

A Curriculum for the Fourth Year of Medical School

A Survey of Obstetrics and Gynecology Educators

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OBJECTIVE: To generate recommendations for a fourth-year rotation curriculum for medical students going into obstetrics and gynecology (Ob/Gyn).

STUDY DESIGN: A 16-item survey was distributed to all academic Ob/Gyn chairpersons, program directors, and clerkship directors in the United States and Canada inquiring about their recommendations for a fourth-year medical school curriculum for a student who wished to

pursue a residency in Ob/Gyn. The survey was also distributed to the faculty and second-year residents at 12 residency program sites.

RESULTS: Two Ob/Gyn rotations were recommended by 51.2% (175/342) of respondents. When asked to design a 10-rotation fourth-year curriculum for the

student pursuing an Ob/Gyn residency, the 10 most frequent responses were critical care, maternal-fetal medicine, emergency medicine, general Ob/Gyn, anesthesiology, gynecologic oncology, radiology, boot camp, general surgery, and general internal medicine. Furthermore, 60.1% (208/346) of respondents recommended that the students from their institutions should do audition rotations.

CONCLUSION: Ob/Gyn educators support senior medical students interested in pursuing an Ob/Gyn residency to do between 2–3 rotations in women's health-related fields. Based on the survey, educators recommend students schedule a final year that includes both Ob/Gyn-specific rotations as well as rotations that further support a general medical

With medical education curriculum reform at the forefront of many medical schools, a reevaluation of the fourth year of medical school is timely.

From the University of South Carolina School of Medicine Greenville, Touro College of Osteopathic Medicine, Virginia Commonwealth University School of Medicine Inova Campus, Boston University School of Medicine, The University of Oklahoma Health Sciences Center, Beth Israel Deaconess Medical Center/Harvard Medical School, Loyola University Medical Center, Warren Alpert School of Medicine at Brown University/Women & Infants Hospital, University of Saskatchewan, University of Texas Health Science Center San Antonio, Rutgers-Robert Wood Johnson Medical School, Sidney Kimmel Medical College of Thomas Jefferson University, and the Cleveland Clinic.

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education that prepares them for residency. In addition, audition rotations are commonly recommended by educators. (J Reprod Med 2019;64:247–255)

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Several reports indicate that medical students are unprepared for residency,^{1,4} thus challenging the purpose and effectiveness of the fourth-year medical school curriculum. The question remains whether students should focus on preparing for their chosen field of study,^{5,6} do away with audition rotations to help earn a residency spot,^{7,8} or pursue a general clinical tract to give their education a focus on things they may not get in residency.^{9–12} Others have suggested that the purpose of the fourth year is to successfully complete medical school and transition to residency.¹³

For many years, the fourth year of medical school has been structured with significant elective time to allow students the opportunity to explore many fields of interest as well as potential careers.^{14,15} In 1985 the “pre-residency syndrome” was described as one that shifted the students’ focus of fourth-year electives from pursuing a course that enhanced a student’s knowledge of general medical education to a job-hunting tool with multiple “audition” rotations by students in their chosen specialty, followed by a period of relaxation prior to their intern year.^{16,17} To shift this trend, curriculum committees at various medical schools have sought to revamp the fourth-year curriculum, but seemingly less so than that of the first 3 years of medical school.^{18–21} Several solutions to address the content have been suggested from specialty societies^{11,22,23} and include giving credit in the fourth year of medical school for residency training,^{24–26} a college program wherein students would affiliate with a network of faculty whose specialties shared similar traits in practice,^{15,27} and senior electives were grouped by career pathways.²⁸ Other suggestions include elimination of the fourth year altogether by instituting a 3-year medical school curriculum for select students.^{29–33}

In 1986 the Association of Professors of Gynecology and Obstetrics (APGO) reported that leaders in Ob/Gyn felt that the fourth year of medical school was a time for students to complete their general

education.¹² Other evidence to support alternative approaches is provided by the work of Sorosky and Ekbladh, who surveyed Ob/Gyn university chairs in 1989, asking them to construct a curriculum for senior medical students consisting of 10 four-week rotations. At that time, the majority of university chairs supported a balanced general medical education curriculum. With a 65% response rate, 30% of department chairs thought that students should do no Ob/Gyn rotations, and an additional 47% felt that only 1 women’s health rotation should be undertaken during the fourth year.¹⁰

