The benefit of a special elective gynecologic oncology program for obstetrics and gynecology residents

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Summary

Objective: To assess the benefit of a special elective gynecologic oncology program for Obstetrics and Gynecology (Ob/Gyn) residents.

Methods: We reviewed our housestaff records from July 1992 to June 1998 and the National Residency Matching Program (NRMP) subspeciality match results for gynecologic oncology from its inception in 1994 to 1999.

Results: From July 1992 to June 1998, a total of 146 residents participated in our elective program. Of the 104 candidates who went through our program and subsequently participated in the NRMP, 55 (53%) obtained match positions. After completion of the elective, 42 of the 146 residents (29%) did not participate in the NRMP for gynecologic oncology and therefore were not eligible to obtain match appointments. During the study period, there were 255 other residents in the United States who applied for gynecologic oncology fellowship positions through the NRMP and did not participate in our program. Of these 255 candidates, 137 (54%) matched.

Conclusion: The percentage of residents who went through our program, participated in the NRMP, and obtained fellowships did not differ significantly from the percentage of residents who matched without participating in the program. However, almost one-third of the residents who went through our program did not participate in the NRMP. The reasons for their lack of participation were not formally evaluated, but are likely related to a personal decision to pursue another carrer pathway, a decision facilitiated by their experience in our program. Therefore, it appears that the main benefits of the program are to help potential candidates decide whether or not to pursue a career in gyencologic oncology and to aid fellowship programs in identifying exceptional candidates for subspecialty training.

Key words: Gynecologic Oncology; Subspeciality training; Resident.

Introduction

The Galloway Fellowship was established in 1970 on the Gynecology Service at Memorial Sloan-Kettering Cancer Center. It was funded by a generous donation from the Josey K. Galloway family. The purpose of the fellowship is to provide residents in Obstetrics and Gynecology from across the country with one to three months of intensive clinical and academic experience in gynecologic oncology. Although a desire to pursue a career in gynecologic oncology is not a prerequisite for the Galloway Fellowship, the vast majority of Galloway Fellows do have a special interest in the subspecialty.

Appointments for post-residency, fellowship training in gynecologic oncology are currently determined through the National Resident Matching Program (NRMP). The NRMP was established in the 1950s as a way to curb aggressive recruitment efforts by hospitals seeking housestaff, who were then in short supply [1-3]. The NRMP has provided an orderly, centralized matching process that has eliminated the pressures placed on both candidates and training programs to make decisions before all of their options have been explored.

Revised manuscript accepted for publication March 30, 2001

Presented at the Council on Resident Education in Obstetrics and Gynecology (CREOG) & Association of Professors of Gynecology and Obstetrics (APGO) Annual Meeting, March 1-4, 2000, New Orleans, Louisiana.

When applicants and programs have completed their evaluations of each other, they do not exchange offers and acceptances but instead submit rank-order lists of their preferences to the NRMP. By applying a particular matching algorithm to these rank-order lists, the NRMP generates final, non-negotiable assignments of successful applicants to programs. Since 1994, fellowhip training positions in gynecologic oncology have been determined via the NRMP in a fashion similar to that used to fill residency training positions.

The purpose of this study was to assess the benefit of the Galloway Fellowship program by reviewing our housestaff records and the National Residency Matching Program (NRMP) subspecialty match results for gynecologic oncology from its inception in 1994 to 1999 [4-9].

Methods

We reviewed our housestaff records from July 1992 to June 1998. Since residents are generally required to be in their second or third year of residency training to be accepted for the Galloway Fellowship, the time period from July 1992 to June 1998 contains the group of residents that subsequently participated in the NRMP subspecialty match for gynecologic oncology from its inception in 1994 to 1999. We reviewed the NRMP lists of both matched and unmatched candidates during this time period [4-9].

