

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)*

**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: Sep 03, 2020
To: "Abigail Ford Winkel" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-2244

RE: Manuscript Number ONG-20-2244

Right Resident, Right Program: A Conceptual Model for Exploring Compatibility Between Applicants and Residency Programs

Dear Dr. Winkel:

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 Sep 24, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: I thank the authors for their work on this challenge in the application process, and appreciate the editors offering me the chance to review this work:

Strengths

- * This process is a huge challenge and this is a pressing problem in OBGYN training, a point that is well argued by the authors in this paper.
- * Uses a conceptual model basis to map how students could better match to a residency program, and sought input from a diverse set of stakeholders.
- * Breaks the concepts of resident compatibility down into domains that can be easily understood and attacked.

Limitations

- * The use of some long and run-on sentences with use of multiple lists make reading more difficult. Lines 109-113, Lines 124-126, and Line 221-225 are examples of this issue.
- * Subheadings do not accurately reflect subject material. For example, under the sub-heading "resident compatibility" is a long paragraph about transparency in applicant screening methods, which does not really fit. The authors should strive to make the thoughts flow more clearly from one topic to the next.

Reviewer #2:

1] The authors presents much information related to the inadequacy of the current resident application process which was identified many years ago shortly after the NRMP system was introduced in our specialty. For the amount of information presented in approximately 9 pages of manuscript, there are far too many citations [40], many of which seem repetitive. A shorter, more concise case could have been made with a handful of references.

2] The applicant compatibility index [ACI] seems to be an accumulation of intuitive characteristics [approx. 20] that an experienced interviewer could ask during a 30 minute applicant interview and recorded accordingly.

3] Lines 143-146 describe key elements of the authors' approach by suggesting that the ACI..."quantifies their likelihood of receiving an interview..." without describing how this is done. Further, the authors mention developing "...additional review metrics [ARM]", but do not describe how this is done.

4] In the paragraph [lines 153-167], the authors introduce the concept of "Design thinking" which seems to be a buzz word for clarifying individual characteristics of potential applicants?"uncover and design for unmet needs" should be clarified as to its meaning? Appendix 1 was not apparent [unless it is Box 1?] This paragraph seems to summarize various needs assessment techniques which have been known for at least 35 years, such as Card Sort or Q-Sort techniques. There is older medical educational literature to document these techniques.

Lines 201-202 are at the heart of this subject---that is to determine "success in residency", which, after all, is the desired endpoint for all educational/training programs. Again defining the empirical specifications of what these characteristics are is key and has been done before.

5] Lines 270-279 represent more recent concerns in regards to resident compatibility and deserve more study, as the authors suggest.

Reviewer #3: The authors of this Current Commentary submission propose a framework for understanding the compatibility between residency applicants and programs, and a conceptual model for applicant screening to facilitate holistic review. The overarching goal of these initiatives is to improve the transparency and validity of the residency application process and improve the diversity of recruited residents. Rather than using the commentary exclusively to make a call to action, the authors propose specific actions based on a consensus of expert interpretation of the available data. Other strengths of the commentary include its use of design thinking and involvement of experienced leaders across the medical education continuum to develop the compatibility framework and conceptual model for applicant screening, through a grant provided by the AMA. As mentioned by the authors, the novel approach presented in the commentary could be adapted for use by other specialties.

I have several comments and suggestions for the authors' consideration.

1. It would be helpful for the authors to include a clear and consistent statement of the goals, objectives, and metrics by which success of their proposed process would be measured. There are somewhat different depictions of the goals and objectives anticipated from successful implementation of the compatibility index and aspirational residency application process. The abstract mentions improved transparency and validity of the application process, as well as increased diversity. Line 149 lists improved transparency, efficiency and fidelity in the application and selection process. Line 276-7 refers to a broken process that limits progress of students along their learning trajectories and their adequate preparation for residency. Figure 3's Rank/Match box lists improved transparency and efficiency, reduced cost, reduced anxiety, and improved preparation for residency. Some aspects of these depictions overlap, while others are less consistent.

2. Table 1 is described as a framework for the Applicant Compatibility Index. However, the framework is valuable beyond its use for developing the index. Assuming the "learning environment" domain is added (see technical comment below), a broader title such as "A Six Domain Framework for Understanding Residency Program Compatibility" would be appropriate.

3. Reducing the number of residency applications based upon compatibility may be hard to implement due to data-driven concerns and personally-held beliefs about an applicant's competitiveness for the most compatible programs. The authors should comment on this important barrier implementing their aspirational model.

