'19 - '20

OBGYN Department Annual Report
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On March 13th, 2020 I sent my first OB/Gyn COVID-19 update to the entire department. I sensed things were changing rapidly and thought that accurate, timely information was the best way to keep people informed, allay fears, and help keep our faculty, staff, and patients safe.

I didn’t know then if the pandemic would last weeks, months or years, but I knew the only thing I could control was the flow of information. I was receiving a fire hose stream of information from so many sources and worried that others were receiving either too much or too little information to be useful.

I started daily Zoom calls with leaders in the department that helped me put the information into perspective.
The early days included a lot of predictive models about how quickly the virus would spread.

The applied math major in me summoned all of my mathematical modeling skills to make graphs showing what exponential, linear and polynomial models of viral spread would mean in our community.

My department email updates allowed me to synthesize all I was hearing from various sources and organize them in a way that might help the faculty, staff, and residents know what to expect in the coming days.

I started sending them out almost each evening, including global, national, state, and regional statistics of how many cases, hospitalizations, and deaths were being reported.
When would we run out of hospital beds? ICU beds? PPE? When should the ORs and clinics close?

We did shut down clinics and ORs to a certain extent, but we did not run out of hospital beds, ICU beds, or PPE. And then by late April we started to reopen, allowing more patient visits and elective surgeries.

**We accelerated the use of telemedicine in ways we had only dreamed about.**

As June approached, we were almost back to baseline.

Graph demonstrating the increased use of telemedicine (orange) between March and July 2020, and the impact of COVID-19 on in-person office visits (blue).
In June, other concerns became even more pressing than the COVID-19 pandemic.

The killing of George Floyd added to a much too long list demonstrating how people of color continue to be subjected to police violence.

Data from the pandemic confirmed that people of color were also more likely to contract, as well as die from, COVID-19 than white Americans.

As we reached the end of the academic year, it was quite clear that systemic racism leading to racial inequity was the second, and much more long lasting public health crisis.

Though the past year was certainly marked by the pandemic, this annual report reflects the amazing contributions our faculty and staff have made to clinical care, science, education and research both before and during this crisis.

I remain in awe of their creativity and resilience and I look forward to our future together.

Eva K. Pressman, MD
Henry A. Thiede Professor and Chair
Department of Obstetrics-Gynecology
Clinical

The University of Rochester Department of Obstetrics and Gynecology is home to a diverse array of specialties and service lines, providing full-spectrum reproductive, gynecologic, obstetric, pelvic, and preventive health care throughout upstate New York.

OUR DIVISIONS

Our Department is comprised of six clinical divisions, including General Obstetrics and Gynecology (at all of our hospitals), Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility, Gynecologic Oncology, Midwifery, and Urogynecology and Reconstructive Pelvic Surgery. We are also home to several additional service lines, including Minimally Invasive Gynecologic Surgery, Family Planning, Reproductive Genetics, Lactation and Breastfeeding Medicine, Pediatric and Adolescent Gynecology, and Menopause Care.
The University of Rochester Obstetrics and Gynecology Department serves patients at multiple locations throughout Upstate New York. We offer full spectrum care at our hospital locations in Rochester, including Strong Memorial Hospital and Highland Hospital.

Our outpatient services in Greater Rochester are provided at our Lattimore Road Office Building, the Red Creek Office Park, Highland Hospital Professional Office Building, Highland Women’s Health on Culver Road, Highland Women’s Health on Ayrault Road, Highland Women’s Health at the Schottland Family YMCA in Pittsford, and UR Medicine Menopause and Women’s Health on South Clinton Avenue.

In addition to Strong Memorial and Highland Hospitals, we provide obstetrical and gynecologic care at Jones Memorial Hospital, F.F. Thompson Hospital, and Noyes Memorial Hospital.

Beyond those locations already mentioned, our Maternal-Fetal Medicine division members perform consults, read ultrasounds, and complete telemedicine encounters at twelve additional sites throughout Upstate New York.

Finally, our Family Planning faculty deliver care in partnership with Planned Parenthood, and several of our Department members care for incarcerated patients at Albion State Prison.
Each unit participates in the UPP (Unit Performance Projects) program; which is a hospital initiative to share best practices in the areas of patient and family centered care, safety and quality, and LEAN. UPP teams utilize an interprofessional team approach to making unit improvements. In September of 2019 the OB/GYN service started a service wide UPP team that includes nurses, attending providers, residents, midwives, and the Department of Operations Excellence.

The OB/GYN Nursing service continues to deliver quality care to our patients and their families. This is validated by the Press Ganey/HCAHPS scores that are received and discussed every month, as well as many staff being recognized through the Strong Star program.
The team will be working on mainstreaming the discharge practice, decreasing primary cesarean section rates, cesarean section wait times, and interdepartmental communication.

As the acuity and comorbidities of our patients continue to rise, so do their care requirements.

We have had personnel changes over the course of the year. We continue to welcome amazing new staff to our service. In the summer of 2018 Jennifer Truax developed a Nurse Residency Program for the OB Service. In the fall of 2019, we hired a second service educator, Jillian Price. She oversees the Nurse Residency Program for the OB Service. Presently, we are starting our 14th cohort – and to date have had 82 nurses successfully complete this program.

In addition to our service nurse residency program, we are also one of the services chosen to participate in a pilot of a hospital wide nurse residency program. Both nurse residency programs provide a more robust, meaningful orientation process for newly hired nurses.

We are seeing more complicated patients who require more intensive discharge coordination. We are fortunate to now have 2 discharge coordinators covering our OB/GYN service. Kathy Silipigni joined Patti in March of this year. Kathy’s main focus is 33600 and Patti continues to cover 31200. This program ensures the patient’s care is comprehensive and continues outside of their hospital admission. Many of these patients live outside of Monroe County which requires even more coordination of care. Patti and Kathy coordinate home care, home PT, and other home care services for the patients to provide a seamless transition back to their homes.

We also continue to work on bridging the gap between ambulatory and inpatient patient care through collaboration of our resources.
We continue to move forward with renovation of our OB ORs on the third floor, all is on track to re-open both OB ORs by the year’s end. This project also includes renovation to the NICU stabilization area, allowing for better accessibility and updated equipment.

Our quality and safety nurses continue to develop and improve our programs. This group also includes our unit regulatory champions and safety nurses from each unit. We continue to participate in grant work with MCIC to explore safety issues surrounding deliveries. Grant work has started through MCIC to conduct a multidisciplinary performance improvement project focusing on integrating best practices in an effort to decrease nulliparous singleton vertex primary cesarean section rates. SMH and HH have partnered together, working collaboratively to standardize clinical best practices and practice guidelines. In 2020 we also began integrating the other affiliates (FF Thompson, Jones, and Noyes) to allow for standardization across the region.

We continue to provide education and implement new strategies in response to Post-Partum Hemorrhage. We are now live with QBL vs traditional EBL for both vaginal and operative deliveries. In November we will institute the obstetric hemorrhage risk assessment in the intrapartum and post-partum periods.

Quantifying Blood Loss Saves Lives

There is a well-developed dashboard of indicators available on each unit and reviewed by an interdisciplinary team monthly for the purpose of a collaborative approach of achieving...
quality and safety metrics for our patients. We continue to participate in Relias (formerly GNOSIS) learning modules in conjunction with MCIC. We also have continued interdisciplinary simulations this year, which has proven to be challenging related to Covid restrictions. We continue to collaborate with the Emergency Department with focus on obstetrical trauma. In situ simulations are being done on 31200 related to precipitous deliveries. We continue to work collaboratively with our NICU colleagues as well. Work continues on ensuring we are providing the best care possible through quality reviews, root cause analysis, and debriefings of events.

Our lactation department continues to grow. We are currently at full staffing with 13 inpatient lactation consultants (10 are board certified and 3 in process). Inpatient lactation provides daily coverage throughout the hospital year round including weekends and holidays for at least 12 hours per day. This generates about 4000+ contacts monthly – some patients being seen multiple times daily. Our goal is 2 visits daily to the OB units. We also visit patients in the NICU, the Children’s Hospital (between 650 and 800 per month of the 4000), Trauma unit, medical and surgical ICUs, Emergency department and general care floors. We provide a vast array of educational videos for families to choose from while they are in their rooms with their infants.

