



COLLEGE  
OF MEDICINE  
PHOENIX

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# Obstetrics & Gynecology

# THE SPECIALTY REPORT



## From the Chair: Michael R. Foley, MD

*Dr. Michael Foley serves as the chair for the UA College of Medicine Department of Obstetrics & Gynecology, as well as the chairman of Obstetrics & Gynecology department at Banner-University Medical Center. He received his medical degree from Chicago Medical School in 1984 and completed both his residency training and a fellowship in Maternal Fetal Medicine at Ohio State University Hospital. He worked in Fetal Therapy & Fetal Surgery: Harris Birthright Center for Fetal Research in London, England. He previously served as the chief medical officer at HonorHealth in Scottsdale, AZ, and as medical director of Phoenix Perinatal Associates in Phoenix.*

**What drew you to OB/GYN as a specialty?** The most important draw to OBGYN for me was the lovely mix of medicine and surgery. I get to work with women, most of the time at the happiest periods of their lives. I love being around positivity and happiness and bringing in another baby into a family is always such an unbelievable delight. It never gets old to deliver a baby and be a part of a family's growth. I selected Maternal Fetal Medicine and Critical Care because I love critical care and cardiology. I loved being able to take care of the most critically-ill moms because there is instantaneous feedback as to how well they do with interventional medicine. Compared to other fields where the patients already have high burden of disease and are usually older, younger moms are healthy and able to come back from even the most devastating disease and injury to their bodies.

**How has the field changed throughout your career and how do you anticipate it changing?** The advances in genetics and prenatal diagnosis have been unbelievably remarkable over the last 2 decades. In the early 80's, it was difficult to clearly image a fetus inside the uterus. Now, we have the abilities to see even the most complex developmental problems. For example, we can identify spina bifida or diaphragmatic hernia in utero, which has advanced our abilities for prevention of neonatal disease. Additionally, the invasive nature of surgery has transformed from open surgery to primarily minimally invasive surgeries with laparoscopic punctures or DaVinci Robots. Patients with hysterectomies can return home the same day with better quality of life and less pain and medical expenses. It has improved the sustainability of health in our society, and we are able to do more for our patients without having to do more in them.



We are also moving forward in our ability to critically care for mothers with a combined effort. I strive to put the ‘M’ back into Maternal Fetal Medicine by leading the Nation’s efforts to reduce maternal mortality in the country. We’ve moved from focusing in on just the obstetrician or the technician towards a team approach of nursing care, pharmacy, internal medicine, intensive care, surgery, OB, MFM to center all around the patient. As a team, we strive to maximize the ‘high touch’ as well as the ‘high tech’ to find the optimal balance of a natural, home-birthing experience with the availability of advanced technology if an emergency arises.

“Emotional intelligence involves self-awareness, self-management and social awareness.”

**What are you looking for in the next generation of OB/GYN physicians?** The most important characteristics for the next generation of OB/GYN physicians are humility and high emotional intelligence. The concept of emotional intelligence in the arena of any health-care delivery model, especially women’s health care, is important because it is about building relationships and trust with patients. Emotional intelligence involves self-awareness, self-management and social awareness. We are looking for individuals who have the ability to improve those skills so they can learn how to become better doctors.

**What are your responsibilities as a chair?** My primary role as chair is to create an identity of trust and value in women’s health care and delivery for UACOMP and BUMPC. I strive to improve our ability to provide outstanding healthcare in women’s healthcare by lecturing around the world and bringing that reputation back to our school. I also oversee scholarship presentations and ensure that our faculty performance shines a light on what we have to offer in women’s healthcare delivery at our university. My other responsibilities include strategic development & goal setting for our women’s institute and our department of OB/GYN at UACOMP. I work on creating relationships with affiliated institutes like Maricopa, St. Joe’s & the VA to build a strong community of women’s healthcare delivery. We want to advance our collective reputation in Phoenix with a collective identity of outstanding women’s health care so that we can attract the best & brightest to Phoenix. Lastly, I focus on the pillars of UACOMP like ‘scholarship’ and ‘diversity’. I oversee and help move our department forward in the area of women’s health care research.

