

March 4, 2017

A. Loris Betz, M.D. Ph.D.
Interim Senior Vice President for Health Sciences
Dean, School of Medicine
CEO, University of Utah Health Care
175 E. North Medical Drive
Salt Lake City, UT 84132

Re: Establishment of a New Division in the Department of Obstetrics and
Gynecology

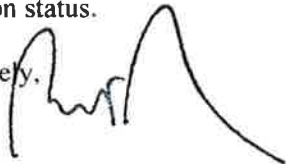
Dear Dr. Betz:

After years of planning and development, the Department of Obstetrics and Gynecology requests formation of a Division of Family Planning which will be led by Dr. David Turok, MD, MPH. This proposal has been under development for over a decade. We now are fortunate to have accomplished faculty with extensive subspecialty and research expertise, publication and funding success and educational and community impact. The mission of the Family Planning division will be to train specialists focused in family planning, conduct impactful research in the field of family planning, educate medical professionals and the community as well as provide outstanding clinical care that will reduce the incidence of unintended pregnancies while concurrently enhancing human reproductive potential.

For your review, we include an Executive Summary, which highlights key features (faculty, clinical care, education, research, publications and funding) of the proposed division. Highlights from the summary include high volume, high impact publications; \$10 million of external funding over the last 10 years, commitment to education at all levels of students and trainees, and significant community impact.

This proposal was voted on and approved unanimously by the department's executive committee and the department's faculty. The extensive contributions of this dedicated team of family planning clinicians, educators, and researchers is highly worthy of division status.

Sincerely,



Robert M. Silver, M.D.
Professor and Acting Department Chair
Department of Obstetrics and Gynecology

June 13, 2018

Thomas G. Richmond, Ph.D.
President of Executive Committee Academic Senate
315 South 1400 East Room 2020
Salt Lake City, UT 84112

Dear Dr. Richmond,

The Department of Obstetrics and Gynecology is requesting a new Division; it will be the Division of Family Planning.

The mission of this division will be to train specialists focused in family planning, conduct impactful research in the field of family planning/guarding fertility potential, educate medical professionals and the community as well as provide outstanding clinical care that will reduce the incidence of unintended pregnancies while concurrently enhancing human reproductive potential.

The School of Medicine Executive Committee and College Council reviewed and voted on this proposal. The vote results were as follows:

- Division of Family Planning – 23 approvals/0 disapprovals/0 abstentions

I am supportive of establishing this new Division within this Department.

Sincerely,



A. Lorris Betz, M.D., Ph.D.

Interim

CEO, University of Utah Health
Executive Dean, University of Utah School of Medicine
Senior Vice President for Health Sciences

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FFP Milestones: Guide for Fellows

Welcome to the Fellowship in Family Planning! Your progress through the fellowship, as well as your clinical and teaching skills, will be measured using milestones, much like residency. This document will explain some of the background behind the Milestone project and how it will be implemented at your site.

Milestone Overview

Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated by fellows progressively throughout their fellowship through graduation into unsupervised practice.¹ The family planning milestones are intended to start where your residency milestones left off, especially in areas that are common to generalist OB/GYN training (ie medical knowledge of contraception). There are also additional milestones that are specific to our field (ie medical and surgical management of termination of pregnancy in the second trimester).

The FFP milestones framework is based on an amalgam of the fellowship milestone framework used for internal medicine subspecialties and surgical subspecialties^{2,3}

Level 1:	Critical deficiencies – the fellow demonstrates milestones at a lower than expected level for a graduating resident
Level 2:	The fellow demonstrates milestones expected for a graduating resident/incoming fellow or early learner
Level 3:	The fellow is making progress towards achieving the requisite milestones; mid-learner
Level 4:	The fellow has achieved fellowship milestones sufficient for graduation/independent practice, including expert-level proficiency in the practice and teaching of family planning
Level 5:	The fellow has progressed beyond fellowship proficiency and has achieved aspirational levels , including original and substantive contribution to the body of scientific and clinical knowledge and practice
NYA:	Not yet assessed

Level 2 milestones are identical to the level 4 residency milestones in each content area – they are meant to represent the level at which the undifferentiated resident should finish their residency training. Depending on your specific residency experience you may or may not have achieved this level. *This is perfectly ok*; as long as you are progressing through the levels during your fellowship training, your starting point is less important. One of the benefits of milestone measurement is we can track your progress over time and identify areas where you may need more support and guidance, as well as areas where you have achieved competency and need to be pushed to the next level.

The milestone categories and descriptions are based on the FFP Guide to Learning, as well the OB/GYN residency milestones⁴. Each of the milestones was initially drafted by the primary author. They were subsequently vetted by a fellowship director/associate directors with expertise in the content area. The current document is a working draft meant to encompass the knowledge, skills, attitudes, and performance that define a fellowship-trained expert in the field of family planning. The purpose of this pilot project is to use these milestones in the real practice setting, and revise them using the collaborative experience and opinions of experts. The final milestones will be rolled out to all fellowship sites in **January 2018**.

There are 15 FFP Milestones, listed below:

1. **Anatomy and Physiology of Reproduction:** Medical Knowledge
2. **Contraception:** Medical Knowledge
3. **Contraception:** Patient Care
4. **Sterilization:** Patient Care
5. **Medical management of undesired or abnormal pregnancy in the first trimester:** Medical Knowledge
6. **Medical termination of undesired or abnormal pregnancy in the first trimester:** Patient Care
7. **Medical termination of undesired or abnormal pregnancy in the second trimester:** Patient Care
8. **Surgical termination of undesired or abnormal pregnancy in the first trimester:** Patient Care
9. **Surgical termination of undesired or abnormal pregnancy in the second trimester:** Patient Care
10. **Diagnostic procedures:** Patient Care
11. **Counseling:** Communication
12. **Psychosocial aspects of abortion provision:** Professionalism/SBP
13. **Professional Ethics and Accountability:** Professionalism
14. **Public Policy and Advocacy – SBP**
15. **Research design, statistics and publication – PBLI**

Additionally, there are nine procedure evaluations intended to measure clinical and teaching skills specifically:

1. D&C
2. D&E
3. Induction termination
4. Laparoscopic tubal ligation
5. Hysteroscopic tubal ligation
6. IUD placement
7. IUD removal, complicated
8. Teaching D&C/D&E
9. High volume clinic assessment

How will I be assessed using the milestones?

Milestones will be assessed using a web-based software platform called myTIPreport, which is currently being used by 34+ OB/GYN residency programs across the country, as well as the urogynecology and gyn-oncology fellowship programs. Milestone assessment, as well as procedure evaluations, are completed on an ongoing basis rather than at set times during the year. If you used myTIPreport at your residency you are already familiar with how this software is used in this context. If you haven't used the program before we think you will find it an easy and useful tool to solicit feedback about your performance in real time!

How do we get started at my site?

Your fellowship director/coordinator has set up the myTIPreport site for your fellowship. You should receive an email with a link to the site:

<https://www.mytipreport.org>

You should also receive a log-in (usually your email address) and a temporary password that will allow you to access the site.

