Welcome! You have chosen to supplement your clerkship with a one day rotation at *[NAME OF CLINIC]* working with Dr. *[NAME OF DOCTOR]*. During this day, you will have the opportunity to witness and engage in abortion care. Abortion is a common procedure, and approximately 30% of U.S. women will have an abortion before age 451. Whichever specialty you ultimately choose, you will have patients who consider abortion and our hope is that your experience will make you a more compassionate and better educated medical doctor.

In advance of your visit, please take time to reflect on what type of experience you hope to have. If you have questions about abortion care, write them down as Dr. *[NAME OF DOCTOR]* and the rest of the team are happy to speak with you and discuss your questions. Complete the attached “Opt In/Opt Out” form and bring it with you. Remember, you may find you want to see or do more after you arrive or as the day goes on, or you may find you prefer to see or do less, and that is completely okay.

The clinic is located at *[ADDRESS OF CLINIC]*. The building complex has parking spaces *[DESCRIBE PARKING DETAILS]*. Dress in business professional attire with your medical student ID badge and white coat. You may arrive at *[TIME TO ARRIVE]* and can expect to spend the day until about *[TIME DAY MAY END]*. There are *[NUMBER]* physicians within the practice, and they provide a full range of gynecologic care to their patients, so not every patient who visits this clinic is there for abortion care. When you arrive, please check in with the administrative staff at the window in the waiting room. If you bring a lunch with you, there is a staff refrigerator you may use. If you have questions, please contact the office at *[PHONE NUMBER*]. Remember to introduce yourself to all staff members, who are friendly and here to help. Most importantly, be mindful that you will be interacting with patients who are making difficult decisions; treat them with compassion, kindness, and respect.

Jones RK and Kavanaugh ML, Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion, Obstetrics & Gynecology, 2011, 117(6):1358–1366.

**“Opt In/Opt Out” Form**

Please fill out the following form. There are no “right” answers, only what you are most comfortable with. You may change your desired level of involvement at any time, just speak with your attending about any changes that come up. Even if you indicate that you are interested in participating in a given experience, there are no guarantees about what you will be able to see or do.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| While at the clinic, I would like to: | | | | Comments: |
|  | Yes | No | Not Sure |  |
| Take a history on a patient |  |  |  |  |
| Conduct a physical exam on a patient |  |  |  |  |
| Observe counseling for first or second trimester surgical abortion |  |  |  |  |
| Observe counseling for medical abortion |  |  |  |  |
| Observe first trimester ultrasound |  |  |  |  |
| Perform first trimester ultrasound |  |  |  |  |
| Observe second trimester ultrasound |  |  |  |  |
| Perform second trimester ultrasound |  |  |  |  |
| Observe cervical dilation |  |  |  |  |
| Participate in cervical dilation |  |  |  |  |
| Observe vaginal exam |  |  |  |  |
| Participate in vaginal exam |  |  |  |  |
| Observe evacuation of a 1st trimester pregnancy |  |  |  |  |
| Participate in evacuation of 1st trimester pregnancy |  |  |  |  |
| Observe evacuation of 2nd trimester pregnancy |  |  |  |  |
| Participate in evacuation of 2nd trimester pregnancy |  |  |  |  |
| Examine first trimester products of conception |  |  |  |  |
| Examine second trimester fetal parts |  |  |  |  |
| Assess patients in recovery post-procedure |  |  |  |  |