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Entry-to-Practice Abortion Care Competencies for Undergraduate Nursing and Nurse Practitioner Education in Canada

CART-GRAC
Contraception Access Research Team
Groupe de recherche sur l'accessibilité à la contraception

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Canadian Association
of Schools of Nursing

Association canadienne des
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Inclusion

CASN is committed to developing inclusive policies and statements that challenge discrimination, racism, heterosexism, and cisnormative behaviour. A guiding objective, therefore, in developing the guidelines is to ensure that they promote sensitivity, justice, inclusion, equity, and respect for all people including but not limited to Indigenous Peoples, racialized peoples, migrants, 2SLGBTQIA+ people, and members of all marginalized communities.

Project Overview

This work was carried out as part of a large project entitled "The CART Access Project: Advancing access to abortion for underserved populations through tools for healthcare professionals and people seeking care." The project is made up of 17 organizations under the Contraception and Abortion Research Team (CART), including the Canadian Association of Schools of Nursing.

The aim of the larger project is to disseminate evidence-based health care provider (HCP) and patient approaches to improve access to high quality abortion care that meets the needs of under-served populations.

The overall project had several objectives:

1. Adapt CART's research-oriented virtual community of practice (vCoP) to become a health-system-hosted open-access vCoP to support healthcare professionals to begin and sustain abortion service provision with mentorship, education resources, practice-support and patient-support tools, tailored to address the needs of diverse underserved populations.
2. Adapt and distribute our patient decision aid (including a range of context-oriented, cultural- and language-adapted videos), and related partner patient resources, to support underserved populations to access appropriate abortion information and care.
3. Define appropriate approaches for Health Care Providers (HCPs) and patient-facing resources to meet the needs of underserved populations including youth engaging the Youth Wellness Lab at University of Toronto.
4. Establish a national abortion-doula network and define approaches appropriate for HCPs to meet the needs of justice-involved people, engaging with Wellness Within (WW), led by the University of New Brunswick.
5. Establish a national network of mentorship hubs engaging tertiary care women's hospitals across Canada for real-time guidance and mentorship support to abortion-providing HCPs.
6. Collaborate with a range of organizations to support their development of, and to disseminate their capacity-building resources for HCPs in abortion-care service provision.
7. Convene a summit knowledge-mobilization-and-sustainability-strategy meeting of partners, collaborators, stakeholders, International Advisory Committee members and Government to disseminate findings and strategize next steps that maximize cross-learnings, interested output integration and sustainability.

The role of CASN was to contribute to the overall objectives listed above by conducting a project entitled: Fostering change in entry-to-practice education programs for nurses in Canada to increase equitable access to abortion services." The main components of this project were to develop education competencies for registered nurses (RNs) and for nurse practitioners (NPs) and to hold a one-day education forum for nurse educators to encourage the competencies' uptake in nursing curricula.

Background

Since the Supreme Court of Canada's 1988 *R v. Morgentaler* decision, no criminal laws have governed abortion care in Canada. Abortion is a relatively common procedure in Canada—in 2021, there were over 87,000 abortions in the country (Canadian Institute for Health Information, 2023). Nevertheless, the Abortion Rights Coalition of Canada notes that although all provinces and territories in Canada have deemed abortion a "medically required service," access to it does not meet the five principles of the *Canada Health Act*: public administration, comprehensiveness, universality, portability, and accessibility (Abortion Rights Coalition of Canada, n.d.).

In recent years, however, Canada has made advances to increase access to abortion care. In 2015, Health Canada approved a medication abortion in the form of the combined product mifepristone and misoprostol. Although in early 2017, the medication was available only for physician prescribing, access was expanded to include NPs by the end of 2017. Nevertheless, access to abortion care remains a commonly cited problem in Canada and globally (Abortion Rights Coalition of Canada, n.d.; World Health Organization [WHO], 2015; Paynter et al., 2019; Carson et al., 2022; Carson et al., 2023). Barriers to safe abortion care include the geographic location of the client, stigma, and accessibility of health care providers who are comfortable with and competent in providing abortions (Paynter et al., 2019).

Health professional education plays a role in increasing access to abortion care, yet not all NP or RN education programs include abortion care as part of their curriculum (Paynter, 2022; Carson et al., 2023). There is a need to include, or increase, abortion care content in nursing education programs. Often, where abortion content exists, it is examined as an ethical issue but is not included as part of the nursing role. Nurses in many areas of practice, including primary care and emergency departments, have patients/clients experiencing unintended pregnancies. RNs entering practice should be equipped to care for patients/clients experiencing unintended pregnancies, whether that be through providing care themselves (within their legislated scope of practice) or collaborating with other health care providers (understanding what resources are available). By better preparing RNs and NPs in this area, we can start to remove some of the barriers to abortion access and care.

