



## **RHEDI Program Expectations and Goals**

This document outlines expectations for family medicine residency programs who wish to be certified as RHEDI programs. In addition, this document delineates goals aligned with RHEDI's vision for best practices for abortion and sexual and reproductive health (SRH) training. While expectations must be met in order to receive certification, goals can be achieved after certification is received.

If you are interested in becoming a RHEDI program, please reach out to us at [info@rhedi.org](mailto:info@rhedi.org)! We are excited to speak with you, learn more about your current reproductive health training, and discuss how we can assist you to officially become a RHEDI program. As part of this process, we will initiate an assessment that may consist of the following items:

- In-person (or remote) site visit
- Review of current curricula
- Review of videotaped didactic sessions

If your program does not currently meet all the expectations below, we will discuss what technical assistance we can provide to help you reach these standards.

Once RHEDI certification is obtained, programs will be re-assessed every two years.

### ***Overall Expectations:***

The Reproductive Justice (RJ) framework is integrated into all aspects of the SRH curriculum. By "integrated," we mean that the framework is incorporated into all SRH teaching – clinical, didactics, and readings. RHEDI program curricula are available and designed to equip learners with tools to identify and resist longstanding patterns of racism and white supremacy that profoundly shape contemporary medical practice, and SRH in particular. Additionally, programs should explicitly discuss and model respectful and equitable abortion and SRH provision for LGBTQIA+ people and people with disabilities. RHEDI supports these efforts by providing resources on our website, including curricular materials and tools to evaluate pre-existing curricula.

Abortion and contraception training are integrated into the gynecology (or other) rotation, with an option for residents to opt out of clinical abortion training (residents cannot opt out of didactics on abortion). Abortion training (medication abortion [MAB] at a minimum, procedural abortion desired) occurs in the residency clinic unless precluded by state/local laws and/or institutional policies and regulations. Our expectation is that not more than 20% of residents overall will opt out of MAB training, and not more than 40% will opt out of procedural abortion training.

## ***Resident Learning Objectives:***

Competencies are determined at the time of graduation.

### 1. Reproductive Justice and white supremacy in medicine

Expectations:

100% of residents will be able to:

- summarize the history of reproductive violence, exploitation, and genocide that shaped the evolution of SRH in the U.S.
- identify areas in their clinical practice and learning environments where patterns of reproductive violence and coercion are still present and how they might be resisted and mitigated
- apply the RJ framework to promote just and equitable care and support patient autonomy and well-being with respect to SRH decisions including abortion, contraception use/non-use, and continuing pregnancies

### 2. Choice of language

Expectations:

100% of residents will:

- demonstrate the use of gender-inclusive language in their patient care and in case discussions
- demonstrate the use of non-coercive, non-judgmental, and supportive language in their patient care and in case discussions

### 3. Contraception

Expectations:

100% of residents will:

- demonstrate non-coercive, non-judgmental, patient-led contraception counseling
- be competent in discussing and prescribing hormonal and non-hormonal methods
- be competent in managing patients who are using all forms of pregnancy prevention, including LARCs

At least 80% of residents will demonstrate competence in:

- IUD insertion and removal
- implant insertion and removal

### 4. Options Counseling for Positive Pregnancy Tests

Expectations:

100% of residents will:

- demonstrate non-coercive, non-judgmental, patient-led pregnancy options counseling for patients with a positive pregnancy test

## 5. Abortion

Expectations:

100% of residents will:

- demonstrate non-coercive, non-judgmental, patient-led options counseling for abortion care
- demonstrate the ability to refer patients for abortion care when necessary
- be competent in identifying post-abortion complications, and managing or referring as appropriate

At least 80% of residents who train in MAB will be competent to provide MAB and follow-up care.

At least 60% of residents who intend to provide abortion care post-graduation will demonstrate knowledge of strategies for negotiating how to include abortion care in their post-residency practice.

