

**ANNUAL REPORT
July 2012 – June 2013**

***Department of Obstetrics and Gynecology
University of New Mexico School of Medicine***

Shared Vision

Lead nationally-recognized programs in women's health care, medical education and research and promote the health of all New Mexicans

Shared Missions

- Provide quality and compassionate women's health care to all, regardless of payment source.
- Proactively educate medical students, resident physicians, faculty, and others. Be an educational and practice resource to the community.
- Pursue and encourage innovative and evaluative research in women's health.
- Assure departmental self-support by balancing costs with revenue.

Expert Health Care Women Can Trust

CONTENTS**EXECUTIVE SUMMARY****ORGANIZATION**

Faculty.....	2
Emeritus Faculty	3
Joint Appointments.....	3
House Officers	4
Volunteer Clinical Faculty.....	5
Professional Staff	6
Administrative Staff	8

DIVISIONS AND PROGRAMS

Ambulatory Care Program	10
Breast Clinic	12
Family Planning Division	13
Female Pelvic Medicine and Reconstructive Surgery.....	23
General Obstetrics and Gynecology Division.....	38
Gynecologic Oncology Division.....	47
Maternal-Fetal Medicine Division	65
Maternal-Fetal Medicine Fellowship Program.....	69
Maternal-Fetal Medicine Prenatal Diagnosis and Genetics Program	75
Maternal-Fetal Medicine UNM Perinatal Associates, Lovelace Women's Hospital	77
Maternity and Family Planning Program	79
Medical Student Education	82
Midwifery Division	87
Milagro Program.....	92
Reproductive Endocrinology and Infertility Division	95
Residency Program.....	100

SCHOLARLY WORK

Research in Women's Health, Class of 2013 Student Research Papers	105
Research Abstract Presentations at National Organization Meetings	106
Faculty and Fellow Publications, Presentations and Creative Works	110
Research Grants and Endowments.....	125

DEPARTMENT STRATEGIC ACTION PLANS

Calendar Year 2013	134
Calendar Year 2012.....	137

EXECUTIVE SUMMARY

I am pleased to report the continued growth in leadership, service, and education that are the hallmarks of this past year in the UNM Department of Obstetrics and Gynecology. Our faculty, fellows, and residents focused on the School of Medicine's (SOM) missions of excellence in education, research, and patient care, and consequently made significant contributions to the department and to the overall development of the SOM.

In keeping with the School's mission of excellence, we made significant contributions locally, regionally, and nationally. We are proud to report highlights about our accomplishments in our three missions of education, scholarly work, and patient care during this past year.

Teaching Excellence

Teaching Awards. Teaching certificates were awarded by our students to two-thirds of our residents and clinical faculty who achieved an annual cumulative teaching score of $\geq 4.5 - 5.0$.

SOM Faculty Teaching Awards. At the annual Faculty Teaching Awards, we were the most well-represented department.

Commitment to Education. The Department continues to rank as the top SOM department in number of hours committed per faculty member for student education.

Students Pursuing Ob-Gyn. For the past ten years, the number of SOM students who pursued residencies in Ob-Gyn was at or above the national average (5%).

Clerkship Ranking. The 2012 graduating students ranked their Ob-Gyn clerkship well above the national average.

Educational Presentations. For the 12th consecutive year, UNM was among the highest number of faculty lecturing at the 2013 annual clinical meeting of the American College of Obstetricians and Gynecologists (ACOG).

Board Examiners. UNM has ≥ 4 faculty at any time who are examiners for the American Board of Obstetrics and Gynecology, which is among the highest number nationally.

Continuing Medical Education. Department faculty participated in the planning of four women's health postgraduate courses.

ACOG Leadership. Our faculty led on many national committees, educational publications, and district and state ACOG organizations.

Step 1, USMLE Boards. Our students consistently score above the national average in obstetrics and gynecologic disorders and in preventive health and health maintenance.

Phase I Teaching. Our total hours and time dedicated for tutoring preclinical students remains well above what is targeted.

Midwifery Program. For the 13th straight year, our UNM midwifery program ranked in the top five training programs nationally (USN & WR).

Scholarly and Research Productivity

Research Protocols. The number of active research proposals per faculty member submitted to the SOM's institutional review board was again greater than any other department in the School.

Women's Health Clinical Research Symposium. The 15th annual symposium was a success, with 9 abstracts being presented by our residents and fellows.

National Scientific Meetings. One or more abstracts were presented by the Department's faculty at 13 national meetings.

Medical Student Research. Women's health issues remain the focus of 10-20% of all graduating students' required research projects. We are proud of this consistent record.

Resident/Fellow Research. Our residents and fellows participated in the presentation of abstracts or in the publication of 36 scholarly projects during this past academic year.

Translational Research Support. Funding continued from a variety of sources: National Institute of Health (1), private endowments (3), industry (6), and the School of Medicine (2).

Publications. Tenure-track faculty authored or co-authored a median of 4 peer-review publications and 5 abstracts this past year.

Journal Articles. Publications per research FTE remained the highest of any department in the School.

Patient Care and Clinical Quality

Increasing Outpatient Visits. Total ambulatory visits at our clinics remained stable while patient satisfaction scores were above the desired goal.

Ob Patient Satisfaction. For the fifth year, patients ranked our Ob service higher than other hospital services, especially for nursing skill and provider time and concern.

Off-Campus Clinics. All divisions have off-campus clinics. Our in-state, maternal-fetal medicine clinics lent stability to our obstetrics service.

Inpatient Caseload. The Maternity-Newborn service represents 27% of all hospital discharges and the highest patient turnover rate in the hospital.

Patient Safety. Our gyn mortality rate remains the lowest nationally of 98 university health system units surveyed.

Operative Obstetric Rates. Our high vaginal birth after cesarean rate and low extensive birth lacerations rate were among the best nationally.

Signs of Growth

Retention Rates. Retention rates of our faculty remains the highest of the Health Science Center clinical departments.

Telemedicine. Outreach patient consultations, fetal ultrasound interpretations, and telemedicine lectures continued to expand this year at more select statewide community clinics.

Competitive Training Programs. Our residency program remained very competitive with more than 300 applicants.

Medical School Expansion. One-third more students began their clerkships, requiring more teaching innovation and engagement in the community.

Sandoval Regional Medical Center (SRMC). Our gynecology/urogynecology services began this past year at the new center in Rio Rancho.

This past year represented continued growth and productivity. We accomplished much, while not losing sight of our essential and unique contributions to our patients, their unborn infants, the School of Medicine, our local and state community partners, and our profession. With our faculty, residents, and staff remaining focused on advancing our missions, we remain optimistic about the Department's future and its expanding statewide and national roles.



William F. Rayburn MD, MBA
Seligman Professor and Chair

ORGANIZATION

FACULTY**Professor and Chair**

William F. Rayburn MD MBA

Professor and Vice ChairMaxine H. Dorin MD (Gynecology)
Sharon T. Phelan MD (Obstetrics)
Rebecca G. Rogers MD (Research)**Professor of Obstetrics and Gynecology**

Luis B. Curet MD	Maternal Fetal Medicine
Maxine H. Dorin MD	Vice Chair, Gynecology
Eve B. Espey MD MPH	Reproductive Health & Family Planning
Rebecca J. Hall PhD	Ultrasonography
Carolyn Y. Muller MD	Division Chief, Gynecologic Oncology
J. Anthony Ogburn MD	Reproductive Health & Family Planning
Sharon T. Phelan MD	Vice Chair, Dir, M&FP Program, Maternal Fetal Medicine
William F. Rayburn MD MBA	Dept Chair, Maternal Fetal Medicine
Rebecca G. Rogers MD	Vice Chair, Division Chief, Urogynecology
Alan G. Waxman MD MPH	OB/GYN Generalist

Associate Professor of Obstetrics and Gynecology

Francis W. Byrn MD	Division Chief, Reproductive Endocrinology
Elaine M. DiFederico MD	Maternal Fetal Medicine
Kathleen A. Kennedy MD	OB/GYN Generalist, Medical Student Director
Paul C. Magarelli MD PhD	Reproductive Endocrinology
Lisa E. Moore MD	Division Chief, Maternal Fetal Medicine
Ellen L. Mozurkewich, MD	Maternal Fetal Medicine
Valerie J. Rappaport MD	Maternal Fetal Medicine
Teresa L. Rutledge MD	Gynecology Oncology
Gael P. Wager MD	Maternal Fetal Medicine
Meggan M. Zsemlye MD	OB/GYN Generalist, Residency Director

Assistant Professor of Obstetrics and Gynecology

Sarah Adams MD (Start Date Date 9/1/12)	Gynecology Oncology
Gena C. Dunivan MD	Urogynecology
Elizabeth G. Garcia, MD (Term Date 5/3/13)	OB/GYN Generalist
Timothy J. Hurley MD (Term Date 5/14/13)	Maternal Fetal Medicine
Yuko Komesu MD	Urogynecology
Rameet H. Singh MD MPH	OB/GYN Reproductive Health

Nancy A. Sokkary MD (Start Date 9/4/12)
 Jody L. Stonehocker, MD
 Betsy J. Taylor MD

OB/GYN Generalist
 OB/GYN Generalist
 OB/GYN Generalist

Staff Physician/Subspecialist

Jose Gonzalez-Sanchez MD (Term Date 5/14/13)

Maternal Fetal Medicine

Fellows/Instructors

Matthew C. Brennan MD (Graduation Date 12/31/12)
 Steffen A. Brown MD
 Shannon L. Carr, MD
 Sara B. Cichowski MD (Transfer to GME Fellowship 1/1/13)
 Brook McFadden MD (Graduation Date 6/30/13)
 Kate Meriwether, MD (Transfer to GME Fellowship 1/1/13)
 Brenda Pereda, MD
 Joey E. Tyner MD

Maternal Fetal Medicine
 Maternal Fetal Medicine
 Family Planning
 Urogynecology
 Urogynecology
 Urogynecology
 Family Planning
 Maternal Fetal Medicine

Lecturer

Diana Clokey RPh, Health Educator

Maternal Fetal Medicine

EMERITUS FACULTY

Dorothy Barbo MD
 Luis B. Curet MD
 Effie Medford MD
 Gloria Sarto MD PhD

Professor
 Professor
 Assistant Professor
 Professor

JOINT APPOINTMENTS

Carla Herman MD
 Lawrence M. Leeman MD
 Michelle Ozbun PhD
 Renate D. Savich MD

Professor, Internal Medicine
 Professor, Family & Community Medicine
 Professor, Molecular Genetics & Microbiology
 Professor, Pediatrics

HOUSE OFFICERS

HOUSE OFFICER I

Christine Black, MD
Kylie Fowler, MD
Megan Kuhn, MD
Maria Montoya, MD
Saul Rivas, MD
Katie Volpe, MD

MEDICAL SCHOOL

University of Colorado-Denver School of Medicine
University of Washington School of Medicine
University of New Mexico School of Medicine
University of New Mexico School of Medicine
Texas A & M University System HSC College of Medicine
Oregon Health & Science University School of Medicine

HOUSE OFFICER II

Jill Alldredge, MD
Nick Andrews, MD
Samara Knight, MD
Melia Lucero, MD
Mary Sale, MD
Lauren Thaxton, MD

University of New Mexico School of Medicine
University of New Mexico School of Medicine
University of New Mexico School of Medicine
University of New Mexico School of Medicine
Marshall University Joan C. Edwards School of Medicine
Texas Tech University School of Medicine

HOUSE OFFICER III

Biatris Barrera, MD
Sarah Decker, MD
Rachel Goodman, MD
Brad Holbrook, MD
Erin Murata, MD
Anandhi Nadarajah, MD

University of New Mexico School of Medicine
Dartmouth Medical School
Loyola University of Chicago-Stritch School of Medicine
Eastern Virginia Medical School
Pennsylvania State University College of Medicine
Tirundveli Medical College

HOUSE OFFICER IV

Pamela Fairchild, MD
Jessica Highfill, MD
Tanya Pasternack, MD
Kerry Wappett, MD
Richard Wintermute, MD
Sarah Woods, MD

University of North Carolina School of Medicine
University of New Mexico School of Medicine
Ben Gurion Univ. of The Negev-Israel/Columbia University
Medical College of Wisconsin
University of New Mexico School of Medicine
University of Washington School of Medicine

VOLUNTEER CLINICAL FACULTY

Mazin Al Saleh MD	Clinical Assistant Professor
Francisco Ampuero MD	Clinical Assistant Professor
John M. Balentona MD	Clinical Assistant Professor
Michael T. Banchi MD	Clinical Assistant Professor
Peter D. Beale MD	Clinical Assistant Professor
Curtis W. Boyd MD	Clinical Assistant Professor
Matthew C. Brennan MD	Clinical Assistant Professor
Kristina M. Chongsiriwatana	Clinical Assistant Professor
Valeria M. Contreras-Crawley MD	Clinical Assistant Professor
Ronald E. Deyhle MD	Clinical Assistant Professor
Mufaro Dube MD	Clinical Assistant Professor
Michael G. Flax MD	Clinical Associate Professor
Amy Garcia MD	Clinical Assistant Professor
Carmen Gonzalez MD	Clinical Assistant Professor
Seth Heckman MD	Clinical Assistant Professor
C. Javier Hernandez MD	Clinical Assistant Professor
Jean Howe MD	Clinical Assistant Professor
James Hutchison MD	Clinical Professor
Nancy L. Kerr MD, MPH	Clinical Assistant Professor
Abraham Lichtmacher MD	Clinical Associate Professor
Steven J. Lopez MD	Clinical Assistant Professor
Jerry D. McLaughlin II MD	Clinical Assistant Professor
Shanti Mohling MD	Clinical Assistant Professor
Adrienne Moore MD MPH	Clinical Assistant Professor
Nathaniel Ngo MD	Clinical Assistant Professor
Victor Nwachuku MD	Clinical Assistant Professor
Luis A. Padilla-Paz	Clinical Assistant Professor
Joseph Printz MD	Clinical Assistant Professor
Keri L. Rath MD	Clinical Assistant Professor
Jessica L. Roberts DO	Clinical Assistant Professor
Michael S. Ruma MD, MPH	Clinical Assistant Professor
Erika Solis-Gilmore MD	Clinical Assistant Professor
Joseph Szekely MD, MPH	Clinical Assistant Professor
Joel R. Teicher MD	Clinical Associate Professor
Jeannine Valdez MD	Clinical Assistant Professor
Kathleen J. Wilder MD MHS	Clinical Assistant Professor
James Wurzel, MD	Clinical Assistant Professor

PROFESSIONAL STAFF**Certified Nurse Midwives**

Leah Albers DrPH, CNM	Joint Appointment, College of Nursing
Anne Arkin CNM (UNMH)	Maternity & Family Planning Program
A. Noelle Borders CNM	Dept of Obstetrics & Gynecology
Luise Cobb CNM (UNMH)	Maternity & Family Planning Program
Ellen Craig CNM, MS	Urogynecology
Karen S. Forzani CNM (UNMH)	Maternity & Family Planning Program
Sandra Gale CNM (UNMH)	Maternity & Family Planning Program
Kelly Gallagher CNM	Dept of Obstetrics & Gynecology
Irene A. Garden CNM (UNMH)	Maternity & Family Planning Program
Julie Gorwoda CNM	Joint Appointment, College of Nursing
Deborah K. Hill CNM	Dept of Obstetrics & Gynecology
Thanh-Tam Ho CNM	Dept of Obstetrics & Gynecology
Karen Huffine CNM (UNMH)	Maternity & Family Planning Program
Rebecca Jones CNM (UNMH) (resigned 3/8/13)	Dept of Obstetrics & Gynecology
Robyn Lawton CNM	Dept of Obstetrics & Gynecology
Tamara Littles CNM	Dept of Obstetrics & Gynecology
Laura Migliaccio CNM	Division Chief, Certified Nurse Midwifery
Regina Manocchio CNM	Dept of Obstetrics & Gynecology
Felicia Mancini CNM	Dept of Obstetrics & Gynecology
Alexis L. Nolan CNM (resigned 6/30/13)	Dept of Obstetrics & Gynecology
Felina Ortiz CNM	Dept of Obstetrics & Gynecology
Kristen Ostrem CNM	Joint Appointment, College of Nursing
Barbara Overman PhD, CNM	Joint Appointment, College of Nursing
Amy Rabon CNM (resigned 1/8/13)	Dept of Obstetrics & Gynecology
Abigail Reese CNM	Dept of Obstetrics & Gynecology
Marty Rode CNM	Dept of Obstetrics & Gynecology
Diane Smith CNM (resigned 3/1/13)	Dept of Obstetrics & Gynecology
Anna Stryker, CNM	Dept of Obstetrics & Gynecology
Beth Tarrant CNM	Dept of Obstetrics & Gynecology

Certified Nurse Practitioners

Suzette Eaves CNP (UNMH)	Maternity & Family Planning Program
Sonia Chavez CNP (UNMH)	Maternal Fetal Medicine
Rena E. Covell CNP (UNMH)	Maternity & Family Planning Program-Student Health
Linda S. Davis CFNP (UNMH)	Maternal Fetal Medicine
Deborah K. Hill CFNP	Dept of Obstetrics & Gynecology
Samantha Marsh CFNP (UNMH)	Dept of Obstetrics & Gynecology
Nancy McCough CFNP (UNMH)	Maternity & Family Planning Prog-Student Health
Sylvia Z. Price CFNP	Director, Milagro Program
Judith Vergara-Blake CNP (UNMH)	Maternity & Family Planning Program

Genetic Counselors

Kathy Morris MSSW, CGC
Lisa Moss MS, CGC

Maternal Fetal Medicine
Maternal Fetal Medicine

Physician's Assistant

Edwina C. Garcia PA-C
Monique Gaede PA-C UNMMG
Deneen Tomayko PA-C UNMH

Gynecology Oncology
Gynecology Oncology
University of New Mexico Hospital

Research Associates and Technologists

Anne Fullilove, MIS
Lorraine Griner
Elizabeth Hervey
Kathleen Hopkins
Sue Lee
Lula Segura formerly Obdulia Ibarra

Urogynecology
Women's Health Research
Urogynecology
Urogynecology
Urogynecology
Maternal Fetal Medicine

Nutritionists

Jean Cox LN

General Gynecology/Maternity & Family Planning Program

Clinical Staff

Jessie Talavera

General Gynecology, Colposcopy/Breast Clinic

ADMINISTRATIVE STAFF**Clinical Department Administrator II**

Kate Austin

Operations Manager

Barbara Spetalnik

Administrative Support

Karen Box	Urogynecology
Erika Elwell	Administration
Monica Eshner	Administration
Marcia Finical	Administration
Anne Fullilove	Urogynecology
Angela Gonzales	General Gynecology & Obstetrics
Linda Gutierrez	General Gynecology & Obstetrics
Elizabeth Hervey	Urogynecology
Wendy Jay	General Gynecology & Obstetrics
Judy Kay	Urogynecology
Loretta LaCour	Maternal-Fetal Medicine
Arlene Maez	Administration
Shannon Martin	Midwifery
Trisha Mather	Gynecologic Oncology
Gail Mathis	Administration
Linda Montoya	General Gynecology & Obstetrics
Anthony Moya	Maternal-Fetal Medicine
Risela Nava	Urogynecology
Kathryn Ramsay	Family Planning
Lauretta Rigler	Administration
Eric Rodriguez	Urogynecology
Belinda Rosas	Gynecologic Oncology
Nicole Sandoval	Administration
Phyllis Taylor	Administration
Vivian Taylor	Maternal-Fetal Medicine
Shawna Tucker	General Gynecology & Obstetrics
Linda Vigil	Maternal-Fetal Medicine

Computer Support

Matt Cuellar Administration

Education Coordinators

Colleen Moore	Administration
Gloria Cordova	Administration

DIVISIONS AND PROGRAMS

AMBULATORY CARE PROGRAM
Betsy Taylor MD, Director
Carol Schesser, RNC, MSN, Unit Director

The Ambulatory Care Program includes the following outpatient care areas: University Center for Women's Health (UCWH) & Women's Imaging (WI), Reproductive Endocrinology & Infertility (REI), and the Women's Faculty & Midwife Clinic (WFC). This report will reflect the University Center for Women's Health (UCWH) Clinic and the Women's Faculty & Midwife Clinic (WFC), as the other divisions submit separate reports.

UCWH is located on the fourth floor of the Ambulatory Care Center. Hours of operation are M-F, 0800-1700. The physical layout of the clinic includes 9 pods (each with 3 exam rooms, a lavatory and a consult room). There is a treatment room, a laboratory; a conference room; patient education areas; offices for unit director/department secretary, Supervisory nurses, Nurse Practitioner & PA, Spanish interpreter, social services, Patient Service Representative, a billing coder and nutrition counselors. There is a research coordinator that enrolls patients for clinical trials. The following clinics are held:

- General Obstetrics – University Midwives
- High Risk Obstetrics- Maternal Fetal Medicine
- Diabetic Obstetrics
- Young Mother's Group
- Continuity Clinics, OB & GYN (Resident and some faculty Continuity Clinics)
- Gynecology
- Minimally Invasive Surgery (MIS)
- Breast
- Colposcopy/LEEP
- Urogynecology
- Pessary
- Pelvic floor physical therapy

Additionally there are 3 nurse facilitated clinics:

- New Obstetrical Screening Clinic
- Staple Removal Clinic
- Depo/Injection Clinic

Full-time, part-time and clinical volunteer faculty staff UCWH on an assigned basis. Outpatient procedures performed in the clinic include the following: endometrial biopsies, colposcopy with cervical biopsies, LEEP, breast aspirations, vulvar biopsy, incision and drainage, long-acting reversible contraceptives (IUDs and Nexplanons) insertions & removals, limited ultrasound exams, fitting of diaphragms and pessaries, cystometrics and other urogynecology studies.

The number of resident continuity clinics was expanded with the addition of intern continuity clinics. This allows us to offer more continuity of care to patients.

The midwifery service continues to expand their available clinic sessions, allowing more patients access to their care. The pelvic floor physical therapists continue to have a dedicated space in the clinic and have expanded the days they offer appointments.

The Interpreter Language Services Program (ILS) at UNM Hospitals provides on-site interpreters for use in our clinic. We also make use of the polycom video translation system and speaker-phones using a contract translation service.

Several RNs rotate and staff the Nurse Phonenumber, answering patient phone calls, directing patient inquiries to physicians and following up with patients. They also facilitate medication prescriptions by calling for prior authorizations and routing them to the appropriate pharmacy.

WFC is located off-site at 801 Encino, N.E. in the Medical Arts Complex. Hours of operation are M-F, 0800-1700. The physical layout of the clinic includes (4) exam rooms, (1) treatment room, (1) ultrasound room, as well as offices for Providers, RN-Supervisor, and the Office Supervisor.

- There are (4) Attending Physicians who see private patients during the week in this clinic.
- The midwives have one provider Monday thru Thursday and two providers on Friday.
- Ultrasound is available Monday thru Friday.
- Maribeth Price is the RN-Supervisor. She also is the RN-Supervisor over the Reproductive Endocrinology & Infertility Clinic. A new staff nurse, Carey Farmer, RN was hired full time for WFC. Nicole Olguin is the Office Supervisor and also fills the same position at the Reproductive Endocrinology & Infertility Clinic.
- The clinic has been well received by our clients with the convenience of front door parking as well as the increased availability of ultrasound appointments.

BREAST CLINIC**Kathleen A. Kennedy MD, Associate Professor and Director****Faculty and Staff**Kathleen A. Kennedy, MD
Jessie M. TalaveraAssociate Professor, Director
Patient Clinical Support Coordinator

The GYN Breast Clinic is held one half day per week. Consults for patients with breast complaints are seen for benign or malignant lesions. Clinical breast exams are done and self-examination is taught. Appropriate screening or diagnostic studies are done and imaging studies are ordered.

Procedures done in clinic include cyst aspirations and fine needle aspirations. The coordinator assists patients and referring providers with appointments, referrals, obtains mammogram/ultrasound reports, imaging and comprehensive follow-up, and maintains breast database. Coordinator is also responsible for rescheduling patients when a clinic is canceled.

Education:

A resident HO1 rotates through the Breast clinic 6 months of the year, one half day per week, to learn management of benign breast disease, breast examination techniques, ordering of imaging studies, needle aspiration techniques and management of abnormal findings. Also, a phase 3 medical student rotates through the clinic 4 months per year, again, 1 half day per week. The resident works with the faculty supervisor. Residents rotate as scheduled. Protocols have been developed for management. Mammograms and ultrasounds are reviewed for each patient when available.

Research:

Patients with breast cancer are referred to the Cancer Research and Treatment Center for research protocols.

Networking:

Dr. Kennedy participates in the Breast Multidisciplinary Working Group (BMWG). She is also a member of the New Mexico State BCC Committee.

Statistics for Fiscal Year**July 1, 2012 – June 30, 2013**

PATIENT APPOINTMENTS:	284
ACTUAL PATIENT VISITS:	154
BCC CONSULTS:	67
FINE NEEDLE ASPIRATIONS:	2
GENERAL SURGERY REFERRALS:	4

FAMILY PLANNING DIVISION
Eve Espey MD, MPH, Professor & Division Chief

FACULTY AND STAFF**Faculty**

Eve Espey MD MPH
Professor, Department of OB/GYN
Chief, Division of Family Planning
Medical Director, UNM Center for Reproductive Health
Director, Fellowship in Family Planning

Rameet Singh, MD, MPH
Assistant Professor, OB/GYN
Associate director, Fellowship in Family Planning

Brenda Pereda, MD
Assistant Professor, OB/GYN
Director, Ryan Training Program

Tony Ogburn, MD
Professor, OB/GYN

Shannon Carr, MD
Family Planning Fellow

Emily Schneider, MD
Family Planning Fellow

Administrative Staff

Kirstin Ramsay
Eddie Dunnington
Cheryl Miller
Program Coordinator, Family Planning Fellowship
Administrative Assistant III
Administrative Assistant III

Research Staff

Anne Fullilove
Michelle Chungtuycyo
Chloe Sharp
Research Information Specialist, Family Planning
Research Assistant, Family Planning
Research Assistant, Family Planning

Clinical Staff

Sonrisa Garcia
Sherry Harrison
Ryan Mireles
Andrea Gallegos
Estella Zapata
Nurse Manager
Nurse
Medical Assistant
Office Supervisor
Patient Service Coordinator

Staff changes

- Dr. Brenda Pereda, our finishing fellow, will become our newest faculty member whose responsibilities are partly in the Division (.7) and partly at SRMC (.3)
- Dr. Emily Schneider will become our first year family planning fellow

- Anne Fullilove was hired to coordinate research in our Division
- Kirstin Ramsay, Edie Dunnington and Cheryl Miller were hired for administrative support for the Division and the fellowship.

The Division of Family Planning began in July, 2012, and is dedicated to creating and maintaining a center of excellence in family planning clinical care, education and research. The Division is responsible for delivering high quality reproductive health care to patients, to educating and training medical students, residents and family planning fellows about current family planning and abortion methods and for furthering knowledge in family planning and abortion through research. Additionally, the Family Planning Division is engaged in advocacy activities and education to promote women's health.

UNM Center for Reproductive Health

The UNM Center for Reproductive Health (CRH) has been open for 6 years and is active in clinical service, resident, fellow and medical student education and research. We hold clinic all days of the week at the CRH: Clinics consist of Family Planning ½ days, abortion ½ days and vasectomy ½ days. The clinic remains successful in the delivery of high quality care for 1st trimester pregnancy complications, contraception, abortion, and for some prenatal and gynecologic care. Similarly, we continue to receive high ratings from medical students and residents and fellows who rotate through the clinics. We exceeded volume and expected budget and are financially self-sustaining; review of our year-end financials demonstrated a positive balance after all management fees and taxes. We have developed a plan for expansion of clinical space and a business plan for expansion of services, approved through the UNMMG Finance Committee and Council of Chairs:

- 9-year lease signed at 2301 Yale Street, an 8,000 sq ft space from our current 2,000 sq ft space. Build-out has begun; move will occur in February, 2014
 - 6,000 sq ft - CRH
 - 2,000 sq ft – YWC: Collaboration between OB-GYN and Pediatrics with development of business plan/services approved to open a new clinic, The Young Women's Clinic (YWC) with shared clinical and administrative space and functions with CRH.
- Hired a nurse manager in 2012: Required for a larger clinical enterprise and for quality assurance activities, outreach, marketing as well as AAAHC accreditation development activities.
- Hire an additional MA prior to Yale clinic move.
- Hire an additional family planning faculty member: Required for additional clinical activity and the reduction in FTE by Dr. Singh; interview of applicants is underway

Clinical Care

We offer a variety of clinical services at CRH, including family planning, contraception and abortion. We serve as specialists in the care of first trimester pregnancy complications and provide continuity to patients with suspected ectopic pregnancy, ensuring timely required interventions to prevent morbidity. Additionally, we see private patients for obstetric care and for gynecologic care. We provide PO and conscious sedation under comprehensive approved protocols. We receive referrals from Genetics clinics at UNM and the private sector, physicians at UNM and providers throughout the state and perform outreach to receive referrals from the M&FP clinics, Student Health, Indian Health and others. We receive referrals for complicated family planning patients from community partners, and are acknowledged experts in the state for family planning. We continue with state-wide mailings and are following up with local presentations. We have experienced a steady increase in volume and will increase marketing activities prior to the move to the new clinic. In the following year we also plan to:

- Initiate outpatient endometrial thermal ablation
- Develop a menstrual disorders clinic in conjunction with the Gynecology Division.

Outreach

In their roles as contraceptive experts, Drs. Espey, Singh, Pereda and Ogburn continue with CME presentations on first trimester pregnancy complications, contraception and abortion. Clinic staff members have done specific outreach at M&FP and Student Health.

Local, Regional and National involvement in Family Planning

Locally, Drs. Espey, Singh, Pereda and Ogburn are involved in a variety of educational activities in Family Planning.

- Lectures and presentations to medical students and residents
- Nexplanon trainers – Dr. Espey and Ogburn
- Department of Health Contract to remove deeply implanted contraceptive implants
- Grand Rounds presentations both locally and regionally
- Bi-monthly Journal Club in Family Planning
- Ryan program curriculum: All faculty participate in teaching the weekly curriculum
- Visiting professorships and regional Grand Rounds presentations
 - Dr. Espey: University of Arizona, University of Iowa
 - Dr. Ogburn: University of Indiana
- Regional family planning involvement
 - ACOG District Legislative Chair – Dr. Ogburn
 - ACOG New Mexico Section Legislative Chair – Dr. Espey

- National family planning involvement
 - Society of Family Planning - Dr. Espey is President-Elect
 - ACOG – Dr. Espey chairs the Committee on Underserved Women
 - ACOG – Dr. Espey chairs the LARC Working Group
 - National Campaign to Prevent Teen/Unplanned Pregnancy – Dr. Espey Chairs the Medical Advisory Committee and Dr. Pereda is a member

Education

Ob/Gyn interns participate in a 2 month rotation at the CRH and 4th year residents participate in an Advanced Family Planning rotation in July. The 4th year residents' goals include refreshing 1st trimester abortion skills, 2nd trimester abortion skills and ambulatory procedures including in-office hysteroscopy. We initiated in-office Essure in 11/09 and this project is appreciated by residents and is profitable. Interns highly rate their educational experience. The CRH accommodates 4 medical students per 8 week rotation; the rotation is popular. Dr. Espey serves as faculty mentor for Medical Students for Choice and the UNM Sex Education Project. New developments:

- Completed a comprehensive fellows' didactic curriculum
- Initiated case-based drills for medical emergencies in the outpatient setting.

Fellowship

We were successful in last year's family planning fellowship match and are training our third Family Planning fellow. Additionally, we completed interviews for this year's applicants and anticipate an incoming fellow in July after the end-October match results. We anticipate adequate clinical volume and research opportunities to support the fellowship. We have:

- Created a liaison with the Masters in Clinical Research program, integrating the achievement of this degree (adapted for an emphasis family planning/abortion) into our fellowship program
- Hired a research coordinator to oversee all research activities of the Division.
- Improved fellow mentoring with twice monthly teachings and one-on-one mentoring.

Research

The Division has several ongoing research projects in the domains of family planning and abortion. Advances this year:

- Received the Roy Pitkin Award for best paper in Obstetrics and Gynecology—report of our RCT on progestin-only vs. combined pills
- Publication in press of a prospective meta-analysis exploring the use of misoprostol for cervical ripening in nulliparous women obtaining an IUD.
- Significant increase in grant proposals and several successful grant applications (see below).
- Mentoring multiple residents, medical students and fellows for their research projects.

- 5 accepted abstracts to the North American Forum for Family Planning. Accepted national presentations in APGO, ACOG and NAF.

