



The Pro-Choice Student's Guide to Ob/Gyn & Family Medicine Residency Interviews

This guide is based on surveys of Students, Residents, and Residency Program Directors conducted by MSFC.

How do I talk about choice on interviews?

- Most students surveyed reported that they did not encounter any overt anti-choice interviewers—so don't feel nervous about discussing your interest in choice at interviews.
- Be direct and honest, but be diplomatic. Discussing choice on interviews is an opportunity for you to talk about something you are passionate about and allows you to demonstrate your commitment to comprehensive women's health care.
- Be prepared to be asked about how you deal with people who have beliefs that oppose your own.
- If abortion training is important to you then asking about it at interviews can be a good barometer to see if the program will fit your needs and will be a supportive place for you.

Who do I ask about abortion and family planning training?

- **Residency Program Directors** – They are the most knowledgeable about all aspects of the program. This is especially true at programs where it is not required that every resident participates in training. A resident that does not receive training may not be able to answer all of your questions. Additionally, program directors will be aware of any upcoming changes in the program that may affect your training. There is usually a Question and Answer session with the program director during the interview.
- **Faculty Interviewers** – Faculty, particularly those who have been at an institution for a long time, can give you a sense of the environment at the institution.
- **Current Residents** – Residents are often less intimidating and easier to approach individually than faculty or program directors. Senior residents are most likely to have recently completed the family planning training and will be able to give specifics about the rotation. You will have opportunities to speak to residents informally at some point during the interview—often at a social event the night before the interview.
- **Program Websites** – Often, programs will list their curriculum including frequently chosen electives. Some programs may specifically mention abortion training, which is a sign they will likely be supportive. If nothing is mentioned it could be a clue that training is difficult to obtain, however, it is worth further exploration as many programs simply have brief or out of date websites.

What do I ask?

- **How is the training structured?** Typically there are three formats for family planning training: a dedicated month-long rotation, integrated into Benign Gynecology months or by elective. No one format is necessarily “better” than the others—they are different and you should decide which you would prefer. If training is not directly scheduled into the curriculum, ask if it is feasible to get trained during elective rotations. This is particularly relevant to programs outside of OB-Gyn.

- **Is training “opt-in” or “opt-out”?** Opt-in means a resident has to choose to participate in the training. Opt-out means a resident has to choose *not* to participate and is often required to provide a specific rationale for doing so.
- **How many residents participate?** Knowledge of how many residents choose to be trained in abortion care will give you an idea of your future colleagues’ attitudes about choice.
- **Where does the training take place?** Some programs may have a Family Planning clinic within their hospital or they may offer abortions during the General Ob-Gyn clinics. Others have arrangements with a local Planned Parenthood or abortion clinic and their residents receive training there.
- **What types of abortions are taught?** Inquire about training in both medical and surgical methodologies and if training is offered for 2nd trimester terminations. You may also want to know how many abortions are for genetic reasons or for health of the mother and if these take place in a different clinic or in the Labor and Delivery suite.
- **How many abortions will I perform?** Just like any other procedure the more you do, the greater your skill will be. Therefore, you may want to ask how many abortions the typical resident has done upon graduation. For reference, most Planned Parenthoods consider providers they train to be competent after performing 100 abortions.
- **Will I be competent to perform abortions in my practice when I graduate or will I need additional training?** Upon completion of a residency program, most residents feel ready to provide first trimester abortions independently without seeking further training. There are very few programs in the country where residents graduate with enough training to feel comfortable in providing second trimester abortion.
- **How does being at a Jesuit or Catholic university affect how abortion and contraceptives are taught and provided?** If you are interviewing at a religious institution, it is important to ask if there are any restrictions on the prescriptions that you can write or procedures that you can perform.