyers and post them on bulletin boards in libraries, dorms, athletic facilities, and hospitals (so third- and fourth-year students can see them) and in bathroom stalls. Distribute notices and flyers in student mailboxes. Make them entertaining and eye-catching so people will read them (see *APPENDIX 5* for a sample flyer).
- Place notice of the meeting in your school newsletter and newspaper.
- Speak at the meetings of other student groups, especially those that co-sponsor your efforts.
- Make a phone tree of your friends and ask them to call their friends.
- Make buttons and wear them on your backpack (e.g., “Will you be prepared?” “Ask me about improving reproductive health education!”). Contact MSFC for buttons and stickers.
- Ask to be added to your medical school’s activity fair. Be prepared to present a case for improving the curriculum.
- Send personal e-mails.

APPENDIX 5  
SAMPLE FLYER



Fewer than 30% of US medical programs require coursework in human sexuality.

**Do you want to help change this?**

Are you interested in learning about contraception, abortion, infertility, sexual history-taking, and pregnancy options counseling?

If you would like to discuss strategies for tackling this issue, please come to the following meeting:

Tuesday, September 23  
6:30 - 7:30 p.m.  
Memorial Library, Room 23B

**FOOD & DRINKS PROVIDED**

1<sup>st</sup>-, 2<sup>nd</sup>-, 3<sup>rd</sup>-, 4<sup>th</sup>-years and faculty welcome!

## APPENDIX 6

### BOOSTING YOUR ONLINE SURVEY RESPONSES

This article focuses on online surveys, but also offers basic advice applicable to any type of survey.

#### BOOSTING YOUR ONLINE SURVEY RESPONSES

**The following 10 tips can help you improve the quality and quantity of the responses you get from your customer surveys.**

Online surveys are one of the most effective and affordable internet marketing tactics around. They're an easy way for entrepreneurs to obtain the feedback they need to help them make crucial business decisions. Through online surveys, small businesses can better understand their customers' needs, hone products and services accordingly, build customer loyalty, expand their customer base and better fulfill their potential.

But obtaining the quality and quantity of feedback you want means you need to ask the right questions. Here are 10 tips that will help you create effective surveys:

**1. Clearly define the purpose of your survey.** Effective surveys have focused objectives that are easily understood. For a survey to be successful, you need to spend time upfront to identify, in writing, the following objectives:

- What is the goal of this survey?
- What do you hope to accomplish with this survey?
- How will you use the data you are collecting?
- What decisions do you hope you can provide input to from the responses to this survey?

By answering these questions now, you'll be able to more easily identify what data you need to collect later in order to make these decisions.

It sounds obvious, but a few minutes of planning upfront could mean the difference between receiving quality responses—those that are useful as inputs to decisions—and uninterpretable data.

Consider the case of the software firm that wanted to find out what new functionality was most important to its customers. Their survey asked "How can we improve our product?" The resulting answers were anything from "Make it easier" to "Add an update button on the recruiting page." While interesting information, the data wasn't really helpful for the product manager who wanted to take an itemized list to the development team, using customer input to prioritize his list.

Spending time identifying the survey's objectives might have helped the survey creators determine if 1) they were trying to understand their customers' perception of their software—that is, hard to use, time consuming, unreliable—in order to identify areas of improvement or 2) if they were trying to understand the value of specific enhancements by asking respondents to rank the importance of adding new functionality X, Y or Z.

Fuzzy goals tend to lead to fuzzy results, and the last thing you want to end up with is a set of results that provide no real decision-enhancing value. Upfront planning helps ensure that the surveys ask the right questions to meet your objectives and therefore that the data you collect will be useful.

**2. Keep the survey short and focused.** Keeping it short and focused helps with both the quality and quantity of the responses you'll get. So it's generally better to focus on a single objective than try to create a master survey that covers multiple objectives.

Shorter surveys generally have high response rates and lower abandonment among survey takers. It's human nature to want things to be quick and easy—once a survey taker loses interest, they simply abandon the survey, leaving you with the task of determining how to interpret the partial data (or whether to use it at all).

Make sure each of your questions is focused on helping to meet your stated objective. Don't toss in 'nice to have' questions that don't directly provide answers that will help you reach your goals.

**3. Keep the questions simple.** When crafting your questions, make sure you get to the point and avoid the use of jargon. If you're asking something like this: "When was the last time you used our RGS?" you're probably going to get a lot of unanswered questions. Don't assume your survey takers are as comfortable with your acronyms as you are.

Try to make your questions as specific and direct as possible. Compare: *What has your experience been working with our HR team?* to: *How satisfied are you with the response time of our HR team?* The second is much more likely to garner useful responses.

**4. Used closed-ended questions whenever possible.** Closed-ended questions make it easier to analyze results and can take the form of yes/no, multiple choice or a rating scale. Open-ended questions are great supplemental questions and may provide useful qualitative information and insights. However, for collating and analysis purposes, close-ended questions are best. One warning: Make sure your closed-ended questions don't force survey takers into choosing a "less bad" answer.

**5. Keep rating scale questions consistent.** Questions that offer rating scales—for example, rating something on a scale of 1 to 5—are a great way to measure and compare sets of variables. But if you elect to use rating scales, you need to keep them consistent throughout your survey: Use the same number of points on the scale for each question, and make sure the meanings of high and low remain the same. Switching your rating scales around throughout the survey will only confuse survey takers, leading to untrustworthy responses.

**6. Make sure your survey flows in a logical order.** Begin with a brief introduction—don't reveal the survey objective. Next, start with the broader-based questions, later moving to those that are narrower in scope. It's usually better to collect demographic data and ask any particularly sensitive questions at the end (unless you're using this information to screen out survey participants). If you're requesting contact information, put those questions last.

**7. Pre-test your survey.** Before launching your survey, be sure to pre-test it with a few members of your target audience to help you uncover glitches and unexpected question interpretations. Also, to make sure it's not too long, time a few of your test subjects as they take the survey. Ideally the survey should take no more than 5 minutes to complete. Six to 10 minutes is acceptable, but you'll probably see significant abandonment rates occurring after 11 minutes.

**8. Schedule your survey by taking the calendar into account.** When you're planning your e-mail blast date (the e-mail that asks people to visit your site to take the survey)—keep in mind that Tuesdays, Wednesdays and Thursdays are the best days to do it—you'll generate more responses than if you send it out on one of the other four days. You want to catch people's attention, and you won't do that on a Friday, when your survey respondents are most likely gearing up for the weekend,

Saturday or Sunday, when the last thing on people's minds is a customer survey, or a Monday, when most people are wading through a loaded in-box.

**9. Offer an incentive for responding.** Depending on the type of survey you're conducting and your survey audience, offering an incentive can be very effective in improving your response rates. People like the idea of getting something in return for their time—incentives typically boost response rates by an average of 50 percent.