Additionally, I make sure we have a diverse faculty and residency and fellowship body. We want to find diverse medical students and residents to be able to best care for the diverse population that is entrusted to them in Phoenix.

“We want to advance our collective reputation in Phoenix with a collective identity of outstanding women’s health care”

**Do you feel that research experience is important when choosing OBGYN residents?** Of course! Research experience is important in whatever field you choose. To be a great clinical physician, you have to be able to critically review the available literature and newly discovered products, patents, and papers to be able to address the quality of the work and see if it will change the way you practice. Every program and physician has to have a healthy understanding of the process of research in order to provide great care to their patients.

**What is your favorite part about being an OBGYN physician? What is your favorite part about working in academic medicine?** My favorite part of coming to work every day is making rounds with residents at 7am every morning. I have the opportunity to interact on an academic and social level with our residents and fellows. I love watching the academic and personal growth of each resident and how they deal with the adversity of training and difficulties encountered. Watching them mature into outstanding people and physicians, and then graduating is so fulfilling.

**What do you do to balance your professional life and personal life?** I focus on the concept of harmony, not balance. Life wants to be a beautiful sounding chord. Each part of life is a string, whether it is your personal endeavors, community work, family, spirituality, finances or career. All of them need to be in tune to be in harmony. I have been practicing martial arts for many years, and now teach at numerous centers across Phoenix. Through innovative martial arts and training, we try to inspire people to live peaceful and compassionate lives. Using a model of wellness, both physical and emotional, we focus on building strong relationships and becoming life-long learners and leaders.

— Sarah Loh , MS2

## Clerkship Director, Laura Mercer MD.



*Dr. Laura Mercer is the clerkship director for obstetrics and gynecology at Banner University Medical Center. She earned her undergraduate degree from Northern Arizona University and her medical degree from the University of Arizona Tucson. She completed her specialty training in obstetrics and gynecology at Banner Good Samaritan Medical Center (now called University of Arizona College of Medicine-Phoenix OBGYN Residency).*

### What are your responsibilities as a clerkship director?

Clerkship directors help make sure all third and fourth medical students are exposed to the breadth and depth of the specialty. In Ob-Gyn every student sees the basics so everyone can be successful on USMLE exams.

Even if students don't choose Ob-Gyn, it is vital to understand women's reproductive health and when it is necessary to consult Ob-Gyn. Women's health touches everyone, whether that is through their personal lives or professionally. Every medical student will take care of women. Ob-Gyn is a very relatable field in terms of pregnancy and having babies. Also, birth control is very relevant to so many patients whether you are an Ob-Gyn or not. There is a lot to learn both for the student who has no interest in Ob-Gyn and the student who wants to become an Ob-Gyn.

**What drew you to Ob-Gyn as a specialty?** When I began medical school, I didn't know what I wanted to do. When I got to third year I liked everything I rotated through. I was a rural health student in Safford, Arizona for my family medicine rotation and worked at a full-service practice. There, I was introduced to prenatal care and delivering babies – which is an incredibly joyous experience. Once I got to my Ob-Gyn rotation, I loved it. I didn't mind that I was staying up late to study and I really enjoyed being in the operating room. However, I still had reservations because everyone I talked to told me I should not go into Ob-Gyn because of the "terrible lifestyle." I then did general surgery and loved it, too. I tried hard to want to go into anesthesiology or general surgery and ended up applying to three different specialties when ERAS opened. After a couple of Sub-Is in fourth year, I was sold on Ob-Gyn. Even though I had tried to fight it, I feel like Ob-Gyn chose me!

