

Comprehensive Women's Health Care: A Career in Obstetrics and Gynecology

Developed by a Joint Committee:

**The Association of Professors of Gynecology and Obstetrics
and
The Council on Resident Education in Obstetrics and Gynecology**

Comprehensive Women's Health Care: A Career in Obstetrics and Gynecology was originally developed in 1998 by the joint APGO-CREOG Committee on Career Counseling. This latest edition reflects the changes within the specialty of obstetrics and gynecology. It is meant to be used as a resource by medical students contemplating a career in ob-gyn. This is a draft document and will undergo further updates and revisions within the next year.

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This monograph is divided into two sections. The first relates to selecting a career in obstetrics and gynecology; the second section is a guide for medical students interested in pursuing a residency in obstetrics and gynecology.

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Foreword

Congratulations, you are interested in a career in obstetrics and gynecology – the first specialty to provide for the health care of women. A career in obstetrics and gynecology is extremely rewarding, gratifying and diverse. We deliver babies, perform surgery, provide cancer screening and, most importantly, provide quality health care for woman of all ages. We are pleased that you are considering residency training in obstetrics and gynecology.

Obstetrics and gynecology is a specialty in which most of the graduates of U.S. medical schools can expect to match. For the academic year 2004, 93.3% of these positions were filled through the match. 65.1% of the first-year ob-gyn residency positions were filled by graduates of U.S. medical schools, while the remainder was filled by osteopathic physicians, Canadian medical graduates and foreign medical graduates. The percentage of first-year female ob-gyn residents was 73.7% in 2002; the number of first-year male ob-gyn residents is 25%.¹ (AAMC, *Women in US Academic Medicine Statistics*, 2003)

Residency training in obstetrics and gynecology is four years in duration. Rotations during these four years will usually be divided between obstetrics, gynecology, gynecologic oncology, reproductive endocrinology and ultrasonography. Under guidelines established by the Residency Review Committee for Obstetrics and Gynecology, specific educational experiences for the primary and preventive care role of physicians must occupy the equivalent of at least six (6) months of the four (4) years of residency and may be addressed in any of the four (4) years. The primary care rotations will emphasize ambulatory care and will require knowledge and skills in the areas of health maintenance, disease prevention, risk assessment, counseling, and the use of consultants and community resources. These rotations, typically, include family medicine, internal medicine, emergency medicine, geriatrics and continuity care clinics.

Included in this document are suggestions concerning selecting individual residency programs, selecting an adviser, requesting program information, meeting important deadlines, organizing senior curriculum, preparing the Electronic Residency Application Service (ERAS) application and personal statement, and planning your interview schedule, as well as information concerning careers in obstetrics and gynecology.

We hope this information will assist you in preparing for a career in obstetrics and gynecology. To help you get started, please think about the questions in the section titled “Selecting a Specific Residency Program.”

A Career in Obstetrics and Gynecology

It’s time to make the important decision that will determine the course of your future practice. What medical specialty will you choose for your postgraduate training? As a student of medicine, you must carefully examine your personal interests and goals in making this commitment to postgraduate education and choice of career.

Choices to Consider

In making your choice, it will be helpful to know about the various and diverse career paths within the specialty of obstetrics and gynecology. The purpose of this section is to give you, the medical student, an overview of the approach to women’s health care taken by obstetricians and gynecologists. It also is our intention to describe the variety of professional situations, eg, private practice, academics, public health, and research within the clinical and basic sciences that are encompassed by the specialty. Of particular note is that women’s health care encompasses a wide range of clinical, academic and research endeavors within the specialty of obstetrics and gynecology.

For many medical students, the principal obstetrician–gynecologist role model has been a full-time faculty member in an academic setting. However, this is only a small part of the picture, comprising approximately 10% of those who practice within the specialty. Most obstetrician–gynecologists are in general practice in the private sector. Many obstetrician–gynecologists provide medical care for women throughout their complete life cycle and, therefore, play a critical role as a life-long counselor. In the course of this relationship, obstetrician–gynecologists facilitate the prevention, diagnosis and treatment of health-related issues. Obstetrics and gynecology clearly presents a unique opportunity to provide both primary and reproductive health care services for women.

