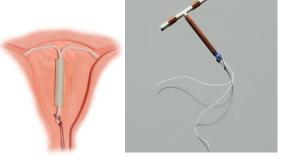
# Training Family Medicine Residents in Long Acting Reversible Contraception Management



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#### Disclosures

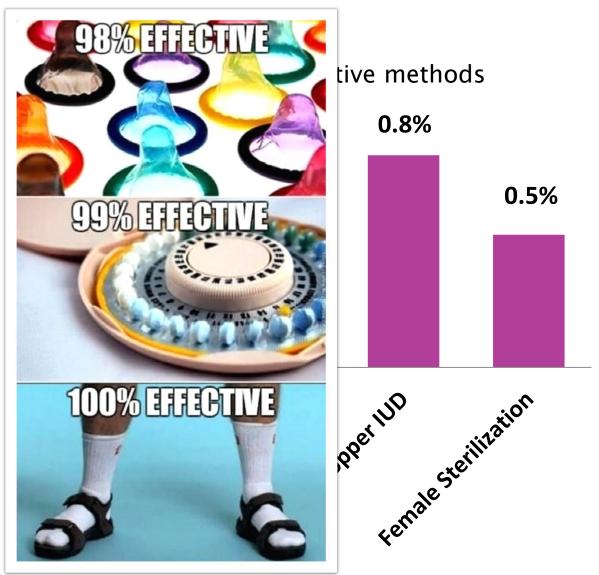
The presenters have no financial conflicts of interest to disclose

# Objectives

- Participants will describe the extent of IUD and contraceptive implant training for residents at their residency program
- Participants will list barriers to implementing or enhancing the training at their residency program
- Participants will identify 3 changes they could implement to enhance the LARC training for their residents

## Background

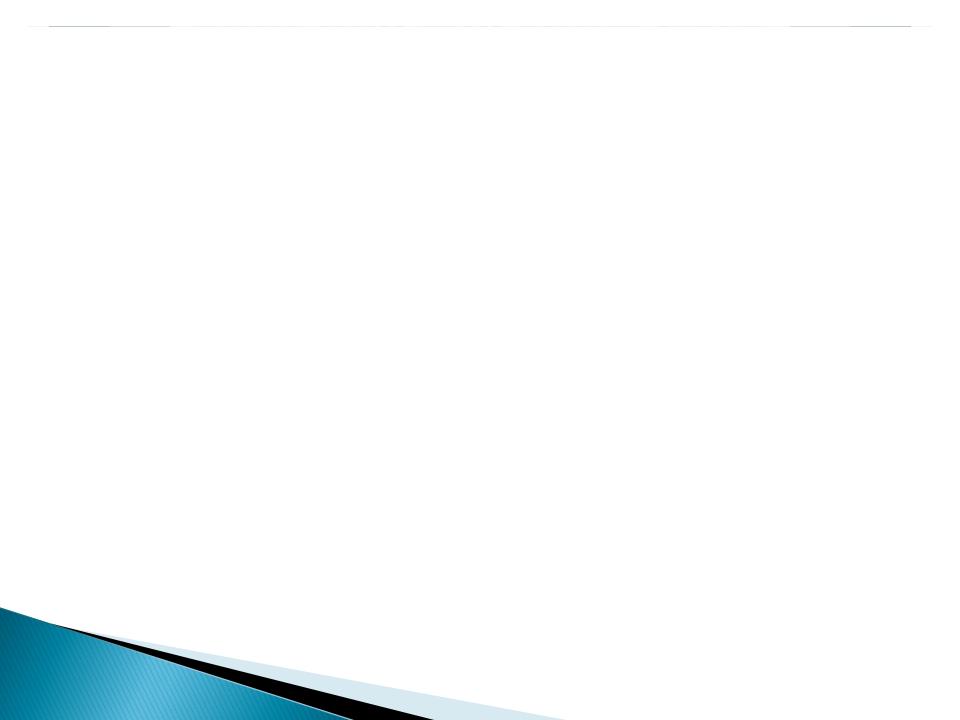
% of women experiencing an unintended pregnancy within the first year of use

