

Contraceptive Implant Training: Perspectives from Family Medicine Residencies in New Jersey



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Objectives

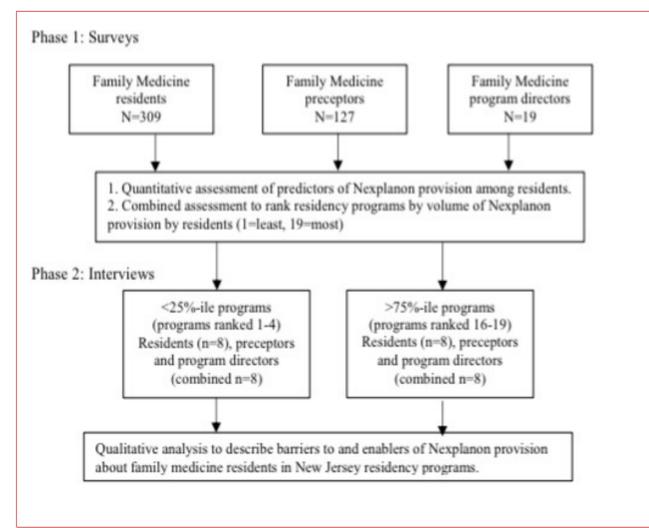
1. Evaluate Family Medicine residents' knowledge, attitudes and experiences with etonogestrel contraceptive implant provision during residency.
2. Identify barriers to resident training with implant use as identified by Family Medicine residents and faculty.
3. Design an intervention to improve implant provision by Family Medicine residents based on the findings from this study.

Background

- The etonogestrel contraceptive implant (Nexplanon) is the most effective contraceptive method, with high rates of satisfaction among users.
- 20% of US women receive reproductive healthcare in primary care settings, with higher rates among low-income women.
- American Board of Family Medicine data states that 20% of family physicians provide Intrauterine devices (IUDs) and 11% of family physicians provide contraceptive implants → need for increased access to Long-acting Reversible Contraceptives (LARC) in family medicine settings.
- Majority of studies about physician attitudes, knowledge and training around LARC are focused on IUDs and not implants.
- Factor most associated with LARC provision is training during residency.
- New Jersey is ideal study location → academic and community hospital centers and urban, suburban and rural communities, minimal policy barriers.

Materials and Methods

Figure: Sample for surveys and interviews and stratification of interview invitations



Study Design: Exploratory semi-structured interviews
Study Sample: Family medicine residents and attendings in NJ

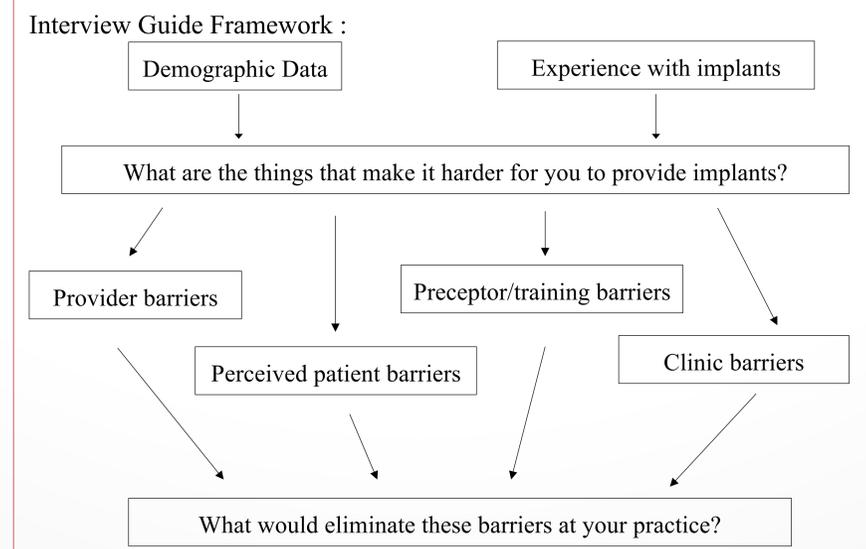
- All residents and family medicine preceptors (working with residents >3 half-day sessions/month)
- Residency programs stratified based on average number of implant insertions and removals performed during the previous year
- Top 25% and Bottom 25% programs invited to interview

Data Collection: Virtual interviews conducted via Zoom

- Interview Guide structured to identify types of barriers and facilitators to implant use

Data Analysis: Coding and analysis to be conducted on a rolling basis

- Use memoing to identify saturation
- Develop codebook using collaborative and iterative process
- Compare findings in top 25% programs and bottom 25% programs



Results (anticipated)

- We expect a range of experience with the contraceptive implant.
- We anticipate identifying barriers to resident physician comfort and experience with implants:
 - environmental factors in clinic
 - environmental factors in residency program
 - personal factors such as individual comfort with contraception and perception of patient's values and preferences

Conclusion (anticipated)

Family medicine physicians can effectively provide contraceptive implants with adequate support and training.

This study will describe the types of support required for family medicine residents and physicians to comfortably provide implants and identify areas where intervention is needed.

Next Steps/Future Direction

- Survey is live, pending completion April 2021
- Interview invitations May-July 2021
- Data analysis rolling with dedicated time to analyze August-September 2021
- Based on this data we will identify interventions to facilitate implant training at Family Medicine residencies in New Jersey

Acknowledgments

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