As medical schools struggle with continuing to promote learning of general medical education in the fourth year, preparation for residency is now a priority of the schools as programs have expectations about the competitiveness of the candidates for the internship year. One method of preparing students for residency is the boot camp or transition to residency course. Transition to residency courses have been shown to enhance residents’ perception of their skills competence,^{34,35} decrease anxiety,³⁶ and improve performance on a standardized Ob/Gyn examination.³⁷ Other options to prepare medical students for residency include a four-week competency-based course for senior medical students.³⁸

Another attempt to organize the fourth year of medical school is to define the attributes a graduating medical student should have and define a curriculum to obtain those skills, knowledge, and attitudes. The concept of Milestones for the fourth year, which is similar to the Association of American Medical College’s Core Entrustable Professional Activities for Entering Residency,³⁹ has been called for generally⁴⁰ and within Ob/Gyn^{41,42} as an important requirement for matriculation into residency programs.

In the 2019 match, 267 Ob/Gyn programs offered 1,395 positions to 2,026 applicants. Allopathic students from United States (U.S.)-based medical schools filled 75.2% of positions. The remainder of the positions were filled by osteopathic medical students and international medical graduates. Of the 631 total students applying in Ob/Gyn who did not match, 349 were U.S. MD students. It is not possible from available data to know how many of those students matched into other specialties nor what may have contributed to those outcomes, including modifiable factors and experiences such as audition rotations or

Ob/Gyn electives taken among the successfully and unsuccessfully matched applicants.⁴³

The ideal curriculum for the fourth year of medical school for students wishing to pursue an Ob/Gyn residency has not been the subject of study for almost 20 years. With medical education curriculum reform at the forefront of many medical schools, a reevaluation of the fourth year of medical school is timely. The aim of our study is to generate recommendations for a fourth-year rotation curriculum for medical students going into Ob/Gyn.

Materials and Methods

In October 2016 all Ob/Gyn academic chairpersons, residency program directors, and clerkship directors in the U.S. and Canada listed in the APGO directory were invited to complete an anonymous 16-item web-based questionnaire using SurveyMonkey (SurveyMonkey, Inc., San Mateo, California) (Appendix). In order to obtain an additional perspective, a sample of the Ob/Gyn faculty and second-year residents at 12 institutions in the U.S. and Canada were surveyed. This portion of the survey was from the departments of members of the APGO Undergraduate Medical Education Committee (UMEC) (Greenville Health System/University of South Carolina School of Medicine Greenville, Cleveland Clinic, Boston University School of Medicine, Virginia Commonwealth University School of Medicine–Inova Campus, University of Oklahoma Health Sciences Center, Beth Israel Deaconess Medical Center/Harvard Medical School, Loyola University Chicago Stritch School of Medicine, Warren Alpert Medical School of Brown University, University of Saskatchewan School of Medicine, University of Texas School of Medicine–San Antonio, Rutgers-Robert Wood Johnson Medical School, and Sidney Kimmel School of Medicine at Thomas Jefferson University).

The questionnaire was developed by one of the authors (DF), including a modification of the survey question of Sorosky and Ekbladh,¹⁰ and reviewed for content validity, design, and usability by the APGO UMEC. The UMEC approved the survey after its members' feedback was incorporated into the survey tool.

The invitation to participate in the survey was sent from the APGO UMEC by email over a two-week period in October 2016. A follow-up invitation for participation in the survey was sent 4 weeks later. The study was approved under ex-

emption category 1 in accordance with 45 CFR 46.101(b) by the Institutional Review Board of the Greenville Health System (IRB File #Pro00050651). No incentive was provided for participation.

Anonymous survey results were analyzed using standard descriptive statistics (Microsoft Excel 2010, Microsoft Corporation, Redmond, Washington). All additional analyses were performed using SAS version 9.4 (SAS Institute Inc., Cary, North Carolina). In order to analyze the preference of respondents, the courses that were not selected were assigned a zero and the courses that were selected were assigned a rank ranging from 10 (most important) to 1 (least important). The Friedman test was implemented to understand the ordering of preferences, and linear regression was then used to measure the consistency of preferences across gender, age, institution type, and role.

Results

Sixty-five of 227 (28.6%) chairpersons, 100 of 221 (45.3%) program directors, and 113 of 221 (53.6%) clerkship directors responded to the survey. In addition, the sample of APGO UMEC members' departments yielded another 110 faculty responses and 18 PGY2 resident responses. In total, 381 survey responses are included in the final analysis, as some respondents had more than 1 role. Not all respondents answered all questions, but all recorded responses were included in the results.

