The Society for Academic Specialists in General Obstetrics and Gynecology

2019 SASGOG Resident Reporters

Emma Balfanz, MD
Indiana University School of Medicine

Lauren Bouchard, MD
Universtiy Hospitals Cleveland Medical Center

Leanne Free, MD
Brown University/Women & Infants Hospital of Rhode Island

Lauren Knowlson, MD
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The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Emma Balfanz, MD
Indiana University School of Medicine

Emma grew up in central Minnesota as one of four children in the Balfanz household. She attended St. Olaf College in Northfield, MN, where she majored in both Biology and Religion. Following her undergraduate studies, Emma spent a year teaching math to 4th and 5th graders as part of an AmeriCorps program. She then completed medical school at the University of Minnesota, where she was active member of Medical Students for Choice, furthering her passion for women's health and reproductive rights. She now resides in Indianapolis, IN, after couples matching with her husband to Indiana University for residency. When she's not working or sleeping, Emma enjoys running, and throwing the frisbee to her 2-year-old retriever, Enzo.

Advisor: Rebecca McAlister, MD, Washington University St. Louis

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SCIENTIFIC ESSAY

I remember reading and chortling to myself as I read a comedic blog article entitled "ER Places Bowl Full of Percocet in Waiting Room, Lowers Visits." By using humor, the article very effectively draws in its readers, and between the jokes, delivers a very powerful message regarding the central role prescribers play in the opioid crisis. The importance of lowering the number of opioid scripts signed, and pills prescribed, has been a popular topic of visiting grand rounds speakers and scholarly discussions at my home institution, Indiana University. Therefore, I was immediately intrigued by SASGOG's winning abstract presentation, entitled "Implementation of ERAS after surgery in a cesarean section population in an integrated healthcare system", and presented by Dr. Kimberly Lee of Kaiser Permanente. The study randomized approximately 8000 cesarean post-op patients to either an ERAS protocol, or a control group utilizing routine post-op medication orders. The ERAS group received fewer morphine equivalents, ate solid food 11hrs earlier, began ambulating earlier, and reported better pain control. There was no difference between length of stay, surgical site infection, 30-day readmission rates, or postpartum depression. Overall, the presentation displayed a compelling case for implementation of an ERAS protocol following cesarean delivery.

Since hearing this abstract presentation, I personally have started to order routine post-operative ERAS orders following cesarean. Additionally, the discussion regarding the standardization of a pre-operative, intra-operative, and post-operative ERAS protocol for cesarean deliveries is already underway at our county hospital, Sidney & Lois Eskenazi Hospital. This effort would augment Indiana's initiative to reduce opioid overprescribing, as current practice changes include a new prescription monitoring system, largely responsible for a 36% decrease in opioid prescribing in Emergency Departments over the last year. Even

so, the number of opioid overdose deaths continues to rise in Indiana, and making changes to prescribers' habits, as advocated for in Dr. Lee's talk, is a great place to start.

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THEMED ESSAY

We all have sat across from a patient, and tried to explain why we likely wouldn't be the one to deliver their baby, that it would instead be the provider on call that evening or weekend. In fact, I may have actually used the phrase from this year's SASGOG meeting title, "the times, they are a changin'" as I've discussed with patients that it's no longer feasible for a single obstetrician to be on call 24 hours per day, 7 days a week for his or her personal patients, as it may have been in the past. This year's meeting theme focused on how the life of an academic generalist continues to change, and how academic generalists can be leaders in this change. As part of the SASGOG Resident Reporter program, I was given the opportunity to engage in discussion regarding these topics, as well as elicit advice as I contemplate my next steps following residency.

Ultimately, I envision a career in academic medicine, working at a facility affiliated with a university. Many academic specialists within my home institution have offered advice regarding my first job out of residency, knowing I have a career in an academic setting as the ultimate goal. I have received nearly contradictory guidance: "spend some time in private practice, do your own hysterectomies, then come back to academics to teach what you've learned" versus "don't ever leave academics or you may never come back!" It was therefore such a relief to hear the SASGOG mentors kick off the resident reporter program by introducing themselves and their journey to academic medicine. The varied backgrounds of the SASGOG mentors demonstrated that if the passion for the academic setting exists, any individual can and will find his or her way to an academic generalist career eventually.

During another opportunity to learn from fully fledged academic specialists, I participated in a small group and later larger group discussion on whether academic generalists can truly "do it all" – full scope obstetrics and gynecology, while spending considerable time in education and/or research as well. Tables were assigned at random, and I therefore met academic generalists from across the country, in a range of hospital settings. We discussed the need for high volume, in order to experience enough of everything to maintain clinical expertise and surgical skills. Almost half as many hysterectomies are performed today, compared to 20 years ago, and the majority of generalist obstetrician gynecologists perform fewer than 5 hysterectomies per year. As stated in Te Linde's Operative Gynecology, "it is incumbent on all surgeons to continue to advance our skills throughout our surgical careers, so that we may provide the most effective, safest, and financially responsible surgical management for our patients." Accomplishing this feat necessitates high volume. Other highlights covered in this table discussion included the use of hospitalists to assuage the call burden, involvement of advanced practice providers, and allowing academic generalists to pursue additional areas of interest (i.e. education or research) while allowing them to place less emphasis on other areas.

During the first day of the conference, Dr. Neel Shah, Assistant Professor at Harvard Medical School, delivered the Ken Nollen Lectureship entitled "Ensuring Every Person Can Start or Grow Their Family with Dignity". Dr. Shah spent a considerable portion of the lectureship addressing the numerous theories for the rising cesarean rates in the United States. Today, the risk of cesarean delivery for a young, healthy 18-year-old is twice it was for her mother. After establishing flaws in common theories for the rising cesarean rate, Dr. Shah explained that the facility itself is a risk factor for cesarean. Two Labor and Delivery units with vastly different number of deliveries and yet the same number of labor rooms may both declare they are at capacity. This would imply that the busier L&D unit is moving patients through more quickly than the other, which likely contributes to a highly cesarean rate. I had never contemplated this concept of the facility as a risk factor, and I plan to consider this when interviewing for jobs this year. The second day of the conference carried the theme of cardiac disease in both pregnant and non-pregnant women.

Cardiovascular disease is the leading cause of death in women, and yet it's easy for the academic generalist to shrug off a blood pressure of 142/91 during an annual visit, but spend five full minutes explaining the importance of a mammogram. The second day included lectures from expert clinicians, as well as review of patient cases, which included additional opportunities for small group discussion.

Overall, I considered the SASGOG Resident Reporter program an extremely valuable experience. I learned a lot, of course, as expected given the number of lectures and workshops throughout the day. But what made SASGOG special was the nurturing culture of a group with a shared vision. I met nine other Resident Reporters who were also working on their career ideals. I met an academic generalist from my home state, who shared her contact information with me and said she would be happy to help when it came time to move back home and look for a job. The Society for Academic Specialists in General Obstetrics and Gynecology strives to create a network for academic generalists, and I left the meeting truly believing I had a place within this network.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Lauren Bouchard, MD
Universtiy Hospitals Cleveland Medical Center

Lauren Bouchard is a third year Obstetrics and Gynecology resident at University Hospitals Cleveland Medical Center. She received her undergraduate degree from Andrews University and her medical degree from Washington University School of Medicine in St. Louis. She proudly serves as the Education Chief resident for her residency program. Her professional interests include medical education, decreasing healthcare disparities and global health.