You can also download the myTIPreport app for both iPhone and Android. There is a link on the website above, or you can download it from the App store or Android equivalent. The app is easy to use and allows you to complete milestone assessments on the fly; I highly recommend downloading it!

As a learner, how do I use the site?

myTIPreport will be used by faculty and others who work with you in the clinical, research and didactic settings to assess your performance on an ongoing basis. They will do this via milestone check-ins. Milestone check-ins can be performed at any time – after a clinical session, a didactic session, a research meeting, an OR case or a session at a freestanding high volume clinic. Faculty can choose one or more milestone areas to review either with you present, or about you. Once the milestone evaluation has been posted you are able to see it, so you can review your performance at any time.

myTIPreport will also be used to evaluate your procedural skills for the procedures listed above. These procedure evaluations are designed to be completed immediately after the procedure (or the clinical session in which the procedure(s) took place) with the learner and the evaluator together. These evaluations provide a great tool to review your skills and get feedback in real time.

To view a demo video on how to use myTIPreport as a learner, go to:

<https://mytipreport.org/home#ux-section-features>

At the bottom of this page is a link to a series of how-to videos. Click the video for learners to learn more about the features of the program.

Who is evaluating me?

Your Program Director will designate the faculty, staff and other individuals who will be completing your evaluations. This will include all family planning faculty at your institution, and may include research mentors, community physicians at freestanding clinics, clinic staff and any others that your PD would like feedback from. If there are people you would like to have evaluate you who haven't been asked, let your PD know!

Can I solicit evaluations from people?

Yes! You are able to request both milestone check-ins and procedure evaluations from your preceptors that can be performed at a later date. The videos in the above link will guide you through how to do this. You can also request evaluations in person, after an OR case or a clinical session. This is often the most direct way to both get feedback on your performance and increase your milestone data set.

When will I review this data with my PD?

The Milestones will be reviewed and assessed by your PD at three points in fellowship:

- 6 months
- 12-14 months
- 18-20 months

These assessment intervals will allow for sufficient exposure to the fellow in the clinical and research settings prior to the initial evaluation, interval assessment to document progression along the milestone continuum and a final assessment prior to graduation to allow for necessary remediation and documentation of improvement where necessary. Fellows found to be deficient or making insufficient progress in one or more areas may require more frequent assessment. You are of course welcome to review any milestone data informally with your PD at any time.

How will this data be used?

The Milestones are intended to replace the Competency Checklists which were completed every six months during your fellowship. The data will be used to assess your progress through fellowship and assure that you have reached Level 4 (competent for independent practice) by the end of your fellowship. De-identified data will also be used to compare fellow performance across sites and across the entire fellowship. Milestones are one tool that will be used to determine eligibility for graduation.

These milestones are currently drafts. When will they be finalized? How will that affect my progress through the milestones?

The fellowship is currently mid-way through milestone revision and refinement; final versions of the milestones will be rolled out in time for your first formal milestone check-in in January 2018. Any data collected between now and then will be incorporated into your final milestone report. While current milestones will likely be pared down and streamlined, we don't anticipate any major additions or subtractions from the current draft.

What if I have questions?

Questions about how to use myTIPreport can almost all be answered here, in the video links:

<https://mytipreport.org/home#ux-section-features>

Questions about the milestone program itself can be directed to the Milestones Project Leader, Sabrina Holmquist MD, MPH, Associate Fellowship Director at The University of Chicago:

Sabrina Holmquist: sholmqui@babies.bsd.uchicago.edu

¹<http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx>

² The Internal Medicine Subspecialty Milestones Project, October 2014

³ The Surgical Critical Care Milestone Project, February 2014

⁴ The Obstetrics and Gynecology Milestone Project September 2013, The Female Pelvic Medicine and Reconstructive Surgery Milestone Project December 2013

Rotation: Ryan Residency Training Program in Abortion and Family Planning

Resident Level: PGY-3

Faculty: Lori Gawron, M.D., M.P.H., David Turok, M.D., M.P.H.,

Duration: 1 month

Locations: Planned Parenthood Metro Clinic, University Clinic 4

Schedule: The schedule will be divided into 4 intensive weeks with REI and FP with some overlapping schedules, as below.

R3 Reproductive Endocrinology & Infertility/Family Planning

Rounds	None
Pager	Own
Call	U of U call pool
Schedule	Mon am—REI Clinic Mon pm—Continuity Tues am— REI Clinic Tues pm— REI Clinic Wed am – Family Planning Research Meeting 7:30-8:30 Wed am—Metro Clinic Wed pm—Metro Clinic Thurs am—Pre-op conference, alternate HSG/metro clinic Fri am—Metro Clinic Fri pm—Metro Clinic
REI Responsibilities	REI presentation last Thursday of the month Clinic sign off card 1 st and 3 rd Thursday in REI Clinic, one with a the sonographer (can go to Centerville and South Jordan) Observe 1 egg retrieval and 1 transfer at end of rotation
Conferences	Wed am – Family Planning Research Meeting 7:30-8:30 Thurs 7:30-8:30am Gyn/Pre-op conference as able/accrete conference when able Thursday 1:30-4:00pm – M&M, faculty lecture Thursday 4:00-6:00pm – Grand rounds
Family Planning Responsibilities	Complete all online learning modules on the Ryan Program website Give journal club presentation in the 3 rd or 4 th week of their rotation during the Weds am meeting- coordinate with FP fellows in week 1

Conference Requirements for all 8 weeks

FP Conference: Wednesdays 730-845am in the College of Nursing 4th floor conference room

REI meeting: Thursday am

Departmental Clinical Conferences: Thursday pm

Level of Supervision:

History taking: indirect supervision

Physical exam: indirect supervision

Procedures and ultrasound: direct supervision

Evaluation:

(1) Skill Assessment Forms:

- a. IUD Insertion
- b. Contraceptive Implant Insertion
- c. Contraceptive Implant Removal

- d. Dilation & Curettage for 1st Trimester Uterine Evacuation (under paracervical block)
- e. Medical Management of 1st Trimester Abortion/Early Pregnancy Failure
- f. Contraceptive Counseling
- g. Sterilization Counseling
- h. Pregnancy Options/Abortion Options Counseling & Consent
- i. Complex Contraception Management*
- j. Dilation & Evacuation*
- k. Second Trimester Induction of Labor*
- Residents are expected to complete skill assessment forms for a- h above by the end of their PGY-3 Family Planning rotation. Forms should be submitted to Dr. Gawron's mailbox in Rm 2B-200 or e-mailed to lori.gawron@hsc.utah.edu as soon as completed (to facilitate additional mentored learning experiences as necessary). It is the resident's responsibility to seek opportunities to complete these evaluations by faculty/fellows. If, within 2 weeks of the rotation's completion, there has not been adequate opportunity to complete a-h above, the resident should contact Dr. Gawron to determine a plan for completion. Residents are encouraged to submit forms for i-k above to track their progress toward these milestones. However, meeting milestones for i-k is generally not expected of junior level residents. It is the resident's responsibility to be proactive in seeking out opportunities to complete these assessments.