Patterns of Practice

The diversity of the specialty of obstetrics and gynecology is apparent in all practice settings. Concerns ranging from acute and chronic medical conditions, to common aspects of behavioral problems, as well as the maintenance of health during pregnancy and the adoption of healthy lifestyles are addressed within the enduring physician–patient relationship. Operative gynecology, pregnancy and delivery, adolescent gynecology, infertility, endocrinology, urogynecology and oncology are examples of the breadth of issues faced by the obstetrician–gynecologist.

Most of the physicians who complete residency training in obstetrics and gynecology enter either a single or a multi-specialty group practice (Table 1). Practice patterns vary according to local needs, in 2003 88% of ob-gyns are practicing in a Metropolitan area

TABLE 1. Practice Settings 2003

Private Practice	70%
Salaried Position	15%
Hospital Employee	11.3%
Solo Practice	22.6%
Single Specialty Group	45.2%
Multi-Specialty Group	14.6%
Medical School	10%

Source: ACOG Socio Economic Survey 2003

In 2002-2003 women constituted 49% of applicants and 49% of new entrants to U.S. medical schools. Nearly 47% of the total enrollment of medical schools were women. The proportion of women in residency programs was 38% in 2002. Obstetrics and gynecology (74%) and pediatrics (67%) lead as the specialties with the highest proportion of women residents. However, male students should not be discouraged from choosing obstetrics and gynecology as a career; there are numerous practice opportunities for competent clinicians of both sexes.² (AAMC, WOMEN IN US ACADEMIC MEDICINE STATISTICS, 2003)

The number of U.S. medical school graduates entering residency programs in obstetrics and gynecology peaked at 1,218 in 1993 (8% of current year U.S. medical school graduates). There has been a slow decline over the past six years, in both numbers and percentage of graduates pursuing training in obstetrics and gynecology (5.5% in 2004).

TABLE 2 NRMP Statistics (2002-2004)

PGY 1	2002	2003	2004
Number of Positions offered	1130	1151	1142
Number of U.S. Seniors Applying	920	828	743
Number of total Applicants	1389	1367	1118
Positions Per U.S. Senior	1.2	1.4	1.5
Positions Per Total Applicants	0.8	0.8	1.02
Number of Positions Filled by U.S. Seniors (%)	850 (75.2)	786 (68.3)	743 (65.1)
Number of Positions Filled, Total Applicants (%)	1067 (94.4)	1050 (91.2)	1066 (95.3)
Number of Unfilled Positions (%)	63 (5.5)	101 (8.8)	76 (6.7)

Private Practice

Studies have revealed that the typical workweek for the obstetrician-gynecologist in private practice ranges from 41 to 60 hours, with 48 weeks out of the year devoted to practice. In a typical week there are approximately 85 patient contacts (80% seen primarily in the office and 20% in the hospital). Although the specialty encompasses women of a wide age range, nearly 80% are 15-45 years old.

Approximately 70% of those patients cared for by an obstetrician-gynecologist receive most or all of their medical care from that physician only. This need is reflected by the increased emphasis on curricula devoted to the clinical ability of the obstetrician to provide primary care, as well as the more traditional approach to the practice of obstetrics and gynecology as a specialty devoted solely to women’s reproductive health care needs.