Advisor: Leah Kaufman, MD, SUNY Upstate

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SCIENTIFIC ESSAY

This year's SASGOG/ACOG scientific session centered on Women's Heart Disease and the Current Recommendations for the Obstetrician/Gynecologist. Carolina Gongora, a cardiologist, started the session by reviewing the current state of cardiovascular disease (CVD) in the United States. Despite many preventable risk factors, CVD is the leading cause of death among US adults. She highlighted how CVD disproportionately affects women of color and the disparities between the treatment of CVD in men and women. Women are less likely to receive an ACEi/ARB, beta blockers, aspirin or other antiplatelet therapies. Women are also at risk for delayed diagnosis of acute myocardial infarction making it a more lethal event for women. She encouraged us Obstetricians and Gynecologists to continue screening and providing the best evidence-based care to our patients. Dr. Justin Lappen continued the session with the impact of Cardiovascular Disease on pregnancy. He provided a clear approach to care for pregnant patients with acquired or congenital cardiovascular disease. The first step would ideally be preconception counseling incorporating a records review, thorough history and physical exam, functional status assessment, any necessary genetic and laboratory testing, and WHO risk stratification score. Finally, Dr. Mary Rosser shared prevention strategies, effective contraceptive plans and hormonal replacement therapy for those at risk for cardiovascular disease. We then dispersed into discussion on strategies to screen and prevent disease and implement practice improvements. The group identified the importance of the postpartum period as a time for screening, counseling, planning and often transition of care. Having an interdisciplinary team with dieticians, peer support, social workers and a variety of providers can facilitate comprehensive and holistic prevention and treatment programs. In my future practice, I will hope to provide compassionate, fair and evidence-based care for my patients at risk for Cardiovascular Disease.

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THEMED ESSAY

Attending the 7th annual SASGOG meeting truly inspired me! I prepared through most of residency to pursue a subspecialty fellowship. But I eventually realized that my passion encompassed the full scope of OB/GYN care. Fellowship training provided a clear path and without it I was left feeling unsure. Through the SASGOG resident reporter program, I discovered many avenues within academic medicine. The members of SASGOG are clearly dedicated to mentorship and supporting the scholarly activities of junior members. By training leaders to improve the healthcare system and promoting evidence-based, quality healthcare, Academic Generalists have a prime position to be agents of positive change.

Dr. Neel Shah delivered a powerful message during the Ken Noller Lectureship on helping our patients start or grow their families with dignity. He highlighted the disturbing trend of worsening maternal mortality in the United States--a trend even more sobering among minority women. He stated that survival should be the lowest goal and shared that "there are many signals indicating that we are doing generational damage in the setting of childbirth". Our Labor and Delivery units are complex intensive care units with operating rooms attached. We provide intervention-prone care when most women are healthy. He encouraged us to return to simplicity and clarity in the care we provide. He challenged us to include each member of the team for the best decision making and most importantly, to include and empower our patients.

During the Joint Session with CUCOG, we discussed at length both how to deliver care and maintain clinical competency. The breakout sessions provided practical tools for the Academic Generalist. The Business of Medicine sessions with Drs. Kimberly Gecsi and Tony Ogburn explored both the basic and more advanced details about how the healthcare system works and how physicians get paid. I learned about different faculty compensation plans and how to increase my relative value units. I also learned how to avoid "Death by PowerPoint" with Drs. Roger Smith and Chris Morosky in their session regarding engaging attendees and increasing presenters' confidence.

Overall, the SASGOG annual meeting affirmed my relatively recent decision to become an academic generalist and enriched my budding career in many ways. I'm so thankful to the dedicated members who make this meeting and the resident reporter program possible. I will aspire to be a leader for positive change using the insights gained through this program.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Leanne Free, MD
Brown University/Women & Infants Hospital of Rhode Island

Leanne Free is a third-year OB/GYN resident at Brown University/Women & Infants Hospital of Rhode Island. She is originally from Los Angeles, California, but has making her way across the country over the last 10 years as she attended college at Southern Methodist University in Dallas, Texas and medical school at Louisiana State University in New Orleans, Louisiana. Her medical interests include family planning, patient advocacy, and medical education. She is a recipient of the CREOG Empower Award and has been elected as incoming Academic Chief Resident. When she is not working, she enjoys Orangetheory fitness, stand-up comedy, and reading.

Advisor: Christopher Morosky, MD, University of Connecticut

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SCIENTIFIC ESSAY

Heart disease is the number one cause of death of women in the United States and 80% of these cases are preventable. Traditional risk factors such as hypertension, hypercholesterolemia, diabetes, and tobacco abuse affect both sexes; however, some may affect women differently and are considered more significant. Additionally, pregnancy related complications such as gestational diabetes, gestational hypertension, pre-eclampisa and small for gestational age do not end with pregnancy, and must be evaluated and considered in a woman's overall health for the future. Hypertensive disorders of pregnancy impart a three to six-fold increased risk of hypertension, and a two-fold increase risk of heart disease.

As obstetrician gynecologists, we are poised to play an active role in helping to reduce the morbidity and mortality associated with cardiovascular health. Annual well-woman exams and postpartum visits serve as a golden opportunity to evaluate a woman's heart health, including screening, counseling, and education. As an OBGYN, I will ensure that risk factors and pregnancy related complications are routinely recognized and recorded. Since the meeting, I have already noticed a change in my practice patterns. For example, obtaining an extra set of labs on a postpartum patient with elevated non-severe blood pressures may not affect my immediate management; however, this diagnosis could impact the future. This information not only makes me more apt to see her sooner in the office for a postpartum blood pressure check, but also prompts me to counsel her regarding the use of baby aspirin and obtain obtaining baseline pre-eclampsia labs in future pregnancies. Even more, it impacts her lifetime risk of cardiovascular related disease.

Moreover, timely recording of this information allows other health providers to actively engage in preventative healthcare. Working in an interdisciplinary framework along with internists and cardiologists helps to control risk factors and optimize overall cardiovascular health. As previous ACOG President, Dr.

Haywood L. Brown, M.D. has stated, "By acknowledging and discussing the risks and communicating steps women can take to reduce their odds of developing heart disease, OBGYNs have a powerful opportunity to be the secret weapon in the fight against heart disease." It is our duty and responsibility to assess, advise, and assist in helping women create and maintain a healthy lifestyle for themselves and to improve their health across their lifespan. As the leading health care providers of women, we serve to be the motivating factor in primary prevention and early intervention.

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THEMED ESSAY

The SASGOG annual meeting is a melting pot of physicians from across the country who serve the purpose of enhancing women's health care through supporting education, scholarship, and excellence in research. The emphasis on teaching future generations is truly evident. SASGOG empowers its members to serve as effective leaders, educators, and change-makers throughout their career as obstetricians and gynecologists. From entrance into the field of OBGYN as a junior fellow, to fellow, to committee member, and future executive board member, SASGOG equips its members with a foundation of support and motivation. SASGOG encourages and enables Academic Generalists to serve as teachers, mentors, and advocates for future generations of OBGYNs.

I left the SASGOG meeting with a sense of purpose and duty as I embark on my final year of residency serving as Academic Chief Resident. It is easy to feel like a little fish in a big pond as one is gearing up for their next chapter in life; however, I was truly able to reflect on how much I have learned over the last several years and how much I have to contribute to the education of future generations. I stand proud to help educate our incoming class of medical graduates and to lay the foundation for lifelong learning and equip them with the tools for a successful future. My role as a teacher, mentor, and advocate has already started and is something that I will continue to foster as an Academic Generalist.