This year we opened our own location dedicated to outpatient breastfeeding medicine at 125 Lattimore Road. This location is managed by Dr. Casey Rosen-Carole and supported by Michele Burtner. This clinic continues to grow. We look forward to growing our services further by hiring an additional provider who will start working and training at the clinic this fall. The clinic provides feeding assessments, frenotomy, induced lactation, and the use of galactogogues to promote optimal milk production. We help patients with co-lactation and transgender lactation challenges, and strive to serve people’s individual feeding goals. With the help and staffing of Board Certified Lactation Consultants, the clinic provides ongoing support for families after hospital discharge, by providing individualized feeding plans and ensuring ongoing infant growth.

In addition to this, the team is also establishing the Breastfeeding Academy along with the resources and mentorship of the School of Nursing to provide education and training for advancement toward IBCLCs. Our lactation team
continues to work with the Senior Engineering Design students at RIT to develop products to support the need of families with infants in the NICU, and continue to establish community relationships promoting ongoing lactation information and support through a virtual support group and telemedicine consults throughout the Covid-19 pandemic.

As with all other disciplines and services, much of 2020 has been fraught with challenges related Covid and planning related to Covid. Our nursing service is extremely proud of the challenges, initiatives, and safe and quality care we have been delivering, despite the challenges Covid has posed. We are also proud of our interdisciplinary relationships with the medical team, as we continue seeking out ways to share learning opportunities and formulate best practice plans of care. Nursing looks forward to our ongoing growth and achievements which are facilitated in the framework of a Magnet accredited hospital.
CLINICAL CARE
BY THE NUMBERS

Highland Hospital
- Total Deliveries: 3,103
- Vaginal Deliveries: 2,304
- Cesarean Sections: 799

Strong Memorial Hospital
- Total Deliveries: 2,654
- Vaginal Deliveries: 1,651
- Cesarean Sections: 1,003

Thompson Health
- Total Deliveries: 595
- Vaginal Deliveries: 442
- Cesarean Sections: 147
CLINICAL CARE BY THE NUMBERS

37,504
Total Outpatient Visits at Highland Hospital Outpatient Sites

106,406
Total Outpatient Visits at Strong Memorial Hospital Outpatient Sites

150,328
Total Outpatient Visits at URMC OBGYN Outpatient Sites

VIRTUAL VISITS

7,903
Telehealth

566
Video Visits

OB/GYN ULTRASOUNDS

15,218
Strong Memorial Hospital

11,396
Highland Hospital

5191
Regional Partners
CLINICAL CARE
BY THE NUMBERS

Unique Patients
47,819

New Patient Visits
10,460

New OB Visits
3,170

Annual Visits
7,080

Post-Partum Visits
2,210

Colposcopies
1,043

Procedures and Surgical Care

Office-Based Gynecologic Procedures
5,521

Outpatient Surgeries at Strong Memorial Hospital
2,136

Outpatient Surgeries at Highland Hospital
1,910

Inpatient Surgeries at Strong Memorial Hospital
861

Inpatient Surgeries at Highland Hospital
868
CLINICAL CLOSE-UP: REI

553
Total number of IVF cycles completed

10%
Percentage of cycles that are fertility preservation for cancer or trans patients

31%
Percentage of cycles for embryo banking

30%
Percentage of cycles using Preimplantation Genetic Testing

79.2%
Percentage of cycles with elective Single Embryo transfer

02/15/21
Our new, successful gestational carrier program anticipates increased participation when New York State law makes paid surrogacy legal on February 15th, 2021
CLINICAL CARE SPOTLIGHT: SPECIAL CARE CLINIC

Loralei L. Thornburg, MD
James R. Woods, Jr. Professor of Obstetrics & Gynecology
Director- Division of Maternal Fetal Medicine Program
Director- Maternal Fetal Medicine Fellowship

Started in the mid 1990’s, “Special Care” is a Maternal-Fetal medicine specialty clinic housed within the Women’s Health Practice designed to provide comprehensive prenatal care for patients with high-risk pregnancy conditions. Originally conceived by Dr. James Woods Jr, the goal was to bring together complete services for bio-psycho-social care of patients in pregnancy – including having maternal-fetal medicine, nutrition, psychiatry, social work, and financial counseling at every clinical session. This would allow the team to provide interdisciplinary patient centered care in a single office visit to those patients struggling with complex diseases in pregnancy. It was envisioned as a specialty office where attending physicians, residents, nutritionists, nurse practitioners and nurses would work together, with the layered, multidisciplinary care improving pregnancy outcomes. “Dr. Jaffe was one of the first attendings. We only had a census of about 50 patients when it started, but the needs just grew and grew in our community” says Kim Hober, a social worker, who has been with the clinic from the beginning. From those humble beginnings with 50 patients, the clinic now does over 2000 patient visits every year.

“The goal was to bring together complete services for bio-psycho-social care of patients in pregnancy

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In addition to assuring that medical diseases were being well treated, including having an entire clinic session each week devoted to care of diabetes in pregnancy, the clinic staff quickly recognized that women with substance use disorder were frequently without a clear path for care during pregnancy in the Finger Lakes community. At the time, both Dr. Jaffe and Dr. Woods were studying the effects of cocaine on the developing brain, and realized that a different approach was going to be needed if the Ob/Gyn offices were going to be successful in helping women with addiction in pregnancy.

“When we started in the mid-90’s, cocaine and crack were the primary drugs that we saw in pregnancy, with some heroin use.” Says Hober. The team developed relationships with many different regional addiction and toxicology services all over the Finger Lakes region- and were often able to get pregnant people quickly into rehabilitation and stable living situations, improving outcomes for them and their babies.

However, as time passed, the needs of community also started to change. “Around 2005, cocaine use was becoming less common, and we began to find that opioid use and abuse was becoming more and more common,” said both Hober and Dr. Courtney Olson-Chen, one of the current MFM attendings who will be taking over leadership of Special Care starting in January 2021.

They also noted that often these patients did not identify as having a substance use disorder, but instead as having an untreated pain disorder,
making the need for services managing both addiction and unmet pain needs.

As the opioid use epidemic evolved, the numbers of patients struggling with opioid use disorders (OUD) in pregnancy exploded, with nearly 50% of patients receiving prenatal care at any given time on prescribed opioids or having a diagnosis of OUD. Rates of infants with Neonatal Abstinence Syndrome (NAS) in New York have also increased in recent years by more than 70% —from 2.9/1,000 live births in 2010 to 5.2/1,000 live births in 2014.

MAT with buprenorphine replaces short acting opioids that are highly prone to abuse, with medication that is a longer acting opioid receptor modulator -- allowing for stable, daily dosing and controlling symptoms. In some patients, buprenorphine is combined with naloxone, an inactive opioid antagonist component that discourages misuse or abuse.

The Special Care office helps to address more than medical needs. The racial and ethnic disparities within our region, coupled with the high poverty rate and broad geographic area, mean that the social work and community services that Special Care teams are able to pull together benefit many of their patient’s whole families.

“Most of our patients struggle with some degree of food insecurity, or food uncertainty, at some point in their pregnancy,” notes nutritionist Lisa Modesti, RD.
With a higher poverty rate (14%) in the Finger Lake region than the national average (10%) and large economic disparities (with 3 times as many black and Latino families living below the poverty line than white families), the clinic focuses on social work, financial counseling, and nutrition access within each visit as routine portion of prenatal care, attempting to improve access and remove any stigma around these services.

Dr. Lisa Gray, who has led Special Care for the last 5 years notes, “One of our primary goals has been to create a forum where we provide destigmatized, high-quality multidisciplinary care in a supportive environment.” She further points out that these collaborative relationships and education by MFM specialists of other physician specialists in MAT has allowed them to develop increased comfort with different medication options for MAT in pregnancy, including buprenorphine, which has a much easier dosing scheduling-- minimizing the need for lengthy trips to Rochester simply for medication dispensing that was needed with other more traditional pregnancy MAT medications like methadone.

Multiple faculty from general Ob/Gyn and MFM have come together to help make this clinic a success, along with the interdisciplinary team. The team recently worked together to add another “carve out” to improve continuity within the office for those patients without other medical conditions, but who needed the multidisciplinary services of Special Care. Dr. Julia MacCullum joined the Special Care family in 2018, with an interest specifically in addiction medicine, having recently completed a fellowship in Preventive Medicine at Dartmouth Hitchcock Medical Center, and helps to provide this continuity.

In addition to supporting patients during pregnancy, the team early on recognized the importance of having pediatrics involved to assure families were ready for parenthood when using MAT therapy in pregnancy. Through relationships with Dr. Sema Hart, and prenatal consultation, the teams worked together to promote evidence-based practices on neonatal abstinence syndrome, reduce adverse outcomes, and minimize hospital stays.

