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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.
RE: Manuscript Number ONG-19-728

Developing as an Academic Medical Educator in Obstetrics and Gynecology

Dear Dr. Graziano:

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 Jun 06, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Dr. Graziano, writing on behalf of the Undergraduate Medical Education Committee of APGO, presented a framework for successful development of the academic medical educator in Obstetrics and Gynecology.

In reviewing the manuscript, I had the following questions and comments:

1. The authors are to be commended for a very comprehensive review of each of the AAMC's five domains for advancement in academic medicine. I did note that one of the domains, Learner Assessment, was changed in the subheadings (Line 125) to Feedback and Assessment. I would revise either the subheading or the AAMC domain to be consistent, or at least an explanation of why Feedback (an important skill to be sure) was added to the domain.

2. Minor grammatical or syntax suggestions: On Line 92, "...one can hone their skills..." should be changed to "one's skills...". On lines 189-190, it switches from singular to plural. On Line 229, "...faculty... can be overwhelming" should be corrected. On Line 172, it might be more correct to state "...many are specialty specific" as the organizations are not truly institution-specific. Finally, the authors should be consistent in the use of either curriculums or curricula. Both are correct, but I would choose one term consistently throughout the manuscript.

3. I could not understand Lines 270-271 "helps first time presenters whose initial oral workshop was not accepted to a successful future submission." Please revise or elaborate further.

4. One thing that might make the submission stronger would be to include the practical matter of those items that are frequently sought by the Promotions Committee for academic advancement. These might include copies of presentations, outlines of new curricula, and evaluations of not only the learners but also evaluations by a peer observer. Letters of recommendations by faculty who are in the same or higher academic rank than the title being sought are also key in the promotions process. How does one find academicians outside the home institution to write supporting letters of recommendation?

5. Finally, the title of the paper is "Developing as an Academic Educator in Obstetrics and Gynecology." How is the presented framework unique to Obstetrics and Gynecology and our hybrid medical/surgical practice? Aside from references to APGO's Faculty Development Seminar and Scholars Program, the framework would appear applicable to all other specialties as well.
Reviewer #2: The topic of developing academic medical educators is of tantamount importance in our current clinical environment which emphasizes clinical productivity. While I appreciate the structure of the 5 domains outlined by the AAMC around advancement in academic medicine, the article does not make explicit how these domains relate to the OB/GYN clinician-educator and could be written for any audience in academic medicine. The lack of specificity in regards to the field of OB/GYN makes it more challenging to engage with this article. Because the article takes on such a large topic, the discussion seems more superficial than one would hope in order to effect the type of change that I believe the authors envision in the field of academic medicine. As a example, the domain of teaching could reflect upon the different settings that teaching occurs within OB/GYN including classroom teaching (didactic teaching which includes lectures, small group, flipped classrooms), ambulatory care, surgical teaching (ie teaching in the OR), teaching during emergencies, and simulation (OB emergencies and surgical skills). More specific details connecting the AAMC structure to the realities of the the roles and responsibilities of the OB/GYN academic educator would strengthen this article and increase its relevance to academic educators within our specialty. Another approach that could perhaps make this article more relevant to the OB/GYN audience would be to consider case studies of medical educators within OB/GYN and then highlight specific strengths or areas for growth within the case studies. Additionally, there is no discussion on diversity, equity, and inclusion which I think is a topic highly relevant in the medical education and of considerable importance to OB/GYN given the diversity of our students, trainees, and faculty.

Reviewer #3: I applaud the authors for putting pen to paper and outlining the key components necessary to establish a career as a medical educator. The commentary is well written and has specific guidelines to help junior faculty members succeed.

I think that you are missing a key component that I would entitle self-advocacy. In this description would be ideas for "getting credit for what you do", the educator's portfolio, which you don't mention, and its components. How to get credit for what you do could be included under each of the five AAMC domains or could be it's own section.

Negotiation for time needs to be included somewhere as well as the necessity of acquiring one or several mentors.

Similarly, the importance of networking and borrowing from colleagues or other institutions is another important concept so that one is not reinventing the wheel. This can be helpful in self advocacy (looking at examples of educator's portfolios) or adapting existing curriculum and introducing at your institution.

