

## **ABORTION ATTITUDES AND UNDERSTANDING AMONG US MEDICAL STUDENTS WHO HAVE APPLIED TO AN OBSTETRICS AND GYNECOLOGY RESIDENCY**

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Poor abortion access in the U.S. is largely driven by an ongoing shortage of providers in many geographic pockets throughout the country. Despite 97% of U.S. gynecologists reporting that they have patients who request abortion services, only 14% of these physicians provide abortion procedures themselves. Among surveyed obstetrics and gynecology physicians, pre-residency intention to provide abortion care is the strongest predictor of future abortion provision for their patients. The process through which medical students applying to obstetrics and gynecology form these pre-residency intentions to provide abortion care has yet to be systematically investigated.

The aims of this study were: 1) To assess which factors influence medical students' pre-residency intention to provide abortion; 2) To determine how, if at all, medical students who have applied to obstetrics and gynecology residencies perceive abortion to be relevant to themselves and their future patients; 3) To investigate how, if at all, pre-residency intention to provide abortion is influenced through medical school training. Our primary outcomes of interest were factors across domains within individual, family, professional, and societal levels that influence medical students' pre-residency intention to provide abortion in their future practice.

We conducted in-depth semi-structured qualitative interviews among 74 fourth-year medical students who have applied to residencies in obstetrics and gynecology. Student recruitment was stratified based on geographic region of medical school; presence or lack of a Ryan Residency Training Program in their medical school-affiliated teaching hospital; and student gender. Data were coded using a combination of inductive and deductive analytical methods.

Through these interviews we were able to elucidate a breadth factors that affect medical students' intentions to provide abortion. Most notably, medical school itself, even if it provided minimal abortion exposure, provided growth and transition in student understanding and compassion towards patients in general that positively affected their attitudes towards abortion services. Exposure to abortion services was even more impactful, particularly those cases that are emotionally charged, such as fetal anomalies in otherwise desired pregnancies or second trimester care. Of interest, students very much valued the interview experience itself and desired greater opportunities for values clarification surrounding abortion care and training. As the first study of its kind, we anticipate that this work opens a new field of inquiry in medical education.