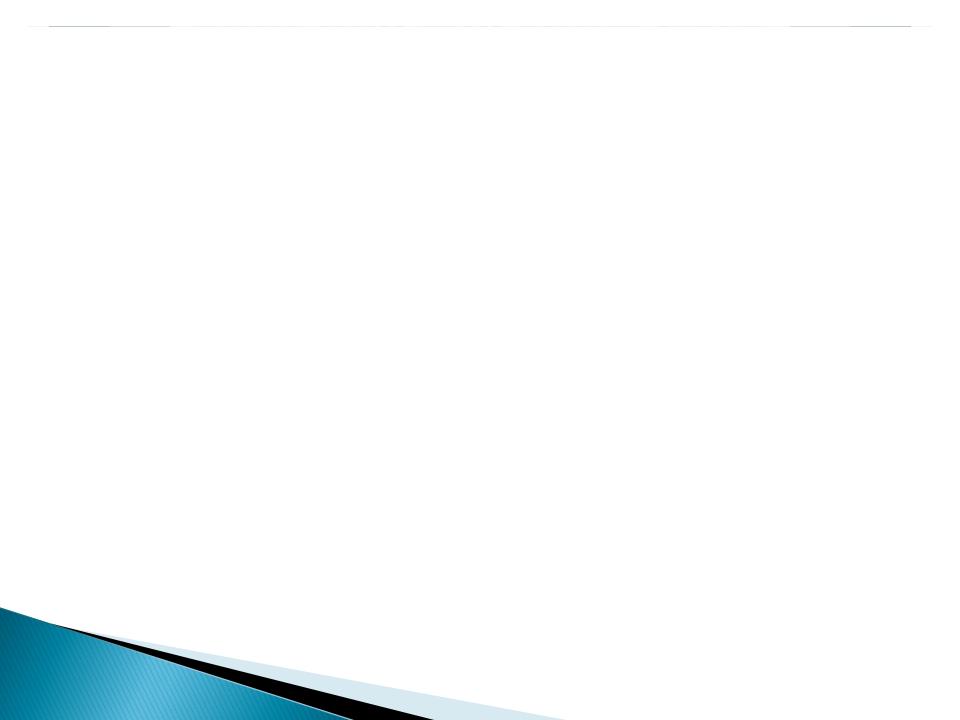


# Why LARC training matters

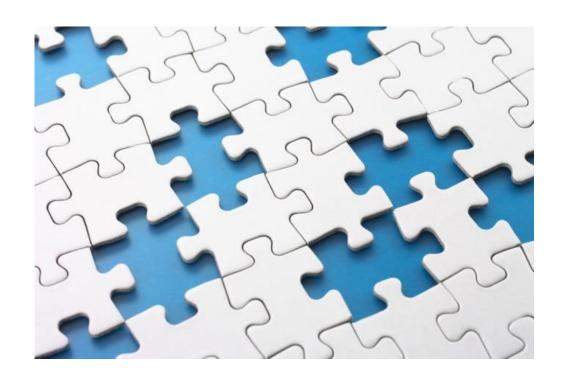
- LARC training at family medicine residency programs in the US
  - Family Medicine Chief Resident survey:
    - ¼ received no clinical training in copper or levonorgestrel IUD use
    - ¾ received no clinical training in the contraceptive implant

Herbitter C, Greenberg M, Fletcher J, Query C, Dalby J, Gold M. Family Planning Training in US Family Medicine Residencies. *Family medicine* 2011;43(8):574-81.





### Case example: Florida State University FMRP at Lee Health



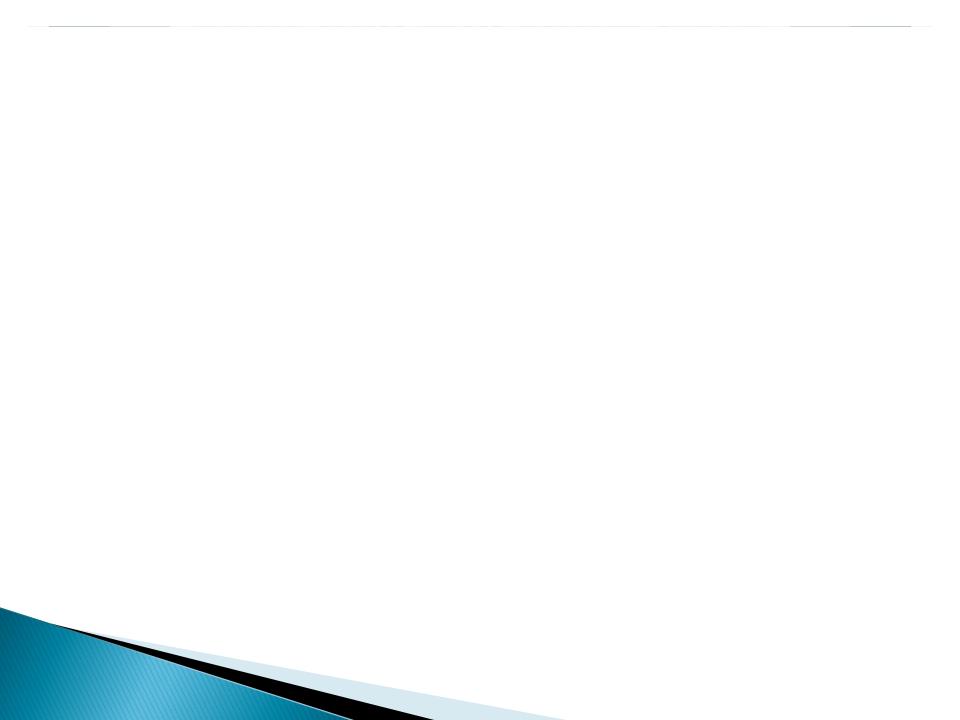


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## Case example: Florida State University FMRP at Lee Health



#### **Barriers and Solutions**

- Resident comfort with LARC
- Enhanced didactic training
- Faculty comfort with LARC
- Faculty training opportunity
- Patient recruiting
- Grant funded devices
- Low volume during gyn block
- Create weekly high volume clinic
- Equipment need
- Grant funding



LARC procedures logged by residents during the pre-intervention year and intervention year

Number of LARC procedures logged by residents