The general obstetrician-gynecologist in practice can serve as a consultant and as a primary care physician. Although there is probably no “average” day in the life of the obstetrician-gynecologist, a daily scenario may look like this:

- 7:30 to 9:00 am Surgery/Hospital rounds
- 9:00 to 11:30 am Office hours
- 11:30 am to 1:30 pm Surgery/Lunch (often used for returning phone calls, attending hospital committee or educational meetings)
- 1:30 to 5:00 pm Office hours
- 5:00 to 6:00 pm Telephone calls, office administrative duties, and hospital rounds

Great flexibility exists within this traditional framework. Depending upon the number of partners and nature of specific practice requirements, time can be made available for family and personal needs. Many practices build in a day off each week. The unpredictability of obstetrics obviously affects such a schedule because, in addition to “on call” time (which varies as a function of coverage needs), two or three evenings per month for medical societies, committees and other medically related activities can be anticipated.

Many obstetrician-gynecologists in private practice maintain teaching positions as members of clinical faculty. Such teaching assignments range from maintaining daily contact with students and residents to attending regularly scheduled clinics, rounds or operating room assignments. Most clinical faculty consider their personal enrichment from such contacts to be equal to that of the students or residents. In addition, there are some physicians who limit their private practice to a particular facet of obstetrics and gynecology. Subspecialty fellowships in obstetrics and gynecology can include advanced training in maternal-fetal medicine, endocrinology and infertility, gynecologic oncology and urogynecology.

Private practice usually offers the widest latitude in selecting a lifestyle or practice mode suited to an individual's specific needs. Among other factors that add to the "satisfaction index" achieved by obstetrician-gynecologists are the long-term relationships with patients, the opportunity to practice preventive medicine and the challenge of providing a diversity of health care that encompasses a wide spectrum.

Academics

Ten percent of all board-certified obstetrician-gynecologists are full-time medical school faculty members, many of whom are certified in the subspecialties of gynecologic oncology, maternal-fetal medicine or reproductive endocrinology. Responsibilities of full-time faculty members include: 1) teaching of medical students and house staff; 2) direct patient care; 3) research; and 4) administration.

Teaching new physicians is an exciting challenge. There is a long-standing tradition of teaching at the "bedside" in obstetrics and gynecology by practicing obstetrician-gynecologists. Clinical education by full-time faculty members takes place at both the undergraduate and the graduate medical education levels. Care of referred patients with complicated problems is an important component of academic medicine. Faculty physicians with particular expertise may choose to limit the range of patient problems they manage.

A key motivation for many physicians in academic medicine is the opportunity for research. The orientation of the studies may be either basic science or clinical medicine.

Academic medicine is a unique discipline with its own standard of rewards that differentiates it from private practice. Financial rewards tend to be less, although they are more competitive now than they were previously. An academic department that functions in a complex medical school or community hospital environment thrives on strong teamwork and a commitment to the common good. In this regard, with the increase in managed care consolidation, it is not dissimilar to a health maintenance organization (HMO) or group private practice setting. Nevertheless, for those obstetrician-gynecologists strongly motivated to add research and teaching to patient care responsibilities, an academic career should be considered carefully.

Public and Community Health

Obstetrics and gynecology has assumed a leading role in preventive medicine and public health; indeed, much of contemporary obstetric-gynecologic practice includes preventive care.

Examples of widely used preventive health services include prenatal care, detection of sexually transmitted diseases, Pap test screening and family planning. In public health, the "community"

(ranging from towns to states to nations) is the “patient.” Public health obstetrician-gynecologists apply their skills toward preserving and improving the reproductive health of women in these communities.

At the city, county and state levels, obstetrician-gynecologists work as planners, consultants and administrators in health agencies. Opportunities may include direct patient care or academic appointments at teaching hospitals or schools of public health.

At the federal level, obstetrician-gynecologists function in a wide variety of health care enterprises such as the Centers for Disease Control and Prevention. Others provide direct patient care to Native Americans through the Indian Health Service or work in underserved areas through the National Health Service Corps. Still others coordinate delivery of maternal and child health and family planning services through the Maternal and Child Health Bureau. At the international level, obstetrician-gynecologists play an important role in planning and implementing maternal and child health and family planning services. Thus, through research, patient care, administration and consultation, obstetrician-gynecologists in public health services are helping to improve the health of women, children and families in the United States and throughout the world.

