

Learning Objectives and Core Competencies Based on National Guidelines for Contraceptive Counseling Curricula

For the purposes of this document, learning objectives describe what the learner should be able to achieve at the end of a learning period. The following objectives are written to be broad enough to be applicable for a variety of training and residency programs. Competencies demonstrate the capability to apply or use a set of related knowledge, skills, and abilities to successfully perform work functions or tasks in a defined work setting. Competencies verify that a learner has learned what was intended in the learning objectives.

Recommendations adopted from National Guidelines	Advisory Committee Learning Objectives and Core Competencies
<p>1. Provide context for the need to counsel patients on effective birth control, citing the rate of unintended pregnancies, adolescent birth rates and appropriate birth spacing to reduce preterm birth and infant mortality rates.</p>	<p>Learning Objective: Recognize that the unintended pregnancy rate in the US is high and contributes to the high preterm birth and infant mortality rates in this country and understand the important role contraception counseling plays in improving birth outcomes (Patient Care, Medical knowledge).</p> <p>Core Competency: Implement strategies to help women at risk for unintended pregnancy and their partners to choose appropriate contraceptive methods and help them use methods correctly and consistently to prevent unwanted pregnancies (Patient Care, Medical Knowledge, Interpersonal and Communication Skills).</p>
<p>2. Establish and maintain rapport with the patient.</p>	<p>Learning Objective: Recognize the need to empower the patient in the decision-making process and provide information to enable the patient to make decisions (Patient Care, Interpersonal and Communication Skills).</p> <p>Core Competency: Create a caring, nonjudgmental setting for the patient to share information and perspectives about the patient’s contraceptive needs (Patient Care, Interpersonal and Communication Skills).</p>
<p>3. Obtain clinical and social information from the patient (medical history including STIs, pregnancy intention, contraceptive experiences and preferences, sexual orientation and sexual health assessment).</p>	<p>Learning Objective: Understand the importance of obtaining a current and complete medical and social history from the patient in effectively counseling the patient on contraceptive methods that will be most effective based on the patient’s individual needs (Patient Care, Medical Knowledge, Interpersonal and Communication Skills).</p> <p>Core Competency: Demonstrate competency obtaining a thorough medical and social history from the patient and personalizing the discussion on contraception methods to facilitate shared decision-making with the patient (Patient Care, Medical Knowledge, Interpersonal and Communication Skills).</p>
<p>4. Introduce contraceptive methods in order of effectiveness and work with the patient interactively to select the most appropriate</p>	<p>Learning Objective: Develop a thorough understanding of all contraceptive methods, their effectiveness, ease of use, methods of action, non-contraceptive benefits, contraindications, side effects, complications, special considerations, costs, protection</p>

<p>contraceptive method considering effectiveness, correct use of method, non-contraceptive benefits, contraindications, side effects (including bleeding patterns), complications (STIs, PID, pregnancy), special considerations (missed doses, changing methods, postpartum, breast feeding, emergency contraception, menopause) initiation and back up contraception, return to fertility, cost, protection from STIs (HIV), social-behavioral factors, partner violence and sexual behavior, mental health and substance use behaviors.</p>	<p>from STIs and social-behavioral factors (Patient Care, Medical Knowledge, Interpersonal and Communication Skills). Please refer to: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm Core Competency: Provide unbiased education which incorporates evidence-based medicine, including prevention of STIs (condoms, HPV vaccine), safe sex practices, LARCs (IUDs, implants), side effects and managing side effects. Introduce contraceptive methods in order of effectiveness, and refer if unwilling or unable to provide selected method of contraception (Patient Care, Medical Knowledge, Interpersonal and Communication Skills).</p>
<p>5. Provide tests and exams only as needed.</p>	<p>Learning Objective: Understand that most women will need no or few examinations or lab tests before starting contraception (including LARC) and such tests may create logistical, emotional or economic barriers to contraceptive access for women at highest risk for unintended pregnancies (Patient Care, Medical Knowledge). Refer to: https://www.cdc.gov/reproductivehealth/contraception/contraception_guidance.htm Core Competency: Eliminate unnecessary screening exams and tests that may create barriers to patients accessing and successfully using the most appropriate contraception methods (Patient Care, Medical Knowledge).</p>
<p>6. Know best practices and state law related to minor consent for contraception services.</p>	<p>Learning Objective: Be familiar with national best practice recommendations and Ohio law for confidential care and with relevant minor consent laws in Ohio (Patient Care, Professionalism). Core Competency: Understand and appropriately follow Ohio law related to confidential care and minor consent for contraception services (Patient Care, Professionalism).</p>
<p>7. Advocate for policies and system changes at the local, state and federal level that improve the accessibility and affordability of all contraceptive methods.</p>	<p>Learning Objective: Become familiar with and support local, state and federal initiatives that improve accessibility and affordability of all contraceptive methods (Professionalism, Systems-Based Practice). Core Competency: Participate in initiatives on collaboration and advocacy for policy change (Professionalism, Systems-Based Practice).</p>
<p>8. Include partners in decision-making for contraception choice, as appropriate.</p>	<p>Learning Objective: Recognizing the partner’s role in contraception, discuss plans for pregnancy with each patient of reproductive age during their routine visits (Patient Care, Medical Knowledge). Core Competency: Provide all patients of reproductive age with the information they need to be sexually responsible and prevent pregnancy if they do not plan to have children in the immediate future (Patient Care, Medical Knowledge).</p>
<p>9. Demonstrate cultural competence and an understanding of the social determinants of health.</p>	<p>Learning Objective: Understand and respect the role of culture, belief systems and other social determinants of health in individuals’ choices related to contraception decisions. (Patient Care, Interpersonal and Communication Skills). Core Competency: Demonstrate competency communicating with individuals from various cultures and belief systems, including those affected by the social determinants of health (Patient Care, Interpersonal and Communication Skills).</p>



