

ABORTION TRAINING IN RESTRICTIVE STATES



An Applicant's Guide to Obstetrics & Gynecology Residency Interviews

Kenneth J. Ryan Residency Training Program



On June 24th, 2022, the Supreme Court of the United States issued a ruling on *Dobbs v. Jackson Women's Health Organization* that **revoked Americans' constitutional right to abortion.**

The *Dobbs* decision overturned the federal protection of reproductive rights established by *Roe v. Wade* nearly 50 years ago - **causing half of U.S. states to severely restrict or ban abortion outright.**

The implications of this new restrictive legislation on **access to evidence-based and patient-centered reproductive health care will be felt by all**, but will disproportionately impact people of color, the under-resourced, and members of the LGBTQ+, rural, and undocumented communities.

The uncertainty surrounding access to reproductive health services extends to family planning education for physicians-in-training.

Dobbs v. Jackson Women's Health Organization: The Ruling. Center for Reproductive Rights. (2022, July 12). Retrieved August 2022, from <https://reproductiverights.org/case/scotus-mississippi-abortion-ban/ruling-overturns-roe-v-wade/>



Family Planning Requirements in Residency

The **Accreditation Council for Graduate Medical Education (ACGME)** requires access to abortion training for all obstetrics and gynecology (ob-gyn) residency programs.

See the ACGME's revisions on family planning training post-Dobbs by clicking [HERE](#).

Pre-Dobbs:

Programs must provide training or access to training in the provision of abortions.

Post-Dobbs:

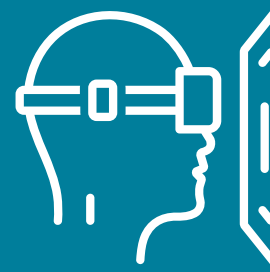
If a program is in a jurisdiction where induced abortion is unlawful, the program must provide access to this clinical experience where it is lawful.

IN RESTRICTED JURISDICTIONS: What are the types of abortion training residency programs can offer to trainees?



DIDACTICS

Lecture-based learning, interactive discussion, and case-based problem solving are all ways for residents to become comfortable with the clinical indications and management of abortion care



SIMULATIONS

Simulation training may improve patient safety, decrease trainee anxiety, and reduce the number of cases needed for competency; while there are simulation workshops and models to teach some aspects of abortion care, there is a need for more



AWAY ROTATIONS

Programs must form relationships with institutions in jurisdictions where abortion is lawful and have their residents train in abortion during a clinical rotation at that institution



Discussing Abortion and Contraception Training in a Residency Interview

If abortion training is important to you, then asking about it during the interview can help determine the program's level of support. The interview is also an opportunity to demonstrate your commitment to comprehensive reproductive health care.

It is important to note that residency programs are at various stages in addressing the updated ACGME guidelines and continuously evolving political climate. As a result, **they may not have fully developed solutions to emerging training challenges during your interview**, and some uncertainty may remain.

IN RESTRICTED JURISDICTIONS: Ways Residency Programs Could Support Abortion Training



SEARCH FOR OPPORTUNITIES

Residency programs in states with restrictive legislation will have to supplement abortion training by establishing out-of-state opportunities to meet ACGME requirements. Programs could leverage already established partnerships or search for new ones.



SCHEDULING & HOUSING LOGISTICS

In addition to establishing new partnerships and sources of funding, residency programs might assist their trainees by establishing a guaranteed block in all residents' schedules to travel for abortion training as well as assisting in the coordination of housing and transportation.

"The widespread criminalization of an aspect of health care and the effect we expect on medical education is unprecedented."

Scott Sullivan, MD

DISTRICT IV SECRETARY

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

5 Things I Can Do As An Ob-Gyn Applicant to Prepare for Interviews

1

KNOW THE STATE LAW

Be familiar with the legal status of abortion in the state where the program is located. [Click HERE to review the Guttmacher Institute's interactive map of state-specific policies.](#)

2

RESEARCH FACULTY

Identify the faculty who provide family planning care, training, and leadership. They may be ob-gyn generalists, or specialists in complex family planning, maternal fetal medicine, minimally invasive gynecologic surgery, or other areas.

3

NOTE PREVIOUS RELATIONSHIPS WITH COMMUNITY ABORTION CLINICS

Research if the program has historically sent trainees to an independent abortion clinic or Planned Parenthood.

