

1. What is a typical day like in the life of an Ob/Gyn?

Studies reveal that the typical work week for the ob-gyn in private practice ranges from 41 to 60 hours, which is similar to other specialties of medicine. Great flexibility exists within this traditional framework. Depending upon the number of practice partners and the nature of the specific practice, time is available for family and personal needs. Many practices build in a day off each week. Other arrangements include job sharing, part-time practice, hospitalist (working in hospital only), ambulatory care only, gynecology only, military, public health and administrative or academic positions.

2. What are the career choices I will have after residency?

Upon completion of a four year obstetrics/gynecology residency, multiple career pathways exist. A general ob/gyn may choose to teach and practice in academic medicine or join a community practice. Post-residency fellowships, each three years in length, are available in gynecologic oncology, maternal-fetal medicine, reproductive endocrinology and infertility, and urogynecology/pelvic reconstructive surgery. A two year fellowship in medical genetics is also an option. Each of these fellowships leads to a separate board certification. Non-boarding fellowships are offered in infectious diseases, pediatric and adolescent gynecology, family planning, pelvic pain, and endoscopic surgery.

3. What skills will I gain from completing a fellowship?

**Maternal-Fetal Medicine (MFM or Perinatology):** Perinatologists provide care primarily or exclusively to pregnant women with high-risk conditions such as diabetes, hypertension, infectious diseases, and abnormalities of fetal growth and development. Maternal-Fetal Medicine fellows become experts at obstetric ultrasound.

**Gynecologic Oncology:** Subspecialists in Gyn Oncology provide care for women with malignancies of the reproductive tract, including ovarian, uterine and cervical cancer. Gyn Oncologists give chemotherapy and participate in planning radiation, in addition to performing often extensive surgery on both the pelvic organs and the intestines, and the urinary tract.

**Reproductive Endocrinology and Infertility (REI):** REI subspecialists care for couples with infertility or for women with endocrine problems. This subspecialty requires an extensive knowledge of endocrine physiology and up-to-date knowledge of the rapidly progressing field of assisted reproductive technology.

**Urogynecology (Female Pelvic Medicine & Reconstructive Surgery):** Urogynecology subspecialists care for women with pelvic floor disorders, which produce symptoms of discomfort or urinary or anal incontinence. The major focus of this subspecialty is on advanced vaginal and abdominal reconstructive surgeries.

**Pediatric and Adolescent Gynecology:** Subspecialists in Pediatric and Adolescent Gynecology care for girls and young women from ages 0-18 with a wide variety of gynecological issues. These include congenital anomalies of the female reproductive system with reconstructive surgery, ovarian cysts and other pelvic masses, abnormal menstrual cycles in teenagers, amenorrhea, vulvar abnormalities, including lichen sclerosus, labial agglutination and condyloma, and vaginal discharge and infections.

**Family Planning:** Family Planning subspecialists care for women who need reproductive health services. This subspecialty emphasizes public health training and expertise in

family planning and abortion. One year of the fellowship is devoted to achieving a master's degree in public health. Many programs include international family planning clinical care and research experience.

4. What electives/selectives should I take during fourth year?

Schedule an advanced clinical elective (ACE) in ob/gyn. Choices include maternal-fetal medicine, gynecologic oncology, and ambulatory medicine at student health. The majority of students schedule their ACE before September to obtain one or more letters of recommendation from faculty.

Other suggested electives include urology, radiology, dermatology, any ambulatory medicine elective (primary care, endocrinology, infectious diseases, cardiology, or digestive health), anatomy or teaching elective, surgery electives, medical or surgical intensive care units, medical Spanish, or research. These are suggestions and not meant to limit you. Look for areas you always wanted to know more about or think may provide unique learning opportunities. Going abroad may be difficult to schedule but provide one of your most memorable experiences in all of medical school.

5. Where should I do an away rotation?

Many competitive specialties encourage applicants to do an away elective at other institutions. It is not a requirement or a necessity. Away rotations may prove extremely valuable to students who are interested in a particular institution due to its reputation or geographic location. If you choose an away rotation, attendings and residents may remember more about your performance, interest, and effort during four weeks than the four years of effort on your application. Be prepared to work hard and always give 100%. If you impress the clinicians at the away institution, you may have a shoe in, but does not guarantee it.