Pending Grant Funding

Project Title: Nitrous Oxide for Pain Management of First Trimester Abortion
 Principal Investigator: **Rameet Singh, MD MPH**
 Percent Effort: 0%
 Co- Principal Investigator: Melia Lucero, MD
 Funding Organization: Seligman Fund/Dr. Rayburn
 Budget Anticipated: \$1,500
 Status: Award Pending

Project Title: Nitrous Oxide for Pain Management of IUD Device Insertion
 Principal Investigator: **Rameet Singh, MD MPH**
 Percent Effort: Pending
 Co- Principal Investigator: Lauren Thaxton, MD
 Funding Organization: Society of Family Planning
 Budget Duration: 10/1/2013-9/30/2015
 Budget Anticipated: \$15,000

Project Title: Nitrous Oxide for Pain Management of IUD Device Insertion
 Principal Investigator: **Rameet Singh, MD MPH**
 Percent Effort: 0%
 Co-Principal Investigator: Lauren Thaxton, MD
 Funding Organization: Seligman Fund/Dr. Rayburn
 Budget Duration: 10/1/2013-9/30/2014
 Budget Anticipated: \$1,500

Project Title: BLIS: Breastfeeding Levonorgestral IUD Study
 Principal Investigator: **Eve Espey, MD MPH**
 Percent Effort: 2%
 Funding Organization: University of Utah (Subaward)
 Award Date Anticipated: 8/1/2013
 Budget Duration: 10/1/2013-6/30/2015
 Budget Anticipated: \$49,734

Project Title: Post-Partum IUD Insertion Pain Study
 Principal Investigator: **Rameet Singh, MD MPH**
 Percent Effort: 0%
 Co-Principal Investigator: **Shannon Carr, MD**
 Funding Organization: Society of Family Planning Research Fund
 Award Date Anticipated: 9/19/2013
 Budget Duration: 7/1/2013-6/30/2014
 Budget Anticipated: \$68,518

Project title: RSEP-Resident Self-Efficacy Program
 Principal Investigator: **Eve Espey, MD MPH**
 Percent Effort: 0%
 Funding Organization: APGO
 Award Date: 7/24/2013
 Budget Duration: 7/16/2013-7/15/2014
 Amount Awarded: \$12,269

Project title: Nitrous oxide pain management of intrauterine device
 insertion in nulliparous women
 Principal Investigator: **Rameet Singh, MD MPH**
 Percent Effort: 0%
 Funding Organization: Society for Family Planning
 Award Date: 7/24/2013
 Budget Duration: 7/1/2013-6/30/2014
 Amount Awarded: \$15,000

Project title: Evaluation of a simulation-based patient safety curriculum to
 improve resident self-efficacy and performance in medical
 emergencies in the outpatient setting (RSEP)
 Principal Investigator: **Eve Espey, MD MPH**
 Percent Effort: 0%
 Funding Organization: UNM Teacher and Educational Development
 Award Date: 7/1/2013
 Budget Duration : 3/1/2013-2/28/2015
 Amount Awarded: \$10,000

Project Title: Increasing LARC use with Improved Contraception
 Counseling Among Methadone-Using Women
 Principal Investigator: **Tony Ogburn, MD**
 Percent Effort: 0%
 Co-Principal Investigator: Mary Sale, MD
 Funding Organization: Alpha Omega Alpha Honor Society
 Award Date Anticipated: 6/24/2013
 Budget Duration: 7/1/2013-7/31/2014
 Budget Anticipated: \$2,000

Project Title: Reproductive Health Counseling in Reproductive-Aged Women Diagnosed with Non-gynecologic Cancer

Principal Investigator: **Tony Ogburn, MD**

Percent Effort: 0%

Co-Principal Investigator: Samara Knight, MD

Funding Organization: Seligman Fund/Dr. Rayburn

Award Date Anticipated: Pending

Budget Duration: Pending

Budget Anticipated: \$1,500

Current Grant Funding

Project title: Fellowship in Family Planning

Principal Investigator: **Eve Espey, MD MPH**

Percent Effort: 7.7%

Funding Organization: Anonymous Non Profit Foundation

Award Date: 6/19/2013

Budget Duration : 7/1/2013-6/30/2014

Amount Awarded: \$338,109

Project title: The voice of Latino adolescent parents: Barriers to use of contraception, a focus group approach

Principal Investigator: **Rameet Singh, MD MPH**

Percent Effort: 0%

Co-Principal Investigator: **Brenda Pereda, MD**

Funding Organization: Society for Family Planning Research Fund

Award Date: 11/21/2012

Budget Duration : 8/1/2012-7/31/2013

Amount Awarded: \$69,207

Project title: Fellowship in Family Planning

Principal Investigator: **Eve Espey, MD MPH**

Percent Effort: 20%

Funding Organization: Anonymous Non Profit Foundation

Award Date: 6/27/2012

Budget Duration: 7/1/2012-06/30/2013

Budget Awarded: \$330,229

Project Title: Nitrous Oxide for Pain Management of First Trimester Abortion

Principal Investigator: **Rameet Singh, MD MPH**

Percent Effort: 0%

Funding Organization: UNM HSC Research Allocation Committee

Award Date: 6/30/2012

Budget Duration: 7/1/2012-6/30/2013

Amount Awarded: \$10,000

PUBLICATIONS AND PRESENTATIONS

Publications

Leeman L, Mignon A. Maternal Collapse chapter in Maternal Critical Care: A Multidisciplinary Approach Marc van de Velde (Editor), Helen Scholefield (Editor), Lauren A. Plante (Editor) Cambridge University Press July 2013.

Leeman, LM, Beagle, M, **Espey, E.**, Ogburn, T., Skipper, B. Diminishing Availability of Trial of Labor After Cesarean Delivery in New Mexico Hospitals. *Obstet Gynecol.* 2013 Aug;122(2 Pt 1):242-7. doi: 10.1097/AOG.0b013e31829bd0a0.

Long, Stephanie, **Leeman Lawrence**. Treatment Options for High-Grade Squamous Intraepithelial Lesions. *Obstet Gynecol Clin North Am.* 2013 Jun;40(2):291-316. doi: 10.1016/j.ogc.2013.03.004.

Singh RH, Zenilman JM, Brown KM, Madden T, Gaydos C, Ghanem KG. The role of physical examination in diagnosing common causes of vaginitis:a prospective study. *Sex Transm Infect.* 2013 May;89(3):185-90. doi: 10.1136/sextrans-2012-050550. 2012 Sep 27 [Epub ahead of print]

Borders, Noelle, Wendland, Claire, Haozous, Emily, **Leeman Lawrence**, Rogers, Rebecca. Midwives' verbal support of nulliparous women in second stage labor. Article first published online: 18 APR 2013 DOI: 10.1111/1552-6909.12028 © 2013 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses.

Carr S, Espey E. Intrauterine devices and pelvic inflammatory disease among adolescents. *J Adolesc Health.* 2013 Apr;52(4 Suppl):S22-8. doi: 10.1016/j.jadohealth.2013.01.017.

Leeman L. Exercise During Pregnancy: A Marathon Runner's Story *Am Fam Physician.* 2013 Apr 1;87(7):47

Bakhireva LN, Savich RD, Raisch DW, Cano S, Annett RD, **Leeman L**, Garg M, Goff C, Savage DD. The Feasibility and Cost of Neonatal Screening for Prenatal Alcohol Exposure by Measuring Phosphatidylethanol in Dried Blood Spots. *Alcohol Clin Exp Res.* 2013 Feb 19.

Espey, E. Levonorgestrel intrauterine system—first-line therapy for heavy menstrual bleeding. *N Engl J Med.* 2013 Jan 10; 368(2):184-5.

Singh R, Espey E. Leveraging long-acting reversible contraceptives (LARCs): three cases in Contraception. *Contemporary Ob/GYN* 2012 Dec; 57(12):26-36, Retrieved at http://digital.healthcaregroup.advanstar.com/nxtbooks/advanstar/obgyn_201212/#/28.

Bakhireva LN, Cano S, Rayburn WF, Savich RD, **Leeman L**, Anton RF, Savage DD. Advanced gestational age increases serum carbohydrate-deficient transferrin levels in abstinent pregnant women. *Alcohol Alcohol*. 2012 Nov;47(6):683-7.

Ogburn JA, Espey E, Pierce-Bulger M, Waxman A, Allee L, Haffner WH, Howe J. Midwives and obstetrician-gynecologists collaborating for Native American women's health. *Obstet Gynecol Clin North Am*. 2012 Sep;39(3):359-66. doi: 10.1016/j.ogc.2012.05.004. Epub 2012 Aug 11.

Invited Lectures and Presentations

Singh, RH. May 7, 2013, LARC in 2013: Getting the Most from IUDs and Implants, Interactive Clinical Seminar, ACOG 61st Annual Clinical Meeting, New Orleans, LA.

Espey, E, Ogburn T. May 6, 2013, Contraception: What You Need to Know in 2013, ACOG Annual Clinical Meeting, New Orleans, LA.

Espey, E. May 6, 2013, Making the Connection: Reproductive Health and Partner Violence, ACOG Annual Clinical Meeting, New Orleans, LA.

Singh, RH. May 6, 2013, Immediate Postpartum IUD Insertion, Lunch with the Experts, ACOG 61st Annual Clinical Meeting, New Orleans, LA.

Carr, SC. May 2013, Immediate post-placental IUD insertion, Fellowship in Family Planning Annual Meeting, New Orleans, LA.

Carr, SC, Pereda B. May 2013, Simulation Training in Family Planning: Hemorrhage Simulation, Fellowship in Family Planning Annual Meeting, New Orleans, LA.

Espey, E April 26, 2013: Global Impact of Abortion, Resident and Fellow Research Day, University of Arizona College of Medicine, Tucson, AZ.

Ogburn, T. April 26, 2013, Urinary Incontinence, Preconception and Prenatal Care, Update in Sexually Transmitted Diseases, Update in Contraception, ACOG/IHS Update in Women's Health, Window Rock, AZ.

Ogburn, T. April 17th, 2013, What's new in Family Planning – 2013, ACOG Indiana Section Annual Meeting, Indianapolis, IN.

Espey, E. November 6, 2012, Lactation and Contraception, University of Iowa Grand Rounds, Iowa City, IA.

Espey, E. October 26, 2012, UNM FOIA Update, Society of Family Planning Directors Meeting, Denver, CO.

Espey, E. October 28, 2012, Opportunities for family planning leadership within ACOG, North American Forum on Family Planning, Denver, CO.

Ogburn, T., October 17, 2012, Strategies to Decrease Unintended Pregnancy, Northern Navajo Medical Center, Shiprock, NM.

Espey, E. October 10, 2012, Integrating PPIUD Training into Service Delivery: Choosing Partners, Patients and Participants, XX FIGO World Congress of Gynecology and Obstetrics, Rome, Italy.

Ogburn, T. September 12, 2012, Management of 1st Trimester Pregnancy Complications, Zuni Comprehensive Health Center, Zuni, NM

Ogburn, T. September 4, 2012, Contraceptive Update, Project ECHO, Albuquerque, NM

Ogburn, T. August 13-15, 2012, Prenatal Care, Evaluation of Incontinence, Contraceptive Update, Gyn procedures – a hands on workshop, ACOG/IHS Women's Health Care Seminar, Salt Lake City, UT

Ogburn, T. July 19, 2012, Resident Recruitment: Ploys, Plunders and Parades, CREOG Educational Retreat, San Francisco, CA

FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY
Rebecca G. Rogers MD, Professor, Division Chief

Attending Faculty

Rebecca Rogers, MD
 Yuko Komesu, MD
 Gena Dunivan, MD

Professor
 Associate Professor
 Assistant Professor

Fellows

Brook McFadden, MD
 Sara Cichowski, MD
 Kate Meriwether, MD

3rd Year Fellow
 2nd Year Fellow
 1st Year Fellow

Administration

Judy Kay
 Danielle Davies (8/2012 – 1/2013)
 Debra Benavidez

Program Coordinator
 Administrative Assistant III
 Administrative Assistant III

Research

Anne Fullilove, MIS
 Elizabeth Hervey, BS
 Risela Nava
 Erica Rodriguez
 Susan Lee
 Kathleen Hopkins
 Carol Hartenberger, RN
 Julia Middendorf, RN
 Amada Summers
 Courtney Stevenson

Information Specialist
 Program Specialist (100% time)
 Administrative Assistant III (100% time)
 Administrative Assistant III (100% time)
 Research Coordinator (100% time)
 Research Coordinator (100% time)
 Research Nurse (40% time)
 Research Nurse (40% time)
 Research Assistant – Student (50% time)
 Research Assistant – Student (50% time)

Pessary Specialists

Ellen Craig, CNM
 Marty Rode, CNM
 Abby Reese, CNM

Nurse Midwife (20% time)
 Nurse Midwife (20% time)
 Nurse Midwife (20% time)

Pelvic Floor Imaging

Rebecca Hall, PhD

Imaging Specialist (30% time)

Physical Therapy

Barbara White, PT
 Christy Miller, PT
 Erin Yane, PT

Physical Therapy (40% time)
 Physical Therapy (40% time)
 Physical Therapy (40% time)

Nursing

Peggy Gurule, RN
 Gwendy Beer, RN

Nurse Specialist
 Nurse Specialist

Medical Assistants

Tiana Taylor
 Dulce Coronado
 Marsha Gray

Medical Assistant (100% time)
 Medical Assistant (100% time)
 Medical Assistant (100% time)

Reception

Erika Merino
 Antoinette Carabajal

Outpatient Clerk (100% time)
 Outpatient Clerk (100% time)

Appointments this academic year

Ellen Craig, CNM

Julia Middendorf, RN

Kathleen Hopkins

Gregg Kanter, MD

Peter Jeppson, MD

Nurse Midwife (10% time)
 Research Nurse (40% time)
 Research Coordinator (100% time)
 Fellow
 Assistant Professor

Separations of Faculty/Staff

Brook McFadden, MD

Anne Fullilove, MIS

Danielle Davies

Graduated Fellow
 Information Specialist
 Administrative Assistant

In addition to the above listed personnel, the Division has two residents and one medical student on rotation at all times. The resident staff includes one senior (HO-IV) and one second-year (HO-II) resident at three-fourths time. In addition, residents and fellows rotate on the service from Geriatrics and Family Medicine periodically for their urology experience.

Significant Developments during the Academic Year 2012-13Service

The Urogynecology Division provides the supervision of fellows, residents and medical students in the Urogynecology clinics, operating room, and for the urogynecologic consult service. Each faculty member has one and a half to two full days of clinic and a single day of operating room service. The division also staffs two half day ultrasound clinics weekly. There are two and a half days of pessary clinics and five full days of physical therapy for women with pelvic floor disorders. In addition, the attending physicians cover general gynecology back up 5 days a month as well as coverage for the urogynecology service 7 days a month on evenings, weekends and holidays.

Services offered in the outpatient clinics include complete evaluation of referral patients for treatment of pelvic floor disorders including urinary and anal incontinence, pelvic organ prolapse, chronic pelvic pain as well as women requiring complicated pelvic reconstructive procedures. Outpatient procedures include pessary fitting, vaginal irrigations, cystoscopy, trigger point injections, catheterization, urodynamic evaluation as well as ultrasonographic imaging of the pelvic floor in addition to routine gynecological care including endometrial biopsy, vulvar biopsies, and peri-urethral bulking procedures. In the clinic setting we also offer outpatient Botox injections for overactive bladder.

The utilization of operating room time by the urogynecologic surgical service ranks highly - it is the second busiest surgical division within the Department. For the majority of the operating days, the Urogynecology surgical team is comprised of a HO2 and HO4, one of the Urogynecology fellows, and an attending. This team is responsible for

the more complicated hysterectomies, laparoscopies and pelvic reconstructive surgeries that the Department performs.

The Urogynecology service provides consultation to the gynecological clinics of UNMH as well as to the general UNMH faculty. In addition, it services women throughout New Mexico, Southern Colorado, Eastern Texas and Western Arizona.

This year, the Division has expanded our services to see patients at the newly opened SRMC. We staff a full day of OR as well as one and half days of clinic. This year this will be expanding to three days of clinic and one and a quarter days of OR.

As projected, the Division saw over > 1,000 new patients this year as well as nearly 5,000 patients on return visits.

Teaching

Division members are involved in medical student teaching as well as proctoring of medical student research. Division members are involved in Phase II of the medical school curriculum as lecturers, and attending physicians in clinic. Students regularly rotate on the division and attend the resident and divisional conferences.

Weekly divisional conferences for the residents include: pre-op reviews, virtual surgery, as well as weekly patient care conferences (Thursday 8am and urodynamics and literature review Thursday afternoon) and didactics on surgery, anatomy and pelvic reconstructive issues. A weekly journal club reviews current literature regarding pelvic floor disorders. Residents participate in an UNMMG in-service training to receive instruction on billing. The Division participates in the ongoing gynecologic M and M conferences. In addition to ongoing didactics while residents and medical students are on service, we sponsor several surgical workshops annually, including two perineal laceration workshops, a two-day workshop on pelvic anatomy, and a hysterectomy workshop.

The division currently has three fellows in an accredited fellowship in Female Pelvic Medicine and Reconstructive Surgery, which was transitioned to oversight from the ACGME this year. The PIF was submitted to the ACGME and received approval for the maximum number of years. In addition, there were no comments for improvement of fellow training from the review. Teaching activities for the fellows include weekly didactic and research meetings as well as attendance at all of the above didactic sessions for the residents. This year, Dr. K Meriwether was awarded the best fellow research award. All three current fellows gained medical student teaching awards. Dr. Brook McFadden was awarded the best fellow teacher by the residents in June 2012, as have Drs. C Lewis, Sam Abed, Tola Omotosho and Sarah Hammil in prior years.

Other teaching activities include participation in the CTSC; Dr. Rogers is the course director for the Grantsmanship course of the Master's program and serves on that programs' steering committee. In addition, this year, Dr. Rogers will continue to be the

course director for a national lecture series on grantsmanship for the American Urogynecologic Society. Other national participation in CME courses includes lecturing at the annual clinical meeting of the American College of Obstetrics and Gynecology (ACOG), American Urogynecology Society (AUGS) and the Society of Gynecological Surgeons (SGS) and the International Urogynecologic Society (IUGA). Dr. Komesu serves on the prestigious research committee for AUGS, and Dr. Dunivan on the AUGS Educational Committee. In addition, Dr. Jeppson is the immediate past fellow's leader and Dr. Cichowski has assumed that position this year.

Dr. Rogers served as the committee chair for Dr. Deanna Mercer's and Dr. Mamta Mamik's Master's Committee of Studies- Dr. Mercer was awarded her degree with distinction and Dr. Mamik completed her studies; in addition, she serves as a member of Ms. Saiki, RN, thesis committee for her PhD. Drs. Komesu, Dunivan and Jeppson all mentor medical students throughout the year during their rotation on Obstetrics and Gynecology.

The division also interacts extensively with other services within the University of New Mexico including a rotation of geriatric fellows to learn pessary fitting and evaluation of elderly women with pelvic floor disorders. Senior family practice residents rotate through the urogynecology clinic to gain expertise in the outpatient treatment of urinary incontinence.

The Urogynecology Division has a very busy pessary clinic staffed by three Certified Nurse Midwives actively engaged in educating mid-level providers about pelvic floor disorders, as well as working on several research projects involving women with pelvic floor disorders following pregnancy.

Educational outreach to the general UNMH community includes grand rounds and clinical in-services for various departments within the school of medicine. In the Spring of 2012, the Division sponsored an outreach to Acoma Pueblo, where division members presented to Acoma elders regarding pelvic floor dysfunction; the division has been invited to return to present again to our Elder Native Americans.

Dr. Dunivan served as a mentor for the Undergraduate Pipeline Network (UPN) with the assistance of Dr. Rogers and Dr. McFadden.

National education outreach includes teaching at the annual clinical meetings listed above. Additionally the division participated in or coordinated the following Postgraduate Courses: ACOG: Advanced surgical skills, AUGS annual meeting, Fellows training course, SGS Systematic Review Group and Fellows Pelvic Floor Network.

Awards, Honors, and Achievements and Publications by Program and Faculty during the past academic year:

Regents' Professorship Award, University of New Mexico, 2010-2013 – Rebecca Rogers

Invitation to Dr Dunivan and Dr Rogers to speak at the NIH State of Science meeting in Washington DC on fecal incontinence

Medical student teaching awards: Drs Dunivan, Cichowski, Meriwether, McFadden

Best Fellow Research Project – Kate Meriwether

Fellow Liaison to the AUGS Board – Sara Cichowski

Acceptance to AUGS Leadership Academy, 2013 – Gena Dunivan

Dr. Rebecca Rogers**National Positions/Boards/Committees**

1. Milestones Committee Member, AAMC, Obstetrics and Gynecology REC 2013-present
2. Publications Committee Chair, Pelvic Floor Disorders Network, 2012-present
3. ACOG Executive Board – subspecialty liaison for FPMRS
4. ACOG Gynecology Practice Bulletin Committee member
5. ACOG Gynecology Committee Opinion, Urogynecology sub-committee member
6. Associate Editor, International Urogynecology Journal
7. Editorial Board member, Obstetrics and Gynecology
8. Consultant Editor, Obstetrics and Gynecology
9. Examiner, American Board of Obstetrics and Gynecology
10. Member, American Board of Obstetrics and Gynecology Maintenance of Certification Committee for FPMRS
11. Steering Committee member, NICHD Pelvic Floor Disorders Network

12. Member, International Urogynecology Association, Sexual Function special interest group
13. Data Safety Monitoring Board Chair for TRANSFORM trial sponsored by AMS

University of New Mexico Positions/Boards/Committees

1. Vice-Chair, Research, Department of Obstetrics and Gynecology, 2012-present.
2. Fellowship Director
3. Division Chair
4. Member Department Executive Committee
5. Member, Steering committee for the Master's in Clinical Research
6. Member SAGE committee for the CTSC

Books Published

1. Rogers RG, Editor, Sung V, Iglesia C, Thakar R. Book: "Female Pelvic Medicine and Reconstructive Surgery". McGraw Hill 2013 Jun; ISBN: 978-0-07-175641-9.

Publications

1. Cichowski SB, Dunivan GC, Komesu YK, Rogers RG. "Sexual Abuse History and Pelvic Floor Disorders in Women." *Southern Med J*. June 2013 [*in press*]
2. McFadden BL, Constantine ML, Hammil SL, Tarr ME, Abed HT, Kenton KS, Sung VW, Rogers RG. Patient recall 6 weeks after surgical consent for midurethral sling using mesh. *Int Urogynecol J*. 2013 Jul 2. [Epub ahead of print]
3. Dunivan GC, Cichowski SB, Komesu YM, Fairchild PS, Anger JT, Rogers RG. Ethnicity and variations of pelvic organ prolapse bother. *Int Urogynecol J*. 2013 Jun 27. [Epub ahead of print]
4. Mamik MM, Rogers RG, Qualls CR, Komesu YM. Goal attainment after treatment in patients with symptomatic pelvic organ prolapse. *Am J Obstet Gynecol*. 2013 Jun 13. doi:pii: S0002-9378(13)00619-4. 10.1016/j.ajog.2013.06.011. [Epub ahead of print]
5. Antosh DD, Grimes CL, Smith AL, Friedman S, McFadden BL, Crisp CC, Allen AM, Gutman RE, Rogers RG; Fellows' Pelvic Research Network. *Int J Gynaecol Obstet*. 2013 May 22. doi:pii: S0020-7292(13)00213-0. 10.1016/j.ijgo.2013.03.014. [Epub ahead of print]

6. Hess R, Huang AJ, Richter HE, Ghetti CC, Sung VW, Barrett-Connor E, Gregory WT, Pinkerton JV, Bradley CS, Kraus SR, Rogers RG, Subak LL, Johnson KC, Arya LA, Schembri M, Brown JS. Am J Obstet Gynecol. Long-term Efficacy and Safety of Questionnaire-based Initiation of Urgency Urinary Incontinence Treatment. 2013 May 6.
7. Rockwood TH, Constantine ML, Adegoke O, Rogers RG, McDermott E, Davila GW, Domoney C, Jha S, Kammerer-Doak D, Lukacz ES, Parekh M, Pauls R, Pitkin J, Reid F, Ridgeway B, Thakar R, Sand PK, Sutherland SE, Espuna-Pons M. The PISQ-IR: considerations in scale scoring and development. Int Urogynecol J. 2013 Apr 30.
8. Rogers RG, Espuña Pons ME. The Pelvic Organ Prolapse Incontinence Sexual Questionnaire, IUGA-revised (PISQ-IR). Int Urogynecol J. 2013 Apr 30.
9. Khan AA, Sevilla C, Wieslander CK, Moran MB, Rashid R, Mittal B, Maliski SL, Rogers RG, Anger JT. Communication barriers among spanish-speaking women with pelvic floor disorders: lost in translation? Female Pelvic Med Reconstr Surg. 2013 May-Jun;19
10. Borders N, Wendland C, Haozous E, Leeman L, Rogers R. Midwives' Verbal Support of Nulliparous Women in Second-Stage Labor. J Obstet Gynecol Neonatal Nurs. 2013 Apr
11. Sung VW, Rogers RG, Barber MD, Clark MA. Conceptual Framework for Patient-Important Treatment Outcomes for Pelvic Organ Prolapse. Neurourol Urodyn. 2013 Mar
12. Sevilla C, Wieslander CK, Alas AN, Dunivan GC, Khan AA, Maliski SL, Rogers RG, Anger JT. Communication between physicians and Spanish-speaking Latin American women with pelvic floor disorders: a cycle of misunderstanding? Female Pelvic Med Reconstr Surg. 2013 Mar-Apr
13. Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The association between fecal incontinence and sexual activity and function in women attending a tertiary referral center. Int Urogynecol J. 2013 Feb 7.
14. Sevilla C, Wieslander CK, Alas A, Dunivan G, Khan A, Maliski S, Rogers R, Anger JT. The pessary process: Spanish-speaking Latinas' experience. Int Urogynecol J. 2012 Dec
15. Anger JT, Lee UJ, Mittal BM, Pollard ME, Tarnay CM, Maliski S, Rogers RG. Health literacy and disease understanding among aging women with pelvic floor disorders. Female Pelvic Med Reconstr Surg. 2012 Nov-Dec

16. Rogers RG. What is new in female pelvic medicine and reconstructive surgery? Best articles from the past year. Obstet Gynecol. 2012 Nov
17. Rogers RG. What is new in female pelvic medicine and reconstructive surgery? Best article from the past year. Obstet Gynecol 2012 Nov; 120(5): 1205-6.

Invited Lectures

1. March 2, 2013. "Measuring Sex and Other Unmeasurables." International Society for the Study of Women's Sexual Health (ISSWSH), New Orleans, LA.
2. February 22, 2013. Complex Clinical Cases – Stump the Professor. 2013 Annual Women's Health Conference, University of New Mexico, Albuquerque, NM.
3. September 21, 2012. Grand Rounds: "To Mesh or not to Mesh: Implications of the FDA Notifications on Mesh of Reconstructive Surgery." Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque, NM.
4. August 15-17, 2012. "Female Sexual Function and Dysfunction Associated with Pelvic Disorders and Treatments." International Academy of Pelvic Surgery (IAPS), Annual Fellows' Program, Cincinnati, OH.

Dr. Gena Dunivan

Honors and Awards

1. American Urogynecologic Society Leadership Program 2013-2015
2. Outstanding Contributions to University of New Mexico School of Medicine Medical Student Education, May 2013
3. Appointed a NM Cares Health Disparities Fellow, December 2012 – present.
4. Member of UNM Medical Leadership Academy 2012-2014

Memberships in Professional Societies

1. Society of Gynecologic Surgeons, Member 2013- Present
2. International Continence Society (ICS), Member 2012 - Present

Invited Lectures

1. August 19th, 2013 NIH/NIDDK Workshop Developing a Clinical Research Agenda for Fecal Incontinence: "Barriers to Consulting and Screening for Fecal Incontinence" Lister Hill Auditorium, NIH Campus, Bethesda, Maryland.

Publications

1. Cichowski SB, Dunivan GC, Komesu YK, Rogers RG. "Sexual Abuse History and Pelvic Floor Disorders in Women." Southern Med J. June 2013 [*in press*]
2. Alas A, Bergman J, Dunivan G, Rashid R, Morrisroe S, Rogers R, Anger J. Readability of Common Health-Related Quality-of-Life Instruments in Female Pelvic Medicine. 2013 Sept-Oct; 19(5):293-297.
3. Dunivan G, Cichowski S, Komesu Y, Fairchild P, Anger J, Rogers R. Ethnicity and Variations of Pelvic Organ Prolapse Bother. Int Urogynecol J Pelvic Floor Dysfunction. 2013 [*in press*]
4. Cichowski SB, Komesu YK, Dunivan GC, Rogers RG. The Association between Fecal Incontinence and Sexual Activity and Function in Women Attending a Tertiary Referral Center. Int Urogynecol J Pelvic Floor Dysfunction. 2013 Feb 7. [*Epub ahead of print*]
5. Sevilla C, Wieslander C, Alas Alexandriah, Dunivan G, Khan A, Maliski S, Rogers R, Anger J. Communication between physicians and Spanish-speaking Latin American women with pelvic floor disorders: a cycle of misunderstanding? Female Pelvic Med Reconstr Surg. 2013 Mar-April;19(2):90-97.
6. Sevilla C, Wieslander C, Alas A, Dunivan G, Khan A, Maliski S, Rogers R, Anger J. The pessary process: Spanish-speaking Latinas' experience. Int Urogynecol J. 2012 Dec 4. *Epub ahead of print*

Dr. Yuko Komesu**Publications**

1. Cichowski SB, Dunivan GC, Komesu YK, Rogers RG. "Sexual Abuse History and Pelvic Floor Disorders in Women." Southern Med J. June 2013 [*in press*]
2. Mamik MM, Rogers RG, Qualls CR, Komesu YM. Goal attainment after treatment in patients with symptomatic pelvic organ prolapse. Am J Obstet Gynecol. 2013 Jun 13. doi:pii: S0002-9378(13)00619-4. 10.1016/j.ajog.2013.06.011. [*Epub ahead of print*]
3. Dunivan G, Cichowski S, Komesu Y, Fairchild P, Anger J, Rogers R. Ethnicity and Variations of Pelvic Organ Prolapse Bother. Int Urogynecol J Pelvic Floor Dysfunction. 2013 [*in press*]

4. Cichowski SB, Komesu YK, Dunivan GC, Rogers RG. The Association between Fecal Incontinence and Sexual Activity and Function in Women Attending a Tertiary Referral Center. *Int Urogynecol J Pelvic Floor Dysfunction*. 2013 Feb 7. [*Epub ahead of print*]

Dr. Brook McFadden (fellow)

Publications

1. McFadden BL, Constantine ML, Hammil SL, Tarr ME, Abed HT, Kenton KS, Sung VW, Rogers RG. Patient recall 6 weeks after surgical consent for midurethral sling using mesh. *Int Urogynecol J*. 2013 Jul 2. [*Epub ahead of print*]
2. Allen AM, Antosh DD, Grimes CL, Crisp CC, Smith AL, Friedman S, McFadden BL, Gutman RE, Rogers RG. Management of ileus and small-bowel obstruction following benign gynecologic surgery. *Int J Gynaecol Obstet* 2013 Apr; 121(1):56-9.
3. Antosh DD, Allen AM, Friedman S, McFadden BL, Smith AL, Grimes CL, Crisp CC, Gutman RE, Rogers RG. Risk factor for ileus and bowel obstruction following benign gynecologic surgery: a fellows' pelvic research network study. Accepted for publication: *Int J Gynaecol Obstet* 2013.

Dr. Sara Cichowski (fellow)

Publications

1. Dunivan GC, Cichowski SB, Komesu YM, Fairchild PS, Anger JT, Rogers RG. Ethnicity and variations of pelvic organ prolapse bother. *Int Urogynecol J*. 2013 June 27
2. Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The association between fecal incontinence and sexual activity and function in women attending a tertiary referral center. *Int Urogynecol J*. 2013 Feb 7

Dr. Kate Meriwether (fellow)

Publications

1. Meriwether KV, Hall RJ, Leeman LM, Migliaccio L, Qualls C, Rogers RG. Postpartum translabial 2D and 3D ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus Cesarean delivery. *International Urogynecology Journal*. 2013. In Press.

2. Meriwether KV, Antosh DD, Knoepp LR, Chen CCG, Mete M, Gutman RE. Increased morbidity in combined abdominal sacrocolpopexy and abdominoplasty procedures. *International Urogynecology Journal*. 2013 Mar;24(3):385-91. [PMID22814931]

Research

This year Dr. Komesu submitted a 5 year R01 to investigate hypnotherapy for the treatment of urgency urinary incontinence and was notified by NIH-NCCAM that the grant would be awarded on September 1, 2012. In addition, the Division entered the second year of the NICHD-sponsored Pelvic Floor Disorders Network Center grant that established the Division as one of 8 members belonging to the national Network. The grant provides 5 years of funding for personnel infrastructure for the Center while the Center implements multi-center trials conducted by the Network. Each trial is separately funded. Core grant funding includes partial support for all Urogynecology Division faculty including the division chief as well as providing support for a research nurse, research coordinator, and data entry operator.

This year the Research Division managed over 4 million dollars in extramural and intramural funding. The Research Division supports 13 funded and 12 non-funded grants. These grants provide funding for Research Division team members, and these funds allow the Research Division to support its staff and all research associated activities. The Research Division has expanded and is staffed with a research information specialist, a research coordinator, and a research assistant. During the past year, the research team has extended their knowledge base through continuing education including attending grant writing seminars, hospital-based systems training, and human research protections training. Each team member is fully trained in the consent process, HRPO processes, and each functions independently to achieve Research Division funding goals.

In addition, Dr. Rogers was appointed Vice Chair for research for the Department of Obstetrics and Gynecology. Dr. Rogers successfully mentored Dr. Rameet Singh, Dr. Ellen Mozurkewich, and Dr. Larry Leeman. This mentorship included grant application review as well as providing input into the grantsmanship process. Dr. Rogers also provided administrative research support to Family Planning research projects including grant applications, grant budgets, HRPO submissions, and recruiting.

As part of that appointment, the Department has provided one FTE for administrative support of Vice Chair work. This administrative assistance allowed research efforts to expand within the department. Goals for the new fiscal year include additional mentorship for department fellows and residents as well as increasing support for faculty.