“Our unique collaborative practice with substance abuse programs both within and beyond Monroe county have allowed support for patients in pregnancy and beyond,” notes Dr. Gray, “Sema [Dr. Hart] also allows us to help patients prepare for neonatal transitions and feel comfortable with the care that their infants will receive after delivery.”
Dr. Gray also notes that the pediatric team at URMC is part of a national study on best practices for infants exposed to MAT using the new “Eat, Sleep, Console” protocols for infants at risk for neonatal abstinence syndrome.

Through this program, the team will join a broader initiative to improve the identification and treatment of pregnant people with OUD through opioid use screening, referral for treatment, and multidisciplinary coordination of care.

In addition to pregnancy care, Special Care offers a unique experience for medical education, as the residents, advanced practice providers, and students that rotate through all become more comfortable with complex pregnancy care, and they take this knowledge and multidisciplinary approach with them into future practice. Dr. Harrington, the Ob/Gyn residency director, along with Dr. Gray and Dr. Olson-Chen note the wide-reaching impact of Special Care in our community, as multiple generations of providers have come through this unique educational experience. “From an educational perspective, Special Care is not only a unique opportunity to learn multidisciplinary, complex pregnancy care, but also a great way to help our residents hone their communication skills,” notes Dr. Gray. Together, over multiple generations of residents, faculty and fellows, this clinic has afforded the opportunity to be able to continuously provide great medical care, while also serving as an educational resource to the University and Finger Lakes community--truly special care indeed.

The team also works hard to make sure the message and education goes beyond the walls of the office. Together Drs. Gray, Olson-Chen, MacCallum, Seligman work both within the office, and across the Finger Lakes to reeducate team members and destigmatize and promote MAT therapy in pregnancy. Dr. Seligman has been active with District II ACOG team on opioid use in pregnancy, helping to educate providers on best practices for patients with OUD, as well helping to improving access to MAT throughout NY State, and has widely published on OUD in pregnancy and best practices.

Special care has joined as a site for the New York State (NYS) Opioid Use Disorder (OUD) in Pregnancy & Neonatal Abstinence Syndrome (NAS) Project to improve care and implement interventions based on a best scientific evidence around OUD in pregnancy.
EDUCATION

The University of Rochester Obstetrics and Gynecology Department is committed to medical education. Our educational programs include:

Medical Student Education
- Preclinical
- Third Year Clerkship
- Sub-Internships and Electives

OBGYN Residency Program
- Fellowship Programs
  - Female Pelvic Medicine and Reconstructive Surgery
  - Maternal-Fetal Medicine
  - Minimally Invasive Gynecologic Surgery
  - Academic Breastfeeding Medicine

Faculty Development
A Word from Our Educators

DR. AMY HARRINGTON
Residency Program Director

"My favorite thing about being an educator is the moment when a student or resident has the "I get it moment" when you are showing or teaching them something new. The excitement that you can see in their face or hear in their voices is incredibly rewarding."

JENNIFER TRUAX
Senior Nurse Educator

"I chose a career in clinical nurse education because I have a passion for teaching and believe nurse educators play a pivotal role in healthcare through collaboration, research, creation, and implementation of evidence-based nursing practices to strengthen the nursing profession."

DR. LORALEI THORNBURG
Maternal Fetal Medicine Fellowship Director

"My favorite thing about being a medical educator was probably said best by one of my favorite sci-fi authors, 'while one teaches, two learn'."

DR. COURTNEY OLSON-CHEN
Residency Program Associate Director

"My favorite thing about being a medical educator is seeing the incredible progress that our learners make over the course of their training."

DR. ASHLEY GUBBELS
Scibetta Fellowship in Advanced Laparoscopy Associated Director

"My favorite thing about being a medical educator is watching your trainees grow, transform, and soar out into the world."

DR. ERIN DUECY
Vice Chair for Academic Affairs FPMRS Fellowship Director

"This year I've gotten to spend more time with some of our junior faculty and it's been really exciting. It's nice to get to know them more as people, to see where they are going, to see what they are interested in, and to see what kind of fantastic department we can build with their skills and knowledge."
OUR RESIDENTS

Jillian Dodge, DO
Class of '20

Matthew Gevelinger, MD
Class of '20

Katrina Heyrana, MD, PhD
Class of '20

Danielle Krueger, MD
Class of '20

Rachel O’Connell, MD
Class of '20

Arti Taggar, MD, MPH
Class of '20

Elizabeth Whinston, MD, PhD
Class of '20
OUR RESIDENTS

Tiffany Abreu, MD
Class of ’21

Alexandra Blackman, MD
Class of ’21

Katelyn Carey, MD
Class of ’21

Cheryl Chu, MD
Class of ’21

Victoria Quimpo Moretti, MD
Class of ’21

Katherine Rogg, MD
Class of ’21

Alexandra Samborski, MD
Class of ’21

Elizabeth Willman, MD
Class of ’21
OUR RESIDENTS

Alyssa Adkins, MD  
Class of ’22

Emily Leubner, MD  
Class of ’22

Miriam McQuade, MD  
Class of ’22

Alexandra Morell, MD  
Class of ’22

Lauren Paraison, MD  
Class of ’22

Margaret Schoeniger, MD  
Class of ’22

Kaylee Underkofler, MD, MPH  
Class of ’22
OUR RESIDENTS

Madeline Coulter, MD  
Class of '23

Jordana Gilman, MD, MPH  
Class of '23

Becky Hartman, MD  
Class of '23

Hallie Nelson, MD  
Class of '23

Zachary Patinkin, MD, MPH  
Class of '23

Sara Spielman, MD  
Class of '23

Logan Todhunter, DO  
Class of '23

Chloe Williams, MD  
Class of '23
EDUCATION SPOTLIGHT: ON TAKING THE LONG WAY AROUND

If you had the chance, what would you say to the person you were 10 years ago? Would you council them to alter their path? Perhaps you’d urge them to have more fun, travel the world, or pay more attention in class. You might issue a life-changing warning, or possibly just offer a few words of encouragement.

Aside from the importance of home-office ergonomics and advice to make an early investment in cloth masks, I truly don’t know what I’d say to my former self. That’s not for lack of options. It is hard to even count the ways in which my life trajectory has differed from the one I envisioned for myself a decade ago.

Rather, were I to go back in time and tell my former self to work towards becoming an OBGYN Department Education Specialist, I fear that I would have gone about it all wrong.

Likely, I would have started by Googling the job title. If the search yielded any results, it probably would have been similar to what I say when asked to give a brief definition: "the OBGYN Department Education Specialist designs,
develops, and implements educational initiatives to benefit learners at all levels along the medical trainee-practitioner continuum”.

Much like a CPR dummy, this is a close approximation that works well enough to get the job done, but it doesn’t paint a complete picture.

In reality, it’s hard to define my role in a vacuum. The beauty of my role is that it requires me to work closely with a diverse array of talented people in our Department and beyond. While I do design, develop, and implement, I spend much more time connecting, collaborating, and co-creating.

EDUCATION IS A TEAM SPORT

For example, I have the privilege of working with the other members of the OBGYN Residency Program Curriculum Committee to help plan the formal didactic curriculum for our OBGYN residency program. That committee, including faculty members, the Assistant Residency Program Director, and resident representation, was fortunate to have a very thoughtful proposal submitted in 2019 by two residents, Dr. Ally Morell and Dr. Kaylee Underkofler.

Drs. Morell and Underkofler envisioned a two-year cyclical curriculum revolving around core textbooks in Obstetrics and Gynecology: Te Linde’s Operative Gynecology and Williams Obstetrics. This new curricular design, nicknamed “Teaching to the Text”, was meant to offer residents more structure to their studying, while also offering our faculty opportunities to teach core topics in innovative ways.

The OBGYN Residency Curricular Committee loved the proposal, and we immediately got to work to get it implemented.
After Dr. Harrington set aside lecture time for key resident activities, such as Resident Assemblies, Research Day, exam review sessions, and the newly implemented "You Do You Days" - designed to give our residents the time they need to focus on their own wellbeing once per quarter - Dr. Olson-Chen and I brought the schedule to Dr. Kristen Burhans, our Department’s Director of Simulation. Together we determined which topics would be best suited for a simulation-based educational approach. Thanks to Dr. Burhans’ hard work and our Department’s commitment to simulation, a quarter of our didactic half-days each year employ a simulation-based approach.

Once the schedule for the year was complete, we once again chose to innovate.

Rather than individually emailing faculty members to request that they lecture on a given topic, we used web-based technology to give faculty members the opportunity to select dates and topics that resonated with them.

