Applying for Residency: Obstetrics and Gynecology

Part I: Overview of Specialty

Description of Specialty, Common condition, types of patients
Welcome to Obstetrics and Gynecology - we are so happy you have decided to join our specialty! OBGYN is a dynamic field with many subspecialties and career options. Whether you want to work as a gynecologic surgeon, deliver babies, work in academics, research or in industry, work in global or community health, work in health policy or political advocacy, there is a home for you in OBGYN. OBGYN differs from women’s health care in other specialties such as Pediatrics or Internal Medicine in our focus on reproductive health and the reproductive system. OBGYN physicians report satisfaction from long-term relationships with patients, the opportunity to practice preventive medicine, and the challenge of providing a diversity of services from primary care to surgery.

Career trajectories: academics, clinical, research, teaching, etc.
Obstetrics and gynecology is arguably the one of the most socially involved of medical specialties, with many opportunities for advocacy. Practicing obstetrician-gynecologists must feel comfortable discussing sensitive topics and with shared decision-making at crucial times in a woman’s life. Advocacy for women’s reproductive rights and access to reproductive health care can be an important part of a career in OBGYN, as issues such as genetic counseling, contraception, sexuality, abortion, and assisted reproduction are core to the profession.

Practice Models
Practice models for general OBGYN include traditional private practice, group practice, employment through a Health Maintenance Organization (HMOs, for example, Kaiser Permanente), hospital or medical center employment, academic medicine, public health or community health centers, Indian Health service or the military.

Residency: Length, typical curriculum
Residency in OBGYN lasts 4 years. Residents participate in continuity clinic, labor and delivery, inpatient gynecology and night float experiences throughout residency. Rotations such as REI, Surgical Oncology, Family Planning, Urogynecology/Female Pelvic Reconstructive Medicine, Pediatric and Adolescent Gynecology, Maternal-Fetal Medicine occur throughout the four years. Programs will differ on research
requirements, elective rotations, and call schedules. During residency expect to take night call in the hospital regularly. Many programs will require rotating in more than one hospital. Programs exist in community hospitals, county hospitals, academic medical centers, and the Armed Forces. Some programs sponsor global health electives, while others may allow residents to participate in overseas electives but not sponsor the elective. Most OBGYNs outside of academia are generalists - that is, have completed an OBGYN residency but not done a fellowship. Generalists are also found in academic medicine as clinicians, researchers and educators.

Fellowships offered after residency
Fellowships are offered in Minimally Invasive Gynecologic Surgery (MIGS), Reproductive Endocrinology and Infertility (REI), Surgical Oncology, Family Planning, Urogynecology/Female Pelvic Reconstructive Medicine (FPRM), Pediatric and Adolescent Gynecology (PAG), and Maternal-Fetal Medicine (MFM). Fellowship is 2-3 years.

Part II: Life as an OB-GYN

Demographics
Women make up 82.3% of applicants in OBGYN, (2016) and 58.7% (2017) of practicing OBGYNs. Women are expected to make up 66% of practicing OBGYNs by 2025. Students sometimes express concerns that men may not be welcome or successful in OBGYN. This is not substantiated by research; women consistently report knowledge, skills, communication and rapport as more important than gender when choosing an OBGYN. CREOG data show men do not have difficulty in finding post-training employment, and that men continue to earn more as practicing OBGYNs than women.

Obstetrician–gynecologists were reported in 2016 to have the highest proportion of underrepresented minorities of all specialties (18.4% in 2014, combined), including African Americans (11.1%), Hispanics (6.7%), Asian-Americans (8.6%) and Native American/Alaska Natives (0.2%). Percentages of OBGYN faculty who were underrepresented in medicine (African American, Hispanic, and American Indian) increased from 7.7% in 1973 to 13.3% in 2012. This percentage is greater than that of other core clinical specialties, similar to that of current medical student matriculants, but below that of the national adult population.

Earnings Potential
Annual compensation for general ob-gyns is among the lowest of the surgical specialties. In recent years, the median compensation increased from $281,190 in 2010 to $330,696 in 2015. Incomes tend to be slightly higher for those practicing in the Southern and Midwest U.S. regions than for those in the Eastern and Western U.S. regions. Sub-specialists usually have higher compensation, but do spend longer in training.
Lifestyle
OBGYNs report working on average 41-60 hours per week. Generalists in OBGYN usually take overnight call on average once per week; however, there is a wide variation in practice style. OBGYNs often work closely with physician assistants, nurse practitioners, and certified nurse midwives. In rural areas, an OBGYN may serve as a back-up for family practitioners who practice obstetrics. Working as a laborist, hospitalist, or in practices limited to ambulatory gynecology or gynecology only can be options. Most OBGYNs now work as employed physicians, but solo practitioners and small group practices are still common.