Demographic data collected included role within the department, age range, gender identity, year completing residency or fellowship, degree type, area of practice, work setting, accreditation of institution (allopathic or osteopathic), and Council on Resident Education in Obstetrics and Gynecology (CREOG) region (Tables I–II).

When queried about the number of Ob/Gyn rotations recommended for current students, 51.2% (175/342) of respondents recommended 2 rotations in Ob/Gyn during the fourth year of medical school. While there was approximately 20% support for both 1 or 3 rotations, few recommendations were made for 4 or 5 rotations, and no support was given for 6 or more rotations (Figure 1).

When asked to design a 10-rotation fourth-year curriculum for the student pursuing an Ob/Gyn residency, the 10 most frequent responses (in order of most frequent) were critical care, maternal-fetal medicine, emergency medicine, general Ob/Gyn, anesthesiology, gynecologic oncology, radiology, boot camp, general surgery, and general in-

Table I Demographics—Personal

Demographic	Responses
	No. (%)
Departmental role	
Chairperson ^a	65 (17.20)
Residency director ^b	100 (26.46)
Clerkship director	113 (29.89)
Faculty	110 (29.10)
PGY2 resident	18 (4.76)
Age group	
20–29	15 (4.0)
30–39	87 (23.0)
40–49	112 (29.7)
50–59	94 (24.9)
60 and older	69 (18.3)
Gender identity	
Male	133 (35.5)
Female	239 (63.3)
Transgender male	0 (0.0)
Transgender female	1 (0.3)
Other	2 (0.5)
Completion of training (residency or fellowship)	
Not applicable	16 (4.3)
2011–2016	61 (16.4)
2001–2010	123 (33.1)
1991–2000	95 (25.5)
1981–1990	63 (16.9)
1971–1980	14 (3.7)
Degree type	
M.D. ^c	342 (91.2)
D.O. ^d	32 (8.5)
Ph.D.	12 (3.2)
Other	38 (10.1)
Area of practice	
Current Resident	16 (4.3)
Obstetrics and Gynecology Generalist	224 (59.6)
Maternal-Fetal Medicine	56 (14.9)
Gynecologic Oncology	23 (6.1)
Reproductive Endocrinology and Infertility	25 (6.7)
Female Pelvic Medicine and Reconstructive Surgery	24 (6.4)
Minimally Invasive Gynecology	16 (4.3)
Pediatric and Adolescent Gynecology	10 (2.7)
Family Planning	11 (2.9)
Other	6 (1.6)

^aSeven chairpersons were also the program director, and 2 were also the clerkship director.

^bTwo residency directors were also the clerkship director.

^cTen M.D.s also had a Ph.D. Twenty-three M.D.s also held other degrees.

^dThree D.O.s held other degrees.

ternal medicine. Other rotations with significant support included neonatal pediatrics, genetics, gynecologic surgical pathology, and infectious disease (Table III).

After linear regression analysis, viewing not just the frequency of responses but the ranking of them,

the rotations most recommended differed slightly (Table IV).

When asked whether students from their institutions should do audition rotations, 60.1% (208/346) of respondents supported this practice. Greater than 90% (311/342) responded that they accept students from other schools on audition rotations at their institution.

No differences were found on rotation ranking when survey results were compared by age group ($p=0.25$), departmental role ($p=0.31$), or institution type ($p=0.15$). Female respondents were statistically more likely to recommend an anesthesiology rotation, and male respondents were more likely to recommend emergency medicine ($p=0.01$).

Statistically significant differences were seen when comparing the recommended number of Ob/Gyn rotations by CREOG regions. The average number of rotations recommended by regions 1 through 5 were 1.99, 2.47, 2.32, 2.07, and 1.96, respectively ($p=0.003$). Participants from osteopathic institutions recommended more Ob/Gyn rotations, on average, (2.70) than those from allopathic institutions (2.13) ($p=0.002$). When looking strictly at degree, MDs, on average, recommended more rotations in women's health than did DOs (mean 2.78 vs. 2.13, respectively, $p<0.0001$).

