# 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:
- $1 / 4$ received no clinical training in copper or levonorgestrel IUD use
- 3/4 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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## 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



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