The manuscript could benefit from a table of resources for each domain.

Many of the authors are associated with APGO and so understandably the APGO faculty development seminar is mentioned frequently but you should make an attempt to mention other interdisciplinary development courses like you do in the educational leadership section.

Line 126 should be changed to proficiency "is" useful

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- 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 abstracts conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Precis should be the "hook" for people who scan the Table of Contents to see what to read. It shouldn't not include statements like "in this study" or "we found". Just state what you found.

- "Barriers" is not really the opposite of "rewards". The sentence structure sets these up to be opposites. A barrier is an obstacle to something while a reward is something gained FROM something. Could you edit here and in the abstract?

- Please replace the period with a colon here.

- "academic medical educators want to teach" is perhaps less complex
is this the number for all surgical specialties (i think so). One of the criticisms of your paper is that it is too
generic. Could you edit the paper to be more specific to Ob GYN in order to make it a better fit for the Journal? In this
instance, give the # of Ob GYN docs predicted to be "short" by 2030.

- don't be wishy washy. It IS necessary, not "would seem" necessary.

- what about recruiting and developing new faculty?

- The Journal style doesn’t not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

- what does this mean? where is the reference to this?

- i know this is UMEC author group, but does CREOG have anything similar to include?

- I don't understand this? How does capital (money) DO this?

- Here or later in this section, I think it would be important to emphasize the importance of being comfortable
providing both summative as well as formative feedback, and positive feedback as well as negative.

- what about clinical assessment with real patients?

- I think the plural of curriculum is curricula

2. 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:

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

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement"
(eCTA) and will no longer be collecting author agreement forms. 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.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you
are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. The length of your submission currently exceeds the suggested maximum of 12 double-spaced pages. We are going to
let you proceed at the current length, but please do not add much more to the overall length when you are working on
your revised manuscript.

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 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."

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: Current Commentary articles, 250 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. 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 http://edmgr.ovid.com/acd/accounts/ifauth.htm.

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.

11. 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 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 Jun 06, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

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

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To the Editors:

We appreciate the opportunity to revise our manuscript, entitled “Developing as an Academic Medical Educator in Obstetrics and Gynecology”. On behalf of our group, I would like to address the constructive and helpful comments that we received to revise our manuscript. Please see the comments and responses below. Thank you.

Scott Graziano, MD

Reviewer 1:

1. The authors are to be commended for a very comprehensive review of each of the AAMC's five domains for advancement in academic medicine. I did note that one of the domains, Learner Assessment, was changed in the subheadings (Line 125) to Feedback and Assessment. I would revise either the subheading or the AAMC domain to be consistent, or at least an explanation of why Feedback (an important skill to be sure) was added to the domain.

RESPONSE: We have changed the heading to align with the AAMC domains and the rest of our manuscript.

2. Minor grammatical or syntax suggestions: On Line 92, "...one can hone their skills..." should be changed to "one's skills..." On lines 189-190, it switches from singular to pleural. On Line 229, "...faculty... can be overwhelming" should be corrected. On Line 172, it might be more correct to state "...many are specialty specific" as the organizations are not truly institution-specific. Finally, the authors should be consistent in the use of either curriculums or curricula. Both are correct, but I would choose one term consistently throughout the manuscript.

RESPONSE: The sentence originally on line 92 was changed to “faculty can begin developing their expertise.” The sentence originally on line 189 changed to “Mentoring, advising and professional identity formation contribute significantly to the development of a future medical educator”. The original line 229 changed to “faculty taking on a new role can be overwhelmed when starting.” Line 172 was removed with other revisions to the manuscript. The term ‘curricula’ was used and revised throughout the manuscript.

3. I could not understand Lines 270-271 "helps first time presenters whose initial oral workshop was not accepted to a successful future submission." Please revise or elaborate further.

RESPONSE: We agree this was unclear. Due to multiple revisions of the manuscript, this line was completely removed.

