

## Abortion training at the University of Saskatchewan highly sought after

We write to congratulate Drs Myran and Bardsley on their recent Residents' Views article.<sup>1</sup> It highlights the absence of exposure to abortion counseling and provision in family medicine residency training even now, decades after abortion has become a common and essential medical service in Canada. Half of all pregnancies in Canada are unplanned and half of those end in therapeutic abortion. This makes abortion a more common problem (14.5 per 1000) in the health care of women than myocardial infarction (1.5 to 2 per 1000) or breast cancer (1.3 per 1000) are.<sup>2-4</sup> Consequently, the authors are correct in calling the College of Family Physicians of Canada (CFPC) to account for the complete absence of this topic in its curricular guidelines. It is high time the CFPC corrected this omission in its curricular guidance for Canadian family medicine training.

The authors point out that when residents do receive exposure they report positive responses and more competency in provision of abortion counseling and intention to provide services. In that vein, our experiences in the University of Saskatchewan family medicine training program in Regina are a happy exception to the national paucity of training and exposure. For more than a decade the program has made exposure to women seeking pregnancy termination a mandatory residency training activity. All residents attend at least one counseling session at the Women's Health Centre, where a multidisciplinary team provides abortion counseling and services. Those who have an interest can increase their exposure to both surgical and medical abortion with elective time, eventually establishing abortion provision as a recognized competency in their training. Such elective experiences in our residency training program are highly sought after and fully subscribed to.

While Saskatchewan's northern and rural citizens still experience the access barriers common elsewhere in Canada, often traveling many hours to Regina for abortion services, this situation has improved. Anecdotally, this improvement is in no small part owing to family medicine residents' abortion exposure during training, and their resulting willingness to counsel women and provide abortion once graduated into practice in the

province. The Women's Health Centre abortion service is now staffed largely by family physicians, many of whom have come through the residency training program to establish their competency. In fact, several of these providers travel from their rural or regional practices to provide surgical abortion services on an itinerant basis. Many more former residents are providing medical abortion services in their communities, thanks again in part to their residency training experience.

Drs Myran and Bardsley have correctly identified a gaping hole in family medicine residency training in women's health, and we join them in calling on the CFPC to rectify this by adding abortion counseling and medical abortion exposure as a core competency in family medicine residency training in Canada.

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### Competing interests

None declared

### References

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## Resistance does not exist

I am so grateful to see motivational interviewing presented in our journal,<sup>1</sup> especially in regard to helping people with chronic pain make healthy changes. I would encourage the authors to read the most recent edition of *Motivational Interviewing* by Miller and Rollnick,<sup>2</sup> because they explain resistance as either sustain talk or discord in the therapeutic relationship. "Your clients will tell you when you are doing it right. If you hear change talk, do more of what you've been doing. If you encounter increasing sustain talk and discord, try something different."<sup>2</sup>

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