



## Ryan Program Expectations

Over 100 departments of ob-gyn throughout the US are Ryan Programs. To be eligible to become a Designated Ryan Program site, your program must meet the following expectations:

1. Ryan Programs are led by expert faculty with the time and dedication to lead the program. Expert faculty include those who are Complex Family Planning Fellowship-trained or those with a focus on family planning clinical practice, research, publications, and mentorship.

**Best Practice:** *Having more than one family planning expert in the department.*

2. Ryan Programs have support for the training and service from the department chair, residency program director, dean and/or hospital/academic medical center CEO, and collaborating abortion clinic CEO and medical director, if applicable.
3. Ryan Programs have a required resident rotation dedicated to clinical training in family planning (abortion and contraception), or where abortion and contraception clinical exposure comprises 50% of the training focus.
  - At minimum, the rotation must include 3-4 days of family planning training and education per week in accordance with the institution's rotation block time
  - Resident training volume must at least meet the ACGME requirement during the rotation.

**Best Practice:** *A rotation dedicated to or focused on family planning scheduled in multiple PGYs, with family planning activities a minimum of 3-5 days per week in each rotation.*

4. The rotation must be a required part of the residency curriculum. Residents with religious or moral objections can partially participate in accordance with the ACGME guidelines.
  - Clinical expectations of partially participating residents include provision of preoperative counseling, postoperative patient care, pregnancy options counseling, contraceptive counseling, treatment of pregnancy loss, management of abortion complications, and the opportunity to observe abortion procedures.
  - Partially participating residents are responsible for completing learning objectives and didactic material, and must participate in the didactic sessions and values clarification/professionalism exercises.

**Best Practice:** *Starting at resident interviews, let applicants know partial*

*participation is possible and beneficial. Utilize the [Ryan Program Partial Participation tool](#) to plan out your strategy to identify partially participating residents during orientation, meet with them before they start the rotation and schedule occasional check-ins during the rotation.*

5. Ryan Programs offer comprehensive training in outpatient first-trimester abortion (including MVA and medication abortion) with the opportunity to learn D&E procedures.
  - Resident training volume must at least meet the ACGME requirement during the rotation.

**Best Practice:** *Establishing or expanding collaboration with a community abortion clinic for additional resident training in induced abortion.*

6. Ryan Programs offer extensive training in all methods of contraception including long-acting reversible contraception (LARC) and exposure to contraceptive needs of patients with complex medical problems.
7. Ryan Programs offer complete exposure to pregnancy options counseling, procedure counseling and first- and second-trimester ultrasound training.
8. Ryan Programs integrate weekly didactic education into the clinical training experience focusing on evidence-based medicine and patient-centered care.
  - Didactic sessions must include at least some modules of the Ryan Program curriculum, and may include simulation workshops, journal club sessions, lectures, values clarification and professionalism workshops, and online resources.

**Best Practice:** *Use of the [Ryan Program curriculum on RHECourse](#), supplemented by focused journal clubs and lectures.*

9. Ryan Programs expand family planning and abortion services in the teaching hospital. Services may include evidence-based management of early pregnancy loss, contraceptive care for patients with complex medical problems, contraceptive procedure clinics, and managing terminations.

**Best Practice:** *The family planning training service focuses on:*

- *Offering all evidence-based methods of first-trimester abortion in an office or clinic setting.*
- *Establishing a contraceptive care service for patients with complex medical problems.*
- *Streamlining a system for referrals and care for patients seeking abortion in the second trimester.*

*If the academic medical center limits pregnancy termination, the hospital-based family planning training service can focus on:*

- Managing early pregnancy loss (EPL): Establish protocols for managing non-complicated EPL patients in the office and/or emergency department setting.*
- Caring for patients with second-trimester fetal demise.*
- Creating a system for providing abortion care for people with complex psychosocial and/or medical conditions and circumstances within the hospital.*
- Streamlining a system for referrals for people who cannot be cared for in the hospital.*