Although not strictly public health service, other obstetrician-gynecologists elect to practice while serving in one of the branches of the armed forces where a broad range of practice activities is available.

Health Maintenance Organizations

Certified obstetrician-gynecologists usually participate in prepaid managed care plans, such as HMOs and preferred provider organizations (PPOs). Health maintenance organizations are organized systems providing comprehensive health care to a voluntary enrolled consumer at a fixed premium (capitation). Preferred provider organizations agree to offer discounted flat rates or specific charges to a company or group. The company in turn agrees to channel patients to PPOs. The growing influence of HMOs, PPOs and other third-party payers means doctors are no longer the sole decision makers in health care provision.

Advantages to joining prepaid groups are the potential for a rapid build up of patients referred for care. The obstetrician-gynecologist also may have the option of accepting HMO and PPO patients into his or her own private practice base, or joining the staff of a specific managed care organization and working exclusively for that particular health care delivery system. The physician would then be in a salaried position with set hours and responsibilities. This option also may be attractive to those physicians who desire a delineated work schedule and may be more consistent with a physician’s goal of finding a balanced lifestyle.

Lastly, the student should remember that obstetrics and gynecology is, arguably, the most socially involved and socially exciting specialty that one can choose. Issues such as contraception, population control, comprehensive women’s health care, sexuality, abortion, assisted reproduction and cancer continually keep the specialty as “front page news.”

This section addressed the numerous career options available to you within the specialty of obstetrics and gynecology. The information in the next section is provided to assist and inform you as you begin the residency program application process.

Guidelines for Pursuing a Residency Program in Obstetrics and Gynecology

Selecting a Specific Residency Program

Where do you want to live?

- Are there family ties or issues pertinent to a spouse or significant other that affect where you want to live?
- Can your spouse or significant other continue developing his or her career or educational goals in the community you are considering?

What size and type of program do you want?

- Large versus small
- University center versus community hospital

What are your career goals and lifestyle preferences after residency?

- Private practice: solo or group
- HMO or multispecialty group
- Academic medicine
- Subspecialty training

Factors to be weighed in selecting a residency program are varied and highly dependent on individual interests. Following are some things to consider when evaluating a residency program:

- Commitment to education (eg, number of formal teaching conferences, implementation of a structured 4-year curriculum)
- Ratio of full-time teaching faculty to residents
- Emphasis on subspecialty education (gynecologic oncology, reproductive endocrinology, maternal–fetal medicine and urogynecology) versus private practice or primary care

- Quality of staff/resident and upper-level resident/lower-level resident interpersonal relationships
- Availability of adequate surgical training in both gynecologic and obstetric procedures (whether you do 500 or 1,000 deliveries does not make much difference, but if you only get to do three vaginal hysterectomies, it will make a huge difference in your ability to practice independently after graduation from residency)
- Variety of training options offered in the program, eg, operative laparoscopy and laser surgery, obstetric and endovaginal ultrasonography and genetics
- Stability and status of the program
- Degree of change in department staff and leadership over time
- Number of fellowships obtained by graduates
- Requirements of the call schedule, particularly the coverage at affiliated hospitals
- Availability of research opportunities and specialized facilities
- Availability of funds to attend extramural postgraduate courses and present papers at scientific meetings

Guidelines for Selecting an Adviser

Following are guidelines for selecting an adviser. Important deadlines to note when meeting with your adviser are listed in Table 3. Deadlines for residency applications are listed in Table 4.

- Select an individual from the same field of specialization you plan to enter.
- Select an established faculty member, rather than a resident or a fellow.
- Select an individual who has demonstrated a strong commitment to student education, who is knowledgeable about the residency application process and who clearly is interested in your professional development.
- Select an individual whose schedule is flexible enough to readily consult with you as needed.

