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

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

*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-19-432

Attitudes of trainees in Obstetrics and Gynecology regarding the structure of residency training

Dear Dr. Alston:

Thank you for submitting your manuscript for the CREOG/APGO Educational Supplement for Obstetrics & Gynecology. As you know, final decisions regarding which manuscripts to accept for the supplement will be made in June 2019, after all manuscripts have been reviewed. For those manuscripts, like yours, for which revisions have been requested, we are asking the authors to go ahead and make those revisions now.

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 May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Again, thank you for your submission and the work you are doing to improve medical education.

Roger P. Smith, MD
Guest Editor for the CREOG/APGO Supplement
Assistant Dean for Graduate Medical Education, Faculty and Academic Affairs
Professor of Integrated Medical Science
Florida Atlantic University’s Charles E. Schmidt College of Medicine

Nancy C. Chescheir, MD
Editor-in-Chief of Obstetrics & Gynecology

REVIEWER COMMENTS:

Reviewer #1: I think this is a terrific, much-needed study, and will make a valuable contribution to the literature. It is well-written and clear. Most of my comments are minor suggestions or related to typos. The reason I answered "uncertain for the question about the conclusions being supported by the data is only because of the last paragraph. Everything else is supported.

Line 59 - typo "and" not "ad"

Lines 137-138 The sentence which begins "Limited intermittent..." is awkward and difficult to understand. It should be rephrased.

Lines 177-179 It is interesting that all of the residents plan to perform vaginal hysterectomy, but not incontinence procedures. Given that 97% plan to perform total laparoscopic hysterectomy, and 100% plan to perform vaginal hysterectomy, I don't think it is very significant that only 70% will perform LAVH. This sentence could be reworded to change the emphasis. After reading it, I had to re-read the paragraph to see if vaginal hysterectomy was listed.

Lines 177-179 & Table 2: 7% of the residents plan to go into MFM and yet 97% plan to perform TLH. Is this correct?

Line 236-241 - the sentence is long and grammatically awkward:
"to produce obstetrics and gynecology residency graduates..."
"continue to recruit competitive students..."
"to best meet the needs..."

I'm not sure this concluding sentence is warranted since the study was about the opinions of residents and students, not...
the state of residency training. It makes more sense to me that the concluding paragraph focus on what was learned about the attitudes of trainees, which has value. Residents and Applicants don't seem to want sweeping changes and they don't seem to be urgently calling for change based on this data. In fact, only 20% even want tracking in the PG4 year (figure 2). I completely agree with the first sentence. Calling for pilot programs/innovations is a great idea based on the results of this study.

Reviewer #2: This is a mailed survey study to gather the perspective of current and future OBGYN trainee regarding potential adjustment to the model of residency training. Very important perspective and timely study.

Main issues:
1- With a low response rate of 66%, comparing demographic and known characteristics of the responders to non-responders is important to assess non-responder bias that can affect the validity of the results! Did the authors consider this comparison!
2- Interestingly, >70% of participant had concerns about the lack of gynecologic surgery volumes (Figure 1). This is an important issue that calls for tracking in the 4th year of residency. Scrubbing in a hysterectomy for a "Chief" who already accepted into a MFM fellowship might not be the best utilization of the educational resources.

Specific issues:
1- Abstract: need to be shorter to meet the required length
2- Introduction: Well written
3- Methods:
   a. What were the measures planned to increase the response rate for the survey? Did the authors planned multiple mailing for non-responders?
   b. Any plans were made to address non-responder bias by comparing the demographic characteristics of the responders to the non-responders using ERAS applications or other known variables?
4- Results:
   a. Please consider adding a flow chart for the selection of the study sample out of the study population!
   b. Figure 2, there is no need to present "No", Yes alone should be sufficient
   c. Figure 4, please consider changing colors to be "green" for "somewhat /strongly agree" instead of "red"
   d. Table 3:
      i. It is interesting that 100% of 3rd and 4th year planning to do vaginal hysterectomy and less resident are planning to do abdominal and laparoscopic despite less cases of vaginal hysterectomy done compared to other modalities!
      ii. It is interesting that 37% believe that they can do anti-incontinence procedures while 0% believe they can do lymph node dissection! This need to be highlighted!
5- Discussion:
   a. An important limitation is low response rate, please discuss the measures that authors did to address this issue and its effects on the validity of the study findings!
   b. Please consider some discussion about the proposed total separation into 2 residencies, OB and GYN as an idea that has some pros and cons as well!

