

Discussion Guide: Aspiration Abortion Training Videos

These videos present one model of resident training before, during, and after a manual vacuum aspiration abortion that takes place in a family medicine setting. They are designed to spark discussion regarding different approaches to patient-centered care and communication throughout the abortion process, rather than presenting a single recommended approach. The videos are intended to highlight a range of important issues that providers may encounter when attempting to simultaneously train residents and provide optimal patient care.

Precepting before the Procedure

This video segment features a discussion between a family medicine preceptor and resident regarding: resident's skill and experience level; steps of the MVA procedure; tray set-up; and priorities and expectations for the learning and patient care process.

Some questions to consider as you watch the video:

- How does this precepting session compare to your own pre-procedure training experiences as a resident or trainer?
- Given typical time constraints in a busy practice, what topics should be prioritized before going into an MVA procedure? Are there topics included here that you hadn't considered for discussion? What other topics would you discuss that were not included here? How would this be different based on the experience/comfort level of the trainee?
- How did you react to the preceptor's discussion of the balance between training and patient care? Have you encountered these competing priorities in your own practice or training? How have you addressed these issues?
- This video presents strategies for a preceptor communicating with a resident during a procedure, framed as indirect communications from a preceptor to a resident. What did you make of these communication strategies? What other strategies have you used to communicate with your trainer/trainee during a procedure session (hand-on-hand guidance, etc)? How might a resident let a preceptor know if they needed help or intervention?
- Did you notice the preceptor's asking permission to tap the resident on the shoulder to intervene in the case? What might be other ways to address the need to respect personal space when working in close proximity?
- Communication with patients is an essential piece of any procedure. What did you think about the preceptor's admonition about the challenge of maintaining meaningful communication with the patient while performing the procedure? What have been your experiences with patient communication during procedural training sessions? Are there any other important aspects of communication with patients that could or should have been discussed before the procedure (e.g., patient-centered or trauma-informed language)?

The Procedure

This video segment presents one example of how a manual vacuum aspiration abortion might be experienced in a family medicine teaching setting. It highlights interactions between the resident and the preceptor, to illustrate teaching strategies that maintain a balance between resident learning and patient care.

Some questions to consider as you watch the video:

- How does this training session compare to your own procedural training experiences as a resident or trainer?
- What strategies did you observe the preceptor using to assist the resident during the procedure? What are your reactions to these strategies? What other strategies have you experienced? Would the approach differ if the providers were different ages or genders? How so? How might the approach differ based on different levels of trainee experience/comfort?
- In this scenario, the resident is the patient's primary care physician. How might the initial interactions between the providers and the patient have been different if this was the attending physician's patient? Or a new patient for both providers? How might the approach differ in a high-volume setting?
- Do you think the attending's level of transparency with regard to the training process and intervention was appropriate? What has been your approach to disclosure/transparency around the training process and different levels of trainee experience? How do you discuss trainee participation with your patients? What is your experience with the way front-desk staff and others discuss trainee participation?
- This video presents one approach to patient-provider communication regarding the steps of the procedure, which parts may involve patient discomfort, and what the patient is experiencing during this process. What was your reaction to how the providers handled these communications with the patient and her support person? What are some different approaches to patient communication you have used or encountered? Are there specific words or phrases that you like to use or avoid when caring for patients during an abortion? What different strategies might you use with patients who don't want to talk, are extremely uncomfortable, or are experiencing the procedure without a support person?

Post-procedure Reflections and Feedback

This video segment illustrates the importance of taking time to debrief after a procedure. In this session, both the resident and preceptor have a chance to reflect on what went well, what challenges they encountered, and their goals for future training sessions.

Some questions to consider as you watch the video:

- How does this post-procedure feedback session compare to your own experiences as a resident or trainer?
- The preceptor starts by asking the resident to reflect on how she thought the session went in general, then moves quickly to a specific question about the intervention during dilation. What are your thoughts on the attending physician's approach to guiding this reflection session? Do you think it covered the most essential topics while giving the resident space to reflect on her own experience? What other topics might have been covered? What are some other opportunities for providing feedback to learners and/or eliciting reflection?
- This scenario presents a resident who is receptive to feedback and intervention from the preceptor. How might the trainer's approach differ with a resident who is less experienced or less cooperative when it comes to preceptor feedback? What kinds of intervention or feedback might be helpful for residents who need to work, for example, on trauma-informed care or non-judgmental language?
- In this reflection session, the trainer emphasizes that patients have a wide range of preferences when it comes to communication during procedures. What strategies have you employed to anticipate and accommodate patient preferences that were not represented here? How would you give patients space who may prefer not to talk about their comfort level or other topics?
- How did the trainer use research evidence in this reflection session? How else might trainers use empirical evidence in training? (For teaching resources that include research citations, see RHEDI's [protocols](#) and other [interactive tools](#).)