**How has the field changed throughout your career and how do you anticipate it changing? What challenges do you think future Ob-Gyns will face?** The biggest changes in Ob-Gyn are similar to the way that all of healthcare has changed over the last several years. The Affordable Care Act has made it easier to do our jobs. I used to spend so much time figuring out how people would get prescriptions, get surgery, or get to a specialist. Now, access to women's healthcare has improved and I get to spend more time actually taking care of patients. I think what will change in the coming years remains to be seen. Healthcare is very dynamic right now and I think it is crucial that physicians stay involved in organized medicine and share our voice and concerns. Local and national legislators need to hear from us – we are the best advocates for our patients!

## Dr. Mercer's breakdown of fellowship options in OB/GYN:

There are several fellowship options following Ob-Gyn residency –

**Maternal Fetal Medicine:** These are obstetricians whose focus is caring for high risk, complicated pregnancies.

**Female Pelvic Medicine and Reconstructive Surgery,** also known as urogynecology: These are gynecologic surgeons who specialize in incontinence and pelvic floor reconstruction.

**Reproductive Endocrinology and Infertility:** These doctors focus on treating rare endocrinopathies and are experts in assisted reproductive technologies like In-Vitro Fertilization.

**Gynecologic Oncology:** These are gynecologic surgeons who focus on treating all gynecologic cancers and includes both chemotherapy and surgery.

**Family Planning:** These subspecialties are experts in contraception and complicated terminations and this is a field that has a huge component of advocacy and public health.

**Minimally Invasive Gynecological Surgery:** These surgeons perform complicated surgeries in a minimally invasive way, becoming experts in complicated vaginal and laparoscopic surgeries.

**What are you looking for in the next generation of Ob-Gyn physicians?** What I hope to see is continued dedication to women's health and continued passion for helping women through life changing aspects of their health whether that is pregnancy, loss of pregnancy, or gynecological issues. I hope the next generation continues to embody the advocacy that has been so important in women's health for so long.

**Do you feel that research experience is important when choosing Ob-Gyn residents?** I think that students will find that residencies programs will have different areas of emphasis. For some programs, research is an absolute must. Other programs may emphasize or value service or leadership more. In general, Ob-Gyn is becoming more competitive and we're seeing more applicants to our specialty without an increase in residency spots. Average board scores are increasing, the number of students who have publications has grown, and leadership and service history has expanded. I would encourage all students to be involved as much as possible.

“if you can find a residency program where the people are “your people” and you feel happy, encouraged, and supported, that is the place for you”

**What are some important residency program factors that medical students should take note of when on the interview trail?** Students will hear repeatedly, “What residency program is the right fit for them?” The reality is, there is a different fit for everyone. I think it is important to remember that if you attend an accredited residency program, you will come out a trained physician as long as you put in the work. I think each individual student should spend time reflecting on what components of a program would make them happy. The hours will be long regardless and it will be hard, but if you can find a residency program where the people are “your people” and you feel happy, encouraged, and supported, that is the place for you. Figuring out where you need to be to charge your batteries during your off time is very important, too.

**Did you have a mentor/advisor as a medical student or resident?** Yes, and I have had several mentors and people who influenced me throughout medical school, residency, and now into my career. I think the idea of a single mentor to a single mentee can be limiting. Some mentors can be helpful clinically or from a personal life standpoint and some mentors may emphasize research or the academic aspect. I really encourage students to seek out the person they connect with to fulfill that one or more component. I also think there is a useful role for having a coach or advisor which a little different than a mentor. A coach or advisor is someone you can go to for advice and I don't think the importance of those relationships should be discounted either.

**What is your favorite part about being an Ob-Gyn physician? What is your favorite part about working in academic medicine?** I think it's so cool that we get to see families at their most hopeful, excited, and happy moments - which is not something that all specialties can say. I love that during pregnancy, patients are motivated to make healthy changes. I think it's an opportunity to instill empowerment to not only start those healthy changes, but to continue them after pregnancy. I also love the opportunity to talk to women about things they might not otherwise want to talk about. We get to demystify topics about their health and discuss socially taboo topics. We get to educate and empower them to be in control of their own bodies and their own healthcare. I also really enjoy working with medical students and watching the light bulb go off when they understand a concept for the first time or when they have figured out what options they have for treatment. It can be really rewarding to help medical students get to that point and be more independent thinkers.

