

FELLOWSHIP IN FAMILY PLANNING CURRICULUM RESOURCES

NOTES: Levels 1 and 5 are not included in this table, as Level 1 is for critical deficiencies, and Level 5 is aspirational.

The six ACGME Core Competencies are as follows:

- **Practice-Based Learning and Improvement (PBLI)**
- **Patient Care and Procedural Skills (PC)**
- **Systems-Based Practice (SBP)**
- **Medical Knowledge (MK)**
- **Interpersonal and Communication Skills (ICS)**
- **Professionalism (P)**

Milestone 1: MK	Teaching method	Materials/References/Sources
M1 L2.1: Demonstrates knowledge of the anatomy and function of pelvic structures; in-depth knowledge of the physiology of the normal menstrual cycle; basic knowledge of the physiology of conception and how various contraceptive methods interrupt these processes	Readings Didactics Web app based learning	<p>Clinical Gynecologic Endocrinology and Infertility, 8th edition (Speroff):</p> <ul style="list-style-type: none"> • Chapter 3: The Ovary - Embryology and Development • Chapter 4: The Uterus • Chapter 5: Neuroendocrinology • Chapter 6: Regulation of the Menstrual Cycle • Chapter 7: Sperm and Egg Transport, Fertilization and Implantation <p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> • Chapter 1: Menstrual Cycle: normal patterns, menstrual disorders and menstrually-related problems <p>Anatomy (pelvic structures, vascular and neurologic supply):</p> <ul style="list-style-type: none"> • Atlas of Pelvic Anatomy and Gynecologic Surgery (Baggish) • Atlas of Human Anatomy (Netter) • Visible Body Human Anatomy Atlas: https://www.visiblebody.com/

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<p>M1 L3.1: Demonstrates in-depth knowledge of menstrual cycle variations due to normal as well as pathologic causes, and is able to use a focused diagnostic approach to generate a comprehensive management plan.</p>	<p>Reading Didactics Clinical teaching</p>	<p>Clinical Gynecologic Endocrinology and Infertility, 8th edition (Speroff):</p> <ul style="list-style-type: none"> • Chapter 6: Regulation of the Menstrual Cycle • Chapter 11: Amenorrhea • Chapter 12: Chronic Anovulation and the Polycystic Ovarian Syndrome <p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> • Chapter 1: Menstrual Cycle: normal patterns, menstrual disorders and menstrually-related problems <p>Diagnosis of abnormal uterine bleeding in reproductive-aged women. Practice Bulletin No. 128. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;120:197–206.</p> <p>Management of abnormal uterine bleeding associated with ovulatory dysfunction. Practice Bulletin No. 136. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;122:176–85.</p> <p>Fellowship in Family Planning Recorded Webinars:</p> <ul style="list-style-type: none"> • 2016 (Dr. Parker-Jones): Endocrinology and Family Planning
<p>M1 L4.1: Demonstrates the ability to formulate evidence-based management plans for women with complex co-morbid conditions</p>	<p>Reading Didactics Clinical teaching</p>	<p>Contraception for the Medically Challenging Patient (Allen, Cwiak):</p> <ul style="list-style-type: none"> • Various chapters <p>CDC. U.S. Medical Eligibility Criteria for Contraceptive Use, 2015.</p>
<p>M1 L4.2: Able to provide expert consultation regarding contraception in women with complex conditions affecting their</p>	<p>Reading Didactics Clinical teaching</p>	<p>Contraception for the Medically Challenging Patient (Allen, Cwiak): various chapters</p> <p>CDC. U.S. Medical Eligibility Criteria for Contraceptive Use, 2015.</p>

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menstrual cycle.		
M1 L4.3: Provides instruction and/or mentorship to learners in the areas of reproductive anatomy and/or physiology.	Reading Didactics Mentorship Webinars	<p>APGO Teaching Tips https://www.apgo.org/teaching-tips/</p> <p>APGO Basic Science Videos & Teaching Scripts: https://www.apgo.org/basic-science/</p> <ul style="list-style-type: none"> • APGO Basic Sciences - Topic 18: Physiology of the Menstrual Cycle • APGO Basic Sciences - Topic 23: Pelvic Anatomy <p>Kaufman DM. ABC of learning and teaching in medicine: Applying educational theory in practice. <i>BMJ</i>. 2003;326:213-216.</p> <p>AAMC Medical Education initiatives: https://www.aamc.org/initiatives/meded/</p> <p>Stanford University, Teaching Commons: https://teachingcommons.stanford.edu/</p> <p>Innovating Education, This is How I Teach</p>

Milestone 2: Contracept, MK	Teaching method	Materials/References
<p>M2 L2.1: Demonstrates basic knowledge of combined hormonal contraceptives (CHC's: oral, transdermal, vaginal), including pharmacology, mechanism of action, efficacy and side effects</p> <p>M2 L2.2-5: progestin-only contraceptive methods (oral, injectable and subdermal), IUD's, post-coital, barrier, natural family planning</p>	<p>Readings</p> <p>Didactics</p>	<p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> • Chapter 4: Contraceptive Implant • Chapter 5: Intrauterine Devices (IUDs) • Chapter 6: Injectable Contraceptives • Chapter 7: Contraceptive Patch and Vaginal Contraceptive Ring • Chapter 8: Combined Oral Contraceptives (COCs) • Chapter 9: Progestin-Only Pills • Chapter 10: Emergency Contraception • Chapter 11: Vaginal Barriers and Spermicides • Chapter 12: Fertility Awareness-Based Methods • Chapter 13: Abstinence, Noncoital Sex, and Sexual Health: What Every Clinician Needs to Know • Chapter 14: Male Condoms • Chapter 15: Coitus Interruptus (Withdrawal, Pulling Out) • Chapter 26: Contraceptive Efficacy <p>A Clinical Guide for Contraception, 5th Edition:</p> <ul style="list-style-type: none"> • Chapter 2: Oral Contraception • Chapter 3: Special Uses of Oral Contraception • Chapter 4: Vaginal and Transdermal Estrogen-Progestin Contraception • Chapter 5: Implant Contraception • Chapter 6: Injectable Contraception • Chapter 7: Intrauterine Contraception

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		<ul style="list-style-type: none"> • Chapter 8: Barrier Methods of Contraception • Chapter 9: Natural Family Planning <p>Long-Acting Reversible Contraception: Implants and Intrauterine Devices. Practice Bulletin No. 186. ACOG. Obstet Gynecol 2017;130:e251-e269.</p> <p>SFP Clinical Guideline: Use of Intrauterine Devices in Nulliparous Women. Prepared by Lohr PA, Lyus R, Prager S. Published in Contraception 2017; 95(6):529-537.</p>
M2 L3.1: Demonstrates knowledge of the metabolic/physiologic effects and pharmacology of all hormonal contraceptive methods	Readings Didactics	<p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> • 2018 (Dr. Jensen): Combined hormonal contraception 101: Back to basics • 2013 (Dr. Mishell): Contraceptive Steroid Hormones <p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> • Chapter 4: Contraceptive Implant • Chapter 5: Intrauterine Devices (IUDs) • Chapter 6: Injectable Contraceptives • Chapter 7: Contraceptive Patch and Vaginal Contraceptive Ring • Chapter 8: Combined Oral Contraceptives (COCs) • Chapter 9: Progestin-Only Pills • Chapter 10: Emergency Contraception <p>A Clinical Guide for Contraception, 5th Edition:</p> <ul style="list-style-type: none"> • Chapter 2: Oral Contraception • Chapter 3: Special Uses of Oral Contraception

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		<ul style="list-style-type: none"> • Chapter 4: Vaginal and Transdermal Estrogen-Progestin Contraception • Chapter 5: Implant Contraception • Chapter 6: Injectable Contraception • Chapter 7: Intrauterine Contraception <p>Bitzer J, Simon JA. Current issues and available options in combined hormonal contraception. Contraception 2011; 84(4):342-356.</p> <p>Stanczyk FZ. Pharmacokinetics and Potency of Progestins used for Hormone Replacement Therapy and Contraception. Reviews in Endocrine & Metabolic Disorders 2002;13:211-24.</p>
M2 L3.2: Demonstrates knowledge of the special considerations of CHC's in women with complex medical conditions L3.3: progestin-only	Readings Didactics Clinical	Contraception for the Medically Challenging Patient (Allen, Cwiak): various chapters
M2 L3.4: Demonstrates knowledge of the physiology of the post-partum period and how it affects contraceptive options	Readings Didactics Clinical	<p>Contraceptive Technology, 21st Edition</p> <ul style="list-style-type: none"> • Chapter 17: Contraception after Pregnancy <p>A Clinical Guide for Contraception, 5th Edition:</p> <ul style="list-style-type: none"> • Chapter 10: The Postpartum Period, Breastfeeding, and Contraception <p>Immediate Postpartum Long-Acting Reversible Contraception. Committee Opinion No. 670. ACOG. Obstet Gynecol 2016; 128:e32-37.</p> <p>Global Library of Women's Medicine, Category 6, Fertility Regulation:</p>