Current Funded Research

Extramural

1. Brain-Centered Therapy versus Medication for Urgency Urinary Incontinence An RCT (R01)
Y Komesu (*principal investigator*)
Sponsor: NIH/NCCAM
Amount: \$2,755,048
Study Dates: 9/1/2012 – 6/30/2017
2. Pelvic Floor Disorders Network (PFDN) Center grant (UHD069025A)
RG Rogers (*principal investigator*)
Sponsor: NIH/NICHD
Amount: \$1,602,306
Study Dates: 7/1/2011- 6/30/2016
3. Administrative Supplement to APPLE
RG Rogers (*principal investigator*)
Sponsor: NIH/NICHD
Amount: \$150,000
Study Dates: 7/1/2010 - 7/31/2012
4. Tailored Measures for Urinary Incontinence, subcontract with Brown University
RG Rogers (*principal investigator*)
Sponsor: NIH
Amount: \$89,066
Study Dates: 7/1/2011 – 8/31/2014
5. Rosetta (PFDN clinical trial)
Y Komesu (*principal investigator*)
Sponsor: NIH/NICHD
Amount: \$293,665
Study Dates: 2/1/2012 – 6/30/2016
6. RUM (PFDN clinical trial)
Y Komesu (*principal investigator*)
Sponsor: NIH/NICHD
Amount: \$56,040
Study Dates: 5/1/2012 – 6/30/2016

Intramural

1. The effect of Trimo-San gel on pessary-associated bacterial vaginosis
RG Rogers (*principal investigator*)
K Meriwether (*co-investigator*)
Sponsor: CTSC Pilot Award
Amount: \$41,244
Study Dates: 12/1/2012-11/30/2013
2. Standardized vs Mnemonic Teaching for Fecal Incontinence: A Pilot RCT
G Dunivan (*principal investigator*)
S Cichowski (*co-Investigator*)
Sponsor: CTSC Pilot Award
Amount: \$20,000
Study Dates: 10/1/2012 - 7/1/2014

Ongoing Research

1. Pelvic Floor Changes Before and After Birth (APPLE)
2. Assessment of pelvic floor disorders among gynecological cancer survivors
3. Survey of informed consent practices among gynecological surgeons and adoption of FDA recommendations
4. An international validation of the PISQ
5. Does pelvic organ prolapse bother vary by ethnicity in a Southwestern urogynecology population?
6. Knowledge, Attitudes, and Beliefs Regarding Pelvic Floor Disorders Among Native American Women
7. Global improvement and goal attainment in patients that choose surgery versus pessary for treatment of symptomatic pelvic organ prolapse
8. Body image of women with pelvic floor disorders – does this vary by ethnicity?
9. Does distance travelled determine treatment choices of women with pelvic floor dysfunction?
10. Does bother from pelvic floor dysfunction vary by ethnicity?
11. Brain-Centered Therapy versus Medication for Urgency Urinary Incontinence An RCT
12. Defining disease understanding among Spanish-Speaking Latinas with pelvic floor disorders.
13. Cycling versus Continuous in Interstim Programming: A Randomized Trial
14. The Use of Trimo-San vaginal gel for the prevention of pessary-associated bacterial vaginosis
15. Standardized vs Mnemonic Teaching for Fecal Incontinence: A Pilot RCT

Completed Research

Extramural

1. Pelvic Floor Changes Before and After Birth (1R01HD049819-01A2)
RG Rogers (*principal investigator*)
Sponsor: NIH/NICHHD
Amount: \$1,712,037
Study Dates: 7/1/2006 – 6/30/2012
2. Pelvic floor training in gynecologic cancer survivors
TR Rutledge (*principal investigator*)
RG Rogers (*mentor and co-investigator*)
Sponsor: American Cancer Society
Amount: \$34,310
Study Dates: 8/1/2009 – 10/31/2011
3. A new measure of surgical understanding
RG Rogers (*principal investigator*)
Sponsor: AUGS Astellas award
Amount: \$30,000
Study Dates: 1/1/2010 – 12/31/2011

Intramural

1. Does pelvic organ prolapse bother vary by ethnicity in a Southwestern population?
G Dunivan (*principal investigator*)
RG Rogers (*co-investigator*)
Sponsor: CTSC
Amount: \$35,000
Study Dates: 4/1/2011 – 3/31/2012
2. Pelvic Floor Changes Before and After Birth
RG Rogers (*principal investigator*)
Sponsor: CTSC
Amount: \$13,500
Study Dates: 4/1/2011 – 3/31/2012
3. Contraceptive choice in an ethnically diverse postpartum population
R Singh (*principal investigator*)
RG Rogers (*mentor and co-investigator*)
Sponsor: RAC
Amount: \$25,000
Study Dates: 11/1/2010 – 10/31/2011

Plans and Recommendations

The Division plans to continue to be involved in outreach activities throughout the state of New Mexico in the next year, including providing consultative services to women throughout the state in pelvic floor disorders. In order to meet our continued growth in demand for clinical services, we recruited another fellowship-trained attending, Dr Peter Jeppson, who joined the division in August 2013. The Division will continue its mission of education through conferences, grand rounds and small lectures for primary care providers throughout the state. We will continue to grow our program at SRMC. In addition, we have been under discussion for offering urogynecologic services at the Veteran's Administration, as well as Lovelace Medical Center. This may allow the Division the opportunity to hire an additional attending and fellow through the GME programs at these institutions.

Drs. Rogers, Dunivan and Komesu become board certified in FPMRS having passed the certification examination in June 2013.

We will continue to increase the amount of funded research within the Division. Dr. Rogers submitted two R01 applications this year, one of which scored competitively and will be resubmitted in February 2014. Dr. Komesu's R01, is in its second year. Dr. Rogers' center grant is in year three and the division is looking towards our resubmission. The Division gained pilot funding through the CTSC for two projects spearheaded by Dr. Cichowski and Meriwether. In addition, the Division will apply for extramural funding from AUGS; these grants are due in December. Four resident physicians are participating in research with the Division. One of the residents, Pam Fairchild, who did their research project with the Division presented their work at a national meeting this year as gained a fellowship spot with the University of Michigan.

Dr. Rogers is funded through the CTSC as the course director for the Grantsmanship course of the Master's of Clinical Research and receives 2.5% of her salary from that source. Dr. Rogers continues to serve as the Female Pelvic Medicine and Reconstructive Surgery representative to the Executive Board of ACOG. Dr. Dunivan continues as a member of the AUGS Education Committee, and Dr. Komesu is a member of the AUGS Membership Committee.

The Division participated in the national match program for our new fellow and was fortunate to match with Dr. Nina Carrivagio.

GENERAL OBSTETRICS AND GYNECOLOGY DIVISION
Betsy Taylor, MD, Assistant Professor and Division Chief

FACULTY AND STAFF

Betsy Taylor, MD	Assistant Professor, Division Chief, Medical Director, UCWH
Maxine Dorin, MD	Professor, Vice Chair-Dept of Ob/Gyn
Kathleen Kennedy, MD	Professor, Student Clerkship Director
Larry Leeman, MD, MPH	Associate Professor, Ob/Gyn & Family & Comm Med
Nancy Sokkary, MD	Assistant Professor, Pediatric and Adolescent Gyn
Jody Stonehocker, MD	Assistant Professor, Assistant Residency Program Director
Alan Waxman, MD, MPH	Professor
Meggan Zsemlye, MD	Associate Professor, Residency Program Director
Liz Garcia, MD	Assistant Professor, Director of Women's Svcs, SRMC
Shawna Tucker	Supervisor, Admin Support
Angela Gonzales	Admin Assistant III
Linda Montoya	Admin Assistant III
Wendy Jay	Admin Assistant II
Jean Cox	Senior Clinical Nutritionist
Jesse Talavera	Patient Clinical Support Coordinator

DEVELOPMENTS AND ACTIVITIES

Administration

Dr. Betsy Taylor became the Chief of the Division in March 2013, after Dr. Tony Ogburn became the Chief Medical Officer at Sandoval Regional Medical Center. Shawna Tucker continues in the position of Administrative Supervisor for the Division. She provides administrative support to the Division Chief as well as oversees the administrative functions of the Division. There are currently two additional full time administrative assistants in the Division. As of July 2013, Angela Gonzales was promoted out of the Gyn Division and into the Department Administrative Division to become the Coordinator Scheduling for the Department and to integrate and support the academic faculty clinic scheduling process, as well as the faculty call scheduling system. The Department of Ob/Gyn purchased scheduling software, Qgenda, Inc., to manage the complex scheduling process.

Service

The Division continues to provide the full spectrum of General Ob/Gyn Services in a variety of settings, with and without residents. Services include coverage of the operating room (UNM Main OR and OSIS), ambulatory clinics (Women's Health Clinic, UNM Westside Clinic, Encino Faculty and Midwives Clinic, Young Childrens Health Clinic), and Labor and Delivery.

Dr. Betsy Taylor and Dr. Maxine Dorin maintain comprehensive minimally invasive services (MIS) in the Division. The number of residents in this clinic increased in this last year. The Division offers the full scope of minimally invasive surgery including robotic assisted gynecologic surgery. Dr. Taylor now has privileges at SRMC as well and has been available to assist in difficult gynecologic robotic procedures scheduled there.

Dr. Jody Stonehocker, a former resident at UNM, was hired to provide general Ob/Gyn Services at UNM. She brings five years of experience in private practice. She will also be providing coverage at the Maternity and Family Planning clinics. Dr. Jody Stonehocker has assumed the role of Assistant Program Director. Along with Dr. Zsemlye, participates in GME committees including the PDs group, the Internal Review Committee, the Feedback Improvement Task Force, and the Policy Committee.

Faculty Additions

Dr. Nancy Sokkary joined the Division in September 2012 after completing her Pediatric and Adolescent Gynecology Fellowship at Baylor College of Medicine, Houston, TX. She provides services in this area at the Young Children's Health Clinic (YCHC) and has already expanded her clinic sessions because of growing demand for her expertise. She has a joint appointment in Pediatrics but is fully supported by the Ob/Gyn Department.

Faculty Changes

Effective 7/1/2012, the Family Planning Division separated from the General OB/GYN division and became an independent entity under the leadership of Dr. Espey. This also resulted in the separation of the Family Planning faculty and fellows (Ogburn, Singh, Pereda and Carr).

Dr. Liz Garcia resigned her position as of May 2013 to move to Washington State for family reasons. Dr. Liz Garcia, previously in private practice in Albuquerque at Presbyterian, was hired to be the Director of Women's Services at Sandoval Regional Medical Center.

Faculty Practice

All Division members see private patients with services provided in four locations (UCWH, YCHC, Westside and Encino)

- Westside clinic – One Division member provides services 1-2 days per week at the Westside clinic. With the addition of another faculty member, that will increase the number of clinics provided at this site.
- Encino Faculty Practice – Three and a half days of coverage are provided each week.
- UCWH – One Division member provides 1-2 half days per week of private clinic coverage at the UCWH.

- YCHC – One Division member provides 2-3 half days per week.

L&D coverage

The Division shares L&D coverage with the MFM division as well as the Family Planning Division. The Division currently covers L&D three days per week (M,T,F) plus the third Thursday of the month with additional coverage on W/Th as needed. The Division members are the only faculty members (along with Dr. Sharon Phelan) now taking in house call along with the MFM and Family Planning Fellows. The Division also provides the majority of Friday afternoon coverage for resident education.

Committees

The Division participates in a number of Departmental and Institutional activities including the Medical Director's group (Drs. Espey and Taylor), and the Specialty Care Leadership Team (Dr. Taylor). Dr. Espey serves as the Medical Director for the Center for Reproductive Health and Dr. Taylor is the Medical Director for the Women's Ambulatory Clinics and is also the Chair of the Departmental call committee. Dr. Leeman is the Co-Director of the Mother Baby Unit and Chair of the Maternal-Child Health Committee. Dr. Dorin is the representative on the OR committee. Dr. Taylor is on the Specialty Care Leadership Team and also the Women's Services committee. Dr. Stonehocker is on the Compliance Committee.

Education

The Division continues to be very active in all aspects of student, resident and provider education. Beginning July 2011 the Division had its first fellow in Family Planning.

Students

- *Phase 1* – Many Division members participated in the Phase 1 HS&R block as tutors, lecturers, and/or workshop leaders. Division members also served as PIE circuit riders, PIE Narrative strand mentors, and instructors in the Public Health course.
- *Phase 2* – Dr. Kathleen Kennedy continues to serve as the Ob/Gyn Clerkship Director. Dr. Sokkary has become involved in the Clerkship as well. In addition to supervising third year students in L&D, clinics and the operating room, Division members serve as student mentors, provide more than half of the student lectures each rotation, and serve as the majority of examiners for the student oral exam given each rotation. All members of the Division received student teaching awards this past year.
- *Phase 3* – The Division supervises two 4th year electives – one in benign gynecology and the new ambulatory women's health rotation. Drs. Zsemlye and Kennedy serve as Match advisors for all students going into Ob/Gyn.

Committees/Other

Division members participate in a number of educational committees including the Committee on Student Promotions and Evaluation, the Curriculum Committee, the Professionalism Improvement Committee, the Dean's Professionalism Task Force, and the Clerkship Directors group. Dr. Kennedy has a 0.1 FTE appointment in the SOM for work in remediation.

Residents

- Dr. Zsemlye is the Residency Program Director. Dr. Stonehocker serves as the Assistant Program Director. Both participate in GME committees including the PDs group, the Internal Review Committee, the Feedback Improvement Task Force, and the Policy Committee.
- Division members provide resident teaching and supervision in a number of clinics (colposcopy, PCC, MIS, Gyn, YCHC and LEEP), L&D (day and night call), OSIS and the main OR.
- The Division maintains an updated Gynecology curriculum for residents under the guidance of Dr. Taylor. The curriculum is now in its 3rd year and has been well received by the residents during their Gynecology rotation. Dr. Taylor supervises the updating of the curriculum each year.
- Dr. Waxman provides weekly pathology conferences to the Gyn residents.
- Division members coordinate and participate in the Combined Gynecology M&M, and the weekly preop conference.
- Dr. Taylor continues to coordinate the Resident Surgical Skills training program with input from all division members.
- Dr. Sokkary provides a Thursday lecture series on Pediatric and Adolescent Gynecology topics.

Continuing Medical Education

The Division participated in a number of CME activities locally, regionally, nationally and internationally.

- Drs. Waxman, Leeman and Zsemlye provided training in colposcopy/cervical dysplasia and Advanced Life Support in Obstetrics (ALSO). Dr. Maxine Dorin traveled to India to provide advanced gynecologic surgery services.
- Drs. Waxman and Zsemlye were course directors and/or on the planning committee for the annual ACOG-IHS postgraduate course, the UNM/ACOG/ACNM Women's Health symposium, IHS colposcopy course, ASCCP colposcopy courses, the IHS International meeting on Women's Health, and the IHS Midwinter retreat.
- Division members gave invited lectures at a variety of venues including the ACOG Annual Clinical meeting, the ACOG Congressional Leadership Conference, the ACOG District 8 meeting, the Association of Reproductive Health Professionals Annual meeting, the CREOG retreat, the APGO Retreat,

the APGO/CREOG annual meeting, the ASCCP annual meeting, and multiple Departments at UNM.

- Drs. Dorin and Zsemlye are General Oral Board Examiners with the American Board of Obstetrics and Gynecology.

SCHOLARLY ACTIVITY

Publications

Bakhireva LN, Cano S, Rayburn WF, Savich RD, Leeman L, Anton RF, Savage DD. Advanced gestational age increases serum carbohydrate-deficient transferrin levels in abstinent pregnant women. *Alcohol Alcohol*. 2012 Nov;47(6):683-7. doi: 10.1093/alcalc/ags087. Epub 2012 Aug 8.

Leeman LM, Rogers RG. Sex after childbirth: postpartum sexual function. *Obstet Gynecol*. 2012 Mar; 119(3):647-55. Review

Meriwether KV, Hall RJ, Leeman L, Migliaccio L, Qualls C, Rogers RG. Postpartum translabioal ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus cesarean deliver. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Borders N, Wendland C, Haozous E, Leeman L., Rogers RG. Midwives' verbal support of nulliparous women in second-stage labor. *J Obstet Gynecol Neonatal Nurs* 2013; 42(3):311-20

Waxman AG. ASCCP, moving forward. *J Low Genit Tract Dis*. 2012 Jul;16(3):165-8

Waxman AG. Cervical Cancer Prevention: New Guidelines in the United States and New Opportunities for Low- and Middle-Income Countries. *Obstet Gynecol Clin NA*. 2013; 40:251-256.

Waxman AG,Chelmow D, Darragh TM, Lawson H, Moscicki AB. Revised terminology for cervical histopathology and its implications for management of high-grade squamous intraepithelial lesions of the cervix. *Obstet Gynecol* 2012; 120:1465-71

Ogburn JA, Espey E, Pierce-Bulger M, Waxman A, Allee L, Haffner WH, Howe J. Midwives and Obstetrician-Gynecologists Collaborating for Native American Women's Health. *Obstet Gynecol Clin North Am*. 2012 Sep;39(3):359-66. Epub 2012 Aug 11

Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; American Cancer Society; American Society for Colposcopy and Cervical Pathology; American Society for Clinical Pathology. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *Am J Clin Pathol*. 2012 Apr;137(4):516-42

Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; ACS-ASCCP-ASCP Cervical Cancer Guideline Committee. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin*. 2012 May-Jun;62(3):147-72. doi: 10.3322/caac.21139. Epub 2012 Mar 14

Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain JM, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER, Chelmow D, Herzig A, Kim JJ, Kinney W, Herschel WL, Waldman J. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *J Low Genit Tract Dis*. 2012 Jul;16(3):175-204

Darragh TM, Colgan TJ, Cox JT et al for the LAST Work Groups (Waxman A et al) The Lower Anogenital Squamous Terminology Project for HPV associated Lesions: Background and consensus recommendations from the College of American Pathologists and the American Society for colposcopy and Cervical Pathology. *J Lower Genit Tract Dis*. 2012; 16(3) 205-242
Int J Gynecol Pathol. 2013 Jan;32(1):76-115

Gage JC, Schiffman M, Hunt WC, Joste N, Ghosh A, Wentzensen N, Wheeler CM, New Mexico HPC Pap Registry Steering Committee. Cervical histopathology variability among laboratories: a population-based statewide investigation. *Am J Clin Pathol* 2013; 139(3):330-5

Zsemlye M, LSIL: definition and management. *Obstet Gynecol Clin North Am* 2013; 40(2):283-0.

Sokkary NA, Venkateswarean L, Dietrich JE, Teruya J. Platelet Function Disorders and Menorrhagia in Adolescents: A Review of Laboratory Diagnosis. *J Pediatr Adolescent Gynecol*. 2012 Aug;25 (4):233-7.

Sokkary N, Granada C, Cunningham T, Dietrich JE. Use of microcatheter for intraabdominal survey. *J Pediatr Surg.* 2012 Jul;47(7):E25-7

Sokkary NA, Dietrich JE. Management of heavy menstrual bleeding in adolescents. *Curr Opin Obstet. Gynecol.* 2012 Oct; 24(5):275-80

Presentations

Division members presented original research at several national meetings including the APGO/CREOG annual meeting, the Association of Reproductive Health Professionals, the ACOG Annual Clinical meeting, and the ACOG District 8 meeting.

OUTSIDE ACTIVITIES

In addition to serving on a variety of committees and participating in a number of activities in the Department and SOM, Division members represent the University and Department in a number of activities regionally and nationally.

Committees/Professional Organizations

- American Cancer Society Cervical Cancer Screening Guidelines Steering Committee – Chair (Waxman)
- ACOG Committee on Indian Affairs – Liaison member (Waxman)
- NM Midwifery Advisory Board (Zsemlye)
- NM Breast and Cervical Cancer Project (Waxman)
- American Cancer Society Cervical Cancer Screening Guidelines Steering Committee (Waxman)
- American Society for Colposcopy & Cervical Pathology – President (Waxman)
- ASCCP Committee on Assessment – Chair (Waxman)
- ASCCP Practice Improvement in Cervical Screening and Management (PICSM) (Waxman)
- ASCCP Committee on International Education and Humanitarian Outreach – Co-Chair (Waxman)
- Physicians for Reproductive Choice and Health – Board of Directors (Leeman)
- NM Pap and HPV Registry Steering (Waxman)
- NM Maternal Mortality Committee (Leeman)
- ALSO Advisory Board (Leeman)
- Institute of Medicine Committee on Reproductive Health (Leeman)

Other Activities

Journal Reviewers: Division members serve as reviewers for multiple journals including Obstetrics and Gynecology, the American Journal of Obstetrics and Gynecology, JAMA, Contraception, Journal of Graduate Medical Education, and the Journal of Women's

Health. Dr. Waxman is on the Editorial Board of the Journal of Lower Genital Tract Disease.

FUTURE CHANGES

There are numerous opportunities for change in the Division over the next few years. All changes will focus on expanding or improving patient services along with optimizing the educational experiences for our learners. Changes may require an initial investment of financial resources but within 1-2 years will be cost neutral or have a positive impact on the Division's financial status.

Comprehensive Women's Health Center

Discussions continue regarding the concept of a comprehensive women's health center. There was a significant interest in developing this facility in order to expand and improve women's health services at UNM. It is a priority in the System's strategic plan. Unfortunately in the Fall, 2011 initial support from UNMH senior administrators was withdrawn placing the project on hold. Recently there has been a renewed recognition that such a Center is needed to expand services. The facility would bring together a variety of women's health services in one off site location. This center would provide state of the art women's health care and be highly competitive with other services in Albuquerque. It would provide outstanding learning opportunities for our residents and students and create a collegial, stimulating environment for our faculty. Services expressing interest in this concept include Urogynecology, Reproductive Health, REI, Encino faculty and CNM practice, and some components of the ultrasound service. Other potential services would include internal medicine, behavioral health, physical therapy, and imaging services such as mammography. Leadership from UNMMG and UNMH have expressed renewed interest and support.

Family Planning Division

Effective 7/1/2012 the Section of Reproductive Health will separate from the General Ob/Gyn Division and become an independent Division. This reflects the tremendously successful growth in the Section in clinical services, education and research under the outstanding leadership of Section head Dr. Espey who will become the Chief of the new Division of Family Planning. Drs. Ogburn and Espey will work closely to ensure the transition proceeds smoothly. It is anticipated that Dr. Ogburn will continue to provide services at CRH and the members of the Family Planning Division (Espey, Singh, Pereda and Carr) will provide some services in the General Ob/Gyn services.

Expansion/Development of Specialty Clinics

We already have specialty clinics in Family Planning and abortion, cervical dysplasia, LEEP, breast and the newly developed MIS clinic. Over the next year we plan to continue these clinics and potentially expand services in several of them. The Division

is exploring opportunities to develop clinics in Peds/Adol, Menopause, Pelvic Pain, and Vulvar Disease. Expanded clinics will provide improved services for our patients and community physicians as well as educational opportunities for our learners.

GYNECOLOGIC ONCOLOGY DIVISION
Carolyn Y. Muller MD, Professor and Division Chief

FACULTY AND STAFF

Carolyn Y. Muller, MD	Professor
Teresa L. Rutledge, M.D.	Associate Professor
Sarah F. Adams, M.D.	Assistant Professor
Edwina Garcia, PA	Physician's Assistant, UNMCC
Monique Gaede, PA	Physicians Assistant, UNMH
Candice Kolb PA-C	Physicians Assistant, UNMCC (11/1/12-6/28/13)
Spring House, MA	Medical Assistant, Specialty Clinic Coordinator UNMCC
Julie Rodriguez, RN, OCN	Research Nurse, Assist at Santa Fe Outreach Clinic
Audrey Sniegowski, RN, OCN	Research Nurse, UNMCC CTO (2/13/12 - present)
Sheri Westgate, RN	CTO Research Nurse, UNMCC
Ruby Allen, RN, OCN	CTO Research Nurse, NMCCA
Alicia Mitchell	CTO Data Coordinator
Rebecca Myers-Brito	CTO Regulatory Coordinator
Cynthia Tapia	Scheduler
Belinda Rosas	Administrative Assistant
Trisha Mather	Administrative Assistant

DIVISION PROFILE AND MISSION

The members of the Division of Gynecologic Oncology provide individualized comprehensive culturally sensitive compassionate care to women diagnosed with or at risk for gynecologic cancers in the State of New Mexico as well as the neighboring regions irrespective of insurability. The members serve as expert consultants to community and university health care providers regarding issues of gynecologic cancer screening, prevention, diagnosis and management of gynecologic cancers and complex pelvic surgery. The catchment area covers the entire State of New Mexico, Southern Colorado as well as the Navajo reservation in Eastern Arizona. The academic appointments of the faculty reside within the Department of Obstetrics and Gynecology with secondary appointments to the Cancer Research and Treatment Center. Administrative staffs (BR and TM) are fully supported by the Department of OB/GYN. The midlevel provider (EG) is equally supported by OB/GYN and CRTC but is fully dedicated to the care of gynecologic cancer patients. The midlevel provider, MG, is supported by UNMH and OB/GYN with a role of inpatient management of gynecologic cancer patients. This position was in response to resident hour limitations with the need to provide continuous high level inpatient care. The clinical trials support staff are appointed and fiscally maintained within the budget of the Clinical Trials Office (CTO). This group is administratively managed by the Clinical Trials Office through the CRTC but is programmatically directed by the Gynecologic Oncology Clinical Working Group headed by Dr. Muller. The Division members remain integral members of the multidisciplinary cancer care program within the Cancer Research and Treatment Center (CRTC), and through a true partnership with OB/GYN and CRTC, provide state-of-the-art clinical cancer care within the NCI designated

Cancer Center. The division members are leaders in the conduct of clinical and translational research specifically directed toward the Women's Cancer Program within the theme of the P30 application. The division members also provide education and mentorship to medical students, residents, and medical oncology fellows and other midlevel providers throughout the Health Sciences Center. The Divisional activities are under the direction of Carolyn Y. Muller, MD. The division maintains an active research dossier in clinical and translational sciences both as principle investigators and funded key collaborators with other CRTC basic and clinical investigators in the Women's Cancer Program within the CRTC. The Division maintains full membership in good standing within the Gynecologic Oncology Group (GOG), having successfully completed a cooperative group audit November 2012. The annual (2012-2013) progress made in our three mission areas (clinical, education and research) is outlined below.

CLINICAL SERVICES, OPERATIONS AND FISCAL MEASURES

Clinical Activity

General

All clinical Gynecologic Oncology services continue to be provided by 2 experienced Board Certified Gynecologic Oncologists (CYM, TR), one board eligible gynecologic oncologist (SA) and a dedicated outpatient physician assistant (EG) and a dedicated inpatient physician (MG). Patients referred to the Gyn Oncology service are cared for regardless of insurability and come from all corners of the state of New Mexico as well as Eastern Arizona, Southern Colorado and parts of West Texas. Gynecologic Oncology expertise remains centralized thus generating out-of-county fiscal issues for both the Division and the patients themselves. The Gynecologic Oncology faculty remains available 24/7 to provide all necessary services and consultations upon request. In order to maximize efficiency as well as consistency for education purposes, the faculty is assigned weekly or every two weeks on inpatient service and call evenly distributed among the three faculty. The covering faculty physician is also available 24/7 to serve as consultants to any physician in need via access through the PALS service and handles appropriate transfers and urgent care guidance to physicians across the state. The heightened critical overcrowding of UNMH and the frequent "code purple" status remains a serious road block to the acute care needs of this oncology population. To date – there are no gynecologic oncology services at Sandoval regional medical Center (SRMC), so all inpatient services remain at UNM.

Surgical, Robotics

The Gyn Oncology service provides full surgical services for the diagnosis, treatment and prevention of women's reproductive cancers including complex pelvic surgery and reconstruction in a multidisciplinary fashion. The division members also serve as consultant experts for non-malignant complex pelvic surgery in the gynecologic and obstetric patient populations. Three full operating days are secured block time for the 3 faculty of which dedicated robotic time is scheduled on average weekly. Blocked

surgical time at UNMH is Monday (CM) Tuesday (TR/CM) and Wed (CM/TR/SA) as we remain in good standing with a high and consistent utilization rate. We continue to utilize the OSIS center for appropriate minor procedures which accounts for only a small portion of our overall surgical volume. Dr. Rutledge is a recognized leader in robotic surgery and a certified proctor. She has led the robotic surgery program with Dr. Satayn Shah (Dept. of Urology) since its inception and continues to be the leader in performing robotic surgery in Gynecologic Oncology. Dr. Adams is also robotic certified and has expanded the offerings to include radical hysterectomy and other radical procedures. The expertise in robotic surgery continues to bring in referrals specific for this technology and provides patient benefits such as less blood loss, better pain management, less wound complications and shorter hospital stays. The robotic surgery program has also enhanced resident education. The utilization of the robot has increased by 66% over this fiscal year (*Table 1*).

Clinical Services, Clinical Education

The outpatient clinical services continue to operate out of the new state-of-the-art CRTC building which is a free standing cancer center opened Sept. 1, 2009. Chemotherapy services remain hospital based, but during this fiscal year the outpatient clinics remained independently run by the CRTC administration and billing. Rotating UNM OB/GYN residents, and medical oncology fellows and UNM or other visiting medical students (third and fourth year) assist in the clinical services as integrated team members and participate fully in the daily clinical (inpatient, outpatient and operative) care of the patients. Clinical operations involve CRTC outpatient clinics scheduled full day Monday (TR), half day to full day Friday (TR), full day Thursdays and 2 half day Weds/month (CM), 3-4 full Fridays/month in Santa Fe (CM) and 2 full days Weds/month (SA). Tuesday clinics are ad hoc, run by our senior skilled physician assistant (EG) who sees problem patients and pre-operative assessments weekly. The full time (Tuesday-Friday, 10 hour) midlevel provider in the hospital (MG) works with the resident team to provide high level in patient care and coordination of services for the complex problems had by our patients. Emergent OR cases continue on nights and weekends on an average of now 1-2 times per month, including emergent operative consultation on Labor and Delivery.

Clinical Activity Statistics

The clinical activity report for FY 2012-2013 is summarized in *Table 1*. **Comparatives from year to year remain a bit elusive due to changes in process; however this comparison is more accurate than previous reports as the process has become more stable.** Global division productivity remains hard to accurately capture for all Gyn Onc services due to several of the following issues:

- 1) Delay in billing and difficulty reporting adequate DOS activity
- 2) Adequate tracking and communication of inpatient activity to abstracters
- 3) More strict billing criteria using Trailblazer accounting by OCI
- 4) Loss of consulting CPT codes by Medicare/Medicaid

5) Inability to track chemotherapy revenue and reimbursement to be credited to Gyn Onc services

The graphs and data shown below are based on the finance Departments reports generated by the Mosaiq data fields. Although somewhat different based on the DOS discrepancies, it is within 10% of our DOS accounting of all encounters “captured” in the Mosaiq system through the fiscal year. The operative data is retrieved from Divisional stats. Table 1 demonstrates increased services with more major and more complex surgical interventions, a higher rate of minimally invasive surgery and a significant increase in minimally invasive surgeries performed by robotics. *The robotic program is demonstrating marked growth with both Drs Rutledge and Adams’ expertise.* In addition, new patient visits are up slightly and total outpatient visits up modestly.

Summary of Inpatient and Outpatient Visits and Surgical Procedures	Muller # of Patients (2012 - 2013)	Rutledge # of Patients (2012 - 2013)	Adams # of Patients (2012 - 2013)	Total # of Patients/Visits (2012 - 2013)	Total # of Patients (2011 - 2012) (Data Taken from Last Year's Report)	% Change
Total Major Gynecologic Operations Components	438	414	187	1039	919	13%
Total Minor Gynecologic Operations Components	235	94	105	434	445	-2%
Total # of Patients undergoing Major Surgical Procedures	122	103	48	273	248	10%
Total # of Patients undergoing Minor Surgical Procedures	45	19	18	82	122	-33%
Operative Laparoscopy, Excluding Tubal Sterilization	35	70	14	119	94	27%
Robotic Assisted Surgeries	0	52	16	68	41	66%
% of Patients Utilized for Resident Education	100%	100%	100%	100%	100%	0%
Total New Patients & Consults (Cancer, Non-Cancer, Inpatient and Outpatient)	231	142	43	416	414	0.5%
Total Outpatient Visits	2030	1309	82	3421	3193	7%

Table 1: Summary of Approximated GYN Clinical Activity FY 2012-2013

Fiscal Responsibility and Data

This FY continues to see difficulty in assessing the comprehensive services performed and the fiscal health of the Division based on several of the challenges listed above. In addition, although we continue to prescribe chemotherapy which previously has been counted in our technical RVU category, this data is no longer available as the hospital continues billing for chemotherapy revenue under global medical oncology. We continue

to request some avenue to track our productivity for the technical revenue that we generate for the hospital. So, downstream revenue cannot be assessed per the individual provider or for the Division as a whole. It should be noted that chemotherapy reimbursement is the sole factor that drives a private office's revenue and allows fiscal independence in the private sector. This year, we do see an overall increase in overall professional collections and RVUs but this is inadequate to support the clinical FTEs involved in generating this revenue. We have, however, listed the data we received from the Finance Dept in the CRTC below. We suspect some of the increase seen in all parameters in Tables 2 and 3 reflects some improvement on data tracking from the finance office in CRTC. Table 3 shows productivity per provider NOT corrected for contractual clinical FTE. Monthly variation of collections is also shown as an example in Figure 1.

<i>Financial Chart</i>	<i>CRTC</i>		
	<i>FY13</i>	<i>FY12</i>	<i>% CHANGE</i>
Collections	797,916	644,914	23.7%
Work RVU	15,907	12,579	26.4%
Technical	13,669	10,482	30.4%
Total RVU	29,576	23,062	28.2%

Table 2: Summary of Activity FY12 compared to FY13

<i>Financial Chart</i>	<i>CRTC</i>							
	<i>FY13</i>				<i>FY12</i>			
	<i>Collections</i>	<i>Work RVU</i>	<i>Technical</i>	<i>Total RVU</i>	<i>Collections</i>	<i>Work RVU</i>	<i>Technical</i>	<i>Total RVU</i>
Muller MD	435,545	7,969.67	7,063.94	15,033.61	378,499	7,444.77	6,238.71	13,683.48
Rutledge MD	274,891	5,702.91	4,880.44	10,583.35	260,685	5,010.51	4,124.11	9,134.62
Adams MD	77,838	1,955.42	1,439.80	3,395.22	0	0	0	0
Garcia PA	9,147	265.36	270.17	535.53	5,730	122.82	118.95	241.77
Gaede PA	108	1.28	0.77	2.05	0	1.28	0.77	2.05

Table 3: Summary by Provider FY12 compared to FY13

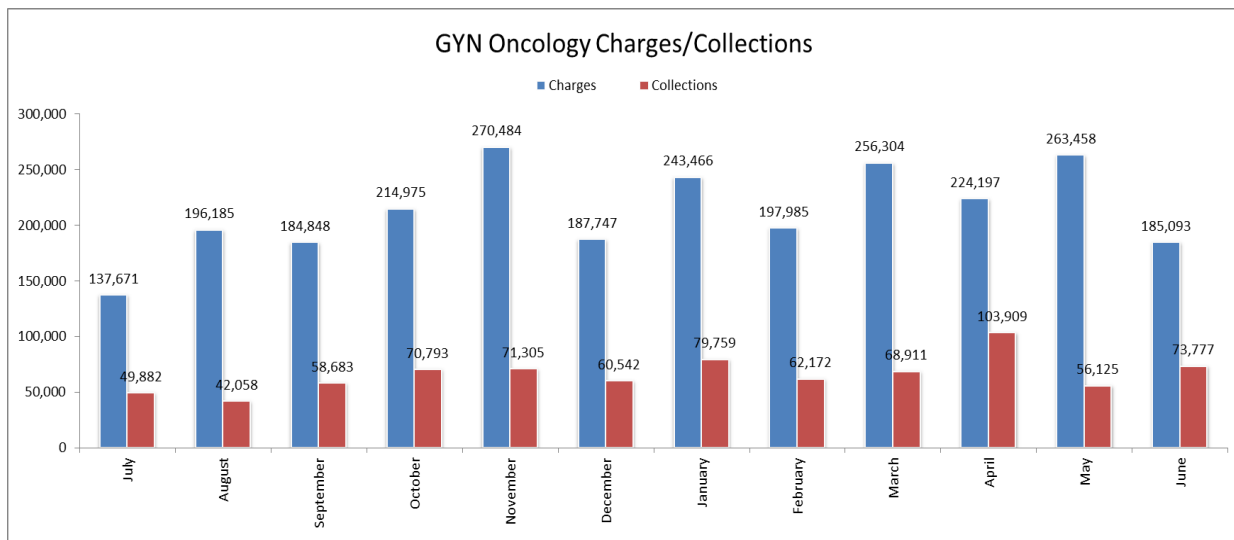


Figure 1: Gyn Oncology Charges/Collections FY13

GYN Oncology Outreach

Santa Fe

FY 2012-2013 has seen a continued growth in the Santa Fe Outreach clinic. The clinic was established in September 2005 and has been a continued success year after year. The clinic continues to draw from all of Northern New Mexico with a concentration of patients from Santa Fe, Taos and Las Vegas. Consistent referral patterns are seen coming from the major OB/GYNs and other primary care providers in this region. The clinic was functioning at 2 clinics per month, but has been increased in April 2010 to 3 clinics per month due to steady volume and demand. As of FY 2012-13, Friday clinics have opened to all Fridays unless disrupted by annual leave or academic conflicts (CM). The clinic is solely managed by Dr. Muller with the assistance of Julie Rodriguez, RN, OCN and one dedicated scheduler (Cynthia Tapia) from the CRTc. The Santa Fe clinic continues to draw an overall higher payor mix and does account for nearly 50% of the surgical cases performed (CM). A successful working relationship continues with the medical oncologists at the Cancer Institute of New Mexico – now Christus St. Vincents and the St. Vincents radiation oncologists and allows a true local multidisciplinary approach to gynecologic cancer care closer to home for these patients.