(2) Procedure logs:

- a. Residents are responsible for tracking the number of each indicated clinical experience (in addition to online stats recording for the residency program).

(3) Resident Topic Presentation:

- a. Residents are responsible for identifying a time with the 1st year fellow for a 30-minute presentation during the Wednesday am conference. The presentation should be scheduled within the last weeks of the rotation.
- b. The topic should be selected by the resident and agreed upon by the rotation director. 2-3 relevant journal articles should be selected and discussed. The articles need to be distributed to the FP conference listserv at least 1 week prior to the presentation by emailing the FP fellow.

(4) End of Rotation Assessment:

- a. An end of rotation assessment will be completed on all residents to ensure milestones have been met. Residents who fail to complete the above assignments as listed, or who require remediation, will first be contacted by the Course Director (or designated family planning faculty member/fellow) so a completion plan may be enacted.

- b. Subsequently, if the plan established with the Course Director fails to achieve satisfactory completion of the rotation goals and assignments, involvement of the resident's faculty mentor and Residency Director will be initiated.

Family Planning Milestones (PC9):

Milestone Level 1 (Graduating Medical Student)

PC 9.1 – Verbalizes basic knowledge about common contraceptive options.

Milestone Level 2

PC 9.2 - Demonstrates a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of contraception, including emergency contraception, and pregnancy termination.

Milestone Level 3

PC 9.3.a – Counsels on the effectiveness, risks, benefits, and contraindications of available forms of contraception.

PC 9.3.b – Counsels on the effectiveness, risks, benefits, and contraindications for male and female sterilization.

PC 9.3.c – Performs intra-uterine and implantable contraceptive placement.

PC 9.3.d - Demonstrates ability to perform basic first trimester uterine evacuation (medical and surgical).

Milestone Level 4 (Graduating Chief)

PC 9.4.a – Formulates comprehensive management plans for patients with medical diseases complicating their use of contraceptive methods.

PC 9.4.b – Manages complications of contraceptive methods and pregnancy termination.

PC 9.4.c – Determines the need for consultation, referral, or transfer of patients with complex complications.

PC 9.4.d - Demonstrates ability to perform basic second trimester uterine evacuation (medical and surgical).

Milestone Level 5 (Practicing Attending)

PC 9.5 - Applies innovative and complex approaches to family planning and implements treatment plans based on emerging evidence.

Additional Milestones Applicable to the Family Planning Rotation:

First Trimester Bleeding (MK6)

MK 6.1 – Demonstrates basic understanding of normal early pregnancy development, including implantation, early embryology, and placental development

MK 6.2 – Demonstrates the ability to formulate a differential diagnosis (e.g., ectopic pregnancy, spontaneous abortion, non-obstetric etiologies)

MK 6.3.a – Counsels patients regarding natural history and treatment options

Communication with Patients and Families (IC1)

IC 1.1.a – Demonstrates adequate listening skills

IC 1.1.b – Communicates effectively in routine clinical situation

IC 1.2.a – Checks for patient and family understanding of illness and management plan

IC 1.2.b – Allows opportunities for patient questions

IC 1.3.c – Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds

Informed Consent and Shared Decision Making (IC3)

IC 3.1 – Understands the importance of informed consent

IC 3.2 – Begins to engage patients in shared decision making, and obtains informed consent for basic procedures

IC 3.3.a – Uses appropriate, easy-to-understand language in all phases of communication, utilizing an interpreter where necessary

IC 3.3.b – Engages in shared decision making, incorporating patients' and families' cultural frameworks

Compassion, Integrity, and Respect for Others (PROF 1)

PROF 1.1.a – Understands the importance of compassion, integrity, and respect for others

PROF 1.1.b – Demonstrates sensitivity and responsiveness to patients

PROF 1.2.a – Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team

PROF 1.2.b – Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations

PROF 1.2.c – Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

PROF 1.3.a – Consistently shows compassion, integrity, and respect for patients who decline medical advice or request unindicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

PROF 1.3.b – Modifies one's own behavior based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

PROF 1.4.a – Consistently models compassion, integrity, and respect for others

Accountability and Responsiveness to the Needs of Patients, Society, and the Profession (PROF 2)

PROF 2.1.a – Understands that physicians are accountable to patients, society, and the profession

PROF 2.1.b – Acts with honesty and truthfulness

PROF 2.2.a – Is consistently punctual for clinical assignments and responsive to requests for assistance; completes administrative duties (e.g. medical records, reports) on time and without reminders

PROF 2.4.a – Consistently models compassion, integrity, and respect for others

Respect for Patient Privacy, Autonomy, Patient-Physician Relationship (PROF 3)

PROF 3.1.a – Understands the importance of respect for patient privacy and autonomy

PROF 3.1.b – Understands the ethical principles of appropriate patient-physician relationships

PROF 3.2.a – Shows respect for patient privacy

PROF 3.2.b – Elicits patient goals for care, and patient preferences regarding treatment alternatives

PROF 3.2.c – Demonstrates an understanding of ethical principles, including boundary issues, and consciously applies them in patient care

PROF 3.3.b – Successfully navigates conflicts between patient preferences that are discordant with personal beliefs

PROF 3.4.a – Consistently models compassion, integrity, and respect for others

Specific Rotation Objectives:

1. Patient Care

On completion of the rotation, the resident should be able to:

- Counsel patients on the effectiveness, risks, benefits, and potential side effects of all methods of routine contraception

- Counsel patients on the proper use of all methods of routine contraception (LARC, hormonal, barrier, fertility awareness methods, etc.)
- Counsel patients on proper use of all methods of emergency contraception (copper IUD, ulipristal acetate, levonorgestrel, Yuzpe method, etc.)
- Provide pregnancy options counseling
 - Counsel patients on the risks and benefits of medical and surgical management of abortion and pregnancy failure in the 1st trimester
 - Counsel patients on the risks and benefits of induction and dilation & evacuation in the 2nd trimester
 - Counsel patients seeking sterilization on risks, benefits, & alternatives contraceptive methods (laparoscopic sterilization, hysteroscopic sterilization, vasectomy, LARC, etc.)
 - Insert and remove copper and levonorgestrel IUDs (both interval and immediate placement after D&C and D&E)
 - Insert and remove implantable contraception
 - Perform a pre-abortion clinical evaluation, including: eliciting a pertinent medical history, performing a pre-operative physical exam, and dating a pregnancy by history, bimanual pelvic exam, and ultrasound
 - Perform a paracervical block in an outpatient setting
 - Perform an office D&C using both manual and electric aspiration
 - Perform a D&E in an operating room setting (for ITOP or IUFD)
 - Examine and appropriately classify products of conception
 - Place laminaria in an outpatient setting
 - Follow-up a medical abortion to ensure completion
 - Diagnose and manage pregnancy of unknown anatomic location
 - Demonstrate an ability to appropriately use the U.S. Medical Eligibility Criteria and Selected Practice Recommendations for Contraceptive Use

2. Medical Knowledge

On completion of the rotation, the resident should be able to:

