

# Obstetrics and gynecology clerkship directors' experiences advising residency applicants



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**BACKGROUND:** The evolving landscape of application processes for obstetrics and gynecology residency applicants poses many challenges for applicants and advisors. The lack of data coordination among national groups creates crucial gaps in information for stakeholder groups.

**OBJECTIVE:** This study aimed to identify the current state of the advising milieu for obstetrics and gynecology residency applicants and their career advisors, the annual Association of Professors of Gynecology and Obstetrics survey focused on US clerkship directors' experiences advising students through these processes.

**STUDY DESIGN:** A 23-item anonymous survey was developed that asked respondents about demographics and outcomes for the students that they advised through the 2021 application process and their experiences with dual applicants and students not matching. The survey was sent electronically to all obstetrics and gynecology clerkship directors with active Association of Professors of Gynecology and Obstetrics memberships in April 2021.

**RESULTS:** Of 224 total clerkship directors, 143 (63.8%) responded to the survey. Of the 143 respondents, almost all (136 [95.1%]) served as career advisors, and 50 (35.0%) were aware of students dual applying. Furthermore, obstetrics and gynecology was rarely the backup to a more competitive specialty. For the 2021 application cycle, 79 of 143 respondents (55.2%) reported having students not successfully match into obstetrics and gynecology, with "academic concerns" followed by "poor communication skills" as the primary reasons cited for students not matching.

**CONCLUSION:** This snapshot of clerkship directors' experiences advising students in the residency application process reveals notably high rates of dual applicants and students not matching into obstetrics and gynecology. This work fills key gaps in our knowledge of current processes and highlights the importance of career advising at multiple points during the application process.

**Key words:** career advising, equity, faculty development, residency application, transition to residency

## Introduction

The evolving landscape of the obstetrics and gynecology (OBGYN) residency application process in the United States poses many challenges for applicants and their career advisors.<sup>1</sup> In the United States, obstetrics and gynecology has

become an increasingly competitive specialty; in 2021, for the 1460 available postgraduate year 1 positions, 2514 applicants applied through the Electronic Residency Application Service (ERAS)—a ratio of 1.7 applicants per position.<sup>2</sup> Rising application inflation

adds additional complexities to the process, and in 2021, the average number of applications per obstetrics and gynecology applicant was 69.1.<sup>2</sup> In addition, application inflation has been associated with worse match outcomes. The proportion of applicants (in all specialties)

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## AJOG Global Reports at a Glance

**Why was this study conducted?**

The lack of data coordination among national organizations creates crucial information gaps for obstetrics and gynecology applicants and advisors.

**Key findings**

More than 50% of US clerkship directors reported students not matching into obstetrics and gynecology. Academic concerns and communication issues were cited as reasons for not matching.

**What does this add to what is known?**

Career advising is needed during many points in the residency application process.

who matched into 1 of their top 3 positions decreased from 82% in 2010 to 72% in 2021.<sup>3</sup> Moreover, there are financial and emotional costs to increasing numbers of applications for the applicant,<sup>4</sup> their advisors,<sup>1</sup> and residency programs.<sup>5,6</sup>

In addition, the lack of data coordination among national organizations creates crucial gaps in information. For example, in 2021, there were 1960 total obstetrics and gynecology US medical students applying into obstetrics and gynecology who were registered through ERAS,<sup>2</sup> yet there were only 1270 US medical students applying into obstetrics and gynecology who were registered through the National Resident Matching Program.<sup>3</sup> The outcome for the remaining 690 applicants was unknown. Furthermore, how many applicants applied in multiple specialties since limited specialty-specific data were released was unknown. Such information is crucial for designing effective interventions and guidance for applicants. Our goal was to determine clerkship directors' perceptions of the current state of advising.

**Materials and Methods**

The Association of Professors of Gynecology and Obstetrics (APGO) undergraduate medical education committee electronically sends out a survey each spring to US clerkship directors with active APGO memberships. To address gaps in knowledge about the current state of the obstetrics and gynecology residency application process, the committee focused the 2021 annual survey

on clerkship directors' perceptions and experiences advising students through the process. Given that APGO members advised medical students at their institution, this survey focused on US medical school residency applicants. The 23-item survey was developed and tested by the committee members based on a review of the literature (Appendix). The survey asked whether respondents served in the role of a faculty career advisor for fourth-year medical students applying to obstetrics and gynecology programs. Additional information requested included demographic information about the respondent, the number of students who applied to obstetrics and gynecology, applicant gender, and whether applicants were from backgrounds underrepresented in medicine (URiM). The Association of American Medical Colleges' definition of URiM was provided in the survey.<sup>7</sup> In addition, items queried clerkship directors on their experiences with dual applications and students not matching, confidence with advising, and resources used. The survey was beta tested with obstetrics and gynecology faculty and staff during the development process to ensure content validation and reliability testing.

