

# **GUIDELINES FOR PURSUING A RESIDENCY IN OBSTETRICS AND GYNECOLOGY**



**The American College of  
Obstetricians and Gynecologists  
Women's Health Care Physicians**

**Division of Education**

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## **FOREWORD**

We are pleased that you have decided to apply for residency training in Obstetrics and Gynecology. We are confident you will find your career in women's health care to be rewarding and gratifying.

Residency training in Obstetrics and Gynecology (OBGYN) is four years. Rotations traditionally are divided between ambulatory care, obstetrics, gynecology, gynecologic oncology, female pelvic medicine and reconstructive surgery (FPMRS), maternal-fetal medicine, and reproductive endocrinology and infertility. Primary care, emergency medicine, ultrasound, minimally invasive surgery, and family planning may be taught within the traditional rotations or through rotations in other departments.

Many students are attracted to obstetrics and gynecology due to the unique mix of primary care, medicine and surgery. Approximately 5% of all senior students in U.S. medical schools apply for a residency position in Obstetrics and Gynecology. Each year, a small percentage of students fail to match. In many instances, these unsuccessful outcomes result from unrealistic expectations and poor planning.

The purpose of this booklet is to provide you with the information you need to make thoughtful, well-founded decisions about graduate medical education (GME) programs in OBGYN. Included are suggestions for choosing electives in your senior year, selecting individual residencies, adhering to time deadlines, preparing your curriculum vitae and personal statement, and planning your interview schedule.

Together with the OBGYN Clerkship Director, the OBGYN Residency Program Director and the OBGYN faculty at your institution, we congratulate you on an excellent career choice. We look forward to being your colleagues in OBGYN.

## TIMELINE FOR RESIDENCY APPLICATIONS FOR THE MARCH NRMP MATCH

DATE	GOAL
January - March	<p>Finalize senior schedule in consultation with your faculty advisor and dean for student affairs.</p> <p>Take USMLE Step 2 and Step 2 Clinical Skills examinations.</p> <p>D.O. students who are interested in allopathic residency programs should take the USMLE exams.</p> <p>Select advisors and together consider who will write letters of support</p> <p>Discuss appropriate training programs based upon competitiveness</p>
June	<p>Complete interview with your Dean's office to discuss the Dean's Letter or Medical Student Performance Evaluation (MSPE)</p> <p>Prepare Curriculum Vitae (CV) and Personal Statement</p> <p>Select and contact faculty to write letters of recommendation</p>
July	<p>Review information about residency programs via their Internet web sites.</p> <p>Meet with your advisor to prepare preliminary list of programs.</p> <p>Register for Electronic Residency Application Service (ERAS) and National Resident Matching Program (NRMP)</p>
August	<p>Finalize Personal Statement and CV</p> <p>Complete application for submission via ERAS</p>
September	<p>Verify that letters of recommendation have been submitted to the Office of Student Affairs by September 1</p> <p>Review MSPE, and be certain it is factually accurate.</p> <p>September 15 ERAS Post Office opens to ACGME-accredited residency programs and applicants may begin transmitting their applications. If possible, do not get your application in at the last minute as many programs offer interviews on a rolling basis, even before the MSPE is sent.</p>
October	<p>Schedule mock interviews with advisors</p> <p>MSPE released to residency programs October 1</p>
October- January	<p>Interviews with residency programs</p>
February	<p>Finalize rank list in consultation with faculty advisor</p> <p>Rank list must be submitted mid – February</p>
March	<p>NRMP Main Residency Match results are available.</p>