TABLE 3. Meetings with Your Adviser: Important Deadlines

Year	Meeting Number	Approximate Deadline	Purpose
3rd	1	March–May*	Select an adviser; plan senior curriculum.
4th	2	July	Prepare preliminary list of residency programs.
	3	August	Review initial draft of ERAS application information and personal statement. Identify faculty members to write letters of recommendation.
	4	Late September	Select final list of residency programs Review final draft of personal statement and application information
	5	November	Plan interview schedule.
	6	Late January –early February	Review interview experience.
	7	Early–mid February	Prepare and submit final rank list.

**Deadline will vary depending upon requirements at each medical school.*

Obtaining Information

You will be writing to many programs for information. Some programs send large packets of information, and some send basic letters with very little information. More and more programs also are using the Internet and have home pages you can review. Following are other sources of information:

- The online APGO *Directory of Residencies in Obstetrics and Gynecology* is the definitive source for details about ob-gyn residencies in the U.S. and Canada. This database is available to all medical students in active member departments of the Association of Professors of Gynecology and Obstetrics. To access the directory go to the APGO Web site at www.apgo.org and click on the “For Students” section.
- The *Graduate Medical Education Directory*, published by the American Medical Association, also provides an excellent description of the training programs. This directory also is called the Fellowship and Residency Electronic Interactive Database Access (FREIDA) and is available at www.ama-assn.org.

- Surveys and questionnaires completed by students in classes ahead of you may be quite valuable. Check with your Office of Student Affairs for information from former students.
- Talk to your advisers and mentors.
- Talk to other obstetrician-gynecologist department members.
- Talk to the residents in the department. They have completed this process recently. Talk especially with PGY1s and PGY2s from other medical schools. Did they want to stay at their schools? Where did they interview and why?
- Talk to the students ahead of you who currently are doing electives, having interviews, and submitting their match lists.
- Call former students who currently are in residencies you are considering or former students who have completed residencies and now are in practice.
- Seek advice from physicians who now are in practice. However, be sure their knowledge is current about the program in question.

TABLE 4. Deadlines for Residency Applications

Year	Deadline	Goal
3 rd	March–May	Select faculty adviser.
4 th	End of May	Finalize senior schedule.
	End of July	Meet with adviser to prepare or review preliminary list of programs.
	End of August	Request information from residency programs.
	September 1	Arrange for letters of recommendation from faculty.
	Prepare ERAS application and personal statement for review by advisor.	
	October 1	Submit ERAS application
	November-	
	Early December	Plan interview schedule
February 1	Complete interviews	
Mid-February	Submit match list	

Suggested Senior Curriculum and Electives

- Use your fourth year to develop a broad base of medical knowledge. This may be the last opportunity you have to get experience in a variety of areas of medicine.
- Suggested Electives
 - “Audition Elective” in obstetrics and gynecology – at another institution (if you have a strong interest in that single program)
 - Subspecialty elective in obstetrics and gynecology at your institution (helpful in confirming your career choice)
 - Dermatology
 - Emergency medicine
 - General medicine – emphasis on outpatient management
 - Gerontology
 - Infectious diseases – special emphasis on adult sexually transmitted diseases
 - Neonatal intensive care unit
 - Radiology – imaging of the abdomen and pelvis
 - Obstetric anesthesia
 - Surgical intensive care unit
- November and December are not good months for out-of-town electives. During these months, many faculty members and residents may be on vacation, and surgery schedules may be curtailed.
- Write early to the programs where you want to do electives. Some elective slots fill quickly and the program may not be able to accommodate you in the time frame you want. Keep your schedule flexible enough to allow rearrangement of your electives.
- Be realistic about where to do electives. If you rank in the middle of the class, do not spend a month at a program that only takes Alpha Omega Alpha graduates to fill its residency positions.
- Make an effort to do electives with faculty who are key people in their departments and who have input into their department’s residency selection. If you are unable to do electives with key people, make an effort to meet them while you are there.
- While on your elective, go out of your way to meet all of the faculty and residents. If you are doing an obstetrics elective, do not ignore the gynecologic physicians or generalists. Be sure to meet the chair, program director, curriculum coordinator and other key people in the department. Find out from your faculty if anyone knows any of the faculty there. Many faculty have contacts across the country.
- Gather information and be observant during your elective. Observe faculty, resident and student interactions and the “scut work” and “dogging” demanded of interns and junior residents. Does everyone pitch in or is the hard work delegated downward while the choice assignments remain at the top? Observe medical and support staff interactions. Look for anything that sets off “alarm bells” or makes you feel uncomfortable.