There were several technical errors in manuscript preparation that could have been prevented by more detailed review prior to submission:

4. References and citations: Citations 4 and 5 do not follow in numerical order. The citations skip from 3 to 6. The citations and references need to be reordered to correct this. Also, citation 22 is used twice in consecutive sentences and there is a skip from citation 22 to 24, suggesting a mislabeled citation.

5. Table: Lines 73-5 and 175-6 list the domains of the proposed framework, but the table omits the "learning environment" domain, and thus provides no applicant or program metrics for it.

6. Figures: There is no mention of Figure 3 in the manuscript or in the list of figures and tables that follows the reference. Figures 1 and 3 are similar in structure, with Figure 1 titled "Current State of Residency Application Process". Figure 3 appears to be the aspirational state, but is titled "Exploring Program Compatibility and Expanding Application Metrics." The authors should rename Figure 3 something akin to "Aspirational Residency Application Process" and refer to it in the manuscript explaining key differences from Figure 1.

EDITOR'S COMMENTS:

It is clear from your paper that your goal is to have some of this information (most importantly the ACI domain content) available in the 2020-2021 application cycle. If this is important to you, you should withdraw your paper and submit it to

some online forum or as a preprint somewhere. Peer review publication has a life cycle--ours is quite rapid but even with that, this paper would not be published before January at the earliest, way too late to inform the current application cycle. It's of course your call, but if you wish instead to proceed with this submission, the paper will need to be heavily edited to not focus on the 2020/21 cycle.

We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues and other relevant topics. Adherence to these requirements with your revision will avoid delays during the revision process by avoiding re-revisions on your part in order to comply with formatting.

Numbers below refer to line numbers.

98. What do you mean by "vast numbers". Can you give some recent data?

107. It will take on average 150 days from submission to publication of accepted papers in the Green Journal (which is very fast). As such, your paper's findings will not inform the "upcoming application cycle". Please edit to remove this or state something like "in the 2020-2021 application cycle, the Association of American Medical Colleges discouraged visiting rotations and alternate means of exploring program compatibility were needed. " and then say something about cycles thereafter being uncertain, or something similar. It seems that an unstated issue in your paper is that the results of the disruption due to COVID-19 in this year's match may certainly alter your suggested paradigm.

This also needs to be addressed on line 258 and Box 1.

113. Couldn't this also have a negative effect on diversity in programs?

117. could you expand on what you mean by a holistic review of applications?

118. Are the current tools the problem? I've looked at a lot of ERAS applications and its pretty straightforward to find the files. Isn't it really the mountain of applications and the duplication of content in the ERAS system?

123. Do all students consider grades as a test of likability?

132. "Design thinking" sounds like a buzz word at worst but is opaque in meaning at best. Could you define? \

143. This isn't clearly written. You describe alignment between "applicants and programs" which would be the antecedent ion line 144 of "their interests and priorities" and "their likelihood of receiving an interview". The "their" here clearly is referring only to the applicants but as written would be referring to both the applicants and the programs. Could you edit please?

ACI and ARM will need to be spelled out throughout the manuscript. We avoid idiosyncratic abbreviations for the most part in the Journal in order to improve readability.

275. Do you know that "all stakeholders" agree? Seems like a pretty broad statement for which there cannot be data.

Please edit your paper for length by about 400 words.

EDITORIAL OFFICE 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. 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:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

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 has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions> and the gynecology data definitions at <https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles 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 print appendixes) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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 short title of no more than 45 characters, including spaces, for use as a running foot.

7. 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 that states 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."

8. 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 limit for Current Commentary articles is 250 words. Please provide a word count.

9. 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.

10. 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.

11. 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.

12. Figures 1-3: Three figures are included on Editorial Manager; however, only 2 are included in the manuscript. If you wish to use three, please be sure to cite within the manuscript and include a legend. Additionally, Figures 2 and 3 appear to be cross labeled in Editorial Manager. Please make sure it is clear which figure is which. What is the source of the clip art included in each figure, is it from the Noun Project?

13. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <https://wkauthorservices.editage.com/open-access/hybrid.html>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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

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 Sep 24, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

September 8, 2020

Dear Editors,

We are grateful for the opportunity to submit a revised manuscript for consideration by *Obstetrics and Gynecology* for publication. Appreciating the editors' note about the timing of publication, we agree that the current 2020-21 application season is unique and challenging, and increases the urgency of this work. However, the residency application process has become a crisis for applicants and programs that will outlast the COVID-19 pandemic. The current process subsumes tremendous resources of students in their final year of training and interferes with preparation for training in obstetrics and gynecology. For this reason, we hope that this revised manuscript would be deemed suitable for publication in the Green Journal, where it is most likely to reach our educators and future physicians. Attached please find a revised version of "Right Resident, Right Program: A Conceptual Model for Exploring Compatibility Between Applicants and Residency Programs". Responses to specific comments are outlined here.

