



# Step-by-Step Guide to Leading an Abortion Care Education (ACE) Elective

## Step 1: Identify student leaders.

- Usually these will be the leaders of the Nurses for Sexual and Reproductive Health chapter at your school. Utilizing two to three student leaders seems to be an efficient way to spread out the work and make it doable for busy students.
- Do you want it to be interprofessional? Contact the Medical Students for Choice or If/When/How chapter at your school!
- Faculty advisor: Identify a faculty member who can help you find speakers, reserve rooms, and communicate with the school administration re: attendance and for-credit courses.
- Leadership roles: Assign tasks such as room reservations, attendance, contact for guest speakers, papaya workshop coordinator, etc.

## Step 2: Create a timeline.

When are you going to hold the elective? What days/times will work for the students? How much time do you need to prepare? Set deadlines for tasks.

## Step 3: Consider your format.

Do you want this to be a regular, in-person class? Do you want it to be an evening discussion group? What works best for your schedules? Do you want it to be “for-credit” or simply a non-credit elective?

*Note: Some schools are willing to offer the elective “for credit,” i.e. students who officially register for the elective will receive credit on their transcript. If your school is unwilling, or you choose not to go that route, you can give students an official “Certificate of Completion” that can be provided by Nurses for*

*Sexual and Reproductive Health. To request this template, contact: [info@nsrh.org](mailto:info@nsrh.org). Students can then put the elective on their resume, which can be an incentive for attendance.*

#### **Step 4: Select curriculum and instructors.**

See the “Syllabus and Learning Objectives” on the ACE section of the NSRH website. This can be a very fun part of designing an elective! Think about faculty, local NPs/CNMs in practice, non-profit leaders, policy folks, adoption agency reps, MDs, RNs, social workers, etc., who can teach your elective. They need to be asked well in advance and given the logistical information to arrive on time, set up audio/visual, and know their audience.

- If you cannot find an appropriate instructor for a particular session, please contact [info@nsrh.org](mailto:info@nsrh.org) or speak with your faculty advisor.
- If you cannot find an instructor, there is always the option of online content. This is slightly more work on your part, since you would essentially be leading the session, but all the content for the elective sessions is available online. This is not an ideal way to present the information, as it isn't as interactive, but it is a good way to get the information out to students who don't live in an area saturated with available session instructors.
- Papaya MVA Workshop:
  - Leaders: Ideally, you will find a faculty member or clinician who can lead this workshop. If not (or if they need a little tutorial), please see the embedded links in the ACE Slide Deck for the session, *MVA and IUD Insertion Workshops*.
  - Supplies: NSRH can send you the supplies for this workshop, although we ask that you first request them from a local Planned Parenthood or Family Planning Fellowship program. Papayas will need to be purchased in your area, and NSRH can reimburse you for this expense.
  - Many supplies can be provided by the ParaGard representatives/Teva Pharmaceuticals. Please see the “IUD/Papaya Workshop” description for the list of necessary supplies and how to contact Teva Pharmaceuticals.
- IUD Workshop
  - Leaders: Teva/ParaGard representatives are happy to come lead these workshops on your campus. Alternatively, you can recruit a faculty member or clinician to lead it, and just get the supplies from Teva/ParaGard. Please set this workshop date early, so they have ample time to send you supplies.
  - Ideally, this workshop should be scheduled closely with the Papaya workshop, so the supplies can be used for both. One full elective session is usually ample time to lead both workshops.

### **Step 5: Make room reservations.**

Contact your nursing student affairs office (or a similar administrative office) to figure out the process of reserving a room on a regular basis.

### **Step 6: Advertise your event.**

Print the flyer template, fill in with the details of your elective, and post around campus. Send out an email announcement on the nursing, medical, and other professional student listservs. Talk to various OB/GYN interest groups, NSRH/MSFC students, or just let the students self-select.

### **Step 7: Evaluate your work.**

This is an extremely important part of the national movement to move sexual and reproductive health into nursing and APC curriculums. When you decide to lead an elective, you may be sent online evaluation links for students to complete. Please follow the instructions as given, as the information will be used for nationally disseminated presentations and papers.