- Describe: relative and absolute contraindications, perfect and typical use effectiveness, primary mechanism of action, risks, benefits, and potential side effects of all methods of contraception
- Describe differences between formulations of combined hormonal contraceptives
- Describe the effectiveness of different methods of emergency contraception
- Describe the characteristics of women who are at higher risk of emergency contraceptive failure
- Describe the morbidity and mortality risks of abortion at various gestational ages in the U.S. and compare this morbidity and mortality with that of carrying a pregnancy to term
- Describe 1st trimester medical abortion regimens and appropriate follow-up options
- Discuss success rates of medical abortion regimens involving misoprostol only, mifepristone and misoprostol, and methotrexate and misoprostol
- Describe an evidence-based regimen for 2nd trimester induction of labor
- Discuss the diagnosis and management of potential abortion-related complications (cervical laceration, infection, perforation, retained products)

- of conception, hemorrhage, toxicity of local anesthesia, etc.)
 - Discuss appropriate cervical preparation prior to surgical abortion procedures
 - Describe indications for and selection of prophylactic antibiotics related to D&C and D&E
3. Interpersonal and Communication Skills
- The resident should be able to:
- Communicate effectively with patients, patients' families, health care staff, pharmacists, and physician colleagues
 - Demonstrate an understanding of the emotional and personal implications of providing abortion services
 - Maintain comprehensive, well-organized, and timely medical records
4. Professionalism
- On completion of the rotation, the resident should be able to:
- Practice within the limits of conscientious refusal as described by ACOG
 - Demonstrate compassion and respect toward patients and colleagues in all circumstances
 - Describe the informed consent process and obtain informed consent from patients when appropriate
 - Describe the ethical principles of autonomy, beneficence, nonmaleficence, and justice
5. Practice-Based Learning
- On completion of the rotation, the resident should be able to:
- Demonstrate receptiveness to instruction and feedback
 - Seek feedback on clinical skills, knowledge base, and performance
 - Effectively evaluate and assimilate evidence from scientific studies and reviews
 - Use scientific evidence to evaluate and improve patient care practices
 - Use information technology to access and manage medical information
 - Facilitate the learning of other residents, students, and colleagues
6. Systems-Based Practice
- On completion of the rotation, the resident should be able to:
- Describe the legal status of abortion in the U.S. and the State of Hawaii
 - Describe hospital-based abortion policies at Kapiolani and QMC
 - Describe common types of state-based restrictions on abortion and their impact on women's access to abortion and abortion safety
 - Discuss restrictions on government funding and insurance coverage for abortion services and contraception
 - Describe the different settings in which abortion and family planning services are provided and the advantages and disadvantages of each

Rotation Materials:

- Please review the reading assignments posted in the shared file folder. Each assignment will be discussed on Fridays with Dr. Gawron at Metro Clinic. Additional readings may be found on PubMed or in the NAF textbook (Management of Abnormal and Unintended Pregnancies)

available online through the Eccles Library.

Please read on the following topics:

1: The Abortion Patient and Counseling

Primary Readings:

- Guttmacher Institute- Induced Abortion in the US
- Biggs et al. Understanding why Women seek Abortions in the US. BMC Womens Health. 2013 Jul 5;13:29.

Additional Resources:

- Perrucci AC. What is Abortion Counseling? Decision Assessment and Counseling in Abortion Care: Philosophy and Practice. 2012 Chapter 1: pp1-18.

2: Diagnosis and Management of Early Pregnancy Failure

Primary Readings:

- Clinical Assessment and Ultrasound in Early Pregnancy. Management of Unintended and Abnormal Pregnancy. 2009 Chapter 6 pp 63-77
- Zhang et al. A comparison of medical management with misoprostol and surgical management for early pregnancy failure. N Engl J Med. 2005 Aug 25;353(8):761-9.

Additional Resources:

- Lopez et al. Expectant vs Surgical Treatment for Miscarriage. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD003518.

3: Medical Abortion in the 1st Trimester and Cervical Preparation

Primary Readings:

- Creinin M. Medical management of first-trimester abortion *Contraception* 89(3)2014, pp. 148–161. SFP Guideline #2014-1
- Fox M Cervical preparation for second-trimester surgical abortion prior to 20 weeks' gestation. *Contraception* 89(2)2014, pp. 75-84. SFP Guideline #2013-4.

4: Abortion Complications

Primary Readings:

- Surgical Complications: Prevention and Management. Management of Unintended and Abnormal Pregnancy. 2009 Chapter 15 pp 224-246.

Additional Resources:

- Kearns J. Management of postabortion hemorrhage. *Contraception* 87(3)2013, pp. 331-342. SFP Guideline #20131.
- Achilles S. Prevention of infection after induced abortion. *Contraception* 83:4(2011), pp. 295-309. SFP Guideline #20102.

5: Post-abortion Contraception

Primary Readings:

- Contraception and Surgical Abortion Aftercare. Management of Unintended and Abnormal Pregnancy. 2009 Chapter 14 pp 208-219.
- U.S. Medical Eligibility Criteria for Contraceptive Use. CDC

6: Abortion for Fetal Abnormalities or Maternal Indications

Primary Readings:

- Abortion for Fetal Abnormalities or Maternal Indications. Management of Unintended and Abnormal Pregnancy. 2009 Chapter 20 pp 302-312.
- Borgatta L. Labor induction abortion in the second trimester. *Contraception* 84:1(2011), pp. 4-18. Guideline #20111

7: The Stigma and Politics of Abortion

Primary Readings:

- Norris A, Bessett D, Steinberg JR, Kavanaugh ML, De Zordo S, Becker D. Abortion stigma: a reconceptualization of constituents, causes and consequences. *Women's Health Issues*, 2011;21-3S:S49-S54.
- Guttmacher Institute: State Abortion Policies in Brief
- Annas GJ. The Supreme Court and Abortion Rights. *N Engl J Med*. 2007 May 24;356(21):2201-7.

Partial Participation (Opt-Out) Policy:

Our residency program includes training in abortion and family planning throughout the four-year residency, with a focus during the first year. This educational curriculum includes provision of medical and surgical abortion services. It is the program's policy to respect a resident's decision to decline to provide abortions due to conflicts of conscience.

It is the expectation that all residents will perform abortion procedures with appropriate faculty supervision unless they opt-out of this training. It is also the program's expectation that all residents will receive instruction in contraception, pregnancy options counseling, and post-abortion care. Gaining an understanding of contraceptive management, pregnancy options counseling and post abortion care is a valuable experience for obstetrics and gynecology residents whether or not they provide abortion procedures. It is expected that all residents will provide patients with medically accurate and unbiased information, so that patients may make informed decisions, free of the imposition of personal views and values of healthcare providers. Additionally, it is expected that in an emergency, a resident will attempt to provide all medically necessary care a patient requires until such time as an alternative healthcare provider is able to take over care.

If a resident decides he/she will not perform abortion procedures, exceptions will be made on a case-by-case basis. Residents who wish to opt-out of performing abortion procedures will discuss with the Course Director and Program Director the specifics of their planned level of participation in the standard activities of the family planning rotation. The resident should initiate such discussions with as much advanced notice as possible, in order to facilitate adequate staffing for family planning services and abortion training opportunities for other trainees. These discussions are intended to be supportive and constructive, not coercive.

