

What Are We Doing in OBGYN?



INSPIRE
INSTRUCT
DEVELOP

FACULTY DEVELOPMENT CLERKSHIP RESOURCES EDUCATIONAL RESOURCES RESIDENT RESOURCES STUDENT RESOURCES GRANTS & AWARDS GLOBAL INITIATIVES

ASSOCIATION OF PROFESSORS OF GYNECOLOGY AND OBSTETRICS

Transforming the UME to GME Transition

New Specialty-Wide Standards for the Ob-Gyn Residency Application and Interview Processes

To address growing challenges in the residency application and interview processes, the Council on Resident Education in Obstetrics and Gynecology (CREOG) and the Association of Professors of Gynecology and Obstetrics (APGO) have proposed specialty-wide standards for the Ob-Gyn residency programs to adopt this calendar year 2019-2020. These recommendations include:

1. Setting a final Ob-Gyn application deadline to October 1
2. Limiting interview invitations to the number of interview slots available within a program and allowing applicants a minimum of 72 hours after an interview invitation email to respond
3. Informing applicants of their final status by November 22 (such as invited for interview; wait-listed; or rejected, if the resident has not been offered an interview)



Transforming the UME to GME Transition:
Right Resident, Right Program, Ready Day One

Transforming the UME to GME Transition for OBGYN:
"Right Resident, Right Program, Ready Day One"

Improve the continuum of education between
medical school and residency to ensure that the
right resident matches at the right program and is
ready for day one of residency



APGO - Association of Professors of Gynecology and Obstetrics

Undergraduate Medical Education (UME) focus

- Medical Student Education
- Faculty Development
- Advocacy
- Academic Networking
- Research

CREOG - Council on Resident Education in Obstetrics and Gynecology

Graduate medical education (GME) focus

- Resident Education
- Faculty Development
- Advocacy
- Academic Networking
- Research

The Team

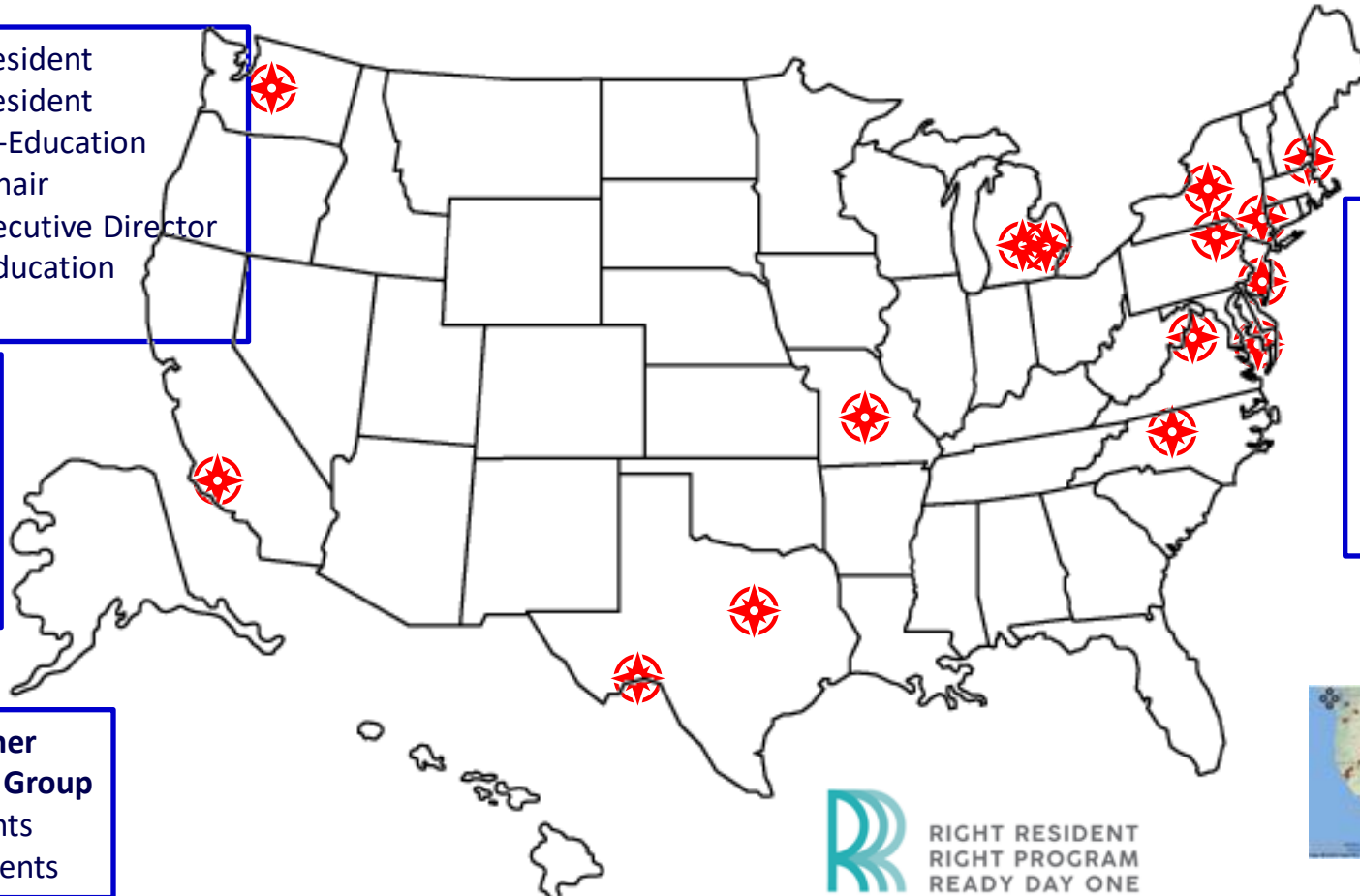
ACOG President
APGO President
ACOG VP-Education
CREOG Chair
APGO Executive Director
CREOG Education
Director