**QUESTIONS? PLEASE CONTACT [INFO@NSRH.ORG](mailto:INFO@NSRH.ORG)**

# UCSF University of California, San Francisco Example

## Student leaders

HC (Nursing Master's student Year 1) and MB (Medical student Year 2)

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## Interprofessional

Yes, sponsored by NSRH and MSFC

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## Leadership roles

HC: contacting half of the guest speakers and A/V equipment setup for each speaker. Created syllabus and recruited at UCSF NSRH chapter and within the student body.

MB: contacting half of the guest speakers, attendance, and room reservations. Recruited student participants from MSFC chapter and medical student body.

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## Timeline

Spring Quarter (January - March 2018). Wednesdays from 12-1 pm. Ten weeks, 10 class sessions, plus one movie night.

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## Format

Optionally for credit. Students could audit if they wished. To receive credit, they had to formally register and attend at least eight of the 11 sessions. No homework. All sessions were led by guest lecturers. Most lecturers brought PowerPoints, although some conducted a Papaya workshop or held group discussions and panels.

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# Logistics Template

Feel free to use the template below to help organize your ACE Elective project.

## Student leaders

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## Faculty advisor

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## Interprofessional partnership

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## Leadership roles

Room reservations: Attendance (optional):

Recruiting guest lecturers:

Advertising:

A/V setup:

Communication with administration re: for credit option (optional):

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## Timeline

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## Format

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## Curriculum

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## Evaluations

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# How to Request ACE Elective Supplies for MVA and IUD Insertion Workshops

To request supplies for your elective or workshops, please review the list of options below, determine what you will need, and email [info@nsrh.org](mailto:info@nsrh.org) with the following information. You will receive your supplies by mail, so please give notice at least SIX weeks before your event. Please attempt to find as many of the supplies as possible from your local TEACH program or the OB/GYN department. You can also ask the local Planned Parenthood to donate supplies.

## Info needed for request:

- Name
- Phone number
- Email address
- Physical mailing address
- Date of workshop
- Supplies needed

## Students request from NSRH:

- ACE Session Slide Decks and Presenter Packets (NSRH website)
- Syllabus and Learning Objectives (NSRH website)
- Instructors Guide to ACE Elective (NSRH website)
- Copyright Use & Disclaimer (NSRH website)
- Gift card for papayas - or instructions for reimbursements
- Manual vacuum aspirators
- Cannulae
- Dilators

## **Students request from Teva Pharmaceuticals:**

(Contact: [jennifer.Vanko@tevapharm.com](mailto:jennifer.Vanko@tevapharm.com))

- Tenaculums
- Pelvic models
- IUDs (demonstration use only)
- Sounds
- Syringes

## **Students provide:**

- Gloves (optional)
- Tables
- Tablecloths/paper to cover tables
- Water for syringes
- Plastic cups for papaya seeds



# ACE Elective Funding Proposal Example

Credit: Kathryn Tanner, Kendra Joseph-Rogers, Rachel Allen, Angela DiLaura

## Person Presenting the Proposal

Name/Organization:

Email Address:

Phone #:

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## Name of Group & Proposed Activity

“Leadership Series in Sexual and Reproductive Health”

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## Proposed Event/Meeting Date

A 10-week lecture series on Wednesday evenings at 6 pm or Tuesday evenings at 7 pm. Syllabus with schedule below.

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## Intended Audience

Entry to practice nursing students, Nurse practitioner students of all specialties, and any interested public health and medical students.

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## Learning Outcomes of Proposed Event/Activity

1. A greater understanding of current reproductive health issues for people in the medical field facilitated by experts in the field. Specialized skills/tools for specific procedures or counseling.
  2. De-stigmatization through skill-sharing and education around reproductive health issues.
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**Please use the space below to briefly describe the event details or meeting agenda.**

We are proposing to have a 10-week lecture series on various reproductive health topics that will be outlined below. These topics will enhance the nursing education we are receiving, pooling from the excellent community resources we have at Columbia University and in New York City. This program will be very similar to programs proposed by students at UCSF, Yale, OHSU, and U Penn, overseen by the organization Nurses for Sexual and Reproductive Health. At the end of the 10-week series, we will offer a certificate of completion to the students who complete the series.

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**Will your school nursing faculty be used as a resource? If so, in what capacity?**

Our new faculty advisor is in full support of this program and will be one of our lecturers of the adolescent counseling workshop. We are also planning to incorporate XXX and YYY in our Abortion 101 workshop, and, as we are in the planning stages, we will look for other resources at the School of Nursing and the School of Public Health.

