

**GUIDELINES FOR PURSUING OBSTETRICS AND GYNECOLOGY
RESIDENCY**



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We are pleased that you have decided to apply for residency training in obstetrics and gynecology (OBGYN) and feel confident you will find your career in women's health care to be extremely rewarding and gratifying. Residency training in OBGYN is four years in duration. Rotations include experiences in obstetrics (ambulatory and labor & delivery), gynecology (ambulatory and surgery), family planning, gynecologic oncology, urogynecology, maternal-fetal medicine, women's mental health, pediatric gynecology, reproductive endocrinology and infertility, and ultrasound.

Many are attracted to the unique mix of primary care, medicine, and surgery that the field of obstetrics and gynecology allows, and approximately 5% of all senior students in U.S. medical schools apply for OBGYN residencies. OBGYN has experienced a surge in applications and applicants, with the application/applicant ratio among the top 5 in specialties (71.3 in 2022). OBGYN residency applications have outnumbered PGY-1 Categorical OBGYN spots for years, resulting in a larger number of unmatched applicants. In 2022, OBGYN saw 1 in 5 US MD graduates unmatched, 40% unmatched for DO MD graduates and 63% unmatched for IMGs. It is therefore important for you to prepare for and put your best foot forward during the process.

The purpose of this booklet is to provide you with information to make thoughtful, well-founded decisions about postgraduate medical education programs. Included are suggestions for 1) choosing electives/visiting electives 2) creating a personal statement & curriculum vitae 3) soliciting letters of recommendation 4) evaluating residency programs for alignment to your goals & use of signal 5) participating in a virtual interview 6) communication during interview season, and 7) preparing a final rank list.

Together with the OBGYN clerkship directors, residency program directors, and faculty advisors at your location, we congratulate you on an excellent career choice. We look forward to being your colleagues in OBGYN.

TIMELINE

MONTH	GOAL
MS3 JAN-MAR	Finalize your senior schedule and discuss letters of recommendation in consultation with your faculty advisor and dean for student affairs. Take USMLE Step 2* Determine alignment for OBGYN residency & consider possible away rotation.
JUN	Dean's office interview to discuss the Medical Student Performance Evaluation (MSPE) Prepare CV and start Personal Statement Select and contact faculty to write LORs (letters of recommendation) and the SLOE (Standardized Letter of Evaluation)
JUL	Review residency program websites & other information about programs, and determine LORs needed for programs. Obtain ERAS token from your dean's office, and meet with local advisors to prepare a preliminary list of programs/programs to signal Review your personal statement with your specialty advisor Register for Electronic Residency Application Service (ERAS)
SEP	Finalize Personal Statement and CV Participate in Mock Interviews Review MSPE for accuracy Verify LORs are downloaded to the LoRP (Letter of Recommendation Portal) Submit MyERAS application NRMP Registration; create "R3 account" and download NRMP timeline
OCT	Applications open to programs Program Interview offers released
OCT-FEB	Interviews with residency programs
FEB	FEB Enter & Edit your Rank Order List
MAR	NRMP Rank Order List Deadline Monday before Match Day: Match Status Available Match week Supplemental Offer and Acceptance Program (SOAP) for unmatched students Match Day in mid-March

SUGGESTED SENIOR ELECTIVES/CLERKSHIPS

The principal objective of the Sub-Internship or Acting Internships is to improve the breadth and depth of your general medical knowledge and sharpen your clinical skills. Consider your areas of weakness/interest that will complement your ability to care for women in the future. You will be doing Ob/Gyn for the rest of your life. This is also your final opportunity to expand your knowledge and familiarity with other fields of medicine.

Sub-Internship in Family Medicine, Internal Medicine, Pediatrics, Surgery or Critical Care per your institution's requirements.

One Subspecialty elective in Obstetrics and Gynecology*

- Gynecology
- Gynecologic Oncology
- Maternal-Fetal Medicine
- Reproductive Endocrinology
- Family Planning
- Urogynecology

Away Rotations in Obstetrics and Gynecology at another institution**

While away rotations are not required for application to OBGYN, you might consider this option for a few reasons. Some of these reasons may include a preferred geographic location or program, average or below average application metrics, and couples matching. Remember, your time on an away elective is an "audition" for that program so you must be prepared to put your best effort forward for the entire rotation. A lackluster performance can work against you.

When you arrive, consider reaching out to the program director to introduce yourself and inquire about any programmatic details, questions or requirements. Do not wait until your last week to reach out if you intend to do so.