This represents original research not submitted elsewhere for consideration. The authors have no conflicts of interest to declare. The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

The length of the manuscript is 1,751 words.

Thank you very much for the time and consideration of this article for publication. On behalf of my co-authors, sincerely,



*Abigail Ford Winkel

*The manuscript's guarantor.

On Behalf Of

Helen Kang Morgan, MD

Jesse Burk-Rafel, MD, MRes

John L. Dalrymple, MD



Seine Chiang, MD
David Marzano, MD
Carol Major, MD
Nadine T. Katz, MD
Arthur T. Ollendorff, MD
Maya M. Hammoud, MD, MBA

REVIEWER COMMENTS:

Reviewer #1: I thank the authors for their work on this challenge in the application process, and appreciate the editors offering me the chance to review this work:

Strengths

- * This process is a huge challenge and this is a pressing problem in OBGYN training, a point that is well argued by the authors in this paper.*
- * Uses a conceptual model basis to map how students could better match to a residency program, and sought input from a diverse set of stakeholders.*
- * Breaks the concepts of resident compatibility down into domains that can be easily understood and attacked.*

We are grateful for these encouraging comments. We relied on this summary of the manuscript's strengths to focus this revision on these subjects. The current version focuses on exploring applicant/program compatibility, and screening applicants, without commenting as broadly on other problems with the application and interview process.

Limitations

- * The use of some long and run-on sentences with use of multiple lists make reading more difficult. Lines 109-113, Lines 124-126, and Line 221-225 are examples of this issue.*

We have revised the paper to improve the sentence construction overall, and the lines that the reviewer points out in particular have been edited. In the second phrase the reviewer mentions, we also removed the reference to situational judgment tests, in accordance with the subsequent recommendation to reduce extraneous references.

- * Subheadings do not accurately reflect subject material. For example, under the sub-heading "resident compatibility" is a long paragraph about transparency in applicant screening methods, which does not really fit. The authors should strive to make the thoughts flow more clearly from one topic to the next.*

We have revised the subheadings to more appropriately reflect the content in the sections, including borrowing from this reviewer's language about applicant screening methods. Thus, the three subheadings are focusing on compatibility, transparency in screening, and utilization of additional review metrics, which are the three primary areas of focus of the manuscript.

Reviewer #2:

1] The authors presents much information related to the inadequacy of the current resident application process which was identified many years ago shortly after the NRMP system was introduced in our specialty. For the amount of information presented in approximately 9 pages of manuscript, there are far too many citations [40], many of which seem repetitive. A shorter, more concise case could have been made with a handful of references.

We have reduced the number of citations and decreased the length of the manuscript.

2] The applicant compatibility index [ACI] seems to be an accumulation of intuitive characteristics [approx. 20] that an experienced interviewer could ask during a 30 minute applicant interview and recorded accordingly.

We agree with this author's comment – the domains are absolutely those items that the working group, many of whom are experienced interviewers and residency educators – valued in resident selection. However, these items are currently not in use early enough in the process. The rationale for presenting this approach is to encourage addressing these issues early in the process of application and screening, to reduce some of the inefficiency in the process.

3] Lines 143-146 describe key elements of the authors' approach by suggesting that the ACI..."quantifies their likelihood of receiving an interview...." without describing how this is done. Further, the authors mention developing ..."additional review metrics [ARM]", but do not describe how this is done.

As the reviewer notes, quantifying how applicant/program compatibility informs interview selection is not addressed in this paper. This is an important future step of the work, and will rely on data collection that allows exploration of associations between ACI and receiving interviews. We address this in future directions and have removed this line from the "approach" section in response to the reviewer's comment.

4] In the paragraph [lines 153-167], the authors introduce the concept of "Design thinking" which seems to be a buzz word for clarifying individual characteristics of potential applicants?"uncover and design for unmet needs" should be clarified as to its meaning? Appendix 1 was not apparent [unless it is Box 1?] This paragraph seems to summarize various needs assessment techniques which have been known for at least 35 years, such as Card Sort or Q-Sort techniques. There is older medical educational literature to document these techniques.