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**How will this event be communicated to students to garner participation?**

We plan to start with a survey to see if there is general interest in such a program and also to get the word out about the program. We will also advertise primarily through social media (Facebook groups) and through word of mouth. We plan to hold an interest/info session before winter break to gauge commitment and get people excited for the curriculum.

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**Will you be requesting funds from the Office of Student Activities for this event?**

Yes

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**If yes, how will the proposed funds be used?**

Speaker fees, IUD workshop supplies, Papaya workshop supplies, food and drink for events/sessions, parking passes for speakers, etc.

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**Use this space to provide additional information regarding the event logistics, speakers, agenda, or anything else you would like the Office of Student Activities to note.**

Proposed Curriculum: TENTATIVE

Jan 27: Oppression in United States Reproductive Healthcare - Healthcare Disparities

Feb 3: Trans-Health Workshop

Feb 10: Do no harm, do harm reduction: A guide for health and service professionals to working with people in the sex trade

Feb 17: Disabilities and Repro Health

Feb 24: Adolescent Counseling/ Options counseling

March 3: Abortion 101 and Hands-on Papaya Workshop

March 10: Sexuality and Orgasm/ Female Pain

March 24: Abortion and the Law: ACLU, Center for Reproductive Health

March 31: Panel of Reproductive Health Providers!



# Blog Series: Notes from a Full-Spectrum Nurse-Midwifery Student

## PART I: FINDING FULL-SPECTRUM NURSE-MIDWIFERY

by Holly Carpenter, RN, UCSF School of Nursing-CNM/WHNP Candidate 2014

When I was choosing between various CNM (Certified Nurse Midwife) graduate programs in 2010, the faculty biographies at UCSF were the deciding factor. Every CNM on faculty was described as “Full Spectrum,” meaning they cared for patients through every reproductive health outcome, including abortion. My initial interpretation of this term was, “Wonderful! These midwives are providing abortions, and that means that I’ll be taught how to provide abortions.” As it turns out, while some UCSF CNM faculty provide medication abortions and place laminaria, CNMs in California do not typically perform first trimester “therapeutic abortions” or manual uterine aspiration procedures (MUAs).

This situation is not unique to California; CNMs and other advanced practice clinicians (APCs) are permitted to provide MUAs in only four states: Vermont, New Hampshire, Montana, and Oregon (Weitz et al., 2013). While the skills involved in first trimester MUAs are identical to those used in “miscarriage management” – a procedure that is legally within the APC scope of practice – many states have explicitly banned APCs from providing MUAs. Obviously, anti-choice politics play a major role in these bans, as evidenced by the recent rash of APCs-as-provider bans that have gone forward in recent abortion limitation legislation. The impact of these bans is substantial, and connecting the dots is not difficult:

- Under the Affordable Care Act, the proportion of the U.S. population receiving primary care from APCs is expected to increase substantially. (Taylor, et al., 2009).
- “NPs, CNMs, and PAs are ... more likely than physicians to practice in medically underserved settings.” (Taylor, et al., 2009)
- Abortion is one of the most commonly performed procedures for women. (Boonstra, et al., 2006)
- Limiting access to abortion is harmful to patients. (Foster, 2013)

- The logical conclusion: banning the most accessible providers from performing a commonly demanded procedure is going to have a negative impact on medically underserved patients.

However, progress is being made. In California, the Health Worker Pilot Program has been training APCs as first trimester MUA providers under a legal waiver from the CA State Legislature since 2005. The results of this project have been studied and published, and they offer proof that APCs are equal to MDs in safety, efficacy, and patient satisfaction (Weitz et al., 2013). The positive outcomes reported in this study have formed the basis for AB-154, a CA bill which formally designates first trimester MUA procedures as within APC scope of practice. Governor Jerry Brown signed the bill in October of 2013. APCs in California are now poised to address the important gap in abortion access that MD-only provider laws have created. They will finally be able to provide truly full-spectrum care for American women between the ages of 15-45, half of whom will seek an abortion at some point in their reproductive years (Weitz et al., 2013).