Evidence based medicine is an indispensable tool. Physicians are trained to always keep learning. It is the role of Academic Generalists to continue to teach. Attending a break out session on how to create effective presentations, while avoiding "death by PowerPoint," will forever change the way in which I deliver information to new learners. For my colleagues, my goal is to adapt my teaching into interactive, cased-based learning with audience participation through multimodal technology. For my patients, I hope to use more models, images, and drawings during my counseling to ensure their understanding and comprehension during the informed consent process. I want to ensure that I am always teaching evidence based medicine not only to improve skills, attitudes, and behaviors, but also to provide better care. Attending Dr. Lisa Holverson's plenary on NICHD Research Priorities in General Ob/Gyn and reviewing the many poster presentations from medical students to attendings reinforces SASGOG's dedication to the delivery of the most up-to-date, research driven, and patient-centered care. I hope to lay a foundation for future learners to be self-motivated, inquisitive, and know how to critically review the literature.

Even more, Academic Generalists serve to mentor their learners. The old adage, "*see one, do one, teach one*" is no longer valid. The future is seeing one, doing one, receiving feedback, doing another one, receiving more feedback, and so on. Meaningful feedback serves to enhance learning and improve achievement. Mastery of knowledge and skills requires trial and error.

My favorite part of the SASGOG annual meeting was attending the joint session with CUCOG where we discussed how to maintain competency through transitions in department structure and practices. The panel and roundtable discussions shed light on the implications and future of "tracking" within the specialty. We also discussed strategies for new graduates to maintain their clinical skills within obstetrics and gynecology early in their career, while balancing the educational needs of new learners. Gaining experience and expertise over time requires adapting to new structures and ways of learning. As we

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evolve within the field, we must learn how to give and receive feedback. Specific, immediate, goal-directed feedback is critical to providing a solid foundation for lifelong learning and progression. Over time, the structured mentoring that Academic Generalists provide can be passed down through generations of learners to help build a strong community of specialists that serves to provide care for the greater good.

Academic Generalists in OBGYN must be proactive about creating change and acting in the best interests of their patients. With the advent of the electronic health record and computerization of care, the amount of time spent face-to-face with patients has drastically decreased. Additionally, having mid-level providers perform many of the tasks that physicians once did, decreases the overall time spent with the patient – time previously dedicated to creating relationships, counseling, and providing valuable care. The SASGOG annual meeting reminds us of the positive change we are capable of making every day -- in every patient, in every learner, and in our own careers as OBGYNs. The career of an Academic Generalist is dynamic. Sometimes one may take the forefront in creating and implementing change. Other times, one may support from the sideline as a confidant and mentor; but, no matter what, they are never alone. SASGOG ensures a bonded connection between like-minded individuals with a desire for continued forward thinking in the advancement of women's health care.

Academic Specialists must continue to pave the road they have traveled to keep patient-centered quality care at the forefront of their minds. These specialists are the teachers of today, mentors of the next generation, and the greatest advocates for the mothers and daughters they care for every day.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Lauren Knowlson, MD
Mountain Area Health Education Center

Dr. Lauren Knowlson is currently completing her 4th year of Ob/Gyn Residency at the Mountain Area Health Education Center in Asheville, NC. She received her medical degree from the University of North Carolina at Chapel Hill where she also attend undergrad. She was born and raised in North Carolina and plans on continuing to practice as an academic generalist in her home state after graduation – she will be staying on as faculty at her residency program. During her residency career, she has developed an interest in resident education and research surrounding resident education. Her research interests also include health disparities in gyn surgery. She is also interested in resident advocacy and helped develop an advocacy curriculum for her residency program. Outside of work, Lauren enjoys trail running and hiking in the beautiful Blue Ridge mountains with her family and dog.

Advisor: Amy Ravin, MD, St. Louis University

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SCIENTIFIC ESSAY

This year's SASGOG scientific session, "The Beat Goes On," focused on women's heart disease: the impact of the disease as well as the OB/GYN's role in helping to identify and mitigate cardiovascular risk factors. We started with an excellent talk from Dr. Gongora about the current state and epidemiology of cardiovascular disease in women in the United States. Cardiovascular disease is the #1 killer of women in the United States and is unfortunately rising. Many of the risk factors for cardiovascular disease are more prevalent in women or have a more dramatic effect on outcomes than they do in men. Up to 80% of cardiovascular disease is preventable, and many of our efforts in our clinics should be focused on primary prevention for our patients. One effective thing we can do for patients is to focus on counseling for exercise. Women are less active than men, but exercise has a greater cardiovascular protective effect in women than men. The AHA exercise goal we should be promoting for our patients is 150 minutes a week, or 30 minutes a day for 5 days out of the week.

Dr. Lappen then gave a talk focused on discussing how the increasing rates of cardiovascular disease are affecting our US maternal mortality rates, with approximately one fourth of maternal deaths being due to underlying cardiac disease. Because of the rise in obesity and hypertension in our patients, we are now

seeing a cohort of women who have been obese since they were children. This impacts their underlying cardiovascular risk. He reviewed the initial approach to pregnant cardiac patients and emphasized using a classification system such as the WHO, to evaluate pregnancy risk in patients with cardiovascular disease. Optimizing cardiovascular health for our pregnant patients ideally begins preconception, but during pregnancy requires a multidisciplinary team to optimize health for both mom and baby.

An important take away from the scientific session, which echoed some of the same themes from the main SASGOG meeting, was that we really need to adopt a life course model of care instead of just episodes of care in our clinics. By breaking down the isolated silos of care that our current healthcare system emphasizes, we can create a model of health care that carries a woman's health throughout her life span. Like a well curated wardrobe or meal, health care is not a single serving or a single piece of clothing. Some strategies that we can adopt to help deliver better cardiovascular care for our patients include doing a cardiovascular risk assessment at the postpartum visit, completing smoking cessation counseling and prescribing medications whenever possible, emphasizing weight loss, and helping to create established referral patterns to get our patients with higher cardiovascular risks to primary care doctors for ongoing issues. Another idea that we discussed was implementing group visits that mimics Centering Pregnancy techniques with a health maintenance group visit. We as OB/GYN's can act as the hub for patients by helping to synthesize information from multiple specialists as well as addressing individual healthcare issues. By helping to decrease fragmented communication, hopefully we will be able to improve health outcomes for our patients now and in the future.

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THEMED ESSAY

With the continued growth of healthcare across our nation, this year's SASGOG Annual meeting theme "The Times They Are a Changin" seemed very fitting. I have always been interested in being in academic specialist in general obstetrics and gynecology. Even as a medical student, the faculty members I most looked up to and who were and are my role models were all academic specialists. I was very excited to have the opportunity to attend to this year's meeting as a resident reporter and to gain skills as I prepare to begin a career as an academic specialist. The journey to becoming an academic specialist in OB/GYN is not always the path most traveled through the woods. We had the opportunity to hear many different paths to becoming an academic specialist at our resident reporter welcome breakfast the morning of the meeting. This was a great introduction to what it means to be an academic specialist and to hear of all the varied paths into the field as well as all of the various opportunities available. The common thread among everyone was a passion and desire for both lifelong learning and lifelong teaching. That is what I love most about the field of academics - the constant curiosity and desire for more knowledge as well as the enthusiasm to share that knowledge with others.

The Ken Noller lecture by Dr. Neel Shah highlighted the growing emphasis on improving maternal mortality rates in the United States with a focus on helping women achieve birth safely and with dignity. He talked about how many of our patients are already living in social and economic isolation, and sometimes, having a child can further exacerbate those states. For many of our underserved patients in the United States, up to two thirds of their income may be spent on childcare. This often will force women to leave the workforce after they have a child simply because they cannot afford childcare. One thing that spoke most to me about his talk was how we have all been drawn to OB/GYN because we care deeply about our patients. He said, "you can't really work in women's health without caring deeply about social justice." And I realized that that is exactly what drew me to this field, I care about more than just my

patients' health. I desire a "whole woman" approach to caring for patients. Additionally, I have found that the physicians who are fighting for those patients and advocating for them are the people who I want to work with and want to be like.