**What do you do to balance your professional life and personal life?** I really value spending time with friends and family. For me, it is less about what I'm doing and more about who I am doing it with. I spend a lot of time traveling and through various Ob-Gyn societies and organizations, I have ended up with a web of friends across the country.

**What else would you like to share with students who are interested in Ob-Gyn as a specialty?** There is such a breadth to our specialty and depending on what you really like to do you can focus your energy on that. I have partners and colleagues who don't do obstetrics and only focus on gynecology. Other colleagues who have an interest in sexual function focus on that. Or, if you only want to do Obstetrics there are opportunities to be laborists/hospitalists and only deliver babies. There are endless opportunities to make your career what you want it to be!

— Megan Kelly, MS2



## Associate Residency Director: Patricia Habak, MD

*Patricia Habak, M.D., is an Obstetrician-Gynecologist in Phoenix, Arizona. She is the Associate Program Director of the Phoenix Integrated Residency in Obstetrics and Gynecology. She attended University of Iowa in Iowa City, Iowa for medical school, and completed her obstetrics and gynecology residency at the Phoenix Integrated Residency Program in Phoenix, Arizona.*

### What drew you to Ob/Gyn as a specialty while in medical

**school?** While in medical school I loved that Ob/Gyn had a lot of variety. You get to do procedures, take care of obstetric patients, and have clinic. I also really liked surgery. I considered general surgery, but every time I thought about general surgery I always thought, "why would I do general surgery if I could do Ob/Gyn?" I think with Ob/Gyn you have the benefit of continuity with patients throughout their lives. Some other procedural specialties don't necessarily get this long-term relationship. In medical school I liked a lot of my rotations. I didn't know I wanted to do Ob/Gyn until the end and even at the end I wasn't really sure. I submitted my application for Ob/Gyn early while also considering pediatrics. However, during my fourth year I had the opportunity to do a rotation through a private hospital system. I really enjoyed my rotation and it did help affirm that this was what I wanted to do. For a lot of people applying there are probably a lot of specialties that they could have ended up doing and being happy with. At some point you have to make a choice and go for it!

**Describe a typical workday/work week for yourself?** Ob/Gyn has a lot of variety. Some days I am more focused on my administrative duties with meetings, teaching, and networking, which is great. Other days I will be in clinic all day or on labor and delivery. So there really is no typical day, but within a week I will have one to two days on L&D, a day in clinic, and another day doing a variety of activities. Within the field it is becoming more common to tailor practices towards either more obstetrics or gynecology. For me in clinic I see about 50% obstetrics and 50% gynecology patients. In hospital practice I have gone more towards obstetrics.

**What is your favorite part about Ob/Gyn?** My favorite thing is when I connect with a patient, which can be in a lot of different settings. Sometimes having a really good conversation with a patient about their best choice for birth control is a satisfying interaction because it is really important to the patient. Even though we are just talking about one medication for one reason the issue of family planning affects so many other aspects of a patient's life. You can really get to know a patient and have a meaningful and satisfying interaction. There a lot of other interactions within the field that I can cite: discussing menopause, speaking about managing weight, or family

"The interaction and relationship you develop as part of that process with a patient is definitely the highlight"

relationships and dynamics. Many people think delivering babies would be the most exciting or fun part about Ob/Gyn, not to say that it isn't, but it isn't the procedure per say that is the best part for me. The interaction and relationship you develop as part of that process with a patient is definitely the highlight.

## OB/GYN Interest Group:

### Current student leaders:

**Fawsia Osman,**

Class of 2020

fawsiaosman@email.arizona.edu

**Emily Wolfenden,**

Class of 2020

ewolfenden@email.arizona.edu

### Faculty advisor:

**Dr. Maria Manriquez,  
MD, FACOG**

Interim Associate Dean for  
Clinical Curricular Affairs,  
Director, Pathways  
Program, Professor,

Obstetrics and Gynecology  
mmanriqu@email.arizona.edu

The mission of the Ob/Gyn Interest group is to foster an interest in the field of Ob/Gyn through shadowing/mentoring opportunities, attending professional conferences, networking with residents and physicians in the field. The Ob/Gyn Interest Group will aim to meet the needs and interests of students at UA COM-Phoenix interested in the field of Ob/Gyn.