- Appear interested and excited about being there. Remember that the best letter of recommendation is the one you write yourself by your good performance and hard work.

Preparing Your Electronic Residency Application Service (ERAS) Information

- Be sure information is presented concisely, but inclusively. Remember to include work experiences and volunteer experiences; these show that you are a diverse person with interests, activities and talents outside of medicine.

- List membership in medical organizations.

- Provide a description of academic honors (eg, Dean's List, Phi Beta Kappa, Alpha Omega Alpha). Indicate the criteria for a specific scholarship (ie, need-based versus merit-based).

- Describe meaningful research experience. Indicate the name of the supervisor and the specific purpose or title of a research project. Be wary of exaggerating your role in a research project. Your superficial knowledge of a subject may become evident during the interview.

- Provide a list of publications.

Please note: Be certain your faculty adviser reviews your ERAS application before you submit it.

Suggested Format for the Personal Statement

- Provide a brief description of your background, ie, place of birth, occupation of parents.

- Explain why you originally became interested in medicine.

- Explain why you developed a specific interest in obstetrics and gynecology.

- Discuss what makes you unique as an individual.

- Explain unusual constraints in the selection of a residency program, eg, couples match, special geographical considerations, career opportunities for partner (if applicable).

- Discuss your future plans (to the extent that they are known):

- Preferred geographic location
- Private practice versus academic medicine
- Type of private practice (solo, group, multispecialty group)
- Fellowship interest

- Describe extracurricular activities – what you do to preserve balance in your life.

Please note: Be certain your faculty adviser reviews this document before you submit it. Poorly written personal statements may detract from an otherwise excellent application.

Guidelines for Choosing the “Right Number” of Programs

The “right number” of programs for you as an individual depends on several factors. Previous scholastic achievement in medical school and the competitiveness of the program must be taken into consideration. In general, the higher your ranking in the graduating class, the stronger the likelihood of your acceptance in a highly competitive program. As a general rule, choices should include a range of 10 (15 if you are considering a couples match) programs that provide a mixture of highly, moderately and less competitive programs.

Your adviser will be able to help you decide which programs are highly, moderately or less competitive based on your individual academic record and the experience of former students at your school who applied to specific programs. Be realistic about the number of programs to visit. Visiting programs is a laborious, time-consuming and expensive process, especially if they are in separate geographic areas.

Guidelines for Soliciting Letters of Recommendation

- The Medical Student Performance Evaluation (“Dean’s Letter”) is a must for all residency programs.
- Some programs require a letter from the student clerkship director.
- Some programs require a letter from the department chair. Most chairpersons will require a brief interview before writing the letter. Contact the chair’s secretary or administrative assistant to arrange this interview.
- When other letters are required, one of them should be written by your faculty adviser. Others should be written by faculty members who know you well, who have worked with you, and who can comment in detail on your personal and professional qualities. These faculty members do not necessarily have to be obstetrician-gynecologists.
- The higher ranking the faculty member who writes the letter, the better. It is helpful, but not absolutely essential, if the person writing the letter is known at the institutions to which you are applying.
- Do not submit more letters than requested by the individual program.
- Do not solicit letters from residents. Although they may know you well, their recommendations will not be as influential as those from faculty members.
- When soliciting letters, provide faculty members with copies of your curriculum vitae and personal statement, and with information concerning your cumulative GPA, performance on clinical rotations and class rank. Inform the faculty member of any special constraints you may have, such as a couples’ match or narrowly defined geographic preference.