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		Breastfeeding, Fertility, and Family Planning SFP Clinical Guideline: Postplacental Insertion of Intrauterine Devices. Prepared by Whitaker AK, Chen BA. Published in Contraception 2018;97:2-13.
M2 L3.5: Demonstrates knowledge of the psychosocial aspects of contraceptive access and use	Readings Didactics Clinical Mentorship	Sonfield A et al., The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children , New York: Guttmacher Institute, 2013,
M2 L4.1: Demonstrates comprehensive knowledge and expertise in management of all contraceptive methods, including indications, side effects and complications.	Readings Didactics Clinical	Contraceptive Technology, 21st edition: <ul style="list-style-type: none"> ● Chapter 4: Contraceptive Implant ● Chapter 5: Intrauterine Devices (IUDs) ● Chapter 6: Injectable Contraceptives ● Chapter 7: Contraceptive Patch and Vaginal Contraceptive Ring ● Chapter 8: Combined Oral Contraceptives (COCs) ● Chapter 9: Progestin-Only Pills ● Chapter 10: Emergency Contraception ● Chapter 11: Vaginal Barriers and Spermicides ● Chapter 12: Fertility Awareness-Based Methods ● Chapter 13: Abstinence, Noncoital Sex, and Sexual Health: What Every Clinician Needs to Know ● Chapter 14: Male Condoms ● Chapter 15: Coitus Interruptus (Withdrawal, Pulling Out) A Clinical Guide for Contraception, 5th Edition:

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		<ul style="list-style-type: none"> • Chapter 2: Oral Contraception • Chapter 3: Special Uses of Oral Contraception • Chapter 4: Vaginal and Transdermal Estrogen-Progestin Contraception • Chapter 5: Implant Contraception • Chapter 6: Injectable Contraception • Chapter 7: Intrauterine Contraception • Chapter 8: Barrier Methods of Contraception • Chapter 9: Natural Family Planning
M2 L4.2: Maintains up to date knowledge regarding contraceptive guidelines from national and international organizations (ie US Medical Eligibility Criteria, WHO)	Readings Didactics Clinical	<p>CDC</p> <ul style="list-style-type: none"> • U.S. Medical Eligibility Criteria for Contraceptive Use, 2015. • Selected Practice Recommendations for Contraceptive Use, 2016. <p>WHO</p> <ul style="list-style-type: none"> • Medical eligibility criteria for contraceptive use, 2015 • Selected practice Recommendations for Contraceptive Use, 2016
M2 L4.3: Teaches health professions learners about basics of contraception methods	Didactics Clinical	<p>Innovating Education</p> <p>http://innovating-education.org/category/contraception/</p>
M2 L5.1: Adds to the primary literature in contraceptive development and research.	Mentorship	
M2 L5.2: Provides expert consultation in the development of new contraceptive technologies	Readings Didactics	<p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> • 2016 (Dr. Jensen): What's in the pipeline? The future of contraception

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		<ul style="list-style-type: none"> 2014 (Dr. Archer): Detection of follicle growth and ovulation during use of contraceptive hormones 2018 (Dr. Rekers): Collaboration Between University Researchers and Industry 2014 (Drs. Merkatz and Rarick): Complex paths of contraceptive development <p>Blithe DL. Pipeline for contraceptive development. Fertil Steril 2016</p>
M2 L5.3: Demonstrates knowledge of novel methods of contraception in development or currently not available in North America	Readings Didactics	<p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Jensen): What's in the pipeline? The future of contraception <p>Blithe DL. Pipeline for contraceptive development. Fertil Steril 2016</p>

Milestone 3: Contracept, PC	Teaching method	Materials/References
M3 L2.1: Counsels on the effectiveness, risks, benefits, and contraindications of all forms of available contraception	Didactics Readings Clinical	<p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> Chapter 2: Engaging with unintended pregnancy through patient-centered reproductive goals and contraceptive counseling Chapter 3: Efficacy, Safety, and Personal Considerations Chapter 26: Contraceptive Efficacy <p>Innovating Education: Shared Decision Making Using a Decision Aid.</p> <p>Fellowship in Family Planning, Recorded Webinar:</p>

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		<ul style="list-style-type: none"> 2017 (Dr Dehlendorf): Patient-centered support for contraceptive decision making <p>Downey et al. More than a destination: Contraceptive decision making as a Journey. Women's Health issues. 2017. doi: 10.1016/j.whi.2017.03.004.</p> <p>Contraception for the Medically Challenging Patient (Allen, Cwiak):</p> <ul style="list-style-type: none"> Chapter 1: Patient Assessment and Counseling for Contraceptive Care
M3 L2.2: Performs straightforward intra-uterine and implantable contraceptive placement and removal	Didactics Clinical Readings	<p>SFP Clinical Guideline: Use of intrauterine devices in nulliparous women. 2017. <i>Contraception</i> 95:6(2017), pp. 529–537.</p> <p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> Chapter 4: Contraceptive Implant Chapter 5: Intrauterine Devices (IUDs)
M3 L2.3: Performs all uncomplicated surgical methods of female permanent contraception	Clinical Readings Didactics	<p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> Chapter 16: Permanent Contraception <p>Peterson et al. The risk of pregnancy after tubal sterilization: Findings from the U.S. Collaborative Review of Sterilization. Am J Obstet Gyn. 1996.</p> <p>Salpingectomy for ovarian cancer prevention. Committee Opinion No. 620. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;125:279–81.</p> <p>Benefits and risks of sterilization. ACOG Practice Bulletin No. 208. American College of Obstetricians and Gynecologists.</p>

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		Obstet Gynecol 2019:133.
M3 L2.4: Counsels women regarding the use of contraceptives for non-contraceptive indications	Clinical Readings Didactics	<p>Noncontraceptive uses of hormonal contraceptives. Practice Bulletin No. 110. American College of Obstetricians and Gynecologists. Obstet Gynecol 2010;115:206–18.</p> <p>Contraception for the Medically Challenging Patient (Allen, Cwiak):</p> <ul style="list-style-type: none"> Chapter 13: Use of contraceptives for Gynecologic conditions. <p>Davis AR. Oral contraceptives for dysmenorrhea in adolescent girls. Obstet Gyn. 2005.</p> <p>Luis Bahamondes, M. Valeria Bahamondes, Lee P. Shulman: Non-contraceptive benefits of hormonal and intrauterine reversible contraceptive methods. <i>Human Reproduction Update</i>, Volume 21, Issue 5, 1 September 2015, Pages 640–651</p>
M3 L2.5: Identifies medical conditions that might interact with contraceptive choice, knows where to find evidence-based guidelines about methods and medical complications, and can explain them to patients	Clinical Readings Didactics	<p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> 2017 (Drs. Allen and Cwiak): Contraception and the medically complex patient <p>Contraception for the Medically Challenging Patient (Allen, Cwiak): various chapters</p>
M3 L3.1: Counsels medically complex women regarding their contraceptive options and tailors their contraceptive choice to their medical condition and reproductive life plan	Clinical Readings Didactics	<p>Lathrop E, Jatlaoui, J. Contraception for women with chronic medical conditions: An evidence based approach. Clin Obstet Gyn DOI: 10.1097/GRF.0000000000000068</p> <p>Contraception for the Medically Challenging Patient (Allen, Cwiak): various chapters</p>

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		<p>Use of Hormonal Contraception in Women with Coexisting Medical Conditions. ACOG Practice Bulletin No 206. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133</p> <p>ACOG Interactive site for clinicians serving women with disabilities:</p>
M3 L3.2: Counsels women with complex medical conditions regarding the use of contraceptives for non-contraceptive indications	Clinical Readings Didactics	<p>Contraception for the Medically Challenging Patient (Allen, Cwiak): various chapters</p> <p>ACOG Interactive site for clinicians serving women with disabilities:</p>
M3 L3.3: Counsels all patients regarding the relative risks and benefits of permanent vs reversible contraception given the biopsychosocial context of their individual situation	Clinical Simulation	<p>Curtis KM, et al.Regret following female sterilization at a young age: a systematic review. Contraception 2006; 73(2):205-10</p> <p>Sterilization of women: ethical issues and considerations. Committee Opinion No. 695. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e109–16.</p>
M3 L3.4: Recognizes the role of coercion and resultant consent requirements for permanent contraception and helps patients navigate the same	Clinical Readings	<p>Sterilization of women: ethical issues and considerations. Committee Opinion No. 695. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e109–16.</p> <p>Gold, R. Guarding against coercions while ensuring access.</p>

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M3 L3.5: Manages side effects and complications of contraceptive methods, including permanent contraception procedures	Clinical Readings	<p>Clinical challenges of long-acting reversible contraceptive methods. Committee Opinion No. 672. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e69–77.</p> <p>Adelman MR, et al. Management of Complications Encountered with Essure Hysteroscopic Sterilization: A Systematic Review. JMIG 2014</p>
M3 L3.6: Teaches and supervises junior learners in contraceptive counseling, selection and placement/removal of LARC devices.	Clinical	Innovating Education: Contraception
M3 L4.1: Provides expert consultation in contraceptive counseling and use for women with complex medical and or psychosocial conditions	Clinical	
M3 L4.2: Performs complicated intra-uterine and implantable contraceptive placement and removal, including IUD with lost strings, deep implant placement, etc	Clinical Didactics Readings	<p>Innovating Education: Complicated IUD Removal.</p> <p>Chen, MJ. Creinin, M. Removal of nonpalpable etonogestrel with preprocedure ultrasonography and a modified vasectomy clamp. Obstet Gyn. 2015. doi: 10.1097/AOG.0000000000001082.</p> <p>Swenson C, Royer PA, Turok DK, Jacobson JC, Amaral G, Sanders JN. Removal of the LNG IUD when strings are not visible: a case series. Contraception 2014 2014/09/01/;90(3):288-90.</p>