This talk prompted me to think about some of the important changes and improvements going on in women's health care across the country. Even in my 4 years as a resident, I have seen an increased focus on patient safety and quality improvement. We have had more simulation training, more interdisciplinary training and more standardization of care to help promote both "healthy moms and healthy babies". Another thing I took away from Dr. Shah's talk with that we need to stop treating childbirth like it is just a moment in a woman's life. Having a child is just the beginning of the journey of motherhood and we need to start supporting women throughout the journey of motherhood and not just in childbirth. This echoes the call from ACOG's past-president Dr. Haywood Brown that we need to start thinking about transforming postpartum care beyond just 6 weeks. Postpartum care is really the rest of the woman's life. There is the time before she had children, and then there is the time after she has children. We, as OB/GYNs, have the privilege of partnering with women in the journey of their life from preconception to childbirth to postpartum to menopause and beyond. We have the unique opportunity to transform woman's lives through our relationships with them. By thinking about childbirth on a continuum rather than just a moment, we have the chance to make real differences for our patients. Our goal should not just be "healthy women and healthy babies", but instead we need to shoot for "the best long-term health for both". We do this by changing the culture of where we work and where we teach. We need to transform what can be a hectic place to a simple and safe place. Dr. Shah gave us many tools including the use of a labor and delivery planning board. This is placed in each patient's room and clearly states the team, the patient's preferences, the plan and their next assessment. In doing so, we can promote dignity and support and empower our patients.

As an academic specialist, we are often leaders for change in our communities as well as the teachers of future generations of medical providers. We have the opportunity to promote a culture of teamwork, collaboration and interdisciplinary skills – cultures that can be shared across disciplines as medical students and residents go on to different fields and use the skills we teach them. I hope to promote patient dignity and support patient safety and quality improvement in my career, and will use many of the skills that I gained at this meeting to help me become the best academic specialist I can be.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Caroline Kuhn, MD
University of Chicago

Carrie Kuhn is a current third year resident at the University of Chicago and the Administrative Chief Resident for 2019-2020. Originally from Colorado, she went to Stanford University for undergrad before moving to Chicago for medical school. She aspires to be an academic generalist and looks forward to combining her interests in medical education, reducing the primary cesarean delivery rate, and healthcare disparities.

Advisor: Laura Mercer, MD, University of Arizona Phoenix

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SCIENTIFIC ESSAY

The SASGOG scientific session focused on cardiovascular disease and was a great call to action in our role as obstetrician/gynecologists. Eighty percent of heart disease is preventable, and further, 1 in 3 women will die from cardiovascular disease (CVD). In comparison, 1 in 30 women will die from breast cancer. As primary care specialists, we have the ability to help women modify their long-term risk and we are our patient's allies in the fight against CVD.

On the obstetrics side, 2% of pregnancies are complicated by cardiac disease, with two-thirds of these cases being due to congenital conditions. For many women with pre-existing cardiac disease, pregnancy is the ultimate stress test. As obstetricians, an approach to these patients should include performing a preconception consultation or discussion of pregnancy at each annual exam, obtaining prior records of cardiac and obstetric care, discussing the interval history with the patient (hospitalizations, chronic medications, potential teratogens), assessing the patient's functional status, obtaining a genetic history, and performing baseline physical and diagnostic testing such as renal and hepatic function, Holter monitoring, and sleep studies. In constellation with other specialists, an individualized pregnancy management plan can be made with special consideration for such things as fluid management during labor, safety of Valsalva, necessity of invasive monitoring during labor, and planned immediate postpartum care in the ICU verses the general floor. Finally, the golden opportunity for advocacy for our patients is in the postpartum period where we can initiate targeted screening, counsel about lifestyle modification, and institute early treatment.

As gynecologists, we perform annual breast exams and ensure our patients are up to date on their screening mammograms, in efforts to increase early detection of breast disease. We could improve our care for our patients by including comprehensive heart health care in the annual exam, by stratifying heart health risk for our patients, counseling on lifestyle modifications, and referring to cardiologists when appropriate.

In summary, this was a great session which reiterated that ob/gyns are on the frontlines of taking care of women and we should be the ones advocating for their overall health, with special consideration to their cardiovascular health.

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THEMED ESSAY

This year's meeting theme "Academic Specialists: Leaders for Positive Change" evoked several calls to action for specialists in general obstetrics and gynecology to advocate on an individual, community, and population basis. As specialists in academic settings, we have the unique ability to understand and identify risk factors of chronic disease in our patients, and oftentimes we have the resources to connect our patients with other specialists. Additionally, we are positioned to intimately know the perspectives of our patients, and we hold a certain power to advocate on a regional and national level on behalf of our communities.

One of the main themes of the conference was the idea that ob/gyns are primary care physicians and have the ability to impact the trajectory of a woman's long-term health. As academic specialists, we are keenly aware of the impacts of hypertension, pre-eclampsia, and gestational diabetes have on the body. From primary prevention, to diagnosis and treatment, ob/gyns are skilled at caring for patients in the antenatal and postpartum states. What is more, with increasing awareness of the pathophysiology and long-term sequelae of these diseases, we can foresee that if there are not actions taken to modify the lifestyle, our patients are at increased risk for long-term morbidity and early mortality. With issues such as shoulder dystocia and uterine rupture risk with a trial of labor after cesarean, we as ob/gyns are quick to counsel patients about their risk in labor and with subsequent pregnancies, oftentimes in the immediate postpartum period while our patient is still in the hospital. An area of improvement exists in counseling our patients on the long-term risks of hypertensive disorders and diabetes. We know that even though these conditions may resolve quickly within days to weeks after delivery, they still carry an elevated risk throughout the woman's lifetime. In addition to counseling our patients about the significance of these conditions, we are called to assess and refer patients to primary care physicians and cardiologists early and often, in order to aid in secondary prevention of these diseases.

Another excellent session at this year's meeting focused on reducing the primary cesarean delivery rate and discussion surrounding how the layout and staffing of labor and delivery units impacts this rate. As Dr. Neel Shah eloquently discussed, delivery via cesarean section increases morbidity and the growth in the use of this surgery in the United States since the 1970s has risen more than 600%. Part of his research is determining why this is the case, and his theory is based in the idea that labor and delivery units are "pressure valves." The limiting factor is the number of labor and delivery rooms, and research has suggested that bed availability can impact clinician decision making, including the recommendation for cesarean delivery. His research intervention is aimed at improving communication among patients, nurses, and providers by using a white board in the labor room and reassessing and addressing the overall plan and individual goals at each 2-hour intrapartum check. In line with this theme, the CUCOG/SASGOG break out session focused on discussion surrounding the appropriate staffing of a labor and delivery unit. There exist several models including laborists, nocturnists, midwives, generalists, and MFM staffing. The discussion was rich in identifying pros and cons of each model. As academic specialists, we are positioned to think broadly to determine how systems issues affect our patients on an individual, as well as community-based level. We should critically think about how changes in workflow and provider coverage may not only affect our daily lives as providers, but also improve outcomes for our patients.