Subspecialists may have very different lifestyles. Reproductive endocrinology and infertility specialists and Family Planning specialists may have an exclusively ambulatory practice. Surgical subspecialties like Gynecologic Oncology or Female Pelvic Medicine and Reconstructive Surgery (formerly called Urogynecology) will perform surgeries and care for inpatients and outpatients. Maternal-Fetal Medicine specialists perform and read obstetric ultrasounds, provide advanced and critical care to obstetric patients, and may take overnight call.

Academic Medicine
Academic medicine is a choice for some OBGYNs; approximately 10% of OBGYNs are in academic medicine. Academic OBGYN departments generally will have all specialty areas represented. Academic OBGYNs may participate in research, teaching of medical students and residents, and provide clinical care to patients. OBGYNs participating in global health programs often are affiliated with an Academic Medical Center or Medical School. OBGYNs not in academic medicine may continue to have a teaching role as clinical faculty with local or regional medical schools.

Part III: Applying in OB/GYN

How Competitive is OB/GYN?
Interest in OB/GYN has grown over the last few years, with 5-6% of US medical school graduates and 2% of international graduates entering residency programs.

In 2017, it was expected that all 1287 first-year OB/GYN residency spots would fill; in 2014, only 5 spots went unfilled and were open for unmatched students in the Supplemental Offer and Acceptance Program (SOAP- see end). In 2018, there were 1745 applicants for 1336 positions. This is a ratio of 1.31 applicants for each position; however, there were only 0.89 US medical graduates for each position. 87.8% of spots were filled by US allopathic school graduates, 10% by US osteopathic school graduates, and 9% by foreign medical school graduates.

OBGYN accounts for 5% of total first year residency position in the US, which is equivalent to numbers in anesthesiology, categorical surgery, and psychiatry. Nationally, 4.2% of residents who start an OB/GYN residency do not finish, which is comparable to other specialties. In 2013, 19.2% of OB/GYN residents
entered fellowships sponsored through the ACGME; other fellowships such as pediatric and adolescent gynecology, family planning and minimally invasive gynecology surgery are not counted in this data.

Planning the post-clerkship and senior years
Once you have decided on a career in OBGYN, you should meet with your academic advisors, your OBGYN clerkship site director and the Chair of the OBGYN department at your PCE site to plan your post-clerkship clinical experiences and extracurricular activities. Be prepared to discuss your strengths as a future applicant, and be open to discussing research and other opportunities to improve your standing as an applicant. You should also make appointments to meet with the residency Program Directors at the affiliated hospitals to introduce yourself and discuss your candidacy; even if you are not planning to stay in Boston for training, it is a good exercise in meeting a Program Director and discussing your portfolio.

Clinical Rotations

Sub-Internships
You must complete a medicine (or advanced pediatrics) sub-internship in addition to any OBGYN sub-I’s. We recommend you complete 2 OBGYN sub-I’s, at least one of which should be at an HMS-affiliated hospital besides where you completed your PCE year. Sub-internships in medicine and acting internships in OBGYN should be completed by July of your senior year in order for the department committee to have adequate time for course grades and summative comments to write Departmental Summary Assessment (DSA) in August for all students (see below).

You may want to ask the course director for a letter of recommendation; don’t worry about this - course directors expect to be asked. It is best to make this request early in the rotation to give the course director adequate time to write the letter. You may also want another faculty member from a Sub-I to write a letter - again, it is best to make this request as soon as possible.

Away electives
Away electives are often sought by students as “audition rotations”. The OBGYN department in general discourages away electives; while a stellar performance may impress some faculty at the away institution, anything less may actually diminish you as a candidate. The exception to this is if your clinical performance is likely to be markedly superior to your USMLE Step scores and academic record. If you have a particular reason for a specific program (partner or spouse in same institution, family or other ties to a region) or feel you will be able to impress a program with your clinical performance, choose a rotation that will allow you to come into contact with many faculty and residents (for example, a night call rotation on Labor and Delivery will not allow you to meet many of the faculty). Remember, you cannot receive academic credit at HMS for more than 2 clinical electives in the same specialty (all sub-specialties count as OBGYN), including away electives (HMS Student handbook Section 2.14). If your goal for an away elective is simply to learn more about a hospital or city and you do not want to risk a suboptimal performance, consider doing a non-OBGYN elective, for example an Anesthesia sub-internship. Plan to meet with the OBGYN Program Director while there, to discuss your application.
Other Recommended Electives
Clinical Electives outside of OBGYN will make you a better doctor. For most students, this is your last opportunity to study outside the field of OBGYN. Choose electives that will benefit you, and that you are interested in. Most residency program directors recommend an intensive care/critical care unit elective (medical or surgical); other recommended electives include anesthesia, cardiology, emergency medicine, neonatology, infectious disease, and dermatology. You will be studying OBGYN for the rest of your professional life- use this time to broaden your knowledge and experience!