If you do decide to offer an incentive, be sure to keep it appropriate in scope. Unnecessarily large incentives can lead to undesirable behavior, such as people lying about their age or income so as not to be screened out from taking the survey.

**10. Consider using reminders.** While not appropriate for all surveys, sending out reminders to those who haven't yet responded can often provide a significant boost to your response rates.

From: Meade D, Rivers P. Boosting Your Online Survey Responses. [www.entrepreneur.com](http://www.entrepreneur.com). December 9, 2004. Permission to reprint granted by authors on 7/25/05.

**APPENDIX 7**  
**UNIVERSITY OF MASSACHUSETTS REPRODUCTIVE CHOICE SURVEY**

Abortion is currently the most commonly performed surgical procedure in the United States. Regardless of personal beliefs, as training physicians in both emergency and outpatient settings, we will all be caring for patients who are facing reproductive decisions or consequences. Each of us will be called upon to counsel women about reproductive options and possibly to treat patients who elect to have an abortion, or who have had an abortion prior to seeking our services.

The four years of medical education at University of Massachusetts (UMass) currently include minimal instruction regarding these important issues. We would like your feedback on the topics you feel should be integrated into the curriculum. There is also space at the end for you to write in topics we may have missed or any comments you may have. Thank you for your cooperation in taking time from your hectic schedule to complete this survey.

**Please return completed surveys as soon as possible to the box in the student affairs office.**

Class year (circle one): 2006    2007    2008    2009

Sex (circle one): Male    Female

I. I would like to see the following topics added to the UMass curriculum (check all that apply):

- Nothing, the current curriculum is adequate.
- Counseling patients about contraception options.
- Counseling pregnant women about their choices, including parenting, adoption, surgical abortion, medical abortion.
- Discussion of ethical issues surrounding reproductive choice.
- Discussion of strategies for reconciling personal beliefs with medical, legal, and ethical obligations as a physician.
- Information about clinical abortion procedures.
- Managing post-abortion follow-up care and emergencies.
- Other (please describe): \_\_\_\_\_

II. How much do you know about the following issues pertaining to abortion?

(1 = nothing    2 = minimal    3 = average    4 = more than most    5 = a lot)

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| <input type="radio"/> Counseling/education of pregnant women     | 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> Clinical procedure                         | 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> Massachusetts' laws pertaining to abortion | 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> Physician's role in decision making        | 1 | 2 | 3 | 4 | 5 |

III. How well do you feel that the above issues are currently taught as part of the UMass curriculum?

- They are not taught well at all.
- They are taught, but they could use significant improvement.
- Overall, I am satisfied with how they are taught, but improvement still could be made.
- The above issues are well-addressed in the current curriculum.

IV. Other comments: \_\_\_\_\_

## APPENDIX 8

### MSFC CURRICULUM MAPPING PROJECT SURVEY

*This survey was designed by Medical Students for Choice® (MSFC) to collect information on coverage of reproductive health curricula in medical school pre-clinical years. Feel free to revise or duplicate it as necessary.*

#### **Instructions for Completing the Survey**

This survey focuses on the pre-clinical curriculum at your medical (allopathic or osteopathic) school. There are three parts of the survey. Each part contains one page.

#### **Part I: Reproductive Health in the University Courses**

In the first part of the survey, we want you to indicate which components of reproductive health are taught in the **pre-clinical** courses offered by your school. We have provided you with a grid: the left column contains a number of health topics/themes and the top row contains different categories of university courses. If a particular topic/theme is a part of the pre-clinical curriculum, place a check in the appropriate box or boxes.

You will see that the pre-clinical curriculum is divided into two major categories: **required** (opt-out) courses and **elective** (opt-in) courses. The required and elective sections are further divided into format categories (such as didactic lectures, labs, etc.). A few points of note:

- Pre-clinical curriculum includes all courses that you take before going onto the wards. In most medical schools, these are the first and second years of medical school. In some medical schools, the pre-clinical curriculum is called the “undergraduate curriculum.”
- For a topic to be considered “part” of the curriculum, the topic must be formally included in the course (i.e. lecture, assigned reading, formal objective of discussion). Audience questions or open assignments in which a student elects to address a particular topic do not qualify.
- If a course is taught in sections and the coverage of a topic depends on the instructor, please consider this topic part of the curriculum and check the appropriate box. However, in Part II of the survey, please explain that the coverage is variable (see below).
- Format categories are not mutually exclusive. A single topic may be taught in different formats, so please feel free to check all boxes that apply.
- If a pre-clinical requirement can be filled by a number of different courses (e.g., your school has an ethics requirement and four different classes qualify), consider these classes electives.
- We realize that courses may change from year to year. Do your best! Give us the most up-to-date information that you can.

#### **Example 1**

In your required first year genetics class, the professor gives a lecture on pre-natal diagnosis. At the end of the lecture, a student raises her hand and asks about pregnancy options counseling. The professor responds to the question.

*In this scenario, you would place a check in the pre-natal diagnosis/required-didactic box. You would not check the options counseling box, as the discussion of options counseling was not an intended or formal component of the course.*

## **Part II: Additional Information on Topics Included in University Courses**

We want to know more about the topics covered in your curriculum. If you checked a box in Part I, we would like you to follow-up in Part II by filling out a line of the chart.

- For each topic identified in Part I, we would like you to provide information about the topic, the title of the course, the year of medical school the course is offered, and the amount of time dedicated to the topic. We would also like to know if you were tested on that material (if so, please place a check in the column labeled “tested”).
- If a course varies considerably by instructor (for example if it is taught in sections), please put “variable” in the column entitled “amount of time.”
- If a number of topics are included in the same lecture, small group discussion, etc., please feel free to combine them in the Part II listing.
- Not enough room for all the courses? Feel free to attach additional pages, as necessary.

### **Example 1 (continuation from above)**

In your required first-year genetics class, the professor gave a lecture on pre-natal diagnosis, which was not included in exams. You checked the pre-natal diagnosis/required-didactic box in Part I.

*In this scenario, you would write the following on the chart for part II:*

<b>Topic/Theme</b>	<b>Course &amp; Year</b>	<b>Amount of Time</b>	<b>Tested?</b>
<i>1. Pre-natal diagnosis</i>	<i>Genetics, 1<sup>st</sup> year</i>	<i>One hour, lecture</i>	

### **Example 2**

During a pathophysiology second-year course, you received one lecture on several forms of contraception. One final exam question was dedicated to contraceptive methods. In Part I of the survey, you checked boxes for all the types of contraception mentioned (i.e. hormonal/required-didactic, IUD/Required-didactic).