Associated Website:

American Congress of  
Obstetricians and  
Gynecologists (ACOG) -  
[www.acog.org](http://www.acog.org)

**What is the most helpful thing a medical student can do to prepare adequately for this field?** I think it is great to seek out mentorship. It is important to explore the specialty and have a good sense of what their life will be like as an Ob/Gyn. Knowing what areas of future interest that would be fulfilling to them long-term is crucial. Some applicants think Ob/Gyn is right for them and then find that they don't fit well within the field.

In some ways, it is very touchy feely and heavily focused on nurturing relationships with patients, being empathetic, having good communication skills, but at the same time it is a surgical subspecialty with long hours that are very demanding. The willingness to commit yourself to some pretty long and intense hours is important. Developing a tenacious and resilient personality is also important -we see difficult things like cancer in young patients or pregnancy failures, or sometimes the volume and intensity of the work can easily be overwhelming. Developing some coping skills early on will help manage stress.

**What are the hours like in Ob/Gyn?** It is quite common for residents to work at the maximum hours allowable by the ACGME, not on every rotation, but there are rotations (3-4 weeks at a time) where residents will be working fairly grueling 80-hour work weeks. In residency, you have to also add time for reading, studying, and working on surgical skills outside of residency work hours. It is a long slog, but it is very rewarding. Patients really need you and depend on you which makes the long hours quite meaningful. With the attending level comes more control and flexibility over your schedule. Most Ob/Gyn attending physicians still work long hours, probably not a typical 40-hour work week. I personally work 80% of full-time and I work between 40-60 hours a week. Private practice physicians may possibly work more hours with some even up to 100 hours a week. Work hours are highly dependent on what you want your income to be, what setting you are practicing in, etc. Hours are demanding, but increasingly there are more and more opportunities for structuring your own life. Some Ob/Gyns limit themselves to just to office/clinic work and not delivering babies. There are also 'laborists' who are obstetricians who cover work in the hospital. Timewise, their schedules are more like shift-work similar to emergency medicine physicians working 10,12, or 24-hour shifts. There is a lot of variety, but in general it is an inpatient and surgical subspecialty that will entail long hours.

**What are you looking for in the next generation of physicians/residents in Ob/Gyn?** We look for physicians with excellent communication and leadership skills. We are particularly interested in finding people who share our sense of social justice, caring for underserved patients, and have interest in global health and public health. These issues are important to faculty within the program, and we like to find residents who also find these topics important. Residents of the Phoenix Integrated Residency Program have the benefit of working through two separate hospitals (Maricopa Medical Center and St. Joseph's Hospital). They get to work through a public health system and have a little more autonomy and responsibility for patient care, and they also get to work with a private hospital to see what that it is like working with many private physicians from the community. Our program has nine positions per year and one preliminary spot for intern year. Residents matching into a preliminary spot will need to find a PGY-2 position at the end of the intern year. This is an important slot for students to be aware of, especially for those who don't have the strongest application; it can serve as a safety net for those applicants whose advisors have cited they might be at-risk of not matching. The preliminary position is an excellent pathway to a residency in Ob/Gyn which has become a fairly competitive field the past few years.

“We are particularly interested in finding people who share our sense of social justice, caring for underserved patients, and have interest in global health and public health”

**Anything else about the field you would like to share?** I would like to emphasize the fact that Ob/Gyn is an incredibly fulfilling career. You can develop amazing and important relationships with your patients, and you have opportunity to be there for people and help them in intimate moments over the course of their lives. Another really wonderful thing is that it offers lots of options to develop interests in other aspects such as patient advocacy, global and public health, or working with the underserved. There are so many opportunities that you wouldn't get bored!