Reviewer #3: This is a survey study about learner perspectives and preferences with regards to OB/GYN residency. The main strength of the study is that it surveyed several institutions, and had a great response rate for a survey study. The message is important, although not new in Ob/GYN. The weakness of the study is the selective institutions the survey was administered at and the bias that seems to be in the survey design and reporting. The authors seem to have an agenda with their paper, and while I don't disagree with some of their arguments, as a scientific paper, it is lacking. At a minimum, the survey should have been evaluated for more than readability with fellows. It is difficult to publish results on a survey that has not been through any validation.

1. Lines 99-101: The authors claim the structure of residency has not changed, however there are substantial changes in training overall, and these should be acknowledged.
2. Table 2 describes the applicant cohort and the resident cohort, however no conclusions are made about the level of training and its impact on the results. Therefore it is confusing as to why this table splits out these cohorts. It may be better to not compare these MS4 versus PGY 1-4, and just describe the entire cohort in Table 2. If the authors would like to compare early to late trainees, it would make far more sense to group the MS4 studetsn with PGY1 and maybe even
PGY2 residents, and compare this to the trainee group of PGY3-4s.

3. The paper seems heavily biased toward the surgical training needs of the OB/GYN resident. This is a known issue in OB/GYN in general, however the programs in which this survey was administered have a bigger issue with surgical volume OR a more uneven OB versus GYN experience. This is likely biasing results. What about outpatient practice? REI practice? Other areas of OB/GYN practice that are not evaluated with this survey instrument?

4. Lines 186-188: The authors conclude that the residents report a "low rate of planning to perform common gyn and ob procedures" however report rates of 70-100% for procedures. This is not consistent.

5. The addition of case volume data would be helpful in this paper. For example, if a program does 100 vaginal hysterectomies a year, but the 4-9 residents at the program don't feel prepared to do vaginal hysterectomy, may it is NOT just a volume issue as discussed by the authors. Adding in case volumes and correlating with trainee perspective of preparedness will strengthen this paper greatly.

Reviewer #4: Table 3 is referenced but not included.

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

lines 172-175: How many PGY3 or PGY4 were eligible vs how many responded?

Table 1: Should format the # Respondents column as n(%). There is statistically significant variation in % respondents, which may have biased the final sample.

Table 2: Should format age as mean(SD) and include units for age.

Figs 1-4: In some cases, there are stats cited in Results re: comparisons shown in Figures. Not sure whether the figures are meant to be descriptive or comparative, but if the latter, should include in figures or their legends, analysis of which comparisons were statistically different and which were NS different.

For consistency, should use one format for likert scale (fig 1 shows 5 levels, while figs 3 and 4 aggregate the 5 levels into 3 levels. Could alternatively show as Tables with median(Range or IQR) and test applicant vs resident cohorts with non-parametric test, rather than as figures.

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
   1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
   2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. 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.

3. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "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 manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works. Variance is needed in the following sections:

- Lines 113-119 ("A voluntary survey...at each participating institution.")
- Lines 128-132 ("The overall response rate was...into the REDCap system").
- Lines 207-210 ("Our study has several...duplications of respondents").
- Authors should also note that these methods have been previously described: https://insights.ovid.com/crossref?an=00006250-201810001-00002

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions. Your submission should not exceed 3,000 words. The word count will include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and appendixes). References are not included in the word count. Please limit your Introduction to 250 words and your Discussion to 750 words.

6. 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. Please limit your abstract to a maximum of 300 words.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmrg.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.

8. 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.

9. Please state the overall response rate in the Abstract and body text.

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

11. Figures

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

12. 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://edmrg.ovid.com/acc/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.

13. 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 May 30, 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

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.
May 21, 2019

Dear Dr. Chescheir,

Thank you for the opportunity to revise our manuscript entitled “Attitudes of trainees in Obstetrics and Gynecology regarding the structure of residency training” for publication in Obstetrics and Gynecology (Education Supplement). We appreciate the opportunity to revise our manuscript for further consideration. All authors approve the revised version of this manuscript.

The manuscript has not been submitted to any other journal nor will it be submitted to another journal for consideration prior to a decision is made by the editors of Obstetrics and Gynecology. Thank you again for your time and consideration.

