Advising medical students on a career in women’s health can be one of the most fulfilling things that a medical educator does. However, it can also be a daunting task, and many physicians find themselves in the role of faculty advisor (FA) without any formal background or training in advising. Several questions may arise throughout the process of advising. The following are some frequently asked questions with responses that faculty may find helpful as they navigate the process of advising.

When should faculty engage students about their interest in ob-gyn?
Interest in women’s health can be sparked at any time. Student interest groups, experiences on the labor floor, shadowing physicians in the office, research opportunities and women’s health volunteer organizations are all exciting ways to begin capturing student interest in women’s health early in medical school. Faculty can refer to the APGO Effective Student Advising Series: Year by Year Path to Residency Application for further information about what actions can be taken during the student’s progression through medical school.

What do faculty do with students who decide that they are interested in ob-gyn later in the process?
It is never too early to start advising students, but faculty should also remember that students may decide on a career in ob-gyn later in their clerkship year. It is important that these students not be discouraged. Students who change to ob-gyn may have volunteer, leadership and research experience in a prior career path that should be highlighted in their personal statement with a clear description of the career path change. The student will need to make a strong argument for why they have changed their career path to ob-gyn. For a previously undifferentiated student who may not have any prior experience in women’s health, it’s helpful to include a clear explanation in the personal statement of why they feel that ob-gyn is the right choice for them. If time allows, additional clinical exposure with an ob-gyn physician or elective blocks in ob-gyn can be very helpful, especially to obtain letters of recommendation from ob-gyn physicians. Any scholarly work in women’s health that could be efficiently completed would also be encouraged, such as case reports, review articles or completing prior research for an ob-gyn provider.

What is the MSPE?
Also commonly referred to as the “Dean’s Letter,” the MSPE is the Medical Student Performance Evaluation, usually prepared by the dean’s office or an assigned designee. The MSPE contains descriptive information about the student’s academic and/or personal path, including any noteworthy characteristics, as well as sections on the student’s academic history and progress, including grades and grading schema. It also contains narrative summaries regarding the student’s performance in each of the clinical rotations completed by the student. Finally, the MSPE gives an overall summary statement of the student relative to other students in the medical school cohort. The MSPE is released to residency programs each year on October 1.*

What other resources are available to help assist with advising students?
If faculty find themselves in the role of advisor, there are several resources available to help them through this process. First, seek out others in the department who previously served as an advisor in the past or are currently advising students. It may be useful to set up a meeting to discuss their advice and experience with advising. The medical school dean’s office can also be a very useful resource. Often the dean’s office will have its own advising office which can be a very useful resource for student career advisors. Many will have specific faculty development opportunities for these advisors. National organizations often will have information

*For more information on the MSPE, please visit: www.aamc.org/members/gsa/54686/gsa_mspeguide.html
that can be helpful. For example, the AAMC offers a free Careers in Medicine resource with specialty-specific information.** Finally, the APGO Effective Student Advising Series: Advising 4th-Year Students for a Successful Ob-Gyn Match is another great resource for information on advising students. Faculty are encouraged to reference these above resources and distribute them to those advising students within their department.

How much time should faculty set aside to advise medical students?
Advising students can be time consuming. It is important to understand this commitment and the amount of time one will need to schedule to advise students. In general, students prior to their fourth year of medical school may set up individual meetings with faculty throughout their first three years. Asking students to prepare questions in advance and send their CV prior to a meeting may be helpful to focus these meetings, which in general may be 30-60 minutes long.

During the fourth year and through the Match process, student advising can be more time consuming. Faculty may need to have multiple meetings with students regarding their senior-year schedule, writing the personal statement, preparing their CV and ERAS application, asking for letters of recommendation and preparing a residency program application list. Some of these topics can be covered in one meeting, and again, asking for information prior to the meeting will allow the student to come prepared and will streamline the discussion. Some advisors find online review (via email) of things like personal statements and/or CVs to be more time-efficient and convenient. If advisors have more than one student that they are advising, it may be helpful and more time-efficient to have group meetings for review of general information.

The timeline found in the APGO Effective Student Advising Series: Year by Year Path to Residency Application can be a useful resource to map advising time. Advisors may want to consider using this timeline to help negotiate for protected time for advising.