If a resident chooses to opt-out of performing abortion procedures, he/she will still be required to complete the didactic portion of the family planning curriculum, and will be as responsible as fully participating residents for the required knowledge base, including materials related to medical and surgical abortion.

A resident choosing to opt-out of abortion provision will participate in other aspects of the family planning rotation. He/she may be reassigned by the Course Director or Program Director to other clinical duties during the time that would usually be spent performing abortion procedures. Residents who opt-out will receive training in suction aspiration and dilation and evacuation procedures when they care for patients with early pregnancy failure and intrauterine fetal demise. Residents typically care for these patients on the family planning rotation, in their continuity clinic, while on the gynecologic surgery rotation, and when covering gynecologic consultations in the emergency room.

For further information on the limits of appropriate conscientious refusal in reproductive medicine, please refer to ACOG Committee Opinion 385, *The Limits of Conscientious Refusal in Reproductive Medicine* (November 2007, Reaffirmed 2010).

Proposal for the creation of a Division of Family Planning

Department of Obstetrics and Gynecology

I. Summary

Over the last decade, a comprehensive academic program in family planning has been systematically developed within the Department of Obstetrics and Gynecology at the University of Utah. Now, with devoted faculty members with extensive subspecialty experience, a functional and successful research infrastructure and dedicated support staff, we are poised to establish a Division of Family Planning. The mission of the Family Planning division will be to train specialists focused in family planning, conduct impactful research in the field of family planning, educate medical professionals and the community as well as provide outstanding clinical care that will reduce the incidence of unintended pregnancies while concurrently enhancing human reproductive potential.

Faculty: The University of Utah Department of Obstetrics and Gynecology has four full time faculty members devoted to the aims of this new division: David Turok, MD, MPH; Lori Gawron, MD, MPH; Jessica Sanders, PhD, and Rebecca Simmons, PhD. Dr. Turok completed his obstetrics and gynecology residency at the University of Utah in 2003 and has spearheaded with Departmental Executive Committee/senior faculty support the development the infrastructure for this new division. Dr. Gawron was recruited from Northwestern University (MD, residency and fellowship) in 2014 after completing a two year K12. Both full time clinical faculty members are involved in clinical care, education and research, as outlined below. Additional adjunct faculty members collaborate from across the health sciences campus in the Department of Medicine, the College of Nursing (CON), and in the Department of Sociology. The College of Nursing's Annette Poulson Cumming Presidential Endowed Chair in Women's and Reproductive Health is currently held by Sara Simonsen PhD, CNM. Dr. Simonsen and additional faculty members in the CON participate in collaborative research endeavors activities.

Clinical Care: Drs. Gawron and Turok are relied upon as the family planning subspecialists at the University, within the local community and regionally. They provide expert evaluation and treatment for complex contraceptive issues and management of unintended and abnormal pregnancies. They have improved and expanded care for early pregnancy failure as well as hysteroscopic sterilization in Clinic 4 at the University of Utah Health Sciences Center. Dr. Gawron is currently developing a system-wide clinical decision support tool and program to provide highly effective contraception to women with complex medical problems: a platform for her future research endeavors. In addition, Dr. Gawron is the director of Women's healthcare at the Salt Lake City Department of Veterans Affairs where she provides clinical care, resident education, and conducts research.

Education:

Fellowship in Family Planning: The University of Utah Family Planning Fellowship was initiated in 2010 and is co-directed by Drs. Gawron and Turok. The University of Utah is one of 30 sites nationwide that offers a two-year family planning fellowship program. The fellowship focuses on clinical training and research. Furthermore, the program provides trainees enrollment and tuition for the Master of Science in Clinical Investigation degree. During the two-year program, fellows receive a stipend, malpractice insurance coverage, research project funding, as well as administrative support.

Ob/Gyn Resident Training: Dr. Turok directs the obstetrics and gynecology resident research curriculum in the Department and serves on the University's IRB. Dr. Gawron directs the Ryan Residency Training Program in abortion and contraception. In addition, Dr. Gawron serves on the Department's education committee and on the Medical School's admission's committee. Through the Ryan program, the University of Utah trainees and faculty have been able to provide over 4,500 uninsured women with highly effective intrauterine devices and contraceptive implants. The family planning faculty has received numerous teaching awards from their trainees at the institution and through national organizations. Dr. Turok is currently in the first of five years of support from a NICHD K24 mid-career research and mentoring award. He is one of two investigators at the University of Utah currently receiving one of these prestigious awards.

Research: Capitalizing on the Obstetrics and Gynecology Research Network (OGRN) infrastructure within the Department of Obstetrics and Gynecology and interdepartmental/intercollege collaborations, the family planning faculty has established an outstanding multi-disciplinary research program. An overriding goal of research is to perform work that significantly impacts our subspecialty and informs family planning practices nationally. There are ongoing collaborative efforts with faculty in the College of Nursing, Department of Sociology, Department of Medicine, and community research partners, including the Community Health Centers, Inc. and Planned Parenthood Association of Utah. These relationships improve access to highly effective contraception in our community and improve practices nationally. Research funding sources include the National Institutes of Health, the Society of Family Planning, industry partners, and non-profit foundations. Past and current research activities generate ten or more publications each year. Dr. Turok is a member of the Editorial Board of the leading family planning journal, *Contraception*. Dr. Gawron is a member of ACOG's Research Committee.

The team's research accomplishments have enabled them to become a site for the NIH Contraceptive Clinical Trials Network in 2013, giving University of Utah Family Planning researchers a voice at the country's most significant family planning research enterprise. Involvement of trainees in research has been a primary focus of the family planning faculty as evidenced by over twenty trainees who have contributed to published manuscripts. These efforts in promoting research among trainees have been further magnified with the addition of Jessica Sanders, PhD, MSPH, as the Director of Family Planning Research. Dr. Sanders successfully defended her PhD thesis in Public Health (March 2015). She has experience in conducting quantitative and qualitative reproductive health research as well as advanced training in epidemiology and biostatistics. She will continue as a full time contributor to the Family Planning division. Three faculty members of the proposed division hold NICHD career development awards: Dr. Sanders is a BIRCWH scholar (K12), Dr. Gawron is a Women's Reproductive Health Research Scholar (K12), and Dr. Turok holds a K24. Additionally, collaborations with CON further enhance the division's breadth and depth in research opportunities. Dr. Simmons is currently preparing a NIH career development award. The faculty members include a PI of a current R01 (Turok) and a co-investigator of another R01 (Sanders). Dr. Gawron is currently preparing a resubmission for a VA merit award.