In April 2021, the closed survey was sent electronically to all 224 obstetrics and gynecology clerkship directors with active APGO memberships in the United States. All responses were anonymous. The responses were captured through the SurveyMonkey survey platform (SurveyMonkey Inc, San Mateo, CA), and the respondents were able to

review and change their answers throughout the survey. Descriptive statistics and inferential analyses were performed using GraphPad Software (GraphPad Software, Inc, La Jolla, CA) and Excel 2013 (Microsoft Corporation, Redmond, WA). Skipped or missing survey responses were excluded from statistical analysis. Of note, 1 set of responses was determined to be unreliable data based on mathematically impossible answers to survey questions; these responses were dropped from the analysis.

Informed consent was waived by the University of Michigan Institutional Review Board (identifier: HUM00145001), which deemed the annual study exempt from review in April 2018.

**Results**

Responses were collected from 160 of 224 clerkship directors (71.4%), with 143 of these responses deemed complete, for a response rate of 63.8%. The characteristics of survey respondents are included in Table 1. The mean number of students applying to obstetrics and gynecology per respondent was  $8.0 \pm 5.1$ .

Most clerkship directors (136/143 [95.1%]) served as career advisors, and these 136 respondents counseled a total of 1033 applicants. Of the applicants, 914 (88.5%) were female, and 165 (16.0%) were from URiM backgrounds. Gender and URiM status of matched and unmatched applicants are listed in Table 2. Male applicants were less likely to successfully match than female applicants (79.8% vs 89.5%, respectively;  $P=.004$ ). URiM and non-URiM applicants did not have different rates of matching.

Concerning dual applications, approximately one-third of clerkship director respondents (50 [34.9%]) were aware that their students were dual applying, and 51 clerkship director respondents (35.7%) specifically advised a student to dual apply. Respondents reported that applicants primarily dual applied to family medicine, internal medicine, and pediatrics, whereas very few applicants applied to obstetrics and

**TABLE 1**  
**Characteristics of survey respondents**

Characteristic	Mean±SD
Duration as faculty (y)	10.0±8.2
Tenure as clerkship director (y)	4.0±4.4
Number of students in class of 2021	135.0±67.1
Number of students who applied into obstetrics and gynecology in 2021	8.0±5.1

SD, standard deviation.

Morgan. Clerkship directors and residency applicants. *Am J Obstet Gynecol Glob Rep* 2023.**TABLE 2**  
**Matched and unmatched students by gender and background**

Characteristic	Matched n (%)	Unmatched n (%)	P value
Female	818 (89.5)	96 (10.5)	Ref
Male	95 (79.8)	24 (20.2)	.004
Nonbinary or gender nonconforming	4 (80.0)	1 (20.0)	.43
Underrepresented in medicine	146 (88.5)	19 (11.5)	Ref
Nonunderrepresented in medicine	772 (88.4)	101 (11.6)	1.00

Ref, Reference value.

Morgan. Clerkship directors and residency applicants. *Am J Obstet Gynecol Glob Rep* 2023.**TABLE 3**  
**Reasons for dual applying to obstetrics and gynecology and another specialty**

Reason	n (%)
<b>Student ascribed</b>	
Worried about not matching or less competitive	65 (68.4)
Uncertain regarding obstetrics and gynecology as specialty	13 (13.7)
Advised by the dean or mentor to dual apply	9 (9.5)
Increase chances of a successful couples match	3 (3.2)
Obstetrics and gynecology was backup to a more competitive specialty	3 (3.2)
Geographic restrictions	2 (2.1)
<b>Advisor ascribed</b>	
Low step 1 score on US medical licensing examination	48 (64.9)
Low obstetrics and gynecology clerkship grade	11 (14.9)
Low step 2 score on US medical licensing examination	6 (8.1)
Poor communication skills	3 (4.1)
Geographic restrictions	3 (4.1)
Professionalism concerns	2 (2.7)
Increase chances of a successful couples match	1 (1.3)

Morgan. Clerkship directors and residency applicants. *Am J Obstet Gynecol Glob Rep* 2023.

gynecology as a backup to a more competitive specialty. In response to the items about why their students chose to dual apply and why they counseled students to dual apply, concern for not matching was the top rationale for both. **Table 3** displays student- and advisor-ascribed reasons for dual applying.

More than half of respondents (79 [55.2%]) reported having students not successfully match into obstetrics and gynecology in the 2021 application cycle, with “academic concerns” cited as the primary reason for students not matching (n=36 [45.6%]), followed by “poor communication skills” (n=21 [26.6%]).