*In this scenario, you would combine the topics and write the following on the Part II chart:*

<b>Topic/Theme</b>	<b>Course &amp; Year</b>	<b>Amount of Time</b>	<b>Tested?</b>
<i>1. Contraception: OCPs, Hormonal, IUDs, Abstinence</i>	<i>Pathophysiology, 2<sup>nd</sup> year</i>	<i>One hour (for all topics), lecture</i>	<i>X</i>

## **Part III: Optional Student Group Events**

This section of the survey is similar to Part I. We have provided you with a grid: the left column contains a number of health topics/themes and the top row contains different categories of student-sponsored events. We would like you to think back over the MSFC events of the last semester. If MSFC hosted an event on one of the listed themes, check the appropriate box. We also want to know what other student groups on your campus are doing. So, if a non-MSFC student group hosted an event on one of the topics listed, check the appropriate box. Please list the name of the organization that sponsored the event on the corresponding line.

Region \_\_\_\_\_  
 School \_\_\_\_\_

Topic Theme	Forum taught (all)			Course(s) taught (all)						Total time (all fora, all courses)							
	Didactic	Small group	Other	Genetics	Path/Pathophys	Pharmacology	Physiology	Preventive Med	Other	< 15 minutes	15 minutes	30 minutes	45 minutes	60 minutes	90 minutes	120 minutes	> 120 minutes
<b>Contraception</b>																	
Oral contraceptive pills																	
Other hormonal contraceptives																	
IUDs																	
Diaphragm & cervical caps																	
Tubal ligation																	
Emergency contraception																	
Condoms																	
Vasectomy																	
Withdrawal method																	
Calendar method/natural family planning																	
Abstinence																	
Contraceptive/family planning counseling*																	
Contraceptive law/policy/availability																	
Contraception: ethical/religious issues																	
<b>Abortion</b>																	
Medical abortion (all)																	
mifepristone/misoprostol*																	
methotrexate/misoprostol*																	
misoprostol only*																	
1st trimester surgical abortion (MVA, D&C)																	
Late term abortion (D&E, D&X)																	
Pregnancy options counseling																	
Post-abortion care																	
Abortion law/policy/availability																	
Abortion: ethical/religious issues																	
<b>Pregnancy</b>																	
Normal physiology of pregnancy																	
Prenatal care																	
Prenatal testing (CVS, amniocentesis)																	
Breastfeeding																	
<b>Infertility</b>																	
Female pathophysiology																	
Male pathophysiology																	
Interventions/treatments																	
Infertility counseling																	
Infertility: ethical/religious issues																	
<b>Other</b>																	
Viagra																	
HIV/AIDS																	
STDs/STIs (other than HIV)																	
Adoption (law/policy/resources)*																	
Domestic violence																	
Sexual violence/sexual assault/rape																	
Sexuality/sexual orientation																	
LGBT safer sex issues																	
Racial/ethnic disparities in repro health																	
Class/economic disparities in repro health																	
Regional/geographic disparities in repro health*																	
Physical assisted suicide																	
Stem cell research: ethical/religious issues*																	

**Total contraception time (all topics)**  
**Total abortion time (all topics)**  
**Total pregnancy time (all topics)**  
**Total infertility time (all topics)**

### **Suggestions for Completing the Survey**

We know that most school coordinators are second-year medical students and, as such, have not yet completed the entire pre-clinical curriculum. We also know that you will not have taken every elective offered in the pre-clinical years. **However, we do want to know about all aspects of the pre-clinical curriculum, not just the courses that you have taken.** Thus, we wanted to give you some suggestions as to how to systematically chart the reproductive health education in all pre-clinical classes.

1. Make or obtain a list of all the required courses in the pre-clinical curriculum.
2. Make or obtain a list of all elective courses commonly taken by medical students in the pre-clinical years. Be sure to include the ones that you didn't take!
3. For courses that you have taken:
  - a. Review the lecture titles and the syllabus, skim the course reader, glance over notes
  - b. Contact fellow school coordinators, classmates, professors
4. For courses that you have not taken:
  - a. Try to obtain a copy of the syllabus, the course reader/texts, lecture titles, course descriptions
  - b. Contact third- and fourth-year students, professors, classmates
5. Past MSFC school coordinators are an invaluable resource. If you don't know who they are, let us know and we can try to provide contact information.
6. Many schools have several coordinators. Work together! Divide up the classes. Feel free to enlist the help of other MSFCers!
7. Arrange a meeting with a small number of MSFCers from multiple years and try to fill out the survey together.

**Remember, we only want to know about the pre-clinical courses!** Please don't include information about the clinical rotations at your school (i.e. don't include information about the lectures offered in your ob/gyn clerkship).

**Good Luck!**

## APPENDIX 9

### RUNNING AN EFFECTIVE MEETING

We all have experienced the torture of an ineffective meeting: endless, agenda-less, noisy, and boring. An organizational meeting is the first impression students and administrators get of your efforts to improve the curriculum. Make sure it's a good one. Effective meetings are a savvy combination of substance and style and will make a big difference in motivating your group.

#### **Be Informed:**

1. Make sure you have carefully reviewed the material you are presenting.
2. Be aware of the representatives from various organizations and their positions on the issues.
3. Consider the people: Know or learn the individual skills, names, and titles of all present. If faculty members or administration will be present, be ready to introduce them by name and title.

#### **Look Ahead:**

1. What are your goals for the meeting? (If you can't state the goals, is the meeting necessary?)
2. Identify possible meeting pitfalls before the meeting begins. (e.g., Are we going to get stuck on any issues? How can we overcome and work through differences?)
3. Include others in planning for the meeting; get input from others who support curricular change.
4. List agenda items and estimate amount of time for each item (see *APPENDIX 10*). Work with others to develop this list, and make sure the meeting will result in future goals and actions.
5. Identify tasks that can be delegated to volunteers. Delegating motivates people to be more involved and to get things done!
6. Prepare copies of materials people might need (e.g., petitions, evaluations, surveys, fact sheets).
7. Keep student, faculty, and administration schedules in mind when you set the date and time.
8. Make sure the location is appropriate and accessible to people with disabilities.
9. If the meeting is being held at a time when food might be appropriate (e.g., lunch break), consider the pros and cons of supplying food (expensive, messy, but brings in more people). Food is always a big draw for medical students!
10. Consider planning an "icebreaker." An icebreaker is an exercise that can help the people at the meeting get acquainted. It can be as simple as going around a room and having all the participants introduce themselves and explain their interest in the meeting.

#### **Announce the Meeting:**

1. Spread the word about your meeting (see *APPENDICES 4* and *5*). Be sure to indicate whether refreshments will be served!
2. Make sure to announce your meeting far enough ahead of time. Include the length of the meeting in announcements (e.g., 5-6:30 p.m).

#### **During the Meeting:**

1. Collect contact information on a sign-up sheet to facilitate organizing and networking efforts.
2. Divide up the work into groups or committees.
  - Identify persuasive, effective communicators who can work well with the administration.
  - Identify enthusiastic people who are willing to help spread the word.
  - Identify a variety of people from different classes and groups to circulate a petition among the whole school.
  - Make sure level-headed, consensus-seeking allies are involved in each committee created.

