

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)*

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obgyn@greenjournal.org.

Date: Aug 19, 2022
To: "Abigail Ford Winkel" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-22-1255

RE: Manuscript Number ONG-22-1255

Facilitating an Optimal Transition to Residency in Obstetrics and Gynecology

Dear Dr. Winkel:

Thank you for sending us your work for consideration for publication in Obstetrics & Gynecology. Your manuscript has been reviewed by the Editorial Board and by special expert referees. The Editors would like to invite you to submit a revised version for further consideration.

If you wish to revise your manuscript, please read the following comments submitted by the reviewers and Editors. Each point raised requires a response, by either revising your manuscript or making a clear argument as to why no revision is needed in the cover letter.

To facilitate our review, we prefer that the cover letter you submit with your revised manuscript include each reviewer and Editor comment below, followed by your response. That is, a point-by-point response is required to each of the EDITOR COMMENTS (if applicable), REVIEWER COMMENTS, STATISTICAL EDITOR COMMENTS (if applicable), and EDITORIAL OFFICE COMMENTS below. Your manuscript will be returned to you if a point-by-point response to each of these sections is not included.

The revised manuscript should indicate the position of all changes made. Please use the "track changes" feature in your document (do not use strikethrough or underline formatting).

Your submission will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 09, 2022, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: The authors present a national curriculum to improve the transition to residency in OBGYN. They explain the rationale behind this initiative and provide arguments in favor of its implementation.

I found the topic timely and relevant. It addresses the need for a standardized transition to residency in the context of disparities among medical students that match into OBGYN. The manuscript is well organized and it provides a clear idea about the process followed to develop the curriculum.

Some sections in the introduction felt redundant and I think they could be merged. For example:

Lines 21 to 44: These two paragraphs basically address the same issues: changes in the field of OBGYN, challenges with the transition to residency and curricula implementation has a way to address those challenges.

Lines 46 to 68: The idea that we need more structured curricula is mentioned in two different paragraphs: "An explicit curriculum is needed" (line 50-51) and "More structured learning and better support for transition is urgently needed" (line 62-63) are very similar ideas.

My suggestion is to have only three paragraphs in the introduction, each one with defined goals:

Paragraph #1. State the problem: Why is the transition to residency so challenging? What do we know about intern readiness from prior studies? How does diversity in medical school experiences add to the problem? What are the potential consequences for both interns and patients if these challenges are not addressed?

Paragraph #2. Propose curricula development as a way to address these challenges: What does the data on pre-residency preparedness courses show? How would the implementation of national curricula would improve patient care and resident wellness?

Paragraph #3. Introduce you curriculum and the importance of a collaborative approach.

On the other hand, I would suggest to provide more details in other sections of the manuscript:

Lines 93 to 98: Among all the available material, How did you choose what to include? What was the actual process? Did all the participants review the content? Did they all vote to decide or was there a different method of topic selection? Were there any differences in opinion regarding what material should be included? If so, How were these differences resolved? How was the curriculum advertised to residency programs and medical students?

Lines 122 to 125: What was the process to develop the multiple-choice questions? Were they taken from an available question bank or were they written by the workgroup members? If written, Was there a validation process?

Lines 127 to 133: Are the results of the self-assessment being collected for future research? If so, what type of study are you planning?

Lines 226 to 228: What metrics will be used to assess the impact of the program? What tools will be use for quality improvement?

Reviewer #2: This paper is a review of a robust program developed for transitioning residents from undergraduate medical education into residency. They describe the reasoning behind the necessity of a curriculum of this nature and the various components that were developed. They discuss the importance of residents starting a program with the right skills and attitudes for success.

Reviewer #3: This paper addresses the undergraduate to graduate medical education transition, defining success as an intern possessing the requisite skills and knowledge combined with professional identity formation. This paper provides new information about a coordinated, flexible, and equitable curricula to ensure preparedness for residency. The key components of this program include self-directed learning, small group workshops, and coaching.

This program addresses a crucial transition point in medical education. It acknowledges that an individual student's experience may be highly variable due to disparities that exist within medical education. This is a clinically relevant topic as a diverse workforce is more likely to provide care for underserved populations and patient-physician racial/ethnic concordance is associated with higher levels of trust. This commentary provides a compelling and tangible mechanism to increase diversity, equity, and inclusion among OB/GYN residents by providing a level starting point to their residency training.

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- * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable).
- * Name the IRB or Ethics Committee institution in the Methods section (if applicable).
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If yes, both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers have online systems for submitting permissions requests; please consult the publisher directly for more information.

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Current Commentary: 3,000 words

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- * 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.
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In addition, the abstract length should follow journal guidelines. Please provide a word count.

Current Commentary: 250 words

11. 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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If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded as a Microsoft Word document. Your revision's cover letter should include a point-by-point response to each of the received comments in this letter. Do not omit your responses to the EDITOR COMMENTS (if applicable), the REVIEWER COMMENTS, the STATISTICAL EDITOR COMMENTS (if applicable), or the EDITORIAL OFFICE COMMENTS.