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		<u>Clinical challenges of long-acting reversible contraceptive methods. Committee Opinion No. 672.</u> American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e69–77.
M3 L4.3: Provides expert consultation in decision-making regarding permanent vs reversible contraception.	Clinical	
M3 L4.4: Teaches and supervises junior learners in all methods of female permanent contraception	Clinical	

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Milestone 4: 1st tri med MK,PC	Teaching method	Materials/References
M4 L2.1: Demonstrates the ability to use transvaginal ultrasound to identify and measure an intrauterine pregnancy	Simulation Clinical	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 6: Clinical Assessment and Ultrasound in Early Pregnancy <p>Fellowship in Family Planning Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Reeves) Ultrasound in Abortion care <p>Global Library of Women's Medicine, Category 3, Maternal-Fetal Medicine:</p> <p>Assessment of Gestational Age by Ultrasound Diagnostic Ultrasound in the First Trimester of Pregnancy</p> <p>Doubilet et al. Diagnostic Criteria for Nonviable Pregnancy Early in the First Trimester. NEJM 2013;369:1443-51.</p>
M4 L2.2: Demonstrates knowledge of all medical methods of first trimester medical uterine evacuation	Readings Didactics Clinical	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 9: Medical Abortion in Early Pregnancy <p>Innovating Education: Medical Abortion</p> <p>SFP Clinical Guideline: Medical Management of First Trimester Abortion. Published in Contraception 2014;89:148-61.</p> <p>NAF Clinical Guidelines: Protocol for Mifepristone/Misoprostol in Early Abortion Care in the US</p>
M4 L2.3: Identifies appropriate candidates for first trimester medical uterine	Readings Didactics	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 5: Informed Consent, Patient Education, and

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<p>evacuation, incorporating lab values, imaging, clinical presentation and patient biopsychosocial context</p>	<p>Clinical</p>	<p>Counseling</p> <ul style="list-style-type: none"> • Chapter 7: Medical Evaluation and Management • Chapter 9: Medical Abortion in Early Pregnancy <p>Innovating Education: Medical Abortion</p> <p>SFP Clinical Guideline: Medical Management of First Trimester Abortion. Published in Contraception 2014;89:148-61.</p> <p>NAF Clinical Guidelines: Protocol for Mifepristone/Misoprostol in Early Abortion Care in the US</p>
<p>M4 L2.4: Counsels patients regarding first trimester medical abortion, including risks, benefits, alternatives, proper use of medications, expected side effects, possible complications and appropriate follow up, with supervision</p>	<p>Readings Didactics Clinical Simulation</p>	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> • Chapter 5: Informed Consent, Patient Education, and Counseling • Chapter 7: Medical Evaluation and Management • Chapter 9: Medical Abortion in Early Pregnancy <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Induced Abortion: Indications, Counseling, and Services</p> <p>Innovating Education: Medical Abortion</p> <p>SFP Clinical Guideline: Medical Management of First Trimester Abortion. Published in Contraception 2014;89:148-61.</p> <p>NAF Clinical Guidelines: Protocol for Mifepristone/Misoprostol in Early Abortion Care in the US</p>

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		WHO. Medical Management of Abortion . 2018
M4 L 2.5: Counsels patients regarding medical management of early pregnancy loss and incomplete abortion, including all of the above	Didactics Clinical Simulation	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 17: Pregnancy Loss <p>Early Pregnancy Loss. Practice Bulletin No. 200. ACOG. Obstet Gynecol 2018;132(5):e197-e20.</p> <p>Shrieber et al. Mifepristone Pretreatment for Medical Management of Early Pregnancy Loss. NEJM 2018;378(23):2161-2170.</p>
M4 L 2.6: Recognizes and manages straightforward complications of first trimester medical uterine evacuation		<p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p> <p>Kruse et al. Management of Side Effects and Complications in Medical Abortion. AJOG 2000;183(2 Suppl):S65-75.</p>
M4 L3.1: Demonstrates knowledge of the pharmacology and mechanism of action of all medications used for uterine evacuation.	Readings Didactics	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 9: Medical Abortion in Early Pregnancy <p>Innovating Education: Medical Abortion</p> <p>SFP Clinical Guideline: Medical Management of First Trimester Abortion. Published in Contraception 2014;89:148-61.</p> <p>NAF Clinical Guidelines: Protocol for Mifepristone/Misoprostol in Early Abortion Care in the US</p>

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M4 L3.2: Independently counsels patients regarding first trimester medical uterine evacuation, including patients with complex medical conditions. Guides treatment selection based on a patient's unique presentation (medical, social, emotional, logistical)	Didactics Clinical Simulation	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> • Chapter 7: Medical Evaluation and Management • Chapter 9: Medical Abortion in Early Pregnancy <p>Innovating Education: Medical Abortion</p>
M4 L3.3: Recognizes and manages all complications occurring from first trimester medical uterine evacuation, including the use of imaging modalities	Clinical Simulation	<p>WHO: Clinical management of abortion complications: a practical guide.</p> <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management</p>
M4 L4.1: Effectively teaches and supervises learners in the pharmacology, mechanism of action and provision of first trimester medical uterine evacuation	Didactics	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> • Chapter 9: Medical Abortion in Early Pregnancy <p>NAF Clinical Guidelines: Protocol for Mifepristone/Misoprostol in Early Abortion Care in the US</p>
M4 L4.2: Effectively supervises learners in the diagnosis and management of complications resulting from first trimester medical uterine evacuation	Clinical Simulation	<p>SFP Clinical Guideline: Medical Management of First Trimester Abortion. Published in Contraception 2014;89:148-61.</p> <p>WHO: Clinical management of abortion complications: a practical guide.</p> <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management</p>
M4 L4.3: Provides expert consultation to	Clinical	WHO. Medical Management of Abortion. 2018

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other physicians in first trimester medical uterine evacuation for both routine and complex indications		
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Milestone 5: 2nd tri med PC	Teaching method	Materials/References
<p>M5 L2.1: Demonstrates the ability to use transabdominal ultrasound to determine gestational age and placental location</p>	<p>Clinical teaching Readings</p>	<p>Fellowship in Family Planning Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Reeves) Ultrasound in Abortion care <p>Ultrasound in pregnancy. Practice Bulletin No. 175. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e241–56.</p> <p>Obstetrics and Gynecologic Ultrasound Curriculum and Competency Assessment in Residency Training Programs: Consensus Report. Alfred Abuhamad;Katherine K Minton;Carol B Benson;Trish Chudleigh;Lori Crites;Peter M Doubilet;Rita Driggers;Wesley Lee;Karen V Mann;James J Perez;Nancy C Rose;Lynn L Simpson;Ann Tabor;Beryl R Benacerraf; Journal of ultrasound in medicine. 2018, Vol.37(1), p.19-50</p> <p>Biometry and guidance for calculating dating: http://perinatology.com/calculators/exbiometry.htm</p> <p>Vintzileos AM, Ananth CV, Smulian JC. Using ultrasound in the clinical management of placental implantation abnormalities. AJOG 2015.</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 6: clinical assessment and ultrasound in early pregnancy

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<p>M5 L2.2: Counsels about and performs medical uterine evacuation in the second trimester, including appropriate selection and dosing of prostaglandin analogs.</p>	<p>Clinical teaching Didactics Readings</p>	<p>Second-trimester abortion. Practice Bulletin No. 135. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;121:1394–1406</p> <p>SFP Clinical Guideline: Labor induction abortion in the second trimester. Prepared by Lynn Borgatta, MD, MPH, and Nathalie Kapp, MD, MPH. Published in Contraception. 84:1(2011), pp. 4-18. Guideline #20111.</p> <p>Interruption of nonviable pregnancies of 24-28 weeks' gestation using medical methods. Prepared by Jamila B. Perritt, MD, MPH; Anne Burke, MD, MPH; and Alison B. Edelman, MD, MPH. Published in Contraception 88(3)2013, pp. 341-349. Guideline #20133.</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> • Chapter 12: Medical methods to induce abortion in the second trimester <p>Mossis JL, et al. FIGO's updated recommendations for misoprostol used alone in gynecology and obstetrics. IJOG 2017</p> <p>WHO: Safe Abortion: technical and policy guidance for health systems</p> <p>WHO. Medical Management of Abortion. 2018</p> <p>Shaw KA, Topp NJ, Shaw JG, Blumenthal PD. Mifepristone-Misoprostol dosing interval and effect on</p>
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		induction abortion times . Obstet Gynecol 2013;121:1335-47.
M5 L2.3 : Recognizes straightforward complications of medical management of second trimester uterine evacuation (ie hemorrhage, infection, retained placenta, failure with need to convert to a surgical procedure); manages complications with supervision	Clinical teaching Didactics Readings	<p>Second-trimester abortion. Practice Bulletin No. 135. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;121:1394–1406</p> <p>SFP Clinical Guideline: Labor induction abortion in the second trimester. Prepared by Lynn Borgatta, MD, MPH, and Nathalie Kapp, MD, MPH. Published in Contraception. 84:1(2011), pp. 4-18. Guideline #20111.</p> <p>Interruption of nonviable pregnancies of 24-28 weeks' gestation using medical methods. Prepared by Jamila B. Perritt, MD, MPH; Anne Burke, MD, MPH; and Alison B. Edelman, MD, MPH. Published in Contraception 88(3)2013, pp. 341-349. Guideline #20133.</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 12: Medical methods to induce abortion in the second trimester
M5 L3.1: Independently counsels patients regarding medical uterine evacuation in the second trimester, including medically complicated patients. Guides procedure selection based on a patient's unique presentation (medical, social, emotional, logistical).	Clinical teaching Didactics Readings	<p>Second-trimester abortion. Practice Bulletin No. 135. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;121:1394–1406</p> <p>SFP Clinical Guideline: Labor induction abortion in the second trimester. Prepared by Lynn Borgatta, MD, MPH, and Nathalie Kapp, MD,</p>

