



# PARTIAL PARTICIPATION

## BENEFITS OF PARTIAL PARTICIPATION IN ABORTION TRAINING

### MEDICAL TRAINING OVERVIEW

After medical school, most doctors continue their education for three to seven years to specialize in a particular field, such as obstetrics and gynecology (ob-gyn). This postgraduate training is called residency, and doctors-in-training are called residents.

During ob-gyn residency training, which in the United States lasts four years, education is organized into concentrated training blocks called rotations where residents learn skills necessary to become obstetrician-gynecologists.

### ABORTION IS COMMON & ROUTINE TRAINING IS CRITICAL

Abortion is one of the most common reproductive health care experiences in the United States, with **one in four women\*** having an abortion in their lifetimes. Nearly all obstetrician-gynecologists have patients who need abortion care, making it a critical skill that they must be trained to provide.

In 1996 the Accreditation Council for Graduate Medical Education (ACGME) – the official entity that accredits medical residency programs – **mandated routine abortion training** as a core educational requirement for ob-gyn training programs. Following the 2022 Supreme Court decision in *Dobbs v Jackson Women's Health Organization*, which revoked the constitutional right to abortion, the ACGME **required programs in jurisdictions where abortion training is unlawful to arrange clinical experience in locations where it remains legal.**

Per ACGME guidelines, residents with religious or moral objections **may opt out of training** in or performing induced abortions.

To help programs meet this important training requirement, Dr. Uta Landy created the **Kenneth J. Ryan Residency Training Program in Abortion and Family Planning in 1999**. The Ryan Program works directly with ob-gyn residency programs to integrate training in abortion and contraception care (family planning) as a required rotation. All programs establish or expand abortion services in their teaching hospitals and may also create new partnerships with local or out-of-state abortion clinics to train residents.

### SOME RESIDENTS PARTIALLY PARTICIPATE IN TRAINING

The vast majority of residents fully participate in family planning training. Some choose to opt out of portions of the rotation, but most of these residents participate in many or most clinical care activities. We now refer to residents who opt out of portions of training as **"partially participating residents"**.

**84%** OF PARTIALLY PARTICIPATING RESIDENTS  
**PERFORMED AT LEAST ONE ABORTION**

(TYPICALLY ONE DONE FOR A PREGNANCY OR MEDICAL COMPLICATION)

\* These data are limited to people who identify as women. We acknowledge that people who don't identify as women also have abortions and use contraception, and we emphasize the importance of training residents to provide patient-centered family planning care for all who need it.



## PARTIAL PARTICIPATION BENEFITS RESIDENTS

Partially participating residents learn many skills necessary and relevant to ob-gyn practice. On the family planning rotation partially participating residents gain:

- ▶ **Clinical skills and medical knowledge** in contraception care; early pregnancy loss care; uterine aspiration for abortion or early pregnancy loss, and in emergency settings; contraception, pregnancy options, and abortion counseling; management of early pregnancy loss and rare abortion complications, and **pre- and post- abortion care**.
- ▶ **Ability to provide patient-centered care**, including higher confidence in interacting with patients facing unintended pregnancy, improved communication skills, and increased sensitivity to patients' needs.
- ▶ **Supportive attitudes about abortion**, including greater empathy for people who have abortions and increased respect for abortion care providers.

Institutions should have a protocol for working with partially participating residents that describes what the program expects of these residents. Program faculty should support residents to participate to the extent they feel comfortable and should check in with them throughout the rotation.

For sample protocols, resources, and a timeline for working with partial participators, visit this website: <https://ryanprogram.org/partial-participation/>.

## RESIDENTS VALUE PARTIAL PARTICIPATION

In our evaluation of partially participating residents, even though some were initially reluctant to participate, **all valued what they gained from family planning training.**

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[I liked] being able to become more educated and personally involved in the decision making process a woman goes through during a pregnancy and the counseling that takes place. I also am so grateful for the surgical skills I learned during this rotation.”

Second-year Ryan Program resident

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The close contact with patients really changed my perspective on my personal decision of whether to provide abortion care and what constitutes compassionate care. After meeting patients and families face-to-face, I could not in good conscience not care for them, even in settings in which I thought I would opt out.”

Second-year Ryan Program resident

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I learned to counsel patients and understand the motivations behind their choices. I learned the principles of the procedure so that I can advise my patients in the future. I learned that I am more liberal about abortions than I thought I was initially.”

Third-year Ryan Program resident

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Overall [the rotation] was a good experience, [the] hardest part is putting aside your own beliefs sometimes, but a physician's job [is] to inform patients of options in a nonbiased way so that they can make the best decision based on their situation.”

Third-year Ryan Program resident



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