Design thinking provided the framework used by the group, but as the reviewer notes, the particular technique is not essential to the manuscript, and was removed for clarity with reference provided. The appendix that lists the workgroup participants is meant to demonstrate the broad range of stakeholders participating in this effort. It is located after table 1 in the manuscript.

Lines 201-202 are at the heart of this subject---that is to determine "success in residency", which, after all, is the desired endpoint for all educational/training programs. Again defining the empirical specifications of what these characteristics are is key and has been done before.

We agree with this reviewer's comment that defining what contributes to success in residency is essential, and has not been well-established. This is an important future direction of this effort.

5] Lines 270-279 represent more recent concerns in regards to resident compatibility and deserve more study, as the authors suggest.

We agree that these are important elements – and are intertwined with the issues the reviewer raises in the prior comment: recruiting a diverse workforce is likely to improve the success of our graduates in improving the health of the population.



Reviewer #3: The authors of this Current Commentary submission propose a framework for understanding the compatibility between residency applicants and programs, and a conceptual model for applicant screening to facilitate holistic review. The overarching goal of these initiatives is to improve the transparency and validity of the residency application process and improve the diversity of recruited residents. Rather than using the commentary exclusively to make a call to action, the authors propose specific actions based on a consensus of expert interpretation of the available data. Other strengths of the commentary include its use of design thinking and involvement of experienced leaders across the medical education continuum to develop the compatibility framework and conceptual model for applicant screening, through a grant provided by the AMA. As mentioned by the authors, the novel approach presented in the commentary could be adapted for use by other specialties.

I have several comments and suggestions for the authors' consideration.

1. It would be helpful for the authors to include a clear and consistent statement of the goals, objectives, and metrics by which success of their proposed process would be measured. There are somewhat different depictions of the goals and objectives anticipated from successful implementation of the compatibility index and aspirational residency application process. The abstract mentions improved transparency and validity of the application process, as well as increased diversity. Line 149 lists improved transparency, efficiency and fidelity in the application and selection process. Line 276-7 refers to a broken process that limits progress of students along their learning trajectories and their adequate preparation for residency. Figure 3's Rank/Match box lists improved transparency and efficiency, reduced cost, reduced anxiety, and improved preparation for residency. Some aspects of these depictions overlap, while others are less consistent.

This is a very useful observation, and while we would respond to the reviewer that we aspire towards ALL of the goals the reviewer mentions, the paper is focused on transparency, efficiency and fidelity. We have edited throughout to improve the consistency. We have continued to address diversity concerns throughout, because we do believe this is connected to many of the changes, but since those links have not been previously drawn, we have removed that discussion from the central aims.

2. Table 1 is described as a framework for the Applicant Compatibility Index. However, the framework is valuable beyond its use for developing the index. Assuming the "learning environment" domain is added (see technical comment below), a broader title such as "A Six Domain Framework for Understanding Residency Program Compatibility" would be appropriate.

We have renamed the table based on the reviewer's suggestion: "A Five-Domain Framework for Exploring Applicant Compatibility with Residency Programs"

3. Reducing the number of residency applications based upon compatibility may be hard to implement due to data-driven concerns and personally-held beliefs about an applicant's competitiveness for the most compatible programs. The authors should comment on this important barrier implementing their aspirational model.

We agree that gathering data and using it to support guidelines – and even restrictions – to the application process will be essential to driving change in behavior, and have addressed this in the discussion.

There were several technical errors in manuscript preparation that could have been prevented by more detailed review prior to submission:

4. References and citations: Citations 4 and 5 do not follow in numerical order. The citations skip from 3 to 6. The citations and references need to be reordered to correct this. Also, citation 22 is used twice in consecutive

sentences and there is a skip from citation 22 to 24, suggesting a mislabeled citation.

We are grateful for this careful read and apologize for the mistake – in reducing the number of citations as recommended by reviewer #2, we have renumbered many of the citations.

5. *Table: Lines 73-5 and 175-6 list the domains of the proposed framework, but the table omits the "learning environment" domain, and thus provides no applicant or program metrics for it.*

This was a domain in the process that ultimately was edited out. While the working group felt that theoretically, a match between a learner and learning environment was essential to a positive residency experience, describing objective component parts of a learning environment or learner style was unlikely to be practically feasible in the current state. We have removed the mention of this domain in the abstract and introduction.