Finally, an overarching theme of this year's meeting was the unique ways we as academic specialists can advocate for our patients on a national level. Dr. Bill Leininger encouraged us to channel our moral outrage into doing something productive. In the current political climate, we may often feel that we are powerless, but even if we cannot change legislation, as academic specialists, we have the opportunity to teach and influence the next generation (our students, residents, and even patients) about the priorities in women's health. Dr. Mallory Kremer discussed how to be an advocate by writing Opinion Editorials. Academic specialists are on the frontlines delivering healthcare and witnessing our patient's stories. Writing is a quick task which can be therapeutic, and may impact how others in our community think, act, and vote. One way Dr. Kremer has become an advocate in her community is through a non-traditional route of serving on the school board in her neighborhood. As she put it, she does not have children, but she is invested in ensuring that the young men and women in her community are taught unbiased and scientifically accurate information about anatomy and sexual education.

Throughout the meeting, it was clear that SASGOG is supportive of facilitating meaningful mentorship relationships. Dr. Chemen Neal's plenary session on networking and mentorship was helpful in encouraging this mission, and after attending the meeting this year, I am confident that this is a group of passionate and thoughtful physicians that I will be able to continue to learn from throughout my career in academics. Overall, the meeting was an effective and inspirational call to action for academic specialists. We have the stories, knowledge, and power to be advocates for change and I look forward to utilizing the lessons I learned at this year's meeting to impact my patient's lives.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Eva Luo, MD
Beth Israel Deaconess Medical Center

Eva M. Luo is a Chief Resident of Obstetrics and Gynecology at Beth Israel Deaconess Medical Center in Boston. She is creative problem solver passionate about improving the entire spectrum of women's health. Her primary area of focus is on pregnancy care redesign and understanding how innovative models of care that arise from the entrepreneurship space can impact overall policy and systems of care. Eva is a graduate of University of Michigan Medical School and Harvard Business School where she received her MD and MBA degrees. Her leadership and academic work in health systems are highlighted by working as Special Assistant to Dr. Donald Berwick, then CEO of the Institute for Healthcare Improvement, spending time in Ghana researching the impact of obstetricians on the management of rural district hospitals as a William Davidson Institute Global Impact Fellow, research projects looking at Time-Driven Activity Based Costing at Partners in Health, and leading efforts behind "Project Joy: Redesigning the Pregnancy Experience"--an initiative to use human centered design to improve health care.

Advisor: May Blanchard, MD, University of Maryland

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SCIENTIFIC ESSAY

Gender Affirming Testosterone and the Endometrium: Cause for Concern?

While hormonal therapy has been an important tool to treat gender dysphoria, as Dr. Mitzi Hawkins shared in her oral presentation at SASGOG 2019, much is still unknown about the long term effects.

Guidelines for initiation and management of hormonal therapy for transgender patients are outlined by the Endocrine Society. These guidelines are based on expert opinion and experience. Androgen therapy, usually in the form of testosterone, leads to increased muscle mass, decreased fat mass, increased facial hair and acne, male pattern baldness, increased libido and frequently suppression of menses. For female to male patients, there is risk of exacerbation of breast or endometrial cancer while on testosterone therapy. Dr. Hawkins' study was to specifically address the controversial association between testosterone and the endometrium.

Although a small sample size and ultimately not demonstrating a statistically significant association between testosterone and endometrial hyperplasia, Dr. Hawkins' presentation highlights three important discussion points. The first is the lack of studies helping to guide management of transgender patients. Given the overall small numbers of transgender patients, future studies should leverage the collective

experience; academic medical centers should not work in isolation. The second is a need for a registry, where information is collected voluntarily, rigorously and sensitively to help facilitate collective knowledge growth. Lastly, any advancement in understanding the risks and benefits of hormonal therapy should be widely disseminated so that all gynecologists and care providers of transgender patients are prepared to guide patients in making the best decisions for their health.

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THEMED ESSAY

Since the SASGOG 2019 annual meeting, women's health is politically under fire again. What has become even more unwaveringly clear since the SASGOG annual meeting is that academic specialists in obstetrics and gynecology are uniquely positioned to champion and further the agenda for improved care for all women across the entire spectrum of women's health.

The topics discussed at SASGOG were an excellent reflection of the varied interests and also impact of academic specialists. Abstracts covered topics including improving our understanding of transgender health, developing unique systems of care to improve HPV vaccination, and ERAS seen in the gynecologic surgery world being applied to cesarean sections. Dr. Neel Shah's honorary lecture reframed our role as obstetricians to not just deliver a healthy mom and healthy baby at the end of pregnancy, but be the guides that will help individuals grow families and become parents. The Joint Session with CUCOG focused on the very salient debate at the heart of what being an academic specialist is: various models of obstetric and gynecologic care delivery across the country and various settings, supporting growth and maturation in skills, but also maintaining excellence in patient care. The scientific session was another excellent demonstration of salience with its focus on women's cardiac health and the role of the academic specialists in working with cardiologists and primary care physicians to better care for women throughout their lifetime. This breadth of topics and depth of discussion would not be present in any other conference. The conference really did highlight the theme of academic specialists being leaders for positive change.

What impressed me even more than the topics of discussion was the genuine demonstration of mentorship and sponsorship. As academic specialists, we all face the same "rat race" of education and research. The earnest mentorship efforts made by our official SASGOG mentors, the openness and eagerness to connect among participants and the few instances of true sponsorship for interesting opportunities in just a few days was greatly appreciated. Simply role modeling that behavior is a demonstration of leadership and inspires me to do the same.

I truly feel lucky to have had the opportunity to attend the SASGOG 2019 annual meeting at the end of residency as I embark on my first year as an academic specialist. I believe that academic specialists are the key change agents for improving women's health for all--especially at the level of the system where practical solutions for providing comprehensive, accessible, high quality, reliable and cost effective care are desperately needed. The academic specialists' commitment to the three pillars of excellence in clinical care, education and research are needed now more than ever as our nation debates limitations in access to care, the inequities in our care delivery systems that disadvantages black mothers, revisit the role of paid family leave and its effect on growing families and society, and improve funding support for conditions such as endometriosis and fibroids. No particular vertical in obstetrics and gynecology can address these debates with the same perspective as academic specialists in obstetrics and gynecology who practice and care for women across the entire spectrum of women's health. On the eve of my graduation from residency, I am excited to join the SASGOG community and continue to lead positive change for all women.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Kathleen Montanez, MD
Naval Medical Center San Diego

I am a fourth year resident in obstetrics and gynecology at Naval Medical Center San Diego. I was born and raised in upstate New York including completion of a unique joint acceptance program with Siena College and Albany Medical College which places an emphasis on humanities, ethics, and social service. While at Albany Med, I accepted a health professions scholarship from the United States Navy and was commissioned. After graduation, my husband and I moved to San Diego we are thoroughly enjoying our time sampling a wide range of craft beers, staying active outdoors and soaking up the abundant sunshine. I am thankful for the opportunity to serve our country and to serve my patients as a generalist starting in July at Naval Hospital Guam.

Advisor: Dana Scott, MD, University of Connecticut

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SCIENTIFIC ESSAY

The SASGOG scientific session at the ACOG Annual Clinical and Scientific meeting featured three experts sharing their experience with women's heart disease. Dr. Carolina Gongora, cardiologist at the Emory Heart and Vascular Center and Assistant Professor of Medicine at Emory University School of Medicine, provided the cardiology viewpoint. She explained that 80% of heart disease is preventable; an astounding number. Additionally, 1 in 3 deaths in females are related to cardiovascular disease compared to 1 in 30 from breast cancer. These data highlight the scope of the problem and the position of the general OBGYN to provide counseling to improve outcomes. Dr. Gongora shared insight into postpartum blood pressure management and preconception counseling tidbits. Dr. Justin Lappen, Department of OB/GYN-Maternal Fetal Medicine University Hospitals Cleveland Medical Center, imparted his knowledge of caring for women with preexisting cardiovascular disease from an MFM perspective. While the impact of cardiovascular disease in pregnancy as a leading cause of mortality and morbidity was highlighted in the ACOG presidential address, the effects of cardiovascular disease on women's health issues extend throughout her lifetime. Dr. Mary Rosser, Assistant Professor of Obstetrics & Gynecology at Columbia University Medical Center, presented the gynecologic considerations discussing hormonal contraception and menopausal hormone replacement. This panel of experts then answered questions based on case studies. Audience members posed challenging clinical situations to the panel members who shared their practice patterns.

