



## University of California Davis, Obstetrics & Gynecology



**2017-2018 Residency Prospectus**

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## Message from the Program Director's

Welcome to the UC Davis Medical Center, Department of Obstetrics and Gynecology Residency website. We are a 4-year ACGME-accredited postgraduate residency training program based at the University of California, Davis Medical Center located in Sacramento, CA. Our program takes 6 residents per year, for a total of 24 categorical residents. We also have an additional 4 residents through the Family Medicine/Obstetrics residency program (See below). Our affiliate sites including Kaiser Permanente and San Joaquin General Hospital. The University of California, Davis Medical Center is a 619-bed acute-care teaching hospital, admitting more than 30,000 patients and handles more than 1 million clinic visits per year.

Our focus is helping the underserved communities in Northern California, and as such, we have a clinical presence to the Oregon and Nevada borders, south to the city of Modesto including Mammoth Lakes, and west to the city of Fairfield. This represents a 65,000-square-mile area that includes 33 counties and 6 million residents across Northern and Central California. We care for one of the largest geographical areas in the state of California, including a majority of counties that are considered rural. To further pursue our mission in helping underserved communities in Northern California, we have 4 Family Medicine/Obstetrics residents (1 per year) who complete their residency training alongside our categorical residents. We are the only residency program in the nation that integrates a fellowship in Obstetrics, making this a highly competitive program for Family Medicine candidates. Our FM/OB residents are trained to have a full scope OB practice upon graduation, and work in the most remote and underserved regions of the United States. (

Our Department has six clinical divisions, including Maternal-Fetal Medicine, Gynecologic Oncology, Reproductive Endocrinology & Infertility, Urogynecology & Reconstructive Pelvic Surgery, Family Planning, and the University Women's Health (UWH), our private practice generalist group. We are a referral center and can care for patients with complex obstetrical and gynecological issues

Our residency program is part of the University of California Robotics Collaborative (UCRC). The focus is to improve the quality and consistency of resident and fellow education in robotic surgery. Our goal is to further standardize and streamline robotic surgery curricula, support advances in educational resources, and collaborate effectively in regional to national dissemination. The robotics curriculum is utilized by all the surgical subspecialties and employs a hybrid format of web-based resources, simulation protocols, in combination with in-person didactics and dry labs to further prepare residents for the challenges of live robotic surgery. We also provide access to training in the Fundamentals of Laparoscopic Surgery (FLS) curriculum for those residents who seek advanced surgical training in minimally invasive surgery. FLS training is hands-on and web based education, where residents must pass the surgical knowledge examination followed by the clinical portion of FLS prior to obtaining FLS certification

Our resident research program is robust, with each resident graduating with a published paper or a quality improvement project that has led to a change in clinical practice. Residents are strongly encouraged to present their research projects as invited speakers at regional, national, and international meetings.

Being located in the capital of California, we have a close relationship with ACOG District IX. Many of our former graduates are very active in ACOG at the district, state, and national level. In 2005, we initiated UC Davis Resident Legislative Lobby Day. Our residents spend the morning at the ACOG offices learning about bills related to women's health care. In the afternoon, they meet with their respective state representative. Our Resident Legislative Lobby Day is done on a yearly basis in May and now attracts OB/GYN residents from all over the state of California.

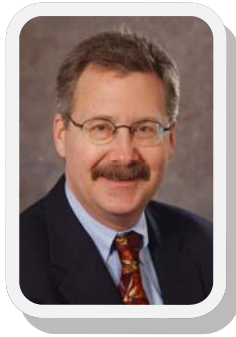
We provide our residents with an excellent education and training, with the opportunity to pursue post-training opportunities in fellowships, academic centers, the Kaiser system and private practice. Our learning environment fosters residents to develop their medical and clinical skills. This past year, our residency program was very proud to receive the ACOG Junior Fellow national physician wellness award for Emotional/Intellectual Health. We know that residency can be challenging; our residents work hard, but also know there is life outside work. You can check out our Instagram (#ucdobgynresidency) or Facebook page to see the life of a resident at UC Davis.

We wish you the best in your future endeavors. If you have further questions about our program, please feel free to call us at 916-734-6978 or email our amazing Residency Coordinator, Martha Morris (mmorris@ucdavis.edu).