6. *Figures: There is no mention of Figure 3 in the manuscript or in the list of figures and tables that follows the reference. Figures 1 and 3 are similar in structure, with Figure 1 titled "Current State of Residency Application Process". Figure 3 appears to be the aspirational state, but is titled "Exploring Program Compatibility and Expanding Application Metrics." The authors should rename Figure 3 something akin to "Aspirational Residency Application Process" and refer to it in the manuscript explaining key differences from Figure 1.*

Thank you for this helpful suggestion, we have renamed the figure as suggested.

EDITOR'S COMMENTS:

It is clear from your paper that your goal is to have some of this information (most importantly the ACI domain content) available in the 2020-2021 application cycle. If this is important to you, you should withdraw your paper and submit it to some online forum or as a preprint somewhere. Peer review publication has a life cycle--ours is quite rapid but even with that, this paper would not be published before January at the earliest, way too late to inform the current application cycle. It's of course your call, but if you wish instead to proceed with this submission, the paper will need to be heavily edited to not focus on the 2020/21 cycle.

We appreciate the transparency about the editorial process and have discussed this as a group, weighing the importance of gaining broad engagement across the specialty with changes to the application process more heavily than the urgency we feel in response to the 2020-21 cycle. As such, we have refocused throughout the paper on the concepts in general, and removed commenting on the COVID pandemic in the abstract, as well as the box with urgent recommendations.

We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues and other relevant topics. Adherence to these requirements with your revision will avoid delays during the revision process by avoiding re-revisions on your part in order to comply with formatting.

Numbers below refer to line numbers.



98. What do you mean by "vast numbers". Can you give some recent data?

We have added this reference.

107. It will take on average 150 days from submission to publication of accepted papers in the Green Journal (which is very fast). As such, your paper's findings will not inform the "upcoming application cycle". Please edit to remove this or state something like "in the 2020-2021 application cycle, the Association of American Medical Colleges discouraged visiting rotations and alternate means of exploring program compatibility were needed." and then say something about cycles thereafter being uncertain, or something similar. It seems that an unstated issue in your paper is that the results of the disruption due to COVID-19 in this year's match may certainly alter your suggested paradigm.

This also needs to be addressed on line 258 and Box 1.

We comment on this in the text of the cover letter, and very much appreciate the transparency and guidance about this. We have attempted to address the issues raised by this cycle and learning from this going forward.

113. Couldn't this also have a negative effect on diversity in programs?

This is a good point. The data suggest that leaning on standardized tests and clerkship grades are concerning from diversity, and other approaches have been successful at improving the diversity of the applicant pool. But, this is not assured to perform differently, this must be examined closely in a prospective way. We have added a line to the discussion to underscore this important point.

117. could you expand on what you mean by a holistic review of applications?

We elaborated on this based on the definition of holistic review provided by the AAMC.

118. Are the current tools the problem? I've looked at a lot of ERAS applications and its pretty straightforward to find the files. Isn't it really the mountain of applications and the duplication of content in the ERAS system?

We have changed the language around "tools", and tried to clarify this more. Yes, there is a lot of information in ERAS, but no reliable dashboard, and the only way to distill the information is to read the entire document. So part of the issue is that the information isn't available because we don't have reliable medical student data assessing competencies other than medical knowledge, but even with the data that is available, it's unwieldy and redundant.

123. Do all students consider grades as a test of likability?

This finding was reported in the paper cited, but is certainly not confirmed to be a widespread belief among students. We have rephrased this section.

*132. "Design thinking" sounds like a buzz word at worst but is opaque in meaning at best. Could you define? *

We elaborate this on the response to the earlier reviewer, but mentioning the specific tools we used to advise the structured brainstorming process that the working group used. We have provided a reference to Design Thinking, but edited the description of the process so it didn't sound like jargon.



143. *This isn't clearly written. You describe alignment between "applicants and programs" which would be the antecedent ion line 144 of "their interests and priorities" and "their likelihood of receiving an interview". The "their" here clearly is referring only to the applicants but as written would be referring to both the applicants and the programs. Could you edit please?*

This line has been edited for clarity.

ACI and ARM will need to be spelled out throughout the manuscript. We avoid idiosyncratic abbreviations for the most part in the Journal in order to improve readability.

We have removed ACI and ARM throughout the paper.

275. *Do you know that "all stakeholders" agree? Seems like a pretty broad statement for which there cannot be data.*

This statement has been removed.

Please edit your paper for length by about 400 words.

EDITORIAL OFFICE COMMENTS:

1.

A. OPT-IN: Yes, please publish my point-by-point response letter.

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Nancy C. Chescheir, MD
Editor-in-Chief

