

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- 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 09, 2018
To: "Helen Kang Morgan" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1896

RE: Manuscript Number ONG-18-1896

Learners' Perspectives on Wellness A National Survey of Obstetrics and Gynecology Residents

Dear Dr. Morgan:

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 Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors present a report of a survey administered to residents at the time of 2017 CREOG exam about wellness.

A previous survey was administered in 2015 and reported in 2017 - the authors reference those papers.

The new information here is that it appears not much changed in two years.

This is an observational study - did the authors use STROBE guidelines? From the way the findings are reported this reviewer guesses not.

A flow diagram that describes the cohort would be helpful.

No clear objective or primary outcome is reported in the introduction or in the methods.

The results section could be shortened by 50% with summaries stated with text and with reference to the tables. The most salient finding in this survey seems to be that residents need predictable, regular time off to take care of scheduled activities like getting a car fixed, mental health appointments -- maybe more about this should be discussed in the discussion.

Overall the discussion would be much stronger if there was more comparison and contrasting with existing data and literature, especially with the report of the 2015 survey. The fact that there doesn't seem to be much improvement, and that some things are not felt to be constructive at all needs to be emphasized (i.e. modules wellness).

Reviewer #2: Resident Wellness and prevention of burnout is an important issue that every residency program should be prioritizing. While there have been many studies looking at resident wellness, to my knowledge, this is the biggest survey of OBGYN trainees. As such, it's findings are very important and revealing. These findings can help program leaders recognized the scope of the problem and design strategies to combat its prevalence. Here are my comments/edits.

1. Line 60 - 61, you state "Among all specialties, OBGYNs have especially high burnout rates" and cite Reference
2. However, this reference states that despite high burnout rates in OBGYNs, burnout rates in OBGYN were lower than 10

other surgical specialties, rates of depression was lower than 12 other specialties and OBGYN demonstrated higher quality of life (p. 974). I think you need a different reference or a different statement, but this particular statement is not supported by this reference.

3. Residents are asked to self-identify burnout and depression. Because of the necessity of a short survey (at the time of CREOG exam), we are depending on residents to understand and correctly self-identify burnout and depression and binge drinking, etc. Very possible that residents may not understand the difference between stress and burnout, what is considered binge drinking. So may be hard to interpret these results. Burnout rates may actually be higher or lower.

4. Burnout and Depression is not a steady state, but can vary with certain rotations, high stress situations, and seasonal changes. By giving this survey before the annual CREOG exam, the authors are obtaining resident data about burnout at a particularly high-stress time. Also, the winter months (when the days are short and the weather is cold), is associated with higher rates of depression and burnout. CREOG exam is given every Jan. Should mention that this survey could possibly show different results if given in the Spring or summer and given not at the same time as a high-stakes exam.

5. Your survey question #4 (see Appendix) questions residents about how often they engage in activities that help maintain wellness; however, these results are not given in this manuscript. Should include as it is in the survey. Is there a correlation between these activities and lower burnout/depression?

6. Results section has many errors. Nearly all of the numbers and percentages given in the text of the Results section do not match up with the results given in Table 2, Table 3, or Table 4. Please correct either the text in the Results section or these 3 Tables.

7. Your survey shows that residents rated Organized Extracurricular Activities as Very Effective most frequently (41%) followed by Retreat (37%) followed by Resident Wellness Days (34%). Yet when asked what one intervention all residencies should provide, 44% felt that Resident wellness Days was the most important intervention, followed by Retreat (21%) and Facilitated Exercise (16%). Authors need to discuss why this discrepancy. Additionally, What is "several" wellness days a year mean? 3 days, 5 days, 10 days? Do residents really need/want time off for doctors appts/renew driver's license or do they just need more time off? It may be that residents feel that extracurricular activities are the most effective, but these are typically after work. If they had to pick one, residents would prefer the personal day off rather than the more effective Extracurricular Activity because a day off may just mean not having to wake up at 5am. Would be interesting to see if burnout is associated with work hours or duty hour violations (I know that this is out of the scope of this manuscript).

Reviewer #3: I think that the components of the article (title, precis, abstract, materials and methods, results, discussion, bibliography, tables, charts, etc.) were all appropriately written with correct syntax, grammar, and spelling.

It reflects the current scenario of wellness among our Obstetrics & Gynecology resident trainees, and awareness of this current status if a 1st step into correcting any flaws quickly. This is information that should be provided quickly to all who train residents in our specialty.

This project is a descriptive study only. As the authors noted, it does not utilize any validated questionnaires to measure depression or burnout, and it relies on self-reporting only. A significant percentage of subjects felt comfortable enough to fully complete the survey with a large sample size. The need for simplicity and confidentiality were essential in obtaining valuable honest answers on a controversial subject with a large sample size. It makes sense that those who are "unwell" are going to likely complain the most about a lack of wellness programs, unless they also lack self-awareness (and some likely do). It also points to the programs that may not be currently effective, as well as others that could be effective if developed and implemented.