**Favorite activity to do in Arizona?** Hiking especially in Flagstaff, AZ because it reminds me of the Midwest.

— Sarah Patel, MS2



## Academic Professor: Bradley J Monk, MD

*Bradley J Monk, MD FACOG, FACS is a professor and Director of the Division of Gynecologic Oncology at Creighton University School of Medicine at St. Joseph's Hospital in Phoenix Arizona. He completed his medical degree at University of Arizona, College of Medicine Tucson. He attended UCLA for residency and University of California, Irvine for fellowship in gynecologic oncology. Dr. Monk has coauthored more than 230 articles in peer-reviewed journals such as New England Journal of Medicine, and he currently serves on the Scientific Review Committee at UACC.*

**What is the training and route to Gynecologic Oncology?** Gyn/Onc is the only “cancer specialty” in medicine, that is, it is the only specialty that specializes in a type of cancer. **What do I mean by this?** Well, radiology oncologists (rad-onc) specialize in a treatment modality (radiation), medical oncologists specialize in chemotherapy, surgeons specialize in surgery. So what happens then is that a woman who gets

breast cancer is assigned a surgeon, a rad-onc doctor, and a medical oncologist and this can be very confusing to her. This lack of continuity and disjointed care paradigm is why I became a gynecologic oncologist so I can do chemotherapy, radiation (to some degree) and surgery for women with cancer.

**Could you share more about your path to medicine?** When I was a kid, all I knew was that every doctor I had ever met was smart and had enough money to pay their bills. That sounded pretty appealing to me to have a decent job so I took the MCAT and applied to medical school.

**During medical school, how did you decide to specialize in Gynecologic Oncology?** During medical school, I did not realize at the time that trauma and accidents were such big killers so I never had that option. Other than trauma and accidents, cancer is what kills us. Look at any young person you know – if they die in the next 20 years, they will most likely die from cancer or on the freeway. The likelihood of them dying from a heart attack or an aortic aneurysm is very small. That’s the only reason I became an oncologist because if its killing us then I might as well get involved. My next decision revolved around what’s the most common cancer? At the time, it was lung cancer so I decided to become a lung cancer specialist. I started doing lung cancer research and quickly realized that if everybody stopped smoking, the incidence of lung cancer would dramatically fall. Then I figured out I could do surgery and administer chemotherapy by doing Gyn/Onc and the search was over for me. During my second rotation of 3rd year, I was invited by a Gyn/Onc physician at the County hospital to do an operation with him at St. Joseph’s Hospital. I followed him over to St. Joe’s and we operated on a woman with cervical cancer. After the surgery, he said to me “we are not very good at cervical cancer” and when I asked why, he couldn’t really provide me with an answer. That spurred my interest in cervical cancer so I decided to focus on cervical cancer. As a 4th year medical student, I knew I had to get smarter so I went to the NCI and worked in a lab that was working on the virus that causes cervical cancer (HPV). This lab would later discover the vaccine against HPV known today as Gardasil.

I applied for residency in what I still believed to be the best residencies in the west coast - UCLA, UCSF, UCSD. I got into my first choice which was UCLA.

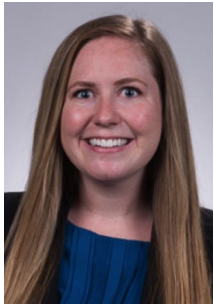
Then I had this epiphany that I needed good mentorship and the best mentor in my specialty was Dr. Philip J. DiSaia who worked at UC Irvine so I became a fellow there. I continued to work on cervical cancer. During my years of working on cervical cancer, we created an algorithm on how to treat cervical cancer surgically with radiation and systemic chemotherapy. We added chemotherapy to radiation in 1999 so that now every patient who gets radiation also gets chemotherapy. My focus is now on ovarian cancer because of the high unmet medical need. There is a cure for cervical cancer – a pap test and vaccination.