5 PD
4 Deans
2 DIO
2 Chairs
1 HS
1 CD

**Learner
Advisory Group**
12 students
and residents

Over 170 volunteers

- PDs
- PMs
- CDs
- SA
- Educators
- Students
- Residents



Improve the continuum of education between medical school and residency to ensure that the right resident matches at the right program and is ready for day one of residency

- 1- Optimizing the alignment and fit between interested applicants and potential programs through the application and Match processes
- 2- Providing incoming (matched) PGY-1 residents with professional development to ensure they have the medical knowledge, skills and support necessary to successfully begin residency

Standards to the OBGYN Application and Interview Processes



Setting final application deadline of
October 1



Release interview offers on
October 19



Limiting interview invitations to the
number of interview slots available



Allow a minimum of 48 hours for
applicants to accept interview offers



Begin interviews no earlier than
October 25



Informing applicants of their final
status no later than **November 19**

Same applicant, different compatibility at different programs		Program with Community Emphasis	Program with Research Emphasis	Program with Step 1 Emphasis	Program with Leadership Emphasis
Program Factors	Student Self-Rating	Program 1 ACI (RatingxWt)	Program 2 ACI (RatingxWt)	Program 3 ACI (RatingxWt)	Program 4 ACI (RatingxWt)
Number of Presentations	●●●○○	3% (5%)	18% (30%)	0% (0%)	0% (0%)
Number of Publications	●●●○○	6% (10%)	24% (40%)	3% (5%)	6% (10%)
Step 1 Score	●●●●●	10% (10%)	5% (5%)	80% (80%)	0% (0%)
Leadership Experience	●●○○○	2% (10%)	4% (20%)	1% (5%)	12% (60%)
Community Service	●●●●○	24% (30%)	1% (2%)	4% (5%)	8% (10%)
Factor 6	●●●●○	12% (15%)	0% (0%)	2% (3%)	0% (0%)
Factor 7	●●●○○	12% (20%)	2% (3%)	1% (2%)	12% (20%)
Total		69% (100%)	54% (100%)	91% (100%)	38% (100%)