How often should faculty be checking in with advisees?
Prior to the fourth year, it is helpful to have contact with student advisees at least twice a year to be sure that they are maximizing their success for a match in ob-gyn. Faculty will want to check in regarding a range of topics, such as volunteer and leadership activities, research experience, summer plans and scholarship opportunities. During the residency application process, faculty should have a mechanism to be sure that their student is on track with CV and ERAS application preparation, letter of recommendation requests, personal statement preparation and residency program application list preparation. At the minimum, monthly check-ins are suggested to be sure that there are no surprises when application submission time arises.

After application submission, students should be encouraged to provide updates on the status of interview invitations every 2-4 weeks so that faculty can strategize regarding any needed intervention. (For more information regarding interviews, please see the APGO Effective Student Advising Series: Guide Your Students to a Great Interview.) Faculty advisors and advisees should plan a final meeting prior to rank list submission to review priorities and first choice programs.

What are faculty responsibilities as a student career advisor?
Depending on the specific role for a department or institution, faculty will have differing responsibilities as a student advisor. If faculty have an assigned and formal role through the dean’s office or the department, faculty should discuss expectations with the leader of the advising program.

It is also important to clarify the scope of a faculty advisor’s role with students. This will allow faculty to set expectations and discuss the limits of advising responsibilities. In some cases, it may be important to set boundaries with regards to expectations and communication. Faculty should be clear about the appropriate modes of communication; for example, refraining from cell phone communication or text messaging. It may also be beneficial to set expectations regarding immediate responses to communications. (For more information regarding mentorship, please see the APGO Effective Student Advising Series: Building a Better Mentor-Mentee Relationship.)

How do faculty leverage the role of student advisor for professional development?
Faculty may find themselves as a student advisor

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**For more information on the AAMC’s Careers in Medicine resource, please visit: www.aamc.org/cim/
without having been assigned an official title or advisory role. If this is the case, faculty should contact departmental leadership and/or the dean’s office at the medical school to see if faculty could become involved in an official advising role. Regardless of an official title that could be placed on a CV for promotion consideration, faculty should keep track of advisees, including the programs and career paths that they choose. Having a track record of advising and positive outcomes from such advising can be useful to negotiate for more protected time to advise, and for establishing an official advising position.

How do faculty succession plan for their role as an advisor?

Once faculty have established themselves as a student advisor in the department, they may discover that they have become experts in advising for their specialty. Faculty may find that students seek them out for their expertise based on word of mouth and student experience. Although student advising can be the most rewarding thing that faculty do in their career as a medical educator, it is important to think about developing advising skills in other faculty members. If it does not already exist, establishing an advising committee within the department can help in the development of other faculty members as advisors, and allow students to have the opportunity to choose from a more diverse group of advisors.

How do faculty know which programs are competitive for particular students?

Knowing which programs are competitive can be challenging, as each year the Match process can be very different, and programs can perform differently in the process. In addition, it is difficult to predict what specific programs will be looking for in an applicant, because the desired applicant qualities may change year over year.

In general, larger university-based programs with fellowship programs and/or large departmental research opportunities are more competitive than smaller community-based programs without fellowship programs. Location can also play a role in competitiveness, as some states have a limited number of ob-gyn residency spots and are therefore very competitive. It may be useful for students to look at different residency databases such as the APGO Residency Directory or the AMA FRIEDA database for specific data points such as minimum Step 1 scores for application consideration.

How has the application process changed over the past years?

The residency application process in ob-gyn has become more competitive over the past 10 years. Fewer international medical graduates are being accepted to programs, average Step 1 scores for students accepted into residency have increased, and the number of research and leadership experiences for students have also increased. In general, because the specialty has become more competitive, students are submitting a larger number of applications to garner the approximately 12 recommended interview slots. It is important to keep this in mind as faculty advisors compare their own experiences as students, or even graduates from 5-10 years ago, with today's student experience.
The Effective Student Advising Series is a project of the Association of Professors of Gynecology and Obstetrics (APGO) Undergraduate Medical Education Committee (UMEC) 2018-2020:

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This publication is part of the APGO Effective Student Advising Series. Advising medical students on a career in women’s health can be one of the most fulfilling things that a medical educator does. Many physicians find themselves in the role of faculty advisor without any formal background or training in advising. The APGO Effective Student Advising Series pamphlets are intended to educate medical educators and learners about best practices for advising medical students on a career in women’s health.