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Were do I Fit? - Original

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Lately I have found myself asking the question, where do I fit? I am young. I am Black. I am male. I completed both an M.D. and a PhD in medical school. And I decided to pursue a residency in Obstetrics and Gynecology which has one of the lowest percentages of MD-PhDs of any residency subspecialty in America. So, where do I fit?

I am young.

It is no secret that young physicians today are entering a dramatically different world from our forefathers. Some studies suggest that young physicians are more dissatisfied with their career choice of medicine relative to older physicians. One cross-sectional survey of over 7,000 physicians at various stages in their career found that early career physicians (defined as being in practice 10 years or less) had the lowest satisfaction with their overall career choice of being a physician¹.

In terms of Obstetrics and Gynecology, specifically, one major change is that surgical volume has decreased over time. In 2012, residents graduating from Obstetrics and Gynecology programs completed an average of only 38 laparoscopic hysterectomies, even though the learning curve is estimated to be between 30 and 80. Many residents are now relying on fellowship programs, such as Minimally Invasive Gynecologic surgery, to essentially “complete” their residency training. Dr. Javier Magrina, a national leader in the field, wrote an editorial arguing that based on the above data, the average graduating Obstetrics and Gynecology resident does not graduate with the ability to perform a laparoscopic hysterectomy safely without

additional training². His subsequent question was, “Is it time to separate the O from the G?” My question is, what does the future hold for me as a young Obstetrician-Gynecologist?

I am black.

As a young black physician, the statistics on the ethnic makeup of America’s doctors is not lost on me. In 2012, there were 688,468 practicing physicians in the United States and only 3.8% were Black³. In 2015, there were over 120,000 young physicians in graduate medical education programs in the United States and 5.7% were Black⁴. One study of Medicare beneficiaries showed that there were significant differences between the primary care physicians treating Black versus White patients. One key difference was that, compared to physicians treating White patients, physicians treating Black patients were more likely to report that they could not provide high quality care to all their patients⁵. In another study, using direct audiotape recording of physician visits, race-concordant visits were found to be longer and characterized by more patient positive affect⁶. More critically, this association between physician-patient race concordance and higher patient rating of care was found to be independent of patient-centered communication. The authors thus concluded that increasing the ethnic diversity among physicians may be the most direct strategy to improve health care experiences for members of ethnic minority groups⁶. As a young Black physician in America, where do I fit?

I am male.

In Obstetrics and Gynecology, 83% of current residents are female⁴. No other graduate medical education program has a female to male ratio that large. Anecdotally, there are many examples

of private practices, in Obstetrics and Gynecology, specifically advertising the fact that all the providers are female. As a young, Black, male Obstetrician/Gynecologist, where do I fit?

I completed both an M.D. and PhD.

I still remember to this day as an M.D-PhD candidate at Johns Hopkins, one of the most famous cancer researchers in this country gave us a talk. This cancer researcher had completed an M.D. but then went straight into research, never did a residency and never practiced clinically. He told us bluntly that he did not think someone could do both clinical practice and scientific research equally well. In his opinion, you could be a great clinician or you could be a great researcher, but you could not be great at both. Based on what it takes to be a great clinician and based on what it takes to be a great research scientist, was this professor correct?

In 2016, of all the medical students who matched in Obstetrics and Gynecology, only 2% had a PhD⁷. In Pathology, the equivalent percentage was 22.4%. In Radiation Oncology, it was 24.8%. In Neurological surgery, it was 9.5%. In terms of National Institute of Health(NIH) funding, in 2011 only 18% of R01 grant applications undergoing peer review were funded. I graduated from medical school in 2009. I started applying for jobs in the last year of residency between 2012 and 2013. This meant that my medical education coincided with this period characterized by a historically low rate of success with obtaining NIH funding. The ability of a physician scientist, in today's world, to go straight from medical school or residency into being an independently funded investigator is extremely difficult. And so once again, the question remains, where do I fit as a young Obstetrician/Gynecologist who completed an MD-PhD program?

Last paragraph—please draft conclusion

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