4

"OPT-IN" OR "OPT-OUT"

Identify whether family planning clinical training is a required resident rotation with the option to partially participate ("opt-out") or whether a resident would need to seek out and arrange their own training ("opt-in").

5

TALK TO THE RESIDENTS

At interviews, there might be a Q&A session with residents who are actively navigating changes to family planning training at their program - prepare questions to ask them about their experience!



"Obstetrics and gynecology residency programs may be located in jurisdictions where induced abortions are unlawful. Residents who do not opt out of clinical training in induced abortion must receive support to obtain clinical experience in induced abortion in another jurisdiction.

Depending on the circumstances, support may require financial, logistical, educational, and/or other resources. If a program, in partnership with its Sponsoring Institution, fails to provide support for this clinical experience or penalizes residents who receive such support, the program will be considered non-compliant with the requirement."

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (2022)



Questions to Ask During Residency Interviews

Will training remain “opt-in” or “opt-out”?

Opt-in: residents must intentionally seek out abortion training, which may not be integrated into the resident curriculum and clinical activities. *Opt-out* training: a full or part of a rotation is dedicated to family planning. The resident may choose to not participate or participate up to their level of comfort. Programs that previously offered opt-out training, or an integrated rotation dedicated to family planning, may be navigating new restrictions that necessitate residents to seek their own "opt-in" training.

What types of abortions will be taught in the hospital?

The ACGME states that residents’ clinical experience in uterine evacuation should take place in the operating room and in outpatient settings as a core educational requirement.

How will the restrictive law affect residents' abortion clinical experience?

Just like any other procedure, the more you do, the greater your skill will be. You may want to ask how many abortions the typical resident has done upon graduation, to what gestation, and if procedural volume will be affected by state restrictions.

Will there be changes to training locations?

In states with restrictive legislation, hospital-based abortion services and abortion clinics may be limited in the type of abortion care and training they can provide. Residency programs in these states will be required to establish out-of-state abortion training to meet ACGME requirements. Ask how out-of-state training is integrated into the schedule, how travel is organized, and what costs residents may incur.

Do you offer opportunities for advocacy?

Residency programs can help ensure access to abortion care and training through advocacy. Examples include: lobbying efforts with local or state government, policy writing, medical education innovation, and collaborations with local or community advocacy groups.

Potential "Red Flags" During Residency Interviews

- If not all graduates do at least the minimum number of 20 procedural abortion procedures required by ACGME
- If applicants do not receive didactic and simulation training in abortion counseling, medication abortion management, and procedural abortions
- If applicants' questions about abortion are dismissed
- If little thought has been given to how trainees will get training outside of the state or no residents have successfully trained out of state
- If the person interviewing you cannot answer your questions and they do not follow-up or connect you with a person who can

Clinical Scenarios to Consider:

- In the first trimester, do patients have an option to undergo manual vacuum aspiration in an outpatient setting for pregnancy loss and abortion?
- Can you dispense mifepristone as an adjunct to misoprostol for people needing medication abortion or medical management of pregnancy loss, or cervical preparation for second-trimester dilation and evacuation (D&E) and induction termination?
- What happens if a patient has a positive pregnancy test? Are residents taught to provide pregnancy options counseling and, if a patient desires, give information about where they can access safe abortion in or out of state?
- What is done when a patient has an inevitable spontaneous abortion when there is still cardiac activity?
- How is a pregnancy of unknown location managed in someone who wants an abortion?
- What happens if a patient has preterm premature rupture of membranes (PPROM) remote from viability? Can they get an abortion at the hospital? Are they offered both D&E and induction? Do patients have the ability to choose between methods? How do a patient's options change if they were to develop infection?
- Who, if anyone, qualifies for abortion care in their state and at their institution? What if someone has significant medical co-morbidities or prior cesarean sections?



"Restrictive state laws will severely limit a patient's access to comprehensive reproductive health care, interfere in the patient-physician relationship, and override what is ultimately a clinician's responsibility to provide the best medical care for every patient."

AAMC PRESIDENT & CEO - DAVID J. SKORTON, MD

[Read the full AAMC Statement on Supreme Court Decision in Dobbs v. Jackson Women's Health Organization](#)



“If you are from a state where you do not get to do many elective abortions, you will gain the skills to be competent in abortion care. I greatly valued the opportunity to perform more vaginal ultrasounds for dating, completing cervical preparation for D&E's, being able to perform D&E's, and gaining a great mix of D&C's (manual and electric).”