Emerging from this session, I had several action items. I will use the ASCVD risk estimator during well women exams. This tool uses objective data to estimate a woman's risk for ASCVD in the next ten years. It also provides information about the impact of initiating therapies on the prognosis of the patient and

treatment advice. Lifestyle modification is key to success in preventing cardiovascular disease. I learned some helpful tips to meet the patient where they are in life. It is easy to rattle off 150 minutes of moderate exercise a week but this sounds like an insurmountable task to patients who rarely walk their dog around the block and never set aside time for their own physical fitness. Instead of reciting the guideline, I will strive to set smaller attainable goals with my patients and attempt short term follow up for accountability. Lastly, the importance of preconception counseling for this population was emphasized, with special attention to medication management, contraception and necessary testing, such as electrocardiograms and/or echocardiograms depending on the clinical situation.

I left the session filled with new ideas of how to translate these recommendations into my own practice as I embark on my career as a general OBGYN.

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THEMED ESSAY

The news inundates us every day with headlines about the changing landscape of medicine in the United States. Questions about the insurance systems and payment for physicians abound. Yet, the need for general obstetrician gynecologists continues to grow. This is particularly true in certain areas of the country where a laboring mother must travel across counties to find a suitably trained provider to attend her delivery. The theme of this year's SASGOG meeting was *The Times They Are a Changin' - Academic Specialists: Leaders for Positive Change*. As a resident reporter I was able to leave my home institution to learn several valuable lessons about the trajectory of our profession.

My day started with a breakfast where the resident reporters were able to meet their advisor as well as one another. Each advisor shared their professional experience with reference to their membership in SASGOG. This provided knowledge about the many paths one may take throughout his or her career. As a graduating resident, unsure of my long-term professional plan, I was comforted by the countless permutations presented by the advisors. One woman started in solo practice covering multiple rural counties before finding her niche in graduate medical education, while another joined an academic institution as faculty shortly after completing her training. Instead of feeling overwhelmed by the options, I was invigorated by the potential. The enthusiasm for our profession was palpable and it did not end with breakfast.

Dr. Neel Shah gave a passionate presentation entitled "Ensuring every person can start or grow their family with dignity." He framed his discussion with a tragic story of a woman who lost her life during her admission to a labor and delivery unit in the United States. He illustrated the desperate plea by the patient and her family to act early to head off the downward spiral that ultimately lead to her death. He advocated for patient-centered care on labor and delivery to foster a sense of teamwork with the provider, the nurse and the family to ensure a healthy birth. The current paradigm of large group or academic practices challenges providers to forge this deep connection in an instant. While tending to the entire labor deck, each provider must take an extra few minutes to validate the pregnant woman's hopes and fears. This is exceedingly difficult during busy nights when triage fills and there is a nonreassuring fetal heart rate tracing in the room adjacent to the multip with questions about delayed cord clamping or encapsulating her placenta. Wouldn't it be easier to perform a Cesarean delivery to ensure a healthy neonate in the one room, send the triage home since she is 1cm and barely contracting and have the nurse answer her questions? Easy isn't always right and in order to fully uphold the dignity of our pregnant patients, we must do better. We need to make the time to sit with our patients and their concerns, form alliances and deliver the care that we ensure our family members receive when they are the one lying in bed on L&D. This call to action did not fall on deaf ears as Dr. Shah's fervor resonated throughout the room.

During the afternoon a combined session with CUCOG delved into the challenges OBGYN departments across the country are facing. How do we ensure adequate training yet maintain wellness? Resident work

hour restrictions have decreased hands-on training opportunities at the same time that technologic advances have decreased the number of surgical cases. This paradigm necessitates the use of simulation to build skills that were previously perfected in the operating room. More time away from work can leave space for personal relationship and fulfilment outside of the work place. Discussion of tracking faculty and residents in order to ensure adequate skills acquisition sparked debate. Kaiser Santa Clara currently employs a tracking program with high physician satisfaction. A payment system was developed to adjust the income for physicians in lower reimbursement positions. Another question posed was, what is the ideal clinic-call schedule to decrease burnout and increase retention? We brainstormed solutions in small groups sharing experiences to devise answers. The future of obstetrics and gynecology departments is bright based on the innovative ideas brought forth during this short session.

The more things change, the more they stay the same. My participation at the SASGOG annual meeting as a resident reporter supported my belief in this cliché. I learned about the beginnings of the organization which involved teamwork and supportive mentor relationships between general OBGYN. This comradery and willingness to mentor was evident throughout the conference. Several activities included assigned tables to help members branch out and meet new people. This was particularly helpful as a resident since my personal network is quite small.

In sum, the future of the academic generalist is plagued by uncertainty in many areas, yet the core values of providing quality care remain the same. SASGOG is poised to lead its members and the OBGYN community at large in the coming years. As their presence at ACOG continues to grow SASGOG will continue to lead the way for academic generalists.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Rachel O'Connell, MD
University of Rochester

Rachel is a PGY-3 at the University of Rochester in Rochester, NY. She completed her medical education at The University of North Carolina and Chapel Hill and her undergraduate degree in Biomedical Engineering at the University of Rochester. Prior to medical school, Rachel participated in translational biomedical research with optical coherence tomography at the Duke Eye Center. In residency, Rachel has had the opportunity to collaborate with a team of engineers to apply optical coherence tomography to the field of gynecology. Her preliminary work applies Gabor domain optical coherence tomography to obtain near-histologic resolution images of the cervical epithelium to aid in the diagnosis of cervical dysplasia. Rachel also mentors a team of biomedical engineering undergraduates working on a design project to translate optical coherence microscopy for use in vivo at the time of colposcopy. Rachel will serve as an administrative chief resident in her program next year. She is looking forward to an exiting and rewarding career as an academic generalist, where she hopes to participate in resident and medical student education and translational biomedical research.

Advisor: Mark Woodland, MS, MD, Reading Hospital

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SCIENTIFIC ESSAY

As obstetrician gynecologists, we have the opportunity to care for women at some of the most significant moments in their lives. We often care for women who would otherwise not intersect with the healthcare system if not for pregnancy or other gynecologic needs. Therefore, as obstetrician gynecologists, we are uniquely positioned to assess risk for cardiovascular disease before it may have a lasting impact. The ACOG/SASGOG Joint Session *The Beat Goes On: Women's Heart Disease and Current Recommendations for the Obstetrician Gynecologist* allowed us to hear from a panel of experts from cardiology, maternal fetal medicine, and gynecology, regarding the epidemiology of cardiovascular disease in the US, impact of cardiovascular disease on pregnancy, and cardiovascular disease prevention in our patients.

Dr. Carolina Gongora, a cardiologist from Emory, gave a comprehensive review of the epidemiology of cardiovascular disease in women. While cardiovascular disease is a leading cause of death in the US, 80% of heart disease is preventable. There are some unique differences in risk reduction strategies that pertain to women. For example, exercise may provider a greater protective effect against cardiovascular disease for women than men. The 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease outlines useful strategies that the general gynecologist can deliver evidence based risk reduction strategies to women at risk.