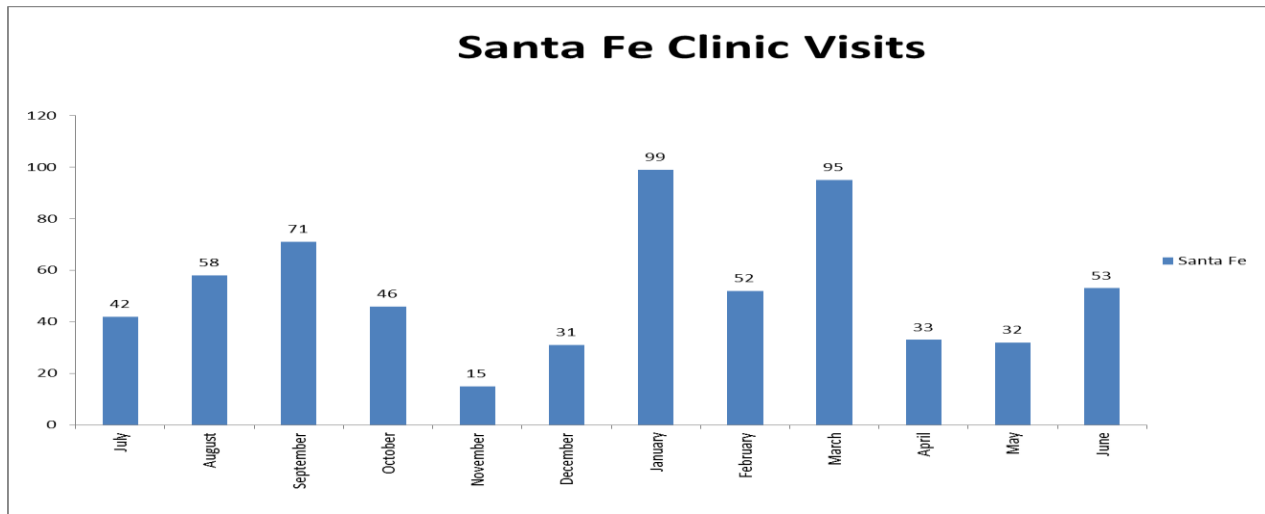


Figure 2: Gyn Oncology Total Patient Visits Santa Fe FY13

Clinical Summary, Future Goals and Strategies

The major clinical advances for the FY12-13 year include the addition of Dr Adams who has increased our overall clinic availability and has eased the burden of call for the other two providers. The robotic program continues to grow and is a draw for community referrals. The Santa Fe clinic remains a very successful practice endeavor and has managed to survive the ever changing political environment in that community. The financial structure with the Mosaiq EMR is better understood and practiced. Transcription time is much shorter and a direct working relationship with the billing officers and transcriptionist has allowed for faster turnover of data required for billable submissions. All providers have met and have been trained by the coding team, real time resolution of missing data is in process. The group continues to train through the SGO coding course to maximize billing strategies specific to our field. We continue to assess potential for other outreach sites to reach a greater community referral base.

Administration

The primary administrative services for the division are provided through the Department of Obstetrics and Gynecology. There are two full time administrative staff, Belinda Rosas (8/2003 - Present) and Trisha Mather (12/2004 – present). The duties of these staff are primarily academic and include administrative tasks such as assimilating division statistics and tracking progress, educational efforts such as managing resident education material, preparing manuscripts, abstracts, CVs, Faculty Database material, etc. They also keep strict schedules, arrange academic travel and maintain licensure and other necessary memberships. The Division members also work in concert with the CRTC administration both on a strategic planning and clinical catchment strategy. Key members of this group include Mr. Rodney Martinez and Ms Kristin Gates. Programmatic administration is fostered by Ms Rae Ann Paeden.

EDUCATION AND TEACHING PRODUCTIVITY

Basic GYN Oncology Education – Residents and Students

The basic principles and efforts towards education remain constant. The continuing increasing volume and complexity of the gynecologic oncology patients provides our residents extensive exposure to complicated gynecologic and oncologic procedures, management of perioperative complex problems and skills for organizing and managing a high acuity practice. Residents and/or students are involved in nearly 100% of care for both inpatient and outpatient. Outreach clinic experience in the Santa Fe clinic is available for MSIV students who choose to do the extern elective. This experience has been exceptionally well received by the MSIV students. Clinic opportunities remain greater than the availability of residents and students. Residents and students are exposed to the depth and breadth of the subspecialty. Advanced pelvic anatomy, surgical principles and techniques, minimally invasive surgeries (including robotic surgery) are extensively taught as well as comprehensive preoperative and postoperative management of generally ill patients. Residents (and students) receive more than ample exposure to cancer procedures including simple and radical hysterectomy, cancer staging, and principles of debulking surgery, bowel surgery and operative laparoscopy. As seen in *Table 1*, complex operative laparoscopy with and without robotic assistance continues to increase. Residents and students are also introduced to general principles of radiation and chemotherapy. Residents are responsible for all preoperative evaluation, surgical preparation and postoperative care of the patients on the service. In addition, residents continue to receive education in collaboration with the ICU teams when patients are co-managed in the critical care units. In general, resident knowledge and responsibility is appropriately delineated per PGY year. Goals and expectations are clearly defined in the resident manuals. Major emphasis is placed on:

- ◆ Diagnosis, work-up and management of gynecologic cancers
- ◆ Identification and management of the high risk cancer patient
- ◆ Surgical principles and advanced pelvic anatomy training
- ◆ Appropriate referral of the Gyn cancer patient
- ◆ Principles of pre-operative and post-operative management
- ◆ Basic surgical intensive care
- ◆ Recognition and management of operative complications
- ◆ General principles of cancer care and treatment modalities
- ◆ Principles of breaking bad news and end-of-life management
- ◆ Pain management

The teaching service is made up of 2 residents (PGY4 and PGY2) over an 8 week rotation, an intern (PGY1) for 4 weeks, 1-2 third year medical students every 2 weeks and an occasional 4th year medical student extern. The GYN Oncology continues to be a desirable rotation for 4th year medical students, as demonstrated by participation by both UNM and outside 4th year medical students. Outreach participation continues to be available for the 4th year students rotating on the Gyn Onc service. This experience

allows one-on-one teaching with the attending in the Santa Fe clinic. Active mentorship is given inclusive of advising for residency applications and providing letters of recommendation for application to OB/GYN residencies. Formal scheduled resident and student education involves active participation in the following conferences:

- ◆ Gyn Oncology Tumor Board Conference (Thursday 8:00-9:00 am, CME approved)
- ◆ CRTC Tumor Board Conference (Tuesday 4:00-5:00 pm, CME approved)
- ◆ GYN Oncology Grand Rounds 1-3 times per year (Friday 8 am)
- ◆ GYN/GYN Onc Morbidity and Mortality Conferences (once per rotation)
- ◆ Third Year Gyn Oncology Clerkship Lectures (every 6 weeks)
- ◆ Ovarian Cancer Survivors Presentation (every 6 weeks)
- ◆ Ad hoc Lectures on Work Rounds
- ◆ Established Journal Clubs (average quarterly)
- ◆ Formal Reading List
- ◆ Community Lecture Programs

Informal one-on-one and group teaching is provided continually on daily work rounds, in the clinics, in the operating rooms and as time permits, more formal small group discussions are held for all members of the team. One hundred percent of cases are utilized as teaching cases as well as the majority of outpatient clinic services. Residents are formally evaluated by the faculty and graded clinical independence is given based on PGY level and individual capabilities. The teaching target for the PGY4 residents is to ***instill surgical confidence and graded independence which is given throughout the rotation***. Fourth year residents are given the opportunity to direct the junior residents through appropriate operative procedures under the supervision of the faculty, and as their technical skills increase, the PGY4 resident is given surgical experiences that would be fit for a GYN Oncology fellow. Goals for each PGY resident are outlined in a handbook so that all residents know what is expected of them and how to be prepared to get the most out of the rotation.

Education of Rotating Fellows

The division faculty is also responsible for the education of rotating medical oncology fellow each year. The faculty mentors medical oncology fellows (n=1 or 2) who rotate through the service each year. The education is geared towards the goal of the specific fellow. For example, the medical oncology fellows spend most of their education time in the clinic and on the inpatient wards with an emphasis of chemotherapy treatments for GYN cancers inclusive of intraperitoneal chemotherapy and for managing complications of radiation and chemotherapy which is often done on the ward.

Strategic Planning and Future Plans in Education

The Division continues to provide comprehensive education for medical students and residents, medical oncology fellows and faculty. It continues to be a priority goal of this Division to move towards obtaining an accredited fellowship once funding can be

obtained. The Division has a unique position to put together a comprehensive training program enlisting collaboration within the surgery, urology and OB/GYN departments as well as the core clinical and translational science programs within the Health Sciences Center and Main Campus. The Department of OB/GYN would then hold accredited fellowships in MFM, Urogynecology, Family Planning and GYN Oncology, thus continuing to establish the Department as the premier educator within the Southwest. The expertise of Dr. Rutledge and Adams several other OB/GYN minimal invasive experts will move toward establishing a more intense minimally invasive education program for residents. Plans for the fellowship also include an opportunity for extended training in a breast cancer program which conforms to the recent movement in the Society of Gynecologic Oncologists.

RESEARCH AND PUBLICATION PRODUCTIVITY

Clinical and Translational Trials

Cooperative Group Trials

The members of the division of gynecologic oncology maintain an active research dossier in investigator-initiated, industry sponsored and cooperative group-based translational, clinical, and epidemiologic/quality of life research. We remain full members of the Gynecologic Oncology Group under the leadership of Dr. Muller who is the site principal investigator. The Southwest Gynecology Oncology group (Drs. Ampuero and Finkelstein) remains our active GOG affiliate under the direction of Dr. Karen Finkelstein. We have 2 additional approved affiliates: Memorial Hospital Oncology (Las Cruces, PI William Adler, MD) and Arizona Cancer Center (Tucson, PI Dr. Michael Bookman). To date – we have accrued ample patients to meet our annual target by midyear. Recruitment to an extensive menu of clinical trials also continues to keep the Division in good standing with the therapeutic trial recruitment necessary for the P30 CRTC needs. We continue to be leaders in the GOG, serving on multiple committees and bringing our own investigator initiated concepts to the GOG for development into National cooperative group clinical trials. The new merging of several Cooperative Groups together (GOG, NSABP and RTOG = NRG) is rolling out in January 2014. We will remain parent site in good standing. The CTO staff is critical to the success of the division's clinical trial mission. The group is fully supported through the CRTC clinical trials office. A summary of clinical trial activity driven by members of this division for this FY are summarized in *Table 3*. The growing demand of the clinical trials need has been greater than the personnel, and active recruitment is underway to provide adequate staff for continued growth in this program.

STUDY TYPE	PRE-ENTRY EVALUATION	SCREENED	ENROLLED
Ancillary or Companion	0	0	0
Correlative	145	44	56
Epidemiological/Observation	32	9	10
Prevention Intervention	0	0	0
Screening, Early Detection, or Diagnostic	0	0	0
Supportive	67	13	25
Therapeutic Intervention	191	25	23
Total Number of Patients	435	91	114

Note - Data from the GYN Clinical designated studies for UNM CC & UNM Lovelace

Table 3: FY13 Clinical trials data for evaluation, screening and enrollment per study type.

Investigator Initiated, Research Interests and Industry Sponsored Trials

The involvement of the division members is critical to the Women's Cancer Program, a signature program within the CRTC P30 application. Dr. Muller continues to lead the GYN Oncology Clinical Working Group which is an appointed working group within the Women's Program in the CRTC. This group is charged with managing the clinical and translational trials and interfacing with the cancer related basic scientists in order to broaden the research portfolio in center driven translational trials. This group meets monthly to review the clinical trials menu and to determine areas for trial development. Individual meetings occur frequently with the basic scientists for cross collaboration. Dr. Muller continues to hold an active collaborative lab effort with Dr. Bridget Wilson relating to the ERB signaling pathway in ovarian cancer. Dr. Muller has a focused collaboration with Drs. Angela Wandinger-ness and Laurie Hudson on a funded DOD ovarian cancer project to study the clinical impact of raf/rab inhibition by NSAIDs (ketorolac) in ovarian cancer. The translational trial for this work is recruiting patients to date and preliminary data is quite exciting and has spawned several FIGs and other grant applications (DOD, NIH) under review. Group manuscripts are nearing submission and planned tissue needs have been submitted jointly for tissue arrays and ascites-based protocols for multiple investigators. In addition, Drs Muller and Hudson are co-leaders of the Ovarian Cancer Working Group – which has brought a large group of scientific expertise together in order to vie for a tumor priority site in the Cancer Center's call for areas to prioritize for scientific depth which will be the key to the 2015 grant resubmission. The main goal of this working group is to position investigators to co-collaborate, and head towards working together for a large Program Project Grant submission.

Dr. Rutledge continues her work in survivorship and health outcomes studies in women with gynecologic cancer. She has previously successfully completed the second phase of her work in pelvic floor disorders which is completion of her intervention study. She remains active in the GOG Health Outcomes Committee and is actively working with residents on projects related to cancer outcomes and survivorship issues. She has an active interest in clinical trials and has championed the site PI for many GOG trials which efficiently accrue patients. She is interested in Phase 1 trials and has brought 2

GOG Phase 1 trials to our institution. She is planning on working with one of the new CC senior leaders, Dr Marty Edelman to further bring investigator initiated trials in GYN Oncology.

Dr Adams was recruited to UNM for her expertise in immunologic mechanisms and immunotherapy in ovarian cancer. She was awarded the Victor and Ruby Hansen Surface Professor in Ovarian Cancer Research. She brings with her 2 active peer review grants. Since her matriculation in Aug 2012, she has set up her lab, integrated within the Ovarian Cancer Working group, applied for DOD funding, focused-intergroup (FIG) Cancer Center funding and is presently writing an R01 application. She has had an excellent research start and is a full member of the Women's Program in the Cancer Center.

National Recognition of the GYN Oncology Division

The academic progress of the Gyn Oncology faculty has been recognized locally and nationally and continues to enhance the reputation of the Division and of UNM. Both Drs. Muller and Rutledge and now Adams continue to provide increasing leadership through committee work within our local and National Organizations, as peer reviewers for journals (inclusive of serving on editorial boards), grant organizations and NIH study sections. A brief representation of the 2012-2013 activity is listed below.

Muller

- **NIH Study Section:** Clinical Oncology Study Section (member); Loan Repayment Program (ad hoc), Gynecologic Cancer Steering Committee
- **Editorial Board:** Clinical Cancer Research
- **Gynecologic Oncology Group:** Cancer Control Committee, Ovarian Committee, Principle Investigator of GOG Grant (UNM-64)
- **Gynecologic Cancer Foundation:** Senior Editor of Women's Cancer Network, Media Ambassador
- **Society of Gynecologic Oncologist:** Membership Committee Member, Media Response Team, Strategic Planning Committee, Program Committee (for 2014 meeting)
- **Society of Gynecologic Investigation:** Program Committee, abstract reviewer
- **Cancer Services of New Mexico:** Board of Directors, annual panelist during retreat

Rutledge

- **Gynecologic Oncology Group:** Health Outcomes Research Committee
- **Society of Gynecologic Oncologist:** Clinical Practice Committee, Physician Education Awareness Campaign sub-committee

Adams

- **Gynecologic Oncology:** Reviewer
- **American Journal of Obstetrics and Gynecology:** Reviewer

Publications and Presentations

The members of the division continue to represent their work in publications and National presentations. The list of the productivity within this FY12-13 academic year is listed below. The faculty also serves as ad hoc or permanent committee members or discussants, presenters at key annual meetings such as the *Society of Gynecologic Oncologists (SGO)*, the *Western Association of Gynecologic Oncologist (WAGO)* and the twice yearly *Gynecologic Oncology Group (GOG)* meetings.

Peer Reviewed Publications (7/01/12 - 6/30/13)

Muller

- DiSilvestro P, Ali S, Craighead PS, Lucci JA, Lee Y-C, Cohn DE, Spirtos NM, Tewari KS, **Muller CY**, Gajewski W, Steinhoff M, and Monk BJ. A Phase III Randomized Trial of Weekly Cisplatin and Radiation versus Cisplatin and Tirapazamine (IND #46525) and Radiation in Stage IB2, IIA, IIB, IIIB and IVA Cervical Carcinoma Limited to the Pelvis: a Gynecologic Oncology Group study. *Journal of Clinical Oncology* 2013 (Accepted)
- Wernli KJ, O'Meara ES, Kerlikowske K, Miglioretti DL, **Muller CY**, Onega T, Sprague BL, Henderson LM, Buist DSM. Mammographic breast density as a risk factor for ovarian cancer. *Journal of the National Cancer Institute* 2013 (Accepted)
- Steinkamp MP, Winner KK, Davies S, **Muller CY**, Zhang Y, Hoffman RM, Shirinifard A, Moses M, Jiang Y, Wilson BS. Ovarian tumor attachment, invasion, and vascularization reflect unique microenvironments in the peritoneum: insights from xenograft and mathematical models. *Front. Oncol.* 2013 May;3:97
- Cook LS, Nelson HE, Cockburn M, Olson SH, **Muller CY**, Wiggins CL. Comorbidities and endometrial cancer survival in Hispanics and non-Hispanic whites. *Cancer Causes Control.* 2013 Jan;24(1):61-9.
- Verschraegen CF, Czok S, **Muller CY**, Boyd L, Lee SJ, Rutledge T, Blank S, Pothuri B, Eberhardt S, Muggia F. Phase II study of bevacizumab with liposomal doxorubicin for patients with platinum- and taxane-resistant ovarian cancer. *Ann Oncol.* 2012 Dec; 23(12):3104-10
- **Muller CY.** I grew up watching the original Star Trek, amazed at the level of medical technology utilized in many episodes. Introduction. *Obstet Gynecol Clin North Am.* 2012 Jun;39(2):xv-xvi.

Rutledge

- Martin LP, Krasner C, **Rutledge T**, Ibanes ML, Fernandez-Garcia EM, Kahatt C, Gomez MS, McMeekin S: Phase II Study of weekly PM00104 (ZALYPSIS®) in patients with pretreated advanced/metastatic endometrial or cervical cancer. *Med Oncol.* 2013 Sep;30(3):627. doi:10.1007/s12032-013-0627-3. Epub 2013 June 15.

Adams

- Mantia-Smaldone G, Ronner L, Blair A, Gamerman V, Morse C, Orsulic S, Rubin S, Gimotty P, Coukos G, **Adams S**. The immunomodulatory effects of pegylated liposomal doxorubicin are amplified in BRCA1-deficient ovarian tumors and can be exploited to improve treatment response in a mouse model. *Submitted to Gynecologic Oncology April 2013.*

Abstracts, Presentations and Lectures

Muller

- “Chemotherapy 101: It’s Not as Hard as You Think”, University of New Mexico, Resident School Lectures, Albuquerque, NM April 5, 2013
- “Ovarian Cancer Screening and Prevention” Fundraising Event by University of New Mexico, Sigma Alpha Omega Sorority, Albuquerque, NM September 28, 2012
- “Breast Cancer: Special Issues for the Gynecologist”, University of New Mexico, Grand Rounds, Albuquerque, NM, January 11, 2013
- “Breast/Gyn Ask the Oncologist” Panel, 2013 Spring Family Cancer Retreat, Albuquerque, NM

Rutledge

- “Gynecologic Cancer Overview”, UNM Physician Assistant Human Sexuality and Reproductive Course, Albuquerque, NM. 2013
- “Surgical Skills Workshop”, UNM Resident School, Department of Ob/Gyn, Albuquerque, NM. 2013
- “Molar Pregnancy”, UNM Resident School, Department of Ob/Gyn, Albuquerque, NM. 2013
- “CREOG Review”, UNM Resident School, Department of Ob/Gyn, Albuquerque, NM. 2013
- “CREOG Review”, UNM Resident School, Department of Ob/Gyn, Albuquerque, NM. 2013
- “Handling Surgical Complications”, UNM Resident School, Department of Ob/Gyn, Albuquerque, NM. 2012

Adams

- "Recurrent ovarian cancer" Webinar, The Ovarian Cancer Research Fund, February 28, 2013, 125 registered participants.
- "Immune therapy for ovarian cancer" Grand Rounds, The University of New Mexico, October 2012

GRANTS AND RESEARCH PROTOCOLS – ACTIVE AWARDS**Current Projects, Grant and Contract Funding****Muller**

- **Muller CY** (PI) Array BioPharma ARRAY-162-311 A Multinational, Randomized, Open-label Phase 3 Study of MEK162 vs. Physician's Choice Chemotherapy in Patients with Recurrent or Persistent Low-grade Serous Carcinomas of the Ovary, Fallopian Tube, or Primary Peritoneum. \$89,363 6/18/13-5/31/18
- **Muller CY** (PI) Amgen 20101129/GOG-3001 A Phase 3 Randomized, Double-blind, Placebo-controlled, Multicenter Study of AMG 386 with Paclitaxel and Carboplatin as First-line Treatment of Subjects with FIGO Stage III-IV Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancers. \$80,400 10/1/12-9/30/17
- **Muller CY** (Co-Investigator) (PI Hudson, co-Is Wandinger-Ness) DOD OC110514 Ovarian Cancer Research Program Teal Expansion Award Inhibition of small GTPases as a novel therapeutic approach in ovarian cancer The objective of this project is to determine mechanisms of GTPase inhibition by R-ketorolac and conduct a pilot clinical trial. \$350,000 7/1/12-6/30/15
- **Muller CY** (PI) Pfizer B1271004 Randomized Phase 2 Non-Comparative Study of the Efficacy of PF-04691502 and PF-05212384 in Patients with Recurrent Endometrial Cancer \$115,058 11/18/11-10/31/16
- **Muller CY** (PI) GOG #27469-64 Gynecologic Oncology Group Grant. Clinical Trials \$542,007 4/1/10-6/31/16
- Bocklage N, **Muller CY** (Investigator) National Cancer Institute-Office of Biorepositories and Biospecimen Research (NCI/OBRR). Biospecimen Contributing Institutions for Research Studies in Cancer Tissue Pre-Analytical Variables. \$7,489.00 3/1/11-8/30/15
- Willman C, **Muller CY** (PMC Director) NIH NCI University of New Mexico Cancer Center Support Grant. This competitive renewal provides NCI support for administration, programs, shared resources, clinical trials support, and developmental funds for the University of New Mexico NCI-Designated Cancer Center. \$1,357,715. 9/1/10-8/30/15

Rutledge

- **Rutledge TL (PI) GOG 0186H:** A Randomized Phase II Evaluation of Weekly Paclitaxel (NSC# 673089) Versus Weekly Paclitaxel with Oncolytic Reovirus (Reolysin® NSC# 729968, BB-IND #13370) in the Treatment of Recurrent or Persistent Ovarian, Fallopian Tube or Primary Peritoneal Cancer 03/15/2012 to present
- **Rutledge TL (PI) GOG 0225:** Can Diet and Physical Activity Modulate Ovarian, Fallopian Tube and Primary Peritoneal Cancer Progression-Free Survival 10/23/2012 to present
- **Rutledge TL (PI) GOG 0238:** A Randomized Trial of Pelvic Irradiation with or without Concurrent Weekly Cisplatin in Patients With Pelvic-Only Recurrence of Carcinoma of the Uterine Corpus 01/21/2009 to present
- **Rutledge TL (PI) GOG 0244:** The Lymphedema and Gynecologic Cancer (LEG) Study: Incidence, Risk Factors, and Impact in Newly Diagnosed Patients 11/02/2012 to present
- **Rutledge TL (PI) GOG 0248:** A Randomized Phase II Trial of Temsirolimus (NCI-Supplied Agent, NSC # 683864, IND # 61010) or the Combination of Hormonal Therapy Plus Temsirolimus in Women with Advanced, Persistent, or Recurrent Endometrial Carcinoma 08/11/2009 to present
- **Rutledge TL (PI) GOG 0249:** A Phase III Trial of Pelvic Radiation Therapy versus Vaginal Cuff Brachytherapy Followed by Paclitaxel/Carboplatin Chemotherapy in Patients with High Risk, Early Stage Endometrial Carcinoma 12/17/2008 to present
- **Rutledge TL (PI) GOG 0261:** A Randomized Phase III Trial of Paclitaxel plus Carboplatin versus Ifosfamide plus Paclitaxel in Chemotherapy – Naïve Patients with Newly Diagnosed Stage I-IV Persistent or Recurrent Carcinosarcoma (Mixed Mesodermal Tumors) of the Uterus 05/26/2010 to present
- **Rutledge TL (PI) GOG-0267:** Quality of Life and Care Needs in Patients with Persistent or Recurrent Platinum-resistant Ovarian, Fallopian Tube, and Peritoneal Cancer 01/09/2012 to present
- **Rutledge TL (PI) GOG 0273:** Chemotherapy Toxicity in Elderly Women with Ovarian, Primary Peritoneal or Fallopian Tube Cancer 10/24/2012 to present
- **Rutledge TL (PI) GOG 0274:** A Phase III Trial of Adjuvant Chemotherapy Following Chemo-radiation as Primary Treatment for Locally Advanced Cervical Cancer Compared to Chemo-radiation Alone: The OUTBACK Trial 05/04/2012 to present
- **Rutledge TL (PI) GOG 9928:** A Phase I Study of Intraperitoneal EGEN-001 (IL-12 Plasmid Formulated with PEG-PEI-Cholesterol Lipopolymer) (IND #12,484) Administered in Combination with Pegylated Liposomal-Doxorubicin (PLD, DOXIL (NSC# 712227 or Lipodox (NSC#673089) in Patients with Recurrent or Persistent Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer 06/11/2013 to present

- **Rutledge TL (PI) GOG 9929:** A Phase I Trial of Sequential Ipilimumab After Chemoradiation for the Primary Treatment of Patients with Locally Advanced Cervical Cancer Stages IB2/IIA with Positive Para-Aortical Lymph Nodes only and Stage IB/IIIB/IVA with Positive Lymph Nodes 06/20/2013 to present

Adams

- **Adams SF (PI)** American Cancer Society Mentored Research Scholarship Grant. “Intestinal immune tolerance promotes ovarian cancer dissemination” 2012-2017
- **Adams SF (PI)** The Ovarian Cancer Research Fund Liz Tilberis Scholar Award. Development of combination therapy with PARP-inhibitors and anti-CTLA4 immunomodulation for BRCA1^{-/-} epithelial ovarian cancer” 2011-2014
- **Adams SF (PI) GOG 3003:** A Randomized, Double-blind, Placebo-controlled Phase II Study of VTX-2337 (IND #78,416) in Combination with Pegylated Liposomal Doxorubicin (PLD) in Patients with Recurrent or Persistent Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer 03/07/2013 - to present

Organizational Service

In addition, the members of the Division of Gynecologic Oncology serve as good stewards within the HSC organizational structure and align with the strategic plan of the school of medicine. The faculty participates as active members within many committees and working groups within UNM, School of Medicine and UNMH.

Muller

- Oncology Committee
- UNM Data Safety and Monitoring Committee, Chair
- CRTC - Gynecologic Oncology Working Group, Chairman
- CRTC - Women’s Cancer Program
- CRTC - Clinical Research Committee
- CRTC- Protocol Monitoring Committee (PMC), Chair
- Scientific Advisory Committee, Appointed Departmental Representative
- Dept. of Ob/Gyn Appointments, Promotions and Tenure Committee, Chair
- Continued Medical Education Director – Gynecology Oncology Tumor Board
- Coordinator: Ovarian Cancer Survivors Teaching Medical Students Course
- Resident Education Committee
- UNM Pre-Med Doctor Shadowing Program

Rutledge

- Lean Project Team Member Day of Surgery Communication, UNM Hospital
- Protocol Review and Monitoring Committee, UNM Cancer Center, Chair
- OR Executive Committee, Gynecology Representative
- Resident Education Committee, UNM, Department of Obstetrics and Gynecology
- Adult Inpatient Surgical Quality Control Committee, UNM Hospital

- Gynecologic Oncology Working Group, UNM Cancer Center
- Women's Cancer Program, UNM Cancer Center

Adams

- Data Safety Monitoring Committee, UNM Cancer Center, Member

MATERNAL-FETAL MEDICINE DIVISION
Lisa E. Moore, MD, Associate Professor and Division Chief

FACULTY AND STAFF

Lisa Moore, MD	Division Chief, Associate Professor
Rebecca Hall, PhD	Professor
Sharon Phelan, MD	Professor
William F. Rayburn, MD, MBA	Professor
Luis B. Curet, MD	Professor Emeritus
Elaine DiFederico, MD	Associate Professor
Ellen Mozurkewich, MD	Associate Professor
Valerie Rappaport, MD	Associate Professor
Gael Wager, MD	Associate Professor
Timothy Hurley, MD (7/9/04 – 5/16/13)	Assistant Professor
Matthew Brennan, MD (1/1/10 – 12/1/12)	MFM Fellow & Instructor
Steffen Brown, MD	MFM Fellow & Instructor
Joey Tyner, MD (started 7/1/12)	MFM Fellow & Instructor
Diane Clokey, RD	Diabetic Educator
Kathy Morris, MSSW, LCGC	MFM Genetic Counselor
Lisa Moss, MS, LCGC	MFM Genetic Counselor
Vivian Taylor	Supervisor, Admin Support
Linda Vigil	MFM Outreach Coordinator
Lula Segura	Special Delivery Coordinator
Loretta LaCour	Administrative Assistant II
Karen Box (started 7/2/12)	Administrative Assistant III
Anthony Moya (started 9/17/12)	Administrative Assistant III
Meghan Maes	Data Entry

SERVICE

The Division of Maternal-Fetal Medicine (M-FM) is responsible for providing 24-hour/day coverage for high-risk obstetrical patients in the hospital, on Labor and Delivery, and to answer calls regarding perinatal transports and consults. The Division also staffs 6 Diabetes and M-FM out-patient clinics per week, and provides personnel to staff the Fetal Testing Center and the Prenatal Diagnosis clinic.

A collaboration with nearby Lovelace Women's Hospital is ongoing, and the M-FM faculty now provides 10 half-days of coverage there.

Division Faculty serve as the Director(s) of Labor and Delivery, the Antepartum and Postpartum Maternity Ward, Ultrasound and Genetics Women's Imaging and Lovelace Women's Hospital Antenatal Triage Unit.

Within the Division the following procedures are performed: percutaneous umbilical blood sampling (PUBS), chorionic villi sampling (CVS), Doppler velocimetry studies of the

umbilical vessels, and ultrasound examinations. Color Doppler and 3-D ultrasound equipment has allowed us to incorporate fetal echocardiography and vascular studies into our diagnostic capabilities. Data on maternal transports and all deliveries are stored in the department's computerized database. Data are entered on a daily basis. The Obstetric Division Statistics are as follows:

Inpatient and outpatient procedures	Number
1. Total obstetric patients admitted or discharged per year	3461
2. Total number of deliveries	3121
3. Total number of cesarean deliveries	714
4. Number of vaginal births after prior cesarean delivery	70
5. Total number of pregnant patients admitted/discharged with diabetes mellitus (type I, II, gestational diabetes)	319
6. Total number of pregnant patients admitted/discharged with pregnancy induced hypertension, preeclampsia & eclampsia	350
7. Stillbirths (defined as fetal deaths from 20 wks gestation)	3

Outreach

The Division of Maternal-Fetal Medicine is committed to serving the people of New Mexico. Members of the division travel on outreach to all corners of the state to provide high risk perinatal services to patients who otherwise would not have access to specialized care.

Our clinic locations and the number of patient visits for FY13 are in the table below:

<i>Clinic Site</i>	<i>Physician</i>	<i>Patient visit FY 13</i>	<i>Patient FU FY 13</i>
Alamogordo	Valerie Rappaport, MD	299	78
Farmington	Lisa Moore, MD	498	256
Gallup	Ellen Mozurkewich, MD	293	185
Las Cruces	Gael Wager, MD	690	228
Roswell	Gael Wager, MD	189	
Silver City	Gael Wager, MD	118	16

RESEARCH

The Division has an extensive database to enhance our research capability.

The division also participates in clinical research and has produced publications in the areas of diabetes in pregnancy, induction of labor, and sonographic diagnosis and management of anomalies.

For each of the past three years, the fellows have presented six abstracts at the Society of Maternal Fetal Medicine (SMFM) or the Society for Gynecologic Investigation (SGI).

CURRENT RESEARCH PROJECTS

Steffen Brown, MD

1. GIS Mapping of Tertiary Care Centers
2. Ultrasound Prediction of Fetal Alcohol Syndrome
3. Normative Values for Novel Measurements of the Fetal Frontal Lobe
4. 17 R Resolvin D1 for Prevention of PTB in a Murine model
5. Maternal Envenomation in Pregnancy
6. Antibiotic Administration after Envenomation in Pregnancy
7. Clinics of N. America: Trauma in Pregnancy
8. Prenatal ultrasound and ethanol biomarkers for early identification of prenatal alcohol exposure
9. Change in DHA levels in maternal and cord blood samples following administration of supplemental DHA (HRRC# 10-417)
10. Cost efficacy of cervical length screening in remote populations

Luis Curet, MD

1. Pilot program in Maternal-Fetal Medicine Telemedicine
2. Combined approach between ECHO and WIC to identify patients at risk for GDM in the first trimester

Rebecca Hall, PhD

1. Bakhireva L, Brown S, Hall R, Valenzuela F. "Pilot Project Core 3D Volume Assessment of the Fetal Frontal Lobe" P50 Grant Application.

