OBSTETRICS & GYNECOLOGY

NOTICE: This document contains comments from the reviewers and editors generated during peer review of the initial manuscript submission and sent to the author via email.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office: obgyn@greenjournal.org.

Date: Apr 09, 2021
To: "Helen Kang Morgan" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-21-704

RE: Manuscript Number ONG-21-704

Promoting Diversity, Equity, and Inclusion in the Selection of Obstetrician Gynecologists

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 Apr 30, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

Current Commentary submission tackling an important and highly relevant topic within obstetrics and gynecology as well as medical education in general.
Abstract: Clear and well written
Line 189: Standardized scores are not even a reliable predictor of medical knowledge - I would edit this sentence as to not over emphasize the utility of the exams. You might consider presenting more data on the limitation of the exams here.
Line 203-204: This reads as though the authors think these are the 2 possible reasons that UiM students don't choose OB/GYN. I believe the authors intend it as 2 possible reasons, of many - but it doesn't read that way. It should be revised.
The description and articulation of the problem at hand is well written and very clear. I do not personally find the "ladder" figures helpful, and actually make the presentation of the material more confusing. They need more direct instruction regarding interpretation with each figure. Overall, I think this is a meaningful contribution that brings an important topic to table for conversation.

Reviewer #2:

Thank you for this timely and comprehensive review of the current literature addressing existing barriers in the training, recruitment and retention of UiM applicants in ob/gyn residencies. I found the organization and writing to be well-organized, thought-provoking, and improvement-oriented.

1. Page 4, line 71; There is a citation missing for the study by Elharake, et al
2. Page 5, line 78; The assertion that STEP 1, LoRs, MSPE and clerkship grades are "...the four most important factors in selecting applicants to interview" is misleading; they were the factors cited by the most survey respondents as influencing interview selections, but did not have the highest mean importance ratings among the listed factors. Consider revising this statement for accuracy.
3. Page 7, line 108; The linked webpage for reference 11 does not provide support for this statistic; if this is the correct reference, consider updating the link to reach the webpage with the relevant information

4. Not a requirement for this submission but for the authors' consideration, I'll make the observation that recruitment reliance on standardized exam performance was heightened when the RRC raised the threshold for 3-year average ABOG qualifying exam pass-rates from 70% to 80%. There is a decreasing failure margin for programs with fewer residents to remain compliant at this threshold: >=80% - 12/15 (5 /yr), 10/12 (4/yr), 8/9 (3/yr); >=70% - 11/15 v 9/12 v 7/9.

Reviewer #3: ONG 21-704

In the current commentary under review, Morgan et al present a discussion focused on the promotion of diversity and inclusion in the residency selection process for Obstetrics and Gynecology.

A few comments on the manuscript are as follows:

1. This commentary is well written and apropos, fitting with the current social climate. A strong argument is made for the need for change in the residency selection process.
2. However, the document focuses exclusively on Black medical students. It fails to address any of the difficulties and barriers Asian-American and Hispanic/Latino medical students face. A true change to the status quo should ideally benefit all underrepresented minorities and not focus on one specific group. This approach runs the risk of deepening the gap for the excluded minority groups.
3. Line 77-102 the authors make a good argument on why certain criteria currently utilized by program directors do suffer from implicit bias and unfair standards. However, no true substitute is offered by the authors. If we were to eliminate USMLE scores, LOR, MSPE and clerkship grades, what tool would be used to fairly select the ideal candidate for a program? Should these tools be modified to consider race and/or gender?
4. Line 210-212 How would the implementation of the early result acceptance program decrease implicit bias and systemic racism in residency selection? This program may inadvertently also lead to increased gap between races, i.e. White medical students may be more likely to be selected into residency programs without having to go through the match process.
5. Line 231-235 how would knowledge of dual ranking into a secondary specialty help with improving diversity? The authors should explain their rationale more clearly.
6. Another issue not considered is the fact that candidates from underrepresented minorities are also more likely to be graduates of foreign medical schools. This would also affect their chances of matching into a program, specially a surgical specialty like OB GYN.
7. I would suggest decreasing the word count of the document. Some arguments are redundant. This will improve readability for the journal's audience.

EDITOR COMMENTS:

1. Thank you for submitting this manuscript to Obstetrics and Gynecology. If you opt to submit a revision for consideration, the editors request that you reduce the length of the commentary by approximately 40%. Some of this can be achieved by avoiding overlap with the commentary that was previously published on a similar topic with many of the same authors: Winkel et al, Obstet Gynecol 2021; 137(1):164-169.

2. The editors also agree with reviewer #1 who did not find Figures 2 and 3 to be valuable. Consider deleting them, or combining them with significant revisions to ensure the figure conveys the point that you would like to make.

3. Please also be attentive to the comments of Reviewer #3 regarding the potential for adversely affecting students of color who do not identify as Black.

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.
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3. For studies that report on the topic of race or include it as a variable, authors must provide an explanation in the manuscript of who classified individuals' race, ethnicity, or both, the classifications used, and whether the options were defined by the investigator or the participant. In addition, the reasons that race/ethnicity were assessed in the study also should be described (eg, in the Methods section and/or in table footnotes). Race/ethnicity must have been collected in a formal or validated way. If it was not, it should be omitted. Authors must enumerate all missing data regarding race and ethnicity as in some cases, missing data may comprise a high enough proportion that it compromises statistical precision and bias of analyses by race.

Use "Black" and "White" (capitalized) when used to refer to racial categories. The nonspecific category of "Other" is a convenience grouping/label that should be avoided, unless it was a prespecified formal category in a database or research instrument. If you use "Other" in your study, please add detail to the manuscript to describe which patients were included in that category.

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5. 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.

6. 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.

7. 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).
* If your manuscript was uploaded to a preprint server prior to submitting your manuscript to Obstetrics & Gynecology, add the following statement to your title page: "Before submission to Obstetrics & Gynecology, this article was posted to a preprint server at: [URL]."

8. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

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In addition, the abstract length should follow journal guidelines. The word limit for Original Research articles is 300 words; Reviews is 300 words; Case Reports is 125 words; Current Commentary articles is 250 words; Executive Summaries, Consensus Statements, and Guidelines are 250 words; Clinical Practice and Quality is 300 words; Procedures and Instruments is 200 words. Please provide a word count.

10. 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.

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12. ACOG is moving toward discontinuing the use of "provider." Please replace "provider" throughout your paper with either a specific term that defines the group to which are referring (for example, "physicians," "nurses," etc.), or use "health care professional" if a specific term is not applicable.

13. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

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* A point-by-point response to each of the received comments in this letter. Do not omit your responses to the Editorial Office or Editors' comments.

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 Apr 30, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Torri D. Metz, MD
Associate Editor, Obstetrics

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