Dr. Justin Lappen, from Case Western Maternal Fetal Medicine, reviewed an evidence-based approach to caring for women with pre-existing cardiac disease in pregnancy. Maternal cardiac disease is a leading cause of maternal mortality and optimizing cardiac health can minimize peripartum risk. He described the physiologic impact of pregnancy on underlying maternal cardiac disease and outlined a practical approach from pre-conception care to pregnancy and postpartum management.

Dr. Mary Rosser, from Columbia, shared how general obstetrician gynecologists can become allies in the fight against cardiovascular disease. She described how pregnancy can be a unique time to capture future cardiovascular risk during the reproductive years. She summarized previously published work that views pregnancy as a "stress test", with adverse pregnancy outcomes being a harbinger of excess cardiovascular disease risk. She outlined practical strategies for providing screening and interventions in the outpatient setting during the annual well woman exam and at the postpartum visit.

Together this multidisciplinary group of investigators provided an evidence-based overview and practical tools for how obstetrician gynecologists can deliver care that leads to improved cardiovascular health in our patient population.

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THEMED ESSAY

Attending the SASGOG Annual Meeting in Nashville on May 2, 2019, as a resident reporter gave me the opportunity to think both deeply and broadly about a future career in General Obstetrics and Gynecology. The meeting's theme *The Times They Are a Changin' - Academic Specialists: Leaders for Positive Change* emphasized for me how we can lead innovation in our field through research, leadership, and mentorship.

Researchers in general obstetrics and gynecology are uniquely suited to lead research endeavors in a number of gynecologic fields outside of the traditionally prioritized areas of infertility, family planning, and pelvic floor research. We know that there is significant morbidity associated with gynecologic disorders beyond the impact on fertility or contraceptive choices. Dr. Halvorson from the NICHD delivered an excellent summary of how the NICHD has prioritized research funding for topics through its Gynecologic Health and Disease branch. It was helpful to learn that the NICHD GHDB is prioritizing general gynecologic research, and learn about high program priorities such as non-invasive diagnostic and assessment tools and transdisciplinary research. I was particularly interested in hearing about these opportunities as they pertain to my current research. In my residency program at the University of Rochester, I have had the opportunity to collaborate with a team of biomedical engineers to apply optical coherence tomography to the field of gynecology. My preliminary work applies Gabor domain optical coherence tomography to obtain near-histologic resolution images of the cervical epithelium to aid in the diagnosis of cervical dysplasia. As the NICHD continues to prioritize funding for general gynecologic research, I hope we will see more academic specialists in general obstetrics and gynecology leading research endeavors that impact our understanding of the prevention, diagnosis and treatment of gynecologic disorders

Leaders in general obstetrics and gynecology have the opportunity to make impactful decisions that directly affect how obstetric and gynecologic care is delivered in their system. The Council of University Chairs of Obstetrics and Gynecology held a concurrent meeting and it was valuable to intersect with this group during the Joint CUCOG/SASGOG session. In this session, we had the opportunity to have interactive and meaningful conversations about possible models for maintaining competency, quality, and satisfaction for obstetrician gynecologists in an academic health system. Our interactive discussions were very practical and applicable, addressing how we can create quality health care delivery systems that deliver quality and effective healthcare while maintaining an appropriate level of career sustainability and

satisfaction for obstetrician gynecologists. Maintaining competency in both fundamental obstetric skills and gynecologic surgery can be a challenge. We explored how new models, such as tracking, affect career satisfaction. These conversations were fruitful and constructive. I was encouraged to know that leaders in obstetrics and gynecology departments across the country are dedicated to this question and are committed to optimizing quality health care delivery while also valuing career satisfaction and sustainability for a future generation of obstetrician gynecologists.

SASGOG as an organization clearly values creating meaningful mentorship relationships. As a resident reporter, I was paired with a valuable mentor who took a genuine interest in my career goals. As current residents who will start to embark on an early career in general obstetrics and gynecology practice, it is helpful to hear advice from those who have walked before us. While I greatly value the research endeavors and leadership opportunities that academic careers afford, it is also helpful to understand how building a clinical practice in general obstetrics and gynecology can provide an essential foundation. My mentor patiently listened to my deliberation over job opportunities and helped me identify what I might find most satisfying and valuable in my next steps as an obstetrician gynecologist.

Overall, joining the SASGOG community for their annual meeting was a fruitful experience. I was inspired by the various leaders in our field who effect positive change through research and leadership and I was encouraged by the mentorship of an experienced leader who took a genuine interest in my career development.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Porshia Underwood, MD
University of Colorado School of Medicine

Porshia is from Asheville, North Carolina. She completed her undergraduate education at The University of North Carolina at Chapel Hill and subsequently attended medical school at The Brody School of Medicine at East Carolina University. She then moved west and is currently a third year resident at the University of Colorado. Her current interests including transition of care in the postpartum period. When she is not working, she enjoys spending time hiking in the Rocky Mountains, running half marathons and spending time with her dog, Charli.

Advisor: Sarah Milton, MD, Virginia Commonwealth University

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SCIENTIFIC ESSAY

About one woman every minute dies from heart disease in the United States. This is an astonishing but sobering statistic that is not always a forethought in the mind of the practicing OB/GYN. However, as the primary providers for women, we have actively work to make the recognition and evaluation of risks factors for cardiovascular disease one of our top priorities. The joint ACOG/SASGOG session entitled "The Beat Goes On: Women's Heart Disease and Current Recommendations for the Obstetrician/Gynecologist," provided just what the busy obstetrician needs to address this issue. The first part of the session reviewed both traditional and nontraditional risk factors for cardiovascular disease that are most common in women. Many of these risk factors occur in the context of pregnancy such as gestational diabetes, pre-eclampsia and preterm labor. However, some risk factors exist earlier such as auto-immune conditions, PCOS and early menarche and can have just as strong of an impact on the later outcomes. Recognizing these conditions early and setting up the contextual frame work for patients is important. A few opportunities that we as OB/GYNs can capitalize on to provide this counseling is during the pre-conception visit and the annual exam. For young women looking to become pregnant, a thorough review of their medical history may uncover some of these risk factors and allow opportunities to intervene by recommending increasing exercise or consideration of ASA in early pregnancy to reduce some of the long term outcomes. Similarly, for women with known cardiovascular disease or risk factors for unrecognized valvular disease, appropriate risk stratification may also decrease their risk of significant morbidity both during pregnancy and after. Incorporation of these small changes into practice hopefully will result in impactful outcomes for women and eventually lead to decreased morbidity and mortality.

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THEMED ESSAY

I was very fortunate to be introduced to such an impactful organization such as SASGOG and even more fortunate to be chosen as a resident reporter for the 2019 Annual Meeting. The theme for the meeting this year was *The Times They Are a Changin'- Academic Specialists: Leaders for Positive Change.* As a first time attendee to the meeting, I was excited to learn about all of the new changes awaiting the field of obstetrics and gynecology as an Academic Specialist.

As someone early in planning for my future career, I was excited to start the meeting with the Resident Reporter Breakfast. This was the first glimpse at all of the opportunities that are afforded by being a part of SASGOG. While we spent time chatting with other resident reporters, both current and alumni, we also learned about the many different career paths of SASGOG members and how they have evolved over time. It was inspiring to hear about how a few peoples' passions of establishing a network similar to that seen in other OB/GYN subspecialties has morphed into the organization today known as SASGOG. And even more encouraging was listening to how formative many mentors have been in continuing to grow and nurture this tight knit community.