3. Take minutes at the meeting, or record important notes, discussions, and decisions.
4. If a contentious issue arises, do not waste precious time arguing. Ask those with differing viewpoints to form an ad hoc committee that will meet afterward with other interested persons to discuss the issue and to try to resolve it.
5. Set a date for the next meeting, and identify what should be accomplished by then. Identify main topics that will be addressed at the next meeting.

**After the Meeting:**

1. Review decisions and discussions. What meeting goals did you accomplish? What needs to be addressed at the next meeting?
2. Make sure that you have created plans to accomplish decisions made during the meeting or have plans to do so at the next meeting.
3. Discuss any pertinent issues with core group and committee heads.
4. Send thank-you notes to anyone who worked especially hard to help you.

**Other Suggestions:**

1. Wear your watch or bring a clock! Start and end the meeting on time, and follow the agenda.
2. Let your enthusiasm for the curriculum improvements show! Be ready to speak energetically, and have materials in an accessible order. Your energy will inspire others to get more involved.
3. Greet everyone with a handshake and a smile.
4. Provide name tags, and say each person's name when answering questions.
5. While discussion is going on during the meeting, try not to state your opinion. Facilitate the meeting using questions to direct the discussion.
6. When more than one person wants to be heard, facilitate everyone taking turns.
7. After introducing the topic, present options for improving the curriculum and discuss strategies.
8. Thank participants for coming to the meeting.

Original format by Jane A. Hamblin, Associate Dean of Students, Purdue University, May 1993.

**APPENDIX 10**  
**SAMPLE AGENDA FOR INITIAL MEETING**

**Reproductive Health Curriculum Improvement – Initial Meeting**  
September 5  
5:30-6:30 p.m.

**1. Introductions – 10 minutes**

- Designate a secretary
- Discuss reason for this meeting
- Lead an icebreaker: Each participant can introduce her/himself and explain why s/he came to the meeting

**2. Informational – 20 minutes**

- Give a brief presentation on why reproductive health curricula need to be improved
- Hold a discussion:
  - a. What reproductive health topics are taught well in our curriculum?
  - b. What could be taught better?
  - c. What topics are not being taught but should be?
- Obtain faculty member input

**3. Talk strategy – 30 minutes**

- Hold discussion of what needs to be done to improve the curriculum
- Create a list of goals and tasks
- Discuss strategic plan for accomplishing goals
- Divide work or set up committees (see *APPENDIX 9*)
- Break up into work groups or committees briefly to further discuss strategies

**4. Set next meeting date**

## APPENDIX 11

### ABORTION EDUCATION AND CURRICULUM REFORM IN MEDICAL SCHOOL: A PRACTICAL GUIDE TO DESIGNING A CLINICAL ELECTIVE

By Nassim Assefi, Regional MSFC Coordinator of the West (March 1996)

In many medical school curricula across the country, women's reproductive health issues, abortion in particular, are glaringly absent. One approach to introducing educational reforms in medical schools is to integrate abortion and related issues in already existing courses, such as the ob/gyn third-year rotation, ethics, psychiatry, the patient-doctor relationship, introduction to clinical medicine, genetics, pharmacology, reproductive physiology, and public/health policy. Another strategy is to create a course that focuses on abortion. This Guide will detail the steps in implementing the latter approach in a clinical setting.

#### 1. Where to Start

Identify pro-choice faculty and administration. Determine which ob/gyns or primary care doctors among the faculty perform abortions or conduct research in abortion. Alternatively, if there are no clinical faculty members who do abortions or support abortion education, contact abortion providers in the area, and find out how they can acquire clinical faculty appointments. Two students at the University of Pennsylvania have detailed their experience in founding both a clinical and seminar course on abortion (see *APPENDIX 15*).

#### 2. Objectives of the Course

Consult interested students, faculty, and administration, and decide on the general objectives of your proposed course. For example, the objectives for one proposed medical school course:

- 1) Orient student to the clinic routine, including the need for security and confidentiality
- 2) Observe counseling sessions, including pregnancy options and contraceptive counseling, and the abortion consent process
- 3) Familiarize student with pregnancy testing: urine, ultrasound, and physician exam, and understand the criteria of dating the pregnancy for determination of abortion type
- 4) Observe the abortion procedure for first-trimester abortions and D&E (if available), including an understanding of pain management
- 5) Observe pathology to understand the need for immediate and appropriate evaluation of tissue
- 6) Observe post-abortion visits to appreciate the follow-up, potential complications, and return to the non-pregnant state
- 7) Read text and syllabus to gain a further understanding of the comprehensive issues – from political to public health to medical research – surrounding abortion

#### 3. Logistical Issues

Decide the time period for the prerequisites. Write a catalog description and explain how the course will be graded, how the students will be evaluated, what reading materials will be used, and whether there will be lectures. Detail the clinical objectives. Often it is useful to state the minimum number of abortions, counseling sessions, post-abortion follow-up visits, etc., that should be observed for successful completion of the course.

#### 4. Example of New Course Application (obtained from the curriculum committee)

Course Title: Voluntary Pregnancy Termination: An Overview of Medical and Social Issues

Number: OB 680 (fourth-year elective)

Prerequisites: OB 665 (third-year ob/gyn clerkship completion)

Sponsoring Departments: ob/gyn (also may want to involve family medicine department)

Chair of Course: TBD

Justification (briefly stated): Abortion is one of the most common gynecologic procedures, with 1.3 million abortions reported for the United States in 1993. The ob/gyn department currently offers fourth-year electives in oncology, high-risk obstetrics, and reproductive endocrinology. Although it is unusual to select a single procedure for a clinical course, very few physicians expose their students to abortion in the curriculum. Currently, the second-year reproduction course has begun to include a two-hour session on abortion, and the third-year ob/gyn clerkship offers an introduction to abortion in the reading material, but no clinical time is specifically dedicated to this topic. Consequently, a majority of students will complete medical school having never seen an abortion and will have only minimal understanding of the procedure.

Catalog Description: The goal of this course is to familiarize medical students with abortion and related issues, including indications, procedures, complications, counseling, and consent. With lectures, assigned readings, and clinical experiences, students will be exposed to pregnancy options counseling (including genetics counseling), first- and second-trimester abortion procedures, medical abortions, ethical and epidemiological issues, and post-abortion care.

Reading Materials:

1. Textbook: Hern W. *Abortion Practice*. (Philadelphia: J.B. Lippincott, 1990). Cost is \$34.95.
2. Syllabus with articles to complement textbook, i.e., to address medical abortions, fetal indications, induction procedures, and an update on statistics/regulations/funding.