Conclusion

This survey of Ob/Gyn educators updates and ex-

Table II Demographics—Institutional

Demographic	Responses
	No. (%)
Institution type	
Academic medical center (hospital and medical school)	315 (84.0)
Community teaching hospital	57 (15.2)
Other	3 (0.8)
Institutional affiliation	
Allopathic	342 (91.2)
Osteopathic	25 (6.9)
CREOG region	
1 (CT, ME, MA, Newfoundland, NH, NY, Nova Scotia, Quebec, RI, VT)	72 (19.3)
2 (DE, IN, KY, MI, NJ, OH, Ontario, PA)	60 (16.0)
3 (DC, FL, GA, MD, NC, PR, SC, VA, WV)	85 (22.7)
4 (AL, AR, IL, IA, KS, LA, Manitoba, MN, MS, MO, NE, OK, TN, TX, WI)	124 (33.2)
5 (Alberta, Armed Forces, British Columbia, CA, CO, HI, NV, NM, OR, UT, WA)	33 (8.8)

PR = Puerto Rico.

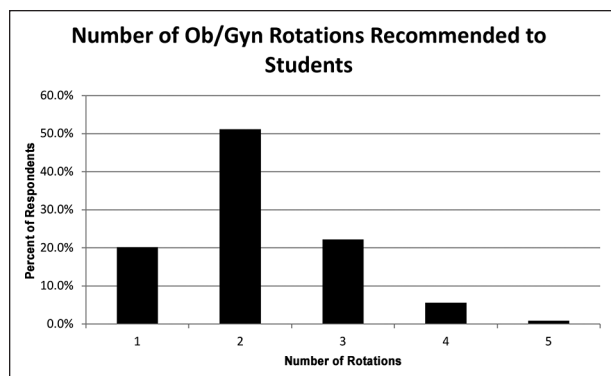


Figure 1 Number of Ob/Gyn rotations recommended to fourth-year medical students.

pands on previous studies concerning the curriculum of fourth-year medical students interested in pursuing a residency in Ob/Gyn. We found that most respondents recommended 2 Ob/Gyn rotations for their students, although recommendations for 1 or 3 Ob/Gyn-related rotations were also supported. In addition, educators recommended that students should complete fourth-year electives that complete their medical education.

In 1989, Sorosky and Ekbladh surveyed 148 Ob/Gyn chairpersons about a recommended 10-rotation fourth-year medical school curriculum for students who desired an Ob/Gyn residency.¹⁰ In comparison to their results, we found agreement in rotations of anesthesiology, general surgery, emergency medicine, general Ob/Gyn, radiology, and general internal medicine. Of the other items in their recommended curriculum, neonatology and infectious disease ranked highly, but not in the current top 10 choices in our study, by frequency of response.

Educators in Ob/Gyn have taken the lead in exploring this issue. In 1986 the APGO conducted an invitational forum of 90 faculty members, including 37 chairpersons, to discuss challenges confronting education in Ob/Gyn. Their findings about the fourth-year experience were that time for completion of general medical education has been eroded by residency search efforts. Additionally, lack of curricular objectives, effective faculty advisor career counseling programs, and meaningful evaluation and feedback affected the promotion of learning in the fourth year. Their recommendations were that faculty should promote

Table III Responses—Rank Order

Rank	Rotation	Responses
		No. (%)
1	Internal Medicine—Critical Care	229 (66.38)
2	Obstetrics and Gynecology—Maternal-Fetal Medicine	211 (61.16)
3	Emergency Medicine	206 (59.71)
4	Obstetrics and Gynecology—General	194 (56.23)
5	Anesthesiology	188 (54.49)
6	Obstetrics and Gynecology—Gynecologic Oncology	188 (54.49)
7	Radiology	156 (45.22)
8	Boot Camp	149 (43.19)
9	Surgery—General	145 (42.03)
10	Internal Medicine—General	130 (37.68)
11	Pediatrics—Neonatal	117 (33.91)
12	Genetics	101 (29.28)
13	Pathology—GYN Surgical	100 (29.28)
14	Internal Medicine—Infectious Disease	92 (26.67)
15	Internal Medicine—Dermatology	79 (22.90)
16	Other	78 (22.61)
17	Surgery—Urology	77 (22.32)
18	Obstetrics and Gynecology—Women's Health	75 (21.74)
19	Research	71 (20.58)
20	Obstetrics and Gynecology—Family Planning	67 (19.42)
21	Family Medicine	64 (18.55)
22	Obstetrics and Gynecology—Reproductive Endocrinology and Infertility	61 (17.68)
23	Internal Medicine—Cardiology	59 (17.10)
24	Obstetrics and Gynecology—Female Pelvic Medicine and Reconstructive Surgery	50 (14.49)
25	Evidenced-based Medicine	49 (14.20)
26	Obstetrics and Gynecology—Pediatric and Adolescent Gynecology	37 (10.72)
27	Global Health	35 (10.14)
28	Obstetrics and Gynecology—Global Health	34 (9.86)
29	Surgery—Plastic	30 (8.45)
30	Capstone	24 (6.96)
31	Internal Medicine—Nephrology	22 (6.38)
32	Internal Medicine—Nutrition	18 (5.22)
33	Internal Medicine—Gastroenterology	12 (3.48)
34	Pathology—Placental	12 (3.48)
35	Pathology—General	10 (2.90)
36	Internal Medicine—Pulmonary	9 (2.61)
37	Pediatrics—General	8 (2.32)
38	Internal Medicine—Hematology	7 (2.03)
39	Internal Medicine—Endocrinology	7 (2.03)
40	Internal Medicine—Oncology	2 (0.58)
41	Surgery—Orthopedics	2 (0.58)
42	Surgery—Cardiovascular	1 (0.29)
43	Surgery—Ear, Nose, and Throat	0 (0.00)
44	Surgery—Ophthalmology	0 (0.00)