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

Again, your manuscript will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 09, 2022, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,
Jason D. Wright, MD
Editor-in-Chief

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Abigail Ford Winkel, MD, FACOG
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Assistant Director
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August 25, 2022

Dear Dr. Wright,

Thank you for the opportunity to revise this manuscript, ONG-22-1255 “Facilitating an Optimal Transition to Residency in Obstetrics and Gynecology”. We have included a point-by-point response to the Reviewer Comments and Editorial Office Comments below. There were no Editor Comments or Statistical Editor Comments to include in the response.

We hope that in its revised form, you will consider it worthy of publication. Below, the reviewers’ and editors’ comments are outlined individually, noting the location of changes in the revised manuscript.

Sincerely,

Abigail Ford Winkel, MD, MHPE
Karen George, MD, MPH
Maya Hammoud, MD, MBA
Sarah Wagner, MD
Zachary Schoppen, MD

Erika Banks, MD
Jessica Bienstock, MD, MPH
Tony Ogburn, MD
David Marzano, MD
Helen K. Morgan, MD

REVIEWER COMMENTS	RESPONSE	Page in Revised Manuscript
Reviewer #1: The authors present a national curriculum to improve the transition to residency in OBGYN. They explain the rationale behind this initiative and provide arguments in favor of its implementation. I found the topic timely and relevant. It addresses the need for a standardized transition to residency in the context of disparities among medical students that match into OBGYN. The manuscript is well organized and it provides a clear idea about the process followed to develop the curriculum.	Thank you!	--
Some sections in the introduction felt redundant and I think they could be merged. For example: Lines 21 to 44: These two paragraphs basically address the same issues: changes in the field of OBGYN, challenges with the transition to residency and curricula implementation has a way to address those challenges.	This section has been trimmed.	Page 2



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Lines 46 to 68: The idea that we need more structured curricula is mentioned in two different paragraphs: "An explicit curriculum is needed" (line 50-51) and "More structured learning and better support for transition is urgently needed" (line 62-63) are very similar ideas.	These sections have been integrated.	
<p>My suggestion is to have only three paragraphs in the introduction, each one with defined goals:</p> <p>Paragraph#1. State the problem: Why is the transition to residency so challenging? What do we know about intern readiness from prior studies? How does diversity in medical school experiences add to the problem? What are the potential consequences for both interns and patients if these challenges are not addressed?</p> <p>Paragraph#2. Propose curricula development as a way to address these challenges: What does the data on pre-residency preparedness courses show? How would the implementation of national curricula would improve patient care and resident wellness?</p> <p>Paragraph#3. Introduce your curriculum and the importance of a collaborative approach.</p>	<p>The introduction was rearranged in the way the reviewer suggests. Redundancy was removed and the section is presented in 3 paragraphs</p>	Page 3
<p>On the other hand, I would suggest to provide more details in other sections of the manuscript:</p> <p>Lines 93 to 98: Among all the available material, How did you choose what to include? What was the actual process? Did all the participants review the content? Did they all vote to decide or was there a different method of topic selection? Were there any differences in opinion regarding what material should be included? If so, How were these differences resolved? How was the curriculum advertised to residency programs and medical students?</p>	<p>The process of integrating existing curricula and expert consensus to select content is now more completely described in the section entitled "approach."</p>	Page 5
<p>Lines 122 to 125: What was the process to develop the multiple-choice questions? Were they taken from an available question bank or were they written by the workgroup members? If written, Was there a validation process?</p>	<p>These questions were drawn from existing OBGYN Intern Challenge questions, or developed by the working group. All questions were reviewed by at least one content expert and one other</p>	Page 7



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	workgroup member. This process is now more clearly outlined in the manuscript	
Lines 127 to 133: Are the results of the self-assessment being collected for future research? If so, what type of study are you planning?	The results of the self-assessment are only available in aggregate form as no identifying information is collected from users to increase the psychological safety of the experience and trust that the self-assessment is purely for guiding self-directed learning. Future analysis of patterns of use may identify where these users are less prepared for residency. Language describing this has been added to the section describing the self-directed learning program.	Page 6
Lines 226 to 228: What metrics will be used to assess the impact of the program? What tools will be use for quality improvement?	This process will include tapping the expert working groups, asking them to make careful adjustments by incorporating data from our curricular assessments. Language was added to describe this.	Page 11
Reviewer #2: This paper is a review of a robust program developed for transitioning residents from undergraduate medical education into residency. They describe the reasoning behind the necessity of a	Thank you!	--



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curriculum of this nature and the various components that were developed. They discuss the importance of residents starting a program with the right skills and attitudes for success.		
<p>Reviewer #3: This paper addresses the undergraduate to graduate medical education transition, defining success as an intern possessing the requisite skills and knowledge combined with professional identity formation. This paper provides new information about a coordinated, flexible, and equitable curricula to ensure preparedness for residency. The key components of this program include self-directed learning, small group workshops, and coaching.</p> <p>This program addresses a crucial transition point in medical education. It acknowledges that an individual student's experience may be highly variable due to disparities that exist within medical education. This is a clinically relevant topic as a diverse workforce is more likely to provide care for underserved populations and patient-physician racial/ethnic concordance is associated with higher levels of trust. This commentary provides a compelling and tangible mechanism to increase diversity, equity, and inclusion among OB/GYN residents by providing a level starting point to their residency training.</p>	Thank you!	--

