OBSTETRICS & GYNECOLOGY

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

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

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office: obgyn@greenjournal.org.

Date: May 09, 2019
To: "Vicki Reed" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-584

RE: Manuscript Number ONG-19-584

Tracking: An Innovative Obstetrics and Gynecology Residency Curriculum

Dear Dr. Reed:

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

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

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

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

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

REVIEWER COMMENTS:

Reviewer #1: Thanks for submission of your manuscript titled "Tracking: an innovative obstetrics and gynecology residency curriculum". I have the following comments and queries for this manuscript.

1. Utilizing the skills of both experts in medical education and the practice of OB/GYN to develop consensus regarding curricular structure is a strength of the study.

2. The discussion of "tracking", previously called by other names, has been around for decades. The curriculum that you have put together seems a bit different than what I would think of as tracking. Its seems that real tracking would include, potentially after two years of "traditional" training, that the last two years would be focused almost entirely on a single track or specialty. Of course, that would require changes to the ACGME requirements. Here, with all due respect, you essentially seem to just add electives in specialty areas, but otherwise keep all the traditional training in general OB/GYN intact including procedure log requirements for all.

3. What about a resident who starts done a given track, then decides to change their track? The authors barely address this near the end of the manuscript.

4. As the authors mention, this may not be possible for smaller programs, including programs that do not have a wealth of subspecialists, a large gynecologic surgical volume, and a large obstetrics volume. In that regard, is there a cut-point for a program size, number of gynecologic cases per resident or number of subspecialists in a department that would not allow tracking to be an option? If so, what percentage of ACGME-accredited programs would be "excluded" from tracking?

5. Line 165. It's very difficult to train someone to be confident. What educators try to do is to train clinicians to be competent.

6. Line 168. Perhaps this is because PD's have a bit more experience in this regard.

7. Line 202. All too often it seems that services are highly dependent on a specific cohort of residents to be present to handle the clinical load, even in very large programs.

8. There certainly seems to be an ever increasing number of issues at play in regards to the surgical training of OB/GYN residents including restricting work hours and better medical treatments for AUB, fibroids, and endometriosis. My suspicion is that the number of hysterectomies done in the US will continue to decline, and residency training will continue to struggle to train all of their graduates to be competent surgeons. A change in the OB/GYN-specific ACGME requirements may be what is needed.

Reviewer #2: The tracking method of residency education as described, puts together many ideas that have become pertinent over the years. The approach as outlined is pragmatic and comes much closer to filling the career needs of individual residents.

This manuscript is well written and will be very thought provoking.

Reviewer #3:
Dr Reed and her associates are to be congratulated for describing their experience of "tracking" at their institution for residency training in OBGYN.

They provided background information about the educational dilemma of training obstetrician-gynecologists for our future work force with the demands of
limited work hours, different demqnds for teaching the basics of obstetrics and gynecology,plus exposure in areas that may interest some trainees but not
others and expectations for residents to meet surgical procedure requirements.

Dr Reed then described how they developed a tracking program at the Cleveland Clinic, and provided information about the curriculum over the 4 years, and
information about how it was received by the residents, how the residents performed on milestone goals being met, that goals for procedures were met, and
what were the strengths and weaknesses of such a personalized tracking system. There was also data on the subsequent choices/career pathways of these
residents following training at the Cleveland Clinic.

I did find table 2 "overwhelming" with 14 parameters tracked. It is reassuring that all requirements were met so well. I am not sure if this can be in any way
changed and is important to show.

I may have missed how many residents per year are trained.

Line 267 is "occured"

Reviewer #4: Thank you for the opportunity to review your manuscript. This is a very interesting and important topic addressing residency training at a time of decreased work hours and case volumes which might affect residents' competence. The purpose of the study is explicitly stated. The authors eloquently describe the impetus for tracking. The review of the literature is comprehensive, and so is the program description. This is a well established residency program with a superb track record. It also benefits from a large and varied case volume which helped the implementation of such a program. The results are definitely positive with all graduates fulfilling the ACGME requirements for milestones and procedures. The data display is easy to read and understand. Applicants planning to do a fellowship tend to select a tracking program and this might skew the outcomes, i.e., more graduates pursuing fellowships. The discussion places the study findings in perspective with previously done work on the subject. Strengths and weaknesses are clearly explained. Concerns with tracking programs remain, such as a decrease in the numbers of generalist obstetrician and gynecologists, negative impact on resident training, administrative challenges and case volumes. Overall, I find the manuscript to be be educationally relevant and well written.