In order to do so, I leaned into another unforeseen element of my (thankfully) unforeseen job.

LEARNING NEVER ENDS

Had my path been linear, I likely would have attempted to prepare for this role by earning a relevant terminal degree, thereby gathering my qualifications up and pulling from the pile as needed over time.

Thankfully, I took the long way around.
I discovered, shortly after graduation, that clinical medicine wasn’t for me. Therefore, the qualifications I had gathered in medical school would not get me the fulfilling career I sought. If I wanted something more - if I wanted to try something new - I’d just have to keep adding to the pile. Once I got started, I saw no reason to stop.

When I realized that the OBGYN Department would benefit from an easily accessed central location for information and links, I decided to try my hand at building a Departmental website. Using the University motto, *Meliora*, latin for "Ever Better", I titled the new website "Ever Better Together".

A year later, when we decided to launch a new curriculum, I got the chance to further my coding knowledge to create a one-stop shop for our new Residency Curriculum. Now all resident didactics are posted on the curriculum page, allowing faculty to sign up to teach and post relevant content, and residents to preview their upcoming sessions, review content from previous sessions, and evaluate each didactic.

Once we successfully implemented the new Residency Curriculum site, we decided to expand.

Among the educational materials posted on the site are a podcast-based continuity clinic curriculum with an accompanying board-style multiple choice question bank, a minimally invasive gynecologic surgery simulation curriculum, a video library of past Grand Rounds presentations, and a realistic mock board examination testing environment.

Additionally, though I certainly did not
anticipate this need, having a Department-specific website was helpful when making the sudden shift to virtual-only interviews for our fellowship and residency programs, one of many adjustments made due to the Covid-19 pandemic. I greatly enjoyed designing web pages dedicated to each program, to give our applicants unique insight into our curricula, clinical environments, and wonderful faculty.

FROM THE HEART

Empathy has been defined as "walking a mile in someone else's shoes". When I get to help residents who are having a difficult time, I feel like I’m helping someone walk in shoes that I’ve outgrown. It’s deep. It’s personal. It’s from the heart.

If I had avoided experiencing the pain of starting residency and realizing that it wasn’t right for me, I wouldn’t be as committed to helping any learner who is struggling. This is just one more reason that I’m grateful to have taken the long way around.

Fortunately, I am not the only member of this department to feel a deep commitment to helping our learners navigate challenges. In fact, there are so many of us that we’ve formed a committee!

The Resident Support Committee is comprised of a group of invested faculty members who take a team-based, holistic approach to helping residents succeed in residency, and beyond.

When faculty members on the Residency Clinical Competency Committee notice that a resident would benefit from additional help in a given area, whether that be clinical, surgical, academic, or well-being, the resident is assigned three faculty coaches, selected based on areas of specialty and resident preference. Together, the new team of four reviews the resident's area(s) for improvement, develop a plan to address those areas, and then carries out the plan together.

The concept itself is simple, but the results can be quite profound.

Encouraged by our successes with the Committee’s launch, we are excited to share our work with other OBGYN Residency Programs through an interactive workshop at the upcoming 2021 Association of Professors of
In the Fall of 2019, Dr. Ashley Gubbels (top) began to plan a simulation session for our residents to help them master the fundamental skills of laparoscopic surgery. Together with our simulation director, Dr. Kristen Burhans (bottom), she developed a high-fidelity simulation based in a real Operating Room environment. Lending my support to help evaluate the efficacy of the session, we were able to demonstrate a statistically significant improvement in resident knowledge as a result of the session, as well as uncover key topics for future sessions.

BEING A CATALYST

Finally, had I skipped medical school, a difficult residency course, and my years doing public health education, I probably would not understand just how incredible my colleagues in this OBGYN Department are. You may be tempted to roll your eyes at that comment, but I assure you that I am being entirely sincere.

Being a medical educator is hard. Whether you are an educator and a trainee at the same time, or a fully credentialed physician-educator, it is incredibly difficult to split your time and attention between caring for your patients and focusing on your learners. To make matters more complex, OBGYN is a fast-paced, ever-changing field, and our educators frequently find themselves on the run, literally.

Despite these challenges, I am surrounded by innovative, energetic, and passionate educators who are constantly finding new ways to educate our learners. More often than not, I find the greatest success when I act as a catalyst, speeding, furthering, and amplifying the work of my colleagues.

Here are three great examples:

SIMULATING LAPAROSCOPY

In the Fall of 2019, Dr. Ashley Gubbels (top) began to plan a simulation session for our residents to help them master the fundamental skills of laparoscopic surgery. Together with our simulation director, Dr. Kristen Burhans (bottom), she developed a high-fidelity simulation based in a real Operating Room environment. Lending my support to help evaluate the efficacy of the session, we were able to demonstrate a statistically significant improvement in resident knowledge as a result of the session, as well as uncover key topics for future sessions.
THE CLERKSHIP GOES VIRTUAL

When the Covid-19 pandemic came to America, we all had to find a new normal. The important mission of educating the physicians of the future had to continue, and it was up to our OBGYN Clerkship team to determine how to do that as safely as possible.

Hardly anything about the Clerkship went unchanged, from schedules to safety regulations to sites available. Included in the changes was a need to take didactics virtual. Our Clerkship Team, including Clerkship Director Dr. Colby Previte, and Site Coordinators Dr. Julia MacCallum, Dr. Judy Kerpelman, and Dr. Sarah Betstadt, embraced the challenge.

Through a fast-paced, iterative process, they developed a flipped-classroom model whereby students prepared in advance for case-based discussions with faculty and peers over Zoom.

The Covid-19 pandemic will not last forever, but the innovations it inspired can. We are already building upon the case-based sessions designed during the height of the pandemic and injecting even more high quality online education into our Clerkship to further enhance the learning experience. When the restrictions are lifted, we fully expect that our Clerkship will be a more robust educational experience than ever.

OUTBREAK PREPAREDNESS

In August, 2019, Dr. Courtney Olson-Chen was leading a task force in preparation for an epidemic. Though hard to fathom in retrospect, the microbe in question was not Coronavirus but Rubeola, the virus that causes Measles.

Next, we took advantage of the incredible resources available at our large academic medical center. We contacted experts in Infection Prevention and Infectious Diseases, and planned a joint simulation session with the MFM and Infectious Disease Fellows.

Using a low-fidelity approach, the Fellows practiced recognizing, treating, and responding to a Measles outbreak. In addition, Fellows practiced speaking to the media during a Public Health emergency.

The session was successful in its stated learning objectives, but we had no idea just how relevant the content would become in the coming months.

I've only scratched the surface of the educational efforts ongoing, but I hope that I've conveyed the incredible breadth and depth of educational work taking place in this OBGYN Department. My path to this position was neither easy nor linear, but given the chance, I still wouldn't change a thing. Here's to many more years of

EVER BETTER EDUCATION
The University of Rochester Department of Obstetrics and Gynecology is proud to have an active Research Division comprised of a diverse array of experts engaged in a variety of research projects. From clinical trials to global health, epidemiology to anthropology, preventive health to novel treatment modalities, our researchers are constantly on the frontier of OBGYN.

Exceptionally creative, interesting, compassionate, cross-cultural people. We have this one project where we have four languages going on simultaneously and it works like a knife through butter, it’s wonderful.

When you meet our people, everybody is very cross-disciplinary and hard to pigeon-hole, because we do so much work across methodologies and different topics. It’s a very interesting, fun place to be, I really enjoy it.

It’s trite to say that people function as a family, but we really do function as a family.
RESEARCH BY THE NUMBERS

- Active Grants: 43
- Total Grant Funding: $23.8 Million
- NIH Funding: $6.75 Million

- Faculty Peer-Reviewed Publications: 138
- Faculty Presentations: 85
- Resident Publications: 37

2020 Resident Research Day
Lund Resident Research Award Award Winners

1. Dr. Alexandra Blackman
   - The utility of additional ovarian cancer biomarkers to dual marker combination of HE4 and CA125 for the detection of cancer

2. Dr. Cheryl Chu
   - Multiples again? Recurrence risk and risk factors for monozygotic live birth in over 65000 in-vitro fertilization cycles

3. Dr. Alexandra Samborski
   - The combination of HE4 and CA125 is superior to either marker alone for monitoring women with ovarian cancer
RESEARCH CLOSE-UP: FELLOWS' BOOT CAMP

We held the inaugural Ob/Gyn Fellows Research Boot Camp in August 2019. This program was developed with the input of multiple faculty members including Dr. Courtney Olson-Chen, Dr. J. Christopher Glantz, Dr. Loralei Thornburg, Dr. Kyan Lynch, Dr. Timothy Dye and Dr. Shawn Murphy. All Ob/Gyn fellows in the department are required to develop a research thesis project during their training.