**Are you in Private practice or in a hospital and what are some advantages and disadvantages of both?** Yes, and Yes. I do research, write papers and get grants, but I also work in private practice. I am a full professor at Creighton and I have a scholarly track appointment at the University of Arizona. In my opinion, there is no true academic hospital in Arizona except for the small pods we create for ourselves like Barrows and a few others. In terms of which hospital is superior/better than the other, I would say you can’t make that generalization.

“though it is helpful to have a roadmap, the reality is that we only need to know what we are going to do next”

**What's new in gynecologic Oncology and what is to be expected in the future of this field?** The Da Vinci robot was a big accomplishment, but apart from that surgery doesn't change much in this field. It's all about therapeutics. Between 2006 and 2014, there were no new drugs brought to our patients. Then in 2014, based on two papers – one written by my medical student in which I was a senior author and the other by a colleague in Paris – we got two drugs approved. Now we have Bevacizumab (Avastin), 3 PARP inhibitors, and a checkpoint inhibitor approved all in the last 3 years. What's in the immediate future is immunotherapy, antibody drug conjugates, then combination targeted therapies..

– Agnes Ewongwo, MS2



## Fourth-Year Perspective: Annie Lee, Class of 2018

**What do you wish you would have done differently in the first three years of medical school to prepare you for now?**

Looking back, I don't think I would have done much differently in medical school. I think it's important to remember to enjoy yourself during these years instead of seeing this process as just a means to an end. As medical students, we have the privilege to see and do things that most other people can't imagine. Medical school is our time to explore all of medicine in a way we won't be able to later in our careers. This will likely be your only chance to touch a beating heart or admit an acutely psychotic patient so take advantage of it.

**When and how did you become interested in OB/GYN?** I fell in love with the specialty during my third year clerkship. I had always considered OBGYN as a possible specialty, but it took seeing it first hand to realize it was the one.

I loved all the different aspects of the practice—preventative care, surgery, inpatient medicine—and I find the pathophysiology of pregnancy fascinating. I'm also passionate about women's health in general and reproductive health in particular, and OBGYN is the obvious choice if I hope to continue to work in that field whether as a provider or an advocate.

**Did you have any mentors or experiences during your path that helped solidify your interest in OB/GYN?** I had lots of amazing people helping me with my decision. When I first started thinking about pursuing the specialty during my third year rotation, I spoke with my residents and found them to be extremely helpful. I also talked about my rotation and a career in OBGYN with the faculty mentor to whom I was assigned during the clerkship. Finally, Dr. Mercer provided lots of support from the very beginning when I was first considering OBGYN through applying for away rotations and now applying for residency. She is always very open to meeting and gives great advice.

**What advice would you give students considering a future in OB/GYN?** I would recommend trying to see and do as much as possible during your clerkship and 4th year rotations. If one



## PAL BLOCK OPPORTUNITIES FOR STUDENTS: LUCE KASSI, CLASS OF 2019

**What was the externship about and what was the role?** The externship was called a "Reproductive Health Externship" (RHE) and was organized by MSFC (Medical Student for choice) and the UCSF OBGYN department. For those of you who do not know, MSFC was actually created by Dr. Jody Steinauer back in 1993, when she was a medical student at the University Of California San Francisco - School of Medicine. She is now an OBGYN and an associate professor at UCSF.

I was among three students who rotated through the OBGYN department at UCSF for four weeks. This externship turned out to be more than a normal RHE because it was longer (4 weeks instead of 2 weeks) and focused on women's health instead of family planning and abortion alone. We had a first week of orientation and the following weeks were each spent on a new service (Labor and Delivery, the abortion clinic and the gynecology clinic, which included a day in the Operating Room). We had to attend grand rounds, Weekly Morbidity and Mortality conferences as well as didactic sessions. I gave a 10-minute presentation on my last day on the 2016 Zika Epidemic & how it was affecting Brazil reproductive rights at the time.



of the patients is about to undergo an interesting procedure, ask if you can go watch. If you have already seen several pap smears or IUD placements, ask if you might be able to do the next one.

As long as you are polite, faculty and residents will never hold your asking for more experience against you, and you'll make your time rotating worthwhile.