EDITOR COMMENTS:

1. We need to have examples of different curricula that demonstrate alternatives to the traditional model. Clearly, the Cleveland Clinic has instituted a model that appears well grounded in educational theory and meets ACGME requirements.

Your manuscript however will need to be significantly revised in order to be published.

It is not clear what the nature of your paper is: is this meant to be an original research paper? A current commentary? A procedures and instruments paper? It has features of all of these, and each have different word lengths, reference lengths, and formatting. Please see the instructions for authors. My suggestion is that it is best suited for a current commentary.

You also need to focus your paper a great deal and shorten it. Most of the readers will know about problems facing Ob Gyn programs in meeting duty hours requirements and ACGME requirements. You spend a lot of real estate in your paper reviewing these issues, as well as what has happened in other specialties. Much of this can be eliminated or severely edited with references for readers to go to if they wish. Alternatively, you could place some of this information into Supplemental Digital Content. You mention the Summit but really don't spend much time on that--which was a high level call to action for Ob GYN specifically.

Most of your paper should focus on the process for defining the curriculum, how it was implemented and what the outcome has been. It would be good to add CREOG scores as an additional piece of information to illustrate the effect on a different measure (besides cases) on resident education.

As written, at times your paper currently reads as an advertisement for your program and I encourage your revise it to be presenting the facts without adding the gloss. Examples include the frequent use of "novel", "unique", and also Lines 195-199. These are examples only. You could include the information on lines 195-199, made more general, in the discussion section in which you indicate the lack of generalizability of your solution to programs with fewer resources. I don't think it requires that you indicate your # of faculty or deliveries.

I've included many comments in the first portion of your paper which you will receive. I stopped with the specific comments before reaching the end, opting instead to provide this feedback.

***EDITORIAL OFFICE NOTE: In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- Curricula is plural, so it should a be "have the potential"...

- We do not require that initial submissions adhere to the Green Journal publication requirements. Articles for which a revision is requested however, do require that the revised submission adhere to all Green Journal formatting requirements. We strongly recommend that you read the Instructions for Authors to be able to present your revised submission in a format that is likely to allow for a prompt final decision. It is available as a PDF download from the login page for Editorial Manager. It has information for formatting, required elements, word limits, reference style and other necessary items.

- to improve or for improving

- Please leave "innovative" out of the abstract. Its what is called a primacy claim (see note under background). Let the curriculum stand on its own--you don't need to "dress it up" with these adjectives.

- The 80 hour duty restrictions were put into place in 2003--15 years ago. Training time has not decreased for over 15 years.

- This is called a primacy claim: yours is the first, biggest, etc…In order to assert that, you need to provide the search terms used and the data base (s) searched (PubMed, Google Scholar, etc) to substantiate the claim. Otherwise, it needs to be deleted. It wouldn't belong in the abstract anyway, so make sure you address this in the manuscript body.

- I can't tell what your action was here. You convened a consensus group when? were their recommendations put into place and did you change the residency curriculum? If so, when? As written, you just say you convened a study group and collected data.

- At a single academic medical center, we convened....

- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

- Perhaps" Since the curriculum change, over 60% of program graduates have matriculated into an accredited clinical fellowship"?

- improvement and innovation in post graduate...

- Please again drop the adjectives here. Let the reader assess this type of thing. Also, your introduction should be about 1 page in length.

- You've started a new section. Define "This"

- the American Board of Surgery.... Please look for this type of grammatical editing throughout.

- Summarized adequately in text. Delete Figure

- Summarized adequately in text. Delete Figure

- Summarized adequately in text. Delete Figure

- Summarized adequately in text. Delete Figure

- Summarized adequately in text. Delete table.

- will need to spell out the abbreviations in the first column. Please indicate for which years the tracking curriculum has been in place. Are the entries in column one individual people?

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

a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.

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

5. All studies should follow the principles set forth in the Helsinki Declaration of 1975, as revised in 2013, and manuscripts should be approved by the necessary authority before submission. Applicable original research studies should be reviewed by an institutional review board (IRB) or ethics committee. This review should be documented in your cover letter as well in the Materials and Methods section, with an explanation if the study was considered exempt. If your research is based on a publicly available data set approved by your IRB for exemption, please provide documentation of this in your cover letter by submitting the URL of the IRB website outlining the exempt data sets or a letter from a representative of the IRB. In addition, insert a sentence in the Materials and Methods section stating that the study was approved or exempt from approval. In all cases, the complete name of the IRB should be provided in the manuscript.

6. Please clarify if any of your Figures or Tables have been previously published in another source. The use of borrowed

material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained.

Permission is also required for material that has been adapted or modified from another source.

Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

Please provide copies of the original sources of your Figures and Tables with your revision for review by the Editorial Office.

7. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

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

Please limit your Introduction to 250 words and your Discussion to 750 words.

9. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

10. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

Please limit your abstract to a maximum of 300 words.

11. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

12. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

13. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

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

15. When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

16. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

17. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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Cleveland Clinic

May 29, 2019

Dear Editors of *Obstetrics & Gynecology* and Reviewers of our manuscript:

Thank you for the opportunity to revise our manuscript now titled “Tracking, A Flexible Obstetrics and Gynecology Residency Curriculum” for special consideration for publication in the *Obstetrics & Gynecology APGO supplement* as a current commentary. I am selecting APGO supplement for submission on the web site as I am only permitted to select only one option.

We believe that this manuscript would be of relevance to readership of *Obstetrics & Gynecology* as it aligns with recent discussions focused on the transformation of medical school and residency training. Our residency program in Obstetrics and Gynecology has been able to successfully implement a flexible tracking program. Residents are provided early exposure in the first year and progressively throughout their training to maximize experiences in their area of interests. Our program’s success can offer a template to other programs interested in implementing this type of flexible training.

We appreciate the time and thoughtful comments from each of the reviewers and editors. Please see the following responses to each comment.

Reviewer #1 Comment:

> *Utilizing the skills of both experts in medical education and the practice of OB/GYN to develop consensus regarding curricular structure is a strength of the study.*

Response

Thank you.

Reviewer #1 Comment

The discussion of "tracking", previously called by other names, has been around for decades. The curriculum that you have put together seems a bit different than what I would think of as tracking. Its seems that real tracking would include, potentially after two years of "traditional" training, that the last two years would be focused almost entirely on a single track or specialty. Of course, that would require changes to the ACGME requirements. Here, with all due respect, you essentially seem to just add electives in specialty areas, but otherwise keep all the traditional training in general OB/GYN intact including procedure log requirements for all.

Response

The benefit of early exposure is important. Beginning in the PGY-1 year residents select tracking experiences. Currently they have seven blocks of tracking within 4 years which will represent about 25% of their training. The ability to spend that portion of training focusing on areas of interest is a way to allow for individualize learning.

Reviewer #1 Comment

What about a resident who starts done a given track, then decides to change their track? The authors barely address this near the end of the manuscript

Response

Residents are not required to declare a specific track. They pick tracking blocks that focus on their areas of interest. Some residents who plan fellowship will do all blocks related to that interest.

Others will explore a myriad of different opportunities. There have been a couple residents who have actually realized through that they did not actually want to do the planned fellowship. This is an added benefit to early exposure I added some additional information regarding this to the manuscript.

Reviewer #1 Comment

As the authors mention, this may not be possible for smaller programs, including programs that do not have a wealth of subspecialists, a large gynecologic surgical volume, and a large obstetrics volume. In that regard, is there a cut-point for a program size, number of gynecologic cases per resident or number of subspecialists in a department that would not allow tracking to be an option? If so, what percentage of ACGME-accredited programs would be "excluded" from tracking?

Response

I think it is not necessarily the size of the program or the volume, but perhaps the availability to provide additional coverage with fewer residents.

Reviewer #1 Comment

Line 165. It's very difficult to train someone to be confident. What educators try to do is to train clinicians to be competent.

Response

This reference and associated line has been remove during condensing manuscipt.

Reviewer #1 Comment

Line 168. Perhaps this is because PD's have a bit more experience in this regard

Response

I agree.

Reviewer #1 Comment

Line 202. All too often it seems that services are highly dependent on a specific cohort of residents to be present to handle the clinical load, even in very large programs.

Response

I agree. There is room for culture change in this regard that could benefit trainees. For example, we just implemented an advanced practice service to cover the postpartum floor and circumcisions while capping the number of patients that residents see on that floor to maximize learning.

Reviewer #1 Comment

There certainly seems to be an ever increasing number of issues at play in regards to the surgical training of OB/GYN residents including restricting work hours and better medical treatments for AUB, fibroids, and endometriosis. My suspicion is that the number of hysterectomies done in the US will continue to decline, and residency training will continue to struggle to train all of their graduates to be competent surgeons. A change in the OB/GYN-specific ACGME requirements may be what is needed.

Response

It is an area of interest and discussion amongst many educators in OBGYN.

Reviewer #2 Comment

The tracking method of residency education as described, puts together many ideas that have become pertinent over the years. The approach as outlined is pragmatic and comes much closer to filling the career needs of individual residents.