- Provide faculty members with your information at least 4-6 weeks before the letters are due. Usually, you will want these letters to be submitted via ERAS by mid-October.
- Approximately two weeks before you want your letters transmitted, verify with the appropriate faculty or staff member that the letters have been entered into the ERAS program.

Guidelines for Residency Interviews

As an interviewee, you are primarily a salesperson. The product you are selling is yourself and the assets of the product consist of your experience, skills, knowledge and personality. You communicate your experience and skills in your resume, but your personality comes across in the interview. Do not underestimate the impact of the interview. It can open or close the door for you.

The invitation to schedule an interview is a clear indication that you are competitive for the residency program. However, most programs will interview about 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 and affable individual who has developed realistic, clearly defined career goals. The following guidelines should be helpful to you as you begin this process. In addition, your medical science library or public library should have several good books on interviewing techniques that may be of assistance to you (eg, Medley HA. "Sweaty Palms: The Neglected Art of Being Interviewed").

- Be consistently respectful and courteous to the administrative staff who schedule your interview. A negative comment from an offended staff member can quickly sabotage an otherwise excellent application.
- Schedule your interviews carefully. Be aware of the dangers of inclement weather in certain states during the months of December and January.
- If you plan to drive for your interview, be certain that your automobile is in good working order. Consider renting a newer automobile that is in excellent mechanical condition. Plan your route so that you are not driving through deserted areas late at night.
- Arrange reservations in safe hotel or motel facilities. If you do not know the city, ask the residency program coordinator to recommend convenient facilities.
- Be certain that you are on time for the interview. If you are uncertain of directions, do a "trial run" on the evening before the interview.
- Dress appropriately for the interview. Men should wear a dress shirt, tie, hard sole shoes and a conservative business suit or blue blazer and gray slacks. Avoid brightly colored or unusually dark colored shirts. Women should wear a conservative dress or business suit. Avoid miniskirts, spiked heels and excessive jewelry and makeup. Extremes of dress style or hairstyle will detract from the professional image you want to convey.
- During the actual interview, the most important rule is relax and be yourself.

- Be animated and attentive through the interview, and show excitement and interest in being there. Learn and remember the names of the people who interview you.
- 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. Do not be timid in asking pointed, pertinent questions of the people you meet but avoid confrontation.
- Watch your body language: how you sit, how you stand, where you put your hands. Eye contact is very important. Have a firm handshake. Try your best to avoid an appearance of indifference or fatigue, particularly at the end of the day.
- 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.
- Develop a list of prepared questions to ask the residents and faculty members, eg:
 - How have former residents performed on the CREOG In-Service Training Examination and the written and oral board examinations?
 - How have residents from the program fared when applying for fellowship training?
 - Do all faculty members participate actively in teaching the residents?
 - How many formal didactic sessions are presented to the residents each week?
 - Does the department provide an allowance for purchase of textbooks or attendance at medical meetings?
 - 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?
 - Is a night float system in operation?
 - How frequently are the residents required to be on call?
 - Do the residents seem to have camaraderie?
 - What are the strong points of the program?
 - What are the weak points of the program?
 - Is any faculty turnover expected, particularly at senior administrative levels (ie, chair, program director or division director)? If so, what impact will these personnel changes have on the department?
 - Does the program have a parental leave policy?
 - What career opportunities are available for the applicant's partner?
- Be prepared to answer the following questions that faculty members may pose to you:
 - What is your background and education?
 - What individual(s) do you consider to have been most influential in your life?
 - How did you become interested in medicine?
 - How did you become interested in the specific discipline of obstetrics and gynecology?
 - What strengths do you think you would be able to bring to a residency program?
 - What do you consider to be personal weaknesses that you would like to correct?
 - What are your plans for the future, ie, private practice, fellowship training, academic medicine and research?
 - What activities do you pursue outside of medicine to maintain “balance” in your life?
 - What role did you play in the research projects cited in your curriculum vitae? What is your

understanding of the purpose and major findings of the research studies?