You may want to schedule these electives during the fall, but remember you want to have flexibility to interview during this time. Winter and Spring are also good times to schedule these electives. Summer electives may be quite competitive with students applying in these areas so may be difficult to obtain.

Research
OBGYN is a competitive field and many programs will expect that an applicant will have research experience. Research experience does NOT need to be in OBGYN - it is not necessarily the topic of your research that matters, but the experience of participating in scientific inquiry. Research does not need to be lab experience or clinical trials; medical education research, global, community or public health research all qualify. Most HMS students will have some experience from their Scholars in Medicine project. If you do not have any research experience by the time you decide on OBGYN, plan to meet with the Department chair from your PCE site, your clerkship director, or your Specialty Advisor. They can help direct you to an appropriate project. Research blocks are a good choice for the September-January time period when you will need a flexible schedule for interviews. While it is less likely that a research project in the senior year will result in a publication, you may have a poster presentation or other avenue for presenting your work.

National Meetings
If you have the opportunity to present at a national meeting in OBGYN, take advantage of this! These meetings are an excellent networking opportunity and a way to introduce yourself to program directors and others involved in residency selection committees. There are three meetings commonly attended by medical educators in OBGYN: the APGO Faculty Development Seminar in January, the CREOG/APGO Annual Meeting in early March and the ACOG Annual Clinical Meeting in May. The March and May meetings have poster and oral presentation sessions, while the January meeting consists of workshops and small group learning sessions. Students are encouraged to apply to present at all three meetings.

Other degrees
Degrees in business, public policy, public health, or PhD degrees, can be helpful as an OBGYN, especially if a specific career path is desired. Be prepared to explain how you intend to use another degree in your career, why it is complementary, and (especially if done during medical school), why you decided to obtain it.

Many applicants have worked in another field prior to medical school and this experience enhances your application as another unique facet of you as an individual.
Part IV: Assessing your Competitiveness

What Criteria do Programs Consider?

Assessing your competitiveness will determine how many and what types of programs you should apply to. Your application portfolio has many facets, many of which are immutable by the time you reach your senior year. You should realistically assess your competitiveness with your FA; for example, low USMLE Step scores may mean you need to apply to more programs, or different types of programs, to match successfully. There is no uniform number of programs recommended—rather, you need to determine a successful strategy for you as an individual, your personal preferences, whether you are couples matching and your unique strengths as an applicant.

If your self-assessment indicates you are a less competitive candidate, you might consider applying for an away elective at one or more of your desired programs. A stellar performance, and a letter of recommendation from a faculty member may help your application.

1. Grades and your DSA

While grades are important, not all grades are equally important. HMS is now using the Department Summary Assessment for 2019 and beyond (a small set of seniors will still be in the New Pathways and will not have a DSA in 2019-2021). The DSA is intended to capture a student’s professional growth over time and includes all clinical coursework in the specialty from the clerkship through July of the application year. It is anticipated that most, but not all, students applying in OBGYN will have an Honors with Distinction DSA. Besides the OBGYN DSA, the medicine DSA, grades in surgery and medicine clerkships are valued by OBGYN residency programs. Poor grades diminish your competitiveness, but many programs (even highly competitive programs) use a holistic approach to evaluating candidates.

2. USMLE Step Scores

Many OBGYN residency programs use Step scores, especially Step 1, as an actual or virtual screening tool. The reasons for this are several, but in general standardized tests are viewed as an objective measure of academic achievement and potential, and programs want to ensure trainees have the academic strength to finish training and successfully pass Board exams. Prominent, highly competitive programs have many high-achieving applicants; it is not unusual to have 7 or more applications for each residency position available, resulting in a program director needing to review hundreds of applications. Prominent programs can afford to screen out applicants that have not met a certain score. Less competitive programs are more likely to consider applicants with lower scores.