## Discussion

### Principal findings

In this survey of US obstetrics and gynecology clerkship directors, we identified multiple concerns and stressors for applicants and their career advisors. This work fills a crucial knowledge gap about the current application process and highlights how the advising milieu has profoundly changed in recent years. Students now need informed, data-driven advising during many different points of the process that ideally should result in a successful match into the right specialty for each individual. Although this work was limited to the obstetrics and gynecology specialty, the findings are generalizable to many surgical specialties given the profound recent changes in residency application processes across all specialties.

## Results

More than half of our respondents had at least 1 student fail to match in the 2021 application cycle. This striking proportion provides another testament to the increasingly competitive nature of the obstetrics and gynecology specialty and is consistent with recent data that demonstrate that 1 of 5 to 6 applicants do not match into obstetrics and gynecology.<sup>3</sup> The outcome of not matching is devastating for students, and advisors need resources and time to optimally prepare students for this possibility. Clerkship directors need to understand the landscape and complex

changes unique to their specialty and should partner with their colleagues in student affairs. It will be important for advisors within each specialty to have a key role in advising medical students given how different specialties have adopted different initiatives to address the many problems in the residency application process.<sup>8</sup>

### Clinical implications

Given that new residents serve on the front line of patient care, we must select the right pool of applicants who will deliver optimal care. A flawed application process should not serve as the deciding factor about what specialty a student enters. There are ample data from multiple specialties,<sup>9,10</sup> including obstetrics and gynecology,<sup>11</sup> that metrics within a residency application package do not predict success in residency. The many flaws in the application process should not distract us from the mission to recruit diverse, high-quality learners into our specialty who will deliver optimal care to our patients. Profound change is needed in the application process through widespread application reform, and it will be important that the goals and objectives of application reform center equity and optimal patient care at the core of change initiatives. The obstetrics and gynecology specialty is leading the way with many of these initiatives, including standardization of the interview offer processes,<sup>12,13</sup> program signaling, and a proposed early result acceptance program.<sup>14</sup> As new initiatives are implemented and the application process changes, well-trained, specialty-specific advisors familiar with current recommendations will be crucial to successful advising. Given that obstetrics and gynecology is an increasingly competitive specialty, there will likely continue to be more applicants than positions available; however, the applicants who are ultimately selected to train in our specialty are ideally the individuals who will provide the best care for obstetrics and gynecology patients.

In addition, it is noteworthy that “poor communication skills” was the second most-cited reason reported for

an applicant not matching. This points to the importance of preparing students for the communication skills necessary for residency interviews—especially in the context of continued adoption of virtual interviews.<sup>15</sup> Clerkship directors’ perceptions about the importance of communication skills are very much aligned with program director views. A March 2021 survey of program directors also cited communication skills during interactions with faculty and residents as an important component of ranking decisions.<sup>16</sup> Novel interventions that can better prepare medical students for virtual residency interviews are beginning to be described and need further exploration.

### Research implications

There are crucial diversity, equity, and inclusion considerations within this work as well. Respondents in our survey provided a snapshot of data about the students they advise, and in this pool, we found that URiM students had equal rates of matching into obstetrics and gynecology as non-URiM students, whereas male applicants were less likely to match. Our finding that URiM students had equal rates of matching is encouraging, especially as the percentage of Black obstetrics and gynecology residents has decreased in recent years<sup>17</sup>; however, this is not concordant with recently published work demonstrating that URiM students have a lower rate of matching into obstetrics and gynecology than their White counterparts.<sup>18</sup> As we did not collect information about whether clerkship directors advised students at medical or osteopathic medical schools, further work will need to investigate whether there are differences in match rates based on race and ethnicity for applicants from different types of medical schools.

### Strengths and limitations

A strength of our work was the ability to gather information from many clerkship directors around the country on this timely topic. The response rate was adequate; however, the possibility of response bias needs to be noted.

Another limitation of our work was that we did not ask additional demographic questions about the clerkship directors, such as their geographic region or their type of medical school (medical, osteopathic medical, community, or academic). An additional limitation is that we do not have data about international medical graduates in this survey of US obstetrics and gynecology clerkship directors.

### Conclusions

In this snapshot of clerkship directors’ experiences advising students in the obstetrics and gynecology residency application process, we reported on a challenging environment for students and their advisors. To improve this process for both stakeholder groups, intentional and data-driven solutions need to be developed to ensure that the best and the brightest learners are able to match into our specialty. ■

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### Supplementary materials

Supplementary material associated with this article can be found in the online version at [doi:10.1016/j.xagr.2023.100268](https://doi.org/10.1016/j.xagr.2023.100268).

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