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		<p>MPH. Published in Contraception. 84:1(2011), pp. 4-18. Guideline #20111.</p> <p>Interruption of nonviable pregnancies of 24-28 weeks' gestation using medical methods. Prepared by Jamila B. Perritt, MD, MPH; Anne Burke, MD, MPH; and Alison B. Edelman, MD, MPH. Published in Contraception 88(3)2013, pp. 341-349. Guideline #20133.</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 12: Medical methods to induce abortion in the second trimester <p>Bryant AG, Grimes DA, Garrett JM, Stuart GS. Second-trimester abortion for fetal anomalies or fetal death. Obstet Gynecol 2011;17:788-92.</p>
M5 L3.2: Performs medical uterine evacuation in the second trimester using all available methods	Clinical teaching Didactics Readings	<p>Second-trimester abortion. Practice Bulletin No. 135. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;121:1394–1406</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 12: Medical methods to induce abortion in the second trimester
M5 L3.3: Recognizes and manages all complications occurring from medical uterine evacuation in the second trimester, including the use of imaging modalities	Clinical teaching Didactics Readings	<p>Second-trimester abortion. Practice Bulletin No. 135. American College of Obstetricians and Gynecologists. Obstet Gynecol 2013;121:1394–1406</p> <p>Management of Unintended and Abnormal Pregnancy:</p>

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		<ul style="list-style-type: none"> Chapter 12: Medical methods to induce abortion in the second trimester
M5 L3.4: Identifies indications for administration of feticidal agents.	Clinical teaching Didactics Readings	<p>SFP Clinical Guideline: Induction of fetal demise before abortion. Prepared by Justin Diedrich, MD, and Eleanor Drey, MD, EdM. Published in Contraception 81:6(2010), pp. 462-473. Guideline #20101.</p> <p>Fetal Pain: A systematic Multidisciplinary review of the evidence. Lee SJ et al. JAMA. 2005</p> <p>Steward R et al. Infection and extramural delivery with use of digoxin as a feticidal agent. Contraception 2012. 85(2): 150-4.</p>
M5 L4.1: Effectively teaches and supervises learners in the provision of medical uterine evacuation in the second trimester.	Clinical teaching Didactics Readings Simulation	<p>Innovating Education: http://innovating-education.org</p> <p>Abortion training and education. Committee Opinion No. 612. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;124:1055–9.</p>
M5 L4.2: Effectively supervises learners in the diagnosis and management of complications resulting from medical uterine evacuation in the second trimester.	Clinical teaching Didactics Readings Simulation	<p>Innovating Education: http://innovating-education.org</p>
M5 L4.3: Administers feticidal agents alone or with expert (ie maternal-fetal	Clinical teaching Didactics	SFP Clinical Guideline:

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medicine) consultation.	Readings Simulation	<p>Induction of fetal demise before abortion. Prepared by Justin Diedrich, MD, and Eleanor Drey, MD, EdM. Published in Contraception 81:6(2010), pp. 462-473. Guideline #20101.</p> <p>NAF Sample Protocol: Induced Fetal Demise using Digoxin (for members only)</p>
M5 L4.4: Provides expert consultation to other physicians in medical uterine evacuation in the second trimester for both routine and complex indications	Mentorship Reading Clinical Didactic	<p>National Academies of Science, Engineering, and Medicine. 2018 The safety and quality of abortion care in the United States. Washington, DC.: Tee National Academies Press. Doi: https://doi.org/10.17226/24950.</p> <p>WHO: Safe Abortion: technical and policy guidance for health systems</p> <p>WHO. Medical Management of Abortion. 2018 https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/</p>
M5 L4.5: Able to develop and adapt institutional guidelines for medical uterine evacuation in the second trimester based on the best available evidence.	Mentorship Reading Clinical Didactic	<p>National Academies of Science, Engineering, and Medicine. 2018 The safety and quality of abortion care in the United States. Washington, DC.: Tee National Academies Press. Doi: https://doi.org/10.17226/24950.</p> <p>WHO: Safe Abortion: technical and policy guidance for health systems</p> <p>Clinical guidelines and standardization of practice to improve outcomes. Committee Opinion No. 629. American</p>

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		<p>College of Obstetricians and Gynecologists. Obstet Gynecol 2015;125:1027–9.</p> <p>The use and development of checklists in obstetrics and gynecology. Committee Opinion No. 680. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e237-40.</p>
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Milestone 6: 1st tri surg PC	Teaching method	Materials/References
<p>M6 L2.1: Demonstrates the ability to use transvaginal ultrasound to identify and measure an intrauterine pregnancy</p>	<p>Didactics Clinical Simulation</p>	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 6: Clinical assessment and ultrasound in early pregnancy <p>Global Library of Women's Medicine, Category 3, Maternal-Fetal Medicine: Assessment of Gestational Age by Ultrasound Diagnostic Ultrasound in the First Trimester of Pregnancy</p> <p>Fellowship in Family Planning Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Reeves) Ultrasound in Abortion care <p>Ultrasound in pregnancy. Practice Bulletin No. 175. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e241–56.</p> <p>Obstetrics and Gynecologic Ultrasound Curriculum and Competency Assessment in Residency Training Programs: Consensus Report. Alfred Abuhamad;Katherine K Minton;Carol B Benson;Trish Chudleigh;Lori Crites;Peter M Doubilet;Rita Driggers;Wesley Lee;Karen V Mann;James J Perez;Nancy C Rose;Lynn L Simpson;Ann Tabor;Beryl R Benacerraf; Journal of ultrasound in medicine. 2018, Vol.37(1), p.19-50</p> <p>Biometry and guidance for calculating dating:</p>
<p>M6 L2.2: Demonstrates the ability to</p>	<p>Clinical</p>	<p>Management of Unintended and Abnormal Pregnancy</p>

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independently perform basic first trimester surgical uterine evacuation.	Simulation	<ul style="list-style-type: none"> Chapter 10: First trimester aspiration abortion <p>Innovating Education: First Trimester Aspiration Abortion</p>
M6 L2.3: Recognizes and manages straightforward complications of first trimester surgical uterine evacuation.	Clinical Didactics Simulation	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 10: First trimester aspiration abortion Chapter 15: Surgical complications: prevention and management <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management</p> <p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p> <p>Innovating Education: Managing Complications of Procedural Abortion</p> <p>WHO: Clinical management of abortion complications: a practical guide.</p>
M6 L3.1: Demonstrates the ability to perform first trimester surgical uterine evacuation, both manual and electric including management of difficult cases and complications	Clinical	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 13: The challenging abortion Chapter 15: Surgical complications: prevention and management <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management</p>

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M6 L3.2: Demonstrates the ability to utilize safe and effective analgesia and anesthesia for first trimester surgical uterine evacuation	Clinical	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 8: Pain management <p>Innovating Education: Pain with Uterine Aspiration Abortion</p> <p>SFP Clinical Guideline: Pain Control in Surgical Abortion Part 1. Prepared by Allen RH, Singh R. Published in Contraception 2018;97(6):471-77.</p>
M6 L3.3: Demonstrates the ability to perform a first trimester surgical uterine evacuation under various levels of sedation and in various settings (clinic, operating room, etc)	Clinical	<p>Management of Unintended and Abnormal Pregnancy</p> <p>Chapter 8: Pain management</p> <p>Innovating Education: Pain with Uterine Aspiration Abortion</p> <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Donnenfeld): Anesthesia for Surgical Abortion <p>SFP Clinical Guideline: Pain Control in Surgical Abortion Part 1 Prepared by Allen RH, Singh R. Published in Contraception 2018;97(6):471-77.</p>
M6 L3.4: Demonstrates knowledge of the indications for and the ability to provide cervical preparation for late first trimester surgical uterine evacuation according to evidence-based standards	Didactics Clinical	<p>SFP Clinical Guideline: Cervical Dilation Prior to First Trimester Surgical Abortion. Prepared by Allen RH, Goldberg AB. Published in Contraception 2007;76(2):139-56.</p>
M6 L4.1: Demonstrates by knowledge or skill the ability to recognize and manage all complications of first trimester surgical uterine evacuation, including the use of imaging modalities	Clinical Simulation	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 10: First trimester aspiration abortion Chapter 15: Surgical complications: prevention and management