The first step in addressing this gap in access and care, however, starts with provider education at both the pre-licensure (RN) and APC levels. RNs play an important healthcare role by providing pregnancy options and contraceptive counseling in many clinical settings, and therefore, need to meet competency standards in SRH care provision. The next blog series will discuss the state of sexual and reproductive health content in nursing education, as well as an innovative project at the University of California, San Francisco: a student-led elective focused on abortion and family planning. Thanks for reading!

## REFERENCES

Foster, D., (2013). The Turnaway Study. ANSIRH.

Accessible at: <http://www.ansirh.org/research/turnaway.php>

Weitz, T., Taylor, D., Desai, S., Upadhyay, U., Waldman, J., Battistelli, M., & Drey, E. (2013). Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver.

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Boonstra, H., Benson Gold, R., Richards, C., & Finer, L. (2006).

Abortion in Women's Lives. Guttmacher Institute.

Accessible at: <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>

Taylor, D., Safriet, B., Dempsey, G., Kruse, B., & Jackson, C. (2009) Providing Abortion Care: a professional toolkit for Nurse-Midwives, Nurse Practitioners, and Physicians Assistants. University of California, San Francisco.

Accessible at: <http://www.apctoolkit.org/index.html>



# Blog Series: Notes from a Full-Spectrum Nurse-Midwifery Student

by Holly Carpenter, RN, UCSF School of Nursing-CNM/WHNP Candidate 2014

## PART II: WHAT ARE WE BEING TAUGHT? WHAT DO WE WANT TO LEARN?

In the previous post in this series, I introduced the big picture of nursing education in sexual and reproductive healthcare. This section discusses the extent of training that currently exists within nursing education programs in U.S., including a student-led elective that was piloted at UCSF this past year.

Both APC and pre-licensure nursing students still face a fairly bleak picture in terms of standard SRH training and education. In a preliminary review of existing curriculum and educational programs, the results demonstrate a significant need for further study and development of curriculum. Most importantly, we have zero baseline data regarding the content in RN (or “pre-licensure”) programs in terms of sexual and reproductive health. Without this information, we can only operate on assumptions to make the case for improvement or plans for curricular change.

The sole national survey of APC programs (conducted in 2001 and not updated since) demonstrated that only 53% of schools in the U.S. offer didactic instruction in medication or aspiration abortion, and a mere 21% offer clinical training in these procedures (Foster et al., 2006). This is all despite the fact that “professional associations and accreditation bodies have repeatedly identified the need to include reproductive health in the standard curricula” including The American Association of Colleges of Nursing (AACN), the National Organization of Nurse Practitioner Faculties (NONPF), the AAPA, and the American College of Nurse Midwives (ACNM), all of whom have “...developed guidelines that recognize the need for their graduates to possess competence in providing care related to sexual and reproductive health” (Taylor et al., 2009). Even at UCSF, with the passage of AB154, CNMs only receive two hours of comprehensive options counseling training, and two didactic hours of instruction on medication and aspiration abortion\*. Contraception is a very basic, pharmacology-focused online course.

In conversations with other nursing and medical students at UCSF, I have found a shared sentiment of disappointment in this educational gap. Nursing students at all levels are eager for more training and education in sexual and reproductive health - specifically focused on abortion. To meet these demands, a first-year medical student and I designed a noontime interprofessional elective entitled "Family Planning and Reproductive Choice," to which we invited guest speakers who covered options counseling, adoption, values clarification, clinical and public health aspects of abortion, and IUD insertion, among other SRH-related topics. As UCSF students, we were incredibly lucky to have access to the top SRH/abortion researchers and providers in the world, which made the task of selecting speakers very enjoyable. Dr. Tracy Weitz gave an electrifying introductory session on the state of abortion in the U.S., and Dr. Eleanor Drey followed with a comprehensive overview of clinical abortion provision. Residents and Family Planning Fellows taught our IUD and MVA papaya workshop, and Exhale (After Abortion Talkline) hosted a personal experience panel.