II. Research Publications in the last 2 years

Dermish A, Turok DK, Jacobson J, Murphy PA, Saltzman HM, Sanders JN. Evaluation of an intervention designed to improve the management of difficult IUD insertions by advanced practice clinicians. *Contraception*. 2016 Jun;93(6):533-8. PMID: 26820912

Sok C, Sanders JN, Saltzman HM, Turok DK. Sexual Behavior, Satisfaction, and Contraceptive Use Among Postpartum Women. *J Midwifery Womens Health*. 2016 Mar;61(2):158-65. PMID: 26849286

Turok DK, Sanders JN, Thompson IS, Royer PA, Eggebrotten J, Gawron LM. Preference for and efficacy of oral levonorgestrel for emergency contraception with concomitant placement of a levonorgestrel IUD: a prospective cohort study. *Contraception*. 2016 Jun;93(6):526-32. PMID: 26944863

Roberts SC, Turok DK, Belusa E, Combellick S, Upadhyay UD. Utah's 72-Hour Waiting Period for Abortion: Experiences Among a Clinic Based Sample of Women. *Perspect Sex Reprod Health*. 2016 Mar 24. [Epub ahead of print] PMID:27010515

Royer PA, Turok DK, Sanders JN, Saltzman HM. Choice of Emergency Contraceptive and Decision Making Regarding Subsequent Unintended Pregnancy. *J Womens Health*. 2016 Mar 31. [Epub ahead of print] PMID: 27032057

Turok DK, Eisenberg DL, Teal SB, Keder LM, Creinin MD.
A prospective assessment of pelvic infection risk following same-day sexually transmitted infection testing and levonorgestrel intrauterine system placement.
Am J Obstet Gynecol. 2016 May 12. [Epub ahead of print] PMID: 27180886

Wright RL, Frost CJ, Turok DK. [Experiences of Advanced Practitioners with Inserting the Copper Intrauterine Device as Emergency Contraception](#). *Womens Health Issues*. 2016 Sep-Oct;26(5):523-8. PMID: 27264913

Sanders JN, Howell L, Saltzman HM, Schwarz EB, Thompson IS, Turok DK. [Unprotected intercourse in the 2 weeks prior to requesting emergency intrauterine contraception](#). *Am J Obstet Gynecol*. 2016 Jun 24. [Epub ahead of print] PMID: 27349294

Sanders JN, Conway H, Jacobson J, Torres L, Turok DK. The Longest Wait: Examining the Impact of Utah's 72-Hour Waiting Period for Abortion. *Women's Health Issues*. 2016 Sep-Oct;26(5):483-7. PMID: 27502901

Ralph LJ, Foster DG, Kimport K, Turok D, Roberts SC. Measuring decisional certainty among women seeking abortion. *Contraception*. 2016 Oct 10. [Epub ahead of print] PMID: 27745910

Higgins JA, Sanders JN, Palta M, Turok DK. Women's Sexual Function, Satisfaction, and Perceptions After Starting Long-Acting Reversible Contraceptives. *Obstet Gynecol*. 2016 Nov;128(5):1143-1151. PMID: 27741195

Frisse AC, Marrazzo JM, Tutlam NT, Schreiber CA, Teal SB, Turok DK, Peipert JF. Validity of self-reported history of Chlamydia trachomatis infection. *Am J Obstet Gynecol*. 2016 Dec 14. [Epub ahead of print] PMID: 27988270

Berglas NF, Gould H, Turok DK, Sanders JN, Perrucci AC, Roberts SC. State-Mandated (Mis)Information and Women's Endorsement of Common Abortion Myths. *Womens Health Issues*. 2017 Jan 25. [Epub ahead of print] PMID: 28131389

Sanders JN, Turok DK, Gawron LM, Law A, Wen L, Lynen R. Two-year continuation of intrauterine devices and contraceptive implants in a mixed-payer setting: A retrospective review. *Am J Obstet Gynecol*. 2017 Feb 8. [Epub ahead of print] PMID: 28188772

Gawron LM, Watson K. Documenting moral agency: a qualitative analysis of abortion decision making for fetal indications. *Contraception*. 2017 Feb;95(2):175-180. Epub 2016 Sep 6. PMID: 27613571

Gundlapalli AV, Brignone E, Divita G, Jones AL, Redd A, Suo Y, Pettey WBP, Mohanty A, Gawron L, Blais R, Samore MH, Fargo JD. Using Structured and Unstructured Data to Refine Estimates of Military Sexual Trauma Status Among US Military Veterans. *Stud Health Technol Inform*. 2017;238:128-131. PMID: 28679904

Gawron LM, Pettey WBP, Redd AM, Suo Y, Gundlapalli AV. Distance to Veterans Administration Medical Centers as a Barrier to Specialty Care for Homeless Women Veterans. *Stud Health Technol Inform*. 2017;238:112-115. PMID: 28679900

Gundlapalli AV, Jones AL, Redd A, Suo Y, Pettey WBP, Mohanty A, Brignone E, Gawron L, Vanneman M, Samore MH, Fargo JD. Characteristics of the Highest Users of Emergency Services in Veterans Affairs Hospitals: Homeless and Non-Homeless. *Stud Health Technol Inform*. 2017;238:24-27. PMID:28679878

Boltz MW, Sanders JN, Simonsen SE, Stanford JB. Fertility Treatment, Use of in Vitro Fertilization, and Time to Live Birth Based on Initial Provider Type. *J Am Board Fam Med*. 2017 Mar-Apr;30(2):230-238. PMID: 28379830

Valenzuela RM, Rai R, Kirk BH, Sanders JN, Sundar S, Hamann S, Warner JEA, Digre KB, Crum AV, Jones KP, Katz BJ. An Estimation of the Risk of Pseudotumor Cerebri among Users of the Levonorgestrel Intrauterine Device. *Neuroophthalmology*. 2017 Apr 19;41(4):192-197. eCollection 2017 Aug. PMID: 29344058

Eggebroten JL, Sanders JN, Turok DK. Immediate postpartum intrauterine device and implant program outcomes: a prospective analysis. *Am J Obstet Gynecol*. 2017 Jul;217(1):51.e1-51.e7. PMID: 28342716

Roberts SCM, Belusa E, Turok DK, Combellick S, Ralph L. Do 72-Hour Waiting Periods and Two-Visit Requirements for Abortion Affect Women's Certainty? A Prospective Cohort Study. *Womens Health Issues*. 2017 Jul - Aug;27(4):400-406. PMID: 28391971

Gawron LM, Redd A, Suo Y, Pettey W, Turok DK, Gundlapalli AV. Long-acting Reversible Contraception

Among Homeless Women Veterans With Chronic Health Conditions: A Retrospective Cohort Study. Med Care. 2017 Sep;55 Suppl 9 Suppl 2:S111-S120. PMID: 28806374

Turok DK, Leeman L, Sanders JN, Thaxton L, Eggebroten JL, Yonke N, Bullock H, Singh R, Gawron L, Espey E. Immediate postpartum levonorgestrel IUD insertion & breastfeeding outcomes: A noninferiority randomized controlled trial. Am J Obstet Gynecol. 2017 Dec;217(6):665.e1-665. PMID: 28842126

Sanders JN, Turok DK, Royer PA, Thompson IS, Gawron LM, Storck KE. One-year continuation of copper or levonorgestrel intrauterine devices initiated at the time of emergency contraception. Contraception. 2018 *In Press*

Bellows, BK, Tak CR, Sanders JN, Turok DK, Schwarz EB. Cost-effectiveness of emergency contraception options over one year. Am J Obstet Gynecol. 2018 Jan 31. *In press*.