In the discussion section, I would have been interested to see a comparison of rates of wellness problems from this manuscript (binge drinking, drug abuse, suicide ideation, etc.) to similar information published for other professions or just the general population. The rate of suicide attempts in the survey was 0.4% of 4999, or roughly 20 individuals. The rate of drug use was 1.1% of 4999, or 54 individuals. I suspect there were likely higher numbers that were reluctant to admit a problem because of the stigma. I also find it interesting that there is less perceived wellness after 1st year. It could be simply an endurance issue, with development of emotional fatigue after running hard for 1 year. I'm sure that 1st year has a level of novelty to wards off some wellness complaints. But, could there also be some amount of support that drops off after 1st year, when responsibility increases further. Hopefully, this manuscript will prompt more thought into these issues from all who train Ob/Gyn residents.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 1: The overall response rate is excellent, but what were the response rates by year of residency? Is there any information on the non-responders re: age, gender etc that might have affected the inferences? Should report any baseline characteristics by year that might be relevant.

Table 2: The rates of suicide attempt are not statistically different across residency year. Need to re-calculate. Moreover, the rates are so low that there is little power to discern any difference by residency year. Same is true for drug use or eating disorder.

Table 3: There are some missing values, need to enumerate all missing values by activity, even though they comprise a small % of each activity.

Table 4: Did all respondents cite just one of these? If so, then there were 4709 responses, out of 4999. Need to clarify and enumerate all responses.

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. Please remove "Learners" from the title.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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).

Please limit your Introduction to 250 words and your Discussion to 750 words.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. 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."

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the

paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

8. 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.

9. 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.

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

12. 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 Nov 30, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor for Gynecology

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.

November 28, 2018

Nancy C. Chescheir, MD
Editor-In-Chief
Obstetrics and Gynecology

Dear Dr. Chescheir,

Thank you for the opportunity to submit our revised manuscript “Obstetrics and Gynecology Residents’ Perspectives on Wellness: Findings from a National Survey” as an Original Research article. We hope that you will find that we have addressed the reviewers’ comments in our revisions.

Reviewer #1: The authors present a report of a survey administered to residents at the time of 2017 CREOG exam about wellness.

A previous survey was administered in 2015 and reported in 2017 - the authors reference those papers.

The new information here is that it appears not much changed in two years.

Our previous 2015 survey of OBGYN residents was limited by a 16% response rate, and we believe the new information in this manuscript is the comprehensive nature of our survey responses.

This is an observational study - did the authors use STROBE guidelines? From the way the findings are reported this reviewer guesses not.

A flow diagram that describes the cohort would be helpful.

Because this is a prospective survey rather than an observational study, we did not feel that following the STROBE guidelines nor the addition of a flow diagram of the cohort would strengthen the manuscript.

No clear objective or primary outcome is reported in the introduction or in the methods.

We have included the goals of the study in the last paragraph of the introduction.

The results section could be shortened by 50% with summaries stated with text and with reference to the tables.

We have deleted sentences in the results; however, due to other reviewers’ suggestions, had to add other words.

The most salient finding in this survey seems to be that residents need predictable, regular time off to take care of scheduled activities like getting a car fixed, mental health appointments -- maybe more about this should be discussed in the discussion.

We emphasized this finding more in the second paragraph of the discussion.

Overall the discussion would be much stronger if there was more comparison and contrasting with existing data and literature, especially with the report of the 2015 survey. The fact that there doesn't seem to be much improvement, and that some things are not felt to be constructive at all needs to be emphasized (i.e. modules wellness).

Additional information comparing our data to existing literature was added to the first paragraph of the discussion.

Reviewer #2: Resident Wellness and prevention of burnout is an important issue that every residency program should be prioritizing. While there have been many studies looking at resident wellness, to my knowledge, this is the biggest survey of OBGYN trainees. As such, its findings are very important and revealing. These findings can help program leaders recognize the scope of the problem and design strategies to combat its prevalence. Here are my comments/edits.

1. Line 60 - 61, you state "Among all specialties, OBGYNs have especially high burnout rates" and cite Reference
2. However, this reference states that despite high burnout rates in OBGYNs, burnout rates in OBGYN were lower than 10 other surgical specialties, rates of depression was lower than 12 other specialties and OBGYN demonstrated higher quality of life (p. 974). I think you need a different reference or a different statement, but this particular statement is not supported by this reference.

We removed the Pulcrano reference, and thank you to the reviewer for pointing out that it did not fully support our statement. A more appropriate reference (from Medscape) has been added that supports the statement.