Student reception was overwhelmingly positive, and we had packed classrooms throughout the quarter. After presenting on this experience at the National Abortion Federation conference in 2013 where we met with nursing students from around the country, it was clear to me that nursing students' desire to be taught SRH curriculum is a national phenomenon. Anecdotally, their reasons included a desire to achieve competency in patient care provision, desire to increase abortion access in underserved and underinsured populations, and competitiveness in the job market, among others. In collaboration with an incredible interdisciplinary group of nursing educators and innovators, I'm currently in the process of creating and disseminated the elective as a nationally applicable curriculum. We are planning to implement the first pilots at Oregon Health and Sciences University, Yale University, the University of New Mexico, and the University of Pennsylvania, among others. The elective materials and curricular resources are also available on the NSSRH website. Through the efforts of dedicated grassroots nursing student activists at these campuses, we hope to demonstrate to faculty and administrators that we strongly believe this content needs to be included in our standard curriculum, not just to satisfy our own interests, but to prepare us to be competitive entrants to the nursing workforce, provide access to high quality SRH care to our patients, and normalize abortion care within the full spectrum of nursing scope of practice.

\*Due to the admirable efforts of several dedicated faculty, instruction in first trimester MUA is set to be implemented in 2014.

## REFERENCES

Foster, A., Polis, C., Allee, M., Simmonds, K., Zurek, M., Brown, A. (2006). Abortion education in nurse practitioner, physician assistant and certified nurse-midwifery programs: a national survey. *Contraception* 73 (2006) 408-414.

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# Guide to Curriculum Reform in Nursing Schools<sup>1</sup>

Most people assume that completion of a Registered Nurse or Advanced Practice Clinician degree means that all nurses have been trained in all aspects of patient care related to women's reproductive healthcare. You might be surprised to know that many nursing school programs DO NOT adequately teach contraception, options counseling, and abortion procedures in their training.

## **Nursing students can add reproductive health information into the training agendas at their schools by:**

- Surveying instruction and assessing the level and quality of abortion and reproductive health training offered at their school.
- Developing and implementing elective training opportunities and lecture series.
- Inviting speakers to give talks about reproductive health information to students.
- Training other nursing students to become activists for their own education and for their patients.
- Organizing student learning opportunities about the nursing role in abortion procedures and counseling sessions.

In many ways, nursing students are the best advocates for change in nursing education, but advocacy is not without risk to individuals at the beginnings of their careers. Nurses for Sexual and Reproductive Health (NSRH) works closely with nursing students who are engaged in curriculum reform and advocacy for nursing education to mitigate individual career risk at every step of the reform process. If you are planning to work toward better abortion education in your nursing school, please contact [info@nsrh.org](mailto:info@nsrh.org) to develop effective, low-risk strategies that will balance your immediate advocacy goals with your long-term career plans.

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<sup>1</sup> Adapted from Medical Students for Choice's Guide to Curriculum Reform in Medical Schools



## **The following steps offer a loose process for incorporating abortion education into nursing school curricula:**

### **1. Assess the Training**

Meet with your fellow nursing students to determine where your training stands now and what steps must be taken for improvement.

- Talk to students from all classes/years to find out what reproductive health information is already included in your program.
- Find out if anyone has worked on this issue in the past. Contact more advanced nursing students or ask the NSRH office if they have records of past efforts at your nursing school.
- Decide on some parameters. Are you trying to reform the early exposure to reproductive health information or clinical training for students, or both?
- Decide which types of subjects you want to cover.
- Examine your group's resources.
- Set realistic goals and timelines for the group's work.

### **2. Seek Support**

Find fellow students, faculty, clinicians, administrators, and members of the community who can lend support and serve as allies during the process. Connect with NSRH to get in touch with a network of people who are currently engaged in curriculum reform in their own nursing schools and to exchange stories, strategies, and inspiration. Contact NSRH at [info@nsrh.org](mailto:info@nsrh.org) to discuss your project from start to finish, to troubleshoot any problems, and to maintain momentum over the course of a year or two.

### **3. Research a Reform Strategy**

Each nursing school is structured differently. Where should you start advocating for training reform on campus?

- Talk to faculty members to identify opportunities to incorporate more abortion education and comprehensive reproductive health education into your school.
- Join your nursing school's curriculum committee to tap into an established process for evaluating and changing the curriculum.

### **4. Implement a Reform Strategy**

- Utilize resources on the NSRH website to build PowerPoint presentations and obtain handouts for reproductive health information to help implement your curriculum strategy more easily.
- Introduce or join a lunchtime lecture series to supplement existing education.

- Organize an IUD or Papaya workshop on your campus.

5. **Keep in touch with NSRH National**

NSRH can provide you with information, surveys, and support. Curriculum reform is often a multi-year process, so NSRH also tracks reform efforts at each nursing school to ensure your work is continued by future students.