Learning Objectives/Core Competencies and Links to Related Learning Objectives and Competencies

Following are the Advisory Committee’s recommendations for learning objectives and core competencies for contraception counseling. Listed beneath each set of objectives and competencies are related objectives, competencies and recommendations published by health professional associations, licensing boards and national initiatives. These are provided for faculty developing or modifying their contraception curriculum, offering additional options for their consideration. They may be used as written or adapted for an individual program’s use. The committee does not endorse every related learning objective and core competency, they are provided for the user’s reference and consideration.

Recommendation 1: Rationale for contraceptive counseling.

<p>Learning Objective #1: Recognize that the unintended pregnancy rate in the US is high and contributes to the high preterm birth and infant mortality rates in this country and understand the important role contraception counseling plays in improving birth outcomes.</p>	<p>Core Competency #1: Implement strategies to help women at risk for unintended pregnancy and their partners to choose appropriate contraceptive methods and help them use methods correctly and consistently to prevent unwanted pregnancies.</p>
<p>Related learning objectives:</p> <ul style="list-style-type: none"> Educate women about the importance of pregnancy planning and child spacing to reduce adverse pregnancy outcomes (ACOG Committee Opinion, Number 654, February 2016). Recognize the importance of improving access to and knowledge of LARC methods to increase use of LARC methods and reduce rapid repeat pregnancy among adolescents and repeat abortion among women who have had an induced abortion (ACOG Committee Opinion, Number 539, October 2012). 	

Recommendation 2: Establish and maintain rapport with patient.

<p>Learning Objective #2: Recognize the need to empower the patient in the decision-making process and provide information to enable the patient to make decisions.</p>	<p>Core Competency #2: Create a caring, nonjudgmental setting for the patient to share information and perspectives about the patient’s contraceptive needs.</p>
<p>Related learning objectives:</p> <ul style="list-style-type: none"> Engage each patient in supportive, respectful conversation about her pregnancy intentions and provide preconception or contraceptive counseling based on the women's desires and preferences (ACOG Committee Opinion, Number 654, February 2016). Demonstrate a caring, compassionate and respectful approach to the female patient’s role as an informed participant in her own health care decisions and those affecting her family (AAFP Reprint No. 282, Recommended Curriculum Guidelines for Family Medicine Residents, Women’s Health and Gynecologic Care). Communicate respectfully and effectively with women of all ages to act as patient advocate and coordinator of care for female patients across the continuum of outpatient, inpatient and assisted care (AAFP Reprint No. 282, Recommended Curriculum Guidelines for Family Medicine Residents, Women’s Health and Gynecologic Care). Pediatricians should regularly update adolescent patients' sexual histories and provide a confidential and nonjudgmental setting in which to address needs for contraception, STI screening and sexual risk reduction counseling for patients who choose not to be abstinent (AAP Policy Statement: Contraception for Adolescents, 2014). Develop rapport with patients, taking into account patients' social and cultural contexts (Association of Professors of Gynecology and Obstetrics (APGO) Medical Student 	

[Educational Objectives, 10th Edition, Educational Topic 5: Personal Interaction and Communication Skills](#)).

- Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability [Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 1: History](#)).
- Demonstrate interactions with the patient that gains her confidence and cooperation and assures her comfort and dignity ([Association of Professors of Gynecology and Obstetrics \(APGO\), Medical Student Educational Objectives, 10th Edition, Educational Topic 2: Examination](#)).
- Create a non-judgmental, safe environment to actively engage patients and families to share information and their perspectives. ([ACGME/ABFM Family Medicine Milestone Project; C-1 Communication, Level 2](#)).

Recommendation 3: Obtain clinical and social information from the patient.

Learning Objective

#3: Understand the importance of obtaining a current and complete medical and social history from the patient in effectively counseling the patient on contraceptive methods that will be most effective based on the patient's individual needs.

Core Competency

#3: Demonstrate competency obtaining a thorough medical and social history from the patient and personalizing the discussion on contraception methods to facilitate shared decision-making with the patient.

Related learning objectives and core competencies:

- Complete a comprehensive women's medical interview, including: medical history, obstetric history, gynecologic history, contraceptive history, sexual history, family/genetic history and social history ([Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 1: History](#)).
- Develop competence in the medical interview and physical examination of women, and incorporate ethical, social and diversity perspectives to provide culturally competent health care ([Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Objective #1](#)).
- Pediatricians should regularly update adolescent patients' sexual histories and provide a confidential and nonjudgmental setting in which to address needs for contraception, STI screening and sexual risk reduction counseling for patients who choose not to be abstinent ([AAP Policy Statement: Contraception for Adolescents, 2014](#)).

Recommendation 4: Work with the patient interactively to select the most effective and appropriate contraceptive method.

Learning Objective

#4: Develop a thorough understanding of all contraceptive methods, their effectiveness, ease of use, methods of action, non-contraceptive benefits, contraindications, side effects, complications, special considerations, costs, protection for STIs and social-behavioral factors.

Core Competency

#4: Provide unbiased education, which incorporates evidence-based medicine, including prevention of STIs (condoms, HPV vaccine), LARCs (IUDs, implants), side effects and managing side effects. Introduce contraceptive methods in order of effectiveness and refer if unwilling or unable to provide selected method of contraception.

Related learning objectives and core competencies:

- Assess risk for unintended pregnancy, sexually transmitted infections, cervical pathology, breast malignancy, gynecologic malignancies, nutrition/obesity, domestic violence and eating disorders ([Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 1: History](#)).
- Describe the mechanism of action and effectiveness of contraceptive methods ([Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 33: Family Planning](#)).
- Counsel the patient regarding the benefits, risks, and use for each contraceptive method including emergency contraception ([Association of Professors of Gynecology and Obstetrics, \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 33: Family Planning](#)).
- Describe barriers to effective of contraceptive use and to reduction of unintended pregnancy ([Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 33: Family Planning](#)).
- Discuss the range of contraceptive methods and the perceived barriers to contraception and engage in shared decision making to optimize contraceptive choices with women who desire to avoid pregnancy ([ACOG Committee Opinion, Number 654, February 2016](#)).
- Long-acting reversible contraceptives have few contraindications and should be offered routinely as safe and effective contraception options for most women ([ACOG Practice Bulletin Number 186, November 2017](#)).



- For all women at risk of unintended pregnancy, obstetrician-gynecologists should provide counseling on all contraceptive options, including implants and IUDs ([ACOG Committee Opinion, Number 642, October 2015](#)).
- Demonstrate ability to counsel women at risk for unintended pregnancy that reversible contraception methods require a single act for long-term use, eliminating adherence and user dependence from the effectiveness equation ([ACOG Committee Opinion, Number 642, October 2015](#)).
- Optimally, women should be counseled prenatally about the option of immediate postpartum LARC ([ACOG Committee Opinion, Number 670, August 2016](#)).
- Offer patient-centered, comprehensive contraceptive counseling and options, including long-acting reversible contraceptives (LARC) ([AAFP Reprint No. 282, Recommended Curriculum Guidelines for Family Medicine Residents, Women's Health and Gynecologic Care](#)).
- Pediatricians first should counsel about and ensure access to a broad range of contraceptive services for their adolescent patients. This includes educating patients about all contraceptive methods that are safe and appropriate for them and describing the most effective methods ([AAP Policy Statement: Contraception for Adolescents, 2014](#)).
- Pediatricians should be able to educate adolescent patients about LARC methods, including the progestin implant and IUDs. Given the efficacy, safety and ease of use, LARC methods should be considered first-line contraceptive choices ([AAP Policy Statement: Contraception for Adolescents, 2014](#)).
- Demonstrates a basic understanding of and counsels patients about the effectiveness, risks, benefits, complications and contraindications of contraception, including emergency contraception (Ryan Program, Module V: Contraception Milestones*).