4. One thing that might make the submission stronger would be to include the practical matter of those items that are frequently sought by the Promotions Committee for academic advancement. These might include copies of presentations, outlines of new curricula, and evaluations of not only the learners but also evaluations by a peer observer. Letters of
recommendations by faculty who are in the same or higher academic rank than the title being sought are also key in the promotions process. How does one find academicians outside the home institution to write supporting letters of recommendation?

RESPONSE: We appreciate the comments. Within the text of each subheading, we have included more concrete examples of what a faculty could include in a portfolio for a potential promotion. In the conclusion, we discuss the importance of disseminating one’s work for educational scholarship. We included a comment on how this dissemination allows faculty to establish professional relationships nationally, which can lead to letters of recommendation. (Lines 247-256 in the revised manuscript)

5. Finally, the title of the paper is "Developing as an Academic Educator in Obstetrics and Gynecology." How is the presented framework unique to Obstetrics and Gynecology and our hybrid medical/surgical practice? Aside from references to APGO’s Faculty Development Seminar and Scholars Program, the framework would appear applicable to all other specialties as well.

RESPONSE: Thank you for the comment. We have restructured and revised the content of the paragraphs under each subheading to include specific examples for Ob/Gyn faculty to demonstrate proficiency and success in each domain. This is in line with reviewer #2 recommendations. Hopefully this will make the manuscript more specific to Ob/Gyn academic medical educators.

Reviewer 2:

The topic of developing academic medical educators is of tantamount importance in our current clinical environment which emphasizes clinical productivity. While I appreciate the structure of the 5 domains outlined by the AAMC around advancement in academic medicine, the article does not make explicit how these domains relate to the OB/GYN clinician-educator and could be written for any audience in academic medicine. The lack of specificity in regards to the field of OB/GYN makes it more challenging to engage with this article. Because the article takes on such a large topic, the discussion seems more superficial than one would hope in order to effect the type of change that I believe the authors envision in the field of academic medicine. As a example, the domain of teaching could reflect upon the different settings that teaching occurs within OB/GYN including classroom teaching (didactic teaching which includes lectures, small group, flipped classrooms), ambulatory care, surgical teaching (ie teaching in the OR), teaching during emergencies, and simulation (OB emergencies and surgical skills). More specific details connecting the AAMC structure to the realities of the the roles and responsibilities of the OB/GYN academic educator would strengthen this article and increase its relevance to academic educators within our specialty. Another approach that could perhaps make this article more relevant to the OB/GYN audience would be to consider case studies of medical educators within OB/GYN and then highlight specific strengths or areas for growth within the case studies. Additionally, there is no discussion on diversity, equity, and inclusion which I think is a topic highly relevant in the medical education and of considerable importance
to OB/GYN given the diversity of our students, trainees, and faculty.

RESPONSE: Thank you for the comments and suggestions. Reviewer #1 had similar comments regarding the specific nature to Ob/Gyn. We have revised the content of the paragraphs under each subheading to include specific examples of how an Ob/Gyn faculty could demonstrate activity and success in each domain.

We believe that Diversity, Equity and Inclusion (DEI) is an important topic. While important, it would be difficult to do the topic its due justice while still maintaining the integrity of the initial goal of the manuscript. Indeed, that topic could be a manuscript of its own. We hope the reviewers still recognize the strengths of this manuscript, with the current revisions, in light of our intentional omission of DEI.

Reviewer 3:

I applaud the authors for putting pen to paper and outlining the key components necessary to establish a career as a medical educator. The commentary is well written and has specific guidelines to help junior faculty members succeed.

I think that you are missing a key component that I would entitle self-advocacy. In this description would be ideas for "getting credit for what you do", the educator's portfolio, which you don't mention, and its components. How to get credit for what you do could be included under each of the five AAMC domains or could be it's own section.

RESPONSE: We appreciate these comments. We have added a short paragraph in the revised manuscript devoted to the medical educator portfolio (line 94 – 102), prior to the subheading paragraphs, with two citations. In addition, within each subheading, we address specific things that a faculty member could document on their portfolio to help with advancement.

Negotiation for time needs to be included somewhere as well as the necessity of acquiring one or several mentors.