Additional Application Review Metrics for residency applications

Highest Compatibility Index

Based on the information you provided and the program characteristics and desires, you have higher than 80% chance of finding a Match at these programs

01

Considerable Compatibility Index

Based on the information you provided and the program characteristics and desires, you have about 40%-60% chance of finding a Match at these programs

03

Low Compatibility Index

Based on the information you provided and the program characteristics and desires, you have less than 20% chance of finding a Match at these programs

05

High Compatibility Index

Based on the information you provided and the program characteristics and desires, you have about 60%- 80% chance of finding a Match at these programs

02

Moderate Compatibility Index

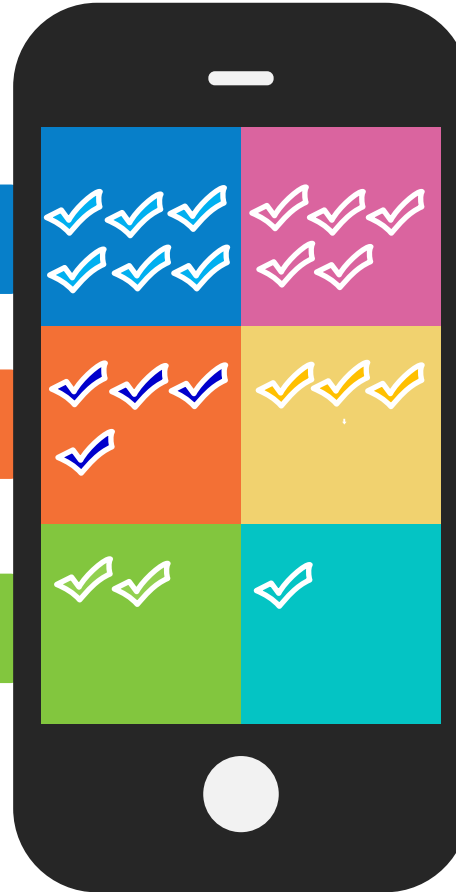
Based on the information you provided and the program characteristics and desires, you have about 20-40% chance of finding a Match at these programs

04

Very Low Compatibility Index

Based on the information you provided and the program characteristics and desires, you are highly unlikely to find a Match at these programs

06



MatchHelper App
Alignment Check Index

Ready for Intern-year Curriculum (RICA)

Development of a Ready for Intern-year Curriculum and Assessments to ensure that all learners have the knowledge, skills, and attitudes to be successful at the start of residency



Residency Learning Communities (RLC)

Formation of Residency Learning Communities consisting of incoming PGY-1 cohorts from each institution paired with a trained Academic Coach from their residency program in order to optimize goal-setting and support after the NRMP Match and transition into residency



Early Result Acceptance Program (ERAP)



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John Andrews, MD
American Medical Association, Chicago, Illinois.

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American Medical Association, Chicago, Illinois.

The process of securing a residency position following medical school has become increasingly arduous and complicated. The mean number of applications per applicant for US and Canadian medical school graduates has increased across all specialties in the last decade, with several specialties seeing a doubling in number of applications. For instance, from 2011 to 2019, applications per applicant increased from 15.2 to 34.8 for family medicine, from 30.5 to 61.3 for obstetrics and gynecology, and from 21.6 to 51.9 for psychiatry.¹ Similarly, the number of applications received by each program also has increased across all specialties, some by more than 200%. For example, from 2011 to 2019, the mean number of applications received by family medi-

when screening applications in an effort to reduce the number of applications to be reviewed. For example, 83% (89 of 107) of the 151 orthopedic surgery programs that responded to a survey reported use of a USMLE Step 1 minimum score when screening applications, and 53% of programs reported requiring a score greater than 230.⁴ Whether this is true for all applicants, or some, is unknown.