Table IV Top 10 Rotations Analyzed by Rank with Linear Regression Analysis

Rank	Course	Mean	Standard error
1	Emergency Medicine	2.56	0.16
2	Anesthesiology	2.50	0.17
3	Internal Medicine: Critical Care	2.44	0.15
4	Other: Boot Camp	2.16	0.17
5	Radiology	2.16	0.17
6	Surgery: General	1.98	0.16
7	Pediatrics: Neonatal	1.81	0.16
8	Obstetrics and Gynecology: Maternal-Fetal Medicine	1.58	0.12
9	Pathology: Gynecologic Surgical Pathology	1.47	0.15
10	Obstetrics and Gynecology: Gynecologic Oncology	1.44	0.11

the fourth year as an opportunity for preparation for life-long learning and completion of general medical education rather than an initiation of specialty training. In addition, they felt that department chairs should encourage a structured fourth-year curriculum to take place on campus and that APGO should develop recommendations for the content of that curriculum. Finally, departments should agree to abandon the stated or implied requirements for audition rotations, students should have little Ob/Gyn time in the fourth year, and departments should develop career advising programs, as this would enhance and promote learning in the fourth year.¹²

Walton et al took a similar approach to this question in 1993 by surveying the faculty at 3 medical schools for APGO and CREOG. Their final recommendation included rotations in general internal medicine, critical care, neonatology, and emergency medicine. In addition, they recommended strong consideration for rotations in general Ob/Gyn, cardiology, endocrinology, radiology, infectious disease, urology or nephrology, and general surgery.¹¹ While our findings were similar, we did not find as much support for cardiology, endocrinology, or urology.

In comparison to previous research in this area, our study is both larger in scope and more diverse in the roles that the respondents play in medical education. Compared to earlier studies, we found that boot camp (transition to residency courses) in Ob/Gyn is now an important curricular experience to prepare students to become residents. The idea of transition to residency courses, as they currently exist, was not a consideration in the prior surveys.

Another important finding in our study was that

more than 60% of respondents recommended audition rotations to students from their own institutions, and more than 90% of institutions approved students for audition rotations. While there has been some consternation about audition rotations in the past,^{10,12,16,17} this now seems to be an accepted part of the fourth-year medical school curriculum, albeit within the limits of 2 to 3 Ob/Gyn rotations.

Our study has a number of strengths; it is the largest and most inclusive such study in the field of Ob/Gyn, and it updates other work within a contemporary context which can be used by students and their faculty advisors in creating their fourth-year curriculum. Our study is limited by the response rate, which may introduce a selection bias. In addition, our study is limited because it is recognized that not all students have equal strengths and weaknesses and the results presented here, while appropriate for most students, cannot be considered one size fits all. The data derived from our survey provide a starting place for the medical student and faculty advisor to construct a fourth-year curriculum that is recommended for a student pursuing a residency in Ob/Gyn. Within the guidelines set by their own medical schools, our findings support the recommendation of 2 and no more than 3 Ob/Gyn rotations, with a focus on maternal-fetal medicine and general Ob/Gyn or gynecologic oncology. In addition, students should strongly consider rotations in critical care, emergency medicine, anesthesiology, general surgery, and an Ob/Gyn transition to residency course. These recommendations support a curricular experience that provides a blend of clinical rotations that further enhance a general medical education while further preparing students for residency in Ob/Gyn.