RYAN PROGRAM RESIDENT, POST-ROTATION SURVEY, 2022

What is a Ryan Program?



The Kenneth J. Ryan Residency Training Program (Ryan Program) is a national initiative to help implement the ACGME mandate

and institutionalize family planning training as an important part of medical education. The Ryan Program provides support for ob-gyn residency programs to create or expand rotations in contraception and abortion in the teaching hospital and build training collaborations with abortion clinics in the community. Attending a residency that offers a Ryan Program model of training helps to ensure that family planning training will be an integral part of your education

Most academic teaching hospitals offer Ryan Programs - [click HERE to access the list of Ryan Programs.](#)

Ryan Program Expectations

- A formal, opt-out abortion and contraception clinical curriculum
- Comprehensive training in outpatient, first-trimester aspiration and medication abortion, with the opportunity to learn D&E procedures
- Exposure to contraceptive needs of patients with complex medical conditions
- Learning about pregnancy options and abortion counseling, first- and second-trimester ultrasound, and pain management during uterine aspiration

Ryan Programs in Restrictive States

As residency programs adapt to new state laws, residents' experiences of abortion training in restrictive states will vary widely.

We continue to expect all Ryan Programs in restrictive states will meet our core training expectations outlined above and the [ACGME Program Requirement IV.C.7](#).

Ryan Programs in restrictive states will satisfy these expectations by providing residents with a supported out-of-state abortion training rotation.

The Ryan Program Benefits

- Didactics through the Ryan Program curriculum/quizzes
- Access to webinars led by experts in the field
- Opportunities for family planning research
- Mentorship from faculty
- Excellent preparation for a career in reproductive health or pursuing a fellowship in Complex Family Planning



“What I enjoyed most about the rotation was all of the faculty support, meeting with patients from different backgrounds and hearing their stories, and becoming more comfortable with talking about abortions with my patients.”

RYAN PROGRAM RESIDENT, POST-ROTATION SURVEY, 2018

Additional Resources for Abortion Training

Post ob-gyn residency:

[Complex Family Planning Fellowship](#) is a two-year fellowship for ob-gyn residency graduates focused on subspecialist training in research, teaching, and clinical practice in complex abortion and contraception offered at 29 universities in the U.S.

[National Abortion Federation \(NAF\) - Abortion Training Centers](#) connects residents, physicians in practice, and other providers with abortion training that meets their needs, often with NAF member facilities.

Family medicine or primary care physicians:

[Reproductive Health Access Project](#) provides post-graduate training/support for primary care clinicians.

[Midwest Access Project](#) works with medical students, residents, and practicing clinicians to provide comprehensive reproductive health education through a network of providers in the Midwest.

[Medical Students for Choice's Training to Competence Externship](#) program provides residents with financial and logistical support for clinical abortion training outside their program's curriculum.

[TEACH Leadership Fellowship](#) is a San Francisco Bay Area based, part-time, year-long, fellowship that focuses on developing primary care leadership, advocacy skills, teaching and research capacity, as well as advanced clinical practice in early abortion and contraception.



If you are dedicated to pursuing abortion training during residency Medical Students for Choice (MSFC) has developed an interview guide to help you assess if a prospective program provides the abortion training opportunities you are looking for.

[Review the The Pro-Choice Student's Guide to Ob-Gyn & Family Medicine Residency Interview](#)

For more information, please reach out:

Medical Students for Choice

students@msfc.org www.msfc.org

The Ryan Residency Training Program

info@ryanprogram.org www.ryanprogram.org

Moving Forward:

We are all operating with some level of uncertainty regarding these **new policies within a constantly evolving political climate.**

Legal restrictions on abortion in some areas of the country are making abortion training and clinical experience in providing abortion care challenging. For some residents, this has led to the **experience of moral distress.**

Some residency programs may need time to implement changes. However, **clinical experience in performing abortions is essential to the evidence-based practice of obstetrics and gynecology** and necessary for preparing physicians to practice anywhere.

Remember...

Some programs are not affiliated with the Ryan Program but have integrated abortion and contraception training. While Ryan Programs make up 116 U.S. programs, **132 reported in 2020 that they have routine training.** Be sure to ask about it!

If you end up training at a program in a restrictive state, you can do important work. You can **advocate for the best possible care for patients** in your community, and you can **advocate for comprehensive abortion training.** Reach out to us for support.



A special thanks to the physicians, Society of Gynecologic Surgeons members, and Ryan Program affiliates who inspired or informed the content of this handout:

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