Lisa E. Moore, MD

1. Criteria for diagnosis of diabetes during pregnancy (HRRC# 11-414)

Ellen Mozurkewich, MD

1. Omega-3 fatty acid derived specialized pro-resolving lipid mediators in human parturition
2. The Mothers, Omega-3 and Mental Health Study: Secondary Data Analyses

3. Cost-analysis of the free fetal DNA test versus maternal multiple marker screening for detection of fetal aneuploidy
4. 17 R Resolvin D1 for Prevention of PTB in a Murine model
5. Change in DHA levels in maternal and cord blood samples following administration of supplemental DHA (HRRC# 10-417)

Valerie Rappaport, MD

1. #2 VER007- Validation of the Verifi testing in low risk populations
2. Utilization of telehealth technologies for reproductive genetics education and patient care

William Rayburn, MD, MBA

1. Changing demographics of obstetrics and gynecology faculty, 1980-2009 (HRRC #12-325)
2. Long-term trends in obstetrics and gynecology residents pursuing accredited subspecialty fellowship training 1992-2012 (HRRC #12-326)
3. Influence of maternal obesity on nonstress test performance (HRRC #08-354)
4. Trends in academic manpower in obstetrics and gynecology (HRRC #07-285)
5. A multicenter, randomized, double-blind, dose-ranging, phase II study to assess the efficacy and safety of the 100, 150 and 200 mcg Misoprostol vaginal insert (MVI 100, MVI 150 and MVI 200) for women requiring cervical ripening and induction of labor" (HRRC #09-122)
6. Influence on medical students' attitudes of an educational encounter at a rehabilitation residence for substance abusing pregnant women (HRRC #09-298)
7. How dependent is the proportion of decosa pentanoic acid (DHA) in the plasma phospholipids or newborn infants on the DHA status of the mother? (HRRC #10-062)
8. Promotion rates for first time assistant and associate professors in obstetrics and gynecology (HRRC #10-396)
9. The obstetrician-gynecologist workforce in the United States: facts, figures, and implications (HRRC #11-328)
10. Changing landscape of academic obstetrics and gynecology (HRRC#13-328)
11. Workforce issues affecting obstetricians and gynecologists in the United States (HRRC #13-329)

**MATERNAL-FETAL MEDICINE
FELLOWSHIP PROGRAM**
Ellen Mozurkewich, MD, Associate Professor and Director

FELLOWS

	<u>Date of Graduation</u>
Matthew Brennan, MD	December 2012
Steffen Brown, MD	June 2013
Joey Tyner, MD	June 2014

The Fellowship enjoyed its 24th year of operation and is prepared for re-accreditation of the program in 2012. The American Board of Obstetrics and Gynecology has continuously granted approval of the program.

SERVICE

This 3-year fellowship provides for an individualized program with experience in the clinical management of medical complications of pregnancy, high-risk obstetrical problems, prenatal assessment and fetal therapy, diabetes mellitus in pregnancy and clinical and basic science investigation. Clinical service of the Prenatal Diagnosis in Genetics Section runs prenatal diagnostic and counseling clinics five days of the week. Our statewide outreach program provides much clinical material for our transfers. We continue to adhere closely to the 80-hour work week daily hour requirements.

FELLOW PUBLICATION AND PRESENTATIONS

Listed below in descending chronological order (newest first; oldest last) are all publications and presentations at regional and national meetings during their fellowship.

THIRD-YEAR FELLOW**Matthew Brennan, MD****Publications**

1. Brennan MC, Wolfe MD, Murray-Krezan CM, Cole LA, Rayburn WF. First-trimester hyperglycosylated human chorionic gonadotropin and development of hypertension. Prenat Diagn 2013; (in press).
2. Kennedy KA, Brennan MC, Rayburn WF, Brotherton SE. Attrition rates between residents in obstetrics and gynecology and other clinical specialties, 2000-2009. J Grad Med Ed 2013; 5(2):267-71.

3. Brennan MC, Moore LE. Pulmonary embolism and amniotic fluid embolism in pregnancy. *Obstet Gynecol Clin North Am* 2013; 40(1):27-35.
4. Kirschbaum KA, Rask JP, Brennan MC, Phelan ST, Fortner SA. Improved climate, culture, and communication through multidisciplinary training and instruction. *Am J Obstet Gynecol* 2012; 207:200.e1-7.
5. Brennan MC, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. *Birth Defects Res A Clin Mol Teratol* 2012; 94(8):620-5.
6. Rayburn, W, Brennan, M. Periconception warnings about prescribing opioids. *Am J Obstet Gynecol* 2011; 204(4):281-2.
7. Brennan MC, Pevzner L, Powers BL, Wing DA, Rayburn W: Safety of prolonged retention of a sustained-release dinoprostone vaginal insert. *Am J Perinatol* 2011 Jan; 28(2): 479-84
8. Martirosian T, Trowbridge T, Pastore L, Smith S, Brennan M, Dooley Y, Matthews C, Özel B, Sutkin G, Hullfish K: The multicenter urogynecology study on education (MUSE): Medical student educational experiences and knowledge outcomes during the OBGYN clerkship. *Female Pelvic Med Reconstr Surg* 2011; 17(2):100-104.
9. Smith TM, Trowbridge ER, Pastore LM, Smith SC, Brennan MC, Dooley Y, Matthews CA, Ozel B, Sutkin G, Hullfish KL. The multicenter urogynecology study on education: Associations between educational outcomes and clerkship center characteristics. *Female Pelvic Med Reconstr Surg* 2011 May/June; 17(3):134-8.
10. Brennan MC, Ogburn T, Hernandez CJ, Qualls C: Post-operative pain relief following administration of bupivacaine during laparoscopic tubal sterilization. *Am J Obstet Gynecol* 2004 May; 190(5): 1411-3.

Presentations

1. Brown SA, Brennan MC, Rayburn WF, Bakhireva L. Prenatal ultrasound and ethanol biomarkers for early identification of prenatal alcohol exposure. *Am Institute of Ultrasound Med*, New York, NY, 2013.
2. Brown SA, Wolfe M, de la Torre L, Brennan MC, Hall, R. Equivalence of 2D and 3D ultrasound in the evaluation of first trimester nuchal translucency by maternal-fetal medicine fellows. *Am Institute of Ultrasound in Med (AIUM)*, New York, NY, 2013.
3. Brennan MC, Wolfe M, Rayburn WF, Cole L. Predictive value of hyperglycosylated hCG and subsequent preeclampsia. *Soc Gynecol Investiga*, Orlando FL, 2013.
4. Tyner J, Brennan MC, Brown SA, Rayburn WF. Long-term trends in residents pursuing maternal-fetal medicine fellowships, 1993-2012. *Soc Mat Fetal Med*, San Francisco CA, February 2013.

5. Brennan MC, Mozurkewich E, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. Teratol Soc, Baltimore MD, 2012.
6. de la Torre L, Brennan MC, Rayburn WF. Can we predict adverse neonatal outcomes in cases of gastroschisis using ultrasound assessment of the abdominal wall defect size? Teratol Soc, Baltimore MD, 2012.
7. Brennan M, de la Torre L, Brown S. Screening for and prevention of preterm labor. University of New Mexico's 20th Annual Amazing Newborns Conference, November 9, 2011, Albuquerque, NM.
8. T. Martirosian, E. Trowbridge, L. Pastore, S. Smith, M. Brennan, Y. Dooley, C. Matthews, B. Özel, G. Sutkin, K. Hullfish: The multicenter urogynecology study on education (MUSE): Toward a student centered clerkship experience. 32nd Annual Scientific Meeting of the American Urogynecologic Society, September 2011.
9. de la Torre L, Brennan M, Wappett K, Wolfe M, Moore L. Are second trimester amniocentesis' associated with an increased risk of preterm delivery? Soc Gynecol Investiga Annual Meeting, March 2011, Miami, FL.
10. Brennan M, Albright B, Price S, Skipper B, Rayburn W. Differences in methadone requirements for pregnant women with prescription narcotic use versus heroin use. Soc Mat Fetal Med Annual Meeting, February 2011, San Francisco.
11. J. Rask, S. Fortner, M Brennan, T Peterson: Analysis of teamwork between anesthesia and obstetric residents after training in invitational rhetoric. International Meeting for Simulation in Healthcare, January 2011, Phoenix, AZ.
12. M Brennan. Antiphospholipid syndrome in pregnancy: What the clinician needs to know. Midwinter Indian Health Conference on Women's & Children's Healthcare, January 29, 2011, Telluride, CO.
13. M. Brennan. Antiphospholipid syndrome in pregnancy." New Mexico High Risk Obstetrical Teleconference, January 11, 2011, Albuquerque, NM.
14. Rask J, Fortner S, Yen T, Brennan M, Kirschbaum K, Invitational rhetoric: A novel strategy for enhanced communication in the obstetric suite. Am Soc Anesthes Annual Meeting, October 2010.
15. Martirosian T, Trowbridge E, Pastore L, Smith S, Brennan M, Dooley Y, Matthews C, Özel B, Sutkin G, Hullfish K. The multicenter urogynecology study on education (MUSE): associations between educational outcomes and clerkship center characteristics. Am Urogyn Soc Annual Meeting, October 2010.

16. Brennan M, Albright B, Leeman L, Price S, Rayburn W. Eligibility of women for hepatitis C antiviral therapy after delivery. Infect Dis Soc Obstet Gynecol (IDSOG) Annual Meeting, August 2010, Santa Fe, NM.
17. Brennan M, Pevzner L, Powers B, Wing D, Rayburn W. Safety of prolonged retention of a sustained-release dinoprostone vaginal insert. Soc Mat Fetal Med Annual Meeting, February 2010, Chicago, IL.
18. "New Nomenclature in Fetal Heart Rate Monitoring and Antenatal Testing." 2010 Annual Women's Health Care Seminar, February 26, 2010, Albuquerque, NM.
19. "Antenatal Testing: What the Primary Care Provider Needs to Know." 25th Annual Indian Health Women's & Children's Health Care Conference, January 29, 2010, Telluride, CO.
20. "Progesterone for the Prevention of Pre-term Birth." New Mexico High Risk Obstetrical Teleconference, September 29, 2009, Albuquerque, NM.
21. "Laparoscopic Hysterectomy- A Hands on Workshop." New Mexico Annual Women's Health Care Seminar, February 6, 2009, Albuquerque, NM.
22. "Transferring Obstetric Patients: The View from the Ivory Tower." Midwinter Indian Health Conference on Women's and Children's Healthcare, January 31, 2009, Telluride, CO.

SECOND-YEAR FELLOW

Steffen Brown, MD

Publications

1. Brown S, Mozurkewich E. Trauma during pregnancy. Obstet Gynecol Clin N Am 2013 Mar;40(1):47-57
2. Brown SA, Rayburn WR, Seifert SA, Management of envenomations during pregnancy. Clin Toxicol 2013 Jan; 51(1):3-15
3. Brown S, Richards M, Rayburn WR. GIS Mapping Indicates Access to Perinatal Tertiary Care Centers is Maldistributed. SMFM Poster 2/12.
4. Maternal Fetal Medicine CREOG Review. Presented at University of New Mexico Department of Obstetrics and Gynecology Resident Conference. January 2011, Albuquerque, NM.
5. Update in Prevention of Preterm Birth. Presented at Amazing Newborns Conference, University of New Mexico, November 2011, Albuquerque, NM.

6. Leeman LM, Brown S, Albright BB, Skipper B, Hsi A, Rayburn WF. Association between intrapartum fetal heart rate patterns and neonatal abstinence syndrome in methadone exposed neonates. J Matern Fetal Neonatal Med 2011; 24(7):955-9.
7. Brown S, Wolfe MD, Coalson R, Myers OB, Rayburn WF. Maternal obesity and nonstress testing. Am J Perinatal 2011; 28(9):723-8.

Presentations

1. Prenatal Ultrasound and Ethanol Biomarkers for Early Identification of Prenatal Alcohol Exposure. Presented at Annual Clinical Meeting of the American Institute of Ultrasound In Medicine. New York, NY. April 17, 2013.
2. Brown S, Mozurkewich E. Fatty Acid Ratios and Depressive Symptoms in Pregnancy: A Secondary Analysis of the Mothers, Omega-3 [amp] Mental Health Study. Society for Gynecologic Investigation 2013.
3. Brown S. Wolfe M. Brennan M. Hall, R. Equivalence of 2D and 3D Ultrasound in the Evaluation of First Trimester Nuchal Translucency by Maternal-Fetal Medicine Fellows. American Institute of Ultrasound in Medicine.4/2013
4. Brown, S. Richards, M. Rayburn, W. Access to Comprehensive Maternity and Newborn Care: Another Value of Geographic Information System (GIS) Mapping. Ninth Annual AAMC Physician Workforce Research Conference, 5/2013.
5. Holbrook, B. Brown, S. Rayburn, W. Access to Obstetricians-Gynecologists in New Mexico. New Mexico Public Health Association National Health Disparities Joint Conference 4/2013.
6. Brown SA, Richards ME, Rayburn WF. Geographical information systems (GIS) mapping indicates access to tertiary care perinatal centers in the United States is regionally maldistributed. Soc Mat Fetal Med, Dallas TX, 2012.
7. Brennan M, de la Torre L, Brown S. Screening for and prevention of preterm labor. University of New Mexico's 20th Annual Amazing Newborns Conference, November 9, 2011, Albuquerque, NM.
8. Leeman L, Brown S, Albright B, Rayburn WR. Association between intrapartum fetal heart rate patterns and neonatal abstinence syndrome in methadone exposed neonates. Soc Maternal Fetal Medicine, February 2010, Chicago, IL.
9. Brown S, Wolfe M, Coalson R, Rayburn WR. Effect of maternal obesity on non-stress testing. Am Coll Obstet Gynecol Annual Clinical Meeting, May 2009.
10. "Effect of Maternal Obesity on Non-stress Testing." New Mexico Annual Women's Health Research Symposium, June 19, 2009, Albuquerque, NM.

FIRST-YEAR FELLOW**Joey Tyner, MD****Publications**

1. Tyner JE, Rayburn WF. Emergency cesarean delivery: special precautions. *Obstetrics and Gynecology Clinics of North America*, 2013;(40):37-45.
2. Pacheco L, Saade G, Tyner J, Clark S, Hankins G. Obstetric Hemorrhage New Insights. *Contemporary OB/GYN*. June 2012.
3. Amagwula T, Chang P, Hossain A, Tyner J, Rivers A, Phelps J. Preimplantation genetic diagnosis: a systematic review of litigation in the face of new technology. *Fertility and Sterility*, August 2012. PMID: 22901852
4. Kilic G, England J, Borahay M, Pedraza D, Freeman D, Snyder R, Ertan AK. Accuracy of physician and nurse practitioner colposcopy to effect improved surveillance of cervical cancer. *European Journal of Gynaecological Oncology* 2012; 33(2):183-6. PMID: 22611960
5. Tapisiz OL, Ertan K, Tyner J, Borahay M, Freeman DH, Kilic GS. Cytology At The Time of Cervical Colposcopy. *European Journal of Gynaecological Oncology* 2012; 36-38.

Presentations

1. Tyner J, Holbrook B, Elwell E, Brown S, Rayburn W. Access to Obstetrician-Gynecologists in New Mexico, National Health Disparities Joint Health Conference, Albuquerque NM, April 2013.
2. Tyner J, Mozurkewich. Prenatal Omega-3 Fatty Acid Supplementation Reduces Proinflammatory Cytokine Production in Umbilical Cord Blood. Palm Springs, CA Western Perinatal Conference, January 2013
3. Tyner J, Pacheco L, Saade G, Clark S, Hankins G. Obstetric Hemorrhage New Insights. UTMB Galveston, TX OBGYN Research day, June 2012.
4. Tyner J, Hawkins S. The Role of Dicer in Decidualization. UTMB Galveston, TX OBGYN Research day, June 17, 2011.
5. Tyner J, Kilic G, Rodriguez A. Accuracy of Physician and Nurse Practitioner Colposcopy to Effect Improved Surveillance of Cervical Cancer. The Southern Group on Educational Affairs Houston, TX April 14, 2011.

**MATERNAL-FETAL MEDICINE DIVISION
PRENATAL DIAGNOSIS AND GENETICS PROGRAM
Valerie Rappaport, MD, Associate Professor and Director**

FACULTY AND STAFF

Valerie Rappaport, MD	Associate Professor
William Rayburn, MD, MBA	Professor
Lisa Moore, MD	Associate Professor
Ellen Mozurkewich, MD	Associate Professor
Gael Wager, MD	Associate Professor
Timothy Hurley, MD (7/9/04 – 5/16/13)	Assistant Professor
Rebecca Hall, RDMS, PhD	Sonographic Educator
Kathy Morris, MSSW, LCGC	Sr. Genetic Counselor
Lisa Moss, MS, LCGC	Genetic Counselor
Ileana Gonzalez, RDMS	Sonographer
Katherine Moñtano, RDMS	Sonographer
Katherine Brogden, RDMS	Sonographer
Lillian Padilla, RDMS	Sonographer
Theresa Martiniez, RDMS	Sonographer

SERVICE

The Prenatal Diagnostic and Genetics Service provides genetic counseling and prenatal diagnostic services to UNMH, as well as serving as a tertiary referral site statewide. Outreach clinics are held in Alamogordo, Las Cruces, Roswell, Gallup, Crownpoint, Farmington, and Silver City. Services include prenatal diagnosis, preconception counseling, amniocentesis, ultrasound, chorionic villus sampling, fetal blood sampling, blood karyotyping, as well as DNA diagnostic testing and comprehensive antenatal and postpartum follow-up.

CLINICAL

The clinical service of the Prenatal Diagnosis Section runs prenatal diagnostic and counseling clinics five days per week. Patients are referred statewide to the clinics for prenatal diagnosis, diagnostic testing, fetal therapeutics, molecular diagnosis and both preconception and postpartum counseling.

We have a multidisciplinary fetal cardiology clinic and special delivery service for babies with special needs.

Last year from July 1, 2012 to June 30, 2013, approximately 6,000 patients were seen in the prenatal diagnostic unit.

EDUCATION

The Prenatal Diagnosis and Genetics Service provides education both didactic and hands-on during all three years of the MFM fellowship, the Ob/Gyn residency, and medical student rotation on obstetrics at UNM.

There is a weekly Prenatal Diagnosis and Genetics conference held jointly with the Pediatric Dysmorphology Service to review cases and current development in prenatal genetics.

MATERNAL-FETAL MEDICINE DIVISION
UNM PERINATAL ASSOCIATES, LOVELACE WOMEN'S HOSPITAL
Elaine M. DiFederico, MD, Associate Professor and Director

FACULTY AND STAFF

Elaine M. DiFederico, MD	Associate Professor
William F. Rayburn, MD, MBA	Professor
Lisa Moore, MD	Associate Professor
Ellen Mozurkewich, MD	Associate Professor
Rebecca Hall, PhD	Professor
Kathy Morris, MSSW, LCGC	Sr. Genetic Counselor
Lisa Moss, MS, LCGC	Genetic Counselor

SERVICE

UNM Perinatal Associates provides 24 hour/day consultation for high-risk obstetric patients and maternal transports at Lovelace Women's Hospital. We also staff 10 maternal fetal medicine clinics per week. In this outpatient setting, we provide first trimester screening, genetic counseling, prenatal diagnosis, targeted obstetric ultrasounds, fetal surveillance, and maternal fetal medicine consultations. In collaboration with Lovelace Diabetes Educators, we offer ongoing teaching, glucose monitoring, medication adjustment and fetal surveillance for diabetic obstetric patients. Maternal fetal medicine consultations are also available for high risk obstetric patients on the in-patient service.

Inpatient and Outpatient Services (July 1, 2012 – June 30, 2013)

Inpatient Consultations	4/wk
Outpatient Consultations	20/wk
First Trimester Screens	15/wk
Genetic Counseling	6/wk
Diabetic Counseling	8/wk
Obstetric Ultrasounds	45/wk
Fetal Surveillance (BPP)	35/wk

FUTURE PLANS

Lovelace Women's Hospital supports 3,200 obstetric deliveries per year. They have expanded their Level III NICU capacity to 53 neonatal beds. Lovelace administrators and Neonatologists have an active outreach program, encouraging maternal transports to Women's Hospital from all corners of the state.

To serve this expanding segment of the community, we expect to continue our presence at Women's Hospital. As MFM staffing permits, we will offer more frequent outpatient clinics and continued availability for in-patient consultations. Our MFM suite has been remodeled to permit expansion of our ultrasound services.

Due to the volume of obstetrics patients, we see excellent educational opportunities for our three MFM fellows at Lovelace Women's Hospital, particularly in the areas of prenatal diagnosis, ultrasound and clinical perinatology.

MATERNITY AND FAMILY PLANNING PROGRAM
Sharon T. Phelan MD, Medical Director**FACULTY AND STAFF**

Sharon Phelan MD, FACOG
Alan Waxman MD, FACOG
Jody Stonehocker MD, FACOG
Jean Cox MS, RD, LN

Medical Director
Physician
Physician
Nutritionist

HISTORY

Established in 1969, the Maternity and Family Planning Program has provided high quality medical care for women over 40 years through partnership with University of New Mexico Health Sciences Center, University Hospitals and the City of Albuquerque. The Maternity and Family Planning Program has continuously served women in areas where barriers to care include finances, geography, transportation, language and immigration status and are situated in areas identified as having health care access issues.

Maternity and Family Planning Program has played a vital role in providing comprehensive prenatal health care to mothers and babies who primarily deliver at University Hospital. In addition, the provision of family planning services and well woman care has allowed clients to receive necessary preventative care including nutritional and social worker services. Maternity and Family Planning Program also acts as a gateway for clients and their families to specialty care and primary care beyond the M&FP providers scope of practice, enhancing the health of the community.

The Program encompasses Bernalillo County and adjacent communities in Sandoval, Torrence and Valencia Counties. Any New Mexico resident is eligible for outpatient services. The four satellite locations are:

Northwest Valley	1231 Candelaria, NW
West Mesa	6900 Gonzales SW
South Broadway	1500 Walter, SE
New Futures	5400 Cutler, NE

Highlights for the Maternity and Family Planning Program for the 2012-2013 Academic Year include

Maternity and Family Planning Program continues to be actively involved in medical education at multiple levels. OB/GYN residents and medical students rotate through the clinics gaining additional insight and experience in providing ambulatory women's health care to a traditionally underserved, often self-pay, immigrant population while working one

on one with an attending physician. Additionally, Family Nurse Practitioner students, student Nurse Midwives, Physician Assistant students, Medical Assistant students, nursing, social work, and clinical nutrition students may elect a rotation at M&FP clinics providing valuable training in the team approach to patient care and collaboration with various agencies.

The University of New Mexico Hospital promotora program continues to work well promoting EMSA applications. Education and Outreach efforts to target at-risk communities have been successful. Issues addressed include contraception, family planning, safe sex, sexually transmitted diseases, and Maternity and Family Planning Program services. The promotoras have taken over the responsibility for this and are increasing their community outreach activities and childbirth education classes in Spanish.

Jean Cox RN, OB/GYN-M&FP Nutritionist continues to counsel patients at all of the sites, dealing with multiple nutritional problems such as anemia, weight related problems, abnormal glucose tolerance and hyper-emesis. Despite the fact that the WIC programs are housed in different facilities, we continue to collaborate and refer our patients to the WIC program. Our nutritionist is also involved in teaching residents, medical students and nutritionist students through their respective UNM programs. We are working to get the nutritional clinical notes done electronically.

Sharon Phelan, MD continued to lead the program in the capacity of Medical Director. Revisions of our Obstetrical guidelines are finalized as part of the every two-three year review of all guidelines. The Family Planning/well woman guidelines are now being reviewed and expanded. The guidelines are developed to facilitate patients staying in the M&FP system if at all possible and to seamlessly refer to specialty clinics as needed. With Dr. Phelan's and Dr. Stonehocker's consistent presence weekly at each of the CC Clinics, more patients are allowed to remain in M&FP clinics rather than being transferred to the MFM or Gynecology clinics. This promotes patient centered care within their community.

Dr. Jody Stonehocker will assume the role of Medical Director July 1, 2013. She is a board certified Ob-Gyn on faculty at UNM. She brings experience having worked in similar clinics in California. She is fluent in Spanish which will be a major asset.

Dr. Alan Waxman, a nationally recognized colposcopist, is directing our colposcopy clinic at the Northwest Valley clinic.

Power Chart electronic obstetrical record is the main stay for documentation. Over the next year the prenatal forms will be expanded in anticipation of an electronic admission history and delivery note that will replace the current system which involves multiple forms. As always the providers in the M&FP clinics are the Vanguard of this effort. This continues to insure client information is available to all the UNMH obstetric providers no matter what their location. This in turn has improved both patient care and safety.

Drs. Stonehocker and Phelan will continue to identify research protocols appropriate to Maternity and Infant Care Program clients and clinics. Currently the Center of

Reproductive Health is developing a research activity that will enroll teens from the M&FP clinics.

Outside Professional Activities

Sharon Phelan MD FACOG has provided multiple lectures to outside organizations on health maintenance, and health related topics such as smoking cessation, obesity, and nausea and vomiting in pregnancy. She is on the ACOG Committee for Maintenance of Excellence and Committee for Scientific Programs. She also serves as a site visitor for audits of clinical locations as part of the ACOG's Women's Health Safety Certification for Outpatient Practice Excellence. By serving as the Medical Director of Maternity & Family Planning clinics and of Labor and Delivery, she was able to provide more seamless care between the ambulatory and inpatient care.

Jean Cox RN has provided a number of lectures to state wide audiences, UNMH Ob residents, UNMH nursing staff, MFM fellows and UNM undergraduate classes on issues of prenatal nutrition. She was key in the update and translation of our in house patient education manual called "You and Your Baby's Health". She is currently working on the revisions of the computer program designed for pregnant women as an extended research project. Finally she is currently awaiting the publication of a chapter on clinical nutrition in the critically ill pregnant patient.

Alan Waxman MD remains active in ACOG through the Committee on American Indian Affairs and Committee on Underserved Women. Alan also teaches the ACOG course on Update in colposcopy and an interactive session on cervical cancer screening. Locally he is on the New Mexico Pap and HPV Registry Steering Committee and N.M. Dept. of Health, Breast and Cervical Cancer Program (BCCP) Medical Advisory Committee.

Jody Stonehocker MD joined the UNM faculty in 2012 after working in the private sector, both in south San Diego and here in ABQ, for eight years. She is looking forward to her new role as the Medical Director of our clinic system. She has also assumed the position of Associate Residency Director, with emphasis on the development of the educational curriculum for the residency program.

Plans for Near Future

1. Further expansion of the electronic record for nutrition notes as well as integrate with the inpatient records.
2. Finalize the review of the Family Planning care guidelines to provide more guidance for the mid-level providers to follow the new well women recommendations and verifying we are in compliance with the DOH protocols.

MEDICAL STUDENT EDUCATION
Kathleen Kennedy, MD, Clerkship Director**FACULTY AND STAFF**

Kathleen Kennedy MD
Elaine DiFederico MD
Jody Stonehocker, MD
Sharon Phelan MD
Gloria Cordova

Clerkship Director, Phase II OB-GYN
Assistant Clerkship Director Phase II OB-GYN
Assistant Clerkship Director Phase II OB-GYN
Director, Education in OB-GYN
Clerkship Coordinator

Phase I

Several OB-GYN faculty are involved in teaching in the Phase I Human Reproduction and Sexuality block offered in the second year medical school curriculum which includes tutorials, lectures, assisting with anatomy demonstrations, a pelvic exam workshop, small group sessions and film discussions.

Other Phase I activities involving OB-GYN faculty include:

- 1) Circuit riding for Physician Immersion Experience
- 2) Precepting for Continuity clinic
- 3) Mentoring students with a specific interest in women's health
- 4) Participation in lectures, roundtables, and dinners sponsored by the Women's Health Interest Group
- 5) Mentoring students in research – from 2008-2013 in the OB-GYN department.

Significant developments in Phase I include the continued use of the structured tutorial, a highly rated method of delivering problem based learning. Additionally, the HS&R block is using an NBME final, a popular change, given the proximity of USMLE to students in this block and the extra preparation they get from taking a board final. Plans for the coming year include reducing tutorial time, reducing the number of lectures and increasing the interactive component of lecture and making lecture mandatory.

Phase II

All department faculty members, including new fellows and Nurse Midwives are involved in Phase II of the medical student curriculum as clinical attending physicians on the wards, Ob-Gyn clinics, Labor and Delivery, and in the operating room. Students attend resident and departmental conferences. Most faculty members also teach one or more of the 30 case-based didactic sessions delivered to each 8-week rotation of students. This year, we had some new topics as Urogyn, Family Planning, and MFM fellows became involved in presenting lectures.

Lactation lectures which were given each Friday to students on L&D and MFM rotations were discontinued. The University Hospital implemented a new WellStart module to train medical staff. In place of the lactation lectures, the OB-Gyn Clerkship began to require each medical student to complete the WellStart module and submit their completion certificate to the clerkship to demonstrate compliance with the learning requirement. Each student is now also assigned 1 ½ hours to lactation training with the nursing staff on MFM wards during their MFM rotation. The new approach ensures that all medical students receive training in lactation management. The other clerkships rely on Ob-Gyn's mandated training to meet compliance directives regarding lactation training.

Each rotation starts with the students attending a scrub workshop led by the scrub nurses on L&D. An improved relationship has evolved between the L&D nursing staff and our medical students, seemingly due to the scrub workshop.

An interesting addition to the curriculum has been the requirement for students to write about incidences of professionalism they witness in the clinical environment each week. Their weekly writings are then compiled anonymously to one document for a discussion led by the Clerkship Director on the last lecture day of the block. Students have reported that the exercise heightened their awareness of professionalism and helped them conduct themselves with a more positive attitude during the block.

At the end of last year, we began making changes to the Ob-Gyn Clerkship, adding three new Gyn preceptor sites (Lovelace, private, and Presbyterian Rust) and one new MFM experience (Pinon Perinatal). Student assignments to the new sites have continued with good success.

Dr. Stonehocker joined the Clerkship team as an Assistant Director in August 2012 to December 2012.

The student enrollment stabilized to an increased number of 14-16 students per block. The greatest impact has been to MFM and L&D rotations which all students have to complete. Additionally, more than one student per rotation had to sometimes be assigned to the on-site rotations (Benign Gyn, Urogynecology, and Gyn Oncology). The additional students on rotations created a challenge to the faculty and residents on the rotations to give the students an equal and adequate experience.

Other phase II activities involving Ob-Gyn faculty and residents include:

- 1) Teaching in our suture workshop for medical students
- 2) Teaching breast and pelvic examinations using standardized patients
- 3) Writing and preparing oral examinations, which currently comprises 25% of students' Ob-Gyn clerkship grade
- 4) Administering oral exams
- 5) Formal faculty advisors assigned to 1-2 students each
- 6) Evaluation of student write-ups

- 7) Utilizing BATCAVE equipment for pelvic simulations
- 8) Participation in PRIME evaluation sessions
- 9) Precepting for medical students in Continuity Clinic II
- 10) Counseling and advisement of students interested in Ob-Gyn
- 11) Professionalism discussion

The oral examination, which accounts for 25% of the students' Ob-Gyn clerkship grade, has continued to prove helpful in preparing students for the shelf board exam at the end of the rotation.

We continue to recommend that students access the uWISE system question bank, through the Association of Professors of Gynecology and Obstetrics, which is an important interactive self-examination database for medical students. Students are encouraged to utilize these cases and information source in preparation for the oral examination. Additionally, Ob-Gyn maintains an up-to-date library of textbooks that students borrow from during the block. We check out suture pads and knot tying kits that students can use to practice their skills. The Urogynecology Division implemented the use of a training module and developed a presentation template to follow for students rotating through the Urogynecology specialty.

We have enjoyed enthusiastic participation in the faculty-advisor program in which all students are assigned to an Ob-Gyn faculty to discuss write-ups, prepare for the oral examination, answer clinical questions, and receive counseling and career advisement.

Last year, a review of USMLE Step 2 scores revealed that, three years in a row, our students scored higher than the national average on all four Ob-Gyn components of the exam, the only department in the SOM for whom this true. For the fourth year, our students consistently perform above the national average in USMLE Step 2 questions pertaining to disorders of pregnancy, childbirth and puerperium, obstetrics and gynecology, and gynecologic disorders. Ob-Gyn continues to be consistently rated as one of the top two departments in overall clerkship quality by Phase II students.

Ob-Gyn continues to work with Drs. Teresita McCarty and Ann Morrison, from Assessment and Learning, and other Phase II clerkships to improve the end of clerkship OSCEs and their applicability as a student study aid for the USMLE Step 2 CS exam.

We continue to utilize the Medical Education Technologies Incorporated (METI) computerized pelvic model as well as standardized patients for the second part of the pelvic workshop at orientation. The School of Medicine also provided breast models that we use as a learning tool when presenting the lecture on Breast Disease.

Our midpoint formative evaluation procedure was changed last year to incorporate a new standardized evaluation form that we developed. The new form lists definitive criteria for meeting below novice to advanced levels of performance and is provided to each student at the beginning of the block to inform them of benchmarks to meet performance levels. At midpoint, students complete a self-evaluation and bring it to the

evaluation session. Comparison of self-review to feedback from others provides additional insight for both the student and the evaluator, allowing for more thorough and individualized coaching. The tool has proved useful and we continue to utilize it for evaluating students' clinical performance. The form is instrumental in teaching residents how to evaluate student performance using objective clinical criteria and has increased their participation in the evaluation process.

In the past, we adopted a work hour policy for students across all clerkships and continue to track student work hours.

Each block, medical students evaluate faculty and residents, rating and commenting on their teaching. Based on this feedback, the Ob-Gyn Clerkship presents teaching awards to those who have been rated as exemplary. This year, 17 of 24 residents received awards. Twenty-five faculty and five medical staff also received awards for exemplary teaching. In addition, every faculty regardless of award status received a letter from the clerkship with information about their participation and teaching accomplishments during the year, and feedback for improving teaching in the clinical setting and in lectures.