**Are you considering any subspecialties/fellowships?** Yes, I had an amazing time rotating through high risk OB both at Banner and during an away rotation. I love dealing with complicated pregnant patients, and I can see myself doing a fellowship in maternal fetal medicine.

**Anything else that you would like to share?** I was totally undecided about my future specialty when I started third year and I think that worked in my favor. I was able to focus all my attention on whichever rotation I was currently on, and I was able to see the positives and negatives of each without preconceptions. I strongly encourage everyone to try to keep an open mind during their rotations, because you never know what you will fall in love with!

— **Jaime Zhang, MS2**

**How did you find about it/when did you pursue it/how did you go about using it for PAL credit?** I remember receiving an email from Svadharna Keerthi, the former leader of our MSFC club (current MS3) in the early spring of my first year about the RHE here in the Phoenix area. I have always been interested in women's health and OBGYN and I immediately thought about doing my RHE in another institution, with the idea of networking and meeting OBGYNs outside the Phoenix area. This is how I found out that the RHE was offered all across the country. I applied to UCSF and a few weeks later, after a few phone call interviews, I was selected with two other medical students. I simply emailed Dr. Kim to make sure that I could use it for PAL credit.

**Did you see any downside to doing this?** The only downside would be the cost of the externship. I did receive a stipend through MSFC but San Francisco has a very high cost of living and I definitely had to invest financially.

**What one piece of advise would you give a MS1 or 2?** Do not be afraid of taking risks when it comes to your education. Sometimes, you have to create your own opportunities to network and get closer to your goals. I would like to also remind my fellow first and second year medical students that as much as working hard and having good grades is important, we need to remember that we cannot care for patients if we cannot take care of ourselves first. Do not give up on your hobbies or family no matter how overwhelmed and busy you think you are, there is always time for people or things you love.

If you have any questions about the Reproductive Health Externship or are interested in participating in this program, please contact current MSFC leadership, Jaime Zhang ([jaimeizhang@email.arizona.edu](mailto:jaimeizhang@email.arizona.edu)) or Shanana Immel ([srimmel@email.arizona.edu](mailto:srimmel@email.arizona.edu)) for more information.

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If you have any suggestions for how we could enhance the newsletter or any corrections, comments, or suggestions for articles of interest, please do not hesitate to contact us at [lshahpatel@email.arizona.edu](mailto:lshahpatel@email.arizona.edu)

## STATS TO KNOW

### Obstetrics-Gynecology Match Summary, 2017

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants	No. of Matches US Seniors : Total	% Filled US Seniors : Total	Ranked Positions US Seniors : Total
241	1,288	0	1,753	1,049 : 1,288	81.4 : 100	13,779 : 16,755

### Matches by Specialty and Applicant Type, 2017

No. of Positions	Number Filled	US Senior	US Grad	Osteo	Canadian	5th Pathway	US IMG	Non-US IMG	Number Unfilled
1,288	1,288	1,049	11	123	0	0	64	41	0

### Positions Offered in the Matching Program, 2013-2017

2017		2016		2015		2014		2013	
No.	%	No.	%	No.	%	No.	%	No.	%
1,288	4.5	1,265	4.5	1,255	4.6	1,242	4.7	1,237	4.7

### Summary Statistics on US Allopathic Seniors, 2016

Measure	Matched (n=1,254)	Unmatched (n=59)
Mean number contiguous ranks	12.5	6.7
Mean number distinct specialties ranked	1.0	1.4
Mean USMLE Step 1 score	229	214
Mean USMLE Step 2 score	244	230
Mean number of research experiences	3.2	2.8
Mean number of abstracts, presentations, and publications	4.2	2.9
Mean number of work experiences	3.4	3.4
Mean number of volunteer experiences	8.0	8.3
Percentage who are AOA members	14.8	2.4
Percentage who graduated from one of the 40 US medical schools with the highest NIH funding	31.2	29.8
Percentage who have a Ph.D degree	2	0
Percentage who have another graduate degree	15.9	23.2