More than one away rotation at the same clinical site is not necessary.. We recommend one elective with any program. Alternatively, if your goal is to learn about a given hospital or city, you can accomplish this with a non-Ob/Gyn elective at that hospital and ask to meet with the Ob/Gyn program director during your time there.

Other Useful Electives

- Becoming an Effective Resident Teacher
- Medical Spanish (depending on where you plan to practice)
- Dermatology
- Endocrinology
- Infectious Diseases
- Obstetric Anesthesia
- Radiology – Imaging of Abdomen and Pelvis

Surgical Intensive Care Unit
Surgical Skills/Residency Boot Camp
Simulation in Education

PERSONAL STATEMENT

The key purpose of the personal statement is to provide information that cannot be found in another part of your application. The objective measures you enter in your application often do not provide sufficient personal information, challenging reviewers to distinguish between applicants. The personal statement is your opportunity to highlight strengths that may provide an idea of programmatic "fit". Program directors utilize and value the personal statement in determining interview selection and ranking, and it is a fantastic opportunity for self-reflection. After reading your personal statement, the reviewer should want to meet you.

We will suggest a format for you that will allow you to begin constructing your personal statement. Begin with an introductory paragraph. This may include life experiences that have shaped you and/or a 'hook' to draw in your reader. Two secondary paragraphs, one of which describing personal characteristics and/or accomplishments a program would find compelling. The other paragraph should describe strengths, leadership experiences, and interests that would allow you career success in OBGYN. If applicable, include any challenges or suboptimal medical school performances and any geographic or career goals. Including extracurricular activities which balance your life is also important to programs. Last, a closing paragraph describing the type of program you seek, and how you see yourself contributing to the program.

Notice that we did not mention communicating why you feel OBGYN is a great field, or anecdotes about family members/friends or patient stories. Only include this information if it helps to shed light on your personal characteristics. Also, ensure you don't criticize others,

include too much personal or emotionally charged information, or plagiarize other sources.

Including quotations and short international medical experiences is also less helpful. Quotations are rarely personal (few of us live our lives based on the words of others), and a short international experience while memorable rarely shapes our lives moving forward.

Getting started with the personal statement is often the toughest part, so begin with a session of freewriting or brainstorming thinking about the aforementioned. What is your "hook", who are you, what are some important life lessons you have learned, and what characteristics you possess that will allow you to succeed in ob/gyn. Leave these thoughts alone for a day or week, and slowly come back to them, and reflect on them. Do these thoughts reflect who you are personally? Share these thoughts with a close friend-how do they feel it reflects you? And get comfortable sharing this information, because after you hit 'submit' on ERAS this personal statement will be read by strangers.

After settling on and jotting down some themes from your freewriting, you may want to free write again. It will likely take multiple sessions like this until you carve out some paragraphs that begin to resemble an introduction, supporting paragraphs and a closing. The creational order of these paragraphs is not important. Begin to edit your work in order that the paragraphs flow, your "hook" sets, and then reach out to a faculty advisor to gain feedback. An unreviewed personal statement to a savvy program director is obvious. Omitting advisor review is a costly mistake that can reflect poorly on the perception of your organizational and self-assessment skills, and receptivity to feedback.

Make sure to edit spelling and grammar and limit your personal statement to one page. At this point, you may have a personal statement that is worthy to represent the candidate that you are for obstetrics and gynecology training. We cannot emphasize enough how important this step is, and creating an excellent personal statement will allow you to stand out amongst your peers.

Applicants that stand out amongst their peers match.

CURRICULUM VITAE

While you don't need a CV to complete your application, it is helpful to prepare one to organize your timeline and accomplishments. This will help with your application preparation and can assist your letter writers with their LOR. Have your advisor review your CV. Don't embellish or exaggerate any experiences on your CV, and only include items you are prepared to talk about.

There are many CV formats available . This is a list of recommend components:

- Home address, e-mail address, and telephone number
- Medical school (indicate date of anticipated graduation)
- Graduate degree (if applicable)
- Undergraduate degree (indicate if you graduated with honors)
- Honors – Separate into medical school vs. college (e.g., Alpha Omega Alpha, Dean's List, Phi Beta Kappa, and merit scholarships)
- Professional organizations and activities – Separate into medical school vs. college (e.g., student member of AMA, AMSA, AMWA, OB-GYN Interest Group), and include leadership positions.
- Publications – Distinguish between abstracts and full-length manuscripts. Boldface your name in the list of authors.
- Presentations – Distinguish between poster and oral presentations.
- Patents you and co-investigators may have obtained.
- Non-published research experience. Indicate name of supervisor and specific title of the research project(s). Include projects in process.
- Military service and military awards (if applicable)
- Recent employment experience

- Hobbies/Areas of Interest - brief list or description of a few hobbies can provide talking points in an interview or speak to your personality and fit away from work.