Recipients of Medical Student Teaching Awards for Academic Year 2012-2013

Residents:

Mary Sale, MD
(Top evaluation score - Resident)
Nicholas Andrews, MD
(Second highest evaluation score – Resident)
Jill Alldredge, MD
Biatris Barrera, MD
Sarah Decker, MD
Kylie Fowler, MD
Jessica Highfill, MD
Brad Holbrook, MD
Samara Knight, MD
Megan Kuhn, MD
Erin Murata, MD
Tanya Pasternak, MD (four year recipient)
Saul Rivas, MD
Lauren Thaxton, MD
Kerry Wappett, MD (four year recipient)
Richie Wintermute, MD (four year recipient)
Sarah Woods, MD (four year recipient)

Faculty:

Curtis Boyd, MD
Steffen Brown, MD
Francis Byrn, MD
Shannon Carr, MD
Sara Cichowski, MD
Elaine DiFederico, MD
Gena Dunivan, MD
Eve Espey, MD, MPH
Timothy Hurley, MD
Kathleen Kennedy, MD
Kate Meriwether, MD
Ellen Mozurkewich, MD
Tony Ogburn, MD
Brenda Pereda, MD
(highest evaluation score – Fellow)
Sharon Phelan, MD
William Rayburn, MD, MBA
Teresa Rutledge, MD
Jody Stonehocker, MD
Betsy Taylor, MD
Joey Tyner, MD
Gael Wager, MD
Alan Waxman, MD
Meggan Zsemlye, MD

CNMs and Other Teaching Staff:

Noelle Borders, CNM
Ellen Craig, CNM
Felicia Mancini, CNM
Laura Migliaccio, CNM

Kathy Morris, MS, Genetics Counselor
Joel Teicher, MD
James Wurzel, MD

Phase III

Several Phase III electives are offered through the department of Ob-Gyn: a sub-internship elective in Gynecologic Oncology, Maternal Fetal Medicine, Benign Gynecology and, most recently, Benign Breast Disease. In addition, we offer an Ambulatory Gynecology elective. This academic year, we received many requests for sub-internships and were able to make 12 placements for the 2013-14 academic year.

Education Administration

The department is highly involved with education administration. Dr. Sharon Phelan is coordinating education in the Ob-Gyn department and is involved in both medical student and resident education and curriculum. Dr. Kennedy continues to serve as Co-Chair of the Clerkship Directors. This committee sets standards for clerkship education throughout UNM SOM.

Regional/National Activities

Our department is actively involved in regional and national presentations in the field of education. We presented several posters, oral presentations and workshops at the Western Group on Educational Affairs (WGEA) and the Association of Professors of Gynecology and Obstetrics (APGO). Several of these presentations involved residents and medical students. Reflecting national priorities, we are doing a good job with recruitment of medical students into the field.

MIDWIFERY DIVISION
Laura Migliaccio, CNM, MSN, Division Chief

Staff

Aleda Noelle Borders, CNM, MSN	Nurse Midwife
Thanh-Tam Ho, CNM, MSN	Nurse Midwife
Robyn Lawton, CNM, MSN	Nurse Midwife
Tamara Littles, CNM, MSN	Nurse Midwife
Felicia Mancini, CNM, MSN, MPH	Nurse Midwife
Regina Manocchio, CNM, MSN	Nurse Midwife
Katrina Nardini, CNM, MSN	Nurse Midwife
Abigail Reese, CNM, MSN	Nurse Midwife
Martha Rode, CNM, BSN	Nurse Midwife
Anna Stryker, CNM, MSN	Nurse Midwife
Elizabeth Tarrant, CNM, MSN	Nurse Midwife
Shannon Martin, MPA	Program Coordinator

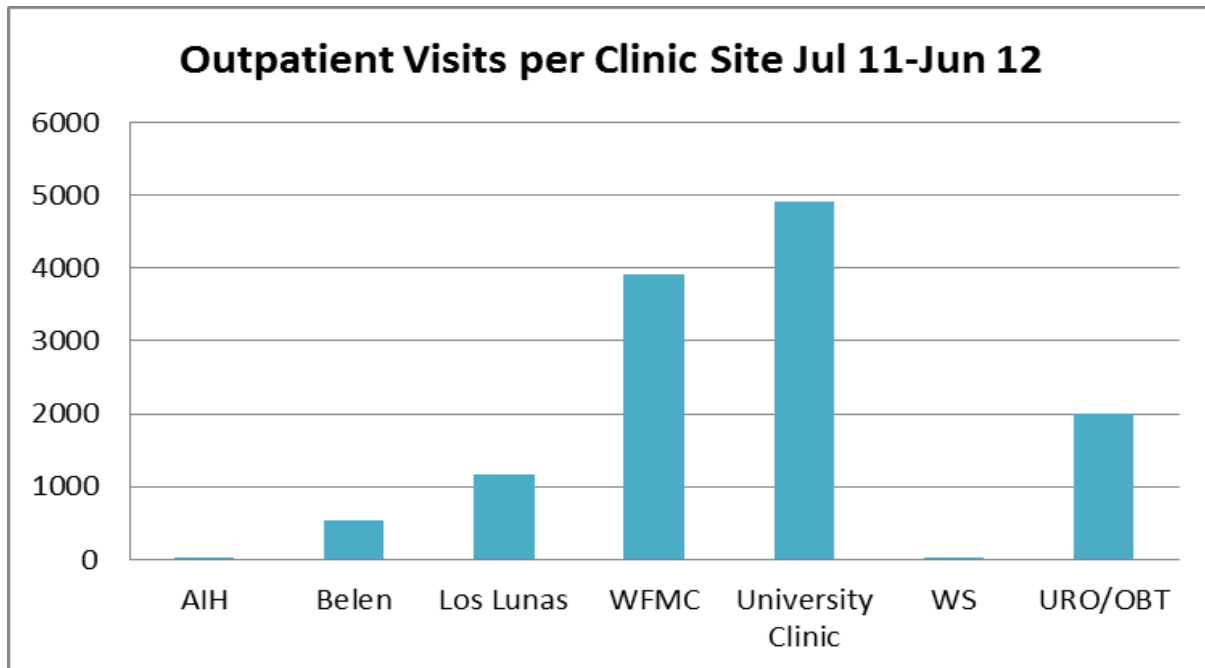
Clinical

Since 1975 the UNM Midwifery Division has provided excellent, compassionate pregnancy and well-woman care to women and families. This year the division focused on enhancing clinical care and actively revised and updated our clinical practice guidelines. The midwifery staff consistently receives positive patient feed-back from Press-Ganey surveys and the UNMH I-Care Awards. The Midwifery Division currently provides full-scope care to patients at the following clinical sites:

- University Center for Women's Health
- UNM Women's Faculty and Midwifery Clinic
- Albuquerque Indian Health Service
- First Choice Community Clinics in Belen and Los Lunas

In addition we have developed partnerships with several community practices and provide OB Triage and intrapartum care for women from the UNM College of Nursing Family Health Partnership or Compañeros de Salud Familiar in Bernalillo County, the South Valley Casa de Salud Family Medical Office, as well as, the IHS Acoma-Canoncito-Laguna Service Unit.

During the 2012/2013 fiscal year, the CNMs provided approximately 12,586 outpatient visits, attended the births of 671 babies and transferred 176 midwifery patients intrapartum to physician care for medical risk factors. Midwives were involved in the care of approximately 27% of the women who delivered here at University Hospital.



Research

The Midwifery Division continues our involvement in innovative and evaluative research in collaboration with the OB/GYN Department, College of Nursing and School of Medicine. Research highlights from last year include:

- “Midwives’ verbal support for nulliparous women in second-stage labor” by Noelle Borders, C. Wendland, E. Haozous, L. Leeman, and R. Rogers was published in the 2013 JOGNN May-June issue. “Language in Labor” was a qualitative study completed by Noelle Borders in collaboration with Dr. Rebecca Rogers and faculty from the UNM College of Nursing.
- We successfully recruited women for a pilot study with Kim Cox, PhD from the UNM College of Nursing entitled “Postpartum Women’s Weight Changes in Group and Individual Nurse-Midwifery Care”
- The NIH funded APPLE Study was completed and in collaboration with Dr. Rebecca Rogers numerous papers have been submitted and accepted for publication.
- Our study on “PP Yoga for Depression and Anxiety” was submitted for publication to the JMWH.
- The CNM group successfully recruited many women for Dr. Brown’s MFM study on “Maternal Supplementation of DHA in the Late Third Trimester”.

Program Development

The Midwifery Division has developed specialized services for the women and families we serve and last year we focused on postpartum depression, intrapartum quality assurance projects and breast feeding initiatives. We worked closely with Dr. Rappaport to submit a proposal to the national Strong Start Initiative offering prenatal care enhanced by Centering, which was unfortunately not funded. Together with the UNMH Baby Friendly Hospital Initiative committee we developed and presented breastfeeding workshops and grand rounds throughout the hospital. All CNMs in our division have completed the breastfeeding Well-Start certification and formal fetal monitoring training. In conjunction with the OB QA committee we promoted the March of Dimes 39 week initiative and arranged for a national speaker at our departmental women's health care conference. Lastly we explored setting up prenatal care in the Metropolitan Detention Center and with the Belen High School and NM GRADs Program.

We promoted our midwifery services to the community and worked with UNM HSC TV to develop a video focused on our midwifery care and served as expert speakers on several CASA-FOX morning television programs. Additionally we focused on training to enhance our care of women with gestational diabetes and many CNMs have completed training to place and remove contraceptive implants.

Maternal Depression and Anxiety

Under the leadership and enthusiastic guidance of Felicia Mancini our division continues to champion quality assessment and care of women and families with anxiety and depression. Felicia Mancini collaborated with CNMs and community practitioners to develop and present an all-day continuing education training on maternal depression/anxiety in September 2012. At the workshop, our licensed marriage and family therapists, Kristin Wallin, LMFT and Stefanie Luna, LMFT, presented on perinatal mood disorders, a panel of women provided deep insight into their personal experiences and challenges, and Tina Carlson, CNS offered strategies and updates on prescribing medication.

Felicia Mancini has worked hospital and state-wide to promote the assessment and care of women with perinatal mood disorders. In conjunction with the UNM Pediatric Department she provides care, referral and/or support services to women who screen positive for postpartum depression and anxiety during their children's hospital stay. Felicia Mancini has continued to offer trainings and develop provider resources for women struggling with perinatal mood disorders.

Pessary Clinic

Certified nurse midwives working within the UNM Urogynecology Division have developed a specialty clinic for pessary placement and care. The midwives participate

in on-going clinical research and provide pessary education and training workshops for providers locally and nationally.

Education

The midwives hold appointments as lecturers in the School of Medicine and some as adjunct clinical faculty in the College of Nursing. We continue strong collaborative relationships with the College of Nursing and support their burgeoning clinical practice through the sharing of clinical resources, guidance and the revision of privileges. Midwives participate in didactic presentations and serve as clinical preceptors to OB and Family Practice residents, medical students, student nurse midwives and nurses, and other practitioners. We consistently receive stellar feedback from the residents and students who work with us. Abigail Reese and Elizabeth Tarrant serve as the Midwifery Division Education Coordinators.

Midwives have provided Grand Rounds in the department and institution and lectures throughout the community as well as with the UNM ECHO Program and at the UNM College of Nursing. This last year many CNMs received Teaching Awards for their excellent instruction of medical students.

Professional Development

The Midwifery Division participates in ongoing quality assurance and peer review activities as well as national bench marking and practice development. According to the 2011 national ACNM benchmarking results the UNM Midwifery Division was recognized as the best practice among peers for low episiotomy rates and recognized for high VBAC success rates and low cesarean section rates.

Midwives serve on the following UNM and UNMH committees; Maternal Child Health, AHP/OHP Credentials Committee, Women's Leadership, Women's Health Marketing Committee and the UNMH Baby Friendly Committee. In addition midwives from our practice are on the NM DOH Midwifery Advisory Board, the ACNM NM Affiliate President, the National ACNM Government Affairs Committee and the ACNM Global Health Committee. Here in the community we serve on the Annual Women's Health Care Conference Planning Committee and the statewide Maternal Depression Working Group and the OB Maternal Mortality Review Committee.

Last year Tamara Littles and Felina Ortiz were involved in Midwives of Color and developed presentations locally and nationally to enhance the recruitment and retention of persons of diverse ethnic/cultural backgrounds to the profession of midwifery and to develop respect for cultural variations, and increase awareness and responsiveness to maternal/child health care issues affecting people of color.

The last year has also been marked with staffing changes as several CNMs left our service and our state, but fortunately the stellar Katrina Nardini, CNM joined our service from another practice in town. Abigail Reese has started the UNM PhD program and was selected for the Robert Wood Johnson Nursing and Health Policy Fellowship. Additionally we were thrilled to welcome Amy Levi, PhD as the “UNM CON Albers Endowed Professor of Midwifery” and look forward to future collaborative work.

MILAGRO PROGRAM
Lawrence M. Leeman MD, MPH, Medical Director

FACULTY AND STAFF

Lawrence Leeman MD, MPH	Medical Director
Sarah Gopman MD	Assistant Medical Director
Ellen Mozurkewich MD	MFM Consultant
William F. Rayburn, MD, MBA	MFM Consultant
Michelle Wafer RNC, MSN	Executive Director
Eve Wohlert RN, MSN	Unit Director
Mandy Hatley RN, BSN RN	Supervisor
Amy Vidra, LPCC, LPAT, ATR-BC	Clinical Counselor
Lee Shuster, LISW, PISW	Clinical Counselor
Hannah Holyfield	Medical Assistant
Michele Wooton	Medical Assistant

BACKGROUND

Milagro is the Spanish word for “miracle” or “to make wonderful.” Started in 1989 as the first perinatal substance abuse program in the state of New Mexico, the Milagro program has cared for 3,000 women since its inception.

The Milagro program provides gender sensitive, comprehensive care through its outpatient clinic.

- The UNMH Milagro program is dedicated to perinatal substance abuse prevention and treatment that provides specialized services to pregnant and postpartum women with a current and/or past history of alcohol and/or other illicit drugs. We focus on early intervention during the prenatal period to improve the health of the mother, fetus, and infant after birth.
- Milagro supports an interdisciplinary approach to care. Providing comprehensive services to address the special needs of this population significantly improves the quality of life for women, their children and the entire family.
- The Milagro Treatment Team consists of a Physician providing obstetrical and perinatal consultation, Masters prepared clinical counselors, nursing, consulting Psychiatrist/Addictionologist, case management by developmental specialists, and support staff. The Milagro Team’s expertise in the latest evidence-based treatment modalities in Perinatal, Addictions and Mental Health Disorders supports the best quality care for pregnant women with substance use disorders in the state of New Mexico.

Milagro=English translation: "Miracle"

Webster Dictionary translation: Miracle – Marvel

(n.) a wonderful thing (n.) Specifically: An event or effect contrary to the established constitution and course of things, or a deviation from the known laws of nature; a supernatural event, or one transcending the ordinary laws by which the universe is governed. (v.) to make wonderful!

MISSION/VISION

The Milagro Program is a collaborative program in which the MFM division provides perinatal consultation and works closely with the Family Medicine Maternal and Child Health group to support the Department and HSC missions and visions by working to reduce the health risks in pregnancy in order to promote quality life outcomes for women with substance use disorders and their children. ***Healthy Moms, Healthy babies, Healthy Families!***

AREAS OF FOCUS

- Prenatal Care
- Substance Disorder Assessment and Treatment
- Initiation of Medication Assisted Therapy via outpatient and inpatient inductions using methadone and buprenorphine
- Development/Enhancement of Parenting Skills
- Development/Enhancement of Life Skills
- Community Integration
- Promoting the development of a support network for the patient, family and children
- Healthy living skills: nutrition, exercise, healthy relationships
- Linking patients to needed services after completion of the program
- Partnering with community resources to coordination of care
- Breastfeeding education and support in alignment with Baby Friendly Hospital standards

HIGHLIGHTS

- Serves 200-250 women annually
- Celebrating 20 years serving women in the state of New Mexico
- Provides clinical training opportunities for medical and nursing students
- Supports HSC mission for research with recent studies including:
 - *"Traditional and Novel Biomarkers in Identification of Moderate Prenatal Alcohol Exposure"*

- *“Pregnancy and Neonatal Outcomes of Buprenorphine Induction and Methadone Opioid Replacement Therapy for Opioid Dependent Pregnant Women”*
- *“Early Indices of Atypical Neurodevelopment Associated with Fetal Alcohol Exposure”*
- Continually receives accreditation from The Joint Commission
- Provides obstetrical care, patient education, and counseling for women with residential level of care
- Close collaboration with the Milagro at MATS residential treatment center
- Collaboration with FOCUS program to provide prenatal case management services and a smooth transition to medical and early intervention services after the postpartum period.
- Counseling services available in clinic and off-site in three community locations.
- Serve women throughout the state of New Mexico, including women in local correctional facilities.

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY DIVISION
Francis Byrn MD, Division Chief, Associate Professor**FACULTY AND STAFF**

Francis Byrn, MD	Chief, Associate Professor
	Medical Consultant, Andrology Laboratory
Paul C. Magarelli, MD, PhD	Medical Director, ART Program, RMFC at UNM
Maribeth Price, RN	Supervisor Outpatient III, REI Clinic
Tammie Parker, LPN II	IVF Program Supervisor
Nicole Olguin	Office Supervisor
Wendy Jay	Administrative Assistant
Constance Morales	Medical Assistant II
D'nelle Jones	Andrology Supervisor

HIGHLIGHTS

The past twelve months are notable for:

The completion of the ninth year of the collaborative program for Assisted Reproductive Technologies involving the Reproductive Medicine and Fertility Center (RMFC) of Colorado Springs and the UNM Health Sciences Center Department of Obstetrics and Gynecology's Division of Reproductive Endocrinology and Infertility.

Continued promotion of fertility enhancing options for male and female patients faced with a new diagnosis of cancer. We have maintained previously established consultation arrangements with Pediatric and Adult Oncology services, facilitating access to a sperm cryopreservation program for male cancer patients, in conjunction with ReproTech, Ltd., a facility for long term storage of reproductive tissues. This past year, Dr. Byrn has collaborated with the Department's new faculty adolescent gynecologist, Dr. N. Sokkary, in her similar effort to coordinate fertility preservation options for pediatric cancer patients. The synergistic goal is to provide timely consultation to both pediatric and adult-aged females and males who may need assistance with fertility preservation. Clinician awareness of available programs in Albuquerque, as well as with RMFC has been promoted. Fertility-promoting care on an acute basis can be arranged on an as necessary basis for many patients. The number of male cancer patients referred to Dr. Byrn for consultation has doubled compared to the prior year.

Ms. D'nelle Jones completed her fourth full year as the supervising andrologist of the Reproductive Endocrinology Andrology Laboratory and New Mexico Cryobank. She has maintained necessary College of American Pathology (CAP) and Clinical Laboratory Improvement Amendments (CLIA) certification for our lab. All Tricore quality assurance programs were met as well. In addition, this year, Ms. Jones, with Dr. G. Ingalls, participated as CAP inspectors for out of state Andrology laboratories.

The laboratory, now promoted as a specialty laboratory within the Tricore system, has completed two full years of providing electronic semen analysis results to health care providers. One previous goal that continues to be met was another increase in requested andrology services. These services include preparation of samples for insemination, semen analyses, sperm freezing, specialty testing. Year over year comparisons of aggregate laboratory services provided to patients documented a 14.8% increase in 2012 compared to 2011. This past year, aggregate andrology services in 2013 increased an additional 21% compared to the same collective categories in 2012. This increase specifically included a significant 45% increase in the number of semen analyses performed in our lab, as well as a 24% increase in semen samples prepared to support our clinical infertility protocols.

Personnel

It is gratifying to report that there were no significant changes in REI Division personnel during the past academic year. The positions of REI Unit Director, Andrology Supervisor, and clinic nurse supervisor remained stable.

Maribeth Price, RN, was hired as a staff nurse in July 2009, and completed her fourth full year as Supervisor Outpatient III. At the request of Carol Schesser, Unit Director WHC, WI, WFC, and REI, Mrs. Price was given significantly more responsibility in supervising and staffing the Department of Obstetrics and Gynecology's off site faculty clinic and Nurse Midwife clinic. She coordinated nursing and clinical staff schedules to promote more cost-effective coverage of the Reproductive Endocrinology clinic in addition to the two clinics cited. Maribeth remains a conscientious part of our health-care team, committed to maintaining the professional atmosphere and smooth daily function of our clinic.

Nicole Olguin completed her seventh year as Office Supervisor, coordinating schedules, overseeing intake and registration and discharge of all outpatient clinic patients. She provided leadership in improving the timeliness and accuracy of our Division's billing processes. She, along with Tammie Parker, attended and provided constructive input to the development of the Ambulatory Care Best Practices initiative begun this year.

Tammie Parker, LPN, completed her eleventh year with the REI Division that includes seven years as IVF Program Coordinator. This is a critically important liaison and clinical position within our Division. Her organizational and clinical abilities are well suited to the myriad responsibilities related to patient care and education necessary for the continued success of the Assisted Reproductive Technology program. In addition to capably meeting the expanded responsibilities of an IVF Coordinator, she coordinates and assures proactive scheduling of surgery among the attending and resident physicians on our service. More this year than last, Ms. Parker cross-covers other nursing duties, and directs considerable energy with patient education during clinic as well as participating in a monthly public seminar on fertility options, provided by Dr. Paul Magarelli in behalf of our division's clinical services.

Ms. Connie Morales, our Medical Assistant II, also is commended for being part of our clinic staff for more than a decade, having joined the REI staff in 2002. She conscientiously fulfilled her responsibilities related to patient registration, triage and discharge. She provides invaluable assistance to our care providers by translating information and instructions in behalf of our Spanish-only speaking patients.

Service

The REI Division offers a comprehensive clinical program for patients requiring either infertility services or subspecialty management of other reproductive tract disorders. This capability reflects the full integration of the tertiary ART initiated in 2004, and supervised by Dr. Paul Magarelli. Our program supports diverse services, including assessment and treatment of congenital reproductive tract disorders, counseling and treatment of all aspects of ovarian dysfunction and endometriosis, intra-abdominal laser and microscopic surgery, as well as in vitro fertilization (IVF), embryo transfer, and donor oocyte programs (collectively considered Assisted Reproductive Technologies, ART). As mentioned previously, we are focused on making more available options for sperm and oocyte preservation and storage for patients within the Health Sciences Center.

During the past year, Dr. Magarelli continued to provide direct clinical care, including tertiary consultation to new patients and couples. He provided outreach activity within the state, primarily continuing to develop a clinical interface and referral network with physicians in the Las Cruces area. He continues to develop a comprehensive clinical program addressing obesity in adult women, suitable for ambulatory gynecology. The interim results of his innovative program were presented to our Department during Grand Rounds at the conclusion of the academic year. He is a member of the New England Acupuncture School Board of Directors. He completed his year as President of the Pacific Coast Fertility Society, culminating with their annual meeting in Palm Springs in March 2013.

Dr. Byrn maintained his weekly clinical schedule of attending five half-day clinics as well as scheduling and supervising all elective surgical procedures, reviewing all daily ultrasounds, laboratory screening, as well as coordinating an increasing number of weekly elective hysterosalpingogram procedures through the fluoroscopy radiology unit at University Hospital. Often three and as many as six HSG procedures were being completed weekly, with the assistance of the Ob/Gyn residents mentored by Dr. Byrn. The majority of patients having an HSG procedure were referred directly from the infertility service. Dr. Byrn worked with the Department of Radiology, to also address requests for independent HSG procedures from OB/GYN faculty, as well as from the Center for Reproductive Health. In addition, when prospective IVF patients initiated stimulation protocols, Dr. Byrn helped monitor their daily data of blood tests, and ovarian ultrasound results, in behalf of Dr. Magarelli.

Two Obstetrics and Gynecology house officers, a chief resident (PG-4) and a second-year resident (PG-2), were assigned to the REI Division for two-month rotations, four days per

week, Monday through Thursday. Resident responsibilities on Fridays are solely department obligations. They include attending Department Grand Rounds, staffing their morning patient continuity clinics, and participating in three hours of afternoon teaching conferences.

The second year house officer continues to be assigned to the Women's Ultrasound Unit one half-day per week. REI-assigned residents help conduct elective hysterosalpingograms (HSGs) on Monday and Wednesday afternoons in the fluoroscopy unit at University Hospital. The Chief Resident on the REI service is responsible for preparing resident-oriented CME conferences once per month. The Chief resident was assigned one-half day per week to assist with outpatient hysteroscopic sterilization procedures with Family Planning physicians at the Center for Reproductive Health.

Divisional allocation of scheduled surgical time in the operating rooms at UNM Hospital and the Outpatient Surgical and Imaging Services facility (OSIS) remained unchanged during the year past. As requested by UNM-HSC administration all appropriate outpatient surgical procedures were scheduled through OSIS, rather than the main operating room. The REI division contributes significantly to mentor resident training in gynecologic ultrasonography. Limited pelvic ultrasounds are performed daily in our clinic. These procedures primarily support our ovulation induction protocols, as well as to provide early surveillance of the location, number, and normalcy of early pregnancies of patients successfully conceiving. When necessary, for specific indications, patients were referred directly to the Women's Ultrasound Unit and/or Diagnostic Imaging for elective pelvic ultrasonography and ultrasound hydrosonography.

Program Development, Research, and Education

The sperm cryopreservation program for males anticipating surgical or multi-agent chemotherapy for cancer, implemented in 2010, continues to provide clinical support for appropriate patients. As a consultant, Dr. Byrn coordinates providing information to patients and providers, appointments for counseling, initial triage, informed consent, serum screening and provisional sample processing through our Andrology Laboratory for male patients.

Dr. Magarelli maintains an active role in personal research. His interest in developing a comprehensive model for assessing and treating women with polycystic ovary syndrome has resulted in a program, Institute for Sustained Health, focusing on reducing compensatory hyperinsulinemia as a major pathogenetic mechanism contributing to obesity. The focus of his inter-disciplinary approach is weight loss, and improved nutrition leading to a sustained reduction in risk for progression to glucose intolerance or Type 2 diabetes.

Dr. Byrn completed his seventeenth year as a member of the Health Sciences Center Human Research Review Committee, as well as his fifteenth year serving as a member of its Executive Committee. In addition, Dr. Byrn, at the request of the Chair, continues to be involved with initial review of Department research proposals.

As a lecturer he contributed to the ongoing instructional programs to Phase II medical students and the department's resident school and intern orientation series. He continued a half-decade of integrating Phase II Medical students into the clinical team seeing patients on the REI service for 1 day per week. Relatedly, he and residents from his service have assisted with the oral examination of medical students as they complete their required rotation on obstetrics and gynecology. Dr. Byrn also served on the Committee of Studies, at the request of Dr. Rebecca Rogers, helping mentor the Urogynecology fellow through her research requirement.

Dr. Byrn co-authored a publication with Dr. R. Hall, describing the assessment, management, and literature review of an embryonic heterotopic (cornual and uterine fundal) pregnancies. Responding to an editorial invitation from *Oncology*, he provided a same-publication commentary regarding a very current review of fertility preservation counseling for young women diagnosed with breast cancer.

After a two-year hiatus, Dr. Byrn organized and directed four weekly teaching symposia on behalf of the second and third year fellows from the Medical Endocrine fellowship program. These sessions focused upon reviewing clinical material relevant to female gynecology, sufficient to address subspecialty board questions. Both REI House Officers participated in all four two-hour sessions.

In summary, the scope of activity of the Division of Reproductive Endocrinology was maintained in Academic Year 2013, during a third year of increasing economic constraint that seemed to affect discretionary use of infertility services. The number of patients entering the donor insemination program and utilizing andrology services has increased. A significant effort has gone into marketing the division's services in the southern part of the state of New Mexico with a sustained increase in referrals to our Division from providers located in Roswell, Clovis and Las Cruces. We are meeting our goals of marketing and providing clinical services for sperm cryopreservation, fuller utilization of services provided by the andrology laboratory, and increasing collaborative care with physicians from the gynecologic oncology and adolescent pediatric services.

RESIDENCY PROGRAM
Meggan Zsemlye MD, Director
Tony Ogburn MD, Associate Director

FACULTY AND STAFF

Meggan Zsemlye, MD
Tony Ogburn, MD
Colleen Moore
Nicole Sandoval

Director
Associate Director
Residency Coordinator
Assistant Coordinator

Recruiting

Academic year 2012-2013 was another very successful in terms of recruiting. We participated in ERAS (Electronic Residency Application Service) with 315 applications received for first-year house officer positions to begin in July 2013. Following interviews of 72 candidates, 67 were ranked, and six were matched, including two from the University of New Mexico. The other candidates were from Arizona College of Osteopathic Medicine of Midwestern University in Glendale, Louisiana State University School of Medicine in New Orleans, and two from Texas Tech University School of Medicine in Lubbock. We continue to get a large number of highly qualified applicants from excellent schools all across the country who express an interest in our program for its reputation of providing outstanding general Ob/Gyn training. In addition, candidates often mention aspects of our program that make us stand out including the ethnic diversity of our patients, the comprehensive ultrasound experience, the integrated family planning curriculum, and the collaborative practice with the CNMs.

Education

Dedicated educational sessions, referred to as 'Resident School' continued each Friday afternoon. Sessions include morbidity and mortality (M&M) conferences, lectures/workshops that cover the CREOG learning objectives, surgical skills and teaching skills. Faculty members continue to cover the clinical services so that all residents can attend the Friday sessions. The successful combination of M&M conferences was continued with the residents feeling the combined sessions that includes preparation of a case list and review on individual cases has been very educational. An oral case list board format introduced two years continues to be well received by the residents. The Administrative Chief Residents are actively engaged in the planning of the subject content of Resident School. Residents submit requests for topics to be covered in Resident School lectures and these are added throughout the year.

Grand Rounds continues to be held weekly as well as rotation-specific conferences and teaching rounds. We will continue to coordinate some Grand Rounds topics with

Resident School sessions. The Council on Resident Education in Obstetrics and Gynecology (CREOG) learning objectives continue to be used to guide the curriculum and are covered over a two-year time period. We will continue to have sessions utilizing the Life-Long Learning (LLL) modules provided by the American Board of Obstetrics and Gynecology (ABOG). These modules are similar to the ABC exams that Ob/Gyn specialists complete for maintenance of board certification. We have added the option of reviewing articles from the American College of Obstetricians and Gynecologists (ACOG) monthly Practice Bulletin instead of LLL which are only available on a quarterly basis. This option has been very well-received by the residents and deals specifically with current issues in Ob/Gyn. We will continue to have at least three surgical skills sessions each year with topics covered including robotics, laparoscopic techniques and hysteroscopy. Drs. Betsy Taylor and Teresa Rutledge continue to take an active role in coordinating surgical skills sessions and the combined Gyn M&M sessions at Resident School.

All Divisions have a formal curriculum for the residents on their services.

Scholarly Activity

Residents presented either posters or oral presentations of their research at the 15th Annual Women's Health Research Symposium held in June. Approximately two-thirds of our residents present and/or publish their research. This past year residents presented at the several national conferences. Evidence-based principles are incorporated into Grand Rounds, Resident School, and rotation specific conferences.

Our Graduates

As is typically the case most of our graduates entered private practice in states throughout the West. Our first time pass rate for ABOG written examination is 94% over the past three years, well above the required 70% threshold required by the Residency Review Committee (RRC).

Our most recent graduates entered the following practices:

Pamela Fairchild, MD:	Fellowship in Female Pelvic Medicine and Reconstructive Surgery at the University of Michigan, Ann Arbor, MI
Jessica Highfill, MD:	Private Practice, Fairbanks, AK
Tanya Pasternack, MD:	Private Practice, Anchorage, AK
Kerry Wappett, MD:	Private Practice, Fairbanks, AK
Richard Wintermute, MD:	Private Practice, Fairfield, CT
Sarah Woods, MD:	Fellowship in Minimally Invasive Gynecologic Surgery at the University of Tennessee, Memphis, TN

Administration

Dr. Meggan Zsemlye continues to serve as the Residency Program Director. Dr. Tony Ogburn serves as Associate Program Director. Colleen Moore continued in the position of Residency Coordinator. Nicole Sandoval continued in the position as the Assistant Coordinator. Dr. Zsemlye selected Dr. Jody Stonehocker, a former UNM Ob/Gyn resident, to serve as the new Assistant Program Director. Dr. Stonehocker will begin her new position on July 1, 2013. Dr. Ogburn will serve as the Associate Program Director during the transition period.

One or more attended the national meetings including the CREOG Educational Retreat in San Francisco, CA, and the CREOG/APGO Annual Meeting in Scottsdale, AZ. Dr. Ogburn continues his term as the Region 5 representative to the CREOG Council and is a member of the CREOG Executive Committee.

Accreditation

The program completed a site visit from the RRC in January 2013, and received a four-year full accreditation. Four citations were received. Three were for inadequate clinical experience (operative vaginal delivery and Cesarean birth as well as one for failure of the program director to adequately ensure equivalent residence experience). The last citation was for service vs. education on the Maternal-Fetal Medicine service related to the withdrawal of the mid-level provider position. With regards to the statistics citations, the operative vaginal delivery numbers are a repeat citation. Residents participate in all operative vaginal deliveries at UNM and low numbers are a reflection of local practice patterns and low operative vaginal delivery rates. All residents participate in simulations to increase practice of operative vaginal deliveries and all residents are competent to perform them in practice. The low Cesarean numbers are a matter of poor entering of statistics. Since the time of the site visit, the RRC has instituted a "minimum number" of procedures required. Residents will have no difficulty reaching this number and will be required to do so prior to graduation. Dr. Rayburn has spoken to hospital administration about the last citation and the process is in order to begin recruitment for a nurse to enter this position in order to help with service activities on Maternal-Fetal Medicine.

Other Activities

Three residents, Tanya Pasternack, Sarah Decker and Mary Sale, are New Mexico American College of Obstetricians and Gynecologists (ACOG) Junior Fellow officers. All attended District and National meetings. We also had residents attend the UNM GME Residents as Educators Program, who then provided several education sessions to the other residents based on their experience at the course.

The residency program plans on having senior residents participate in a "mini rotation" on pediatric and adolescent gyn with Dr. Nancy Sokkary. Residents will see patients in clinic with her and operate with her once per week.

The elective rotation in the third year has continued to gain in popularity. Residents performed extra research, gained extra training in ultrasound and participated in overseas medical care this year. This is a popular rotation and an excellent recruitment tool as most other equivalent residency programs offer some elective time.

The Ryan Residency Training Program continues to grow with the addition of a fellowship in Family Planning. Dr. Brenda Pereda completed her two-year fellowship and will stay on as a faculty member. Dr. Shannon Carr completed her first year of a two-year fellowship. Dr. Emily Schneider will join us on July 1, 2013, as a first year Family Planning Fellow. Feedback from the residents is generally that the addition of this fellowship has been positive for education, without interfering with resident training. This is generally true for the Maternal-Fetal Medicine and Urogynecology fellowship programs. The Center for Reproductive Health has successfully incorporated the performance of outpatient procedures such as Essure in a clinic setting. This provides an excellent training experience for the residents.

We also continue to expand the resident exposure to robotic surgery. Initial introduction to the robot occurs in the first and second years on Oncology and Urogynecology. A third year resident spends one half-day per week with Dr. Betsy Taylor or Dr. Maxine Dorin performing benign robotic cases. The senior residents then solidify their experience when on Urogynecology and Oncology. We anticipate that residents will begin participating in robotic surgery at Lovelace-Sandia Women's Hospital and at Presbyterian Hospital once their faculty becomes comfortable with the procedures.