Credit/Hours: Two credits = 70 hrs (30 hrs clinical observation, 10 hrs lecture, 30 hrs reading)

Evaluation: Credit/no credit based on confirmation of attendance at clinic and lectures and written evaluation based on Hern's textbook and syllabus articles.

Anticipated student enrollment per quarter: Five (20 per year)

Clinical Sites and Faculty Members: i.e., Planned Parenthood, Feminist Women's Health Center, private practices.

Lectures: Because a small number of students will be enrolled at any given time, one school has proposed a yearly Saturday Symposium, to which attendance is required to receive credit for the course (alternatively, a paper can be written if the students cannot participate in the symposium).

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#### Symposium Topics and Tentative Program

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8 – 8:30 am	Introduction and overview
8:30 – 9:30 am	Historical perspective/epidemiology/statistics
9:30 – 9:45 am	Break
9:45 – 10:30 am	Prenatal diagnosis and terminations for anomalies
10:30 – 11 am	Decision making, video on abortion choices
11 am – noon	Medical abortions: RU-486/MTX/Misoprostol

Noon – 1 pm	Lunch
1 – 2 pm	Surgical techniques/paracervical blocks
2 – 3:30 pm	Laws, politics of choice, provider shortages, clinic violence (panel)
3:30 – 4 pm	Break
4 – 5 pm	Post-abortion contraception/long-term follow-up and outcomes
5 – 6 pm	Complications and controversies/induction procedures
6 pm	Social dinner/evening program

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## 5. Sharing Information

Once the course has been approved, it is important to disseminate information regarding its existence to the students at your school; MSFC (so that students at other institutions who want to initiate such a course can contact you for advice and perspective); and local/national pro-choice organizations (particularly groups that are invested in medical student activism, e.g., AMSA, AMWA, ARHP).

## APPENDIX 12

### CASE STUDY – WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

With the assistance and support of faculty members dedicated to educating medical students about women's health, the students at Washington University School of Medicine (Wash U) in St. Louis were able to create a unique didactic experience for fourth-year students. In collaboration with physician members of AMWA, students designed "Special Topics in Reproductive Health," first offered as an elective as part of the 1999–2000 academic year. The month-long course covers a wide variety of issues in women's and pediatric health, including sexually transmitted infections, pregnancy interruption, child sexual abuse, and high-risk pregnancies.

Course sites include:

- Child/Adolescent Reproductive Endocrinology Clinic
- Child/Adolescent Sexual Abuse Clinic
- Helena Hatch Special Care Center for Women
- High-Risk Obstetrics Clinic
- In Vitro Fertilization Clinic
- Planned Parenthood of St. Louis
- Teen Pregnancy Clinic

In addition to daily site visits, students are provided with a CD containing dozens of articles relevant to the issues they will be facing in clinic.

Since its inception, approximately 50 students have taken the course, about 80 percent of whom have gone on to pursue careers in women's and/or children's health. Although more than 90 percent of the participating students have been women, more and more men participate in the course every year. The collaboration between students and faculty in designing "Special Topics in Reproductive Health" illustrates the extent to which courses developed by students for students provide excellent content, as well as prove to be popular and well received. The daily site visits demonstrate the value of practical experience, available in any community, and how this experience complements and builds on the training offered in traditional medical center settings.

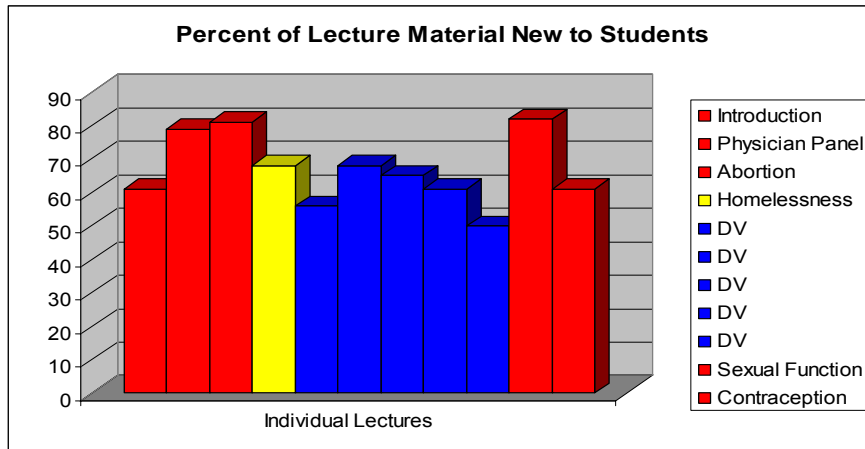
## APPENDIX 13 CASE STUDY – UCLA DAVID GEFFEN SCHOOL OF MEDICINE

In 2002, students at the David Geffen School of Medicine at University of California Los Angeles (UCLA) developed and implemented a student-run, one-credit Women’s Health “Selective.” At UCLA, first-year students are required to take at least one selective, and before 2002 no selectives were offered in women’s or reproductive health. The Women’s Health Selective has enrolled 16 students per year since 2002, with attendance reaching approximately 50 students at some lectures.

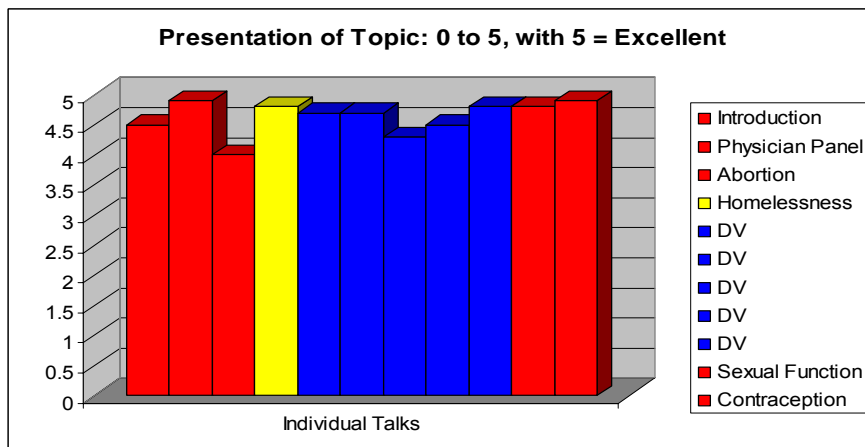
The Selective consists of a lunch-time lecture series covering various topics in women’s health, including medical and surgical abortion, contraception, and female sexual function, and three clinic site visits per enrolled student. Students used this *Guide* to conduct a needs assessment to determine topics to be included in the selective and for general organizing and implementation tips. Students also used materials from the ARHP *Reproductive Health Model Curriculum* (see *Appendix 1*), including *Module 1: Implementation Guide, Resources, and Evaluation of the Curriculum* in organizing the course.