RESPONSE: We have added the importance of acquiring a mentor for advancement, under the mentor and advisor subheading. We also added a comment about mentors helping faculty develop skills to negotiate, usually for time, noting that most of these domains have time as a challenge. (Line 198-205)

Similarly, the importance of networking and borrowing from colleagues or other institutions is another important concept so that one is not reinventing the wheel. This can be helpful in self advocacy (looking at examples of educator's portfolios) or adapting existing curriculum and introducing at your institution.
RESPONSE: We do touch on this concept a bit in the manuscript. Under curriculum development, we do comment on using MedEdPortal (as one example) of implementing a preexisting curriculum (Line 162 – 165). While brief, it does highlight the point under the most impactful domain, as curriculum development (and implementation) is where this would be most influential.

The manuscript could benefit from a table of resources for each domain.

RESPONSE: We have removed the resources from each subheading and have created a table, referenced in the manuscript, that addresses a comprehensive list of resources available. We have also revised the educational scholarship section to talk about resources (Line 238-256).

Many of the authors are associated with APGO and so understandably the APGO faculty development seminar is mentioned frequently but you should make an attempt to mention other interdisciplinary development courses like you do in the educational leadership section.

RESPONSE: We appreciate this comment and we did update the resources to include a variety from both ObGyn specific organizations, as well as nationally. These are located in the table and in the educational scholarship subheading (Line 238-256).

Line 126 should be changed to proficiency "is" useful.

RESPONSE: We appreciate the edit and the correction is completed.

Editor Comments:

- 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 abstracts conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Precis should be the "hook" for people who scan the Table of Contents to see what to read. It shouldn’t not include statements like "in this study" or "we found". Just state what you found.

RESPONSE: We have edited the précis and believe it better represents its purpose.

- "Barriers" is not really the opposite of "rewards". The sentence structure sets these up to be opposites. A barrier is an obstacle to something while a reward is something gained FROM something. Could you edit here and in the abstract?

RESPONSE: We have edited and replaced with challenges. We feel challenges implies there will be some difficulty, and the reward would be the benefit of persevering in academic medicine.

- Please replace the period with a colon here.
RESPONSE: We have made the change.

- "academic medical educators want to teach" is perhaps less complex

RESPONSE: We have made the change.

- is this the number for all surgical specialties (i think so). One of the criticisms of your paper is that it is too generic. Could you edit the paper to be more specific to Ob GYN in order to make it a better fit for the Journal? In this instance, give the # of Ob GYN docs predicted to be "short" by 2030.

RESPONSE: We agree. We have cited a new reference specific to obgyn providers in 2030 and 2050.

- don't be wishy washy. It IS necessary, not "would seem" necessary.

RESPONSE: We have made the change.

- what about recruiting and developing new faculty?

RESPONSE: Agree, we have added this to the statement (Line 78)

- The Journal style doesn’t not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

RESPONSE: We have made the requested changes

- what does this mean? where is the reference to this?

RESPONSE: The reference was meant to imply that as you teach, you establish a reputation as a good teacher, which will hopefully identify you as a good person to choose as a clinical mentor, and grow professional relationships with students. We have edited the paragraph to better represent the idea of the professional teaching reputation and how that could affect the learner and teacher relationship. (Line 105-111)

- i know this is UMEC author group, but does CREOG have anything similar to include?

RESPONSE: We appreciate this comment and we did update the resources to include a variety from both ObGyn specific organizations, as well as nationally. These are located in the table and in the educational scholarship subheading (Line 238-256)

- I don't understand this? How does capital (money) DO this?
RESPONSE: The abstract capital, from the original reference, was meant to represent one’s professional identity or reputation, and one could draw from that reputation to prove one’s worth. We eliminated the term capital and replaced with professional identity development.

- Here or later in this section, I think it would be important to emphasize the importance of being comfortable providing both summative as well as formative feedback, and positive feedback as well as negative.

RESPONSE: We have added a statement alluding to the need to deliver different feedback types. It precedes into the referenced statement that up to 1/3 are not comfortable with grading and giving feedback. (Line 142)

- what about clinical assessment with real patients?

RESPONSE: We agree, this was added.

- I think the plural of curriculum is curricula

RESPONSE: We agree, this was changed.