Véronique Taché, M.D. MAS  
Associate Clinical Professor  
Residency Program Director  
Division of Maternal-Fetal Medicine

Clara Paik, M.D.  
Professor  
Associate Residency Program Director  
Clinical Medical Director  
Chief, Division of University Women's  
Health

Bahareh Nejad, M.D.  
Associate Clinical Professor  
Assistant Residency Program Director  
Director of Robotic Surgery  
Division of University Women's Health



## Message from the Chairman

Welcome to the University of California, Davis Department of Obstetrics and Gynecology. The Department is a leader in patient care as well as basic and clinical research and medical education.

We are advancing how technology can help women with issues related to pregnancy, gynecologic disease and cancer. With advanced surgical techniques, including robotic surgery, our physicians provide from basic to the most complex care. In fact, UC Davis was rated the #1 hospital for all gynecologic care in the Sacramento region and #12 in the nation for 2017-2018 by the U.S. News and

World Report . We focus on combining compassion and understanding so that each patient can feel confident that she is receiving the best care. The Department serves a multistate region north to Washington and east to Nevada.

Our goals are straightforward: the faculty, fellows, residents and staff of our Department want UC Davis to be the destination of choice for women to seek obstetric and gynecologic health care; to be the premier location for residency and fellowship training, and to create new knowledge through research on women's health issues. Our challenge is to continually find new ways of thinking about service because the health care environment is constantly changing. To meet this challenge, our physicians maintain flexibility and commitment to provide the highest quality of care within the changing healthcare landscape. As the Chair of the Department of Obstetrics and Gynecology at the University of California, Davis, I am proud to lead as well as be a member of an extraordinary team of physicians, scientists, residents, fellows, and staff who take great pride in our promise to improve the quality of life for all women.

Our Department physicians provide a multi-disciplinary set of both specialty and subspecialty services including: Family Planning, Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Urogynecology and Pelvic Reconstructive Surgery. To improve access to our services, we have faculty physicians who belong to our University OB/GYN Associates (UOGA), who are located throughout the Sacramento region, and bring their patients to UC Davis Medical Center for hospital services.

We are developing exciting new multidisciplinary services in collaboration with other Departments. The Fetal Treatment Center is a unique service in the Sacramento region, spearheaded by our MFM specialists, and working close-knit with Radiology, Neonatology, and Pediatric Surgery. Using high resolution state of the art ultrasonography, fetuses with surgically remediable lesions (such as twin-to-twin transfusion syndrome) can be identified for in utero treatment by specially trained pediatric surgeons. The Division of Gynecologic Oncology supports care of women's cancers including sexual health for female oncology patients and palliative care via Supportive Oncology through the UC Davis Comprehensive Cancer Center. The Family Planning Division, provides comprehensive regional care for contraception and abortion, as well as a robust portfolio of clinical trials for new contraceptive technologies. The Urogynecology Division provides all aspects of female pelvic medicine and reconstructive surgery including complex mesh removal.

As you consider your future, moving from medical school to residency is a big change. Our Department is continually going through that same process. We have incredible intellectual capacity within the Department which provides an incredible foundation for growth. The University and the Health System are investing significantly in our Department's future by supporting our plans to further develop our clinical and research programs. Over the last several years, we have expanded our faculty in Family Planning, Gynecologic Oncology, Maternal Fetal Medicine, Urogynecology and as well as hiring new academic generalist faculty. Our current research funding is over \$1.8 million, and includes translational and clinical science, and an expanding portfolio of clinical trials. Over the next year, we will be expanding our research repertoire including faculty with specialization in basic science, translational science, and clinical outcomes research.

To me, there is no more exciting a place to be for the next 4 years than UC Davis. As a resident candidate, the benefits of the residency training partnership between Kaiser Permanente (primarily Kaiser Roseville) and UC Davis will provide an amazing learning experience and an opportunity for tremendous personal growth.

As you interview with us as a residency candidate, ask the residents and faculty about our collaborative supportive environment, educational and research opportunities. I think you will be very impressed with our residency training program.

Good luck in pursuing the next big step in your medical career.

Sincerely,

Gary S. Leiserowitz, MD, MS  
Professor and Chair, Department of Obstetrics and Gynecology  
Chief, Division of Gynecologic Oncology



**UCDAVIS**  
**HEALTH SYSTEM**  
*Obstetrics and Gynecology*

**It all starts here**

**MISSION STATEMENT**

We strive to be the leaders in obstetric, gynecologic, and reproductive health for women of all ages in the local and global communities through excellence in clinical care, education, and research.

