

Rachel: Hello and welcome to ultrasounds, a podcast by OB GYN delivered. I'm Rachel.

Sanaya: And I'm Sanaya.

R: And today we'll be discussing preparation for the residency application process. As many of you are likely aware, match day happened recently. Congratulations to all of our listeners and now the preparations start for the next round of applicants, which includes both of us, me and Sanaya.

S: Thank you, Rachel. And with us to discuss preparation for residency applications, is Dr. Morgan. Dr. Helen Morgan is a clinical professor of obstetrics and gynecology and learning Health Sciences at the University of Michigan. She completed both medical school and an obstetrics and gynecology residency at the University of Michigan. She is currently director of residency preparation courses at Michigan and is a Co investigator and program evaluation. Lead on the \$1.7 million AMA reimagining Residency Grant for APCO. Right resident right program. Ready. Day one. She is interested in undergraduate medical education. The transition to residency and student well.

We are so happy to have you here, Dr. Morgan.

Dr. Morgan: Thank you so much for having me.

R: To get us started, can you briefly describe what the residency application consists of and what's the general timeline of the application process that students should operate off of?

H: Sure. So the residency application consists of, you know, I think many of you are very good at applications at this point. You have done many of them. So it's pretty standard. There'll be an opportunity for you to write a personal statement. To describe and then inform who you are, the medical school will send your medical student performance evaluation with some narrative comments and your grades and your letters of recommendation will be included in there. There's a standardized letter of evaluation and. And then your standardized test scores, I think that's covering everything. I don't think it's anything. So it's like any standard application, it's pretty cookbook. I think the opportunities that you have to make decisions are kind of what you've decided to focus on in your personal statement and of what you decide to highlight in your application.

R: And what is the general timeline of the residency application process?

H: It's March 20th today and so spring time is really the time for self reflection and values clarification. As you're thinking about finalizing specialty choice, once you've nailed down what specialty you're interested in. Then spring and summer will be the time for. Or figuring

out who's going to fill out your letters of evaluation and your letters recommendation. Excuse me and your letter of evaluation. And then the applications will be due in September. And then interview requests will go out on a standardized date in October.

S: Wonderful. Thank you so much for walking us through the timeline and all of those pieces. Now we are wondering what aspects of preparing for the residency application process do you think applicants tend to overlook and on the other hand, what jumps out about an application from the perspective of a reviewer?

H: Those are two really good questions. I think that. Medical. School. Like the whole process is such a grind and it's so easy to continue with the grind mentality without taking a breath and reflecting on. Who is it that I wanted to be at the end of this? What kind of vision do I want to be? Am I somebody who wants to be in the Community, practicing seeing patients every day? And I somebody who? Has a very specific research interest and in my heart of hearts I want more than anything in the world to keep training and keep doing a fellowship, and I think that medical students often don't spend enough time with this values clarification because this is the part that will help you to figure out where you will thrive in residency. It's not about brand names. It's not about prestige, it's about where you will thrive and then that helps you to figure out where you want to apply, where do you want to send your program signals and where will you be the happiest at the end of the training. I've had students who have there's this wonderful resource through the American Medical Association called Freda, and I've had medical students go through and look at programs and look at where would my standardized test scores like run in here and where would I not make it without even thinking about? What would the actual training. Look like and what do I need in my training and that should really be the most important question as you're trying to decide where you want to. Do your next step.

R” Yeah. And then a follow up we had well another question we had that you've kind of started answering is as we've been reflecting as we're getting closer to or are starting this process we've realized, like you said, a big part of it is determining what exactly we're looking for in terms of geographic location, program type, such as academic or community and overall culture of programs and the training we would get and what advice do you have on how applicants can actually work to clarify their values? If you have anything to add from what you already said.

H: I think. I'm gonna build on what you just said, so obviously geography is really important. Like if, if you know that you really, really, really want to be in a certain location for some reason, whether it's family or partner or all these different circumstances. Uh. The process I think really should think should really be what will be the thing that makes me so happy about being an optician gynecologist? Like what is it that I need to feed my soul? Because

the training is long. But what is it that actually drew me to the specialty? I think that sort of thing. To help with the values clarification of what it is that I want. And you know, I'm a generalist and I am very happy being a generalist, but some people may not want the life that I have where I see patients in clinic and I cover labor and delivery. It's just I think a lot of talking to people about what their lives are like. The good thing about residency training is that it's very well regulated. So residency programs are checked all the time to make sure that their residents are getting the training that they need. So it is something where you can feel very confident that you will get good training at any of the ACG ME accredited residency program. Terms you will pass your oral board, you will pass your written boards if you are selected for any of these programs. And so that's the thing that people can feel very assured by because it is very standardized as well.

S: Wonderful. Thank you so much for kind of sharing a little bit about your personal experiences as well. Now we are wondering if you can touch a little bit on signaling. We know that there are three gold signals and 15 silver signals available to applicant. What does the data show us about signaling so far?

H: So we've had. Program signals now for two years. You know, it started in ENT a few years before that, and we've been really, really happy with the way that our current state of the three gold and 15 signals is working because. I think that many of you are aware of what a problem it was that applicants were feeling. This pressure to apply to 606570 programs. I think that we reached an apex of like 72 applications per applicant in our specialty. And that. It is crazy, right? It's when I apply to residency in million years ago, I applied to like 15 programs. And so that's how I was able to signal my interest as I applied. But unfortunately for many reasons, application never happened where everybody felt the pressure to apply to a lot of programs and then residency programs were inundated with hundreds and hundreds of applications and they couldn't tell. They wanted to come to their program, so program signaling has worked in terms of helping applicants to be able to tell a program. I really am interested in your program. So it's helped for a program like University of Michigan, where we couldn't tell if people from the East Coast or the West Coast were actually interested in coming to the Midwest or if they were just like applying the 70 programs. Similarly, if a person from. You know, Georgia sends a signal to a program in Texas and that they know that that person actually wants to come. So it's very helpful. Before program signaling was implemented, there were many inequitable ways that people were signaling. So we have data. We published some work about how. Applicants who were white or Asian were more likely to send an e-mail correspondence to a program director saying. I'm really interested in you. Even more troubling, white or Asian applicants were more likely to have a faculty member reach out on their behalf and say, hey, take a look at this applicant from your pile of 872. And so there were ways already this was

happening, but it was really not fair or equitable. And so this provides a way for everybody to be able to do it in a standardized.

R: That's really interesting. I had no idea about that. You know, kind of data and hadn't really thought about, you know, there were more informal ways to signal before. And actually it's like, exactly into our next question is what efforts have been made to make the OB join residency, application process more equitable in addition to signaling?

H: So I have had the privilege of serving as the program evaluation lead for our per upper grant for the past. What since it's since its inception four years ago and diversity, equity and inclusion has been really the North Star of the Center for everything that we do. So because there are so many problems in the residency application process that you can start making changes that aren't actually addressing the root cause of the problem. And so diversity equity inclusion has been at the center of everything that we have done with our grant work because it's the right thing to do. Right. So when we move to a standardized letter evaluation that I mentioned earlier, other specialties, I won't say which ones but other specialties create a standardized letter that were Norm referenced where you compared applicants to other applicants. And there's always bias. There's always bias. When you compare applicants to other applicants, and that bias is always, of course against. Applicants from underrepresented backgrounds, non white applicants. The bias is always towards the white applicants and so we felt very strongly that we needed to create a standardized letter that did not have norm references. But we had criterion references and so that's something that we started to implemented right from the beginning. The program signaling has been an important marker. And then holistic review is the North Stars. We want programs to be able to look at an applicant and see. His journey, her journey, their journey so that they can determine who will be a good obstetrician gynecologist. Right? We know. Almost not. Because, say, nearly all specialties. But many specialties have proven that all the metrics in a traditional. Since the application package do not predict success, we have papers, enough doctors and gynecology that are in Pediatrics and general surgery. So we have all these metrics that are not working yet. We cling to them and so. If we think about equity as the North Star, then we can actually start thinking about who are the doctors that our patients need, especially in our sectors and gynecology. And so that is really guided everything that we've done.