*Goal:*

*At least 40% of residents who are trained in abortion procedures will be competent in first trimester abortion procedures and follow-up care.*

## 6. Miscarriage or Early Pregnancy Loss (EPL)

Expectations:

100% of residents will:

- be able to accurately diagnose EPL compared to other early pregnancy complications (eg, bleeding with viable IUP, ectopic)
- demonstrate non-coercive, non-judgmental, patient-led options counseling for patients experiencing EPL
- demonstrate the ability to manage EPL expectantly or with medication
- demonstrate the ability to refer patients for additional care when requested or necessary
- be competent in identifying EPL complications, and managing or referring as appropriate

*Goal:*

*At least 40% of residents will be competent in providing manual and/or electric vacuum aspiration for early pregnancy loss*

### ***Faculty Objectives:***

Expectations:

It is RHEDI's core belief that the RJ framework should be integrated into all aspects of the curriculum, but especially any SRH curriculum. As such, the RHEDI director and a majority of core faculty will be able to:

- summarize the history of reproductive violence, exploitation, and genocide that shaped the evolution of SRH in the U.S.
- identify areas in their clinical practice and educational environments where patterns of reproductive violence and coercion are still present and how they might be resisted and mitigated

- apply the RJ framework to promote just and equitable care and support patient autonomy and well-being with respect to SRH decisions including abortion, contraception use/non-use, and continuing pregnancies
- demonstrate the integration of the RJ framework in their teaching

At least 2 faculty (including the RHEDI director) will be competent to provide and teach medication management for EPL and abortion care in the family medicine setting.

At least 2 faculty (including the RHEDI director) will be competent to provide and teach early uterine aspiration in the family medicine setting and/or a high volume site.

***Programmatic Objectives:***

Expectations:

- At least 10 SRH sessions included in each didactic cycle (whatever the cycle length is in any respective program)
- The RJ framework should be integrated into all regular didactic and clinical teaching sessions on SRH, including small group sessions and 1-on-1 precepting. These are not additional sessions, but refer to the integration of the framework that should be used in all SRH sessions.
- 2-3 hour educational session, ideally during intern orientation, but certainly before the end of the first six months of internship, where RJ-informed SRH care concepts and skills are introduced, including “stations” for practicing MAB counseling, papaya workshops, and contraception counseling
- Regular didactic sessions (at least once per didactic cycle), including hands-on workshops, on:
  - non-coercive, non-judgmental, patient-led contraception counseling
  - IUD insertion and removal procedures
  - implant insertion and removal procedures
  - non-coercive, non-judgmental, patient-led abortion options counseling
  - MAB
  - early abortion procedures
- Integration of medication abortion care into the family medicine residency practice site unless precluded by state/local laws and/or institutional policies and regulations.
- Dedicated SRH clinical training, including:
  - Asking patient’s permission before offering any SRH options counseling, including contraception, pregnancy options, and abortion options counseling
  - Contraception counseling
  - Pregnancy options counseling
  - Abortion options counseling
  - IUD and implant insertions and removals
  - Early abortion care (opt-out) and follow-up
  - Miscarriage management

**Goals:**

- *Track (or area of concentration) for residents planning to incorporate abortion care into their post-residency practice that includes:*
  - *Established training agreement with high-volume site for achieving competence in early abortion procedures*
  - *“Bridging to practice” module to develop skills in negotiating a post-residency job that includes abortion care*
  - *Extra time (electives or rotation) in reproductive healthcare clinics*
  
- *Use of [RHEcourse](#), the free reproductive health education platform designed by Innovating Education in Reproductive Health. The platform allows instructors to assign content to learners, track their progress, and evaluate comprehension through pre/post tests and unit quizzes. The RHEDI curriculum team is available to help set up a customized course that meets the specific content and assessment needs of each program.*

**Objectives related to building a more racially/ethnically diverse family medicine workforce for SRH/abortion:**

**Goals:**

- *A formal program/policy will be in place for faculty and resident recruitment focused on increasing the numbers of those under-represented in medicine (URMs) and other people of color.*
- *A formal mentoring program/policy will be in place for RHEDI faculty to support and mentor all BIPOC (Black, Indigenous, People of Color) residents who are interested in SRH/abortion care*
- *Programs will prioritize interested BIPOC (especially URM) residents and junior faculty for training opportunities and sponsorship for meetings*