A core group of students was identified to organize the course and recruit faculty. Active student groups (e.g., AMWA and MSFC) facilitated the process. UCLA’s knowledgeable and supportive faculty also helped students to recruit faculty speakers for the course. In addition, students worked with UCLA’s administration to offer one UCLA credit for the course, which significantly increased attendance and enrollment. Student evaluations of the course indicated that students increased their knowledge of women’s health in general of topics not routinely taught in medical school.

### UCLA Women’s Health Selective Student Evaluation, 2002



DV = Domestic Violence Week speaker series



For more information on the UCLA Women’s Health Selective and results of evaluation of the course, contact Dawn Ogawa, MD, at [ogawad@obgyn.ucsf.edu](mailto:ogawad@obgyn.ucsf.edu).

## APPENDIX 14

### CASE STUDY – A NORTHEASTERN MEDICAL SCHOOL

In 2003, a student at a well-respected Northeastern medical school and five of her first- and second-year medical school peers realized that their medical education was lacking a key component: information on women’s reproductive health. Using the *RHI Model Curriculum* (now known as the *ARHP Reproductive Health Model Curriculum*) as a reference and with the assistance of a questionnaire distributed to students in all four years of the medical school program, the students identified areas of interest that were covered poorly or not at all in their school’s curriculum. With their needs assessment information as evidence of student interest, the students met with their deans in an attempt to fill the gaps in the curricula.

The students encountered significant institutional barriers. The dean told them that they were essentially a “special interest group” and that despite their desire to broaden their medical school education, there was little that could be done about the issue. Administrators did suggest that the students enlist the assistance of a faculty member who could spearhead this attempt at reforming and improving the curriculum; however, they were unwilling to provide any financial assistance or clinical relief for this faculty member. With such significant institutional barriers and lack of support, the students were unable to effect curriculum change in their school.

Reflecting on their experience with curriculum reform during medical school, the students realized there were strategies they might have used to improve their chances of success. One key strategy would have been to enlist and work closely with faculty dedicated to this cause earlier in the process, such as faculty from the Ob/Gyn Department or from Family Medicine and Preventive Medicine. In retrospect, the students realized that many faculty members shared their vision of improving the women’s health area of the curricula and might have been willing to donate their time and energy to this shared cause. Working closely with supportive faculty can help clarify what material is (or is not) being taught and create an opportunity for faculty to act as mentors and support the process.

In addition to enlisting the help of faculty, the students also thought it would have been helpful to find support for the curriculum reform effort outside of the student body, possibly through the faculty, the administration, or some type of committee. Knowing that medical students have a limited amount of time during which they can initiate curriculum reform (four years, although more likely two years, given heavy course loads), external support would have allowed for greater continuity of the effort.

## APPENDIX 15

### CASE STUDY—UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

In the fall of 1993, the University of Pennsylvania (Penn) School of Medicine began offering two new courses on abortion. One is a two-week elective clinical rotation for third- and fourth-year students; the other is a six-week elective evening seminar course for first- and second-year students. Both courses are titled “Introduction to Abortion and Related Issues” and involve visiting local clinics to observe counseling and abortion procedures and reading articles and textbook chapters about abortion. A member of the Ob/Gyn Department serves as the director for both courses.

These courses were organized by two first-year students. In early 1992, they began discussing the creation of a clinical rotation on abortion. They met with a pro-choice dean and asked for advice. To their surprise, the dean thanked them for taking the initiative and commented that in her many years at the medical school, to her knowledge, no medical students had asked for a medical school course or rotation on abortion. The two students learned that (1) you never know if something will work until you try, and (2) sometimes all you have to do to get what you want is to ask for it.

#### **The Clinical Rotation**

The dean referred the students to a faculty member in the Ob/Gyn Department who was interested in teaching medical students about abortion. The faculty member was very supportive and arranged for them to meet with the department chair, who gave his approval for them to organize the course.

Next, they met with administrators in the office of curriculum counseling to discuss details, such as what was needed to set up a new course, who had to approve it, and when would be a good time to schedule a new rotation. The medical school had just begun to offer two-week elective rotations in a few areas; the students opted for a two-week rather than four-week rotation because they thought that more students would be willing and able to take a shorter course.

The course organizers then asked the Elizabeth Blackwell Health Center for Women and Planned Parenthood in Philadelphia, the Women’s Suburban Clinic in Paoli, and other local clinics if they would allow medical students to observe counseling and abortions. The clinics were enthusiastic. The students and an ob/gyn faculty member met with representatives from each clinic to discuss the goals and format of the course, logistical issues, and appropriate times during the year to have students visiting. Because some clinics have other students (e.g., social work students) observing during certain months, it is more convenient for them to have medical students at another time.

During the two-week rotations, each student would spend one or more days at several clinics, to allow comparison of different philosophies and counseling methods. The course organizers felt strongly that students should learn not only about the abortion procedure but about the factors that contribute to a woman’s decision to have an abortion, the role of counseling, and follow-up care. They also arranged for the students the opportunity to observe genetics counseling.

#### **The Evening Seminar Course**

At Penn, once-weekly evening seminars that meet for six to eight weeks are offered in the fall and spring. The supportive faculty member helped the students create a six-week seminar. For four

weeks, two-hour seminars are held at the school with guest speakers; during the other two weeks, students visit local clinics to observe counseling and abortion procedures. Students not registered for the course are encouraged to attend the seminars and hear the guest speakers; however, because of liability issues, only students who are registered for the course can visit the clinics.

Guest speakers, who have included clinic directors and counselors, a geneticist, and an attorney, address topics such as how abortions are performed; how clinics are run; the emotional and psychological responses of women who have had abortions; clinic violence; the shortage of physicians to perform abortions; and the history of abortion and women's health activism. At each seminar, time is set aside for students to discuss their experiences at the clinics.

### **Advice to Others**

The students offer the following advice to other students who want to create a course on abortion:

- Identify administrators and faculty members who are strongly pro-choice and willing to help you make this happen. Ask their advice about the best way to navigate the course development process at your school.
- Be able to show strong student interest in your new course (this was key at Penn).
- Be creative about incorporating education about abortion into your medical curriculum. If starting a class seems too ambitious, consider inviting speakers for a lunch or evening presentation. Most clinics are eager to help educate medical students in any way they can.

## APPENDIX 16

### CASE STUDY—UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE

When several of the school's AMWA members were introduced to the *RHI Model Curriculum* (now known as the ARHP *Reproductive Health Model Curriculum*) at the organization's national conference in 1996, they saw its importance and recognized that the University of Minnesota (UMinn) seemed to be lacking in many of the areas covered in the elective. With the belief that reproductive health is an important aspect of life for every man and woman, and that doctors must be knowledgeable in this area to fully treat their patients, they formed a group and invited others to join. A total of eight women have worked on the project.

After reviewing objectives and evaluations of current courses and talking to third- and fourth-year students about their rotations, the students determined that the *Curriculum* would fit nicely into the course offerings. Although some faculty felt they should conduct a formal survey, it was not done because of the potential for incomplete information from the poor response rate for many surveys.