## **SUGGESTED SENIOR ELECTIVES/CLERKSHIPS FOR STUDENTS INTERESTED IN OBSTETRICS AND GYNECOLOGY**

- Sub-Internship in OBGYN, Family Medicine, Internal Medicine, Pediatrics, Surgery or Critical Care per your institution's requirements. The principal objective of the Sub-Internship is to improve the breadth and depth of your general medical knowledge and sharpen your clinical skills.
- One Subspecialty elective in Obstetrics and Gynecology\*
  - Gynecology
  - Gynecologic Oncology
  - Maternal-Fetal Medicine
  - Reproductive Endocrinology
  - Family Planning
  - Female Pelvic Medicine and Reconstructive Surgery
- External Elective or Sub-Internship in Obstetrics and Gynecology at another institution\*\*
  - Remember – you MUST work hard during this time....you are auditioning for a job. A poor performance can backfire on you.
  - Alternatively, if your goal is to learn about a given hospital or city, you can accomplish this with a non-OBGYN elective at that hospital and ask to meet with the OBGYN 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 Anesthesiology
- Radiology – Imaging of Abdomen and Pelvis
- Surgical Intensive Care Unit
- Female Urology
- Anesthesiology
- Cardiology
- Pulmonary/Critical Care

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\* Should be taken within the first three months of the academic year.

\*\* Strongly recommended if you have a unique reason to train in one particular program (e.g., proximity to family, career opportunity for spouse/partner, or couples match preference).

# PERSONAL STATEMENT

**The key purpose of the personal statement is to provide information that cannot be found in another part of your application.** It should tell the reviewer about what won't be in your CV: Your motivation, work ethic and interest in/commitment to Women's Health. It should be about you personally. It should not be about OBGYN (why it is a great field), a patient you like, or your family – although a brief pertinent story may be appropriate to include if it sheds light on who you are as an individual. Think about it as a brief essay with the (unwritten) thesis statement: “Why you should interview me to be your resident?” You can introduce yourself with a brief (2-3 sentences) anecdote. You should highlight what you bring to OBGYN, with specific examples illustrating your accomplishments. Have your best friend read it, to make sure all of your best characteristics are there. For most people it will take a few versions to get it right, so leave time to have others (mentors/family/friends) give you their feedback. It **MUST** be able to fit on ONE page. **Your goal is to have the reader say, “Wow! I definitely want to meet this person!”**

## Suggested Format

- Brief description of your background--i.e., place of birth, life experiences that have influenced you
- Explanation of why you originally became interested in medicine
- Explanation of why you developed a specific interest in Obstetrics and Gynecology
- Discussion of what makes you unique as an individual and why those personality traits make you well suited for a career in Obstetrics and Gynecology. (For example, your experience as an athlete or musician provided you with firm discipline, a strong work ethic, and a commitment to teamwork.)
- If indicated, an explanation for suboptimal academic performance, e.g., serious illness, pregnancy, death of a family member
- If indicated, an explanation for unusual constraints in selection of a residency program, e.g., special geographical considerations, couples match, career opportunities for partner, special education needs of a child
- Discussion of your future plans - if known
  - Preferred geographic location
  - Private practice vs. academic medicine
  - Interest in fellowship training
- Description of extracurricular activities - what you do to preserve balance in your life and remain "energized" for the study of medicine

**PLEASE NOTE:**

You should have at least two faculty members read your personal statement. If you get consistent advice about changes, then you should change those things. If the advisors differ in their opinions, then go with your gut about which advice makes the most sense to you. It may also be beneficial for someone outside of Medicine to review your statement, such as someone in Business or Law. They can provide a different perspective of the story you have told in your essay.

Before submitting your essay to your advisor for a final review, read the essay aloud to someone. Your eye tends to overlook missing words or poor sentence structure until you must read it aloud. Also, follow the instructions in ERAS about pasting and copying from a Word document. There are some odd things that happen with quotation marks and paragraphs in the actual application unless you are very careful. These can be extremely distracting to the reader of your application on ERAS.

Be certain that your advisor has reviewed your personal statement before you submit it. A poorly written personal statement may detract from an otherwise excellent application.

# CURRICULUM VITAE

## Suggested Format

PLEASE NOTE: Most of the information traditionally included in the C.V. now can be provided in the standard ERAS format. However, you still should prepare a formal C.V. for later use with applications for employment, licensure, board certification, or fellowship training.

- Name
- Home address, e-mail address, and telephone number (land line, if applicable, and cell phone)
- Date of birth
- Place of birth
- 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)
- Publications – Distinguish between abstracts and full-length manuscripts. Boldface your name in the list of authors.
- Presentations – Distinguish between poster and oral presentations. Boldface your name in the list of authors.
- Patents you and co-investigators may have obtained.
- Non-published research experience. Indicate name of supervisor and specific title of the research project(s)
- Military service and military awards (if applicable)
- Recent employment experience if unique or if specifically relevant to your medical career. Do not list part-time jobs you had during college like waiting tables or life-guarding.