The increased relevance of Step 1 in screening applications can be detrimental to applicants and residency programs. First, overreliance on USMLE Step 1 may have particularly negative consequences for students underrepresented in medicine, who historically have achieved lower scores on these examinations. Hierarchical linear modeling of USMLE Step 1 scores between 2010 and 2015

Basic principles:

- Binding Early Decision Process
- Students Apply to Limited # Programs
- Portion of PGY-1 Positions Available
- Results Available Prior to Regular Cycle

Coalition for Physician Accountability



Alignment with COPA UGRC Recommendations



- 23** Innovations to the residency application process should be piloted to reduce application numbers and concentrate applicants at programs where mutual interest is high, while maximizing applicant placement into residency positions. Well-designed pilots should receive all available support from the medical community and be implemented as soon as the 2022-2023 application cycle; successful pilots should be expanded expeditiously toward a unified process.



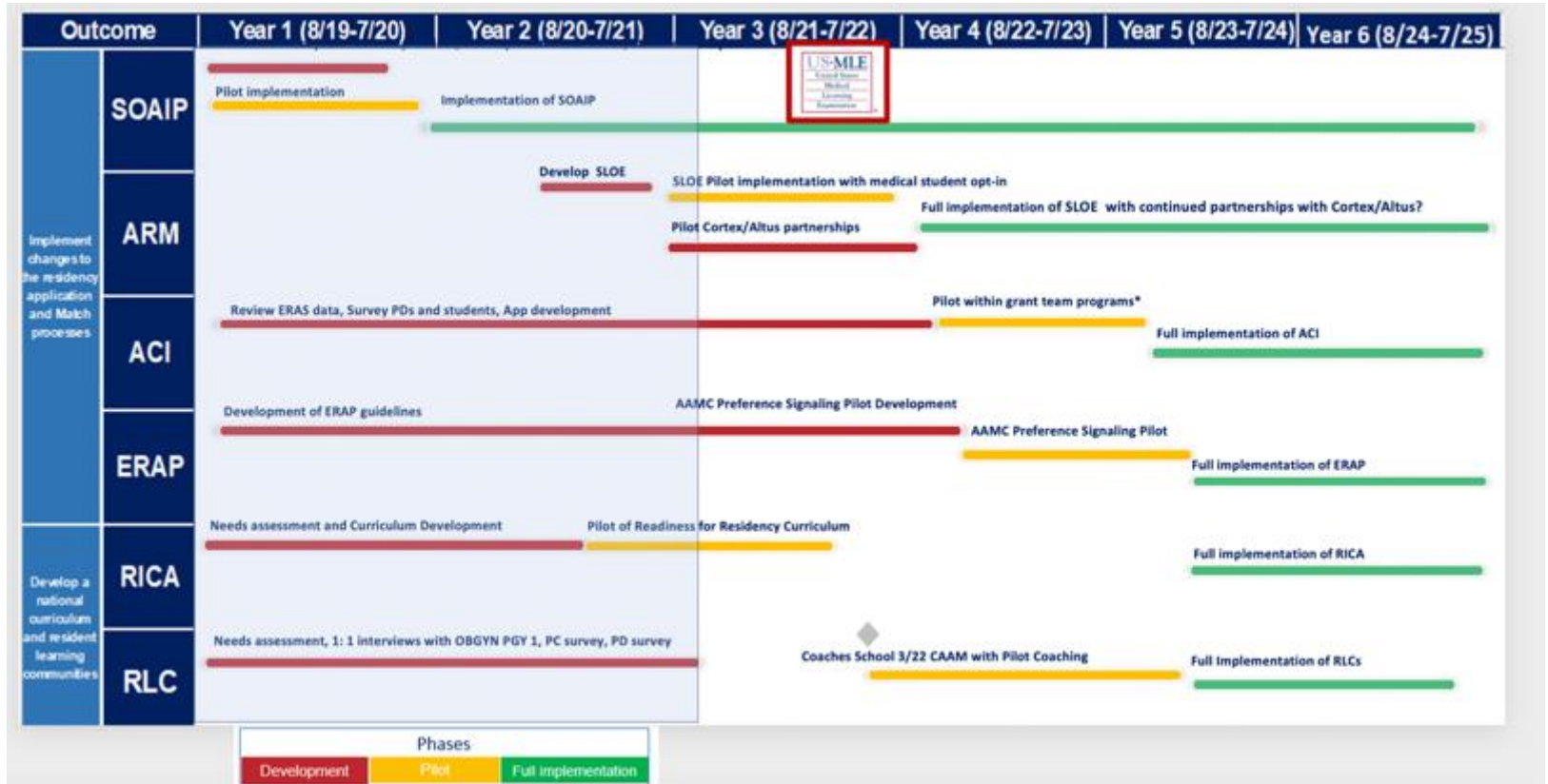
Original Investigation | Medical Education