The students then developed a proposal describing their objectives and rationale for the elective, with an outline of the *Curriculum*. These materials went to the medicine and ob/gyn departments to elicit their support, and to a doctor who is very involved in women's health, with the hope of enlisting her as course director. Both departments responded positively. Although the doctor was enthusiastic, she was leaving the area to take a new job.

Because the students had not prepared a formal presentation for their first meeting with the two departments, they were unable to promote their ideas or answer questions effectively. Three internal medicine doctors and one ob/gyn responded favorably to the idea of the *Curriculum*, but they wanted its scope to be limited to fit into a four-week offering.

The students met to redefine their goals and decided that they would focus their energies on implementing an elective on reproductive health. They contacted course directors from Brown and Columbia to find out how they used the *Curriculum*, ordered it from RHI, reviewed the modules, and wrote detailed summaries. After adding this new information to their proposal, they prepared a formal presentation for the faculty.

They then met with an ob/gyn who had been identified as a possible course director and noted which parts of the *Curriculum* they considered most important (abortion, contraception, and STIs). She took the *Curriculum* to review and wrote a proposal for a six-week (rather than four-week) elective featuring the *Curriculum* materials emphasized by the students. Women's health issues were also included, to address the desire of one faculty member to include the *Curriculum* in a general women's health elective. Although the students had to compromise on their initial goal, they felt that development of an up-to-date elective dealing with women's sexual health and abortion would meet their major objectives.

The UMinn students offer the following tips, stemming from the most important following piece of advice—Do your research!

- Find out which *Curriculum* topics are lacking at your school, determine why you want the reproductive health elective at your school, and put together a solid proposal and presentation before you meet with faculty. Anticipate questions and prepare accordingly.

- Contact students who have taken the elective at other schools and ask them what they liked and didn't, etc. Keep in mind that the students may be in their residency programs and difficult to contact.
- Contact other course directors to find out what they did at their school.
- Contact students who have worked to implement the elective at their school. All of this information should be included in your presentation.
- Know and understand the curriculum so that you can defend your proposal.
- Expect a lot of red tape and obstacles. But if you keep your focus on well-defined goals, you have a good chance of conveying to the faculty the importance of the elective.

**APPENDIX 17**  
**RESOLUTIONS ON EDUCATION ON PREGNANCY TERMINATION**  
**IN MEDICAL SCHOOL CURRICULA**

**American Medical Association (AMA) Resolution 304: “Education on Termination of Pregnancy Issues in Medical School Curricula”**

RESOLVED, That the American Medical Association encourage education on termination of pregnancy issues so that medical students receive a satisfactory knowledge of the medical, ethical, legal, and psychological principles associated with termination of pregnancy, although observation of, attendance at, or any direct or indirect participation in an abortion should not be required.

THE AMA HOUSE OF DELEGATES ADOPTED THIS RESOLUTION on December 11, 1996.

**1995 Conference of Family Practice Residents/National Congress of Student Members**

RESOLVED, That the AAFP [American Academy of Family Physicians] support and encourage the availability of training in the basic skills of pregnancy termination for medical students and residents consistent with their personally held moral principles, and be it further

RESOLVED, That the AAFP recommend that medical students and residents be trained in counseling and referral skills regarding all options available to pregnant women, and be it further

RESOLVED, That the AAFP support the education of medical students and residents regarding the need for physician providers of pregnancy termination and the medical and public health importance of access to safe termination of pregnancy.

THE AAFP CONGRESS OF STUDENT MEMBERS ADOPTED THIS RESOLUTION on July 28, 1995.

**AAFP Substitute Resolution No. 3**

RESOLVED, That the American Academy of Family Physicians support the concept that no physician or health professional shall be required to perform any act which violates personally held moral principles, and be it further

RESOLVED, That the AAFP recommend that medical students and family practice residents be trained in counseling and referral skills regarding all options available to pregnant women, and be it further

RESOLVED, That the AAFP support current language in the Special Requirements for Residency Training in Family Practice of the Residency Review Committee for Family Practice concerning the provision of opportunities for residents to learn procedural skills they anticipate will be part of their future practices.

THE AAFP CONGRESS OF DELEGATES ADOPTED THIS RESOLUTION on September 20, 1995.

## APPENDIX 18

### POLICIES ON WOMEN'S HEALTH IN MEDICAL EDUCATION

#### **AMA Policy H-295.890 Medical Education and Training in Women's Health**

The AMA:

(1) encourages the coordination and synthesis of the knowledge, skills, and attitudinal objectives related to women's health/gender-based biology that have been developed for use in the medical school curriculum. Medical schools should include attention to women's health throughout the basic science and clinical phases of the curriculum; (2) does not support the designation of women's health as a distinct new specialty; (3) that each specialty should define objectives for residency training in women's health, based on the nature of practice and the characteristics of the patient population served; (4) that surveys of undergraduate and graduate medical education, conducted by the AMA and other groups, should periodically collect data on the inclusion of women's health in medical school and residency training; (5) encourages the development of a curriculum inventory and database in women's health for use by medical schools and residency programs; (6) encourages physicians to include continuing education in women's health/gender-based biology as part of their continuing professional development; and (7) encourages its representatives to the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, and the various Residency Review Committees to promote attention to women's health in accreditation standards. (Jt. Rep. CME and CSA, A-99)

## APPENDIX 19

### POLICIES ON REPRODUCTIVE HEALTH IN MEDICAL EDUCATION

#### Excerpt from AMWA Position Paper on Reproductive Health

##### Health Care Provider Education

Although U.S. medical schools provide adequate training in obstetrics and gynecological services, all too often they fail to adequately cover family planning, primary care for infertility, and sexually transmitted disease treatment and prevention. Most provide little, if any, training on abortion.

In 1995, the AAMC conducted a survey that found very few medical schools teach the following topics as a separate required course or elective: conception control, adolescent pregnancy/parenting, causes and consequences of infertility, taking a sexual and reproductive history, HIV testing/counseling, and pregnancy testing/counseling. Even fewer schools teach abortion as a separate required course and a little more than half teach abortion procedures as part of a required course.

**AMWA promotes programs that encourage medical education institutions, medical educators, and health care providers to make information on reproductive health available to their patients and colleagues, and continually assess their capacity to teach and deliver comprehensive reproductive health care.** Medical schools should effectively train physicians and other health care professionals to provide the full range of reproductive health services in a manner that is responsive to the public health and individual needs of people.

**We support health care training that: expands medical school curricula to fully address reproductive health; broadens training in the detection and treatment of violence; increases specialized rotations for medical students and residents; and provides training on abortion services to every future physician; and, improves contraceptive research and training on the use of contraceptive methods including emergency contraception.** Medical training also should be designed to increase medical professionals' understanding of and ability to address psychosocial factors such as culture, education, employment, and economic status, as potential determinants of the general health and well-being of people.

