



LARC provision by family medicine residents: Interest, Barriers, and Gender Differences



Liana Kobayashi, DO, MPH¹, Chien-Wen Tseng, MD, MS, MPH^{1,2}, Thomas Quattlebaum, MD¹, Komal Soin, MD, MPH¹

¹University of Hawaii John A. Burns School of Medicine Department of Family Medicine and Community Health; ²Pacific Health Research and Education

Background

Long-Acting Reversible Contraceptives (LARCs) such as implants and IUDs are increasingly requested by patients as safe and highly effective forms of birth control.

All family medicine residents are encouraged but not required by the AAFP to be procedurally trained in LARC placement.

Prior surveys have shown male physicians are less likely than female physicians to provide LARCs.

Objectives

To evaluate for family medicine residents':

- Interest in training in LARCs versus general contraceptives (oral pills, patch, ring, depo-medroxyprogesterone)
- Interest in offering LARCs in future practice
- Differences in LARC training and barriers to training by gender

Methods

Cross-sectional, anonymous online survey of all 21 family medicine residents at the University of Hawaii Family Medicine Residency Program in May 2021.

Residents received training in all years for general contraceptives and LARCs in continuity clinic, OB/GYN rotations, and Planned Parenthood electives.

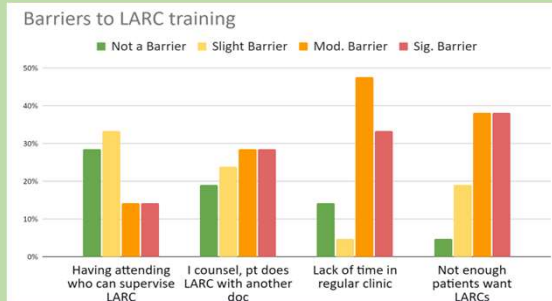
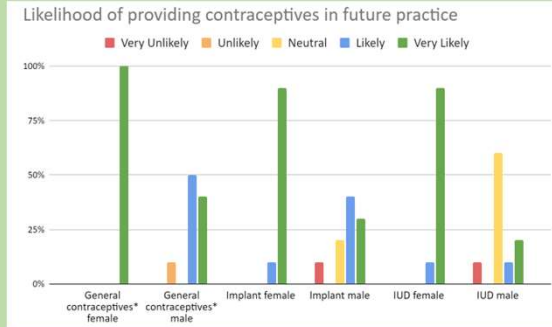
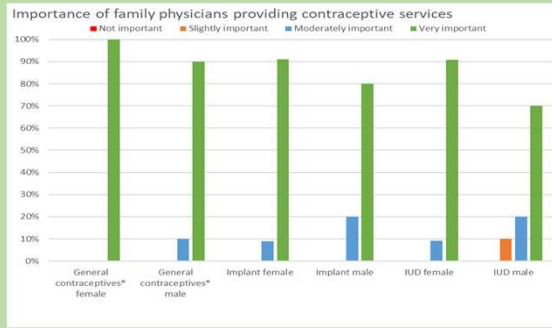
Results - Demographics

Class Year	Female	Male
PGY1	4	3
PGY2	2	4
PGY3	4	3
ALL	10	10

*reporting only those identified as Male or Female

Results – Interest in and Barriers to LARC training

	Females		Males	
	Implant	IUD	Implant	IUD
0	2 (20%)	4 (40%)	3 (30%)	3 (30%)
1-4	5 (50%)	2 (20%)	7 (70%)	7 (70%)
5 or more	3 (30%)	4 (40%)	0 (0%)	0 (0%)



Discussion

Importance of LARC provision by family medicine physicians. Most residents consider it "very important" for family medicine physicians to provide LARCs, with 91% of female and 70% (implant) to 80% (IUD) of male residents feeling this way.

Likelihood of providing LARCs in future practice. Most residents intend to provide general contraceptives (71% very likely), but this was lower for LARCs overall (62% implants and 57% IUDs very likely). Intent to provide LARCs was much higher for female (90% to 100% very likely) versus male residents (20% to 40% very likely).

Barriers to LARC training. Not having enough volume of patients requesting LARCs (76% moderate or significant barrier) and lack of time to place LARCs (81% moderate or significant barrier) posed the biggest barriers. To address this, we are scheduling LARCs into "procedure" clinics with a longer time slot and a dedicated attending and finding additional elective opportunities to place LARCs.

Gender differences during training. Both male and female residents were interested in LARC training. However male residents placed fewer LARCs in training compared to female residents.

Limitations. The survey was conducted at one family medicine residency and has a relatively small sample size. However, our findings demonstrate the importance of evaluating LARC training and interest, especially by gender.

Conclusion

While family medicine residents thought LARC training was important, not all intended to offer LARCs in their future practice, especially amongst male residents. Family medicine resident training in LARCs needs to ensure high numbers of LARC placement and encourage both male and female residents in their interest in providing LARCs to patients.