3. Residents are asked to self-identify burnout and depression. Because of the necessity of a short survey (at the time of CREOG exam), we are depending on residents to understand and correctly self-identify burnout and depression and binge drinking, etc. Very possible that residents may not understand the difference between stress and burnout, what is considered binge drinking. So may be hard to interpret these results. Burnout rates may actually be higher or lower.

A limitation of our study was that we did not utilize a validated survey instrument to assess for burnout, and we discuss this limitation in the discussion.

4. Burnout and Depression is not a steady state, but can vary with certain rotations, high stress situations, and seasonal changes. By giving this survey before the annual CREOG exam, the authors are obtaining resident data about burnout at a particularly high-stress time. Also, the winter months (when the days are short and the weather is cold), is associated with higher rates of depression and burnout. CREOG exam is given every Jan. Should mention that this survey could possibly show different results if given in the Spring or summer and given not at the same time as a high-stakes exam.

These are important points that we have added as additional limitations in the discussion. Thank you.

5. Your survey question #4 (see Appendix) questions residents about how often they engage in activities that help maintain wellness; however, these results are not given in this manuscript.

Should include as it is in the survey. Is there a correlation between these activities and lower burnout/depression?

This is an excellent point. We did not include the analysis of responses from question #4 in this manuscript, for the findings and discussion were somewhat outside the scope of this paper, however it is included in a separate manuscript that is currently being prepared.

6. Results section has many errors. Nearly all of the numbers and percentages given in the text of the Results section do not match up with the results given in Table 2, Table 3, or Table 4. Please correct either the text in the Results section or these 3 Tables.

These errors have been fixed in the manuscript. Thank you very much.

7. Your survey shows that residents rated Organized Extracurricular Activities as Very Effective most frequently (41%) followed by Retreat (37%) followed by Resident Wellness Days (34%). Yet when asked what one intervention all residencies should provide, 44% felt that Resident wellness Days was the most important intervention, followed by Retreat (21%) and Facilitated Exercise (16%). Authors need to discuss why this discrepancy.

This first sentence refers to how residents rated activities *currently* offered by their programs, whereas the second sentence is in reference to what interventions residents felt that programs *should* provide. In order to more clearly designate this distinction, additional description and italics have been added to the methods and results sections.

Additionally, What is "several" wellness days a year mean? 3 days, 5 days, 10 days? Do resident really need/want time off for doctors appts/renew driver's license or do they just need more time off? It may be that residents feel that extracurricular activities are the most effective, but these are typically after work. If they had to pick one, residents would prefer the personal day off rather than the more effective Extracurricular Activity because a day off may just mean not having to wake up at 5am. Would be interesting to see if burnout is associated with work hours or duty hour violations (I know that this is out of the scope of this manuscript).

We did not include any additional specifics about the definition of "several" wellness days, so we are unable to infer how the respondents interpreted this definition for their responses. In addition, we did not ask about how they would utilize these days.

Reviewer #3: I think that the components of the article (title, precis, abstract, materials and methods, results, discussion, bibliography, tables, charts, etc.) were all appropriately written with correct syntax, grammar, and spelling.

It reflects the current scenario of wellness among our Obstetrics & Gynecology resident trainees, and awareness of this current status if a 1st step into correcting any flaws quickly. This is information that should be provided quickly to all who train residents in our specialty.

Thank you for these kind comments.

This project is a descriptive study only. As the authors noted, it does not utilize any validated questionnaires to measure depression or burnout, and it relies on self-reporting only. A significant percentage of subjects felt comfortable enough to fully complete the survey with a large sample size. The need for simplicity and confidentiality were essential in obtaining valuable honest answers on a controversial subject with a large sample size. It makes sense that those who are "unwell" are going to likely complain the most about a lack of wellness programs, unless they also lack self-

awareness (and some likely do). It also points to the programs that may not be currently effective, as well as others that could be effective if developed and implemented.

In the discussion section, I would have been interested to see a comparison of rates of wellness problems from this manuscript (binge drinking, drug abuse, suicide ideation, etc.) to similar information published for other professions or just the general population. The rate of suicide attempts in the survey was 0.4% of 4999, or roughly 20 individuals. The rate of drug use was 1.1% of 4999, or 54 individuals. I suspect there were likely higher numbers that were reluctant to admit a problem because of the stigma. I also find it interesting that there is less perceived wellness after 1st year. It could be simply an endurance issue, with development of emotional fatigue after running hard for 1 year. I'm sure that 1st year has a level of novelty to wards off some wellness complaints. But, could there also be some amount of support that drops off after 1st year, when responsibility increases further. Hopefully, this manuscript will prompt more thought into these issues from all who train Ob/Gyn residents.