LETTERS OF RECOMMENDATION

Letters of recommendation (LORs) should be written by clinical faculty members that have worked with you in the clinical setting and can comment on your academic, personal, and clinical characteristics. This can include a non OB GYN clinical faculty member. Research or medical school administrative faculty are also acceptable LOR writers, but would limit this to one. Do not solicit LORs from residents or fellows. Although they may know you well, the expectation is that a faculty member writes your LOR.

After a faculty member has agreed to write your LOR, provide the faculty member with your C.V., personal statement, and transcript. In the MyERAS application, generate the ERAS Letter Request Form and provide this to your LOR writer. This contains your AAMC ID and a unique ERAS Letter ID, and indicates whether you waive your right to read the letter. Faculty will download your LOR through the ERAS LOR Portal. Inform faculty members of any special constraints you may have such as a couples' match or narrowly defined geographic preference, and ***provide them with a month to complete the LOR***. Plan to have all of your LORs downloaded by mid September.

Most programs require three letters of recommendation (LOR), and you should not submit more (or less) LORs than requested. Recently, an OBGYN Standardized Letter of Evaluation (SLOE) has been recommended and can take the place of a letter. Information on programmatic requirements around the number of LORs are usually found on a program's website. Some programs require a letter from the department chairperson or a letter that is co-written by the chair and another faculty leader, such as the medical student clerkship director. Offer to make an appointment with your OBGYN department Chair to discuss this letter.

The "Medical Student Performance Evaluation (MSPE, formerly referred to as the Dean's Letter)" is a **MUST** for all residency programs. All letters are electronically transmitted to your designated programs on October 1.

CHOOSING AND SIGNALING RESIDENCY PROGRAMS

These items are listed in order of importance (at least 20% citing the factor) based on the most recent NRMP Match survey of applicants matching to OB GYN. The actual rank order of importance will vary from one individual to another.

- Desired Geographic Location
- Perceived goodness of fit
- Reputation of program
- Quality of residents in program
- Work/life balance
- Quality of educational curriculum and training
- Academic medical center program
- Quality of Program Director
- Quality of faculty
- Balance of faculty supervision and resident responsibility for patient care
- Career paths of recent program graduates
- Cost of living
- Size of program
- Future fellowship training opportunities at the institution
- Program's flexibility to pursue electives and interests
- Social and recreational opportunities of the area
- Rotation schedules and structures in program
- Diversity of patient problems
- House staff morale
- Preparation for fellowship training
- Quality of hospital facilities
- Call schedule
- Vacation/personal/family leave policies
- Cultural/racial/ethnic diversity of geographic location
- Cultural/racial/ethnic/gender diversity at the institution
- Future job opportunities
- Opportunity & support to conduct research/attend conferences
- Provisions to ensure resident health/safety/wellness
- Opportunity to perform specific procedure
- Other support network in the area
- Job opportunities for spouse/significant other
- Board pass rates
- Size of patient caseload
- Salary
- Community-based setting
- Sick & Bereavement leave policies
- Structure or type of EHR
- Quality of ambulatory care facilities
- Moonlighting opportunities
- Friends at the program
- Opportunity/support for international experience

GUIDELINES FOR RESIDENCY APPLICATIONS

Prior to applying, spend some time going over OBGYN programs. Talk to your faculty, review program websites and use FREIDA <https://freida.ama-assn.org/> and the APGO Alignment Check Index (ACI) <https://residencyalignment.com/> to explore programs. Be open to various types of programs and look in areas you might not have considered. There are so many great programs out there.

Once you have compiled a list of possible programs, participate in any virtual meet and greet sessions typically held over the summer. The APGO site will have a list of Residency Program Virtual Meet and Greets. These interactions will give you a feel for a program. Reach out to your medical school graduates who are now in OBGYN residency programs. They can give you a good sense of the programs.

Lastly, you need to have a good sense/insight of your competitiveness as an applicant, as well as your career goals (eg, possible fellowship? more of a rural practice...?). These conversations are best conducted with your **OBGYN** advisor(s) typically no later than late August.