Sincerely,

Meredith J. Alston MD, FACOG
REVIEWER COMMENTS:

Reviewer #1:

1. I think this is a terrific, much-needed study, and will make a valuable contribution to the literature. It is well-written and clear. Most of my comments are minor suggestions or related to typos. The reason I answered "uncertain for the question about the conclusions being supported by the data is only because of the last paragraph. Everything else is supported.

Response: No response required

2. Line 59 - typo "and" not "ad"

Response: corrected

3. Lines 137-138 The sentence which begins "Limited intermittent..." is awkward and difficult to understand. It should be rephrased.

Response: This has been revised and now reads “Item non-response results in some categories summing to less than the column total”.

4. Lines 177-179 It is interesting that all of the residents plan to perform vaginal hysterectomy, but not incontinence procedures. Given that 97% plan to perform total laparoscopic hysterectomy, and 100% plan to perform vaginal hysterectomy, I don't think it is very significant that only 70% will perform LAVH. This sentence could be reworded to change the emphasis. After reading it, I had to re-read the paragraph to see if vaginal hysterectomy was listed.

Response: This has been revised and now reads: “Nearly all residents plan to perform abdominal (97%) and total laparoscopic hysterectomy (97%), but Fewer plan to perform laparoscopic assisted vaginal hysterectomy (70%).

5. Lines 177-179 & Table 2: 7% of the residents plan to go into MFM and yet 97% plan to perform TLH. Is this correct?

Response: The 97% that plan to perform TLH is only of the residents planning generalist practice. Lines 173-176: “Forty-five senior residents (PGY3 or PGY 4) responded to the survey and 91.1% reported they would feel prepared for independent practice at the completion of residency (Table 3). Senior residents planning to pursue generalist practice (academic, private practice, or undecided, n=30) were queried on procedures they were planning to perform in practice.”

6. Line 236-241 - the sentence is long and grammatically awkward:
   "to produce obstetrics and gynecology residency graduates..."
   "continue to recruit competitive students..."
"to best meet the needs..."

Response: This has been reworded and now reads: “Perhaps the time has come for national accrediting bodies to allow residency programs to suggest innovative models of individualized training. This would include an exemption from the minimum case numbers, thus moving the needle on meaningful and much needed change in Obstetrics and Gynecology residency training.”

7. I'm not sure this concluding sentence is warranted since the study was about the opinions of residents and students, not the state of residency training. It makes more sense to me that the concluding paragraph focus on what was learned about the attitudes of trainees, which has value. Residents and Applicants don't seem to want sweeping changes and they don't seem to be urgently calling for change based on this data. In fact, only 20% even want tracking in the PG4 year (figure 2). I completely agree with the first sentence. Calling for pilot programs/innovations is a great idea based on the results of this study.

Response: The author’s appreciate the reviewer’s comment. We respectfully wish to retain the verbiage of the last paragraph and we believe this reflects our interpretation of not only the results of the study but the climate of residency training.

Reviewer #2:

1. This is a mailed survey study to gather the perspective of current and future OBGYN trainee regarding potential adjustment to the model of residency training. Very important perspective and timely study.

Response: no response required

2. Main issues: With a low response rate of 66%, comparing demographic and known characteristics of the responders to non-responders is important to assess non-responder bias that can affect the validity of the results! Did the authors consider this comparison!

Response: We thank the reviewer for their comment. We appreciate this concern as well, however since our study was anonymous we could not evaluate the non-responders. Lines 220-221 states :“As our study was anonymous, we are unable to determine if the non-responders were a unique group with potentially different attitudes.”

3. Interestingly, >70% of participant had concerns about the lack of gynecologic surgery volumes (Figure 1). This is an important issue that calls for tracking in the 4th year of residency. Scrubbing in a hysterectomy for a “Chief” who already accepted into a MFM fellowship might not the best utilization of the educational resources.

Response: No response required
4. Abstract: need to be shorter to meet the required length

**Response:** Our abstract is under 300 words, which we believe is the required length.

5. Introduction: Well written

**Response:** No response required

6. What were the measures planned to increase the response rate for the survey? Did the authors planned multiple mailing for non-responders?

