

OBSTETRICS & GYNECOLOGY



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- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Nov 16, 2018
To: "Makeba Williams" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1976

RE: Manuscript Number ONG-18-1976

Sick and Tired

Dear Dr. Williams:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 07, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This was an interesting and enlightening personal perspectives piece. In light of the recent articles on bias in this series, this personal perspectives article is in light with the other articles of this type. The author might have also offered some suggestions to readers who might have experienced similar episodes on how to handle these experiences. Several recent articles in the last 1-2 years might have been helpful citations to include:

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Reviewer #3: This essay really resonated with me, as it reflects an issue that is ubiquitous--one I experience nearly daily as a female physician. You captured the essence of the issue so well--it's not that the offense in and of itself is so horrendous, but time after time after time, it just becomes draining--we get tired. What was especially compelling was the moment when you recognized that despite the disrespect you received, you would continue to take excellent care of this patient, as you do of all patients. Sometimes in medicine, as physicians, we have to put aside our personal feelings, but it doesn't mean that they don't still exist. And that act is tiring. My only recommendation for improvements are to read through and make small edits to the first two paragraphs to improve readability and flow. For example, the word

incredulous is used twice back to back (line 10 and line 20).
Thank you for an excellent, personal, and thought-provoking read.

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Each author on this manuscript must submit a completed copy of our revised author agreement form (updated in the January 2018 issue). Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.

d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org>):

* Substantial contributions to the conception or design of the work;

OR

the acquisition, analysis, or interpretation of data for the work;

AND

* Drafting the work or revising it critically for important intellectual content;

AND

* Final approval of the version to be published;

AND

* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The author agreement form is available online at <http://edmgr.ovid.com/ong/accounts/agreementform.pdf>. Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files. Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

4. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

5. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

6. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

7. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

8. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Dec 07, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.



DEPARTMENT OF
Obstetrics and Gynecology

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Nancy C. Chescheir, MD
Editor-in-Chief
Obstetrics & Gynecology

December 7, 2018

Dear Dr. Chescheir,

Subject: Manuscript Number ONG-18-1976

Thank you for your email and the opportunity to revise my manuscript, "Sick and Tired". I appreciate the reviewers' comments; the suggestions have been immensely helpful in revising the perspectives piece. I have carefully considered each comment and revised the manuscript accordingly.

Below, I have included the reviewer comments and responded to them point-by-point indicating the line number where I addressed each concern, and described the changes I have made. The revised manuscript has been submitted through Editorial Manager for Obstetrics & Gynecology

I hope the revised manuscript is better suited for publication in Obstetrics & Gynecology. I am happy to consider further revisions, and I thank you for the interest in this piece. Should this the manuscript be accepted, I agree to allow you to publish my response letter and subsequent email correspondence related to author queries.

Sincerely,

Makeba Williams, M.D., FACOG, NCMP

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REVIEWER COMMENTS:

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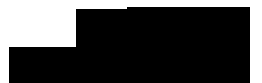
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Response: I have revised the manuscript to include the citations you mention and suggestions for how readers might respond when they experience bias and discrimination. These revisions are located on page 6, lines 119-126. I reference efforts by institutions to create policy to deal with patient preferences in lines 124-126 and, include information about the limited scope of the US Civil Rights Acts with respect to addressing physician-directed discrimination and bias in lines 128-142. Given the increasing racial and ethnic diversity of the ob/gyn workforce and gender discrimination issues faced by male and female providers, I argue that it is imperative that our specialty develop guidelines (lines 144-150). I have included strategies and guidance for physicians and health care institutions to use when presented with physician-directed bias and discrimination (lines 150-166).

Reviewer #2: This is a well written personal perspective article and very timely. My only question and possible points to expand upon are whether this is the first biased event that the author has ever encountered in her life or just the first one that occurred in the context of her job as a physician? Also, has her hospital or medical school instituted any implicit bias training and does she think this would be helpful, e.g. what can we do to change this situation.

Response: I address the question about my previous experiences with bias in professional settings, and my institution's efforts to reduce bias in medicine in lines 77-83. Colleagues at the University of Wisconsin Madison School of Medicine and Public Health are leading bias reduction training across many disciplines within our institution and nationally. I do feel that these programs are effective in creating awareness of our own biases directed toward patients and colleagues, and that they foster a more inclusive healthcare environment.





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Reviewer #3: This essay really resonated with me, as it reflects an issue that is ubiquitous--one I experience nearly daily as a female physician. You captured the essence of the issue so well--it's not that the offense in and of itself is so horrendous, but time after time after time, it just becomes draining--we get tired. What was especially compelling was the moment when you recognized that despite the disrespect you received, you would continue to take excellent care of this patient, as you do of all patients. Sometimes in medicine, as physicians, we have to put aside our personal feelings, but it doesn't mean that they don't still exist. And that act is tiring. My only recommendation for improvements are to read through and make small edits to the first two paragraphs to improve readability and flow. For example, the word incredulous is used twice back to back (line 10 and line 20). Thank you for an excellent, personal, and thought-provoking read.

Response: Thank you for pointing out the redundant word choice. I have edited the manuscript to improve overall clarity and readability. For example, the lines you noted now read:

The anesthesiologist looked at me again, incredulously; I returned the look. I responded, "Cindy, I am Dr. Williams; remember we are going to do....the procedure we talked about in the office to evaluate your abnormal bleeding?" (lines 56-58)

Still unwilling to believe what I had just experienced, I asked the anesthesiologist if she had given Cindy any medications that might have altered her mental status. (line 67).