This manuscript is well written and will be very thought provoking

Response

Thank you.

Reviewer #3 Comment

Dr Reed and her associates are to be congratulated for describing their experience of "tracking" at their institution for residency training in OBGYN.

They provided background information about the educational dilemma of training obstetrician-gynecologists for our future work force with the demands of limited work hours, different demands for teaching the basics of obstetrics and gynecology, plus exposure in areas that may interest some trainees but not others and expectations for residents to meet surgical procedure requirements.

Dr Reed then described how they developed a tracking program at the Cleveland Clinic, and provided information about the curriculum over the 4 years, and information about how it was received by the residents, how the residents performed on milestone goals being met, that goals for procedures were met, and what were the strengths and weaknesses of such a personalized tracking system. There was also data on the subsequent choices/career pathways of these residents following training at the Cleveland Clinic.

Response

Thank you.

Reviewer #3 Comment

I did find table 2 "overwhelming" with 14 parameters tracked. It is reassuring that all requirements were met so well. I am not sure if this can be in any way changed and is important to show

Response

I have paired this down. Hopefully it is easier to visualize while still providing the general idea. It is now labeled as Table 1 with the revisions.

Reviewer #3 Comment

I may have missed how many residents per year are trained.

Response

We currently have 7-5-5-6. We initially had 5 residents per year, a temporary increased for class of 2019, and permanent increase to seven per year granted in 2017. We matched seven or class of 2022 and 2023 and will interview for seven per year on-going.

Reviewer #3 Comment

Line 267 is "occurred"

Response

I changed this in the manuscript. Thank you.

Reviewer #4 Comment

Thank you for the opportunity to review your manuscript. This is a very interesting and important topic addressing residency training at a time of decreased work hours and case volumes which might affect residents' competence. The purpose of the study is explicitly stated. The authors eloquently describe the impetus for tracking. The review of the literature is comprehensive, and so is the program description. This is a well-established residency program with a superb track record. It also benefits from a large and varied case volume which helped the implementation of such a program. The results are definitely positive with all graduates fulfilling the ACGME requirements for milestones and procedures. The data display is easy to read and understand. Applicants planning to do a fellowship tend to select a tracking program and this might skew the outcomes, i.e., more graduates pursuing fellowships. The discussion places the study findings in perspective with previously done work on the subject. Strengths and weaknesses are clearly explained. Concerns with tracking programs remain, such as a decrease in the numbers of generalist obstetrician and gynecologists, negative impact on resident training, administrative challenges and case volumes. Overall, I find the manuscript to be educationally relevant and well written.

Response

Thank you for your comments. Cleveland Clinic was part of a combination program with another residency program for many years. Our own program just began in 2012.

Editor Comment

We need to have examples of different curricula that demonstrate alternatives to the traditional model. Clearly, the Cleveland Clinic has instituted a model that appears well grounded in educational theory and meets ACGME requirements.

Your manuscript however will need to be significantly revised in order to be published.

Response

Thank you for the opportunity to revise our manuscript.

Editor Comment

It's not clear what the nature of your paper is: is this meant to be an original research paper? A current commentary? A procedures and instruments paper? It has features of all of these, and each have different word lengths, reference lengths, and formatting. Please see the instructions for authors. My suggestion is that it is best suited for a current commentary.

Response

Please consider our submission as a current commentary. This revision has been formatted to adhere to those guidelines.

Although initially formatted as a current commentary, our first submission was re-formatted to follow the specific guidelines outlined for considerations for the APGO Supplement. https://www.apgo.org/wp-content/uploads/2018/09/2019-APGO_author-instructions.pdf.

Editor Comment

You also need to focus your paper a great deal and shorten it. Most of the readers will know about problems facing Ob Gyn programs in meeting duty hours requirements and ACGME requirements. You spend a lot of real estate in your paper reviewing these issues, as well as what has happened in other specialties. Much of this can be eliminated or severely edited with references for readers to go to if they wish. Alternatively, you could place some of this information into Supplemental Digital Content. Most of your paper should focus on the process for defining the curriculum, how it was implemented and what the outcome has been.

Response

This area has been condensed and addition information regarding the implementation of our program has been added to the manuscript.

Editor Comment

You mention the Summit but really don't spend much time on that--which was a high level call to action for Ob GYN specifically.

Response

Thank you. Additional information has been added to the manuscript regarding the Summit.

Editor Comment

It would be good to add CREOG scores as an additional piece of information to illustrate the effect on a different measure (besides cases) on resident education.