Key Considerations

Throughout discussions with experts in this topic area, consistent themes emerged that underpin the competencies and indicators. While the education competencies specifically target abortion care, some underlying key considerations must be taken into account.

- The concepts of cultural humility, cultural safety and awareness, trauma- and violence-informed care, gender-based violence, health equity, social and structural determinants of health, and intersectionality are prerequisite knowledge and underpin all the competencies/indicators.
- Patient/client confidentiality in abortion care is essential to protect patient/client safety and access to abortion care.
- While abortion care is a normal part of the health care system, nurses need to understand the evidence around patient/client experiences of abortion (determining who is at risk of, for example, coercion, depression).

- Patient/clients are holistic persons who have a wide range of reactions to abortion decisions and care.
- Awareness of the current sociopolitical climate around abortion discourse and existing services is essential.
- Abortion care is not solely about providing abortions; it is part of nurses' holistic care in all practice areas (e.g., emergency department) and includes actions such as referral to abortion care providers.
- As in other areas of nursing practice, reflection on one's implicit values, assumptions, biases, and attitudes towards abortion care is important before one graduates and enters practice.
- Nurses who may be opposed to certain practices, including abortion, should review the "Steps in Declaring a Conflict with Conscience" in the Canadian Nurses Association (CNA) Code of Ethics (p. 36).

Methods

A modified Delphi approach was used to develop the *Entry-to-Practice Abortion Care Competencies for Undergraduate Nursing and Nurse Practitioner Education in Canada*. An Advisory Committee of experts from across Canada was struck at the outset of the project. An environmental scan was completed, reviewing peer-reviewed and grey literature around abortion care, access to abortion care, and nursing roles in abortion care. The environmental scan also included a review of literature related to nursing education and abortion care. The environmental scan was reviewed by the Advisory Committee and provided the foundation for the first iteration of competencies.

The next step in the development of these competencies was a consultation forum with additional nurse educators from across Canada. The purpose of the consultation forum was for each competency and indicator statement to be further reviewed in a world café format. The consultation forum was held virtually and allowed for different groups to review different competencies throughout the forum. Following the forum, the feedback was collated and presented to the Advisory Committee for review.

Once the Advisory Committee had come to a consensus on the next iteration of the competencies and indicators, the competencies were put into an online validation survey. Respondents were asked to rate each learning outcome and indicator statement as *essential*, *important*, *somewhat important*, or *not important*, or to indicate if they did not know. Respondents were also given the opportunity to provide comments throughout the survey.

The survey received 98 responses. Almost all indicator statements received a ranking of over 85% as either *essential* or *important;* any outliers were reviewed by the Advisory Committee. The survey also contained space for comments throughout. While many comments supported the competencies for RNs and NPs, a recurring comment was that these competencies were specialty area competencies rather than entry-to-practice competencies. On reviewing these comments, however, there was consensus among the Advisory Committee that every RN and NP should possess the specified competencies on graduation because abortion care is part of health care. While nursing education programs may not currently be teaching these competencies, the goal of this project is to promote their integration into curricula.

Competencies and Indicators

Competencies are defined as "complex know-acts based on combining and mobilizing internal resources (knowledge, skills, attitudes) and external resources and applying them appropriately to specific types of situations" (Tardif, 2006). This document is organized into six competencies geared towards undergraduate nursing education and one competency for NP education. The NP competency assumes competencies 1 to 6 have been achieved in undergraduate nursing education.

The indicators under each competency statement are the "assessable and observable manifestations of the critical learnings needed to develop the competency" (Tardif, 2006).

Entry-to-Practice Abortion Care Competencies for Undergraduate Nursing and Nurse Practitioner Education in Canada

Undergraduate Nursing Education

1. **Applies clinical knowledge when assessing a patient/client for pregnancy.**
   a) Describes available methods of pregnancy testing/diagnosis;
   b) Communicates confirmation of pregnancy in accordance with provincial/territorial scope of practice;
   c) Provides information on options (pregnancy continuation or pregnancy termination) based on patient/client needs;
   d) Applies knowledge of gestational dating;
   e) Describes expected signs and symptoms of pregnancy;
   f) Describes signs and symptoms of ectopic pregnancy;
   g) Describes signs and symptoms of spontaneous abortion; and
   h) Assesses for patient/client coercion and promotes patient/client autonomy in decision-making.