The goal of the week-long boot camp was to provide a solid foundation in study design and statistical methods. The boot camp also included instruction on relevant topics including idea generation, sample size calculation and grant writing. A round table event was held to introduce the fellows to faculty members involved in research which sparked several research mentoring relationships.

The successful program was repeated in the summer of 2020, and we hope that it will continue as part of our departmental fellowship curriculum.

The boot camp has been presented nationally through the American Council for Graduation Medical Education and the Society for Maternal-Fetal Medicine. We thank faculty from the departments of Ob/Gyn as well as Neonatology and Public Health Sciences for their involvement.
Clinical Education Initiative (CEI) is a New York State Department of Health AIDS Institute program that offers progressive continuing medical education to physicians, nurse practitioners, physician assistants, nurses, dentists, and pharmacists with the aim on enhancing their capacity to deliver high quality healthcare services and therefore to improve patient health outcomes.

THE FOUR CEI CENTERS OF EXCELLENCE

- Resource Center of Excellence, OBGYN Department, University of Rochester
- Sexual Health Center of Excellence, Infectious Disease Department, University of Rochester
- HIV Primary Care and Prevention Center of Excellence, Mount Sinai Health System, NYC
- HCV and Drug User Health Center of Excellence, Mount Sinai Health System, NYC
CEI offers free, CE (CME, CNE, CNERx, CPE) accredited, online and live trainings, conferences, intensive preceptorships, clinical technical assistance (TA) and many different resources on HIV Primary Care and Prevention, Sexual Health, Hepatitis C treatment and Drug User Health.

CEI Supports the three pillars of NYSDOH AI Ending the Epidemic plan (ETE) to end AIDS:

- **HIV Testing**: Identify persons living with HIV (PLHIV) who remain undiagnosed and link them to health care.
- **Retention in Care and Viral Suppression**: Link and retain PLHIV in health care to maximize virus suppression, so they remain healthy and prevent further transmission.
- **PrEP and Prevention**: Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

ECOE is proud to be awarded the NYSDOH AI’s Clinical Education Initiative contract of $5,550,000 per 5 years and continue to work to produce high quality continuing medical education, program evaluation, software engineering and data analytics. Every single member of our 20+ team brings the perspective of an underrepresented group – including racial and ethnic identity, hearing status, sexual orientation, first generation college student, economic deprivation, gender, or origins in low- and middle-income countries – and most represent intersectional dynamics.

The URMC OBGYN’s Resource Center of Excellence team is comprised of a multi-disciplinary group, with expertise in global health, public health, biostatistics, epidemiology, medical
education courses and materials.

The Resource Center of Excellence (RCOE) manages CEI’s online and in-person trainings (webinars/in person trainings/conferences/ECHO™/online trainings) platforms using a sophisticated Information System to enhance the delivery of the continuing medical education to clinicians. Our responsive design systems allow all CEI resources to be delivered through various platforms: (www.ceitraining.org) website, Android and iOS platforms, and social media on any devices (personal computers, tablets, phones).

During 2020, the RCOE continues the development and management of CEI infrastructure and all the CEI administrative systems: (i) Admin system 2, used for all CEI trainings and activities, (ii) MyCEI, the student portal used to manage CEI users/participants, (iii) Zendesk, the customer support management system, (iv) Asana, the CEI processes and workflow management system, (v) Sendible, the SM management system, (vi) Tableau, the data visualization system, (vii) Zoom, use to support all CEI trainings, (viii) Box, used for file sharing and storage.

The RCOE also continues to hold the responsibilities of CEI’s online course development, marketing and promotion, support of all trainings (webinars, ECHO sessions, conferences) accreditation and management of CE’s, and the CEI Annual Progress report.

One of our aims is to develop a new educational approach, therefore revising our attention to adult learning and promoting best practice. RCOE is working to innovate the CEI eLearning platform and to make the system a SCORM-compatible learning management system (LMS), and to enable CEI’s interoperability with other LMS and eLearning content authoring tools, to redesign the CEI Admin System using modern web technologies, making it a lightweight and effective platform for training coordination and reporting.

Starting March 2020, as a consequence of the pandemic restrictions all CEI trainings were switched from live to online format, therefore the RCOE work increased a lot. The RCOE team demonstrated its ability to deliver quality work under a lot of stress, hosting and managing all the CEI trainings, large conferences and
statewide meetings using Zoom.

CEI established a social media presence in FB, Twitter, Instagram, LinkedIn and YouTube. During 2020 we reached out through 297 Facebook posts, 21,494 Instagram impressions, and recorded a 60% increase in Twitter followers.

RCOE manages several resources for clinicians, including:

- CEI Clinician Line: 866-637-2342, a toll-free number for clinicians in NYS to discuss PEP, PrEP, HIV, HCV, Drug User Health and STD management with a specialist
- CEI website (ceitraining.org)
- Clinical cards - which are convenient cards that provide clinically relevant information on HIV Testing, PEP, PrEP, HCV, STDs treatment and Harm Reduction for people who use drugs. The cards can be discreetly attached to the name tag.
- MyCEI, our student portal
- On demand in-person or webinar trainings

Our 10 most popular online courses taken for training in 2020 include:

1. HIV/AIDS Confidentiality Law Overview
2. Pre-Exposure Prophylaxis
3. PrEP for Adolescents and Young Adults: What Providers Need to Know
4. Antiretroviral Therapy
5. Cultural Competency for Clinicians Working with LGBT Patients: Conducting a Sexual History and Behavioral Risk Assessment
6. Post-Exposure Prophylaxis
7. Hepatitis C & HIV Coinfection
8. PrEP for Women: Prevention Opportunities in Clinical Practice
9. Oral Sex: What are the Risks?
10. The Role of the Primary Care Clinician in HIV Care
CEI: BY THE NUMBERS

95
Live and enduring courses accredited

4,434
Live learners who claimed CE credits

10,223
Online learners who claimed CE credits

43
Invited presentations

19,430
Healthcare providers trained through online ECHO sessions, conferences, preceptorships, live training sessions, and webinars

31,585
CEITraining.org users

147
Countries with CEITraining.org users

51,275
CEITraining.org sessions

111,278
CEITraining.org page views
CEI: BY THE NUMBERS

CEI Clinician's Line Calls

- HIV Related Calls: 70
- HCV/Drug User Health Related Calls: 40
- Sexual Health Related Calls: 112

CEI Training Evaluation Data

- Information Useful and Relevant: 97%
- Information Easy to Comprehend: 95%
- Trainer was knowledgeable: 96%
- Intend to Use Knowledge/Skills Learned in Clinical Practice: 88%

% of Trainees Who Agree or Strongly Agree with Prompt
COMMUNITY CLOSE-UP

BABY CAFÉ

We are proud to offer a free drop-in group called ROC City Baby Cafés. Baby Cafés provide guidance for pregnant and lactating parents to help them reach their breastfeeding goals. Expectant parents who are planning to or considering breastfeeding and would like additional information are also encouraged to attend. Formally held in-person, including at both Strong Memorial Hospital- and Highland Hospital-based clinical locations, ROC City Baby Cafés are now conducted virtually to ensure continued support while socially distanced.

Baby Cafés feature support from certified lactation support staff (e.g. registered nurses, Certified Lactation Consultants, IBCLCs) as well as WIC Breastfeeding Peer Counselors.

Baby Cafés offer the opportunity to share experiences and make friends in a comfortable open-forum. Older children are welcome and lights snacks are available at in-person meetings.
COMMUNITY SPOTLIGHT: THE YEAR OF THE NURSE AND THE MIDWIFE

The World Health Organization (WHO) designated 2020 as the International Year of the Nurse and the Midwife in honor of the 200th anniversary of Florence Nightingale’s birth.

Nightingale, also known as "the Lady with the Lamp", is remembered for her compassion, persistence, vision, dedication, and remarkable impact. She elevated the nursing profession, inspiring countless others and creating one of the earliest training centers for nurses. Her revolutionary reforms saved lives and inspired generations of practitioners of what we would now call Quality Assurance Science.

We take this moment to reflect on our Nurse Midwives, who demonstrate these same attributes.

Dr. Webber, why should we celebrate the Year of the Nurse and the Midwife?