Sanders JN, Myers K, Gawron LM, Simmons RG, Turok DK. Contraceptive method use during the community-wide HER Salt Lake Contraceptive Initiative. Am J Public Health. 2018 Feb22:e1-e7. PMID:29470119

Roth LP, Sanders JN, Simmons RG, Bullock, H, Jacobson E, Turok DK. Changes in the uptake and cost of long-acting reversible contraceptive devices following the introduction of a new, low-cost levonorgestrel IUD in Utah's Title X clinics: a retrospective review. Contraception. 2018. *In press*.

III. Grant Support

Current:

A Phase 3, Randomized, Multi-Center, Open-Label Study of a Levonorgestrel-Releasing Intrauterine System (20 mcg/day) and Mirena® for Long-Term, Reversible Contraception up to Five Years.

Protocol Number M360-L102, Medicines 360

Principal investigator: David Turok

Direct: \$1,664,639 Indirect: \$332,927 4/1/2010-4/1/2020

Quantifying Contraceptive Failure with Unprotected Intercourse 5-14 Days Prior to Contraceptive Initiation.
20139019

William and Flora Hewlett Foundation

Principal Investigator: David Turok

Direct: \$147,827 Indirect: \$14,673 6/25/2013-06/30/2018

Contraceptive Clinical Trials Network Core Function Activities.

Task Order Number HHSN27500001 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. (Task Order 1).

Principal Investigator: David Turok
Direct: \$247,395 Indirect: \$121,223 6/26/2013-6/25/2020

Cervical Attachment Study

Bioceptive Inc.
Principal Investigator: David Turok
Direct: \$21,967 Indirect: \$7,183 02/17/2014-12/31/2017

Novel Products for Female Contraception.

Task Order 2 under IDIQ Contract # HHSN275201300016I from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

Principal investigator: David Turok
Direct: \$303,229 Indirect: \$143,375 9/19/2014-9/18/2017

Evaluation of the Effectiveness, Feasibility, Safety and Tolerability of the ContraMed Veracept Intrauterine Copper Contraceptive.

CMD0C0008
Health Decisions CRO
Principal Investigator: David Turok
Direct: \$231,794 Indirect: \$75,797 07/14/2015-07/15/2018

Highly Effective Reversible Contraception Initiative- Salt Lake:

William and for a Hewlett Foundation
2015-3100
Principal Investigator: David Turok
Direct: \$693,491 Indirect: \$56,509 11/16/2015-11/16/2018

Highly Effective Reversible Contraception Initiative- Salt Lake:

Anonymous Foundation
4162
Principal Investigator: David Turok
Direct: \$3,287,987 Indirect: \$0 12/01/2015-11/30/2020

RCT Assessing Pregnancy with Intrauterine Devices for Emergency Contraception.

5R01HD083340-02
National Institute of Health
Principal Investigator: David Turok
Direct: \$412,811 Indirect: \$77,915 12/01/2015-11/30/2020

Immediate Postpartum Long Acting Reversible Contraception Expansion

National Institute for Reproductive Health
Principal Investigator: Jessica Sanders
Direct: \$45,455 Indirect: \$4,545 04/01/2016-09/25/2018

Reversible Contraception Initiative- Salt Lake: Prospective Cohort Examining Social/Economic Impact of Removing Cost Barriers

Merk & Company INC

Principal Investigator: David Turok

Direct: \$18,934 Indirect: \$6,191 05/26/2016-05/31/2018

Multicenter O-L Single-Arm Study of Contraceptive E & S of combined Oral Contraceptive (COC)
Containing 15 MG E4 & 3 MG DRSP

PRA Health Sciences-MITES0001C302

Principal Investigator: Lori Gawron

Direct: \$147,480 Indirect: \$53,830 12/12/2016-12/31/2019

Evaluate Levocept (Levonorgestrel-releasing intrauterine System) for Long-Acting Reversible
Contraception

Synteract INC- CMDOC0022

Principal Investigator: Lori Gawron

Direct: \$148,295 Indirect: \$54,128 12/13/2016-12/31/2018

Fellowship in Family Planning

University of Utah Site

Principal Investigator: David Turok

This program has been continuously funded by an anonymous foundation since 2010 with yearly budgets as reported below:

Direct: \$259,219 Indirect: \$0.000 6/01/2017-05/31/2018:

Feasibility and Acceptability of Same-Day Counseling and Vasectomy: A prospective Cohort Study.
SFPRF17-29

Society of Family Planning

Principal Investigator: Holly Bullock

Direct: \$67,743 Indirect: \$0 06/02/2017-06/30/2018

Family Planning Elevated.

Planned Parenthood Association

Principal Investigator: Kyl Myers

Direct: \$99,034 Indirect: \$0 07/01/2017-01/01/2018

Midcareer Investigator Award in Patient-Oriented Research

1K24JD087436-01A1

National Institute of Health

Principal Investigator: David Turok

Direct: \$176,794 Indirect: \$14,144 08/31/2017-05/31/2022

A Multi-Center, Open Label Study to Evaluate the Pharmacokinetic and Pharmacodynamic Profile, Effects
on the Mechanisms of Contraception.

FY18.903.001

University of Colorado at Denver

Principal Investigator: David Turok

Direct: \$155,807 Indirect: \$69,619 09/28/2017-12/31/2018

Past:

The Intimate Link; Sexual Acceptability of New Start Contraception.

University of Wisconsin-Madison

622K823

Principal Investigator: David Turok

Direct: \$72,852 Indirect: \$10,289 07/01/2015-09/30/2017

Highly Effective Reversible Contraception Initiative- Salt Lake: Establishing a Prospective Cohort to Examine the Social

Society for Family Planning

SFPRF91

Principal Investigator: David Turok

Direct: \$228,544 Indirect: \$21,456 07/01/2015-09/30/2017

The Role of Male Partners in Contraceptive Decision Making

Society for Family Planning

SFPRF16-23

Principal Investigator: Katie Stork

Direct: 70,984 Indirect: \$0.00 06/15/2016-06/15/2017

Quantifying Contraceptive Failure with Unprotected Intercourse 5-14 Days Prior to Contraceptive Initiation.

William and Flora Hewlett Foundation

20139019

Principal Investigator: David Turok

Direct: \$147,827 Indirect: \$14,673 06/25/2013-06/30/2017

TRIBE: Tracking IUD Bleeding Experiences: An evaluation of bleeding profiles in new intrauterine device users.

Teva Women's Health Research Inc.

Principal investigator: David Turok

Direct: \$164,172 Indirect: \$217,856 12/02/2014-12/31/2016

Kenneth J. Ryan Residency Training Program in Abortion and Family Planning:

University of Utah Department of Obstetrics and Gynecology

Anonymous Foundation

Principal investigator: David Turok

Direct: \$248,849 Indirect: \$0 7/1/2003-6/3/2007

Program to Develop Future Leaders in Family Planning.