Perspectives of Stakeholders About an Early Result Acceptance Program to Complement the Residency Match in Obstetrics and Gynecology

Abigail Ford Winkel, MD, MHPE; Helen K. Morgan, MD; Oluwabukola Akingbola, DO; Keli Santos-Parker, MD, PhD; Erin Nelson, MD; Erika Banks, MD; Nadine T. Katz, MD; Jessica L. Bienstock, MD, MPH; David Marzano, MD; Maya M. Hammoud, MD, MBA

Table 2. Stakeholder Interest in ERAP

Response	No. (%)			
	Would you participate in ERAP?		Would you recommend students participate in ERAP?	
	Applicants (n = 853)	Residency directors (n = 143)	Clerkship directors (n = 93)	Graduate student affairs deans (n = 51)
Extremely likely	336 (39)	32 (22)	43 (46)	18 (35)
Somewhat likely	286 (33)	55 (39)	27 (29)	16 (31)
Neither likely or unlikely	76 (9)	29 (20)	9 (10)	8 (16)
Somewhat unlikely	83 (10)	12 (8)	10 (11)	2 (4)
Extremely unlikely	72 (8)	15 (10)	4 (4)	7 (14)



Accomplishments to Date

- Implemented Standards to the OBGYN Application and Interview Processes
- Published guidelines for students applying into Ob/Gyn
- Developed framework for applicant review metrics
- Determined elements which should contribute to the alignment check index
- Developed 4 transition modules for transition learners (Resilience and gratitude, Time management and priorities, Evolving your Learning, Mission/values/of residency)
- Completed a coaching workshop for program directors
- Numerous publications and national presentations
- Presented two mini-grants for DEI efforts

DEI Impact

- Standard expectations/communication levels the field
- Virtual interviews: relieves financial burdens
- Promote holistic review: strive for greater equity by considering WHAT we assess (e.g. patient advocacy, leadership, teamwork) and addressing the unconscious bias that exists with current assessments and grades
- Program data/recruiting priorities available to all applicants
- Ease transition for all residents by building a community among incoming interns prior to immersion in clinical work
- Identify challenges specific to UIM students and implement strategies to address these challenges to facilitate transition for these students



APGO

INSPIRE • INSTRUCT • DEVELOP

MEETINGS -

MEMBERSHIP -

FACULTY DEVELOPMENT -

RESOURCES -

GRANTS & AWARDS

RRR GRANT -

Transforming the UME to GME Transition: Right Resident, Right Program, Ready Day One

Grant Overview

Project Updates,
Publications & Grant News

Webinars

Program Resources

Student Resources

APGO Receives AMA Reimagining Residency Grant

Through its Reimagining Residency Initiative, the American Medical Association (AMA) has awarded APGO a grant of \$1.75 million over five years to fund the *Transforming the UME to GME Transition: Right Resident, Right Program, Ready Day One* project. APGO previously received a grant from the AMA to fund the initial feasibility study for the project. The goal of the project, led by Principal Investigator, Maya Hammoud, MD, MBA, is to:

- Optimize the alignment and compatibility between interested applicants and potential residency programs through the application and selection processes
- Provide income (matched) PGY-1 residents with professional development to ensure they have the medical knowledge, skills and support



<https://apgo.org/page/transformingtheumetogmetransition>