Dr. Webber: "I think it’s important to celebrate the Year of the Nurse and the Midwife because nursing and midwifery combined are the backbone of women’s healthcare delivery services, not only in Rochester, not
not only in New York State, but nationwide and worldwide. We partner with moms, we help them take care of their babies, we help nurture them as they go through all of these life transitions from birth all the way through menopause, and these are really important relationships as we empower women to take care of themselves and then their families."

What makes the University of Rochester Midwifery Group unique?

"What is unique about the University Midwifery Group is that we have midwives from all walks of life. We have midwives who are new graduates who have just started out in their practice, and they're getting their feet wet. And then we have midwives who have a world of experience - almost 30 years of experience or more - practicing midwifery and just seeing that come together and the mentorship and the relationships that we have already with each other are very important.

The other thing that is unique about our group, which is probably typical for midwives everywhere, is the relationship that we also have with our patients and with the community. We’re really involved in Community events. We go to Babies and Bumps every year, Parenting Village every year.

We try to keep our hands and our feelers out there in the community to see what they need and how we can be further involved in that. And some of the midwives, myself included, have developed personal relationships with our patients. We go to funerals, baby showers, I wouldn’t be surprised if there were some weddings that we’ve attended with our patients!

We love our patients, our patients love us, and they have followed us for many years. There are midwives in our practice
"We're strong, we're bright, we're passionate, we are wonderful advocates for our patients, and that we are partners with a bigger team of providers, meaning OBGYNs, MFMs, pediatricians, neonatologists, anesthesiologists, nursing, we are all part of the same team."

How would you describe the members of your group to someone who had never met them before?

"In the face of the Covid-19 pandemic we were able to band together and provide the best possible care that we could to our patients. And it showed."

What is one thing about Midwifery that you fell in love with a little bit more in 2020?

"Our move to Strong! We were able to do so at the start of a pandemic and we are still there, making positive change happen! I think that's our best achievement this year."

What's one thing that you want to make sure people know about midwifery?

"I think that one of the most important messages that we can communicate about midwifery is that we are here, we are strong, we are growing, we are not going anywhere! We are powerful, we are empowered, we are amazing, and we are here to take care of our patients."

As the Director of the Midwifery Division, what’s your proudest accomplishment for the year 2020?

"In the face of the Covid-19 pandemic we were able to band together and provide the best possible care that we could to our patients. And it showed."

What's one thing that you want to make sure people know about midwifery?

"I think that one of the most important messages that we can communicate about midwifery is that we are here, we are strong, we are growing, we are not going anywhere! We are powerful, we are empowered, we are amazing, and we are here to take care of our patients."

As the Director of the Midwifery Division, what’s your proudest accomplishment for the year 2020?

"Our move to Strong! We were able to do so at the start of a pandemic and we are still there, making positive change happen! I think that's our best achievement this year."

What’s one thing that you want to make sure people know about midwifery?
OUR TEAM

Eva K. Pressman, MD
Department Chair

UNIVERSITY OBSTETRICS & GYNECOLOGY

Adrienne Bonham, MD, MS
Division Director

Kristen Burhans, MD
Wendy Featherstone, BS
Sheila Geen, CNM
Diane Hartmann, MD

Mitchell Linder, MD
Julia MacCallum, MD
Deborah Rib, MD
Ellen Tourtelot, MD

MINIMALLY INVASIVE GYNECOLOGIC SURGERY

Amy Benjamin, MD
Ashley Gubbels, MD

Jil Johnson, DO
Joseph Scibetta, MD

PEDIATRIC AND ADOLESCENT GYNECOLOGY

Jaclyn Morrison, MD
Katrina Nicandri, MD

FAMILY PLANNING

Sarah Betstadt, MD
Amy Harrington, MD

Natalie Whaley, MD

MENOPAUSE AND WOMEN’S HEALTH

James R. Woods, Jr., MD
REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY

Kathleen Hoeger, MD

Division Director

Bala Bhagavath, MBBS
Shawn Breen, PhD
Lai King Chan, BA
Vivian Lewis, MD

Erin Masaba, MD
Streetama Pal, MS
John T. Queenan, MD

Erin Scott, MD, PhD
Shrenik Shah, MSc
Wendy Vitek, MD

GYNECOLOGIC ONCOLOGY

Richard Moore, MD

Division Director

Cynthia Angel, MD
Brent DuBeshter, MD

Sajeena Geevarghese, MD
Cici Liu, MD

MIDWIFERY

Tracy Webber, DNP, CNM

Division Director

Ericka Bliss, CNM
Michele Burtner, CNM
Tammy Farnham, CNM
Alexis Gee, CNM
Megan Hogan-Roy, CNM
Sarah Jensen, CNM

Pamela Jurich-Wright, CNM
Kimberly Kelstone, DNP
Caroline Kern, CNM
Heather Lane, CNM
Caitlin LeGros, CNM
Melinda Pisaro, CNM

Holly Pranaat, CNM
Molly Sherwood, CNM
Julana Spaulding, CNM
Jenney Stringer, CNM
Helene Thompson-Scott, CNM

UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE HEALTH

Erin E. Duecy, MD

Division Director

Jenifer Byrnes, DO
Paula Doyle, MD
HIGHLAND WOMEN'S HEALTH

Ruth Anne Queenan, MD

Division Director

Elizabeth Allocco, MD
Emily Carrillo, MD
Mary Ma, MD
Carole Peterson, MD
Sraddha Pratvadi, MD

Colby Previte, MD
Kara Repich, MD
Mary Towner, MD
Jacqueline Nasso, MS, DNP
Jo Wrona, MS

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Division Director

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Wyatte C. Hall, PhD
Carrie Irvine, MS
Kyu Kwang Kim, PhD
Brooke Levandowski, PhD
Richard K. Miller, PhD
Shawn Murphy, PhD

Rogelio Perez D’Gregorio, MS, MS
Jose G. Perez Ramos, MPH, PhD
Jay Reeder, PhD
Rakesh Singh, PhD, MPhil
Christopher Stodgell, PhD
Megan Falsetta Wood, PhD
Ronald Wesley Wood, PhD

MATERNAL-FETAL MEDICINE

Loralei L. Thornburg, MD

Division Director

Ahmed Ahmed, MBBC
Kathryn Drennan, MD
Lisa Gray, MD
J. Christopher Glantz, MD

Monique Ho, MD
Amol Malshe, MD
Courtney Olson-Chen, MD

Eva K. Pressman, MD
Neil Seligman, MD
David Seubert, MD, JD

REPRODUCTIVE GENETICS

Diana Bailey, MS
Ericka Bliss, MS
Marlise Comb, MS

Stephanie Laniewski, MS
C. Jeanna Peterson, MS
OBGYN ASSOCIATES OF THE FINGER LAKES
Robert Bonvino, MD
Rafael Campos Ros, MD

COMMUNITY FACULTY
Rehan Asif, MBBS
Anna Barbi, DO
W. Patrick Bernal, MD
Jeroo Bharucha, MBBS
M. Elizabeth Bostock, MD, PhD
Marilyn Brooks, BS
Jennifer Brown-Broderick, MD
Laureen Burke, MD
Catherine Burke, MS
James Burkhart, MD
Paul Cabral, MD
Beth Cerrito, PhD
Michelle Chin, MD
Benjamin Christensen, MD
Mary Ciranni-Callon, DO
Rita Clement, MD
Katherine Congelosi, MD
Diane Cunningham, MD
Tamara DiNolfo, MD
Krystene DiPaola, MD
Jane Doeblin, MD
Karen Duguid, MD
Wendy Dwyer-Albano, MD
Dianne Edgar, MD
Marc Egg, MD
Steven Eisinger, MD
Jeffrey Fichter, MD
Heather Florescue, MD
Katina Foster, MD
Richard Fullterton, MD
David Gandell, MD
David Grace, MD
Marc Grenstein, DO
Geri Guerinot, MD
Melissa Gunter, MD
Miranda Garris-Glocker, MD
William Harvey, MD
Michelle Herron, MD
Kelly Herron, MD
Jacquelyn Howitt, MD
Rosemary Janofsky, BS
Judith Kerpelman, MD
Waldemar Klimek, DO
Peter Kogut, MD
Katherine Lammers, MD
Rahul Laroia, MBBS
Mark Levine, MD
Sandra Lewis, MS
Oona Lim, MD
Amy MacDonald, MD
Mohamad Mahmoud, MD
Nancy McKnight, MD
M. Jamil Moureh, MD
M. Raymond Naassana, MD
Norman Neches, MD
Edward Ogden, MD
Uma Penmetsa, MBBS
Johann Joseph, MD, MPH
Victor Poloshuck, MD
Georgette Pulli, MD
Leslie Purnell, MD
Muhammad Qureshi, MBBS
Kara Repich, MD
G. Theodore Ruckert, MD
Gustave Ruckert, DO
Julie Sandruck, MD, MS
Stephan Sanko, MD
Marit Sheffield, MD
Amy Smith, MD
Mary Jo Spallina, MSN
Robert Stookey, MD
Coral Surgeon, MD
Derek tenHoopen, MD
Earlando Thomas, MBBS
Madonna Tomani, MD
Eugene Toy, MD
Samuel Tripp, MD
Raphael Tshibangu, MD
Amanda Victory, MD
Maggie Vill, MD
Elizabeth Warner, MD
Mary Wilsch, MD
Morris Wortman, MD
Heidi Zielinski, MS
INTEGRATED SERVICES