EDITORIAL OFFICE COMMENTS:	Response	Page in Revised Manuscript
1. If your article is accepted, the journal will publish a copy of this revision letter and your point-by-point responses as supplemental digital content to the published article online. You may opt out by writing separately to the Editorial Office at em@greenjournal.org , and only the revision letter will be posted.	This is acceptable to us.	--
2. When you submit your revised manuscript, please make the following edits to ensure your submission contains the required information that was previously omitted for the initial double-blind peer review: * Funding information (ie, grant numbers or industry	This information is complete as applicable.	Title



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<p>support statements) should be disclosed on the title page and at the end of the abstract. For industry-sponsored studies, describe on the title page how the funder was or was not involved in the study.</p> <ul style="list-style-type: none"> * Include clinical trial registration numbers, PROSPERO registration numbers, or URLs at the end of the abstract (if applicable). * Name the IRB or Ethics Committee institution in the Methods section (if applicable). * Add any information about the specific location of the study (ie, city, state, or country), if necessary for context. 		
<p>3. Obstetrics & Gynecology's Copyright Transfer Agreement (CTA) must be completed by all authors. When you uploaded your manuscript, each coauthor received an email with the subject, "Please verify your authorship for a submission to Obstetrics & Gynecology." Please ask your coauthor(s) to complete this form, and confirm the disclosures listed in their CTA are included on the manuscript's title page. If they did not receive the email, they should check their spam/junk folder. Requests to resend the CTA may be sent to em@greenjournal.org.</p>	<p>We will ensure authors complete this form.</p>	--
<p>4. ACOG uses person-first language. Please review your submission to make sure to center the person before anything else. Examples include: "People with disabilities" or "women with disabilities" instead of "disabled people" or "disabled women"; "patients with HIV" or "women with HIV" instead of "HIV-positive patients" or "HIV-positive women"; and "people who are blind" or "women who are blind" instead of "blind people" or "blind women."</p>	<p>Addressed throughout the manuscript accordingly.</p>	--
<p>5. The journal follows ACOG's Statement of Policy on Inclusive Language (https://urldefense.com/v3/__https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language_!!MXfaZI3!!fdsgjSB_9bz9S1x_qb4KSTI3QeCcTzXRQf17kRb-sJooPHbH_ArXjRxqEEdElm0cKwXoKXzqy5RymWv8uk0eOf\$). When possible, please avoid using gendered descriptors in your manuscript. Instead of "women" and "females," consider using the following: "individuals;" "patients;" "participants;" "people" (not "persons"); "women and transgender men;" "women and gender-</p>	<p>Throughout the paper, we refer to "patients" instead of using gender-specific descriptors.</p>	--



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expansive patients;" or "women and all those seeking gynecologic care."		
<p>6. Figures: Have either of your figures been previously published in another source?</p> <p>If yes, both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers have online systems for submitting permissions requests; please consult the publisher directly for more information.</p>	No. The figures are the original work of this authorship team.	--
Please upload both figures as Figure files in Editorial Manager.	These have been included in the revised submission	--
<p>7. Make sure your manuscript meets the following word limit. The word limit includes the manuscript body text only (for example, the Introduction through the Discussion in Original Research manuscripts), and excludes the title page, précis, abstract, tables, boxes, and figure legends, reference list, and supplemental digital content. Figures are not included in the word count.</p> <p>Current Commentary: 3,000 words</p>	The word count is less than 3,000 words.	--
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<p>9. Provide a short title of no more than 45 characters, including spaces, for use as a running foot. Do not start the running title with an abbreviation.</p>	<p>This is done</p>	<p>Title page</p>
<p>10. Be sure that each statement and any data in the abstract are also stated in the body of your manuscript, tables, or figures. Statements and data that appear in the abstract must also appear in the body text for consistency. Make 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 manuscript.</p> <p>In addition, the abstract length should follow journal guidelines. Please provide a word count.</p> <p>Current Commentary: 250 words</p>	<p>We affirm that the abstract reflects the information included in the manuscript, and is 139 words in length.</p>	<p>1</p>
<p>11. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.com/v3/http://edmgr.ovid.com/ong/accounts/abbreviations.pdf;!!MXfaZI3!fdsgqSB_9bz9S1x_qb4KSTI3QeCcTtzXRQf17kRb-sJooPHbH_ArXjRxqEEdElm0cKwXoKXzqy5RymWv4EnHt32\$. 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.</p>	<p>Abbreviations have been reviewed and confirmed to follow this requirement.</p>	<p>--</p>



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Please make sure your references are numbered in order of appearance in the text.	This is confirmed.	--



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