Some OBGYN residency programs will consider granting interviews to applicants without Step 2 scores. Step 2 scores must available to programs by January of your senior year. For candidates who are less competitive, taking the Step 2 exam (and earning a high score) early enough for consideration in the initial review may boost your chances for an interview. Programs will not rank an applicant for the Match without a passing Step 2 score.
3. Research Experience
According to NRMP data from 2018, successful applicants in OBGYN participated in 3.4 research experiences, while unmatched applicants participated in 2.9 research experiences.

4. Publications
According to NRMP data from 2018, successful applicants in OBGYN had a mean number of 4.9 abstracts, presentations, or publications, while unmatched applicants had 3.3. This may include peer-reviewed articles, abstracts, poster sessions, and invited national or regional presentations. Some residency programs may verify and/or review publications for applicants in whom they have an interest, but most probably do not.

5. Extracurricular Activities
The 2018 NRMP data shows that successful applicants in many fields, including OBGYN, had more volunteer experiences than unsuccessful applicants. In OBGYN for example, unmatched applicants reported 8.0 volunteer experiences while successful applicants reported 8.5. Volunteer experiences are viewed most favorably when the student gains leadership experience—for example, serving as an officer in an organization or in student government, or when the student has a role in development or innovation of a program.

Getting an Interview: Attributes Residency PD’s Consider in Granting Interviews
Without question, USMLE Step 1 scores are important in determining which applicants are granted interviews; 97% of OBGYN residency program directors use Step 1 scores as a factor. There is no “cutoff” or required Step 1 score, however the following figures give some idea as to the ranges of scores for successful applicants.

Letters of recommendation are the second most commonly cited factor in choosing candidates for interviews, followed by Step 2 scores, the personal statement, and the MSPE/Dean’s Letter. Measures of academic achievement, expressed as grades, honors, AOA membership, class standing, and other metrics are considered by fewer programs.

When programs are ranking applicants for the Match, the attributes most valued are interpersonal interactions and skills: interactions with faculty, staff and residents during the interview process, and feedback from current residents are most commonly listed as contributing to a candidate’s ranking. Step scores remain important, as does the MSPE/Dean’s Letter, and letters of recommendation.

Letters of recommendation
You will need at least 3 letters of recommendation (LoR); OBGYN programs require a Department Chair letter (from the Chair of the OBGYN department where you did your PCE), and 2-3 additional supporting letters. Most HMS students will have a total of 4 letters. You want to choose faculty who will be strong advocates for you as an individual, who know your personal and your clinical strengths. A professor with whom you have done research, particularly if a paper has resulted, is also a good choice, as they can comment on your work ethic and research experience.

When choosing your writers, consider choosing:
● Faculty member who knows you well
● Research mentors
● Faculty with a national reputation: this may be in research, clinical medicine, or education

If you choose a writer from outside OBGYN, the writer should know you very well, be able to comment on your abilities to perform as an OBGYN resident, and ideally be someone well-known in academic OBGYN. A letter from an OBGYN junior faculty member with whom you worked extensively on a MFM sub-internship may be a better choice than an attending from your medicine rotation, for example, who worked with you briefly as a clerkship student, even if the medicine attending is well-known in academic Cardiology.

Ask for your letters as soon as identify the faculty member you want as your letter-writer; this may be at the conclusion of a rotation or sub-internship, which may be months in advance of the deadline. Some faculty members write a LoR at the time they are asked, while others may put this off until the deadline. Once a faculty member agrees, remember to reach out to them again in May or June to give the writer adequate time to review your record. Give your letter writers your CV and personal statement to review as soon as you have them completed. Plan to meet with each writer in the summer to review your portfolio and give them time to write the letter. Ask the writers to submit their letters before August 31. ERAS provides a letter request form you should provide to your LoR authors. This form assists your letter writer with submission of the LoR, and includes instructions on how to access and use the ERAS Letter of Recommendation Portal. You should send a reminder to the writers around August 20. Remember summer vacations and other commitments may come up, and you want to be respectful of your writer’s time. You should consider writing a thank you note once the letter is on file with ERAS.

ERAS gives you the option to waive your right to review the LoR. There is no benefit to reviewing your letters, and program directors would be concerned if an applicant did not waive this. It is strongly recommended you waive the review.

