



## 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 family planning 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 2-3 days of family planning training and education per week in accordance with the institution's rotation block time.
  - If occurring less than 2-3 days per week in one rotation, family planning training must be integrated in two or more rotations.

***Best Practice:*** A rotation dedicated to or focused on family planning, with family planning activities 3-5 days per week.

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 pregnancy options counseling, abortion counseling, pre- and post-abortion care, contraception counseling and care, treatment of pregnancy loss, management of rare 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 meet or exceed the ACGME requirement during the rotation.

**Best Practice:** Establish or expand collaboration with a local 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 contraception needs of patients with complex medical conditions.

7. Ryan Programs offer training in pregnancy options counseling, procedure counseling, and 1st-trimester and 2nd-trimester ultrasound.

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 the [Ryan Program curriculum on RHECourse](#), supplemented by focused lectures and workshops.

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

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

- Offering all evidence-based methods of 1st-trimester abortion in an outpatient setting.
- Establishing a contraception care service for patients with complex medical conditions.
- Offering 2nd-trimester dilation and evacuation and induction termination care in the hospital.
- Streamlining a system for referrals and care for patients seeking abortion in the 2nd-trimester who cannot be cared for in the hospital.

*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 uncomplicated EPL patients in outpatient and/or emergency department setting.*
- *Caring for patients with 2nd-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 receive family planning care in the hospital.*