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		<p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p> <p>Innovating Education: Managing Complications of Procedural Abortion</p> <p>WHO: Clinical management of abortion complications: a practical guide.</p> <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management Long-Term Risks of Surgical Abortion</p>
<p>M6 L4.2: Demonstrates the ability to anticipate and take steps to prevent complications in medically and/or surgically complicated patients, including selecting the appropriate venue and performing the appropriate preoperative evaluation</p>	<p>Clinical Simulation</p>	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> • Chapter 7: Medical Evaluation and Management • Chapter 13: The Challenging Abortion <p>Chapter 15: Surgical complications: prevention and management</p> <p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p> <p>Innovating Education: Managing Complications of Procedural Abortion</p> <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management</p>

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		Long-Term Risks of Surgical Abortion WHO: Clinical management of abortion complications: a practical guide.
M6 L4.3: Effectively teaches and supervises learners in the provision of first trimester surgical uterine evacuation	Clinical	Management of Unintended and Abnormal Pregnancy <ul style="list-style-type: none"> Chapter 10: First Trimester Aspiration Abortion
M6 L4.4: Effectively supervises learners in the diagnosis and management of complications resulting from first trimester surgical uterine evacuation	Clinical Simulation	Management of Unintended and Abnormal Pregnancy <ul style="list-style-type: none"> Chapter 15: Surgical complications: prevention and management <p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p> <p>Innovating Education: Managing Complications of Procedural Abortion</p> <p>WHO: Clinical management of abortion complications: a practical guide.</p>
M6 L4.5: Provides expert consultation in the management of complicated first trimester surgical uterine evacuation in consultation with other services (general surgery, gyn-oncology, urology, etc)	Clinical	Management of Unintended and Abnormal Pregnancy <ul style="list-style-type: none"> Chapter 7: Medical Evaluation and Management Chapter 13: The Challenging Abortion Chapter 15: Surgical complications: prevention and management <p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p>

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		<p>Innovating Education: Managing Complications of Procedural Abortion</p> <p>Global Library of Women's Medicine, Category 6, Fertility Regulation: Septic Abortion: Prevention and Management Long-Term Risks of Surgical Abortion</p> <p>WHO: Clinical management of abortion complications: a practical guide.</p>
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Milestone 7: 2nd tri surg PC	Teaching method	Materials/References
<p>M7 L2.1: Demonstrates knowledge of the indications for and methods of cervical preparation for second trimester surgical uterine evacuation, using evidence-based techniques</p>	<p>Reading Didactic Clinical</p>	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 11: Dilation and Evacuation <p>SFP Clinical Guideline: Cervical Prep for second trimester for surgical abortion prior to 20 weeks. Michelle C. Fox, Colleen M. Krajewski. Contraception. 2014. 89(2): 75-84</p> <p>Cervical preparation for surgical abortion from 20-24 weeks gestation. Sara Newmann, Andrea Dalve-Endres, Eleanor A. Drew. Contraception 2008. 77 (4): 308-314</p>
<p>M7 L2.2: Demonstrates the ability to use transabdominal ultrasound to determine gestational age and placental location</p>	<p>Clinical Readings Simulation</p>	<p>Fellowship in Family Planning Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Reeves) Ultrasound in Abortion care <p>Ultrasound in pregnancy. Practice Bulletin No. 175. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e241–56.</p> <p>Obstetrics and Gynecologic Ultrasound Curriculum and Competency Assessment in Residency Training Programs: Consensus Report. Alfred Abuhamad; Katherine K Minton; Carol B Benson; Trish Chudleigh; Lori Crites; Peter M Doubilet; Rita Driggers; Wesley Lee; Karen V Mann; James J Perez; Nancy C Rose; Lynn L Simpson; Ann Tabor; Beryl R Benacerraf; Journal of ultrasound in medicine. 2018, Vol.37(1), p.19-50</p>

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		<p>Biometry and guidance for calculating dating: http://perinatology.com/calculators/exbiometry.htm</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 6: clinical assessment and ultrasound in early pregnancy
M7 L2.3: Demonstrates the ability to place osmotic dilators in uncomplicated cases with assistance/supervision	Clinical Readings Simulation	<p>SFP Clinical Guideline: Cervical Prep for second trimester for surgical abortion prior to 20 weeks. Michelle C. Fox, Colleen M. Krajewski. Contraception. 2014. 89(2): 75-84</p>
M7 L2.4: Demonstrates the ability to perform basic second trimester surgical uterine evacuation, with supervision/assistance.	Clinical Readings Simulation	<p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 11: Dilation and Evacuation
M7 L2.5: Determines the need for consultation, referral or transfer of patients with complex conditions	Clinical	<p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 7: Medical evaluation and management Chapter 15: Surgical complications: prevention and management
M7 L3.1: Demonstrates the ability to provide cervical preparation for second trimester uterine evacuation according to evidence-based standards	Clinical Didactic Readings	<p>SFP Clinical Guideline: Cervical Prep for second trimester for surgical abortion prior to 20 weeks.. Michelle C. Fox, Colleen M. Krajewski. Contraception. 2014. 89(2): 75-84</p> <p>Cervical preparation for surgical abortion from 20-24 weeks gestation. Sara Newmann, Andrea Dalve-Endres, Eleanor A. Drew. Contraception 2008. 77 (4): 308-314</p>

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		Cochrane Review: Cervical preparation for second trimester dilation and evacuation , Sara J Newmann , Andrea Dalve-Endres , Justin T.Diedrich, Jody E Steinauer , Karen Meckstroth and Eleanor A. Drey August 2010
M7 L3.2: Demonstrates the ability to perform second trimester surgical uterine evacuation to 22+ weeks gestation via dilation and evacuation	Clinical Readings	Chasen ST, Kalish RB, Gupta M, Kaufman JE, Rashbaum WK, Chervenak FA. Dilation and evacuation at >or=20 weeks: comparison of operative techniques . Am J Obstet Gynecol. 2004 May;190(5):1180-3.
M7 L3.3: Demonstrates the ability to use intraoperative ultrasound in the provision of second trimester uterine evacuation	Didactic Clinical	Fellowship in Family Planning, Recorded Webinar: <ul style="list-style-type: none"> 2016 (Dr. Reeves) Ultrasound in Abortion care
M7 L3.4: Understands the role of imaging in the diagnosis of abnormal placentation	Didactic Clinical Readings	Placenta accreta spectrum. Obstetric Care Consensus No. 7. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e259-75. Vintzileos AM, Ananth CV, Smulian JC. Using ultrasound in the clinical management of placental implantation abnormalities . AJOG 2015.
M7 L3.5: Recognizes the indications for other surgical means of uterine evacuation in the second trimester: <ul style="list-style-type: none"> dilation and extraction (intact D&E) hysterotomy gravid hysterectomy Able to perform these procedures with expert consultation or assistance when necessary.	Clinical Readings	Management of Unintended and Abnormal Pregnancy <ul style="list-style-type: none"> Chapter 13: The challenging abortion

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<p>M7 L3.6: Demonstrates the ability to utilize safe and effective analgesia and anesthesia for second trimester surgical uterine evacuation.</p>	<p>Clinical Didactics Readings</p>	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 8: Pain management <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> 2016 (Dr. Donnenfeld) Anesthesia for surgical abortion. <p>Dean G, et al. The safety of deep sedation without intubation for abortion in the outpatient setting. J Clin Anesth 2011;23:437-42.</p>
<p>M7 L4.1: Demonstrates by knowledge or skill the ability to recognize and manage all complications of second trimester uterine evacuation, including the use of imaging modalities</p>	<p>Clinical Readings</p>	<p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 15: Surgical complications: prevention and management <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> 2018 (Dr. White) Closing the Floodgates: Hemorrhage in the Second Trimester <p>SFP Clinical Guideline: Management of Postabortion Hemorrhage. Prepared by Kerns J, Steinauer J. Published in Contraception 2013;87:331-42.</p> <p>Innovating Education: Managing Complications of Procedural Abortion</p> <p>Fontenot Ferriss AN, Weisenthal L, Sheeder J, Teal SB, Tocce K. Risk of hemorrhage during surgical evacuation for second-trimester intrauterine fetal demise. Contraception. 2016 Nov;94(5):496-498. doi: 10.1016/j.contraception.2016.06.008. Epub 2016 Jun 22.</p>

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M7 L4.2: Demonstrates the ability to anticipate and take steps to prevent complications in medically and/or surgically complicated patients, including selecting the appropriate venue and performing the appropriate preoperative evaluation	Clinical Readings	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 13: The challenging abortion
M7 L4.3: Demonstrates the ability to perform complicated second trimester surgical uterine evacuation - uterine/placental abnormalities, morbid obesity, previous uterine surgery, gravid hysterectomy - in consultation with other services (general surgery, gyn-oncology, urology, etc)	Clinical	
M7 L4.4: Demonstrates the ability to provide intraoperative ultrasound guidance in the provision of second trimester uterine evacuation	Clinical	
M7 L4.5: Effectively teaches and supervises learners in the provision of straightforward second trimester surgical uterine evacuation	Clinical Readings Simulation	<p>Fellowship in Family Planning Recorded Webinar</p> <ul style="list-style-type: none"> 2015 (Dr. Bartz): Incorporating Simulation into Family Planning Training <p>Innovating education</p> <ul style="list-style-type: none"> Training the next generation: Integration of abortion into clinician education teaching surgical skills with simulation models. D&E training Model Multiple-Module simulation of Dilation and Evacuation
M7 L4.6: Effectively supervises learners	Clinical	