Response

The CREOG scores have been included now. Thank you

Editor Comment

As written, at times your paper currently reads as an advertisement for your program and I encourage your revise it to be presenting the facts without adding the gloss. Examples include the frequent use of "novel", "unique", and also Lines 195-199. These are examples only. You could include the information on lines 195-199, made more general, in the discussion section in which you indicate the lack of generalizability of your solution to programs with fewer resources. I don't think it requires that you indicate your # of faculty or deliveries

Response

Thank you for these comments. These adjectives and specifics have been removed throughout the manuscript.

Editor Comment

Curricula is plural, so it should a be "have the potential”

Response

Thank you. The manuscript has been updated to reflect these comments.

Editor Comment

“improve or for improving”

Response

Thank you. The manuscript has been updated to reflect these comments.

Editor Comment

The 80 hour duty restrictions were put into place in 2003--15 years ago. Training time has not decreased for over 15 years

Response

Thank you. The manuscript has been updated to reflect these comments.

Editor Comment

This is called a primacy claim: yours is the first, biggest, etc…In order to assert that, you need to provide the search terms used and the data base (s) searched (PubMed,GOogle Scholar, etc) to substantiate the claim. Otherwise, it needs to be deleted. It wouldn't belong in the abstract anyway, so make sure you address this in the manuscript body

Response

Thank you for this feedback. I have included the search information supporting that this is the first such program in OBGYN.

Editor Comment

I can't tell what your action was here. You convened a consensus group when? Were their recommendations put into place and did you change the residency curriculum? If so, when? As written, you just say you convened a study group and collected data

Response

The process began in 2011. We matched our first residency class in 2012. This was a new program and the curriculum was established in the planning stages. The Cleveland Clinic, prior to 2011, had residents that rotated at the Cleveland Clinic from another residency in town, MetroHealth , but we did not have our own program until 2012. We have will graduate our fourth class in 2019. Information regarding the modified Delphi method that was utilized in developing the program was added to the manuscript.

Editor Comment

"At a single academic medical center, we convened...."

Response

Changes to the manuscript have been made to reflect these comments.

Editor Comment

The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances

Response

Changes to the manuscript have been made to reflect these comments and authorship guide.

Editor Comment

Perhaps" Since the curriculum change, over 60% of program graduates have matriculated into an accredited clinical fellowship"?

Response

Changes to the manuscript have been made to reflect these comments.

Editor Comment

“improvement and innovation in post graduate...”

Response

Changes to the manuscript have been made to reflect these comments.

Editor Comment

Please again drop the adjectives here. Let the reader assess this type of thing. Also, your introduction should be about 1 page in length

Response

Changes throughout the manuscript have been made to reflect these comments. The Introduction and background are condensed.

Editor Comment

You've started a new section. Define "This"

Response

Changes to the manuscript have been made to reflect these comments.

Editor Comment

the American Board of Surgery.... Please look for this type of grammatical editing throughout

Response

Changes to the manuscript have been made to reflect these comments.

Editor Comment

First 4 figures and First table delete

Response

The noted figures and tables have been deleted

Editor Comment

“will need to spell out the abbreviations in the first column. Please indicate for which years the tracking curriculum has been in place. Are the entries in column one individual people?”

Response

The table has been corrected based on these comments and the columns condensed based on the other comments. Each row represents one individual resident. The notation has been changed to make this clearer.

Editor Comment

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

Response

The opt-in verbiage has been added to the cover letter.

Editor Comment

The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.*

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

Response

This verbiage has been added to the cover letter.

Editor Comment

Permission is also required for material that has been adapted or modified from another source.

Response

Eric Jelovsek, MD, MMEd (Co-author of this paper) has granted permission to use the data outlining the Delphi model presented in abstract form at 2012 CREOG APGO meeting.

Editor Comment

How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search)

Response

Thank you for this feedback. I have included the search information supporting that this is the first such program in OBGYN.

Editor Comment

All tables and figures should be removed except figure one and table two

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

Response

The files will be loaded separate.

I affirm that this manuscript is an honest, accurate, and transparent account of the commentary being reported; that no important aspects of the commentary have been omitted; and that any discrepancies from the study as planned (this is not relevant to this paper) have been explained.

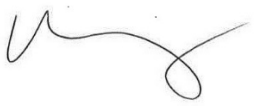
All of the co-authors have contributed to the writing of this manuscript and approved its submission. This manuscript has only been submitted to *Obstetrics & Gynecology* and is not under review elsewhere.

Please publish my response letter and subsequent email correspondence related to author queries (OPT-in)

Please do not hesitate to contact me if you would like any additional information.

Thank you.

Sincerely,



Vicki R. Reed, MD