Summary

Overall, the Residency Program is in excellent shape. A national reputation as a well-rounded, progressive program continues to build resulting in a broader, more highly qualified group of applicants considering our training program. With the support of the Chair, faculty that are dedicated to quality education, and committed leaders of the program we anticipate the residency program will continue to thrive.

SCHOLARLY WORK

**RESEARCH IN WOMEN'S HEALTH
CLASS OF 2013 STUDENT RESEARCH PAPERS**

Women's health issues are the focus of 11-20% of our graduating medical students' required research projects. Listed below are this year's graduating student's names and title of their project

Shelby Apodaca

"Trisomy 21 Cost-Benefit Analysis"

Samuel Bartmess

"Efficacy of Alendronate in the Treatment of Low Bone Density in the Pediatric and Young Adult Population"

Dessislava Ianakieva

"Gender Differences in Melanoma: A Comparative Analysis of Two Population-Based Studies"

Veneta Kirilova Ianakieva

"Gender Differences in Melanoma: A Comparative Analysis of Two Population-Based Studies"

Karyn Nuñez

"Randomized Control Trial of Misoprostol vs. Placebo for Cervical Priming in IUD Insertion for Nulliparous Women: A Demographical Analysis"

Rebecca Raymond

"Prenatal Care Utilization in New Mexico: Ethnic and Racial Disparities and Implications for Low Birth Weight"

Katherine Tucker

"Evaluation of a Traditional Birth Attendant Project to Increase the Number of Skilled Attendant Births in Kenya"

RESEARCH ABSTRACT PRESENTATIONS AT ANNUAL NATIONAL ORGANIZATION MEETINGS, 2012-2013

Our department continues to present one or more abstracts at 13 national meetings each year.

American College of Obstetricians and Gynecologists

Rayburn WF, Klagholz J, Murray-Krezan C, Lumalcuri J, Scroggs J, Strunk A. Trends in practice settings of obstetrician-gynecologists, 1992 to 2012. Am Coll Obstet Gynecol, New Orleans LA, 2013.

Wing D and MVI Study Group (Mozurkewich E, Rayburn WF). Misoprostol vaginal insert: reduced time to delivery and significantly less antibiotic use. Am Coll Obstet Gynecol, New Orleans LA, 2013.

American Institute of Ultrasound in Medicine

Brown SA, Wolfe M, de la Torre L, Brennan MC, Hall, R. Equivalence of 2D and 3D ultrasound in the evaluation of first trimester nuchal translucency by maternal-fetal medicine fellows. Am Institute of Ultrasound in Med (AIUM), New York, NY, 2013.

Brown SA, Brennan MC, Rayburn WF, Bakhireva L. Prenatal ultrasound and ethanol biomarkers for early identification of prenatal alcohol exposure. Am Institute of Ultrasound Med, New York, NY, 2013.

American Urogynecologic Society

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The impact of fecal incontinence on sexual activity and function. Am Urogynecol Soc (AUGS), Chicago IL, October 2012.

Robinson B, Geller E, Matthews C, Celauro K, Dunivan GC, Crane A, Ivins A, Woodham P, Fielding J. Perineal body length as a risk factor for anal sphincter injury at first vaginal delivery. Am Urogynecol Soc (AUGS), Chicago IL, October 2012.

Wieslander C, Alas A, Dunivan GC, Sevilla C, Cichowski S, Maliski S, Alvarez E, Eilber K, Rogers RG, Anger J. Misconceptions and patient-provider miscommunication among women with pelvic organ prolapse. Am Urogynecol Soc (AUGS), Chicago IL, October 2012.

Association of American Medical Colleges

Peterson S, Rayburn WF, Phillips R. Family medicine physicians are performing fewer obstetric deliveries, 2000-2010. Assoc Am Med Coll, Alexandria VA, 2013.

Rayburn WF, Klagholz J, Strunk A. Aging of the obstetrician-gynecologist workforce. Assoc Am Med Coll, Alexandria VA, 2013.

Rayburn WF, Klagholz J, Murray-Krezan C, Lumalcuri J, Scroggs J, Strunk A. Trends in practice settings of obstetrician-gynecologists, 1992 to 2012. Assoc Am Med Coll, Alexandria VA, 2013.

Petterson S, Bazemore A, Rayburn WF. The growing number of reproductive age women who obtain office-based care from obstetrician-gynecologists. Assoc Am Med Coll, Alexandria VA, 2013.

Brown SA, Richards ME, Elwell EC, Rayburn WF. Access to comprehensive maternity and newborn care: another value of geographic information system (GIS) mapping. Assoc Am Med Coll, Alexandria VA, 2013.

Association of Professors of Gynecology and Obstetrics

Liu C, Rogers RG, Rayburn WF. Changing demographics of obstetrics and gynecology faculty, 1980-2009. Asso Prof Gynecol Obstet, Phoenix AZ, 2013.

CityMatCH National Organization of Urban MCH Leaders

Phelan ST. Public health's role in smoking cessation for pregnancy and beyond: a virtual clinic. CityMatCH Urban Maternal Child Health Leadership Conf., San Antonio TX, December 2012.

Council of University Chairs in Obstetrics and Gynecology

Rogers R, Liu C, Rayburn WF. Diversity of faculty in academic obstetrics and gynecology. Council of University Chairs in Obstet Gynecol, New Orleans LA, 2013.

National Health Disparities Joint Conference

Holbrook BD, Elwell EC, Tyner JE, Brown, SA, Rayburn WF. Access to obstetricians-gynecologists in New Mexico. National Health Disparities 2013 Joint Conference, Albuquerque NM, 2013.

Society for Gynecologic Investigation

Brown SA, Tyner J, Mozurkewich EL, Clinton CM, Schrader RM, Marcus S, Djuric Z. Fatty acid ratios and depressive symptoms in pregnancy: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. Soc Gynecol Investiga (SGI), Orlando FL, March 2013.

Mozurkewich EL, Clinton CM, Romero VC, Tyner J, Brown SA, Williams JZ, Schrader R, Djuric Z. Prenatal Omega-3 fatty acid supplementation reduces pro-inflammatory cytokine production in umbilical cord blood: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. Soc Gynecol Investiga (SGI), Orlando FL, March 2013.

Mozurkewich EL, Clinton CM, Romero VC, Berman DR, Barks J, Djuric Z, Jesmond D, Serhan CN. Omega-3 fatty acid-derived pro-resolving lipid mediators in the human fetus: an exploratory secondary analysis of The Mothers, Omega-3, and Mental Health Study. Soc Gynecol Investiga (SGI), Orlando FL, March 2013.

Brennan MC, Wolfe M, Rayburn WF, Cole L. Predictive value of hyperglycosylated hCG and subsequent preeclampsia. Soc Gynecol Investiga, Orlando FL, March 2013.

Society of Gynecologic Oncologists

Morse C, Jha V, Loomis R, Ord T, Olalere D, Mainigi M, Adams S. Ovulation induction with gonadotropins accelerates tumor growth and alters the intratumoral T cell population in an ovarian cancer model. Soc Gynecol Onc, Los Angeles CA, March 2013.

Society for Gynecologic Surgeons

Mamik M, Antosh D, White D, Myers E, Abernethy M, Rahimi S, Bhalia N, Dunivan GC, Rogers RG. Risk factors for lower urinary tract injury at the time of hysterectomy for benign reasons: a fellows' pelvic research network study. Soc Gynecol Surgeons (SGS), Charleston SC, April 2013.

Meriwether KV, Hall RJ, Leeman L, Migliaccio L, Qualls C, Rogers RG. Postpartum translabial ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus cesarean delivery. Soc Gynecol Surgeons (SGS), Charleston SC, April 2013.

Society for Maternal-Fetal Medicine

Moore LE, Clokey D. A1C at the first prenatal visit: is it useful? Soc Mat Fetal Med, San Francisco CA, February 2013.

Mozurkewich E, Klemens CM, Chilimigras J, Allbaugh L, Hamilton SE, Marcus S, Vazquez DM, Vahratian A, Berman DR, Treadwell M, Djuric Z. The Mothers, Omega-3, and Mental Health Study: a double-blind randomized controlled trial. Soc Matern Fetal Med, San Francisco CA, February 2013.

Romero VC, Somers E, Marder W, Treadwell M, Berman DR, Clinton CM, Shensue S, Mozurkewich EL. Developmental programming for allergic disease: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. Soc Matern Fetal Med, San Francisco CA, February 2013.

Tyner J, Brennan MC, Brown SA, Rayburn WF. Long-term trends in residents pursuing maternal-fetal medicine fellowships, 1993-2012. Soc Mat Fetal Med, San Francisco CA, February 2013.

Wing D, Brown R, Plant L, and EXPEDITE Study Group. Efficacy and safety of misoprostol vaginal insert compared with dinoprostone vaginal insert for labor induction. Soc Mat Fetal Med, San Francisco CA, February 2013.

Teratology Society

Brennan MC, Mozurkewich E, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. Teratol Soc, Baltimore MD, 2012.

de la Torre L, Brennan MC, Rayburn WF. Can we predict adverse neonatal outcomes in cases of gastroschisis using ultrasound assessment of the abdominal wall defect size? Teratol Soc, Baltimore MD, 2012.

**FACULTY AND FELLOW PUBLICATIONS
PRESENTATIONS AND CREATIVE WORKS****Adams, Sarah**

Morse C, Jha V, Loomis R, Ord T, Olalere D, Mainigi M, Adams S. Ovulation induction with gonadotropins accelerates tumor growth and alters the intratumoral T cell population in an ovarian cancer model. Soc Gynecol Onc, Los Angeles CA, March 2013.

Brennan, Matthew

de la Torre L, Brennan MC, Rayburn WF. Can we predict adverse neonatal outcomes in cases of gastroschisis using ultrasound assessment of the abdominal wall defect size? Teratol Soc, Baltimore MD, 2012.

Brennan MC, Mozurkewich E, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. Teratol Soc, Baltimore MD, 2012.

Tyner J, Brennan MC, Brown SA, Rayburn WF. Long-term trends in residents pursuing maternal-fetal medicine fellowships, 1993-2012. Soc Mat Fetal Med, San Francisco CA, February 2013.

Brennan MC, Wolfe M, Rayburn WF, Cole L. Predictive value of hyperglycosylated hCG and subsequent preeclampsia. Soc Gynecol Investiga, Orlando FL, 2013.

Brown SA, Wolfe M, de la Torre L, Brennan MC, Hall, R. Equivalence of 2D and 3D ultrasound in the evaluation of first trimester nuchal translucency by maternal-fetal medicine fellows. Am Institute of Ultrasound in Med (AIUM), New York, NY, 2013.

Brown SA, Brennan MC, Rayburn WF, Bakhireva L. Prenatal ultrasound and ethanol biomarkers for early identification of prenatal alcohol exposure. Am Institute of Ultrasound Med, New York, NY, 2013.

Brennan MC, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. Birth Defects Res A Clin Mol Teratol 2012; 94(8):620-5.

Kirschbaum KA, Rask JP, Brennan MC, Phelan ST, Fortner SA. Improved climate, culture, and communication through multidisciplinary training and instruction. Am J Obstet Gynecol 2012; 207:200.e1-7.

Brennan MC, Moore LE. Pulmonary embolism and amniotic fluid embolism in pregnancy. Obstet Gynecol Clin North Am 2013; 40(1):27-35.

Kennedy KA, Brennan MC, Rayburn WF, Brotherton SE. Attrition rates between residents in obstetrics and gynecology and other clinical specialties, 2000-2009. *J Grad Med Ed* 2013; (in press).

Brown, Steffen

Tyner J, Brennan MC, Brown SA, Rayburn WF. Long-term trends in residents pursuing maternal-fetal medicine fellowships, 1993-2012. *Soc Mat Fetal Med*, San Francisco CA, February 2013.

Brown SA, Tyner J, Mozurkewich EL, Clinton CM, Schrader RM, Marcus S, Djuric Z. Fatty acid ratios and depressive symptoms in pregnancy: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. *Soc Gynecol Investiga (SGI)*, Orlando FL, March 2013.

Mozurkewich EL, Clinton CM, Romero VC, Tyner J, Brown SA, Williams JZ, Schrader R, Djuric Z. Prenatal Omega-3 fatty acid supplementation reduces pro-inflammatory cytokine production in umbilical cord blood: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. *Soc Gynecol Investiga (SGI)*, Orlando FL, March 2013.

Brown SA, Wolfe M, de la Torre L, Brennan MC, Hall, R. Equivalence of 2D and 3D ultrasound in the evaluation of first trimester nuchal translucency by maternal-fetal medicine fellows. *Am Institute of Ultrasound in Med (AIUM)*, New York, NY, 2013.

Brown SA, Brennan MC, Rayburn WF, Bakhireva L. Prenatal ultrasound and ethanol biomarkers for early identification of prenatal alcohol exposure. *Am Institute of Ultrasound Med*, New York, NY, 2013.

Brown SA, Richards ME, Elwell EC, Rayburn WF. Access to comprehensive maternity and newborn care: another value of geographic information system (GIS) mapping. *Assoc Am Med Coll*, Alexandria VA, 2013.

Holbrook BD, Elwell EC, Tyner JE, Brown, SA, Rayburn WF. Access to obstetricians-gynecologists in New Mexico. *National Health Disparities 2013 Joint Conference*, Albuquerque NM, 2013.

Brown SA, Seifert SA, Rayburn WF. Management of envenomations during pregnancy. *Clin Toxicol* 2013; 51(1):3-15.

Brown SA, Mozurkewich E. Trauma during pregnancy. *Obstet Gynecol Clin North Am* 2013; 40(1):47-57.

Brown SA, Richards ME, Rayburn WF. Geographical information systems (GIS) mapping for access to tertiary care perinatal centers in the United States. *Am J Perinatal* 2013; (in press).

Byrn, Francis

Hall R, Byrn FW, Philippides S. Volume assessment of a corneal heterotopic double anembryonic gestation and response to methotrexate treatment. *J Diagnostic Med Sonography* 2012; 28(6):289-96.

Carr, Shannon

Carr S, Espey E. Intrauterine devices and pelvic inflammatory disease among adolescents. *J Adolesc Health* 2013; 52(4 Suppl):S22-8.

Cichowski, Sara

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The impact of fecal incontinence on sexual activity and function. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Wieslander C, Alas A, Dunivan GC, Sevilla C, Cichowski S, Maliski S, Alvarez E, Eilber K, Rogers RG, Anger J. Misconceptions and patient-provider miscommunication among women with pelvic organ prolapse. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The association between fecal incontinence and sexual activity and function in women attending a tertiary referral center. *Int Urogynecol J* 2013; (in press).

Dunivan, Gena

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The impact of fecal incontinence on sexual activity and function. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Robinson B, Geller E, Matthews C, Celauro K, Dunivan GC, Crane A, Ivins A, Woodham P, Fielding J. Perineal body length as a risk factor for anal sphincter injury at first vaginal delivery. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Wieslander C, Alas A, Dunivan GC, Sevilla C, Cichowski S, Maliski S, Alvarez E, Eilber K, Rogers RG, Anger J. Misconceptions and patient-provider miscommunication among women with pelvic organ prolapse. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Mamik M, Antosh D, White D, Myers E, Abernethy M, Rahimi S, Bhalia N, Dunivan GC, Rogers RG. Risk factors for lower urinary tract injury at the time of hysterectomy for benign reasons: a fellows' pelvic research network study. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Sevilla C, Wieslander CK, Alas AN, Dunivan GC, Khan AA, Maliski SL, Rogers RG, Anger JT. Communication between physicians and Spanish-speaking Latin American women with pelvic floor disorders: a cycle of misunderstanding? *Female Pelvic Med Reconstr Surg* 2013; 19(2):90-7.

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The association between fecal incontinence and sexual activity and function in women attending a tertiary referral center. *Int Urogynecol J* 2013; (in press).

Espey, Eve

Ogburn T, Espey E, Pierce-Bulger M, Waxman AG, Allee L, Haffner WH, Howe J. Midwives and obstetrician-gynecologists collaborating for Native American women's health. *Obstet Gynecol Clin North Am* 2012; 39(3):359-66.

Carr S, Espey E. Intrauterine devices and pelvic inflammatory disease among adolescents. *J Adolesc Health* 2013; 52(4 Suppl):S22-8.

Espey E. Levonorgestrel intrauterine system: first line therapy for heavy menstrual bleeding. *N Engl J Med* 2013; 368(2):184-5.

Hall, Rebecca

Brown SA, Wolfe M, de la Torre L, Brennan MC, Hall, R. Equivalence of 2D and 3D ultrasound in the evaluation of first trimester nuchal translucency by maternal-fetal medicine fellows. *Am Institute of Ultrasound in Med (AIUM)*, New York, NY, 2013.

Meriwether KV, Hall RJ, Leeman L, Migliaccio L, Qualls C, Rogers RG. Postpartum translabial ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus cesarean delivery. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Hall R, Byrn FW, Philippides S. Volume assessment of a corneal heterotopic double anembryonic gestation and response to methotrexate treatment. *J Diagnostic Med Sonography* 2012; 28(6):289-96.

Kennedy, Kathleen

Kennedy KA, Brennan MC, Rayburn WF, Brotherton SE. Attrition rates between residents in obstetrics and gynecology and other clinical specialties, 2000-2009. *J Grad Med Ed* 2013; (in press).

Komesu, Yuko

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The impact of fecal incontinence on sexual activity and function. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The association between fecal incontinence and sexual activity and function in women attending a tertiary referral center. *Int Urogynecol J* 2013; (in press).

Leeman L

Bakhireva LN, Cano S, Rayburn WF, Savich RD, Leeman L, Anton RF, Savage DD. Advanced gestational age increases serum carbohydrate-deficient transferrin levels in abstinent pregnant women. *Alcohol Alcohol* 2012; 47(6):683-7.

Meriwether KV, Hall RJ, Leeman L, Migliaccio L, Qualls C, Rogers RG. Postpartum translabial ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus cesarean delivery. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Borders N, Wendland C, Haozous E, Leeman L, Rogers RG. Midwives' verbal support of nulliparous women in second-stage labor. *J Obstet Gynecol Neonatal Nurs* 2013; 42(3):311-20.

McFadden, Brook

Allen AM, Antosh DD, Grimes CL, Crisp CC, Smith AL, Friedman S, McFadden BL, Gutman RE, Rogers RG. Management of ileus and small-bowel obstruction following benign gynecologic surgery. *Int J Gynaecol Obstet* 2013; 121(1):56-9.

McFadden BL, Constantine M, Hammil SL, Tarr ME, Abed H, Kenton K, Sung VW, Rogers RG. Patient recall 6 weeks after surgical consent for mid-urethral sling using mesh. *Int Urogynecol J* 2013; (in press).

Antosh DD, Grimes CL, Smith AL, Friedman S, McFadden BL, Crisp CC, Allen AM, Gutman RE, Rogers RG. A case-control study of risk factors for ileus and bowel obstruction following benign gynecologic surgery. *Int J Gynaecol Obstet* 2013; (in press).

Meriwether, Kate

Meriwether KV, Hall RJ, Leeman L, Migliaccio L, Qualls C, Rogers RG. Postpartum translabial ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus cesarean delivery. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Meriwether KV, Antosh DD, Knoepp LR, Chen CCG, Mete M, Gutman RE. Increased morbidity in combined abdominal sacrocolpopexy and abdominoplasty procedures. *Int Urogynecol J* 2013; 24(3):385-91.

Moore, Lisa

Moore LE. Should you use oral agents? *Contemporary OB/GYN* 2012; 57(2):28-32.

Moore LE, Clokey D. A1C at the first prenatal visit: is it useful? *Soc Mat Fetal Med*, San Francisco CA, February 2013.

Brennan MC, Moore LE. Pulmonary embolism and amniotic fluid embolism in pregnancy. *Obstet Gynecol Clin North Am* 2013; 40(1):27-35.

Wolfe MD, de la Torre L, Moore LE, Myers O, Rayburn WF. Is the protocol for induction of labor in singletons applicable to twin gestations? *J Reprod Med* 2013; 58(3-4):137-42.

Mozurkewich, Ellen

Brennan MC, Mozurkewich E, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. *Teratol Soc*, Baltimore MD, 2012.

Mozurkewich EL, Klemens C, Salari K. Assessing omega-3 fatty acid supplementation during pregnancy and lactation to optimize maternal mental health and child development. *Clinical Lipidology* 2012; 7:93-109.

Mozurkewich E, Klemens CM, Chilimigras J, Allbaugh L, Hamilton SE, Marcus S, Vazquez DM, Vahratian A, Berman DR, Treadwell M, Djuric Z. The Mothers, Omega-3, and Mental Health Study: a double-blind randomized controlled trial. *Soc Matern Fetal Med*, San Francisco CA, February 2013.

Romero VC, Somers E, Marder W, Treadwell M, Berman DR, Clinton CM, Shensue S, Mozurkewich EL. Developmental programming for allergic disease: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. *Soc Matern Fetal Med*, San Francisco CA, February 2013.

Brown SA, Tyner J, Mozurkewich EL, Clinton CM, Schrader RM, Marcus S, Djuric Z. Fatty acid ratios and depressive symptoms in pregnancy: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. *Soc Gynecol Investiga (SGI)*, Orlando FL, March 2013.

Mozurkewich EL, Clinton CM, Romero VC, Tyner J, Brown SA, Williams JZ, Schrader R, Djuric Z. Prenatal Omega-3 fatty acid supplementation reduces pro-inflammatory cytokine production in umbilical cord blood: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. Soc Gynecol Investiga (SGI), Orlando FL, March 2013.

Mozurkewich EL, Clinton CM, Romero VC, Berman DR, Barks J, Djuric Z, Jesmond D, Serhan CN. Omega-3 fatty acid-derived pro-resolving lipid mediators in the human fetus: an exploratory secondary analysis of The Mothers, Omega-3, and Mental Health Study. Soc Gynecol Investiga (SGI), Orlando FL, March 2013.

Wing D and MVI Study Group (Mozurkewich E, Rayburn WF). Misoprostol vaginal insert: reduced time to delivery and significantly less antibiotic use. Am Coll Obstet Gynecol, New Orleans LA, 2013.

Mozurkewich EL, Clinton CM, Chilimigras JL, Hamilton SE, Allbaugh LJ, Berman DR, Marcus SM, Romero VC, Treadwell MC, Keeton KL, Vahratian AM, Schrader RM, Ren J, Djuric Z. The Mothers, Omega-3, and Mental Health Study: a double-blind, randomized controlled trial. Am J Obstet Gynecol 2013; 208(4):313.e1-9.

Romero VC, Somers EC, Stolburg V, Clinton C, Chensue S, Djuric Z, Berman DR, Treadwell MC, Vahratian AM, Mozurkewich EL. Developmental programming for allergy. The Mothers, Omega-3, and Mental Health Study: a secondary analysis. Am J Obstet Gynecol 2013; 208:316.e1-6.

Berman DR, Mozurkewich E, Liu Y, Shangguan Y, Barks JD, Silverstein FS. Docosahexaenoic acid augments hypothermic neuroprotection in a neonatal rat asphyxia model. Neonatology 2013; (in press).

Ren J, Mozurkewich EL, Sen A, Vahratian AM, Ferreri TG, Morse AN, Djuric Z. Total serum fatty acid analysis by GC-MS: assay validation and serum sample stability. Current Pharmaceutical Analysis 2013; (in press).

Brown SA, Mozurkewich E. Trauma during pregnancy. Obstet Gynecol Clin North Am 2013; 40(1):47-57.

Muller, Carolyn

Verschraegen C, Czok S, Muller CY, Boyd L, Lee SJ, Rutledge T, Blank S, Pothuri B, Eberhardt S, Muggia F. Phase II study of bevacizumab with liposomal doxorubicin for patients with platinum- and taxane-resistant ovarian cancer. Ann Oncol 2012; 23(12):3104-10.

Cook LS, Nelson HE, Cockburn M, Olson SH, Muller CY, Wiggins CL. Comorbidities and endometrial cancer survival in Hispanics and non-Hispanic whites. Cancer Causes Control 2013; 24(1):61-9.

Steinkamp MP, Winner KK, Davies S, Muller CY, Zhang Y, Hoffman RM, Shirinifard A, Moses M, Jiang Y, Wilson BS. Ovarian tumor attachment, invasion, and vascularization reflect unique microenvironments in the peritoneum: insights from xenograft and mathematical models. *Front Oncol* 2013; 3:97.

Wernli KJ, O'Meara ES, Kerlikowske K, Miglioretti DL, Muller CY, Onega T, Sprague BL, Henderson LM, Buist DSM. Mammographic breast density as a risk factor for ovarian cancer. *J Natl Cancer Institute* 2013; (in press).

Ogburn, Tony

Ogburn T, Espey E, Pierce-Bulger M, Waxman AG, Allee L, Haffner WH, Howe J. Midwives and obstetrician-gynecologists collaborating for Native American women's health. *Obstet Gynecol Clin North Am* 2012; 39(3):359-66.

Phelan, Sharon

Phelan ST. Tobacco cessation in pregnancy: update and pharmacotherapy. Cheyenne Regional Medical Center, Cheyenne WY, September 2012.

Phelan ST. Diagnosis and management of postpartum hemorrhage: case-based with simulations. San Antonio Military Medical Center, San Antonio TX, December 2012.

Phelan ST. Public health's role in smoking cessation for pregnancy and beyond: a virtual clinic. CityMatCH Urban Maternal Child Health Leadership Conf., San Antonio TX, December 2012.

Kirschbaum KA, Rask JP, Brennan MC, Phelan ST, Fortner SA. Improved climate, culture, and communication through multidisciplinary training and instruction. *Am J Obstet Gynecol* 2012; 207:200.e1-7.

Phelan ST. Renal disease in pregnancy: ambulatory issues. *Clin Obstet Gynecol* 2012; 55(3):829-37.

Holbrook BD, Phelan ST. Umbilical cord prolapse. *Obstet Gynecol Clin North Am* 2013; 40(1):1-14.

Bakhireva LN, Rowland AS, Young BN, Cano S, Phelan ST, Artyushkova K, Rayburn WF, Lewis J. Sources of potential lead exposure among pregnant women in New Mexico. *Matern Child Health J* 2013; 17(1):172-9.

Rayburn, William

de la Torre L, Brennan MC, Rayburn WF. Can we predict adverse neonatal outcomes in cases of gastroschisis using ultrasound assessment of the abdominal wall defect size? *Teratol Soc, Baltimore MD*, 2012.

Brennan MC, Mozurkewich E, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. Teratol Soc, Baltimore MD, 2012.

Bakhireva LN, Cano S, Rayburn WF, Savich RD, Leeman L, Anton RF, Savage DD. Advanced gestational age increases serum carbohydrate-deficient transferrin levels in abstinent pregnant women. Alcohol Alcohol 2012; 47(6):683-7.

Albright BB, Skipper B, Riley S, Wilhelm P, Rayburn WF. Medical students' comfort with pregnant women with substance-use disorders: a randomized educational study. Acad Psychiatry 2012; 36(6):457-60.

Rayburn WF, Gant NF, Gilstrap LC, Elwell EC, Williams SB. Pursuit of accredited subspecialties by graduating residents in obstetrics and gynecology, 2000-2012. Obstet Gynecol 2012; 120(3):619-25.

Wolfe MD, Chuang LT, Rayburn WF, Wen PC, VanderJagt DJ, Glew RH. Low fatty acid concentrations in neonatal cord serum correlate with maternal serum. J Matern Fetal & Neonatal Med 2012; 25(8):1292-6.

Brennan MC, Rayburn WF. Counseling about risks of congenital anomalies from prescription opioids. Birth Defects Res A Clin Mol Teratol 2012; 94(8):620-5.

Rayburn WF, Klagholz JC, Elwell EC, Strunk AL. Maternal-fetal medicine workforce in the United States. Am J Perinatol 2012; 29(9):741-6.

Tyner J, Brennan MC, Brown SA, Rayburn WF. Long-term trends in residents pursuing maternal-fetal medicine fellowships, 1993-2012. Soc Mat Fetal Med, San Francisco CA, February 2013.

Wing D, Brown R, Plant L, and EXPEDITE Study Group. Efficacy and safety of misoprostol vaginal insert compared with dinoprostone vaginal insert for labor induction. Soc Mat Fetal Med, San Francisco CA, 2013.

Brennan MC, Wolfe M, Rayburn WF, Cole L. Predictive value of hyperglycosylated hCG and subsequent preeclampsia. Soc Gynecol Investiga, Orlando FL, 2013.

Liu C, Rogers RG, Rayburn WF. Changing demographics of obstetrics and gynecology faculty, 1980-2009. Asso Prof Gynecol Obstet, Phoenix AZ, 2013.

Brown SA, Brennan MC, Rayburn WF, Bakhireva L. Prenatal ultrasound and ethanol biomarkers for early identification of prenatal alcohol exposure. Am Institute of Ultrasound Med, New York, NY, 2013.

Peterson S, Rayburn WF, Phillips R. Family medicine physicians are performing fewer obstetric deliveries, 2000-2010. Assoc Am Med Coll, Alexandria VA, 2013.

Rayburn WF, Klagholz J, Strunk A. Aging of the obstetrician-gynecologist workforce. Assoc Am Med Coll, Alexandria VA, 2013.

Rayburn WF, Klagholz J, Murray-Krezan C, Lumalcuri J, Scroggs J, Strunk A. Trends in practice settings of obstetrician-gynecologists, 1992 to 2012. Assoc Am Med Coll, Alexandria VA, 2013.

Petterson S, Bazemore A, Rayburn WF. The growing number of reproductive age women who obtain office-based care from obstetrician-gynecologists. Assoc Am Med Coll, Alexandria VA, 2013.

Brown SA, Richards ME, Elwell EC, Rayburn WF. Access to comprehensive maternity and newborn care: another value of geographic information system (GIS) mapping. Assoc Am Med Coll, Alexandria VA, 2013.

Holbrook BD, Elwell EC, Tyner JE, Brown, SA, Rayburn WF. Access to obstetricians-gynecologists in New Mexico. National Health Disparities 2013 Joint Conference, Albuquerque NM, 2013.

Rogers R, Liu C, Rayburn WF. Diversity of faculty in academic obstetrics and gynecology. Council of University Chairs in Obstet Gynecol, New Orleans LA, 2013.

Rayburn WF, Klagholz J, Murray-Krezan C, Lumalcuri J, Scroggs J, Strunk A. Trends in practice settings of obstetrician-gynecologists, 1992 to 2012. Am Coll Obstet Gynecol, New Orleans LA, 2013.

Wing D and MVI Study Group (Mozurkewich E, Rayburn WF). Misoprostol vaginal insert: reduced time to delivery and significantly less antibiotic use. Am Coll Obstet Gynecol, New Orleans LA, 2013.

Tyner JE, Rayburn WF. Emergency cesarean delivery: special precautions. Obstet Gynecol Clin North Am 2013; 40(1):37-45.

Brown SA, Seifert SA, Rayburn WF. Management of envenomations during pregnancy. Clin Toxicol 2013; 51(1):3-15.

Wolfe MD, de la Torre L, Moore LE, Myers O, Rayburn WF. Is the protocol for induction of labor in singletons applicable to twin gestations? J Reprod Med 2013; 58(3-4):137-42.

Bakhireva LN, Rowland AS, Young BN, Cano S, Phelan ST, Artyushkova K, Rayburn WF, Lewis J. Sources of potential lead exposure among pregnant women in New Mexico. Matern Child Health J 2013; 17(1):172-9.

Kennedy KA, Brennan MC, Rayburn WF, Brotherton SE. Attrition rates between residents in obstetrics and gynecology and other clinical specialties, 2000-2009. *J Grad Med Ed* 2013; (in press).

Dall TM, Chakrabarti R, Storm MV, Elwell EC, Rayburn WF. Estimated demand for women's health services by 2020. *J Women's Health* 2013; (in press).

Brown SA, Richards ME, Rayburn WF. Geographical information systems (GIS) mapping for access to tertiary care perinatal centers in the United States. *Am J Perinatal* 2013; (in press).

Rogers, Rebecca

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The impact of fecal incontinence on sexual activity and function. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Wieslander C, Alas A, Dunivan GC, Sevilla C, Cichowski S, Maliski S, Alvarez E, Eilber K, Rogers RG, Anger J. Misconceptions and patient-provider miscommunication among women with pelvic organ prolapse. *Am Urogynecol Soc (AUGS)*, Chicago IL, October 2012.

Rogers RG. What is new in female pelvic medicine and reconstructive surgery? Best articles from the past year. *Obstet Gynecol* 2012; 120(5):1205-6.

Anger JT, Lee UJ, Mittal BM, Pollard ME, Tarnay CM, Maliski S, Rogers RG. Health literacy and disease understanding among aging women with pelvic floor disorders. *Female Pelvic Med Reconstr Surg* 2012; 18(6):340-3.

Mamik M, Antosh D, White D, Myers E, Abernethy M, Rahimi S, Bhalia N, Dunivan GC, Rogers RG. Risk factors for lower urinary tract injury at the time of hysterectomy for benign reasons: a fellows' pelvic research network study. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Meriwether KV, Hall RJ, Leeman L, Migliaccio L, Qualls C, Rogers RG. Postpartum translabial ultrasound measurements of the anal sphincter complex in primiparous women delivering by vaginal birth versus cesarean delivery. *Soc Gynecol Surgeons (SGS)*, Charleston SC, April 2013.

Liu C, Rogers RG, Rayburn WF. Changing demographics of obstetrics and gynecology faculty, 1980-2009. *Asso Prof Gynecol Obstet*, Phoenix AZ, 2013.

Rogers R, Liu C, Rayburn WF. Diversity of faculty in academic obstetrics and gynecology. *Council of University Chairs in Obstet Gynecol*, New Orleans LA, 2013.

Borders N, Wendland C, Haozous E, Leeman L, Rogers RG. Midwives' verbal support of nulliparous women in second-stage labor. *J Obstet Gynecol Neonatal Nurs* 2013; 42(3):311-20.

Allen AM, Antosh DD, Grimes CL, Crisp CC, Smith AL, Friedman S, McFadden BL, Gutman RE, Rogers RG. Management of ileus and small-bowel obstruction following benign gynecologic surgery. *Int J Gynaecol Obstet* 2013; 121(1):56-9.

Sevilla C, Wieslander CK, Alas AN, Dunivan GC, Khan AA, Maliski SL, Rogers RG, Anger JT. Communication between physicians and Spanish-speaking Latin American women with pelvic floor disorders: a cycle of misunderstanding? *Female Pelvic Med Reconstr Surg* 2013; 19(2):90-7.