BE CERTAIN YOUR ADVISOR HAS REVIEWED THIS DOCUMENT FOR CONTENT, SPELLING, AND PUNCTUATION. DO NOT SUCCUMB TO THE TEMPTATION TO EXAGGERATE YOUR ACCOMPLISHMENTS. ALSO DON'T ADD ANYTHING THAT YOU AREN'T PREPARED TO TALK ABOUT IN THE INTERVIEW

## GUIDELINES FOR SOLICITING LETTERS OF RECOMMENDATION

- The "Medical Student Performance Evaluation (Dean's Letter)" is a MUST for all residency programs. All letters are electronically transmitted to your designated programs on October 1.
- Most programs require 3 to 4 letters from individual faculty members plus the MSPE.
- The letters should be written by faculty members *who know you well* and who can comment in detail on both your personal qualities and academic performance. It is OK for one of your letters to be from a faculty member who is not in ObGyn but this faculty member should be someone who knows you and your strengths very well.
- Some programs require a letter from the department chairman 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.
- DO NOT submit more letters than requested by the individual program.
- DO NOT solicit letters from residents or fellows. Although they may know you well, their recommendations will not be as influential as those of faculty members.
- When soliciting letters, provide the faculty members with your C.V., personal statement, G.P.A or transcript, and class rank (if available). Inform faculty members of any special constraints you may have such as a couples' match or narrowly defined geographic preference.
- **Request letters no later than July 15.** Ideally, they should be submitted either to the Office of Student Affairs or uploaded directly into ERAS by September 1. Provide each letter writer with a signed cover sheet from ERAS indicating that you waived your right to read the letter.
- Approximately two weeks before the letters are due, review your ERAS file to determine if the letters have been uploaded. If a letter has not yet been submitted, contact the faculty member and politely remind him/her of the deadline.



## CONSIDERATIONS IN CHOOSING A RESIDENCY PROGRAM

These items are listed alphabetically, not in order of importance. The actual rank order of importance will vary from one individual to another.

- Affordability of housing
- Camaraderie among residents and between residents and faculty
- Career opportunities for partner
- Competitiveness—the program's and yours
- Ease of transportation to and from work
- Faculty—quality and accessibility
- Fellowship opportunities at the home program after graduation from residency training.
- Frequency of night call and existence of a night float rotation
- Geographic location
- Resident autonomy
- Living conditions
- Opportunities to teach medical students and other team members
- Performance of residents on written and oral board examinations
- Population of patients served
- Proximity to family
- Quality of hospital facility
- Resident satisfaction with the program. Have any residents left the program in the previous 4 years?
- Reputation of program
- Research opportunities
- Salary and Benefits—usually salaries vary by region of the country. For example, salaries tend to be higher in the Northeast and lower in the Southeast.
- School system for children
- Size of city
- Size of program
- Success of residents in matching for fellowships or in securing favorable positions as generalists in academic medicine or private practice.
- University vs. non-university program
- Weather
- Working conditions

# GUIDELINES FOR RESIDENCY APPLICATIONS

## FOR STUDENTS IN THE UPPER THIRD OF THE CLASS

- We recommend you apply to a minimum of 20 programs. While the number of program applications will vary from student to student. Your career advisor and/or clerkship director can help you individualize the mix of program applications you submit. Consider:
  - Selecting 10 "highly competitive" programs.
  - Selecting 7 "moderately competitive" programs.
  - Selecting 3 "less competitive" programs.
  - Interview at a minimum of 12 programs. (This is the average number of programs among matched US seniors)
  - Prepare a final rank list with a minimum of 12 programs.
  - Rank every program that you interviewed with if you could see yourself matching in that program.

## FOR STUDENTS IN THE MIDDLE THIRD OF THE CLASS

- Apply to 25-40 programs. The mix of programs can be best determined with the help of your career advisor or clerkship director. Consider the following:
  - Select 7 "highly competitive" programs.
  - Select 10-12 "moderately competitive" programs.
  - Select 5 "less competitive" programs.
  - Interview at a minimum of 12 programs.
  - Prepare a final rank list of at least 12 programs.
  - Rank all interviewed programs.