Lalor Foundation

Principal investigator: David Turok

Direct: \$25,000 Indirect: \$0 7/1/2008- 6/30/2009

Increasing Family Planning Research Capacity.

University of Utah Department of Obstetrics and Gynecology

Anonymous Foundation

Principal investigator: David Turok

Direct: \$86,658 Indirect: \$0 2/1/2008- 1/31/2010

EC Choices and Outcomes: The Copper T380A IUD vs. Oral Levonorgestrel for Emergency Contraception.

Society of Family Planning

Principal investigator: David Turok

Direct: \$105,102 Indirect: \$14,826 7/22/2009- 10/1/2010

EC Method: Determinants for Copper IUD Use and Future Unintended Pregnancy

Award Number R21HD063028 from the Eunice Kennedy Shriver National Institute Of Child Health & Human Development.

Principal investigator: David Turok

Direct: \$314,532 Indirect: \$91,818 09/29/2010- 08/31/2012

Fellowship in Family Planning

University of Utah Site

Principal Investigator: David Turok

This program has been continuously funded by an anonymous foundation since 2010 with yearly budgets as reported below:

07/01/2010-06/30/2011: Direct: \$206,689 Indirect: \$0.00

07/01/2011-06/30/2012: Direct: \$305,670 Indirect: \$0.00

07/01/2012-06/30/2013: Direct: \$314,483 Indirect: \$0.00

07/01/2013-06/30/2014: Direct: \$296,108 Indirect: \$0.00

07/01/2014-06/30/2015: Direct: \$298,968 Indirect: \$0.00

07/01/2015-06/30/2016: Directs: \$318,710 Indirect: \$0.00

06/01/2016-05/31/2017: Direct: \$318,920 Indirect: \$0.00

06/01/2017-05/31/2018: Direct: \$259,219 Indirect: \$0.00

Total Fellowship Funding: Direct: \$2,318,767 Indirect:\$0.00

Vaginal Microflora and Inflammatory Markers Before and After Levonorgestrel Intrauterine Device Insertion.

Society of Family Planning Research Fund

Principal Investigator: Janet Jacobson (Family Planning Fellow)

Direct: \$69,999 Indirect: \$0.00 05/25/2011 – 05/24-2012

A Phase 1, Multi-Center Study to Assess the Safety and Performance of a Novel LNG20 Intrauterine System Inserter.

Protocol Number M360-L103, Medicines 360.

Principal Investigator: David Turok

Direct: \$30,713 Indirect: \$6,142 07/21/2011-10/31/2013

Mid-Career/Mentor Award.

Society of Family Planning Research Fund

SFPRF6-MC3

Principal investigator: David Turok

Direct: \$40,000 Indirect: \$0 07/01/2012-06/30/2013

An Intervention to Manage Difficult IUD Insertions.

Society of Family Planning Research Fund

Principal Investigator: Amna Dermish (Family Planning Fellow)

Direct: \$69,990 Indirect: \$0 03/01/2012 – 02/28/2013

IUD insertion forces and placement with novel IUD inserter.

Bioceptive, Inc.

Principal investigator: David Turok

Direct: \$18,394 Indirect: \$6,015 6/12/2012- 10/31/2016

Optimizing Postpartum Contraception in Women with Preterm Births

Society of Family Planning Research Fund

Principal Investigator: Leah Torres (Family Planning Fellow)

Direct: \$70,000 Indirect: \$0 02/01/2013-06/30/2015

A Phase 1, Multi-Center Study to Assess the Performance of a LNG20 Intrauterine System Inserter.

Protocol Number M360-L104. Medicines 360.

Principal Investigator: David Turok

Direct: \$41,656 Indirect: \$23,490 07/18/2013 – 07/17/2014

Early Versus Delayed Postpartum Insertion of the Levonorgestrel IUD and Impact on Breastfeeding: A Randomized Controlled Non-Inferiority Trial.

Society of Family Planning. SFPRF7-3.

Principal investigator: David Turok

Direct: \$104,121 Indirect: \$15,877 7/1/2013-6/30/2015

Salt Lake Refugee Reproductive Health

Society of Family Planning Research Fund

Principal Investigator: Pamela A. Royer (Family Planning Fellow)

Direct \$69,860 Indirect: \$0 01/01/2014-06/30/2015

The Intimate Link: Sex-Acceptability among New IUD and Implant Users

Society of Family Planning Research Fund, SFPRF7-21

Site Principal Investigator: Jessica Sanders, PhD

Direct: \$2,999 Indirect: \$0 10/01/2014-09/30/2015

Post Fellow Salary Support

Anonymous-3970

Principal Investigator: Lori Gawron

Direct: \$90,825 Indirect: \$0 10/01/2014-09/30/2016

Group vs. individual contraceptive counseling among resettled African refugees

Society of Family Planning Research Fund

Principal investigator: Pamela A. Royer

Direct: \$30,000 Indirect: \$0 01/01/2015-6/30/2015

Contraceptive Failure with Copper IUD Placement After Unprotected Intercourse

Society of Family Planning Research Fund

Principal investigator: Ivana Thompson (Family Planning Fellow)

Direct: \$69,926 Indirect: \$0 01/01/2015-06/31/2016

Real-world duration of use for highly effective reversible contraception (HERC): A retrospective review.

Bayer Women's Healthcare.

Principal Investigator: David Turok

Direct: \$125,551.40 Indirect: \$41,056 1/1/2015-1/1/2-2017

Total Research Funding Directs: \$8,254,221

Total Research Funding Indirect: \$1,182,396

Total Resident and Fellow Training: \$2,513,306

Total External Direct Funding: \$10,767,527

IV. Community Impact

The Family Planning program at the University of Utah has a strong track record of improving contraceptive access in Utah. The Division has provided over 10,000 women in Utah with no-cost contraceptive care through the Ryan program, clinical trials, research studies and the innovative HER Salt Lake Contraceptive Initiative (HER Salt Lake). Between March 2016 and March 2017, HER Salt Lake provided contraceptive methods to 7,400 individuals who sought contraceptive care at four Planned Parenthood health centers in Salt Lake County, where one third of the Utah population lives. The interventions was developed with community input fostered by the University of Utah CCTS Community Engagement Core. The team has developed extensive knowledge of what works in the state. The next step is to disseminate what we have learned to expand contraceptive coverage and support to patients and providers across the state.

In partnership with the Sorenson Impact Center, the Family Planning Division has created a statewide contraceptive initiative, *Family Planning Elevated*. During the current planning year (July, 2017–June, 2018) the team has garnered support from stakeholders across the state, including the Utah Department of Health and the Association for Utah Community Health (Utah's Primary Care Association), pharmaceutical companies, health care providers, patient advocates, policy makers and donors. *Family Planning Elevated* aims to improve the intended pregnancy rate and birth outcomes in Utah through expanding best-practice contraceptive care across the state. Details of the plan were informed by a statewide convening hosted by the Family Planning Elevated team from the University that was attended by 60 people representing the above interests. This ongoing project has the potential to durably and favorably impact contraceptive access based on the research findings, education, and clinical care of the team that will become the University of Utah Division of Family Planning in the Department of Obstetrics and Gynecology.