**We support and actively work to improve reproductive health education and training for health professionals offered at medical schools worldwide.** We support and actively participate in efforts to improve reproductive health through the development and dissemination of curricula, and by promoting education and exchange programs for medical students and physicians and other health professionals between the U.S. and their counterparts in other countries.

## APPENDIX 20

### APGO'S WOMEN'S HEALTH CARE COMPETENCIES FOR MEDICAL STUDENTS

See <http://wheocomp.apgo.org/> for a comprehensive list of competencies.

#### GRADUATES OF MEDICAL SCHOOLS WILL BE ABLE TO:

##### **Competency Area I: Explain sex and gender differences in normal development and pathophysiology as they apply to prevention and management of diseases.**

- A. Compare differences in biological functions, development, and pharmacologic response in biological functions, development, and pharmacologic response in males and females.
- B. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions that are more common, more serious, or have interventions that are different in women.
- C. Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women.

##### **Competency Area II: Effectively communicate with patients, demonstrating awareness of gender and cultural differences.**

- A. Describe how the patient's ideas, feelings, beliefs, expectations, and experience of illness affect health outcomes.
- B. Describe the correlation between specific communication skills and clinical outcomes.
- C. Describe how sex, sexuality, gender, and sociocultural factors affect communication by and with female patients.
- D. Describe how sex and gender differences affect the power differential and the formation of a therapeutic relationship between the clinician and patient.
- E. Demonstrate how to gather comprehensive information regarding issues that are unique to or manifest differently in women, including menstrual and reproductive history, body image, substance abuse, mental health, sexual history, personal violence, contraception, and incontinence.
- F. Integrate appropriate screening questions for the identification of substance abuse, high-risk sexual activity, and interpersonal violence or abuse in a manner that demonstrates empathy, respect, and cultural sensitivity.
- G. Demonstrate the ability to perform a danger assessment in a woman who discloses violence or abuse.
- H. Demonstrate skills that build trust by addressing contextual factors, such as culture, ethnicity, gender, language/literacy, socioeconomic class, spirituality/religion, age, sexual orientation, disability, and care-giving responsibilities.
- I. Respond to patients' emotions using nonverbal and verbal skills, including reflecting, legitimizing/validating, expressing support, expressing partnership, and expressing respect.

- J. Demonstrate how to share control of the interview by using facilitative nonverbal behavior, using language the patient can understand, eliciting the patient's concerns and expectations for the encounter, and negotiating a consensual agenda for the encounter.
- K. Demonstrate a strategy to provide counseling about family planning and safe sex methods.
- L. Demonstrate shared responsibility for health decisions by identifying and negotiating areas of agreement and disagreement, and by identifying gender and cultural barriers and enablers to adherence.
- M. Propose a plan to explain both normal and abnormal results in a sensitive manner, and to educate the patient about the follow-up process using words and written information the patient can understand.

**Competency Area III: Perform a sex-, gender-, and age-appropriate physical examination.**

- A. List contextual factors (e.g., history of personal violence, sexual orientation, body image, gender, cultural expectations, language, and literacy) that affect the clinician's and patient's perceptions and the quality of the physical exam.
- B. Describe techniques for setting the stage and building rapport during the exam.
- C. Describe techniques to ensure a woman's comfort and the accuracy of the exam in all settings and lifecycle stages, and with any illness or disability (e.g., positioning, draping, and selection and use of instruments).
- D. Describe the variations of normal appearance of the breast, vulva, vagina, and cervix.
- E. Perform a sex-, gender-, and age-appropriate physical exam.
- F. Perform an accurate breast exam.
- G. Perform an accurate pelvic exam and describe the size, shape, and position of the uterus.
- H. Explain how to obtain samples for microbiologic assessment in appropriate circumstances.

**Competency Area IV: Discuss the impact of gender-based societal and cultural roles, and context on health care and on women.**

- A. Social and Political Discrimination
- B. Poverty
- C. Family Caregiver Role
- D. Special Populations
  - i. Lesbians
  - ii. Women with Disabilities
  - iii. Immigrants
  - iv. Women of Color
- E. Allied Health Professionals
- F. Impact of Patient and Provider Beliefs and Practices

**Competency Area V: Identify and assist victims of physical, emotional, and sexual violence and abuse.**

- A. Background and Epidemiology
- B. Acute and Chronic Clinical Manifestations
- C. Screening and Assessment
- D. Intervention Options
- E. Prevention Strategies
- F. Reporting Requirements

**Competency Area VI: Assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing.**

- A. Cardiovascular Disease
- B. Common Malignancies
  - i. Breast Cancer
  - ii. Cervical Cancer (See Comp. I.C.16.(i) Gynecologic Cancers - Cervical Neoplasia)
  - iii. Colon Cancer
  - iv. Lung Cancer
  - v. Skin Cancer
- C. Osteoporosis
- D. Diabetes
- E. Vision and Hearing
- F. Oral Health
- G. Mental Health
  - i. Depression and Bipolar Disorders (See also Comp. I.B.18. Mental Health)
  - ii. Anxiety (See also Comp. I.B.18. Mental Health)
  - iii. Stress Management
  - iv. Eating Disorders
- H. Substance Abuse
  - i. Illicit drugs
  - ii. Misuse of Legal Medications
  - iii. Tobacco (See also Comp. I.B.18. Mental Health)
  - iv. Alcohol (See also Comp. I.B.18. Mental Health)
  - v. Other Addictions
- I. Immunization

- J. Exercise
- K. Nutrition
- L. Preconception and Prenatal Screening
- M. High-Risk Sexual Behavior and Sexually Transmitted Diseases (See also Comp. I.B.15. Sexually Transmitted Diseases)
- N. Contraceptive Practices, Family Planning, and Unintended Pregnancy
- O. Postmenopausal Hormone Replacement Therapy (See also Comp. I.C.14. Menopause and Possible Sequelae)

**Competency Area VII: Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.**

- A. Identify potential sources of selection bias, including sex, gender, age, race, socioeconomic status, access to care, and study setting.
- B. Appraise study design and results, including analysis for sex and gender differences, and application to clinical care for women.
- C. Discuss sex and gender differences in the burden of disease and associated preventive care needs.
- D. Demonstrate a focused search to answer a specific woman's clinical health question.
- E. Outline a plan to apply women's health practice guidelines to clinical management plans.
- F. Describe disparities in clinical research, access, and delivery of women's health care and how these affect the health of women.
- G. Discuss the ongoing barriers to the inclusion of women in research studies.

**Competency Area VIII: Discuss the impact of health care delivery systems on populations and individuals receiving health care.**

- A. Delivery of Health Services to Women
- B. Access to Health Care for Women
- C. Quality
- D. Policy