As the day continued, we listed to Dr. Neel Shah deliver the eloquent and powerful Ken Noller Lectureship entitled, "Ensuring every person can start or grow their family with dignity." His lecture highlighted the personal as well as widespread impact of maternal morbidity in the context of our current health care system. From learning about Kira Johnson's story and working to understand women as the experts in their own care, this lecture set the tone for the remainder of the meeting. This shifted the framework to looking at systemic solutions for many common problems facing our field.

After a brief networking lunch, we participated in a joint session with CUCOG during which a panel briefly discussed different practice models across the country instituted to meet their patient's needs and specific challenges they faced. We then formed small working groups to address the idea of maintaining and assessing competency within the field from both a learner's and educator's perspective. The brainstorming and discussion between younger faculty and more established faculty reinforced the idea that through effective collaborations, we can work to continually improve the systems that we operate within.

In addition to the large group sessions, there were many smaller breakout sessions geared towards preparing junior faculty for the changing face of medicine. Attending the two part session on business in medicine introduced basic but important aspects such as RVUs, FTEs and pay structures in the academic setting. As a resident, this is not something that we are typically taught about but as payer models continue to evolve and reimbursements are affected, this brief introduction was what I needed. The first day concluded with a poster presentation and reception for all annual meeting attendees. This was another opportunity to see all of the exciting research taking place across the country in our field and discuss how it can be taken back to each of our individual institutions.

I am very thankful for the opportunity to attend the Annual Meeting. I went into this experience with no expectations and left with so much excitement and motivation for the future. From a professional stand point, I was able to connect with my advisor and get career advice not only about planning for the immediate future after residency but also about preparing for longevity in academics as a Specialist. In addition, discussions about opportunities for research collaborations and developing projects left me with eagerness to keep my practice on the cutting edge. Being around a group of people who are as motivated as I am to provide high quality, excellent care to women makes me even more excited about the future of OB/GYN as an Academic Specialist.

Finally, the personal connections I made were most impactful and long lasting. It is comforting to know that I have a built in support system through SASGOG of individuals who have experienced some of the

challenges I may face in my career and who are willing to act as a sounding board, and more importantly a mentor, as I move forward. Most importantly, I am excited to continue to be a vocal advocate for women and the care they deserve as times continue to change.

The Society for Academic Specialists in General Obstetrics and Gynecology

2019 Resident Reporter

Emily Wang, MD
Morehouse School of Medicine

Hailing from the Land of 10,000 Lakes, Dr. Emily Wang received a B.A. in Physiology and then a Masters in Public Health in both Epidemiology and Maternal and Child Health at the University of Minnesota. It was there that she realized she wanted to pursue clinical medicine with the goal of improving the health of women on a population and an individual level. She subsequently applied to and was accepted into the University of Minnesota Medical School medical school and now is currently in finishing her last year of Obstetrics and Gynecology residency at Morehouse School of Medicine. She plans on pursuing a career in academic medicine, combining clinical practice and research, after residency.

Advisor: Gavin Jacobson, MD, Kaiser Permanente San Francisco

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SCIENTIFIC ESSAY

The SASGOG/ACOG scientific session "The Beat Goes On: Women's Heart Disease and Current Recommendations for the Obstetrician/Gynecologist" brought specialists from Cardiology, Maternal-Fetal Medicine and Obstetrics and Gynecology to discuss cardiovascular disease during pregnancy and outside of pregnancy. With cardiovascular disease contributing to about a quarter of maternal deaths in the United States and generalists often serving as primary care providers for many female patients, we serve a vital role in maximizing our patient's cardiovascular health.

The most important takeaway for me from the scientific session was the need for multi-disciplinary collaboration. Although we are specialists in Obstetrics and Gynecology, it is essential that we continue to familiarize ourselves with all aspects of primary care. This can be facilitated through the assistance of our colleagues in other areas of medicine that also provide primary care. Since chronic disease will continue to increase among our patients, it becomes that much more essential that we maintain and build these connections so that we can continue to best serve the needs of our patients.

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THEMED ESSAY

"I'm *just* going to be a generalist."

This is often the answer some residents provide when asked about their plans after residency. Through my experience as a Resident Reporter for the Society for Academic Specialists in General Obstetrics and Gynecology (SASGOG), I learned that a generalist encompasses far more than "just" being a generalist, especially in the context of academic medicine.

Just like the Society of Maternal-Fetal Medicine provides an academic home for Maternal-Fetal Medicine or the Society of Gynecologic Oncology for Gynecologic Oncology, SASGOG provides a home for academic generalists who specialize in the field of Obstetrics and Gynecology in an academic setting. Learning about the origins of SASGOG, and now becoming a part of its legacy as a Resident Reporter, was inspiring. So many of us who want to remain in an active learning environment, participating in teaching and/or research, but do not necessarily want to specialize because of our love for General Obstetrics and Gynecology, now have an organization filled with like-minded individuals that we belong to. Meeting these individuals, particularly the mentor I was paired up with - Dr. Gavin Jacobson, the Program Director at Kaiser Permanente San Francisco - only confirmed that being an academic generalist is the right decision for me. Dr. Jacobson not only sought me out to meet with me individually, but he provided helpful advice and insight into my future plans. Since mentorship has been crucial for me throughout my academic career, I really appreciated the mentorship role that Dr. Jacobson provided for me.

Through my experience at SASGOG, I also expanded my understanding of what an academic specialist in Obstetrics and Gynecology consists of. Academic generalists not only provide a majority of resident education, they also serve in administrative leadership roles as Department Chairs and Program Directors, participate in research that advances the field of Obstetrics and Gynecology, and play a key role in providing primary care to women. Academic generalists are also essential in the ongoing conversation of the changing landscape of General Obstetrics and Gynecology and academic medicine. This was the topic of a panel discussion with the Council of University Chairs of Obstetrics and Gynecology called, "Models for Maintaining Competency, Quality and Satisfaction for Specialists in an Academic Health System". Dr. David Chelmow, the Department Chair at Virginia Commonwealth University Medical Center, discussed the challenges of providing and training well-rounded generalists in rural underserved areas of Virginia. In contrast, Dr. Anh Nguyen, the Program Director at Kaiser Permanente Santa Clara, presented the current "tracking" system at Kaiser Permanente. Instead of practicing General Obstetrics and Gynecology, academic generalists are placed on individual "tracks" of being either an obstetrician (both in clinic and on Labor and Delivery), a gynecologic surgeon, a hospitalist or an office-based gynecologist. Since tracking is only an idea that I've heard of, hearing about its recent implementation at Kaiser Permanente was astounding and could potentially change the entire field of Obstetrics and Gynecology.

The same session discussed the challenges of performing research in academic medicine. Although research plays in an important part of a successful academic department, it is often time-consuming and can take away from the clinical duties that academic generalists provide in teaching residents and performing patient care. These clinical duties not only are essential for education and addressing the healthcare needs of patients, but also contribute financially to the department so that academic endeavors, like research, can take place. Through our subsequent small group discussion, several Department Chairs discussed the challenges of balancing research and teaching with clinical duties within their departments. An idea that was mentioned included

allocating faculty as providing a more research or a more teaching-focused role. Therefore, more research-focused faculty could provide the guidance for more teaching-focused faculty to publish, whereas teaching faculty could continue to support the protected time needed for more research-focused faculty to perform research through their clinical work.

The academic generalist has the opportunity to create change by not only functioning as a clinician, but also educating future physicians, participating in research that will transform clinical practices, and developing the future practice of General Obstetrics and Gynecology. Therefore, it is important to not just refer to ourselves as “generalists”, but proudly as “academic specialists in General Obstetrics and Gynecology”.