## FOR STUDENTS IN THE LOWER THIRD OF THE CLASS

- Apply to 40+programs. Students in this category should consider a "parallel plan" or dual application. Please discuss this strategy with your career advisor. The majority of your selected programs should be in the "moderately competitive" or "less competitive" category. You should plan to schedule more interviews (around 15 and plan to rank at least 12 programs).

**PLEASE NOTE: IF YOU ARE PURSUING A COUPLES MATCH, YOU SHOULD INCREASE THE NUMBERS SUGGESTED ABOVE BY AT LEAST 10 DEPENDING UPON THE RELATIVE COMPETITIVENESS OF YOUR PARTNER'S SPECIALTY.**

## **THE INTERVIEW**

The invitation for an interview is a clear indication that you are competitive for the residency program. However, most programs will interview approximately 10 candidates for every available position. Therefore, prepare carefully for each interview. 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. The following guidelines should be helpful to you as you begin this exciting process.

## GUIDELINES FOR RESIDENCY INTERVIEWS

- Be consistently respectful and courteous to the administrative staff. A negative comment from an offended secretary can quickly sabotage an otherwise excellent application.
- Make sure your voice mail has a professional, appropriate greeting. Some programs will call you with an invitation for an interview.
- Promptly answer the email or call as soon as possible. Interview spots will often fill up very quickly.
- Schedule your interviews thoughtfully. Be aware of the dangers of inclement weather (i.e., snow, ice, fog) in certain states in December and January. Consider interview dates that will correspond with other dates if you are applying to multiple programs in the same city.
- Arrange reservations in safe hotel or motel facilities. Also check with your Alumni Affairs Office to determine if former graduates have offered to house students who are visiting their area for interviews.
- In general, it is best to stay at the hotel recommended by the program (if they do so). Often the program will have arranged a discounted rate with the hotel and may provide shuttle service from the hotel to the interview, any social activities, and/or the airport.
- Be certain that you are on time for the interview. If you are unavoidably detained, be certain to telephone the residency coordinator and inform him or her that you will be late.
- 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. Avoid short skirts, low cut blouses, spiked heels, and excessive jewelry and makeup. All should avoid perfume or cologne. Extremes of dress will attract exactly the opposite kind of attention that you desire.
- The majority of programs will have a pre-interview resident dinner event. **MAKE EVERY EFFORT TO ATTEND.** Be on your best behavior during this event as the residents will provide their opinions about the candidates.
- During the actual interview the most important rule is: *relax, be yourself, yet be appropriately professional.*
- Be animated 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.**
- Do your homework. Have some knowledge of the program you are visiting and be able to explain why you chose to apply to that institution. 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

Make sure your *curriculum vitae* is accurate. You should know the details about activities and research listed in your CV.

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

1. How have previous residents performed on the CREOG In-service Training Examination and the written and oral 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%. *If a program submitted information to the APGO residency directory, this information is available, apgo.org*)
2. Have residents from the program been easily accepted for fellowship training or positions as generalists in academic medicine? (On average, throughout the country, approximately 20% of Obstetrics and Gynecology graduating residents enter academic medicine as fellows or generalists.)
3. Do all members of the faculty participate actively in teaching the residents?
4. How many didactic sessions are presented to the residents each week?
5. Does the department provide an allowance for purchase of textbooks/on-line subscriptions or travel to medical meetings? *I would not ask anything about funding or money in general. Salaries are listed on the departmental webpage or the APGO directory.*
6. 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?
7. Is a night float system in operation?
8. Do the residents and faculty members seem to have good camaraderie?
9. What are the strong points of the program?
10. What are the weak points of the program?
11. 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?
12. 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.)
13. Does the program have a parental leave policy? *(You may consider reserving this question for the residents and not the faculty)*
14. What career opportunities are available for the applicant's partner?

In turn, be prepared to answer the following questions that faculty members may pose to you:

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?
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 rates?
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?

N.B. More and more programs are conducting “Behavioral Interview” questions. A few programs may also assess skills during the interview.



