



Cervical Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vaginal Ring	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patch	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injectable contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implantable contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Contraception (EC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscarriage Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Rhythm Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Please specify the clinical training you have received at your institution in the sexual and reproductive health topics listed below.

Subject Areas	Indications	Contraindications	Methods	Complications	Counseling on patient choices	Not Covered	~ Hours spent on this topic
Abortion							
Surgical Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraception							
Pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cervical Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vaginal Ring	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patch	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injectable contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implantable contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Contraception (EC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscarriage Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Rhythm Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Please specify which sexual and reproductive health topics are comprehensively covered at your medical school.

Subject Areas	Screening	Counseling	Approximate hours devoted to this topic
Cultural Competency Around Sexual and Reproductive Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Intimate Partner Violence (IPV)	<input type="checkbox"/>	<input type="checkbox"/>	

Male Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual and Reproductive Health Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Assault / Rape	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual History Taking	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Identity / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually Transmitted Infections	<input type="checkbox"/>	<input type="checkbox"/>	
Unintended Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	

10. **Of the topics listed in questions 8 and 9, have you learned about 1 or more of them through extracurricular events?**

Yes  No

**10a. If yes, please indicate which topic(s):**

- Abortion/Termination
- Contraception
- Emergency Contraception (EC)
- Miscarriage Management
- Cultural Competency around sexual and reproductive health issues
- IPV / Intimate Partner Violence
- Male Reproductive Health
- Sexual and reproductive health patient education
- Sexual Assault / Rape
- Sexual History Taking
- Sexual Identity / Orientation
- Sexually Transmitted Disease
- Unintended Pregnancy
- Other \_\_\_\_\_

11. Please indicate which group hosted these extracurricular events.

- American Medical Student Association (AMSA)
- American Medical Women's Association (AMWA)
- Medical Students for Choice (MSFC)
- Women's Health Interest Group
- Other \_\_\_\_\_

12. **Have you learned about 1 or more of the topics listed in 10a through services learning experiences?**

Yes  No

**12a. If yes, please indicate which ones**

- Abortion
- Contraception
- Emergency Contraception (EC)
- Miscarriage Management
- Cultural Competency around sexual and reproductive health issues
- IPV / Intimate Partner Violence
- Male Reproductive Health
- Sexual and reproductive health patient education
- Sexual Assault / Rape



Clinical Practice II (Fall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Practice II (Spring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric Medicine II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pathophysiology II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Third Year: Clerkships</b>							
Medicine							
Neurology							
Obstetrics/Gynecology							
Pediatrics							
Primary Care							
Psychiatry							
Surgery							
<b>Fourth Year</b>							
<b>Electives:</b>							
Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clinical Pathology</b>							
Advanced Pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Pharmacology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biomedical Informatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**15. In your opinion, could sexual and reproductive health coverage be enhanced in your school's current curriculum?**

- Yes  No

**16. In your opinion, what are the most applicable solutions to help augment existing coverage of these issues at your institution? (Please check all that apply)**

- Women's health elective
- Inclusion in relevant clerkships
  - Internal Medicine
  - Surgery
  - Psychiatry
  - Obstetrics & Gynecology
  - Family Practice
  - Neurology
- Integrating topics into current curriculum across the curriculum when applicable
- Sexual and reproductive health lecture series
- guest speakers
- Other (explain):
  
- None (explain):

**17. How satisfied are you with the extent to which sexual and reproductive health topics are currently covered in the curriculum at your institution?**

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied