

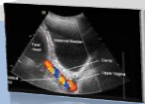
Department of Obstetrics and Gynecology
Feinberg School of Medicine

Choosing a Career in

Obstetrics & Gynecology

A guide to residency application

making a difference across the lifecycle



January 15th, 2013



Welcome to the Ob-Gyn Specialty Session! There is nothing more exciting or daunting than selecting an area of medicine in which to practice. Our department's pledge to you is to first and foremost provide you with an exceptional opportunity to learn the knowledge and skills basic to our field of reproductive and women's health. Secondly we stand ready to assist you in your journey to explore career options, select a specialty that is rewarding and fulfilling, apply for residency and successfully match at a program that is right for you. Tonight is just the first night in a very long process that will culminate when you rip open an envelope about 13 months from now. Tonight, we will focus on how and why *we* made the choice of ObGyn and provide you with the basic facts ...the nature of our specialty, what residency training encompasses and what factors are associated with matching in a good program. We will address what you can do to maximize your chance of successfully getting the residency you desire and how to prepare for residency during the fourth year.

BUT, while the formal process of career selection begins tonight, it certainly does not end here. We expect that whether you end up applying in ObGyn or not, an advisor from our department can help you with your career deliberations. While a specific faculty advisor will be assigned to you, it does take a village.... so remember, every one of our 47 residents, 10 fellows and 200 faculty members is available to speak with you about our specialty. If you would like to explore a particular aspect of our specialty that you were not yet exposed to, we can arrange for you to spend time in REI, MFM, Family Planning, Genetics, UroGyn, Gyn Oncology, an ObGyn Research Lab or a private practice setting.

Once you have an advisor, they will meet with you to begin the process of helping you to schedule your fourth year electives, identify potential faculty to write letters of recommendation, help you to prepare and refine your personal statement and explore specific residency programs. We will hold 3 more specialty sessions over the next 15 months: 1) a session devoted to an overview of residency programs across the country and how to evaluate them, 2) a session devoted to preparing you for interviews led by the residents, and 3) a "boot camp" skills session for M4s who have matched in ObGyn to prepare them for internship. Each student will meet with our Chairperson, Dr. Serdar Bulun and he will write one of your letters of recommendation.



Each of us here tonight is sincerely committed to your successful quest to find the right program in the right area of medicine that will make you the happiest and most fulfilled. For me, this picture says it all.....how can 6 people be so happy at 3:00am? Simply put, ObGyn is the most diverse, compelling and profoundly satisfying area of medicine in which to make a difference...for our patients, our community and the world.

On behalf of the entire Dept. of ObGyn, Good Luck!

Serdar E. Bulun Pat Gan

Northwestern Obstetrics and Gynecology..a proud heritage



Augusta Webster John Sciarra Beatrice Tucker

Albert Gerbie Sharon Dooley John Brewer Sherman Elias

Serdar Bulun Michael Socol Teresa Woodruff

Melissa Simon Bill Grobman Alan Peaceman

What is ObGyn.....Is ObGyn right for me?

The nature of the work, practice settings, compensation, job outlook

Diversity of practice: Medicine/Surgery; Hospital-Based/Office-Based;
Generalist/Specialist; High-Acuity/Routine; High-Tech/Hands-On; Individual/Global;
Primary Care/Tertiary Care; Acute/Chronic/Preventive;
Research-oriented/Patient-Care oriented ; Procedure-Oriented/Counseling-Oriented

You can tailor a unique career that's right for you!



Practice Settings for Obstetrician Gynecologists

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%

compensation

Clinical Practice			
	Low (25 th Percentile)	Median	High (75 th Percentile)
Starting Salaries	\$180,000	\$210,000	\$246,000
1 - 2 Years in Specialty	N/A	\$230,000	N/A
All Physicians	\$228,108	N/A	\$373,371

Source: MGMA Physician Compensation and Production Survey: 2009 Report Based on 2008 Data, *and* Physician Placement Starting Salary Survey: 2009 Report Based on 2008 Data. Reprinted with permission from the Medical Group Management Association, 104 Inverness Terrace East, Englewood, Colorado 80112-5306; 303.799.1111. www.mgma.com. Copyright 2009.

workforce / job outlook

Figure 3. Specialties with the Largest Number of Active Physicians, 2007

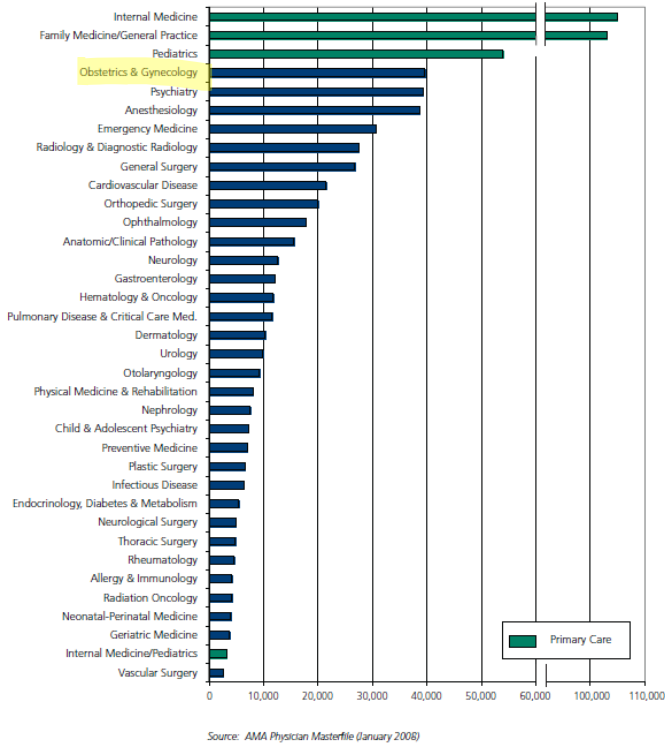
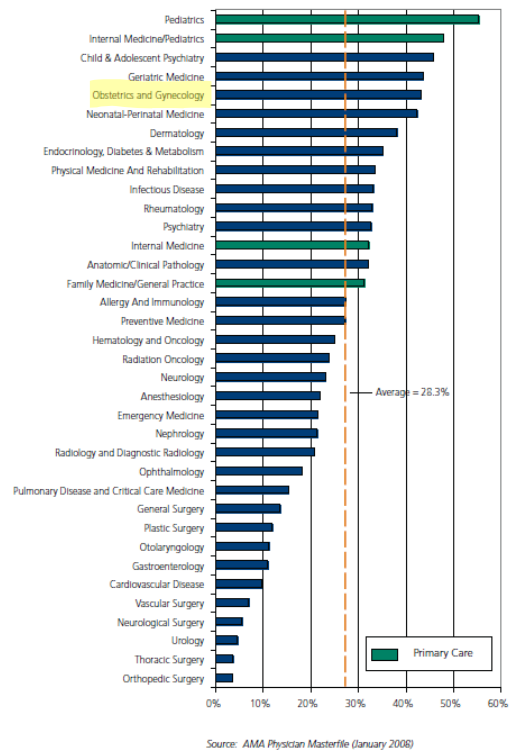


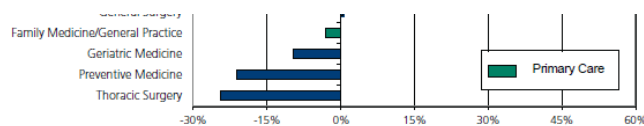
Figure 5. Percentage of Active Physicians Who are Female by Specialty, 2007



Southern Maryland, Western Maryland, and the Eastern Shore and all three regions fall significantly below national levels in active practicing physicians. One of the reasons for these shortages is an aging workforce with 33.4 percent of physicians over age 55. Some changes that could curtail the imminent crisis are: initiate a state loan forgiveness program that draws physicians to regions in need, increase the number of residency slots, and offer incentives to encourage physicians to practice in the state's rural areas.¹⁵

Massachusetts (2009) – “Physician Labor Market Continues to be Under Extreme Stress”

For eight years in a row, the Massachusetts Medical Society has conducted a physician workforce study and each successive report points to a strained health care market. This most recent report has identified 7 physician specialties that meet the classification for critical or severe conditions in the labor market down from 12 in 2008. The specialties that are no longer on the list are: emergency medicine, general surgery, neurosurgery, oncology, orthopedics, and psychiatry. Family medicine is the only specialty to be classified as critical and for the first time, in 2009, OB/GYN physicians are in short supply and the specialty has been categorized as severe. The five other specialties where shortages have been noted are: dermatology, internal medicine, neurology, urology, vascular surgery. The demand for services in these specialties has surpassed the supply in the state. As new health care initiatives go into effect, this could further strain the state's ability to meet demand for services.¹⁶



Sources: AAMC/AMA National GME Census as reported in JAMA 2003;290(9):1234-1248 and JAMA 2008;300(10):1228-1243.

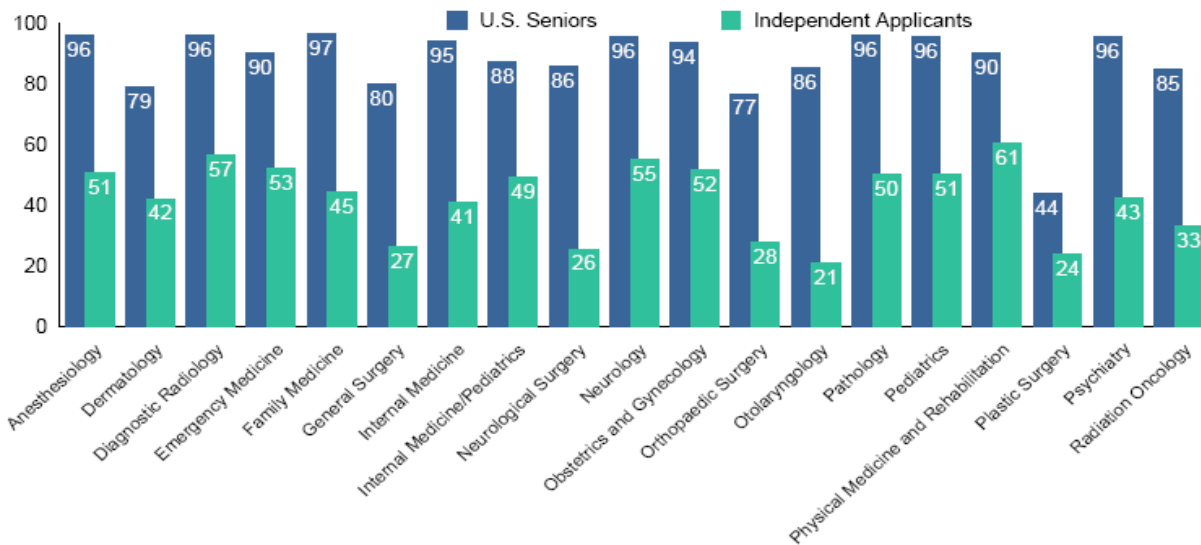
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Chart 3

Match Rates
Percent Matched by Preferred Specialty and Applicant Type



Source: NRMP Data Warehouse

Chart 3 shows the percentages of U.S. seniors and independent applicants who matched to their preferred specialty. Overall, 91.4 percent U.S. seniors matched to their preferred specialty, ranging from a high of 96.9 percent (Family Medicine) to a low of 44.0 percent (Plastic Surgery). For independent applicants, the overall match rate was 44.2 percent, ranging from a high of 60.6 percent (Physical Medicine and Rehabilitation) to a low of 21.2 percent (Otolaryngology). In general, independent applicants are less successful in matching to their preferred specialty than are U.S. seniors.



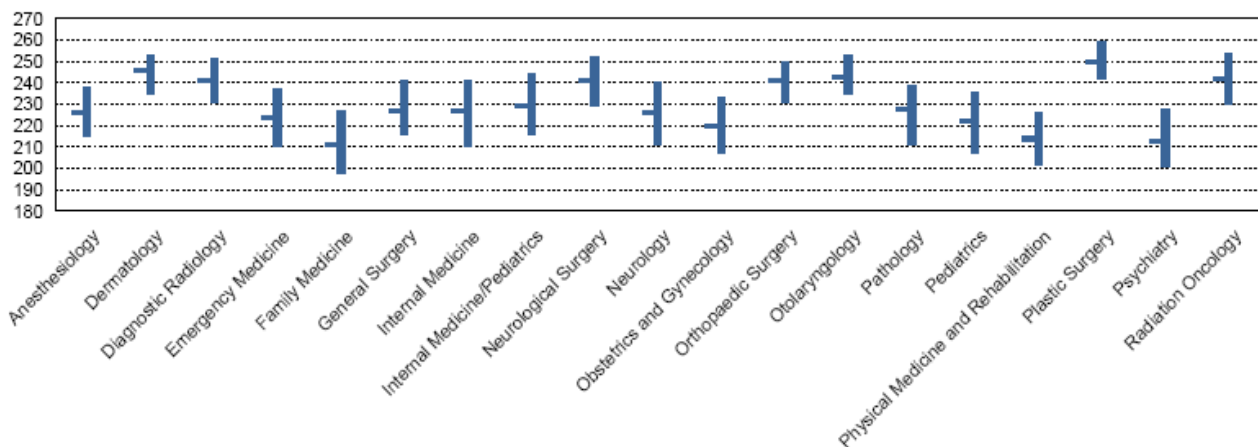
Will I match and where?

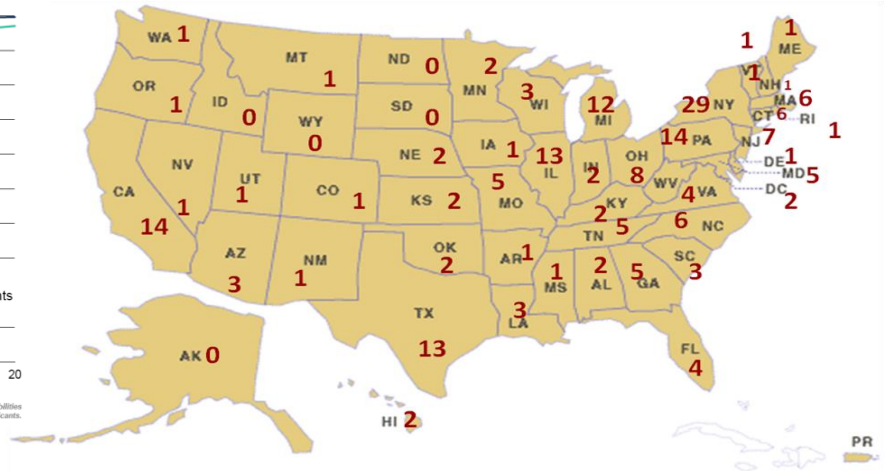
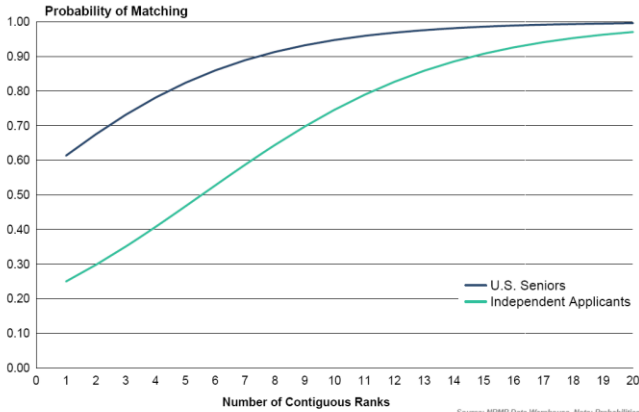
What is ObGyn training like?

Chart 6

USMLE Step 1 Scores of Matched Applicants
by Preferred Specialty and Applicant Type

U.S. Seniors





The Education Program

The following information is extracted from the ACGME Program Requirements for Residency Education. For more information visit the ACGME website at www.acgme.org.

Curriculum:

Educational Components

1. The resident's ability to personally evaluate a patient's complaint, provide an accurate examination, employ appropriate diagnostic tests, arrive at a correct diagnosis, and recommend the appropriate treatment is of paramount importance.
2. Formal teaching activities in **obstetrics-gynecology** should be structured and regularly scheduled. They generally should consist of patient rounds, case conferences, journal clubs, and protected time for didactic conferences covering all aspects of the specialty, including basic sciences pertinent to the specialty. In cross-disciplinary conferences such as perinatology, physicians from appropriate specialties should be invited to participate.
3. Wise judgment regarding the need for a **surgical procedure and recognition and management of complications** are as important as the technical aspects of residency education. The program must, therefore, ensure that residents' clinical experience emphasizes appropriate involvement in the process that leads to selection of the surgical option, the preoperative assessment, and the postoperative care of the patients for whom they share surgical responsibility. Continuity of care of these patients must be documented. A residency program in obstetrics-gynecology must be able to provide substantial, diverse, and appropriate surgical experience after residents have mastered the basic skills.
4. The program must provide a structured didactic and clinical educational experience in **all methods of family planning**. Topics must include all reversible methods of contraception, including natural methods, as well as sterilization. This must include experience in management of complications as well as training in the performance of these procedures. This education can be provided outside the institution, in an appropriate facility, under the supervision of appropriately educated faculty.
5. No program or resident with a religious or moral objection shall be required to provide training in or to perform induced abortions. Otherwise, access to experience with induced abortion must be part of residency education. This education can be provided outside the institution. Experience with management of complications of abortion must be provided to all residents. If a residency program has a religious, moral, or legal restriction that prohibits the residents from performing abortions within the institution, the program must ensure that the residents receive satisfactory education and experience in managing the complications of abortion. Furthermore, such residency programs (1) must not impede residents in the programs who do not have religious or moral objections from receiving education and experience in performing abortions at another institution and (2) must publicize such policy to all applicants to those residency programs.
6. Because an increasing percentage of women seeking their medical care from obstetrician-gynecologists are postmenopausal, there must be appropriate didactic instruction and sufficient clinical experience in the management of the problems of women in the **post-reproductive age**.

Specific Educational Experiences

The educational curriculum must be written and implemented for the comprehensive development of measurable competencies for each

resident. This education must include but not necessarily be limited to the following:

a. Obstetrics

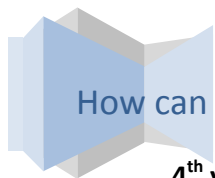
- 1) The full range of obstetrics, including the medical and surgical complications of pregnancy and experience in the **management of critically ill patients**
- 2) **Genetics**, including experience with genetic **amniocentesis** and patient counseling
- 3) Learning and performing operative vaginal **deliveries**, including the use of obstetric **forceps and/or the vacuum** extractor
- 4) Performing breech and multifetal deliveries
- 5) Performing vaginal births after previous cesarean delivery
- 6) Learning the **principles of general and conduction anesthesia**, together with the management and the complications of these techniques
- 7) Immediate care of the newborn (Every resident must have experience in **resuscitation of the human newborn** and understanding of the principles of general neonatal complications.)
- 8) The full range of commonly employed obstetrical diagnostic procedures, including **ultrasonography** and other relevant imaging techniques
- 9) The **emotional and psychosocial impact** of pregnancy or pregnancy loss on an individual and her family
- 10) The **counseling** of women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for pregnancy and childbirth
- 11) Obstetric pathology

b. Gynecology

- 1) The full range of medical and surgical gynecology for all age groups, including experience in the management of **critically ill** patients
- 2) Diagnosis and management of **pelvic floor dysfunction**, including experience with various operations for its correction
- 3) Diagnosis and medical and **surgical management of urinary incontinence**
- 4) **Oncology, including prevention, diagnosis, and treatment**
- 5) **Diagnosis and nonsurgical management of breast disease**
- 6) Reproductive endocrinology and infertility
- 7) Clinical skills in family planning
- 8) Psychosomatic and psychosexual counseling
- 9) The full range of commonly employed gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques
- 10) Counseling and educating patients about the normal physiology of the reproductive tract and about high-risk behaviors that may compromise reproductive function
- 11) Gynecologic pathology

c. Primary and preventive care

- 1) Comprehensive history taking, including medical, nutritional, sexual, family, genetic, and social behavior data, and the ability to assess health risks
- 2) Complete physical examination
- 3) Appropriate use of laboratory studies and diagnostic techniques
- 4) Patient education and counseling
- 5) **Screening** appropriate to patients of various ages and risk factors
- 6) Immunizations needed at specific ages and under specific circumstances
- 7) Diagnosis and treatment of the **common nonreproductive illnesses** affecting women
- 8) Continuous management of the health care of women of all ages
- 9) Appropriate use of community resources and other physicians through consultation when necessary
- 10) Appropriate awareness and knowledge of the behavioral and societal factors that influence health among women of differing socioeconomic and cultural backgrounds
- 11) Behavioral medicine and psychosocial problems, including domestic violence, sexual assault, and substance abuse
- 12) **Emergency care**
- 13) **Ambulatory primary care problems of the geriatric patient**
- 14) Basics of epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value
- 15) Ethics and medical jurisprudence
- 16) Community medicine, including health promotion and disease prevention
- 17) Health care delivery systems and practice management
- 18) Information processing and decision making
- 19) Patient safety



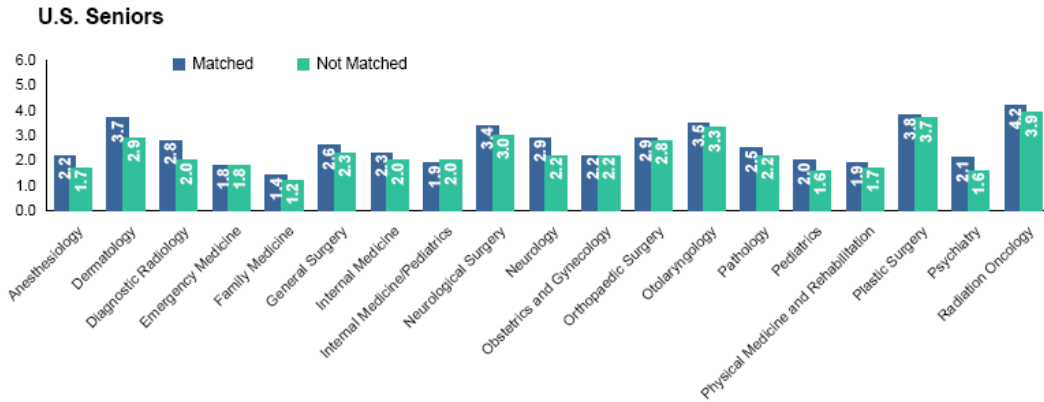
How can I increase my chances of success?

4th year electives – Don't overload on ObGyn electives; Infectious Diseases, Derm, Rheum, Cards all help to round out your clinical training. You'll have 4 years to learn ObGyn.

Away rotations - Not necessary; can be helpful if you're in need of strengthening your application at a particular program or if you want to see a particular program in depth; but, beware as it can be harmful.

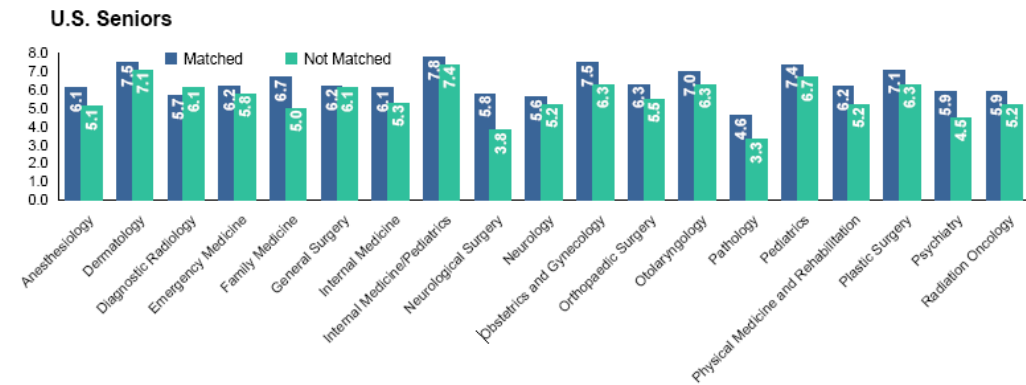
Research - Not necessary; can be helpful if you're in need of strengthening your application. Contact Drs. Gossett and Simon asap to link with a faculty member/fellow/resident research project.

Chart 8 Mean Number of Research Experiences by Preferred Specialty, Applicant Type, and Match Status



Community service / Passion – Always helpful; be creative.

Chart 11 Mean Number of Volunteer Experiences by Preferred Specialty, Applicant Type, and Match Status



The Process of Residency Application

From the AAMC, Careers in Medicine website: <https://services.aamc.org/careersinmedicine/>

Class Year	Period	Suggested Activities and Tasks
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Year 3	October - March	<ul style="list-style-type: none"> • Begin working on your curriculum vitae (CV). Crafting a high quality CV can take 8-10 hours, so begin early. Information for the CV can be used in the ERAS application and provided to those writing your letters of recommendation • Review the "Charting Outcomes in the Match" report to assess qualifications and competitiveness for different specialties
	February - June	<ul style="list-style-type: none"> • Review residency programs and physician workforce data through the Specialty Pages and AMA's FREIDA • Depending on your school's schedule, make an appointment with your Associate Dean to discuss the MSPE process (At some schools this may occur later in the year) • Write your personal statement and have your advisor review it
	Summer	<ul style="list-style-type: none"> • Obtain your ERAS token (a special code) from your advisor or the Student Affairs dean's office • Register with the NRMP for the Main Residency Match • Register for early Match, if applicable
Year 4	July - September	<ul style="list-style-type: none"> • Complete the ERAS application using the MyERAS site, including the designation of programs where your application is to be transmitted • Identify additional faculty for writing letters of recommendation
	September - October	<ul style="list-style-type: none"> • Begin preparing for residency interviews • If you haven't taken the USMLE Step 2, consider using this time to prepare
	October - January	<ul style="list-style-type: none"> • MSPE released October 1 • Residency interviews • Evaluate and compare residency programs by completing the Residency Program Evaluation Guide • Early Match deadlines usually occur in early or mid-January
	January - February	<ul style="list-style-type: none"> • Begin entering your Rank Order List for the NRMP match
	March	<ul style="list-style-type: none"> • MATCH DAY -- Typically the Friday in March; results are formally announced at 12:00pm EST
	April - June	<ul style="list-style-type: none"> • Sign the contract with your residency program • Graduate and prepare to begin residency. Congratulations! • Begin preparations for moving
	June - July	<ul style="list-style-type: none"> • Residency begins

THIRTEEN STEPS TO HELP YOU GET A RESIDENCY POSITION

1. If you are uncertain about your career choice, please schedule a meeting with Dr. Pat Garcia in the Office of Undergraduate Medical Education. We are happy to assign an advisor to

those students who are exploring their options. Requesting an advisor is not a declaration of a career choice. You may do this by calling Mallori Kelley at 312-472-4672. If you know you would like an advisor, please call or email Dr. Garcia and she will assign an advisor to you. All advisors within the department of OB/GYN have been selected due to their special knowledge of OB/GYN residency programs throughout the United States and past experience with residency match program. Please feel free to contact any resident/fellow/faculty member to discuss your thoughts/concerns. If you would like a suggestion of a specific person to meet with or an introduction, please contact Dr. Garcia.

2. Go to the student/careers section of the APGO website at www.apgo.org (username= directory ; Password= prent78). APGO is the Association of Professors of Gynecology and Obstetrics. The student section of their website contains information about careers in Women's Health and OB/GYN and a Residency Directory of all US ObGyn programs. (<http://www.apgo.org/resources/residencyprogram.html>) It's a great site, please use it.

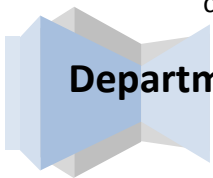
Two other very good sites are the Careers in Medicine site from the AAMC (<https://services.aamc.org/careersinmedicine/>) and the FREIDA site (<http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.shtml>). You should use both of them.

3. After obtaining an advisor from Dr. Garcia, you should schedule a meeting with that individual. This advisor will serve as an ombudsman for the remainder of the residency search process.

Specifically, they will fulfill the following functions:

- The advisor will assist in designing a sequence of senior year clerkships and/or research experiences appropriate to your goals, interests and strengths/weaknesses.
- The advisor will discuss different residency programs, indicating advantages and disadvantages of different types of programs (community vs. university based programs, for example) in various parts of the country.
- The advisor will help you develop a list of potential programs and direct you to sources of information about those programs.
- The advisor will help you develop a strategy for applying within OB/GYN. They will review and make suggestions to your CV and personal statement, and help identify faculty to write letters of recommendation.
- The advisor may suggest other members of the faculty with whom you should speak regarding residency applications; especially if other members have particular knowledge of a program in which you are interested.