6. Should I try to do research during fourth year?

Doing research to add it to your application during your last year is not a requirement. Short research experiences may not even enhance your residency selection potential as it will not likely lead to a publication or even substantial results to discuss in an interview. However, research allows you to further explore areas that interest you and gain an appreciation for the satisfaction and difficulties associated with the process.

7. What do I write about in my personal statement?

Make your personal statement personal. Make it say something about yourself: a unique life experience, a formative event, what gets you excited about entering a field in women's health. Write something memorable. Application reviewers may read over 200-300 personal statements, so keep it concise, (less than one typed single spaced page), professional, and creative. Have multiple people read your personal statement, especially your advisor, other clinicians you trust, classmates, roommates, and even people outside of medicine. Use spell check and proofread for grammatical errors and typos.

Ideas for personal statements may include:

- brief description of your background. For example, where did you grow up? If relevant, what are your parents' occupations? (Do you come from a long line of doctors or are both your parents blue collar workers and have demonstrated the value of a strong work ethic?)
- explanation of why you originally became interested in medicine.
- discuss what makes you unique (hobbies, talents).
- explanation of why you developed an interest in ob/gyn
- if relevant, an explanation for a suboptimal academic performance or deceleration (illness, pregnancy, family member's death)
- if relevant, an explanation for unusual constraints in selection of a residency program (couples match, special geographic considerations, career opportunities for a partner)
- discuss your future plans (Do you have a preferred geographic location? Private practice versus academia? Interest in fellowship training?)
- interests outside of medicine and current extracurricular activities. What keeps you balanced?

#### 8. How do I decide where to apply for residency?

FRIEDA is a comprehensive listing of all residency programs and is maintained by the AMA. The web address is <http://www.ama-assn.org/ama/pub/category/2997.html>. You may search the database by specialty, geographic location, or optional criteria.

The Association of Professors of Gynecology and Obstetrics (APGO) also maintains a listing of departments that are members of APGO, which is essentially all university programs but not all non-university programs. The web address is <http://www.apgo.org/residencies/>. You can search by location, institution, or number of residents in a program. The advantage to this database is that the format is standard, which allows for comparison between programs. Many contain a link to departmental websites. However, not every institution has recently updated their entry.

Do not underestimate the power of personal advice. Ask faculty members, current residents, interns, and newly matched fourth year medical students. The dean of the medical school may or may not know a great deal about specific specialty programs but can give you an overall sense of the quality of your application. Also, ask residents in other specialties about their ob/gyn programs at medical schools they attended. They can provide you with information about what the residents were like on their clerkship experience and valuable insight into the geographic area.

#### 9. What do potential residency programs look for in their interviewees?

#### 10. What are questions to ask when I go interview?

Sample questions may include:

- How have previous residents performed on the CREOG Inservice Training Examination and the written and oral board examinations?
- Have any residents from the program been accepted for fellowship training? Where, and in what subspecialties?

- Do all members of the faculty participate actively in teaching the residents?
- How many didactic sessions are presented to the residents each week? Is this time “protected?”
- 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 on call?
- Do the residents and faculty members seem to have good camaraderie?
- What are the strong points of the program?
- What are the areas of the program currently targeted for improvement?
- Is any faculty turnover expected, particularly at senior administrative levels? If so, what impact will these personnel changes have on residency training?
- Have any residents left the department in recent years? If so, what was the explanation for their departure?
- Does the program have a parental leave policy?
- Are there career opportunities available for your partner?
- How are the local schools? What activities are there for families?

11. What are some useful references I should use during the clerkship and fourth year selectives?

12. What is the average income of an Ob/Gyn? What about malpractice?

Ob-gyns are well-paid specialists. Recent surveys show that ob-gyns earn significantly more than primary care physicians, and have an income similar to that of other surgical specialists. This increased income allows ob-gyns to choose part-time and other reduced workloads, while maintaining an adequate income to support their lifestyle.

13. Do female patients care about my gender if I am a male ob/gyn?

Medical students have expressed concerns that males may have difficulty as ob/gyns — that female patients may not want to see a male ob/gyn, and that male students are no longer welcome or viable candidates for a residency and practice in ob/gyn. This myth is not supported by data. A recent survey in *Medical Economics* found that the majority of women want knowledgeable, skilled physicians with whom they can communicate and feel comfortable. For most women, the physician’s gender is less important than these factors. Earning power continues to favor male ob/gyns, and surveys conducted by the Council on Resident Education in Obstetrics and Gynecology (CREOG) indicate that males are finding good jobs.