We promote the highest standard of obstetric, gynecologic, and reproductive health through personalized clinical care based on the latest research and innovation.

We create future leaders in obstetric, gynecologic, and reproductive health and enhance life-long learning for all health professionals in our community through thoughtful and innovative education.

We conduct research that provides evidence to expand the boundaries of our knowledge, and to inform the practice and improve the quality of obstetric, gynecologic, and reproductive healthcare.

**VISION STATEMENT**

Empowering women to achieve healthier lives...it all starts here.



## Synopsis of the Obstetrics and Gynecology Residency Program

The UC Davis Obstetrics and Gynecology residency program is fully accredited by the Accreditation Council for Graduate Medical Education. The current curriculum for Obstetrics and Gynecology residency training at UC Davis is a comprehensive clinical program that spans the entire breadth of the specialty including both subspecialty experiences and primary care training. Training is accomplished at UCDMC and Kaiser Permanente hospitals with some rotations also utilizing additional local community hospitals. The following table shows the number of cases available for resident participation:

	UCDMC Data from 2016/17	Kaiser Data from 2016/17
<b>Inpatient</b>		
Ob Deliveries	1568	5945
Ob C-Sections	514	1713
Ob Low Birth Weight Infants (<2500 grams)	184	516
Gyn Procedures – Major	998	1144
Minor	1873	1084

Teaching in the residency is provided by 90 Faculty between UC Davia and Kaiser. In addition to the training activities of the program, Obstetrics and Gynecology residents are considered an integral part of the teaching faculty for medical students and acting interns on the Obstetrics and Gynecology service. The following table shows the Department of Obstetrics and Gynecology residency curriculum for 2016/2017.

PGY-I	UCDMC	Oncology Service	6 weeks
	UCDMC	Gynecology Service	6 weeks
	UCDMC	Obstetrical Service	12 weeks
	Kaiser	Obstetrical Service	8 weeks
	UCDMC	NICU	2 weeks
	UCDMC	Internal Medicine—MICU	2 weeks
	UCDMC	Emergency Room	4 weeks
PGY-II	UCDMC	Family Planning	8 weeks
	UCDMC	Obstetrical Service Day	8 weeks
	UCDMC	Obstetrics Service Night Float	8 weeks
	UCDMC	Gynecology	8 weeks
	Kaiser	Obstetrical Service	8 weeks
PGY-III	Kaiser	Gynecology Service	8 weeks
	UCDMC	Gynecologic Oncology Service	8 weeks
	UCDMC	Uro Gynecology	8 weeks
	UCDMC	Obstetrics Service Night Float	8 weeks
	Kaiser	Obstetrical Service	8 weeks
	Kaiser	High Risk Obstetrical Service	8 weeks
PGY-IV	Kaiser	Gynecology Service	8 weeks
	UCDMC	Ambulatory Service	8 weeks
	UCDMC	Gynecology Service	8 weeks
	UCDMC	Gynecology Plus	8 weeks
	UCDMC	Obstetrical Service Day	8 weeks
	Kaiser	Reproductive Endocrinology & Infertility	8 weeks
	Kaiser	Gynecology Service	8 weeks

## UC Davis Health System



The mission of UC Davis Health System is discovering and sharing knowledge to advance health. We pursue our mission through the education of physicians, medical investigators and other healthcare providers; research into new medical knowledge and applying it to the health challenges that face our world; and patient care and public service for our local and global community.

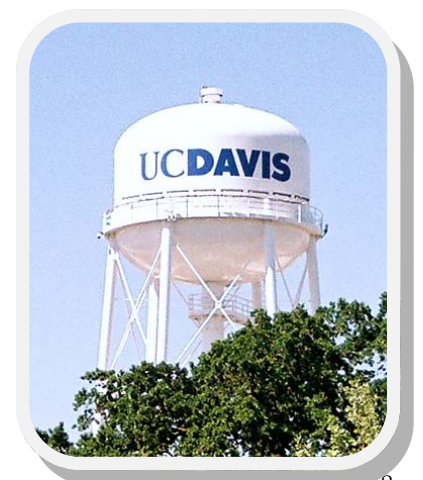
UC Davis School of Medicine was founded in 1966 and is one of six University of California medical schools. The UC Davis School of Medicine located in Sacramento, California has a major impact in Northern California through education of new physicians, research activities, patient care and public service. The UC Davis School of Medicine ranked among the top 50 graduate programs for research in 2011 according to an annual survey published by *U.S. News & World Report*.