— What is your attitude toward abortion? Answer this question forthrightly. Program directors have a firm obligation to be respectful of varying points of view on this subject.

- Throughout the interview, be on your best behavior. Avoid jokes. Avoid assuming too great a familiarity with the residents. Avoid overly casual comments. Avoid any appearance of impropriety (eg, cursing, ordering an alcoholic beverage at lunch, flirting with another medical student).
- Be humble. Avoid any trace of arrogance.
- Avoid inconsistencies in your responses to different interviewers.
- If you decide to cancel an interview, be certain to notify the program director's office by telephone as far in advance of the interview as possible. Do not rely on voice recorders or e-mail. Failure to provide timely notice is an extremely discourteous act, which reflects badly on you and your school. It denies another applicant the opportunity for an interview and inconveniences faculty members and administrators who have set aside time to meet with you.

After the Interview

- Inquire whether 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. Other residency directors do not expect further communication prior to the match.
- Remember to send thank you letters for both elective experiences and interviews immediately after you return home. Do not wait until the end of the interview process.
- Let the people you interviewed with know exactly what it was that you liked about their program.
- If you find a program that you particularly like, do not hesitate to return for another visit to talk to additional faculty and residents. If you cannot return for a visit, at least call some of the residents and talk further. They may provide you with additional insight concerning the quality of the training program.

Budgeting for Interviews

Interviewing for residency programs is an expensive undertaking. Your total financial outlay obviously will depend upon the number of programs to which you apply and their proximity to your home institution. Listed in Table 6 are reasonable estimates for lodging, food, airfare, application fees, and clothing. 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 the number of airline trips you make, you may earn enough mileage credit to qualify for a free round-trip coach ticket.
- To obtain the lowest airfare, try to make your airline reservation at least 14 days in advance and stay over a Saturday night, if possible.
- 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 are surprisingly inexpensive.
- Take advantage of the hotel promotions offered by the airline travel programs.
- Inquire whether the department you are visiting has any discount arrangement with a nearby hotel or has other housing arrangements.

The American Medical Student Association (AMSA) offers low-interest loans to medical students to assist with interview expenses and relocation expenses. You should consult with your school's financial affairs officer to determine if other financial assistance is available.

TABLE 6. Estimates for Expenses Incurred for Residency Program Interviews

Expense	Amount
Average expense for one night in a comfortable, but not elegant, hotel (hotels in large cities may be almost twice as expensive)	\$75
Average expense for breakfast, lunch, and dinner	\$30
Average round-trip airfare for a single trip (assuming midweek travel with no over-Saturday stay)	\$300-400
Average cost of a single-day car rental	\$30
Average cost per mile for travel by automobile (gas, oil, tolls)	\$.37.5 (05 rate)
ERAS fee (dependent upon number of applications)	\$200-300
Preparation and printing of resume and photograph	\$100
New clothing for interviews (suit, overcoat, shoes)	\$300-500

Preparing Your Final Match List

- Be sure to include an appropriate number and mix of programs, based upon your qualifications and specific geographic and personal constraints.
- Do not rank any program in which you absolutely would not like to train. However, do not exclude a good program just because of its geographic location. Look for a program that will give you a good education. Do not simply look for a “great place to live.” Remember that residency is only four years.
- Rank programs entirely according to your preferences. Follow your feelings. Do not attempt to guess how programs will rank you or to negotiate arrangements outside of the match.
- Most importantly, remember that the match process is intended to be fair and to produce a “good fit” for both program and applicant. Trust in the essential fairness of the process.
- **Most importantly, remember that you will sign a contract to abide by the result of the match. If you renege on your commitment, you bring discredit on your medical school, jeopardize the chances for other students from your school to match at a given program in the future and place yourself at risk for major sanctions imposed by the NRMP.**

Revised February 2005