BEHAVIORAL HEALTH
Donna A. Kreher, PhD
Ellen L. Poleshuck, PhD

COMMUNICATION COACHING
Keisha Bell, PhD

EDUCATION
Kyan Lynch, MD, MA

PROFESSORS EMERITUS
Marvin Amstey, MD
Gunhilde Buchsbaum, MD, MBA
Elizabeth Cooper, EdD
David Foster, MD, MPH
David Guzick, MD, PhD
Henry Hess, MD, PhD
Fred Howard, MD
Anthony Labrum, MBBS
Morton Miller, PhD
Robert Tatelbaum, MD
Henry A. Thiede, MD
In Memoriam

Dr. Henry A. Thiede
October 2, 1926 - January 13, 2020

Dr. Thiede completed medical school at the University at Buffalo and his surgical internship and residency at Buffalo General Hospital. He then served as Captain of the United States Army Medical Corps for two years. After military service, he completed his residency in Obstetrics and Gynecology at Genesee Hospital and Strong Memorial Hospital. He was a member of the OB/Gyn faculty at the University of Rochester for 10 years before moving to Mississippi to serve as Chair of OB/Gyn at the University of Mississippi School of Medicine for 7 years and Assistant and then Associate Dean for four years. In 1974 he returned to the University of Rochester as Chair of OB/Gyn and served in that role for 20 years.

Dr. Thiede introduced many new programs and services to the OB/Gyn community in Rochester. In 1961, Dr. Thiede, along with Dr. Lund, organized the First Rochester Trophoblast Conference, editing publications from these meetings into the Trophoblast Research Journal. He was instrumental in the development of Midwifery and Midwifery education in Mississippi and brought a faculty midwifery program to Rochester when he returned. Four years after the world’s first test tube baby’s birth in 1978, Dr. Thiede proposed the creation of an in vitro fertilization program in Rochester. The program was established in July 1983 and the program’s first birth occurred a year later.

Dr. Thiede was dedicated to providing quality OB/GYN health for all women. In 1982, Dr. Thiede organized the Monroe County Obstetrical Access Task Force on Improving Services for Low Income Pregnant Women and their Infants. The task force was formed to identify workable solutions to eliminate health care disparity for low income women and their infants. Dr. Thiede, considered by many a pioneer in the field of Urogynecology, established a sub-specialty clinic of Urogynecology as part of the UR OB/GYN program. This clinic offered women with pelvic floor disorders a new level of care.

Dr. Thiede served on numerous professional boards and committees, contributed to various professional journals, and improved residency education. He was the recipient of numerous prestigious honors which include the Foundation Prize of the American Association of Obstetricians and Gynecologists, Honorary Nurse Midwife from the American College of Nurse Midwives, and the Dr. Henry C. Buswell and Bertha H. Buswell Distinguished Service Fellow. He was president of the American Urogynecology Society and president of the American Gynecological and Obstetrical Society.

Dr. Thiede dedicated his life to providing compassionate and excellent health care to women and in advancing high quality education in the field of OB/GYN. His death was a great loss to his family, colleagues and to those whose lives he touched.

Eva K. Pressman, MD
Henry A. Thiede Professor and Chair
Department of Obstetrics- Gynecology
Elizabeth R. Allocco, MD


Cabiria Monica Barbosu, MD, PhD, MBA


Amy Benjamin, MD

Sarah Betstadt, MD


Bala Bhagavath, MBBS


Adrienne D. Bonham, MD, MS


Paula J. Doyle, MD


URMC OBGYN / ’19 - ’20 Annual Report / Publications
Paula J. Doyle, MD (Cont’d)


Kathryn Drennan, MD


Timothy De Ver Dye, PhD

Timothy De Ver Dye, PhD (Cont’d)


J. Christopher Glantz, MD, MPH

- Tourtelot E, Quaert S, Glantz JC, Perlis L, Muthukrishnan G, Mosmann T. "Women who received varicella vaccine versus natural infection have different long-term T cell immunity but similar antibody levels". Vaccine. 2020 38(7): 1581-1585.
J. Christopher Glantz, MD, MPH (Cont’d)

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Lisa Gray, MD


Ashley L. Gubbels, MD

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Wyatte C. Hall, PhD


Amy Robinson Harrington, MD


Kathleen M. Hoeger, MD, MPH

Kathleen M. Hoeger, MD, MPH (Cont’d)


Kyu Kwang Kim, PhD


Brooke A. Levandowski, PhD, MPA


Vivian Lewis, MD


Kyan Lynch, MD, MA


Amol K. Malshe, MBBCh, BAO, BMedSc

Erin M. Masaba, MD


Richard K. Miller, PhD

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Richard G. Moore, MD

Richard G. Moore, MD (Cont’d)


Shawn P. Murphy, PhD


Courtney Olson-Chen, MD


Eva K. Pressman, MD

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José G Pérez Ramos, MPH, PhD


Casey Rosen-Carole, MD, MPH, MEd


Neil S. Seligman, MD


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Neil S. Seligman, MD (Cont’d)


Rakesh K. Singh, PhD, MPhil


Loralei L. Thornburg, MD

Ellen Tourtelot, MD

- Tourtelot, E., Quataert, S., Glantz, J. C., Perlis, L., Muthukrishnan, G., & Mosmann, T. (2020). Women who received varicella vaccine versus natural infection have different long-term T cell immunity but similar antibody levels. Vaccine, 38(7), 1581-1585.

Mary N. Towner, MD


Wendy S. Vitek, MD

Ronald Wesley Wood, PhD


James Robert Woods, Jr., MD

Ahmed I. Ahmed, MBBCh

- Preimplantation Genetic Testing for Chromosomal Aneuploidy (PGT-A): To Transfer or Not To Transfer the Embryo The 6th Annual Conference of the Egyptian Society for Reproductive Medicine Cairo, Egypt Preconference Workshop: Improving ART Outcome The 6th Annual Conference of the Egyptian Society for Reproductive Medicine Organizers and speaker, in collaboration with Cooper Surgical (Fertility and Genomic Solutions, NJ)- Cairo, Egypt Preimplantation Genetic Testing for Monogenic Disorders (PGT-M): Challenges & Techniques The 6th Annual Conference of the Egyptian Society for Reproductive Medicine Cairo, Egypt - 11/2019
- Non-Invasive Prenatal Testing (NIPT): Challenges in Daily Obstetrical Practice Grand Rounds- Department of OB/GYN St. Peter’s Hospital- Albany, NY - 10/2019
- Non-Invasive Prenatal Testing (NIPT): Challenges in Daily Obstetrical Practice Grand Rounds- Department of OB/GYN St. Peter’s Hospital- Albany, NY - 10/2019

Cynthia L. Angel, MD

- RIT Lecture: "Ovarian Cancer & Hereditary Syndrome" - 9/12/2019

Amy Benjamin, MD

- International Pelvic Pain Society (IPPS) Annual Meeting, Toronto, Ontario, CA "Interactive Case Presentations" Foundations Course, Table Moderator - 10/2019

Sarah J. Betstadt, MD, MPH

- Guest Lecturer, Rochester Institute of Technology, Family Planning curriculum for third year physician assistant students - 3/2012-Present
Sarah J. Betstadt, MD, MPH (Cont’d)

- American College of Obstetricians and Gynecologists, Junior Fellow-Submitted case report for “Stump the Professor” presentation at District I Meeting, September 2005 - 7/2002-Present

Paula J. Doyle, MD

- MEDTalk; Meliora Weekend 2019; Near Infrared Imaging in Surgery. This was an invited talk to highlight female inventors at the University of Rochester. - 10/2019