UC Davis ranked number one in the Sacramento Metro area and sixth in California. UC Davis medical Center has again ranked as one of the best hospitals in the U.S. for 2015-16 in 10 adult medical specialties by U.S. News & World Report. Gynecology ranked #39 in the nation. It is also home to the only NCI-designated cancer center between San Francisco and Portland, Oregon.

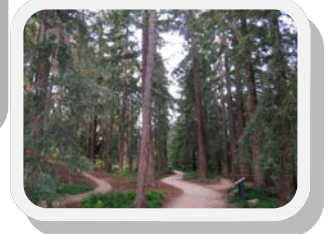
Faculty in the School of Medicine specialize in a wide range of basic and applied research, including those related to neuroscience, cancer biology, vascular biology, genetic diseases and functional genomics, health services, infectious diseases, nutrition, telemedicine and vision science.

UC Davis Health System collaborates with several affiliated research institutions, including the Shriners Hospital for Children, Veterans Affairs Health System, USDA Western Human Nutrition Research Center and the Lawrence Livermore National Laboratory.

In addition, School of Medicine Faculty are engaged in innovative collaborations within the UC Davis community—including the School of Veterinary Medicine, the Division of Biological Sciences, the College of Agricultural and Environmental Sciences, the College of Engineering, and the California Regional Primate Research Center which faculty from our department from joint appointments. UC Davis also has the country's largest stem cell facility.







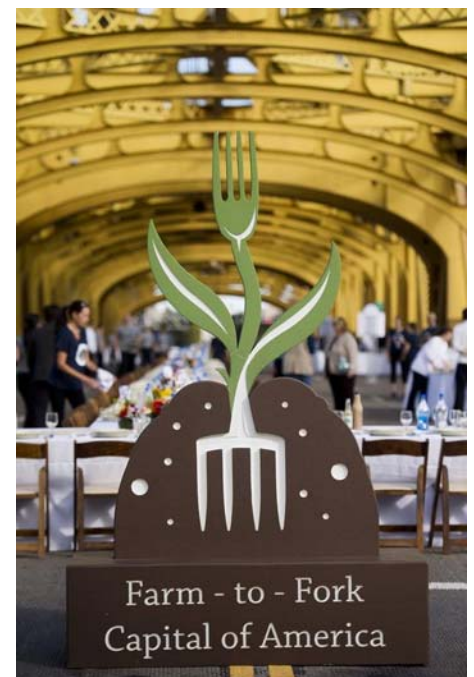
## Sacramento and the Central Valley

Sacramento is located in the heart of the California Central Valley between the Coast Range and Sierra Nevada. Its central location makes traveling easy, within a one hour drive to Napa Valley and Sonoma and a two hour drive to beautiful Lake Tahoe or San Francisco.

Sacramento, California's capital, has some large urban parks, including a 26-mile river parkway and bike trail along the American and Sacramento rivers. The sports scene is vibrant. We have the Sacramento Kings basketball team who were just given a new home with the opening of the state-of-the art Golden 1 arena in downtown Sacramento. We also have the Sacramento Republic FC soccer team, ranked first in the Western conference division and ranked 4th nationally. We also have a large running community that appreciates the surrounding even terrain. Every December, UC Davis Health System sponsors the California International Marathon, with many faculty, residents and staff from our department participating. There are many quaint neighborhoods, with old town Sacramento giving you a glimpse to the past and the gold rush days.

We have a range of cultural attractions. Sacramento is considered the Farm-to-Fork capital with an ever increasing food movement. We are lucky to have some of the best produce in the world all year round, with numerous farms markets throughout the city. Sacramento is known for its love of beer, ranked 5 of 10 cities for its craft beers. To highlight this, Sacramento has the famous 'brew bike' tour and beer week every February which showcases over 40 local breweries. Sacramento, per capita, has an inordinate amount of independently owned coffee shops. Two of our favorite coffee houses (Temple Coffee and Old Soul Co.) were selected nationally as the Top 30 coffees in 2015.