**Response:** The follow has been added to the methods: “Two additional reminder emails were sent at 2 week intervals.”

7. Any plans were made to address non-responder bias by comparing the demographic characteristics of the responders to the non-responders using ERAS applications or other known variables?

**Response:** See Reviewer #2 #7

8. Please consider adding a flow chart for the selection of the study sample out of the study population!

**Response:** We appreciate the reviewer’s comment. Unfortunately we are unable to do this due to the anonymous nature of the survey.

9. Figure 2, there is no need to present "No", Yes alone should be sufficient

**Response:** This change has been made.

10. Figure 4, please consider changing colors to be "green" for "somewhat /strongly agree" instead of "red"

**Response:** This change has been made.

11. Table 3: It is interesting that 100% of 3rd and 4th year planning to do vaginal hysterectomy and less resident are planning to do abdominal and laparoscopic despite less cases of vaginal hysterectomy done compared to other modalities!

**Response:** No response required
12. It is interesting that 37% believe that they can do anti-incontinence procedures while 0% believe they can do lymph node dissection! This need to be highlighted!

Response: We appreciate the reviewer’s comment. This is interesting. We think reflects the current climate of some generalists performing some TVTs/TOTs, but very few performing lymph node dissections.

13. Discussion: An important limitation is low response rate, please discuss the measures that authors did to address this issue and its effects on the validity of the study findings!

Response: Please see Reviewer #2 #6

b. Please consider some discussion about the proposed total separation into 2 residencies, OB and GYN as an idea that has some pros and cons as well!

Response: We thank the reviewer for their comment. The following was added to the discussion:“Some advocates for changing residency structure have even suggested dividing the specialty into 2 separate domains of obstetrics and gynecology.”

Reviewer #3:

1. This is a survey study about learner perspectives and preferences with regards to OB/GYN residency. The main strength of the study is that it surveyed several institutions, and had a great response rate for a survey study. The message is important, although not new in Ob/GYN. The weakness of the study is the selective institutions the survey was administered at and the bias that seems to be in the survey design and reporting. The authors seem to have an agenda with their paper, and while I don't disagree with some of their arguments, as a scientific paper, it is lacking. At a minimum, the survey should have been evaluated for more than readability with fellows. It is difficult to publish results on a survey that has not been through any validation.

Response: No response required.

1.Lines 99-101: The authors claim the structure of residency has not changed, however there are substantial changes in training overall, and these should be acknowledged.

Response: We thank the reviewer for their comment. There have been changes to the clinical environment and residency training with regard to duty hours, etc. However, the 4 year OB/GYN training platform has not been altered. Please see lines 91-100 for a discussion of changing influences on the specialty and training.
2. Table 2 describes the applicant cohort and the resident cohort, however no conclusions are made about the level of training and its impact on the results. Therefore it is confusing as to why this table splits out these cohorts. It may be better to not compare these MS4 versus PGY 1-4, and just describe the entire cohort in Table 2. If the authors would like to compare early to late trainees, it would make far more sense to group the MS4 students with PGY1 and maybe even PGY2 residents, and compare this to the trainee group of PGY3-4s.

Response: As we later on present analyses by residents and applicants (in figures 3 and 4) this table matches that presentation, while avoiding drilling down too closely on demographics that could compromise confidentiality (as might occur if looking at residents by year).

3. The paper seems heavily biased toward the surgical training needs of the OB/GYN resident. This is a known issue in OB/GYN in general, however the programs in which this survey was administered have a bigger issue with surgical volume OR a more uneven OB versus GYN experience. This is likely biasing results. What about outpatient practice? REI practice? Other areas of OB/GYN practice that are not evaluated with this survey instrument?

Response: We thank the reviewer for their comment. We have added the following to the discussion: “Additionally, variation in clinical experiences across these sites could have impacted responses, and thus may not reflect the attitudes of all applicants and residents.”

4. Lines 186-188: The authors conclude that the residents report a "low rate of planning to perform common gyn and ob procedures" however report rates of 70-100% for procedures. This is not consistent.

Response: We thank the reviewer for their comment. We have edited this text to now read: “While those planning to pursue generalist practice have a high rate of anticipating that they will be prepared to enter practice, they do not universally report planning to perform common gynecologic and obstetric procedures.”