Residents who rotated on the Gynecology Service at our institution were divided into two groups: 1) those who participated

in the elective Galloway Fellowship program and 2) those who did mandatory rotations at our institution as required by their parent Obstetrics and Gynecology residency training program. Although these two groups of residents had similar responsibilities and experiences, their future career goals were generally different. The majority of Galloway-Fellows had an interest in pursuing a career in gynecologic oncology while only a few of the residents doing mandatory rotations showed a similar interest.

The Pearson Chi-Square test was used to compare the difference in the percentages of match appointments for NRMP candidates who did and did not do Galloway Fellowships [10].

Results

From July 1992 to June 1998, 146 residents (approximately 24 residents per year) participated in the Galloway Fellowship program. After completion of the elective, 42 of these 146 residents (29%) did not participate in the NRMP for gynecologic oncology and therefore were not eligible to obtain match appointments. Thus, of the 104 candidates who did Galloway Fellowships and subsequently participated in the NRMP, 55 (53%) obtained match appointments. Table 1 lists by academic year the number of Galloway Fellows, the number that subsequently participated in the NRMP, and the number that matched.

During the study period, 68 residents (approximately 11 residents per year) did mandatory rotations at our institution lasting anywhere from four to eight weeks. Of these 68 residents, six (9%) subsequently applied for positions in gynecologic oncology through the NRMP. All six of these candidates (100%) obtained match appointments.

From 1994 to 1999, a total of 365 candidates applied for fellowship positions in gynecologic oncology through the NRMP. There were 255 residents who applied for gynecologic oncology fellowship positions through the NRMP and did not participate in the Galloway Fellowship program or do a mandatory rotation at our institution. Of these 255 candidates, 137 (54%) obtained match appointments, which does not differ significantly from the 53% match rate of candidates who did Galloway Fellowships and subsequently participated in the NRMP. Table 2 lists by year the number of residents that participated in the NRMP who did not do a Galloway Fellowship or mandatory rotation at our institution along with the number that matched.

During the study period, 198 residents obtained gynecologic oncology match positions through the NRMP. Sixty-one of these 198 residents (31%) had either participated in our Galloway Fellowship program (n=55) or had done a mandatory rotation at our institution (n=6). Table 3 lists by year the number of gynecologic oncology fellowship positions offered through the NRMP and the number of positions filled by residents who either participated in the Galloway Fellowship program or did a mandatory rotation at our institution.

During the six-year study period, seven fellowship positions were obtained via the NRMP for our gynecologic oncology fellowship program (two in 1994 and one in each subsequent year). Although participation in the Galloway Fellowship program was not a prerequisite for our subspecialty training program, six of these positions were obtained by former Galloway Fellows with the seventh position filled by a resident who had done a mandatory rotation at our institution.

Table 1. — *Galloway Fellows by Academic year*

Academic year	No. Galloway Fellows	No. in NRMP	No. Matched (%)
1992-1993	26	13	7 (54%)
1993-1994	31	18	12 (67%)
1994-1995	26	24	13 (54%)
1995-1996	25	12	6 (50%)
1996-1997	18	18	7 (39%)
1997-1998	20	19	10 (53%)
Total	146	104	55 (53%)

NRMP: National Residency Matching Program. Used with permission, ref 4-9.

Table 2. — *The number of candidates that participated in the NRMP that did not do a Galloway Fellowship or mandatory rotation at our institution by year*

Year	No. candidates in NRMP that did not do Galloway Fellowship/Mandatory Rotation	No. Matched (%)
1994	47	30 (64%)
1995	39	20 (51%)
1996	43	21 (49%)
1997	50	25 (50%)
1998	41	19 (46%)
1999	35	22 (63%)
Total	255	137 (54%)

NRMP: National Resident Matching Program. Used with permission, ref 4-9.

Table 3. — *Gynecologic Oncology Fellowship positions offered through the NRMP by year*

Year	Fellowship positions offered through the NRMP	Positions filled by Galloway Fellows/Mandatory rotators (%)
1994	37	7 (19%)
1995	32	2 (38%)
1996	35	14 (40%)
1997	32	7 (22%)
1998	29	10 (34%)
1999	33	11 (33%)
Total	198	61 (31%)

NRMP: National Resident Matching Program. Used with permission, ref 4-9.