- **THROUGHOUT THE INTERVIEW, BE ON YOUR VERY BEST BEHAVIOR. DO NOT CHEW GUM, SLOUCH IN YOUR CHAIR OR SAY “YEAH” OR “NAH” WHEN TALKING WITH THE INTERVIEWERS. AVOID ASSUMING TOO GREAT A FAMILIARITY WITH THE RESIDENTS. AVOID OVERLY CASUAL COMMENTS. AVOID ANY APPEARANCE OF IMPROPRIETY SUCH AS CURSING, ORDERING AN ALCOHOLIC DRINK AT LUNCH, OR FLIRTING WITH ANOTHER MEDICAL STUDENT OR RESIDENT. EVEN IF IT SEEMS LIKE YOU ARE HAVING A CASUAL CONVERSATION WITH SOMEONE (ANYONE) DURING YOUR INTERVIEW DAY, IT IS VERY LIKELY THAT YOU ARE BEING EVALUATED FOR YOUR “FIT” WITH THE PROGRAM.**
- **BE HUMBLE. AVOID ANY TRACE OF ARROGANCE.**
- Avoid inconsistencies in your responses to different interviewers.
- At the conclusion of the interview, inquire whether or not you are expected to communicate again with the residency program director. Some residency directors will expect you to contact them if you remain interested in the program. Others do not expect further communication prior to the match. Comply with a program’s request *not to send a “thank you” email or letter.*
- Keep a “score sheet” for yourself listing what you liked and did not like about each program. *Keep this score sheet up-to-date .* By the end of the interview season, it becomes difficult to remember specifics about each program. Consider assigning a tentative rank to each program as you go along the process.
- **If you decide to cancel an interview, be certain to notify the Program Director’s office by telephone as soon as possible. Be sure you speak with a “real person” (not just a recorder). Failure to notify a program is an extremely discourteous act that deprives another applicant of the opportunity for an interview and inconveniences administrators and faculty members who have set aside time to meet with you. It also reflects on the reputation of your medical school and may jeopardize the ability of future applicants from your school to secure an interview.**

## BUDGETING FOR THE INTERVIEWS

Interviewing for residency programs is an expensive undertaking. *A recent survey estimated the average cost to be \$4000-5000 (average # interview 12, source: Guidry, et al. Tex Med. 2014)* Your total financial outlay obviously will depend upon the number of programs to which you apply and their proximity to your home. Listed below are reasonable estimates for lodging, food, airfare, application fees, and clothing.

- Average expense for one night in a comfortable (but not elegant) hotel (hotels in large cities may be almost twice as expensive).....\$100
- Average expense for breakfast, lunch, and dinner, including tips.....\$50
- Average airfare for a single trip (highly dependent on your home city).....\$300-400
- Average cost of a single-day car rental.....\$50
- ERAS and NRMP fees (dependent upon number of applications).....\$500
- New clothing for interviews (suit, overcoat, shoes).....\$500

Please consider the following suggestions for reducing your expenses.

- Drive to as many interviews as possible.
- When making airline reservations, try to use only a single carrier. Join that carrier's "frequent flyer" program if you are not already a member. Depending upon your number of airline trips, you may earn enough mileage credit to qualify for a free roundtrip coach ticket.
- Obtain a credit card linked to an airline. When you charge large expenses, you then will earn frequent flyer miles.
- To obtain the lowest airfare, try to make your airline reservation as far in advance as possible. Some airlines still offer lower fares if your reservation includes an over-Saturday stay.
- If air travel is required, try to group together as many interviews as possible. As long as you depart from, and return to, the same location, additional stops in between may be relatively inexpensive.
- Inquire as to whether the department you are visiting has any discount arrangement with a nearby hotel. If the residency program has a graduate of your medical school, he/she may be willing to provide housing for visiting resident applicants.
- Be aware that low interest loans are available to assist with interview expenses and relocation expenses may be available from your medical school.

## PREPARING THE FINAL MATCH LIST

The rank list must be submitted by 9 p.m. deadline date in February

- *Utilize your career advisors for assistance in preparing your Rank list*
- Be certain that you have included 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 city. 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.

**NOTES**