4. Develop a plan for the 4th year that includes which electives you need to / want to take depending upon the strengths and weaknesses of your applications.
5. Prepare to interview mostly in December and January though many programs are now beginning to interview in November. Again, your advisor will help you develop a strategy and conduct a “mock-interview” with you before you begin the real interview process.
6. Keep your advisor abreast of your residency interviews, reporting any particularly good or bad experiences along the way.
7. Write a brief letter of thanks to those individuals who interview you at each program.
8. Complete your application by the required ERAS date.
9. Though space is limited, an elective in our department may be helpful to develop a good letter of recommendation.
10. An elective at an extramural institution may or may not help you.
11. If you want an elective at Northwestern University, apply early.
12. If you decide to drop, let our office (Undergraduate Education 312/472-4672), Dean Sanguino(Medical Student Affairs 312/503-4070), and the Hospital Course Director know.
13. We advise that our chairman, Dr. Serdar Bulun be the primary writer for a letter of recommendation. Others can write secondary letters. Make your appointment with Dr. Bulun after August 1st but before September 1st. When you come to Dr. Bulun for a letter, have a package with:
 - a) biography
 - b) evaluations from all clerkships
 - c) copies of letters, if possible, from advisors and outside individuals



Department of Obstetrics and Gynecology

Contact Info

Serdar Bulun, MD, Chairman

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312/472-3980

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makelley@nmh.org

Department Website: <http://www.obgyn.northwestern.edu/>

If you would like to schedule a meeting to discuss Obstetrics and Gynecology as a career choice, please call Mallori Kelley and she will arrange a time to meet with Dr. Garcia. If you would like an advisor, please contact Dr. Garcia and she will assign one of the following advisors based on your geographic / academic area of interest. If you have worked with one of the faculty and would like to request them as

your advisor, please let us know. You need not be definitely committed to the field in order to be assigned an advisor. The list of current residents and fellows is included at the end of the handbook. You are welcome to contact them for advice as well.

ObGyn Faculty Advisors

Emily Berry, MD (Gyn Onc)	Prentice 5-2168	312/472-4684
Serdar Bulun, MD (REI/ Basic Research)	Prentice 3-2300	312/472-3970
Sharon L. Dooley, MD, MPH (MFM)	645 N. Michigan, Suite 1058	312/503-7975
Jeff Dungan, MD (Repro Gen)	Prentice 5-2168	312/472-4683
Patricia M. Garcia, MD, MPH (MFM)	Ward 1-119	312/503-1892
Susan Gerber, MD, MPH (MFM)	Prentice 5-2183	312/472-4685
Melvin Gerbie, MD (Gyne)	680 LSD Building, Suite 1015	312/695-8486
Susan Goldsmith, MD (GeneralObGyn)	Prentice 5-2178	312-472-4672
Dana Gossett, MD (General ObGyn)	680 LSD Building, Suite 1015	312/695-8486
Bill Grobman, MD (MFM)	Prentice 5-2184	312/472-4685
Cassing Hammond, MD (Fam Plan)	680 LSD Building, Suite 1015	312/695-8486
Ralph Kazer, MD (REI)	676 Building, Suite 1845	312/926-8244
John R. Lurain, MD (Gyn Onc)	Prentice 5-2168	312/472-4683
Magdy P. Milad, MD, MS (REI)	Prentice 5-2176	312/472-4686
Alan Peaceman, MD (MFM)	Prentice 5-2181	312/472-4685
Julian Schink, MD (Gyn Onc)	Prentice 5-2168	312/472-4683
Lee Shulman, MD (Genetics)	Prentice 5-2174	312/472-4684
Melissa Simon, MD (Fam Plan)	680 LSD Building, Suite 1015	312/695-8486
Michael L. Socol, MD (MFM)	Prentice 3-2303	312/472-3970
Ralph Tamura, MD (US)	Prentice 5-2365	312/472-4685
Janelle Walton, MD (MFM)	Prentice 5-2175	312/472-4685

Department of Obstetrics and Gynecology

2012-2013 Senior Elective Courses

1433-41	Maternal-Fetal Medicine, NMH	Dr. Janelle Walton
	Maternal-Fetal Medicine Sub-Internship, NMH	Dr. Janelle Walton
1433-42	Gynecologic Oncology, NMH	Dr. Emily Berry
1433-43	Reproductive Endocrinology and Infertility, NMH	Dr. Ralph Kazer
1433-44	Reproductive Genetics, NMH	Dr. Lee Shulman
1433-45	Ambulatory OB-GYN, NMH	Dr. Dana Gossett
1433-46	Research	Various faculty
1433-54	Women's Health, NMH	Dr. Cassing Hammond