We have added comparisons of our burnout and depression data to existing literature in the first paragraph of the discussion.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

Table 1: The overall response rate is excellent, but what were the response rates by year of residency? Is there any information on the non-responders re: age, gender etc that might have affected the inferences? Should report any baseline characteristics by year that might be relevant.

This table has been revised to include the total number of residents who completed the in-training exam, and the response rate by year. Based on privacy concerns for residents given the high-stakes nature of the in-training exam, information about age and gender were not provided with the survey responses to protect the privacy of the residents. Therefore, we cannot draw conclusions about how the residents responding to the survey differed from those who did not respond. Overall however, a very small portion of residents chose not to complete the survey, and we have added this to the limitations section.

Table 2: The rates of suicide attempt are not statistically different across residency year. Need to recalculate. Moreover, the rates are so low that there is little power to discern any difference by residency year. Same is true for drug use or eating disorder.

As you indicated, our study was not powered to detect a difference for these rare outcomes, instead of including the p-values for these items, we added a note to the table indicating that the post-hoc pairwise comparisons were not performed for differences by residency year for these outcomes. A sentence was also added to the results describing this.

Table 3: There are some missing values, need to enumerate all missing values by activity, even though they comprise a small % of each activity.

These have been calculated and added to the tables (for table 1, all participants provided a response). For Table 2, non-response was not applicable since the question asked respondents to "check all that apply." The number of residents who did not check any or the responses could signify a "non-response" to the question, but it could indicate that the residents did not feel that any of the responses were applicable. We accounted for these individuals in the category of "no wellness problem reported" although this would not distinguish between a negative response to the question and a missing value. For table 3, a "no response provided" column was added for

each item. A note was also added to the table to indicate that the effectiveness rating was based on a denominator of the total number indicating that an activity was present because otherwise it may be confusing that the percentages do not add up to 100%

Table 4: Did all respondents cite just one of these? If so, then there were 4709 responses, out of 4999. Need to clarify and enumerate all responses.

The number of residents who did not respond to this question (5%) has been added to the table to account for all participants in the survey

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 the response letter and subsequent email correspondence related to author queries.

2. Please remove "Learners" from the title.

"Learners" has been removed

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

These definitions have been reviewed.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 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).

Please limit your Introduction to 250 words and your Discussion to 750 words.

Word counts are within adherence:

Abstract—231 words

Introduction—217 words

Discussion--741 words.

5. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines: We believe we have met all of these guidelines and those of comments #6-11 below.

* All financial support of the study must be acknowledged.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. 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."

7. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

8. 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.

9. 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.

10. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

11. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at <http://www.acog.org/Resources-And-Publications>.

Daniel Mosier

From: Morgan, Helen (helen) [REDACTED]
Sent: Friday, December 7, 2018 9:27 AM
To: Daniel Mosier
Cc: Winkel, Abigail
Subject: RE: Manuscript Revisions: ONG-18-1896R1
Attachments: 18-1896R1 ms (12-5-18v2)_AFW.docx

Hello,

Here is the revised document. I think that we have addressed all of the questions and issues, and please let me know if you have any other questions.

Thank you for this opportunity!

Helen Morgan

From: Daniel Mosier <dmosier@greenjournal.org>
Sent: Wednesday, December 05, 2018 2:05 PM
To: Morgan, Helen (helen) [REDACTED]
Subject: Manuscript Revisions: ONG-18-1896R1

External Email - Use Caution

Dear Dr. Morgan,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 4: Please ask Tony Ogburn to respond the authorship confirmation email we sent. We sent an email from em@greenjournal.org. The message contains a link that needs to be clicked on. We emailed Dr. Ogburn at [REDACTED] – is this the correct address?
3. LINE 51:
 - a) For consistency purposes please express all percentages to either whole number or tenths of percent (not both)
 - b) Please be sure this is stated in the body of your paper. Statements and data that appear in the Abstract must also appear in the body text for consistency.
4. LINE 54:
 - a) Adding the X2 value will not be necessary in the Abstract; ideally there would be some percentage comparisons, but given 4 variables and differing data it may be only possible to present P-values for simplicity sake. It is intriguing the main 'jump' occurs between 1st and 2nd year so please take a look at how this would appear if you compared 1st v 2nd for all these

variables, with percentages and P-value with a statement that 3rd and 4th year were marginally different than year 2.

- b) Please express this p-value and all the p-values in your paper to no more than three decimal places.
- 5. LINE 216: As pointed out in Abstract, it is intriguing that the 'jump' occurs between 1st and 2nd years and then levels off years 3 and 4. If statistically true, it would be worth a short paragraph to speculate on the observation and what it might mean in terms of the training environment.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Friday, December 7th**.

Sincerely,
-Daniel Mosier

Daniel Mosier

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