2. **Applies trauma- and violence-informed and therapeutic communication strategies when caring for clients who have chosen abortion.**
   a) Demonstrates the ability to provide information to the patient/client regarding medication abortion and/or procedural abortion;
   b) Supports the patient's/client's decision and decision-making process by providing non-judgemental care;
   c) Promotes follow-up care or post-abortion counselling as needed;
   d) Describes what is included in post-abortion care and counselling;
   e) Understands and uses appropriate approaches that are affirming of sex, sexual orientation, and gender identity and expression; and
   f) Uses appropriate terminology to ensure patient/client comprehension.

3. **Collaborates with interprofessional team members to ensure the patient/client receives abortion care.**
    a) Demonstrates the ability to assist patients/clients in navigating abortion care resources;
    b) Advocates for equitable patient/client access to abortion care;
    c) Makes appropriate referrals to support patients/clients who have chosen abortion; and
    d) Assists the patient/client with coordination of care based on their needs.

4. **Adheres to the nursing standards of practice, scope of practice, and code of ethics when providing abortion care.**
    a) Provides culturally safe abortion care;
    b) Articulates the importance of maintaining patient/client confidentiality across the continuum of care;
    c) Demonstrates understanding of the registered nurse scope of practice as it pertains to abortion care; and
    d) Demonstrates understanding of the professional responsibilities associated with conscientious objection as outlined in the CNA Code of Ethics.

5. **Provides sexual and reproductive health care.**
    a) Describes the potential implications of trauma and violence on the responses and needs of the childbearing person and family;
    b) Describes screening and treatment for sexually transmitted and blood-borne infections in abortion care; and
    c) Describes accessibility, cost, effectiveness, and side effects of contraceptive options to the patient/client objectively and without coercion.

6. **Provides an overview of the history of abortion care in Canada and the current facilitators and barriers to abortion access.**
    a) Describes the historical and current context of abortion care in Canada;
    b) Describes the sociopolitical and legal context of abortion care in Canada;
    c) Describes the facilitators and barriers to abortion care, including how the social and structural determinants of health impact access to abortion care; and
    d) Articulates the additional barriers faced by under-served populations.

Nurse Practitioner Education

7. Adheres to the nurse practitioner standards of practice when providing abortion care.

a) Discusses the risks and benefits of medication abortion (MA) and procedural abortion to assist the patient/client in making an informed decision;
b) Prescribes MA at the request of the client;
c) Assesses the patient/client for indications and contraindications for MA;
d) Educates the patient/client regarding the expected and adverse events for MA;
e) Describes abnormal outcomes and appropriate management; and
f) Describes what should be included in follow-up care and/or appropriate referrals.

Definitions

2SLGBTQIA+: Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual people, and the "+" is inclusive of diverse sexual orientations (e.g., pansexual, greysexual) and gender identities and gender expressions (e.g., nonbinary, gender diverse, agender) that are not explicitly named in the acronym (Registered Nurses' Association of Ontario, 2021).

Conscientious objection: "a situation in which a nurse informs their employer about a conflict of conscience and the need to refrain from providing care because a practice or procedure conflicts with the nurse's moral beliefs" (College of Registered Nurses of British Columbia, 2017, as cited by CNA, 2017, p. 21).

Medication abortion: "abortion primarily with medications, including mifepristone, misoprostol, and misoprostol alone … regardless of the setting, context, gestational duration, or legal status" (Upadhyay et al., 2023, p. 1).

Procedural abortion: "abortion primarily with instrumentation, including uterine aspiration (manual or electric), dilation and curettage, dilation and evacuation, or dilation and extraction … regardless of the setting, context, pregnancy duration, or legal status" (Upadhyay et al., 2023, p. 2).

Spontaneous abortion: a term often used to describe pregnancy loss, generally defined as a nonviable intrauterine pregnancy up to 20 weeks gestation. (Prager, Micks, & Dalton, 2024)

Trauma- and violence-informed care: "recognize[s] the connections between violence, trauma, negative health outcomes and behaviours" (Public Health Agency of Canada, 2018). It "expand[s] on the concept of trauma-informed approaches to account for the broader systemic inequities that influence and contribute to interpersonal experiences of trauma and violence" (Wathen & Varcoe, 2023).

Under-served populations: populations with "an increased likelihood that individuals will, because of their membership in a certain population, experience difficulties in obtaining needed care; receive less, or a lower standard of care; experience differences in treatment by health personnel; receive treatment that does not adequately recognize their needs; or be less satisfied with health care services" (Bowen, 2001, p. 102).

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