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Authors' Response:

While we are well aware there are differences of opinion regarding the morality of abortion, as described by Clark et al, our paper was not designed to address this issue. Rather, given that abortion is legal, is within the scope of family medicine, and one of the procedures most frequently sought by our patients, we believe that family physicians should have the opportunity to receive training in this procedure if they desire. We further believe that how best to accomplish this training is a worthwhile discussion among teachers of family medicine. As noted in our article, all programs with abortion training offer alternative curricula for those who share the personal moral objections to abortion expressed by Clark et al.

Christine Dehlendorf, MD; *Kevin Grumbach, MD; Carole Joffe, PhD*
Department of Family and Community Medicine, University of California, San Francisco
Dalia Brahmi, MD, MPH; Marji Gold, MD
Department of Family and Social Medicine, Montefiore Medical Center. Bronx, NY
David Engel, MD
Department of Family Medicine, University of Washington

More on Abortion Training Articles

To the Editor:

As a family physician educator, I am proud to see that the editor of *Family Medicine* recognized the importance of publishing the articles by Dehlendorf [1] and Brahmi[2] on abortion training in family medicine residency training programs.

In the current political climate, with the recent Supreme Court decision limiting women's access to mid-trimester abortion, women are increasingly in need of safe confidential sites where they can terminate an unwanted pregnancy in the first trimester. Family physicians are ideally situated to provide this care within the daily context of meeting women's reproductive health needs. As we gear up to provide the basket of services important to our patients in the Future of Family Medicine, residencies need the information in these articles to be able to best design and implement abortion training. Residents with a strong experience in reproductive health, including abortion, will be best suited to meet the needs of the women they will meet in their future practices.

Lucy M. Candib, MD
Family Health Center of Worcester, University of Massachusetts Family Practice Program, Worcester, Mass

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Comment

Bananas and Beans: A Simulation Model for Training in Trigger Point Injection

To the Editor:

"You wouldn't get on an airplane unless the pilot had been trained in a flight simulator and certified to use the new instruments on a jet. Why would you place yourself in the hands of a doctor who hadn't proven his competency and been certified on a simulator?"

—David Gaba, MD[1]

Simulation models in medical training are becoming more common. They are applicable to many clinical scenarios, including physical exam acumen and emergency management but are perhaps most directly applicable to the teaching of procedures. For a variety of procedures, models have proven to be effective, with skills transferable to live patients.[2-5]

Trigger points are discrete, focal, hyper-irritable areas within a band of skeletal muscle. These trigger points can exist as a primary disorder or be secondary to underlying conditions such as facet arthropathy, sacroiliac arthropathy, and disc herniation. While usually associated with paravertebral and shoulder girdle musculature, trigger points have also been described in association with abdominal wall pain and chronic pelvic pain.

Trigger point injection (TPI) is a common procedure in primary care, orthopedic, and pain clinic practices. There are several techniques described, and a variety of injectables are used. The goal of TPI is relaxation of the discrete muscle area and relief from the associated pain.

Munson Family Practice Residency Program is a community-based residency with a mission of training family physicians for rural practice. During a week devoted to the study and practice of various procedures, all residents participated in hands-on workshops, including the one described below.

The simulation session opened with a review of trigger points and myofascial pain syndrome, the available evidence for efficacy of TPI, and procedure billing codes. Training materials included bananas (the peel representing skin) and canned kidney beans (representing trigger points). The bananas were partially peeled, and the beans were placed under the peel. The beans