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in the diagnosis and management of complications resulting from second trimester surgical uterine evacuation		
M7 L4.7: Demonstrates knowledge of the evidence and techniques for feticide for second trimester uterine evacuation	Clinical Didactics Readings Simulation	<p>SFP Clinical Guideline: Induction of fetal demise before abortion. Prepared by Justin Diedrich, MD, and Eleanor Drey, MD, EdM. Published in Contraception 81:6(2010), pp. 462-473. Guideline #20101.</p> <p>NAF Sample Protocol: Induced Fetal Demise using Digoxin (for members only)</p> <p>Grimes DA, Stuart GS, Raymond EG. Feticidal digoxin injection before dilation and evacuation abortion: evidence and ethics. Contraception 2012 Feb;85(2):140-3.</p> <p>Tocce, K., et al., Feasibility, effectiveness and safety of transvaginal digoxin administration prior to dilation and evacuation. Contraception, 2013. 88(6): p. 706-711.</p> <p>White, K.O., D.L. Nucatola, and C. Westhoff, Intra-fetal Compared With Intra-amniotic Digoxin Before Dilation and Evacuation: A Randomized Controlled Trial. Obstet Gynecol, 2016. 128(5): p. 1071-1076.</p> <p>Nucatola, D., N. Roth, and M. Gatter, A randomized pilot study on the effectiveness and side-effect profiles of two doses of digoxin as fetocide when administered intraamniotically or intrafetally prior to second-trimester surgical abortion. Contraception, 2010. 81(1): p. 67-74.</p>

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		<p>Gariepy, A.M., et al., Transvaginal administration of intraamniotic digoxin prior to dilation and evacuation. Contraception, 2013. 87(1): p. 76-80.</p>
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Milestone 8: PUL PC	Teaching method	Materials/References
M8 L2.1: Utilizes non-surgical and surgical methods to manage patients with tubal ectopic pregnancy	Clinical teaching Didactics Readings	<p>Tubal ectopic pregnancy. ACOG Practice Bulletin No. 193. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e91–103.</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 18: Ectopic Pregnancy
M8 L2.2: Synthesizes sonographic findings and hcg levels to diagnose and manage a patient with extra-uterine and PUL	Clinical teaching Didactics Readings	<p>Tubal ectopic pregnancy. ACOG Practice Bulletin No. 193. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e91–103.</p> <p>Doubilet PM, Benson CB, Bourne T, Blaivas M, Barnhart KT, Benacerraf BR, et al. Diagnostic criteria for nonviable pregnancy early in the first trimester. Society of Radiologists in Ultrasound Multispecialty Panel on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy. N Engl J Med 2013;369:1443–51.</p> <p>Connolly A, Ryan DH, Stuebe AM, Wolfe HM. Reevaluation of discriminatory and threshold levels for serum beta-hCG in early pregnancy. Obstet Gynecol 2013;121:65–70.</p>
M8 L2.3: Demonstrates knowledge of the mechanism of action and clinical application of methotrexate in the management of extra-uterine pregnancy	Clinical teaching Didactics Readings	<p>Tubal ectopic pregnancy. ACOG Practice Bulletin No. 193. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e91–103.</p> <p>Management of Unintended and Abnormal Pregnancy:</p> <ul style="list-style-type: none"> Chapter 18: Ectopic Pregnancy

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<p>M8 L2.4: Able to recognize cervical and cesarean section ectopic pregnancies on sonogram and understands the options for management</p>	<p>Clinical teaching Didactics Readings</p>	<p>Petersen KB, Hoffmann E, Larsen CR, Nielsen HS. Cesarean scar pregnancy: a systematic review of treatment studies. Fertil Steril 2016;105:958-67.</p> <p>Rotas MA, Haberman S, Levigur M. Cesarean Scar Ectopic Pregnancies: etiology, diagnosis, and management. Obstet Gynecol 2006;107:1373-81.</p> <p>Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of cesarean deliveries: early placenta accreta and cesarean scar pregnancy. A review. AJOG 2012</p> <p>Chetty M, Elson J. Treating non-tubal ectopic pregnancy. Best Pract Res Clin Obstet Gynaecol 2009;23:529–38.</p> <p>Fylstra DL. Cervical pregnancy: 13 cases treated with suction curettage and balloon tamponade. Am J Obstet Gynecol 2014;210:581.e1–e5.</p> <p>Verma U, Goharkhay N. Conservative management of cervical ectopic pregnancy. Fertil Steril 2009;91:671-4.</p> <p>Verma U, English D, Brookfield K. Conservative management of nontubal ectopic pregnancies. Fertil Steril 2011;96:1391-5.</p>
<p>M8 L3.1: Able to diagnose a C/section or interstitial ectopic pregnancy using imaging, hcg and patient history</p>	<p>Clinical teaching Didactics Readings</p>	<p>Rotas MA, Haberman S, Levigur M. Cesarean Scar Ectopic Pregnancies: etiology, diagnosis, and management. Obstet Gynecol 2006;107:1373-81.</p> <p>Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of cesarean deliveries: early placenta accreta and cesarean scar pregnancy. A review. AJOG 2012</p>

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		<p>Verma U, Goharkhay N. Conservative management of cervical ectopic pregnancy. Fertil Steril 2009;91:671-4.</p> <p>Verma U, English D, Brookfield K. Conservative management of nontubal ectopic pregnancies. Fertil Steril 2011;96:1391-5.</p>
M8 L3.2: Able to manage a C/section or interstitial ectopic pregnancy using medical management, including systemic and/or intra-sac methotrexate	Clinical teaching Didactics Readings	<p>Petersen KB, Hoffmann E, Larsen CR, Nielsen HS. Cesarean scar pregnancy: a systematic review of treatment studies. Fertil Steril 2016;105:958-67.</p> <p>Rotas MA, Haberman S, Levgur M. Cesarean Scar Ectopic Pregnancies: etiology, diagnosis, and management. Obstet Gynecol 2006;107:1373-81.</p> <p>Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of cesarean deliveries: early placenta accreta and cesarean scar pregnancy. A review. AJOG 2012</p> <p>Chetty M, Elson J. Treating non-tubal ectopic pregnancy. Best Pract Res Clin Obstet Gynaecol 2009;23:529–38.</p> <p>Fylstra DL. Cervical pregnancy: 13 cases treated with suction curettage and balloon tamponade. Am J Obstet Gynecol 2014;210:581.e1–e5.</p> <p>Verma U, Goharkhay N. Conservative management of cervical ectopic pregnancy. Fertil Steril 2009;91:671-4.</p> <p>Verma U, English D, Brookfield K. Conservative management of nontubal ectopic pregnancies. Fertil Steril 2011;96:1391-5.</p>

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M8 L4.1: Teaches and supervises junior learners in the diagnosis and management of C/section and interstitial ectopic pregnancy	Clinical teaching Didactics Readings	
M8 L4.2: Able to manage a C/section or interstitial ectopic pregnancy using surgical techniques, including indications for gravid hysterectomy and coordination with other services	Clinical teaching Didactics Readings	<p>Petersen KB, Hoffmann E, Larsen CR, Nielsen HS. Cesarean scar pregnancy: a systematic review of treatment studies. Fertil Steril 2016;105:958-67.</p> <p>Rotas MA, Haberman S, Levгур M. Cesarean Scar Ectopic Pregnancies: etiology, diagnosis, and management. Obstet Gynecol 2006;107:1373-81.</p> <p>Timor-Tritsch IE, Monteagudo A. Unforeseen consequences of the increasing rate of cesarean deliveries: early placenta accreta and cesarean scar pregnancy. A review. AJOG 2012</p> <p>Chetty M, Elson J. Treating non-tubal ectopic pregnancy. Best Pract Res Clin Obstet Gynaecol 2009;23:529–38.</p> <p>Fylstra DL. Cervical pregnancy: 13 cases treated with suction curettage and balloon tamponade. Am J Obstet Gynecol 2014;210:581.e1–e5.</p> <p>Verma U, Goharkhay N. Conservative management of cervical ectopic pregnancy. Fertil Steril 2009;91:671-4.</p> <p>Verma U, English D, Brookfield K. Conservative management of nontubal ectopic pregnancies. Fertil Steril 2011;96:1391-5.</p>
M8 L4.3: Provides expert consultation in the management	Clinical teaching Didactics	

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of C/section and interstitial ectopic pregnancy	Readings Mentorship	
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Milestone 9: Pt centered Communication ICS	Teaching method	Materials/References
<p>M9 L2.1: Demonstrates the ability to facilitate patient-centered contraceptive decision making, including describing attributes of methods including efficacy, methods of use, benefits and adverse effects</p>	<p>Didactics Readings Clinical Mentorship</p>	<p>Contraceptive Technology, 21st edition:</p> <ul style="list-style-type: none"> • Chapter 2: Engaging with unintended pregnancy through patient-centered reproductive goals and contraceptive counseling • Chapter 3: Efficacy, Safety, and Personal Considerations • Chapter 26: Contraceptive Efficacy <p>Innovating Education. Shared Decision Making Using a Decision Aid.</p> <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> • 2013 (Dr Dehlendorf): Patient-centered support for contraceptive decision making <p>Downey et al. More than a destination: Contraceptive decision making as a Journey. Women's Health issues. 2017. doi: 10.1016/j.whi.2017.03.004.</p> <p>Contraception for the Medically Challenging Patient (Allen, Cwiak):</p> <ul style="list-style-type: none"> • Chapter 1: Patient Assessment and Counseling for Contraceptive Care <p>R.B. Gold, Guarding against coercion while ensuring access: A delicate balance, Guttmacher Policy Review 17(3) (2014).</p>

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		J.A. Higgins, Celebration meets caution: LARC's boons, potential busts, and the benefits of a reproductive justice approach , Contraception 89(4) (2014) 237-41.
M9 L2.2: Demonstrates basic counseling skills such as establishing rapport, reflective listening, being non-directive and checking with patient for understanding of management plans	Didactics Readings Clinical Mentorship	<p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> 2013 (Dr Dehlendorf): Patient-centered support for contraceptive decision making <p>Innovating Education</p> <ul style="list-style-type: none"> Improving contraceptive Counseling through a shared decision making curriculum. Shared Decision making using a decision aid.
M9 L2.3: Communicates effectively in stressful, emergent or complex situations	Clinical	
M9 L2.4: Demonstrates the ability to provide unbiased, evidence-based, nondirective pregnancy options counseling	Didactics Clinical Readings	<p>Management of Unintended and Abnormal Pregnancy</p> <ul style="list-style-type: none"> Chapter 5: Informed consent, patient education and counseling. <p>Perrucci, Alissa. Decision Assessment and Counseling in Abortion Care: Philosophy and Practice. 2012.</p> <p>Foster DG et al., Attitudes and decision making among women seeking abortions at one U.S. clinic, Perspectives on Sexual and Reproductive Health, 2012, 44(2):117–124.</p> <p>Innovating Education:</p> <ul style="list-style-type: none"> RHEDI Patient-centered options counseling.

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		<ul style="list-style-type: none"> • The Framework: Counseling for Patient-centered Abortion Care
M9 L2.5: Communicates effectively with patient and families across a broad range of ages, socioeconomic and cultural backgrounds and reproductive histories	Clinical Readings	ACOG Cultural Awareness and sensitivity in Women's Health Care. ACOG Interactive site for clinicians serving women with disabilities:
M9 L3.1: Demonstrates the ability to counsel women referred for pregnancy termination specifically for fetal anomalies, intrauterine fetal demise, genetic or maternal health indications, including pre and post-operative evaluation as well as supportive care.	Clinical Readings	Innovating Education <ul style="list-style-type: none"> • Pregnancy Termination for fetal diagnosis Workshop.
M9 L3.2: Adapts counseling to a patient's unique biopsychosocial circumstances	Clinical	Perrucci, Alissa. Decision Assessment and Counseling in Abortion Care: Philosophy and Practice. 2012.
M9 L3.3: Incorporates the psychosocial aspects of undesired, anomalous or demised pregnancy, abortion, and being denied an abortion into patient-centered pregnancy options counseling	Clinical Mentorship	Perrucci, Alissa. Decision Assessment and Counseling in Abortion Care: Philosophy and Practice. 2012.
M9 L4.1: Supervises junior learners in providing patient-centered contraceptive counseling and pregnancy options counseling for routine and biopsychosocially complicated women	Reading Didactic Mentorship	Innovating Education <ul style="list-style-type: none"> • Contraception and Counseling Simulation Workshop. MedEdPortal Objective Structure Clinical Examination: Non-directive pregnancy options counseling with communication and ethical

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		challenges . Carla Lupi, Nicolette Shreiber, Aliye Runyan. Jan 2012.
M9 L4.2: Models effective communication to junior learners and other clinical personnel in a variety of clinical settings	Clinical Mentorship	
M9 L4.3: Effectively balances physician-patient communication mandated by state law (ie parental notification/consent, mandatory counseling, waiting periods, etc) with medically correct and evidence-based information	Clinical Didactics Readings	Guttmacher An overview of abortion laws. Innovating Education <ul style="list-style-type: none"> • Explained: Parental involvement requirements lecture.
M9 L4.4: Delivers bad news to patients/families regarding complications, including medical errors that caused harm. Models these behaviors for junior learners	Clinical Readings Mentorship	Rosenbaum ME, Ferguson KJ, Lobas JG. Teaching medical students and residents skills for delivering bad news: a review of strategies. Acad Med 2004;79(2):107-117. [PMID 14744709]
M9 L4.5: Provides expert consultation in counseling patients regarding contraceptive choice and pregnancy options in medically and socially/emotionally/ ethically complicated situations.	Clinical	

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Milestone 10: Comm. w pt care teams ICS	Teaching method	Materials/References
M10 L2.1: Works effectively in interprofessional and interdisciplinary health care teams	Clinical Simulation Mentorship	Implement Teamwork and Communication . CUSP Toolkit. Agency for Healthcare Research and Quality. The SHARE Approach . Agency for Healthcare Research and Quality.
M10 L2.2: Communicates effectively with physicians and other health care professionals regarding patient care	Clinical Simulation Mentorship	Implement Teamwork and Communication . CUSP Toolkit. Agency for Healthcare Research and Quality. The SHARE Approach . Agency for Healthcare Research and Quality. Communication strategies for patient handoffs. Committee Opinion No. 517 . American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;119:408–11
M10 L2.3: Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team	Clinical Mentorship	
M10 L2.4: Participates in multidisciplinary family/patient/team member conferences	Clinical Mentorship	Effective patient–physician communication. Committee Opinion No. 587 . American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:389–93.
M10 L3.1: Models and coaches shared decision making in complex and highly stressful situations	Simulation Clinical Mentorship	Innovating Education in Reproductive Health: Shared Decision Making Curriculum .

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M10 L3.2: Effectively balances the disparate views of health care team members with the needs of the patient regarding contraception and abortion care in a way this is mutually respectful	Clinical Mentorship	NAF. The Abortion Option: A Values Clarification Guide for Health Professionals.
M10 L3.3: Supervises junior learners in providing consultation to other services regarding family planning	Clinical Mentorship	
M10 L4.1: Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes	Clinical Mentorship	Implement Teamwork and Communication. CUSP Toolkit. Agency for Healthcare Research and Quality. The SHARE Approach. Agency for Healthcare Research and Quality.
M10 L4.2: Leads multidisciplinary family/patient/team member conferences	Clinical Mentorship	
M10 L4.3: Models balancing the disparate views of health care team members with the needs of the patient regarding contraception and abortion care in a way this is mutually respectful on an institutional level	Clinical Mentorship	Implement Teamwork and Communication. CUSP Toolkit. Agency for Healthcare Research and Quality. The SHARE Approach. Agency for Healthcare Research and Quality.
M10 L4.4: Demonstrates knowledge of values clarification and reflection exercises relating to the psychological impact on those who provide abortions and their support staff	Clinical Mentorship	Innovating Education in Reproductive Health: <ul style="list-style-type: none"> • Teaching Professionalism Through a Case-based Values Clarification. • Professional Responsibility: NAF. The Abortion Option: A Values Clarification Guide for Health Professionals.

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		<p>Ipas Abortion Attitude Transformation: a values clarification toolkit for global audiences</p> <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none">• 2017 (Drs. Steinauer and Grey) Partial Participation
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Milestone 11: Prof ethics P	Teaching method	Materials/References
M11 L2.1: Demonstrates integrity, respect, honesty and compassion in interactions with patients, colleagues and learners	Reading Didactic Mentorship	Empathy in women's health care. Committee Opinion No. 480. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:756–61. Behavior that undermines a culture of safety. Committee Opinion No. 683. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e1–4. Duff P. Teaching and assessing professionalism in medicine. Obstet Gynecol 2004;104:1362-6.
M11 L2.2: Accepts constructive feedback to improve his/her ability to demonstrate compassion, integrity and respect for others	Reading Didactic Mentorship	Empathy in women's health care. Committee Opinion No. 480. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:756–61.
M11 L2.3: Demonstrates self-awareness of fatigue and stress and mitigates the effects.	Reading Didactic Mentorship	Fatigue and patient safety. ACOG Committee Opinion No. 730. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e78–81.
M11 L2.4: Honest and truthful in all circumstances	Reading Didactic Mentorship	ABIM Foundation, American Board of Internal Medicine; ACP-ASIM Foundation, American College of Physicians–American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002;136(3):243-246.
M11 L2.5: Recognizes limits of knowledge, expertise and clinical skills.	Reading Didactic Mentorship	Duff D. Professionalism in medicine: An A-Z Primer. Obstet Gynecol 2002;99:1127-8.

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M11 L2.6: Demonstrates timeliness in completion of administrative duties without reminders	Mentorship	Duff D. Professionalism in medicine: An A-Z Primer. Obstet Gynecol 2002;99:1127-8.
M11 L2.7: Demonstrates commitment to self-improvement	Mentorship	Duff D. Professionalism in medicine: An A-Z Primer. Obstet Gynecol 2002;99:1127-8.
M11 L2.8: Demonstrates understanding of ethical principles, including boundary issues, and consciously applies them to patient care	Reading Didactic Mentorship	Ethical decision making in obstetrics and gynecology. ACOG Committee Opinion No. 390. American College of Obstetricians and Gynecologists. Obstet Gynecol 2007;110:1479–87.
M11 L2.9: Acknowledges errors with Program Director, faculty and participates in disclosure to patients	Mentorship Reading	Disclosure and discussion of adverse events. Committee Opinion No. 681. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e257–61.
M11 L3.1: Successfully navigates conflicts between patient preferences that are discordant with personal beliefs	Mentorship Reading	ABIM Foundation, American Board of Internal Medicine; ACP-ASIM Foundation, American College of Physicians–American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002;136(3):243-246.
M11 L3.2: Successfully navigates ethically complex clinical issues involving patient autonomy	Reading Didactic Mentorship	Ethical decision making in obstetrics and gynecology. ACOG Committee Opinion No. 390. American College of Obstetricians and Gynecologists. Obstet Gynecol 2007;110:1479–87.
M11 L3.3: Balances patient privacy with ethical and legal requirements in complex circumstances involving contraception and abortion care	Reading Didactic Mentorship	Increasing access to abortion. Committee Opinion No. 613. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;124:1060–5.

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		<p>Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;125:250–5.</p> <p>Sterilization of women: ethical issues and considerations. Committee Opinion No. 695. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e109–16.</p> <p>The limits of conscientious refusal in reproductive medicine. ACOG Committee Opinion No. 385. American College of Obstetricians and Gynecologists. Obstet Gynecol 2007;110:1203–8.</p>
M11 L3.4: Consistently models compassion, integrity, respect for others, and self-awareness to colleagues, clinic staff, and learners	Reading Didactic Mentorship	<p>Empathy in women's health care. Committee Opinion No. 480. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:756–61.</p>
M11 L4.1: Consistently models compassion, integrity and respect for others in all clinical contexts	Reading Didactic Mentorship	<p>Empathy in women's health care. Committee Opinion No. 480. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:756–61.</p>
M11 L4.2: Successfully leads others through complex clinical issues involving patient autonomy	Reading Didactic Mentorship	<p>Ethical decision making in obstetrics and gynecology. ACOG Committee Opinion No. 390. American College of Obstetricians and Gynecologists. Obstet Gynecol 2007;110:1479–87.</p>
M11 L4.3: Successfully navigates conflicts between patient needs and the discordant personal beliefs of learners, staff or administration	Reading Didactic Mentorship	<p>Disclosure and discussion of adverse events. Committee Opinion No. 681. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e257–61.</p>

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M11 L4.4: Operates professionally and independently in various educational and patient care environments	Mentorship	
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Milestone 12: Policy SBP	Teaching method	Materials/References
M12 L2.1: Understands the professional responsibility of physicians in advocating for appropriate reproductive health care	Reading Didactic Mentorship	<p>Weinberger SE et al. Legislative Interference with the Patient-Physician Relationship. NEJM 2012;367:1557-9.</p> <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> • 2017 (Dr. Diane Horvath-Cosper): Above and beyond: using your physician voice to advocate for reproductive health, reproductive justice, and evidence-based policy • 2018 (Tresa Undem): Reactions to Provider Voices
M12 L2.2: Demonstrates an awareness of the need for patient advocacy as it relates to reproductive health care and family planning	Mentorship	<p>Heuser CC, et al. Reproductive rights advocacy: not just for the family-planning community. AJOG 2017.</p> <p>Raymond EG, et al. The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. Obstet Gynecol 2012.</p> <p>Physicians for Reproductive Health, ARSHEP Presentations: Physicians as Advocates:</p>
M12 L2.3: Advocates for patients in their health care setting	Mentorship	
M12 L3.1: Demonstrates knowledge of how national, state and local policies impact reproductive health care, especially those local to their particular setting	Reading Didactic Mentorship	<p>Weinberger SE et al. Legislative Interference with the Patient-Physician Relationship. NEJM 2012;367:1557-9.</p> <p>Earnest MA, et al. Physician Advocacy: What is it and how do we do it? Acad Med 2010;85:63-67.</p>

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		<p>Center for reproductive rights Report: Roe and the Intersectional Liberty Doctrine</p> <p>Guttmacher.org In Real Life: Federal Restriction on abortion coverage and the women they Impact. Megan K. Donovan. Jan 2017.</p> <p>Innovating Education Explained: Abortion Research and Policy Course</p>
M12 L3.2: Demonstrates knowledge of the professional organizations that advocate for and influence public policy in family planning on both the local and national level	Mentorship	<p>ACOG/CREOG Advocacy Modules: https://www.acog.org/About-ACOG/ACOG-Departments/CREOG/CREOG-Search/Advocacy-Modules</p> <p>ACOG Advocacy: https://www.acog.org/advocacy</p> <p><u>Optional rotations</u> ACOG Congressional Leadership Conference ACOG Policy Rotation PRH Leadership training academy ACOG Robert C. Cefalo Leadership Institute</p>
M12 L4.1: Demonstrates knowledge of the methods that can be used to influence local, state, and federal government and private agencies with respect to the issues of contraception and abortion	Mentorship	

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M12 L4.2: Teaches about, mentors and model the above methods to learners and co-workers	Mentorship	Abortion training and education. Committee Opinion No. 612. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;124:1055–9.
M12 L4.3: Demonstrates the skills to educate non-physicians about contraception and abortion and policies that affect health care provision in family planning	Mentorship	

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Milestone 13: Research PBLI	Teaching method	Materials/References
M13 L2.1: Describes commonly used study designs (ie RCT, cohort, case-control, cross-sectional, qualitative techniques)	Reading Didactic Mentorship	<p>The Lancet Handbook of Essential Concepts in Clinical Research (The Lancet Handbooks), Kenneth Schulz PhD MBA and David A. Grimes, MD</p> <p>Fellowship in Family Planning, Recorded Webinar:</p> <ul style="list-style-type: none"> • 2019 (Dr. Wu): An Introduction to Mixed Methods in Family Planning Research and Scholarship • 2015 (Drs. Greene-Foster and Harper): Demography research
M13 L2.2: Critically reviews and interprets the literature with the ability to identify study aims hypotheses, design and biases		<p>Elsevier Research Academy: Peer Review</p> <p>Elsevier: How to conduct a review</p>
M13 L3.1: Demonstrate a working knowledge of a broad range of quantitative and qualitative statistical concepts through enrollment in appropriate coursework	Didactics: Masters Mentorship	<p>Biostatistics: The Bare Essentials-Geoffrey Norman and David Streiner</p> <p>Qualitative methods in public health-Tolley, Ulin, Mack, Robinson, Succop</p>
M13 L3.2: Develop a study design and write a funding proposal and study budget, with mentorship	Mentor Reading Didactics	<p>http://www.equator-network.org/</p> <p>The Lancet Handbook of Essential Concepts in Clinical Research (The Lancet Handbooks), Kenneth Schulz PhD MBA and David A. Grimes, MD</p>

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		Designing Clinical research, 3rd Edition. S. Hulley, S. Cummings, W. Browner, D. Grady, T. Newman
M13 L3.3: Develop a hypothesis-based research project involving clinical subjects, bench research, analysis of an existing dataset or a combination of these, with mentorship	Mentor Reading Didactics	http://www.equator-network.org/ The Lancet Handbook of Essential Concepts in Clinical Research (The Lancet Handbooks), Kenneth Schulz PhD MBA and David A. Grimes, MD
M13 L3.4: Demonstrate knowledge of ethics involving human subjects research and obtain IRB approval for a study	Mentor Didactic Reading	Ethical considerations for including women as research participants. Committee Opinion No. 646. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;126:e100–7. The Lancet Handbook of Essential Concepts in Clinical Research (The Lancet Handbooks), Kenneth Schulz PhD MBA and David A. Grimes, MD
M13 L4.1: Complete a Masters program or comparable course program in research methods	Masters program	Masters program
M13 L4.2: Demonstrate familiarity with one or more computer data entry programs and analysis programs		UCLA What Statistical Test: https://stats.idre.ucla.edu/other/mult-pkg/whatstat/
M13 L4.3: Write a publishable thesis based on their research prior to graduation from fellowship Demonstrate the ability to provide critical review of manuscripts submitted for peer review		Wax JR, Cartin A, Pinette MG. Preparing a research presentation: a guide for investigators. AJOG 2011;205:28w1-5. Fellowship in Family Planning, Recorded Webinar: <ul style="list-style-type: none"> 2014 (Dr. Teal): Presentations with punch: Creating a talk as good as your topic

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M13 L4.4: Provide didactic teaching regarding basic statistical concepts and critical review of the literature to students and residents, including leading journal club		How to conduct a Journal Club: https://journals.lww.com/greenjournal/documents/howtoconductajournalclub_final.pdf
M13 L4.5: Demonstrate the ability to write material for publication in medical journals, scientific texts, syllabi for lectures, and lay publications		Fellowship in Family Planning, Recorded Webinar: <ul style="list-style-type: none"> 2016 (Dr. Lupi): Educational scholarship bootcamp