Khan AA, Sevilla C, Wieslander CK, Moran MB, Rashid R, Mittal B, Maliski SL, Rogers RG, Anger JT. Communication barriers among Spanish-speaking women with pelvic floor disorders: lost in translation? *Female Pelvic Med Reconstr Surg* 2013; 19(3):157-64.

Sung VW, Rogers RG, Barber MD, Clark MA. Conceptual framework for patient-important treatment outcomes for pelvic organ prolapse. *Neurourol Urodyn* 2013; 13:0.

Fashokun TB, Harvie HS, Schimpf MO, Olivera CK, Epstein LB, Jean-Michel M, Rooney KE, Balgobin S, Ibeanu OA, Gala RB, Rogers RG, Society of Gynecologic Surgeons' Fellows' Pelvic Research Network. Sexual activity and function in women with and without pelvic floor disorders. *Int Urogynecol J* 2013; 24(1):91-7.

McFadden BL, Constantine M, Hammil SL, Tarr ME, Abed H, Kenton K, Sung VW, Rogers RG. Patient recall 6 weeks after surgical consent for mid-urethral sling using mesh. *Int Urogynecol J* 2013; (in press).

Hess R, Huang AJ, Richter HE, Ghetti CC, Sung VW, Barrett-Connor E, Gregory WT, Pinkerton JV, Bradley CS, Kraus SR, Rogers RG, Subak LL, Johnson KC, Arya LA, Schembri M, Brown JS. Long-term efficacy and safety of questionnaire-based initiation of urgency urinary incontinence treatment. *Am J Obstet Gynecol* 2013; (in press).

Rockwood TH, Constantine ML, Adegoke O, Rogers RG, McDermott E, Davila GW, Domoney C, Jha S, Kammerer-Doak D, Lukacz ES, Parekh M, Pauls R, Pitkin J, Reid F, Ridgeway B, Thakar R, Sand PK, Sutherland SE, Espuna-Pons M. The PISQ-IR: considerations in scale scoring and development. *Int Urogynecol J* 2013; (in press).

Rogers RG, Rockwood TH, Constantine ML, Thakar R, Kammerer-Doak DN, Pauls RN, Parekh M, Ridgeway B, Jha S, Pitkin J, Reid F, Sutherland SE, Lukacz ES, Domoney C, Sand P, Davila GW, Espuña Pons ME. A new measure of sexual function in women with pelvic floor disorders (PFD): the pelvic organ prolapse/incontinence sexual questionnaire, IUGA-revised (PISQ-IR). *Int Urogynecol J* 2013; (in press).

Rogers RG. Espuña Pons ME. The pelvic organ prolapse incontinence sexual questionnaire: IUGA-revised (PISQ-IR). *Int Urogynecol J* 2013; (in press).

Antosh DD, Grimes CL, Smith AL, Friedman S, McFadden BL, Crisp CC, Allen AM, Gutman RE, Rogers RG. A case-control study of risk factors for ileus and bowel obstruction following benign gynecologic surgery. *Int J Gynaecol Obstet* 2013; (in press).

Cichowski SB, Komesu YM, Dunivan GC, Rogers RG. The association between fecal incontinence and sexual activity and function in women attending a tertiary referral center. *Int Urogynecol J* 2013; (in press).

Rutledge, Teresa

Verschraegen C, Czok S, Muller CY, Boyd L, Lee SJ, Rutledge T, Blank S, Pothuri B, Eberhardt S, Muggia F. Phase II study of bevacizumab with liposomal doxorubicin for patients with platinum- and taxane-resistant ovarian cancer. *Ann Oncol* 2012; 23(12):3104-10.

Rutledge TL. Advances in surgical care. *Obstet Gynecol Clin North Am* 2012; 39(2):145-63.

Singh, Rameet

Singh RH, Zenilman JM, Brown KM, Madden T, Gaydos C, Ghanem KG. The role of physical examination in diagnosing common causes of vaginitis: a prospective study. *Sex Transm Infect* 2013; 89(3):185-90.

Sokkary, Nancy

Sokkary NA, Venkateswaran L, Dietrich JE, Teruya J. Platelet function disorders and menorrhagia in adolescents: a review of laboratory diagnosis. *J Pediatr Adolesc Gynecol* 2012; 25(4):233-7.

Sokkary NA, Granada C, Cunningham T, Dietrich JE. Use of microcatheter for intraabdominal survey. *J Pediatr Surg* 2012; 47(7):E25-7.

Sokkary NA, Dietrich JE. Management of heavy menstrual bleeding in adolescents. *Curr Opin Obstet Gynecol* 2012; 24(5):275-80.

Adeyemi O, Sokkary NA, Dietrich JE. Pubic osteomyelitis resulting in rectovaginal fistula in an adolescent female. *J Pediatr Adolesc Gynecol* 2013; 26(1):e9-e11.

Stonehocker, Jody

Stonehocker J. Cervical cancer screening in pregnancy. *Obstet Gynecol Clin North Am* 2013; 40(2):269-82.

Tyner, Joey

Brown SA, Tyner J, Mozurkewich EL, Clinton CM, Schrader RM, Marcus S, Djuric Z. Fatty acid ratios and depressive symptoms in pregnancy: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. *Soc Gynecol Investiga (SGI)*, Orlando FL, March 2013.

Mozurkewich EL, Clinton CM, Romero VC, Tyner J, Brown SA, Williams JZ, Schrader R, Djuric Z. Prenatal Omega-3 fatty acid supplementation reduces pro-inflammatory cytokine production in umbilical cord blood: a secondary analysis of The Mothers, Omega-3, and Mental Health Study. *Soc Gynecol Investiga (SGI)*, Orlando FL, March 2013.

Tyner J, Brennan MC, Brown SA, Rayburn WF. Long-term trends in residents pursuing maternal-fetal medicine fellowships, 1993-2012. *Soc Mat Fetal Med*, San Francisco CA, February 2013.

Holbrook BD, Elwell EC, Tyner JE, Brown, SA, Rayburn WF. Access to obstetricians-gynecologists in New Mexico. *National Health Disparities 2013 Joint Conference*, Albuquerque NM, 2013.

Tyner JE, Rayburn WF. Emergency cesarean delivery: special precautions. *Obstet Gynecol Clin North Am* 2013; 40(1):37-45.

Waxman, Alan

Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain JM, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER, Chelmow D, Herzig A, Kim JJ, Kinney W, Herschel WL, Waldman J. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *J Low Genit Tract Dis* 2012; 16(3):175-204.

Darragh TM, Colgan TJ, Cox JT, Heller DS, Henry MR, Luff RD, McCalmont T, Nayar R, Palefsky JM, Stoler MH, Wilkinson EJ, Zaino RJ, Wilbur DC, Members of LAST Project Work Groups. The lower anogenital squamous terminology standardization project for HPV-associated lesions: background and consensus recommendations from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology. *J Low Genit Tract Dis* 2012; 16(3):205-42.

Darragh TM, Colgan TJ, Cox JT, Heller DS, Henry MR, Luff RD, McCalmont T, Nayar R, Palefsky JM, Stoler MH, Wilkinson EJ, Zaino RJ, Wilbur DC, Members of LAST Project Work Groups. The lower anogenital squamous terminology standardization project for HPV-associated lesions: background and consensus recommendations from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology. *Arch Pathol Lab Med* 2012; 136(10):1266-97.

Waxman AG, Chelmow D, Darragh TM, Lawson H, Moscicki AB. Revised terminology for cervical histopathology and its implications for management of high-grade squamous intraepithelial lesions of the cervix. *Obstet Gynecol* 2012; 120(6):1465-71.

Ogburn T, Espey E, Pierce-Bulger M, Waxman AG, Allee L, Haffner WH, Howe J. Midwives and obstetrician-gynecologists collaborating for Native American women's health. *Obstet Gynecol Clin North Am* 2012; 39(3):359-66.

Darragh TM, Colgan TJ, Cox JT, Heller DS, Henry MR, Luff RD, McCalmont T, Nayar R, Palefsky JM, Stoler MH, Wilkinson EJ, Zaino RJ, Wilbur DC, Members of the LAST Project Work Groups. The lower anogenital squamous terminology standardization project for HPV-associated lesions: background and consensus recommendations from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology. *Int J Gynecol Pathol* 2013; 32(1):76-115.

Waxman AG. Cervical cancer prevention: new guidelines in the United States and new opportunities for low- and middle-income countries. *Obstet Gynecol Clin North Am* 2013; 40(2):251-5.

Waxman AG. ASCCP, the society's year. *J Low Genit Tract Dis* 2013; 17(2):101-3.

Gage JC, Schiffman M, Hunt WC, Joste N, Ghosh A, Wentzensen N, Wheeler CM, New Mexico HPV Pap Registry Steering Committee. Cervical histopathology variability among laboratories: a population-based statewide investigation. *Am J Clin Pathol* 2013; 139(3):330-5.

Zsemlye, Meggan

Zsemlye M. LSIL: definition and management. *Obstet Gynecol Clin North Am* 2013; 40(2):283-9.

RESEARCH GRANTS AND ENDOWMENTS**Family Planning and Reproductive Health**

Project Title: Fellowship in Family Planning
Principal Investigator: **Eve Espey, MD, MPH**
Funding Organization: Anonymous Non Profit Foundation
Budget Duration : 7/1/2013-6/30/2014
Amount Awarded: \$338,109

Project Title: The voice of Latino adolescent parents: barriers to use of
contraception, a focus group approach
Principal Investigator: **Rameet Singh, MD, MPH**
Co-Principal Investigator: **Brenda Pereda, MD**
Funding Organization: Society for Family Planning Research Fund
Budget Duration : 8/1/2012-7/31/2013
Amount Awarded: \$69,207

Project Title: Fellowship in Family Planning
Principal Investigator: **Eve Espey, MD, MPH**
Funding Organization: Anonymous Non Profit Foundation
Budget Duration: 7/1/2012-6/30/2013
Budget Awarded: \$330,229

Project Title: Nitrous Oxide for Pain Management of First Trimester
Abortion
Principal Investigator: **Rameet Singh, MD, MPH**
Funding Organization: UNM HSC Research Allocation Committee
Budget Duration: 7/1/2012-6/30/2013
Amount Awarded: \$10,000

Female Pelvic Medicine and Reconstructive Surgery

Project Title: Brain-Centered Therapy versus Medication for Urgency
Urinary Incontinence: an RCT (R01)
Principal Investigator: **Yuko Komesu, MD**
Funding Organization: NIH/NCCAM
Budget Duration: 9/1/2012-6/30/2017
Amount Awarded: \$2,755,048

Project Title: Pelvic Floor Disorders Network (PFDN) Center grant (UHD069025A)
Principal Investigator: **Rebecca G. Rogers, MD**
Funding Organization: NIH/NICHD
Budget Duration: 7/1/2011-6/30/2016
Amount Awarded: \$1,602,306

Project Title: Administrative Supplement to APPLE
Principal Investigator: **Rebecca G. Rogers, MD**
Funding Organization: NIH/NICHD
Budget Duration: 7/1/2010-7/31/2012
Amount: \$150,000

Project Title: Tailored Measures for Urinary Incontinence, subcontract with Brown University
Principal Investigator: **Rebecca G. Rogers, MD**
Funding Organization: NIH
Budget Duration: 7/1/2011-8/31/2014
Amount Awarded: \$89,066

Project Title: Rosetta (PFDN clinical trial)
Principal Investigator: **Yuko Komesu, MD**
Funding Organization: NIH/NICHD
Budget Duration: 2/1/2012 – 6/30/2016
Amount Awarded: \$293,665

Project Title: RUM (PFDN clinical trial)
Principal Investigator: **Yuko Komesu, MD**
Funding Organization: NIH/NICHD
Budget Duration: 5/1/2012- 6/30/2016
Amount Awarded: \$56,040

Project Title: The effect of Trimo-San gel on pessary-associated bacterial vaginosis
Principal Investigator: **Rebecca G. Rogers, MD**
Co-Principal Investigator: **Kate Meriwether, MD**
Funding Organization: CTSC Pilot Award
Budget Duration: 12/1/2012-11/30/2013
Amount Awarded: \$41,244

Project Title: Standardized vs Mnemonic Teaching for Fecal Incontinence:
a Pilot RCT
Principal Investigator: **Gena Dunivan, MD**
Co-Principal Investigator: **Sara Cichowski, MD**
Funding Organization: CTSC Pilot Award
Budget Duration: 10/1/2012 - 7/1/2014
Amount Awarded: \$20,000

Gynecologic Oncology

Project Title: A Multinational, Randomized, Open-label Phase 3 Study of
MEK162 vs. Physician's Choice Chemotherapy in Patients
with Recurrent or Persistent Low-grade Serous Carcinomas
of the Ovary, Fallopian Tube, or Primary Peritoneum
Principal Investigator: **Carolyn Y. Muller, MD**
Funding Organization: Array BioPharma ARRAY-162-311
Budget Duration: 6/18/2013-5/31/2018
Amount Awarded: \$89,363

Project Title: A Phase 3 Randomized, Double-blind, Placebo-controlled,
Multicenter Study of AMG 386 with Paclitaxel and
Carboplatin as First-line Treatment of Subjects with FIGO
Stage III-IV Epithelial Ovarian, Primary Peritoneal or
Fallopian Tube Cancers.
Principal Investigator: **Carolyn Y. Muller, MD**
Funding Organization: Amgen 20101129/GOG-3001
Budget Duration: 10/1/2012-9/30/2017
Amount Awarded: \$80,400

Project Title: Inhibition of small GTPases as a novel therapeutic approach
in ovarian cancer.
Co-Principal Investigator: **Carolyn Y. Muller, MD**
Funding Organization: DOD OC110514 Ovarian Cancer Research Program Teal
Expansion Award
Budget Duration: 7/1/2012-6/30/2015
Amount Awarded: \$350,000

Project Title: Randomized Phase 2 Non- Comparative Study of the
Efficacy of PF-04691502 and PF-05212384 in Patients with
Recurrent Endometrial Cancer
Principal Investigator: **Carolyn Y. Muller, MD**
Funding Organization: Pfizer B1271004
Budget Duration: 11/18/2011-10/31/2016
Amount Awarded: \$115,058

Project Title: Gynecologic Oncology Group Clinical Trials
Principal Investigator: **Carolyn Y. Muller, MD**
Funding Organization: Gynecologic Oncology Group Grant #27469-64
Budget Duration: 4/1/2010-6/31/2016
Amount Awarded: \$542,007

Project Title: Biospecimen Contributing Institutions for Research Studies in Cancer Tissue Pre-Analytical Variables.
Principal Investigator: **Carolyn Y. Muller, MD**
Funding Organization: National Cancer Institute-Office of Biorepositories and Biospecimen Research (NCI/OBBR)
Budget Duration: 3/1/2011-8/30/2015
Amount Awarded: \$7,489

Project Title: University of New Mexico NCI-Designated Cancer Center
Principal Investigator: **Carolyn Y. Muller, MD (PMC Director)**
Funding Organization: NIH NCI UNM Cancer Center Support Grant
Budget Duration: 9/1/2010-8/30/2015
Amount Awarded: \$1,357,715

Project Title: A Randomized Phase II Evaluation of Weekly Paclitaxel (NSC# 673089) Versus Weekly Paclitaxel with Oncolytic Reovirus (Reolysin® NSC# 729968, BB-IND #13370) in the Treatment of Recurrent or Persistent Ovarian, Fallopian Tube or Primary Peritoneal Cancer
Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0186H
Budget Duration: 3/15/2012-present

Project Title: Can Diet and Physical Activity Modulate Ovarian, Fallopian Tube and Primary Peritoneal Cancer Progression-Free Survival?
Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0225
Budget Duration: 10/23/2012-present

Project Title: A Randomized Trial of Pelvic Irradiation with or without Concurrent Weekly Cisplatin in Patients With Pelvic-Only Recurrence of Carcinoma of the Uterine Corpus
Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0238
Budget Duration: 1/21/2009-present

Project Title: The Lymphedema and Gynecologic Cancer (LEG) Study: Incidence, Risk Factors, and Impact in Newly Diagnosed Patients

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0244
Budget Duration: 11/02/2012-present

Project Title: A Randomized Phase II Trial of Temsirolimus (NCI-Supplied Agent, NSC # 683864, IND # 61010) or the Combination of Hormonal Therapy Plus Temsirolimus in Women with Advanced, Persistent, or Recurrent Endometrial Carcinoma

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0248
Budget Duration: 8/11/2009-present

Project Title: A Phase III Trial of Pelvic Radiation Therapy versus Vaginal Cuff Brachytherapy Followed by Paclitaxel/Carboplatin Chemotherapy in Patients with High Risk, Early Stage Endometrial Carcinoma

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0249
Budget Duration: 12/17/2008-present

Project Title: A Randomized Phase III Trial of Paclitaxel plus Carboplatin versus Ifosfamide plus Paclitaxel in Chemotherapy – Naïve Patients with Newly Diagnosed Stage I-IV Persistent or Recurrent Carcinosarcoma (Mixed Mesodermal Tumors) of the Uterus

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0261
Budget Duration: 5/26/2010-present

Project Title: Quality of Life and Care Needs in Patients with Persistent or Recurrent Platinum-resistant Ovarian, Fallopian Tube, and Peritoneal Cancer

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0267
Budget Duration: 1/09/2012-present

Project Title: Chemotherapy Toxicity in Elderly Women with Ovarian, Primary Peritoneal or Fallopian Tube Cancer

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0273
Budget Duration: 10/24/2012-present

Project Title: A Phase III Trial of Adjuvant Chemotherapy Following Chemo-radiation as Primary Treatment for Locally Advanced Cervical Cancer Compared to Chemo-radiation Alone: The OUTBACK Trial

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 0274
Budget Duration: 5/04/2012-present

Project Title: A Phase I Study of Intraperitoneal EGEN-001 (IL-12 Plasmid Formulated with PEG-PEI-Cholesterol Lipopolymer) (IND #12,484) Administered in Combination with Pegylated Liposomal-Doxorubicin (PLD, DOXIL (NSC# 712227 or Lipodox (NSC#673089) in Patients with Recurrent or Persistent Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 9928
Budget Duration: 6/11/2013- present

Project Title: A Phase I Trial of Sequential Ipilimumab After Chemoradiation for the Primary Treatment of Patients with Locally Advanced Cervical Cancer Stages IB2/IIA with Positive Para-Aortical Lymph Nodes only and Stage IB/IIIB/IVA with Positive Lymph Nodes

Principal Investigator: **Teresa L. Rutledge, MD**
Funding Organization: Gynecologic Oncology Group 9929
Budget Duration: 6/20/2013-present

Project Title: Intestinal immune tolerance promotes ovarian cancer dissemination

Principal Investigator: **Sarah F. Adams, MD**
Funding Organization: American Cancer Society Mentored Research Scholarship Grant
Budget Duration: 2012-2017

Project Title: Development of combination therapy with PARP-inhibitors and anti-CTLA4 immunomodulation for BRCA1^{-/-} epithelial ovarian cancer

Principal Investigator: **Sarah F. Adams, MD**
Funding Organization: Ovarian Cancer Research Fund Liz Tilberis Scholar Award
Budget Duration: 2011-2014

Project Title: A Randomized, Double-blind, Placebo-controlled Phase II Study of VTX-2337 (IND #78,416) in Combination with Pegylated Liposomal Doxorubicin (PLD) in Patients with Recurrent or Persistent Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer

Principal Investigator: **Sarah F. Adams, MD**

Funding Organization: Gynecologic Oncology Group 3003

Budget Duration: 3/07/2013-present

Maternal-Fetal Medicine

Project Title: Workforce issues in obstetrics and gynecology

Principal Investigator: **William F. Rayburn, MD, MBA**

Funding Organization: American College of Obstetricians and Gynecologists

Budget Duration: 1/1/2013-12/31/2013

Amount Awarded: \$40,000

Project Title: Early indices of atypical neurodevelopment associated with fetal alcohol exposure

Co-Principal Investigator: **William F. Rayburn, MD, MBA**

Funding Organization: NIH/NICHD

Budget Duration: 10/1/2013-present

Amount Awarded: \$10,750

Endowed Professorships

University of New Mexico Regents' Professor
(recipient: Rebecca G. Rogers, MD)

Randolph Seligman, MD
(recipient: William F. Rayburn, MD, MBA)

Victor & Ruby Hansen Surface Professor in Ovarian Cancer Research
(recipient: Sarah Adams, MD)

Howard Friedman
(recipient: to be named)

DEPARTMENT STRATEGIC ACTION PLANS

DEPARTMENT STRATEGIC ACTION PLANS, 2012 and 2013
William F. Rayburn, MD, MBA, Professor and Chair

Strategies are plans for achieving organizational goals. The importance of preparing and implementing a department action plan cannot be overstated. The School of Medicine's strategies have a major impact on what the Department does and how it does it. Strategies can be short, intermediate, or long term. They must be designed to support not only our Department's mission but also the Health Science Center's goals.

To be effective in its role, our department needs to understand the School's history, culture, strengths, and weaknesses. This understanding must encompass both current conditions and significant trends and issues on the horizon. My roles as a department representative and strategic leader are to recognize how the department is currently aligned with the Health Sciences Center – where it relates effectively and where it relates less effectively. Looking at healthcare trends and issues, our faculty works to both improve the current and future alignments within the Department, School, and Health Sciences Center.

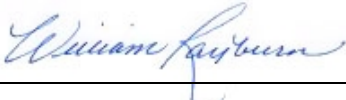
The following pages provide the Department Action Plan for calendar years 2012 and 2013. Key initiatives relate to education, quality clinical care, research and scholarly efforts, and administration and finance. Each department initiative is aligned with the School's Strategic Action Plan. Adjacent to each initiative is a progress indicator (accomplished, good progress, some progress, no progress). When progress has either been minimal or none, reasons for the delay and changes for improvement are undertaken when necessary.

CY'13 ACTION PLAN
Department of Obstetrics and Gynecology

Key Initiatives	HSC Leader	Assigned Faculty	Q1	Q2	Q3	Q4
EDUCATION						
Maintain full LCME accreditation for the SOM undergraduate medical education program, all DTS and BMSGP programs, and ACGME accreditation for all SOM graduate medical education programs.						
Maintain full compliance of all GME programs with accreditation requirements. If out of compliance, develop compliance plans approved by the Office of GME and the Program Review Committee.	B. Chang	M. Zsemlye J. Stonehocker	●	●	●	
Create a curriculum and educational environment that model and promote health equity.						
Support SOM to finalize plans for integration of public health into SOM curriculum with a transcribed Public Health Certificate.	C. Timm	A. Waxman E. Espey	●	●	●	
Enhance the culture of professionalism in faculty, residents, and students and create an integrated and consistent institutional plan for continuous professionalism improvement.						
Develop and implement processes to identify and respond to learner, staff and faculty colleague concerns about unprofessionalism and complaints of mistreatment, with accountability for those who repeatedly display unprofessional behavior.	J. Bolton L. Morrison	K. Kennedy G. Dunivan T. Rutledge	●	●	●	
Develop linkages between continuous quality improvement of clinical care and the education of medical students, residents and practicing clinicians to form a foundation of the institution's culture of quality. Excellent care is evidence-based, relationship-based, and systems-based.						
Work with Senior Associate Dean of Education to develop and implement a patient safety/quality improvement curriculum for HSC students, residents, faculty and staff in each clinical education site and program. Incorporate resources from AAMC and UNMH (Director of Quality) into plans for curriculum development.	C. Timm M. Monk	S. Phelan E. DiFederico M. Zsemlye	●	●	●	
RESEARCH/SCHOLARLY ACTIVITIES						
Foster innovation, discovery and creativity, and translate our research and discoveries into clinical or educational practice.						
Develop and/or foster our nationally recognized areas of excellence that address national and state health priorities.	C. Ford	B. Rogers	●	●	●	
Apply for health care reform funding opportunities associated with the Patient-Centered Outcomes Institute (PCORI) or the Affordable Care Act (ACA).	C. Ford	B. Rogers E. Mozurkewich	●	●	●	
Develop institutional system for building research capacity in our faculty, including recruitment and retention.						

<p>Improve junior faculty mentoring:</p> <ol style="list-style-type: none"> 1) Have assigned faculty participate in committee process to develop formalized institutional plan for junior faculty mentoring. 2) Develop a department mentoring checklist to use as a template for developing individual faculty mentoring plans. 	B. Wilson	<p>C. Muller E. Espey B. Rogers L. Moore</p>				
Achieve global, state and local health parity through research with Native American, Hispanic, African American and other under-represented populations.						
Expand research in New Mexico communities.	C. Ford	<p>G. Dunivan B. Pereda V. Rappaport</p>				
CLINICAL						
Deliver a well-integrated academic health center that provides high quality of care and safety while being accessible to all New Mexicans.						
Grow and enhance the efficiency of patient care services according to plans developed and programs initiated.	M. Richards	<p>W. Rayburn Division Chiefs</p>				
Integrate ambulatory organization to improve clinic throughput.						
Increase clinic throughput by > 5%, increase primary care capacity by > 10%, reduce ambulatory backlog by > 10%.	C. Voss	<p>W. Rayburn Division Chiefs</p>				
Develop SRMC inpatient census, outpatient visits, diagnostic studies, and inpatient and outpatient surgery to budgeted volumes.						
Increase SRMC OR to 26 cases per month.	T. Ogburn	<p>T. Ogburn Y. Komesu B. Pereda</p>				
Increase UNM surgical case health system-wide.						
Case volume increased by > 5%.	Chairs	<p>W. Rayburn Division Chiefs</p>				
Maintain and enhance the quality and safety of patient care.						
Become a mature lean organization aligned with value stream goals consistent with the operating and strategic plans.	C. Voss	<p>S. Phelan W. Rayburn</p>				
Increase number of department Crimson Management Tool users by 10%.	M. Munk	<p>T. Ogburn W. Rayburn</p>				
Enhance patient satisfaction.						
Improve inpatient and ambulatory patient satisfaction (HCAHPS > 68; CGCAPS survey).	C. Voss	<p>W. Rayburn Division Chiefs</p>				
Increase FOM collections per RVU by > 2% in part via better documentation of encounters in patient records.	T. Williams	<p>W. Rayburn Division Chiefs</p>				
SERVICE/ADMINISTRATION						
Improve health and health care to the populations we serve with community-wide solutions.						

Strengthen external partnerships to improve health in New Mexico by developing broader networks of affiliated organizations and health care providers.	C. Ford C. Timm C. Voss A. Kaufman	W. Rayburn				
Explore strategic partnerships to achieve market growth and align resources to better serve the continuum of care.	C. Voss	W. Rayburn Division Chiefs				
Nurture and embrace an environment of diversity, integrity and transparency.						
Create at least 3 internal and external communications that actively promote the academic contributions of the School of Medicine faculty, staff, and students.	H. Buchanan	W. Rayburn Sharon Phelan				
Name a departmental champion to review the climate survey data, and recommend actions to the Chair and the HSC Diversity Council as appropriate.	V. Romero-Leggot	L. Moore W. Rayburn				



William F. Rayburn MD, MBA
Seligman Professor and Chair

	Accomplished		Good Progress		Some Progress		No Progress
--	--------------	--	---------------	--	---------------	--	-------------

CY'12 ACTION PLAN
Department of Obstetrics and Gynecology

Key Initiatives	HSC Leader	Assigned Faculty	Q1	Q2	Q3	Q4
EDUCATION						
Maintain full LCME accreditation for the SOM undergraduate medical education program, all DTS and BMSGP programs, and ACGME accreditation for all SOM graduate medical education programs.						
Maintain full compliance of all GME programs with accreditation requirements. If out of compliance, develop compliance plans approved by the Office of GME and the Program Review Committee.	D. Sklar B. Chang	M. Zsemlye T. Ogburn	●	●	●	●
Continue to support Clerkship Directors at a minimum of 0.25 FTE. BA/MD program funds to provide additional 0.3 FTE support for Clerkship Directors or Assistant Directors for all 7 required Phase II clerkships in FY 13.	C. Timm	M. Zsemlye T. Ogburn K. Kennedy E. DiFederico	●	●	●	●
Support Program Directors and Associate Program Directors at the minimum FTE specified by the RRC.	D. Sklar B. Chang	M. Zsemlye T. Ogburn	●	●	●	●
Create a curriculum and educational environment that model and promote health equity.						
Support SOM to finalize plans for integration of public health into SOM curriculum with a transcribed Public Health Certificate.	C. Timm	A. Waxman E. Espey	●	●	●	●
Enhance the culture of professionalism in faculty, residents, and students and create an integrated and consistent institutional plan for continuous professionalism improvement.						
Develop and implement processes to identify and respond to learner, staff and faculty colleague concerns about unprofessionalism and complaints of mistreatment, with accountability for those who repeatedly display unprofessional behavior.	J. Bolton L. Morrison	G. Dunivan K. Kennedy T. Rutledge	●	●	●	●
Develop linkages between continuous quality improvement of clinical care and the education of medical students, residents and practicing clinicians to form a foundation of the institution's culture of quality. Excellent care is evidence-based, relationship-based, and systems-based.						
* Work with Senior Associate Dean of Education to develop and implement a patient safety/quality improvement curriculum for HSC students, residents, faculty and staff in each clinical education site and program. Incorporate resources from AAMC and UNMH (Director of Quality) into plans for curriculum development.	C. Timm D. Sklar B. Chang C. Voss	T. Rutledge G. Dunivan E. DiFederico M. Zsemlye	●	●	●	●
RESEARCH						
Develop nationally recognized areas of excellence that address national and state health priorities.						
Apply for health care reform funding opportunities associated with the Patient-Centered Outcomes Institute (PCORI) or the Affordable Care Act (ACA).	R. Larson C. Ford	B. Rogers E. Mozurkewich	●	●	●	●

Develop institutional system for building research capacity in our faculty, including recruitment and retention.							
*	Improve junior faculty mentoring: 1) Have assigned faculty participate in committee process to develop formalized institutional plan for junior faculty mentoring. 2) Develop a department mentoring checklist to use as a template for developing individual faculty mentoring plans.	R. Larson B. Wilson	Y. Komesu B. Rogers R. Singh				
	Achieve global, state and local health parity through research with Native American, Hispanic, African American and other under-represented populations.						
	Expand research in New Mexico communities.	R. Larson C. Ford	Y. Komesu R. Singh V. Rappaport				
CLINICAL							
Develop processes and infrastructure needed to plan for and successfully respond to reimbursement reform.							
	Work with UNMMG and UNMH, to facilitate education, training, and clinical process improvements such that their faculty can qualify for meaningful use and e-prescribing incentives.	C. Voss B. Fingado	G. Dunivan S. Phelan B. Taylor				
Design, build and fully operationalize a Hospital and Medical Office Building in Sandoval County.							
	Work with the SRMC CMO and Administrator, and UNMMG CEO to recruit the faculty required from their Department to open SRMC on time and on budget.	K. Rogols D. Gonzales C. Voss	T. Ogburn L. Garcia Y. Komesu				
Successfully improve quality of care so that all HSC clinical enterprises meet or exceed national, local and internal standards for patient safety, patient satisfaction, process quality measures and measurable care outcomes.							
	Collaborate with UNMMG and HS personnel in developing physician-driven quality improvement processes and measures at UNMH and UNMMG.	C. Voss M. Munk	S. Phelan B. Taylor G. Dunivan				
Create a working environment for all clinicians that results in improved ease of practice, as well as better satisfaction, recruitment and retention of clinical faculty and staff.							
	Use Lean methodology with HS support for each medical director to work with his/her chair, UNMMG, and hospital administrator partner to identify a faculty-driven practice improvement initiative.	C. Voss B. Fingado	S. Phelan B. Taylor				
Maintain, continue to improve and/or hasten the development of women's care.							
	Collaborate with relevant departments in the continued development of the new organizational structures needed for growth and financial success.	C. Voss M. Richards	W. Rayburn				
	Form/strengthen community partnerships through service lines on behalf of better patient care.	C. Voss A. Kaufman	E. DiFederico L. Garcia J. Stonehocker				
	Develop a specific model for a Women's Patient-Centered Medical Home	C. Voss J. Silva-Steele C. North	T. Ogburn				

*	Continue to have a multi-disciplinary team dedicated to proposing and implementing ways to increase the number of deliveries and gyn services at UNMH.	S. Mckernan	J. Stonehocker S. Phelan	●	●	●	●
Develop Health System Strategic Plan							
	Engage with strategic planning consultants to develop the 5-year HS strategic plan.	C. Voss M. Richards	W. Rayburn	●	●	●	●
	Participate in program planning for the new UNMH 100 bed adult wing.	C. Voss E. Doles	W. Rayburn C. Muller	●	●	●	●
ADMINISTRATION							
Recruit, develop and retain a diverse faculty of the highest quality to achieve the academic and administrative missions of the institution.							
	Increase faculty compensation to at least AAMC 25 th percentile, if meeting expectations.	V. Romero-Leggot B. Wilson	W. Rayburn	●	●	●	●
	Recommend strategies to increase the number of underrepresented faculty within the HSC.	V. Romero-Leggot B. Wilson	L. Moore	●	●	●	●
	Identify and initiate recruitment of outstanding SOM M.D., Ph.D. and M.D. Ph.D. graduates as future faculty.	V. Romero-Leggot B. Wilson	W. Rayburn	●	●	●	●
	Establish promotion guidelines that enhance and incent scholarship in clinical, education, and community-engaged research. Define CBPR and inventory current HSC Community Engaged Scholarship.	T. Parker B. Wilson	B. Rogers	●	●	●	●
Achieve equitable representation with regard to gender and URM status in faculty and leadership.							
	Identify best practices to increase leadership opportunities for URM faculty and other ways in which to advance their careers.	V. Romero-Leggot B. Wilson	L. Moore	●	●	●	●
Optimally integrate the Sandoval Regional Medical Center into the clinical, educational and research missions of the SOM.							
*	Work with the SRMC CEO to define the scope and roles of SRMC faculty and physicians in SOM departments' clinical, educational and research missions.	K. Rogols D. Gonzales C. Voss B. Wilson C. Timm R. Larson	T. Ogburn L. Garcia	●	●	●	●
Establish a nationally recognized "Culture of Professionalism" that supports and nurtures all faculty, staff and students.							
	Develop and implement processes to identify and respond to learner, staff and faculty colleague concerns about unprofessionalism and complaints of mistreatment, with accountability for those who repeatedly display unprofessional behavior.	B. Wilson L. Morrison J. Bolton	K. Kennedy G. Dunivan C. Muller S. Phelan	●	●	●	●

* department priority



William F. Rayburn MD, MBA
Seligman Professor and Chair

●	Accomplished	●	Good Progress	●	Some Progress	●	No Progress
---	--------------	---	---------------	---	---------------	---	-------------

This Page Intentionally Left Blank