Kathryn J. Drennan, MD

- Hollenbach, SJ; Gray L; Pressman EK; Drennan K; "Detecting the Maternal in Mortality: A Data fusion Approach to improving pregnancy-associated mortality ascertainment"; Society for Maternal Fetal Medicine Annual Meeting 2020 - 2/2020
- Westen, E; Lynch, T; Szlachetka, K; Drennan, K; "The DECIDE study: Correlating adverse neonatal outcome and biochemical markers of cardiac dysfunction"; Society for Maternal Fetal Medicine Annual Meeting 2020 - 2/2020
- Lynch, T; Westen, E; Szlachetka, K; Drennan, K; "The DECIDE study: Evaluating biochemical markers of fetal cardiac dysfunction in diabetes"; Society for Maternal Fetal Medicine Annual Meeting 2020 - 2/2020
- Westen, EA; Lynch TA; Taggar A; Katzman PJ; Malshe AK; Drennan K; "Fetal Cardiomyopathy in Diabetic Stillbirths"; SMFM Annual Meeting 2019, Las Vegas, NV. - 2019
- Westen EA; Lynch TL; Glantz JC; Taggar A; Katzman P; Drennan K; Malshe A; "Fetal Brain to Liver Weight Ratio as a marker of uteroplacental insufficiency in stillbirths"; SMFM Annual Meeting 2019, Las Vegas, NV. - 2019

Erin E. Duecy, MD

- Geriatric Incontinence. Annual lecture for URMC Geriatric Fellows. - 2012-Present

J. Christopher Glantz, MD, MPH


URMC OBGYN / ’19 - ‘20 Annual Report / Presentations
J. Christopher Glantz, MD, MPH (Cont’d)


Lisa M. Gray, MD

- Antepartum and Intrapartum Surveillance. NICU Fellow’s Conference. University of Rochester Medical Center. Rochester, NY. - 10/31/2019
- Nicasio, Gray, Thornburg. Echo completion in obesity gravida. ACOG 2020 - 3/2020

URMC OBGYN / ’19 - ’20 Annual Report / Presentations

Lisa M. Gray, MD (Cont’d)


Wyatte C. Hall, PhD

Fetal Rh Antigen is Present Consistently Throughout Cells in the Maternal Circulation in Early Pregnancy. Stephanie J. Hollenbach, MD, MS; Matthew Cochran, MS; Taylor Waldrop, Keelin Abbott, Amy Harrington, MD. Accepted for Oral Presentation & SRI President’s Presenter’s Award: Society for Reproductive Investigation, March 10-14, 2020 in Vancouver, BC-cancelled due to Covid Pandemic - 2020

Immediate Postpartum Long Acting Contraception-Accepted for a workshop presentation, New York State Perinatal Association 2020 Annual Conference, Albany June 11-12-cancelled due to Covid Pandemic - 2020


URMC Residency Showcase & Program Director Panel, Rochester, NY - 2020

Provider Panel-Medical Students for Choice, Virtual Training Institute (virtual), August 29, 2020 - 2020


Invited Presentation: Path to Abortion Care & Providing Abortion Care in World today, Provider Panel, URMC, Medical Students for Choice. Rochester, NY - 2019

URMC Residency Showcase & Program Director Panel. Rochester, NY - 2019


Amy Robinson Harrington, MD

Diane Marie Hartmann, MD

ACGME Annual Education Conference (AEC); "Integrating GME and the Clinical Learning Environment - DIO201," Orlando, FL - 2/27/2020-3/1/2020
Kathleen M. Hoeger, MD, MPH

- Invited Speaker, AEPCOS Annual Meeting, Foz do Iguazu Brazil November 2019 - 11/2019

Jil M. Johnson, DO

- "Caring for Gender Diverse People." OB/GYN Grand Rounds, University of Rochester Medical Center, Rochester, NY - 4/9/2020

Kyu Kwang Kim, PhD


Kyan Lynch, MD, MA

- Presenter, “Caring for Transgender and Gender Diverse Patients”, presented at Evergreen Health Services, Buffalo, NY.
Kyan Lynch, MD, MA (Cont’d)

- Olson-Chen C, Lynch K, Thornburg L. Ob/Gyn fellowship research boot camp improves baseline knowledge. Poster presentation. Accreditation Council for Graduate Medical Education Annual Educational Conference. - 2/2020
- "Caring for Gender Diverse People." OB/GYN Grand Rounds, University of Rochester Medical Center, Rochester, NY - 4/9/2020

Amol K. Malshe, MBBCh, BAO, BMedSc


Courtney Olson-Chen, MD

- Chen Y, Olson-Chen C. Father involvement during pregnancy and maternal experience of postpartum physical intimate partner violence. Poster presentation. American College of Obstetricians and Gynecologists Annual Meeting. - 4/2020
- Olson-Chen C, Lynch K, Thornburg L. Ob/Gyn fellowship research boot camp improves baseline knowledge. Poster presentation. Accreditation Council for Graduate Medical Education Annual Educational Conference. - 2/2020
Courtney Olson-Chen, MD (Cont'd)


Eva Karen Pressman, MD

- Nicasio E, Pressman EK, Thornburg LL, Seligman NS. A Novel Audit Tool for documentation in deliveries with low APGAR score and resultant neonatal encephalopathy. SMFM Annual meeting 2020, Grapevine, TX. - 2/2020
- Hollenbach, SJ; Gray L; Pressman EK; Drennan K; Detecting the Maternal in Mortality: A Data fusion Approach to improving pregnancy-associated mortality ascertainment; Society for Maternal Fetal Medicine Annual Meeting 2020 - 2/2020

Neil S. Seligman, MD

- Ponnilla S. Marinescu, MD Lauren A. Miller, MD, MPH Neil S. Seligman, MD MS Braxton Hern, Chattanooga, TN Roger C. Young, MD, PhD PreTel, Inc. Uterine bioelectrical activity in pregnant women with a short cervix in the mid-trimester ACOG - 2019
Neil S. Seligman, MD (Cont’d)

- Ponnilla Marinescu, MD, Lauren Miller, MD, Roger C. Young, MD, PhD, Braxton Hern, BA, Eva Pressman, MD, Neil Seligman, MD. Global Contractions as a Composite of Regional Contractions in Term Labor. SRI - 2019

Loralei L. Thornburg, MD

- Neurology disease in pregnancy. SMFM Annual clinical meeting, Las Vegas - 2019
- Nicasio, Gray, Thornburg. Echo completion in obesity gravida. ACOG 2020 - 3/2020
- Thomas Guttuso Jr., Patrick Mullin, Chad Strittmatter, Loralei Thornburg, Sumona Saha, Susan Messing. Gabapentin’s effects on hyperemesis gravidarum: a randomized controlled trial. ACOG 2020 - 3/2020
- Stefanie J. Hollenbach, M.D., M.S., Jihye Baek, Loralei Thornburg MD, Helen Feltovich MD, MS, Richard K. Miller, PhD, Kevin Parker, PhD, Stephen McAleavey, PhD. Placental H-scan Sonography Demonstrates Feasibility of an Ultrasound-Based Method for Generation of a Placental Biomarker. SMFM Annual Meeting 2020, Grapevine, TX. - 2/2020
- Stefanie J. Hollenbach, M.D., M.S., Loralei Thornburg MD, Helen Feltovich MD, MS, Richard K. Miller, PhD, Kevin Parker, PhD, Stephen McAleavey, PhD. Elasticity Imaging of Placental Tissue Demonstrates Potential for Disease State Discrimination. SMFM Annual Meeting 2020, Grapevine, TX. - 2/2020
- Stefanie J. Hollenbach, M.D., M.S., Loralei Thornburg MD, Helen Feltovich MD, MS, Richard K. Miller, PhD, Kevin Parker, PhD, Stephen McAleavey, PhD. Placental Elasticity Imaging Demonstrates Feasibility of an Ultrasound-Based Method for Generation of a Placental Biomarker. SMFM Annual Meeting 2020, Grapevine, TX. - 2/2020
Loralei L. Thornburg, MD (Cont'd)

- Marinescu P, Spitz JL, Thornburg LL. Maintaining optimal performance: Characteristics of providers requiring remediation within the Nuchal Translucency Quality Review program. SMFM Annual meeting 2020, Grapevine, TX. - 2/2020

Wendy S. Vitek, MD

- Active learning tips for busy faculty. Ob/Gyn Faculty Education. University of Rochester Medical Center, Rochester, NY - 2020
- International guideline for the assessment and management of polycystic ovary syndrome. Ob/Gyn grand rounds. St. Joseph Hospital Syracuse, NY (1 hour CME) November 19, 2019 - 11/2019