5. The addition of case volume data would be helpful in this paper. For example, if a program does 100 vaginal hysterectomies a year, but the 4-9 residents at the program don't feel prepared to do vaginal hysterectomy, may it is NOT just a volume issue as discussed by the authors. Adding in case volumes and correlating with trainee perspective of preparedness will strengthen this paper greatly.

Response: We thank the reviewer for their comment. All programs included in the study are meeting the ACGME cases minimums. This information has been included in the methods.

Reviewer #4:
1. Table 3 is referenced but not included.

Response: Table 3 is included

STATISTICAL EDITOR COMMENTS:

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

1. Lines 172-175: How many PGY3 or PGY4 were eligible vs how many responded?

Response: 45 total PGY3s and PGY4s responded. The results includes the following: “Forty-five senior residents (PGY3 or PGY4) responded to the survey and 91.1% reported they would feel prepared for independent practice at the completion of residency (Table 3). Senior residents planning to pursue generalist practice (academic, private practice, or undecided, n=30) were queried on procedures they were planning to perform in practice.”

Table 1: Should format the # Respondents column as n(%). There is statistically significant variation in % respondents, which may have biased the final sample.

Response: This has been added.
In addition to having this result added to the table and its footnote, clarifying sentences were also added to the methods, results and discussion sections.

Table 2: Should format age as mean (SD) and include units for age.

Response: This has been changed.

Figs 1-4: In some cases, there are stats cited in Results re: comparisons shown in Figures. Not sure whether the figures are meant to be descriptive or comparative, but if the latter, should include in figures or their legends, analysis of which comparisons were statistically different and which were NS different.

For consistency, should use one format for likert scale (fig 1 shows 5 levels, while figs 3 and 4 aggregate the 5 levels into 3 levels. Could alternatively show as Tables with median(Range or IQR) and test applicant vs resident cohorts with non-parametric test, rather than as figures.

Response: We have modified Figure 1 to use three-category responses for consistency with figures 3 and 4. We have further standardized the figures in color, panel ordering, and labeling (changes made to all 4 figures in formatting, only figure 1 changed in values due to group combinations), p-values have been added to all panels – while the overall pattern is of most
interest, it is also interesting where there are differences. It is now clearly stated that this comparison is only of secondary interest.

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

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

2. 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.

   **Response:** Noted

3. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "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 manuscript's guarantor.

   If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.
Response: Noted

4. All submissions that are considered for potential publication are run through CrossCheck for originality. The following lines of text match too closely to previously published works. Variance is needed in the following sections:

- Lines 113-119 (“A voluntary survey….at each participating institution.”)
  
  **Response:** This now reads: “A voluntary and anonymous survey was distributed to all current residents and applicants interviewing for a residency position during the October 2017-January 2018 interview season at the University of Colorado (Colorado), University of Washington (UW), University of California San Francisco (UCSF), Loyola University (Loyola), St. Joseph’s Hospital (SJH) and Texas A&M (TAM) Departments of Obstetrics and Gynecology.”

- Lines 128-132 (“The overall response rate was…into the REDCap system”).
  
  **Response:** This now reads: “The overall response rate was calculated from the list of total number of residents and applicants interviewing at each institution. Duplicates were identified from initial lists of invited applicants from each program via email addresses as they were uploaded into the REDCap system and subsequently removed.”

- Lines 207-210 (“Our study has several….duplications of respondents”).
  
  **Response:** This now reads: “Our study has several strengths. We had a good response rate, and sampled a large number of applicants and residents at multiple institutions with variations in program size, location, and religious affiliation. Additionally, the survey was administered via a secure RedCap system, ensuring no duplication of respondents.”

Authors should also note that these methods have been previously described: [https://insights.ovid.com/crossref?an=00006250-201810001-00002](https://insights.ovid.com/crossref?an=00006250-201810001-00002)

**Response:** This has been included.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions. Your submission should not exceed 3,000 words. The word count will include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and appendixes). References are not included in the word count.

**Response:** Word count = 2,439
Please limit your Introduction to 250 words and your Discussion to 750 words.

Response: Introduction = 248 words, Discussion = 748 words

6. 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.

Please limit your abstract to a maximum of 300 words.

Response: Abstract = 259 words

7. 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.

Response: Noted

8. 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.

Response: Noted

9. Please state the overall response rate in the Abstract and body text.

Response: This has been included.

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

Response: Noted

11. Figures

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).
If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Response: Noted