How many programs should you apply to?
The number of programs you should apply to depends on your competitiveness as a candidate, your geographic restrictions (if any), whether you are couples-matching, and other factors. One of the main predictors of the number of programs needed for a successful match is your Step 1 USMLE score. Successful applicants in OBGYN have a range of step 1 scores. A lower score does not make you unmatchable; however, lower scores indicate a need to apply more broadly. You can use your Step 1 score as a guide for how many programs to apply to. The AAMC calculates a “point of diminishing returns” based on step 1 scores in each specialty. In OBGYN, successful applicants with a score over 230 needed to apply to 14 (confidence interval 13-15) programs before reaching the point of diminishing returns; these students had a likelihood of entering residency of 78%. For students with a score of 214-229, successful applicants needed to apply to 21 (confidence interval 19-23) programs; these students had a likelihood of entering residency of 82%. Students with scores under 213 submitted 28 (confidence interval 26-30) applications before reaching the point of diminishing returns, with a likelihood of entering residency of 76%. Keep in mind this is for all types of programs; if you desire a highly
competitive program, you may need to apply to more programs. Another strategy is to mix the types of programs that you apply to, with some “reach” and some “safety” programs.

Regardless of how many programs you apply to, you want to interview at as many programs as you need to match. In recent years, HMS students applying in OBGYN matched into their top 5 ranked programs, with most students matching at their top 1-2 programs. When ranking programs, be realistic. Remember, by ranking a program, you are agreeing to employment at that program. **Do not rank a program you do not wish to attend.** Rank the programs in your preferred order, and (this is the hardest part!) trust that the NRMP will give you your best match.

Common questions you may be asked – specialty specific
Be prepared to discuss everything listed in your ERAS portfolio, especially anything you discuss in your personal statement. Since this is the area of your application where you have the most “voice”, it is natural for interviewers to use that as a launching pad for getting to know you. Be prepared to talk about your accomplishments and any current projects, publications, or activities outside of medicine. During an individual interview, expect that you will be speaking 80% of the time.

Interview questions fall into several categories:

- **Career plans:**
  - Where do you see yourself in 5, 10, 15 years?
  - Do you plan to sub-specialize? If so, why and what? If not, why not?

- **Motivation for applying to this program, and what you will add:**
  - What makes you stand out among your peers?
  - Why do you want to come to our program?

- **Behavioral**
  These questions use a business interview format called STAR (Situation, Task, Action, Result) The interviewer will want to know the situation or task in detail, what the desired outcome of the situation or task was, what action you did or did not do, and what the results were. This type of question is intended to discern a candidate’s compatibility/personality:
    - Tell me about a time you received constructive criticism?
    - Tell me about a time you had a challenging patient- why was this challenging, and how did you handle it?
      - Give me an example of your initiative and/or leadership.
      - How do you handle conflict? Give an example.
      - Tell me about a time when you had to make a split-second decision- either in or outside of medicine?

- **Unique characteristics:**
  - What are you most proud of (academic or in general)?
  - What do I need to know about you that isn’t in your application?

- **Unusual Interview Techniques**
Some programs are using skills assessment, such as suturing or laparoscopy tool manipulation.

For all these question types, have answers prepared and be well-versed. Writing the answers to interview questions out and rehearsing the answers out loud (even if it’s just to the mirror or a houseplant!) are good techniques to prepare. You may want to take advantage of departmental or HMS-sponsored mock interview sessions. Your faculty specialty advisor can help arrange this for you.

Common interview errors include:

- Poor preparation, not being familiar with the program
- Inconsistent or inappropriate answers to questions
- Abrasive, condescending, evasive behavior
- Disinterest or flat affect
- Inappropriate humor
- Negative comments on other programs, candidates, or the program itself

Communication with Programs: NRMP Code of Conduct for Applicants and Programs

Both candidates and programs are governed in their behavior and communication by the NRMP Code of Conduct (see Figure- get from NRMP). This is a contract that you agree to by your participation in the Match. The intent of this Code is to protect applicants’ privacy and confidentiality, to prevent programs from asking illegal or coercive questions, and prevent onerous displays of intent (second interviews or visits, rotations at the program institution, demanding to know how the candidate will rank a program). If you have one clear first choice program, discuss with your SA whether you should communicate that to the program director. While some programs want to know this information, others may not use that information in their rankings. In most cases it will not help you to inform the program. Do not tell a program you are ranking them first if in fact you are not planning to do so- program directors do talk to one another and to clerkship directors to gather information about candidates, and you do not want a reputation for dishonesty.

Advocating for Interviews

If you do not get an interview offer with a desired program, but you are placed on a waiting list, you have several options- acceptance, advocating for yourself, or asking your clerkship director or SA to advocate for you. We recommend discussing this with your SA, including a frank discussion of your reasons for wanting a particular program and your competitiveness at that program. If after that discussion you want to approach the program, you may communicate with the residency program director yourself or ask your advisor to contact the program director. It is unusual to get an interview if you are not on the program’s waiting list.