OBGYN participates in the ERAS signaling program. Signaling is a system that allows applicants to indicate genuine interest in their top programs. OBGYN provides 18 total signals, 15 silver and 3 gold. Below are some tips on how to navigate this, recognizing this is a recent change, and that tips below will likely be modified as more data is obtained.

Signaling from the Applicant Perspective:

You should signal programs in which you have both a strong interest in and where you have a reasonable chance to receive an interview

Reasonable chance: this requires you to have good sense of your competitiveness and your career goals and will require input from your **OBGYN** advisor(s)

ERAS recommends that you signal home programs and away rotation sites if these are places where you have genuine interest.

You should plan to use **all** your signals; there is no advantage to not using all your available signals. It is recommended that you do not use more than a few preference signals to gain an interview at a program where your likelihood of interview is low to start. Most of your signals should go to “target” programs.

While signals are not intended to be used as a screening tool, some programs may choose to use them in the initial application review.

You are still able to apply to as many programs of you wish. Signaling from a Program Perspective:

Programs **MUST NOT**:

Require a signal to interview an applicant.

Disclose preference signaling information to any person outside their selection committee.

Ask applicants to disclose where they sent signals (or the number of signals sent).

Disclose the number of signals received

THE INTERVIEW

An invitation for an interview is a clear indication that a program finds you competitive for their residency program. That being said, most OBGYN programs interview approximately 10 candidates for every available position. Therefore, you need to carefully prepare each interview.

Prior to your interviews:

Set up mock interviews with faculty at your institution. Be sure they are done in the same manner your invited interviews will be conducted (eg; web based interviews vs in person).

Ask specific feedback at the end of your mock interviews. Examples include:

- Did I appear engaged throughout the interview?
- Did I do a repetitive motion (touching hair, touching face...)
- Did I repeat certain words frequently ('like', 'OK', 'uhm'...)
- Did I use casual words in my answers ("Totally" "for sure" "cool"...)
- Were my questions engaging enough to show interest in the program
- Was my background appropriate (note, using a virtual background is not recommended)
- Could you hear me clearly
- Was the lighting appropriate

Ask yourself, what did I struggle to answer?

Before each interview:

Look at their website; read about faculty and residents. Have some knowledge of the program and be able to explain why you chose to apply to that program.

Provide substantive reasons for your choice of a particular program, not just "geography," "weather," or "proximity to a distant relative."

Focus on reasons such as size of program; reputation; and recommendations from your adviser, other faculty members, residents, and classmates who may already have interviewed at a particular program

GUIDELINES FOR RESIDENCY INTERVIEWS

Use the interview as an opportunity to demonstrate that you are a mature, articulate, affable, and enthusiastic individual who has developed realistic, clearly defined career goals.

Be consistently respectful and courteous to the administrative staff who schedule your interview. A negative comment from an offended program manager can quickly sabotage an otherwise excellent application.

Schedule your interviews thoughtfully.

- If you are someone who received many interview invitations, consider canceling interviews in places you might no longer be interested in so someone else who is truly interested in the program can interview there.
- If you have to cancel an interview, please do so as early as you can with a short email to the program (typically program manager).

Be on time for your interview session.

Dress appropriately for the interview. Men should wear a conservative business suit or blue blazer and gray slacks, dress shirt, tie, leather shoes, and dark socks. Women should wear a conservative dress or business suit. Consider doing this even if your interview is web-based as you may need to stand up for some reason.

Be engaged and attentive throughout the interview. Be certain that you have several questions to pose to each faculty member and resident with whom you interview. Do not hesitate to ask the *same* questions of different interviewers. **TRY YOUR VERY BEST TO AVOID AN APPEARANCE OF INDIFFERENCE OR FATIGUE, PARTICULARLY AT THE END OF THE DAY. THE APPLICANT WHO IS SIMPLY “GOING THROUGH THE MOTIONS” IS ALL TOO EASY TO IDENTIFY.**

If there is a social activity associated with the interview, attend it. It should be considered part of the interview even if it is casual. It also provides you with another way to get a feel for the program.

Prepare a list of questions for every interview. Questions might include the following:

1. How do residents do on the CREOG In-service Training Examination and the qualifying and certifying board examinations? (The national pass rate for first-time takers of the written examination is approximately 88%. The national pass rate for first-time takers of the oral examination is approximately 85%.)
2. How many of your residents decide to pursue fellowship? How are they prepared for this?
3. How many didactic sessions are presented to the residents each week?
4. Does the department provide an allowance for purchase of textbooks/on-line subscriptions or travel to medical meetings?