Recommendation 5: Provide tests and exams only as needed.

Learning Objective
#5: Understand that most women will need no or few examinations or lab tests before starting contraception and such tests may create logistical, emotional or economic barriers to contraceptive access for women at highest risk for unintended pregnancies.

Core Competency
#5: Eliminate unnecessary screening exams and tests that may create barriers to patients accessing and successfully using the most appropriate contraception methods.

Related learning objective:

- Do not require a pelvic exam or other physical exam to prescribe oral contraceptive medications ([AAP Policy Statement: Contraception for Adolescents, 2014](#)).

Recommendation 6: Know best practices and state law related to minor consent for contraception services.

Learning Objective
#6: Be familiar with national best practice recommendations for confidential care and with relevant minor consent laws in Ohio.

Core Competency
#6: Understand and appropriately follow Ohio law related to confidential care and minor consent for contraception services.

Related learning objective:

- Allow adolescent patients to consent to contraceptive care and to control the disclosure of this information within the limits of state and federal laws. Be familiar with national best practice recommendations for confidential care and with relevant minor consent laws in the state ([AAP Policy Statement: Contraception for Adolescents, 2014](#)).

Recommendation 7: Advocate for policies and system changes at the local, state and federal level that improve accessibility and affordability of all contraceptive methods.

Learning Objective
#7: Become familiar with and support local, state and federal initiatives that improve accessibility and affordability of all contraceptive methods.

Core Competency
#7: Participate in initiatives on collaboration and advocacy for policy change.

Related learning objectives and core competencies:

- Support initiatives that improve women's knowledge of how to access low-or no cost-contraception ([ACOG Committee Opinion, Number 654, February 2016](#)).
- Support initiatives that reduce poverty and racial and ethnic health inequities, both of which are major drivers of unintended pregnancy ([ACOG Committee Opinion, Number 654, February 2016](#)).



- Advocate for coverage and appropriate payment and reimbursement for every contraceptive method by all payers in all clinically appropriate circumstances ([ACOG Committee Opinion, Number 642, October 2015](#)).
- Become familiar with and support local, state (including Medicaid), federal and private programs that improve affordability of all contraceptive methods ([ACOG Committee Opinion, Number 642, October 2015](#)).
- Knows channels through which s/he can advocate for patients through policy change (Ryan Program, Module VI Policy Milestones*).

Recommendation 8: Include partners in decision-making for contraception choice, as appropriate.

<p>Learning Objective #8: Recognizing the partner’s role in contraception, discuss plans for pregnancy with each patient of reproductive age during their routine visits.</p>	<p>Core Competency #8: Provide all patients of reproductive age with the information they need to be sexually responsible and prevent pregnancy if they do not plan to become a father in the immediate future.</p>
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- Related learning objective:**
- Counsels on the effectiveness, risks, benefits and contraindications for male and female sterilization (Ryan Program, Module V: Contraception Milestones*).

Recommendation 9: Demonstrate cultural competence and an understanding of the social determinants of health.

<p>Learning Objective #9: Understand and respect the role of culture, belief systems and other social determinants of health in individuals’ choices related to contraception decisions.</p>	<p>Core Competency #9: Demonstrate competency communicating with individuals from various cultures and belief systems, including those affected by the social determinants of health.</p>
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- Related learning objectives and core competencies:**
- Inquire about and document social and structural determinants of health that may influence a patient’s health and use of health care ([ACOG Committee Opinion, Number 729, January 2018](#)).
 - Acknowledge that race, institutionalized racism, and other forms of discrimination serve as social determinants of health ([ACOG Committee Opinion, Number 729, January 2018](#)).
 - Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability ([Association of Professors of Gynecology and Obstetrics \(APGO\) Medical Student Educational Objectives, 10th Edition, Educational Topic 1: History](#)).

*The Ryan Program is a national initiative to create dedicated family planning rotations in departments of obstetrics and gynecology in the United States and Canada. The program provides resources and technical expertise to departments of obstetrics and gynecology. Resources are password protected and only available to participants in the program.