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Appendix

- Q1. What role do you have in your department? (Select all that apply)
- Chairperson
 - Residency Director
 - Clerkship Director
 - Faculty
 - 2nd Year Resident
- Q2. How many Ob/Gyn rotations did you do in the fourth year of medical school?
Free text answer
- Q3. What is your age?
- 20–29
 - 30–39
 - 40–49
 - 50–59
 - 60 and older
- Q4. I identify my gender as:
- Male
 - Female
 - Transgender male
 - Transgender female
 - Other
- Q5. In what year did you finish your training (residency or fellowship)?
Pull down list with options: Not applicable, 1940–2016
- Q6. Which best describes your institution?
- Academic medical center (hospital and medical school)
 - Community teaching hospital
 - Other
- Q7. What degree(s) do you have? (Select all that apply)
- M.D.
 - D.O.
 - Ph.D.
 - Other
- Q8. Is your institution:
- Allopathic
 - Osteopathic
- Q9. Which CREOG region are you from?
- Region 1 (CT, ME, MA, Newfoundland, NY, Nova Scotia, Quebec, RI, VT)
 - Region 2 (DE, IN, KY, MI, NJ, OH, Ontario, PA)
 - Region 3 (DC, FL, GA, MD, NC, Puerto Rico, SC, VA, WV)
 - Region 4 (AL, AR, IL, IA, KS, LA, Manitoba, MN, MS, MO, NE, OK, TN, TX, WI)
 - Region 5 (Alberta, Armed Forces, British Columbia, CA, CO, HI, NV, NM, OR, UT, WA)
- Q10. What is your area of practice? (Select all that apply)
- Current Resident
 - Obstetrics and Gynecology
 - Maternal-Fetal Medicine
 - Gynecologic Oncology
 - Reproductive Endocrinology and Infertility
 - Female Pelvic Medicine and Reconstructive Surgery
 - Minimally Invasive Gynecology
 - Pediatric and Adolescent Gynecology
 - Family Planning
 - Other
- Q11. A third-year medical student asks you to recommend 10 four-week rotations as a fourth-year medical school curriculum in preparation for an Ob/Gyn residency. Please rank your top 10 choices:
- Genetics
 - Anesthesiology
 - Internal Medicine–General
 - Internal Medicine–Infectious Disease
 - Internal Medicine–Nutrition
 - Internal Medicine–Cardiology
 - Internal Medicine–Gastroenterology
 - Internal Medicine–Hematology
 - Internal Medicine–Oncology
 - Internal Medicine–Pulmonary
 - Internal Medicine–Nephrology
 - Internal Medicine–Dermatology
 - Internal Medicine–Endocrinology
 - Internal Medicine–Neurology
 - Internal Medicine–Critical Care
 - Emergency Medicine
 - Family Medicine

- R. Obstetrics and Gynecology–General
 - S. Obstetrics and Gynecology–Maternal-Fetal Medicine
 - T. Obstetrics and Gynecology–Gynecologic Oncology
 - U. Obstetrics and Gynecology–Reproductive Endocrinology and Infertility
 - V. Obstetrics and Gynecology–Female Pelvic Medicine and Reconstructive Surgery
 - W. Obstetrics and Gynecology–Family Planning
 - X. Obstetrics and Gynecology–Pediatric and Adolescent Gynecology
 - Y. Obstetrics and Gynecology–Women’s Health
 - Z. Obstetrics and Gynecology–Global Health
 - AA. Pediatrics–General
 - AB. Pediatrics–Neonatal
 - AC. Radiology
 - AD. Surgery–General
 - AE. Surgery–Cardiovascular
 - AF. Surgery–Ears, Nose, and Throat
 - AG. Surgery–Plastic
 - AH. Surgery–Orthopedic
 - AI. Surgery–Ophthalmology
 - AJ. Surgery–Urology
 - AK. Pathology–General
 - AL. Pathology–GYN Surgical
 - AM. Pathology–Obstetrical
 - AN. Evidence-based Medicine
 - AO. Boot Camp
 - AP. Capstone
 - AQ. Research
 - AR. Global Health
 - AS. Other
- Q12. If other, please provide detail in the comment box.
Free text box
- Q13. How many Ob/Gyn rotations do you recommend to students?
A. Pull down list from 1–10
- Q14. Do you encourage audition rotations for your students?
A. Yes
B. No
- Q15. Do you accept audition rotations at your institution from students at other schools?
A. Yes
B. No
- Q16. Do you have any other comments or suggestions for the structure of the fourth year of medical school for students interested in Ob/Gyn?
Free text box