5. Does the department require that a research project be completed during residency training? What type of administrative and laboratory support is available for resident research projects?
6. Is a night float system in operation?
7. What are the strong points of the program?
8. What are the weak points of the program?
9. Is any faculty turnover expected, particularly at senior administrative levels (i.e., chairperson, program director, or division director)? If so, what impact are these personnel changes likely to have on residency training?
10. Have any residents left the program in recent years? If so, what was the explanation for their departure? (Some attrition is inevitable, but be wary of a program that consistently “loses” or dismisses one or more residents each year.)
11. Does the program have a parental leave policy?

In turn, many programs have started to institute behavioral type questions, most of which you cannot rehearse an answer. That being said, have examples to use that reflect your capacity to deal with real-life situations.

Further, not all interviewers will have read your application, mainly due to directives from residency programs, done to decrease personal biases based on your CV. The interview day should be about how you perform and not all your accomplishments - those already got you the interview. Thus, do not be offended or frustrated if an interviewer asks you something that you feel they should know.

Here are some of the types of questions that you might be asked:

1. What is your background—birthplace, type of education?
2. What individual(s) do you consider to have been the most influential in your life?
3. How did you become interested in medicine?
4. How did you become interested in the specific discipline of Obstetrics and Gynecology? Do you feel you have a good sense of the specialty in the setting of having trained during COVID?
5. How did you counter the arguments of those who told you this specialty was not the best career choice because of erratic work hours and high malpractice liability?
6. What strengths will you bring to a residency program? Why is your personality type well-suited to the specialty you have chosen? Conversely, what are the personal weaknesses that you would like to correct?
7. How do you typically resolve conflict?

8. How do you typically respond to adversity?
9. What do you consider to be the major health-related problems facing our nation and our discipline?
10. What are your electronic “go to” sources when you quickly need background information about a given medical condition?
11. What are some examples of leadership roles you have assumed in medical school or college?
12. What are your plans for the future, i.e., private practice, fellowship training, academic medicine, research?
13. What activities do you pursue outside of medicine to maintain balance in your life?
14. What role did you play in the research project(s) cited in your C.V.? What is your understanding of the purpose and major findings of this research project.

It is worth repeating again: throughout your interview, please monitor your professional demeanor. Do not chew gum, slouch in your chair, say “YEAH” or “NAH” when talking with the interviewers. Avoid assuming too great familiarity with the residents, even if you feel you know them. Avoid overly casual comments (for sure, totally). Avoid inconsistencies in your responses to different interviewers.

Keep a “score sheet” for yourself listing what you liked and did not like about each program. Update this sheet as you go along. By the end of the interview season, it gets difficult to remember specifics about each program. Consider assigning a tentative rank to each program as you go along the process.

POST INTERVIEW COMMUNICATION

The NRMP encourages both applicants and programs to limit post-interview communication. However, after interviews have concluded, you may still want to gather/ clarify information about particular programs or wish to speak with residents/ faculty about specific aspects of their program. Be mindful to follow the guidance offered by each individual program. Some programs may explicitly tell you not to send thank-you notes following interviews. Don’t send thank-you notes if they tell you not to. Other programs may tell you that Program Directors will not have any further communication with you following the interview day. Still other programs may have faculty or residents reach out to you after your interview. While Programs are able

to reach out to you after interviews, they are not allowed to ask how you will be ranking their program. This is considered a Match violation and could result in the Program being disqualified from participating in the Match.

PREPARING THE FINAL RANK ORDER LIST

Check NRMP website for rank list submission deadline. It can change from year to year.

Ensure you have an appropriate number and mix of programs based upon your qualifications and specific geographical/personal constraints.

Do not rank any program in which you absolutely would not like to train. Ask yourself this question, “Would I rather go unmatched than train at Program X?” If the answer is “Yes,” do not rank that program. Rank programs entirely according to your preferences. Do not attempt to "guess" how programs will rank you or to negotiate arrangements outside of the Match. Such efforts are fraught with uncertainty and often lead to major disappointments.

Trust your gut instinct. It probably is more reliable than any numerical rating system you could devise.

If you are matching as a couple, be aware that you can arrange your lists both by medical center and by geography (city, region). For example, for your first choice you might list OB-GYN— Cornell University. Your partner could then list Medicine—Columbia University. Assuming that a match occurs, you will at least be in the same city.

Most importantly, trust in the essential fairness of the matching process. The matching algorithm is well validated and is based on the concept of a “win-win” game theory. It is designed to give both the individual and the program the best possible match.

