



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.*