Discussion

Although the majority of Obstetrics and Gynecology residents who did a Galloway Fellowship subsequently participated in the NRMP for gynecologic oncology, almost one-third (29%) did not, and therefore were not eligible to obtain match appointments. The reasons that these residents did not participate in the NRMP were not systematically studied but are likely related to one or more reasons. First, some residents enrolled in the Galloway Fellowship program solely for the educational experience but never had future intentions of pursuing a career in gynecologic oncology. For this reason, they did not participate in the NRMP. Second, many residents enrolled in the program believing that they wanted to become gynecologic oncologists but later changed their

minds. The change in mindset was sometimes due to the residents's realization that the field was not compatible with their future carreer goals, while at other times, the change may have been driven by negative feedback from our faculty and/or the faculty at the resident's parent institution. Third, some residents wanted to pursue a career in gynecologic oncology and had positive feedback from various faculty members, however they were not offered any interviews at desired fellowship programs, and consequently had no reason to partcipate in the NRMP.

Among the residents who did a Galloway Fellowship and subsequently partcipated in the NRMP, the likelihood of obraining a fellowship position was slightly over 50%, which did not differ significantly from the probability of matching without participating in our program. Therefore, it appears that participating in the Galloway Fellowship program did not increase an individual resident's likelihood of obtaining a fellowship.

During the study period, 68 residents did mandatory rotations at our institution as required by their parent Obstetrics and Gynecology residency training programs. These programs generally did not treat a substantial volume of patients with gynecologic malignancies, nor did they have academic gynecologic oncologists on staff. Therefore, these programs developed affiliations with our institution in order to provide adequate gynecologic oncology exposure and experience to their trainess. Six of these 68 residents (9%) went on to pursue a career in gynecologic oncology and participated in the NRMP. Since these residents had similar responsibilities and experiences to the Galloway Fellows, they had no need to return to participate in the Galloway program. As with the Galloway Fellows, the performances of these six residents were evaluated by our attending staff and appropriate feedback given. The fact that letters of recommendation from our faculty were written in support of the applications for fellowship training for all six candidates, and all subsequently obtained match appointments, illustrates one of the inherent benefits of rotating at our institution, whether this rotation be a mandatory component of an OB/GYN program or through optional involvement as a Galloway fellow.

The major limitations to this study are that we only had access to our own housestaff records and the NRMP match results. Therefore, we could only evaluate the match rates for candidates who participated in the NRMP. We had no information on the number of residents who applied for fellowships throughout the country but did not particpate in the NRMP. A way to capture this information would be with the use of a centralized, standard application form for all the gynecologic oncology fellowships that could be submitted to the desired programs electronically as is currently done for Obstetrics and Gynecology residency programs via the Electronic Residency Application Service (ERAS). This process could help better track the applications on a yearly basis and would provide a useful database for future prospective candidates and fellowship training programs.

In summary, it appears from our data that the main benefits of the Galloway Fellowship program are twofold. First, it may help potential candidates decide whether or not to pursue a career in gynecologic oncology. The experience gained during the rotation may be especially significant for residents coming from Obstetrics and Gynecology residency training programs that do not take care of a large volume of patients with gynecologic malignancies and/or do not have academic gynecologic oncologists on staff. Furthermore, as illustrated by the success of the mandatory rotators in obtaining fellowship positions, for those residents who go on to apply for subspecialty training, letters of recommendation obtained from our gynecologic oncology attendings can be very beneficial in their efforts to obtain match appointments. Second, the program may aid fellowship programs in identifying exceptional candidates for subspecialty training. By having a set group of academic gynecologic oncologists evaluating the performance of potential candidates on a busy gynecologic oncology service, fellowship programs are better able to compare the relative strengths and weaknesses of the individuals in their yearly applicant pool.

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