S: Wonderful. Thank you for sharing all of that. And it's really incredible to hear a lot of the changes that the residency application process is taking to make everything more equitable. We were also wondering. We touched on this a little bit earlier, but we were wondering if you could give us a little bit of information about what makes an application

stand out from the perspective of a reviewer, considering you mentioned that some programs might be getting upwards of 800 plus application.

H: I will start out pretty generic and then I'll become a little bit more specialized. So any application you want to be able to tell a story about who you are. And. Why you will be a good obstetrician gynecologist. And I. I know that sounds somewhat trite, but it's really easy to lose focus of that as you're working on your application. Program directors are looking for people who will provide good care to their patients. The thing I always joke about is that they don't need to read a program. They don't need to read a personal statement about what a wonderful specialty it is like we know we know exactly what the specialty is like. We know that it's a wonderful mix. So procedural and primary care and everybody wants to always slip that in there and that's what we already know. We don't tell us that the personal statement and your application should reflect who you are and why you you are unique and why you will provide the best care. So that story is going to be different. Everybody, which is why there's no kind of cookbook in terms of how to do it, it just it, it takes a lot of reflection, it takes a lot of. Graphs. It's good old fashioned graphs and having lots and lots of people read your personal statement because that never comes out clearly in that mess that's in our mind of what makes everybody's struggling with that question. As you're reading your application, am I going to be a good option gynecologist? So that's where you really have to. And spend a lot of time thinking. And reflecting about. It it is a procedural specialty. And so let's just go ahead and start talking about the awkward things like grades, grades are something that program directors look at if their clerkship is graded the traditional way and and standardized test scores. The things that program directors look at too, I'm not going to candy coated. Those are things that are reviewed. They are reviewed holistically, but they are something that that is reviewed. I think the most important thing is for applicants. To talk to their advisors, talk to their faculty about this process. Because we know that you will hopefully only go through it once, but this is something where we have come so many, many applicants over the years.

S: OK. Thank you so much. That was super some. Good, really good. Background information kind of about you know what program directors are looking in terms of applicants and you know diversity and holistic review as. Well, sounds like there's some incredible changes coming in the pipeline and we also want to know that another major change coming to the OB GYN residency application is a new application platform. Can you tell us a little bit about where applicants can go to learn more? About this platform.

H: Yeah, this is very exciting we are really looking forward to this new application platform, the APGO, the Association of Professors of Gynecology and Obstetrics. We have a website that has a site specifically about the new application and we also have a site on there

about the grant and so we have an area there for that has information for applicants that has information about like the standardized. Better we have information there for the program directors. And so that app go website really is a place where you can find lots and lots of information about webinars that we will be hosting and the standardized dates that we have for any of your offers. All that information is on that website.

R: Perfect. And we will make sure to put that as a top link in our show notes too. So listeners can reference that easily and try out today. In addition to all the great advice you've already given, what would you say is kind of your overarching piece of advice for a upcoming residency applicant?

H: I am a little bit influenced by the fact that match day was just last week. Obstetrics and gynecology has become a more competitive specialty, so we know that one in five US MD applicants did not successfully match in two of Tetris and gynecology last year. Actually last year and this year, and the percent is higher for DO applicants and. For IMG applicant so it is a competitive specialty, I think that. In times where there's stress. It is so important to be grounded in. Who you are. And figure out who your people are that can. Help you through this process. Because it is a long and hard process and just remember it's a long, it's like a long journey. And so when there are exciting things and disappointing things that happened, it's all part of the longer journey of of who you are and who you will become.

R: I think that's a great perspective to take, as you know, eventually when we do become positions, whatever that looks like. You know, this year leading up to residency applications, you know, will eventually be kind of just a blip on the radar. And yeah, part of our greater story. But sometimes it's easy to lose sight of that. But thank you so much for taking the time to talk with us today, Dr. Morgan, we certainly learned a lot from you, and we're sure our listeners did as well.

H: Thank you for having me.

S: and to our audience, thank you for tuning in. Subscribe to ultrasounds wherever you get your podcast. For more high yield topic reviews and recent news, you can also follow us on Instagram or Twitter at OBGYN_delivered, or find more topic review outlines and three question banks at our website www.obgyndelivered.com. And always remember we put in the labor so you can deliver.