Students were asked to report whether their programs offer first- and second-trimester abortion training; if they said that such training is offered, they were asked whether it is “a routine part of training or an elective.” Directors of programs that do not offer abortion training were asked if there is “a system in place” for their residents to go elsewhere for training. They were also asked to estimate the number of residents who receive abortion training each year and to indicate the settings in which such training takes place (hospital operating room, hospital ambulatory surgery department, hospital clinic, local independent clinic or other setting).

In July 1998, NAF mailed follow-up surveys to nonrespondents, using updated information from the AMA’s Graduate Medical Education Directory, 1998–1999, which listed 261 residency programs. (With the start of the academic year in July, some residency programs had gained or lost accreditation, merged, changed their names or named new directors.) None of the programs that were excluded from the new directory had replied to the mailing in May. In mid-August, NAF faxed or e-mailed another copy of the survey to nonrespondents. The last attempt to reach nonresponding programs was made by telephone and fax in December 1998. Because the initial plan was to make program information available to medical students committed to accessing abortion training in their residencies, the first two mailings did not include the option of confidentiality. However, in an effort to raise the response rate, NAF offered confidentiality to those who requested it in the third and fourth attempts to survey nonresponding programs.

We divided the residency programs into categories based on size, geographic region and affiliation. Using information from the updated AMA directory on the total number of residents in each program, we classified programs as small (those with 2–14 residents), medium (15–25) or large (26–56). Regional categories matched the geographic zones used in past surveys on this topic.* The affiliation of the residency program (public; private, non-church-operated; private, church-operated; or military) was determined by its sponsoring institution, as listed in the American Hospital Association Guide, 1998–1999. The majority of the statistical analyses were conducted with SPSS Version 8.0.

Results

Program Characteristics

A total of 179 program directors returned the survey, yielding a response rate of 69%. (Two programs sent back the survey but did not answer any of the questions; these were included as nonrespondents.) Respondents are representative of all programs in terms of their size, geographic region and hospital affiliation. Programs that responded to the survey are predominantly small or medium in size; only 18% have more than 25 residents (Table 1). They are concentrated in the Mid-Atlantic (28%), South Atlantic (19%) and East North Central (18%) regions. The largest proportion of programs are private and have no church affiliation (58%); most of the rest are in public institutions (30%).

First-Trimester Abortion Training

In all, 81% of programs that responded to the survey reported offering first-trimester abortion training, and another 12% have a system in place for residents to obtain training elsewhere; the remaining 7% provide residents with no opportunity to train in abortion (Table 2). Forty-six percent of respondents reported that first-trimester abortion training is routine in their programs, and 34% indicated that it is elective; 1% did not indicate whether training is routine or elective (not shown).

A program’s size and geographic location are not significantly associated with whether it offers first-trimester abortion training, but its affiliation has a significant impact (Table 2). Some 91% of residency programs affiliated with public facilities and 89% of those affiliated with private, non-church-operated hospitals offer first-trimester training, compared with 20% of military programs and 18% of private, church-operated programs ($\chi^2=64.384, p<.001$). None of the program characteristics affected whether first-trimester training is routine or elective.

Of the 13 programs that neither offer first-trimester abortion training nor give residents the option of training elsewhere, six are private, church-operated institutions; three are public programs; and two each are private, non-church-affiliated and military.

Second-Trimester Abortion Training

Of the 171 respondents who provided information on training in second-trimester abortion, 74% reported that such training...