Despite being in California, we do get 4 seasons. The winters are generally mild and rainy. Summers are sunny, hot and dry (did we say hot?). Although on some days the thermometer can exceed 100 degrees, summer days are usually in the low 90s with low humidity and a reliable sea breeze and it cools to overnight temperatures in the 60s. Spring and fall weather is among the most pleasant in the state with beautiful foliage.



## Class of 2018



Molly Baker, M.D.  
University of California, Irvine



Hayley Coker, M.D.  
University of California, Davis



Lindsay Ferguson, M.D.  
Creighton University



Susan Delmar, M.D. (FM/  
OB) University of Michigan



Adam O'Brien, M.D.  
University of Washington



Adriana Piazza, M.D.  
University of Washington



Claire Steen, M.D.  
University of California, Davis



## Class of 2019



Allison Aul, M.D.  
University of Wisconsin



Sarah Forrest, M.D.  
Creighton University



Ijeoma Iko, M.D.  
Brown University



Sarah Smiley, M.D.  
University of North Carolina



Angel Tabuyo-Martin, M.D.  
University of California, San Diego



Sarah Watson, M.D.  
University of California, San Francisco





Class of 2020



Ana Chartier, M.D.  
University of Washington



Nuria Garcia-Ruiz M.D.  
University of Puerto Rico



Arielle Gire-Dumas, M.D.  
University of California,  
Davis



Fakhra Khalid, M.D.  
University of California, Davis



Caroline Ornellas M.D. (FM/OB)  
George Washington University



Kelli McEntee, M.D.  
University of Washington



Ravi Nakrani, M.D.  
Keck School of Medicine of  
the University of Southern  
California



Class of 2021



Zahabiya Chithiwala-Beattie, M.D.  
Drexel University



Mark Evans, M.D., M.S.P.H.  
University of Pittsburgh



Allyson Jang, M.D.  
Pennsylvania State University



Hayley Rousek, M.D.  
University of California, Davis



Elyse "Vyvy" Trinh, M.D.  
Brown University



Bryn Willson, M.D.  
Creighton University



Nicole Yee, M.D.  
University of Arizona-Phoenix





## Salary and Benefits



Professional liability insurance is provided by the Regents of the University of California. Housestaff benefits include medical, dental and vision insurance, and disability insurance; life/accidental death and dismemberment insurance; on-call meals; on-call sleep rooms; physician lab coats, laundry services; and maternity/paternity leave. Annual vacation leave (24 working days per year) and sick leave (12 working days per year).

- \* \$1,000 one-time relocation allowance—for mitigation of new expenses at the start of residency.
- \* Yearly \$1,500 Personal allowance — may be used for related transportation, parking or incidentals (including technology)
- \* One-time payment of USMLE step III testing fees (\$690 maximum)
- \* Payment for an ABOG Board Review Course



Effective July 1, 2017 the annual housestaff salaries are as follows:

	Annually
PGY-I	\$53,947.00
PGY-II	\$55,736.00
PGY-III	\$57,925.00
PGY-IV	\$60,211.00

In the past, resident salaries have typically increased 3.3% annually.

## Obstetrical Services



Our residency program provides obstetrical experience at two sites, UC Davis Medical Center and Kaiser Roseville. Combined, these sites provide 7,000 deliveries for the residents and include low and high risk pregnancies.

### Labor and Delivery

Residents at all levels have direct responsibility for the evaluation and management of obstetric patients admitted to the hospital. They are directly responsible for labor management, vaginal and operative deliveries as well as a full range of obstetrical procedures including forceps and vacuum assisted deliveries, cervical cerclage, tubal ligation, obstetrical ultrasound, and amniocentesis. At UCDMC, the chief and third year residents are responsible for the management of the obstetrical service. At Kaiser, the second and third year residents are responsible for man-

aging the obstetrical service. At both sites, faculty supervise patient care while guiding residents in their decision-making. At Kaiser, Certified Nurse Midwives (CNM) are also involved in resident teaching.

### Maternal-Fetal Medicine

Resident experience in Maternal-Fetal Medicine is gained at both UCDMC and Kaiser hospitals. At UCDMC, the inpatient antepartum service is overseen by the PGYII and PGYIV residents. The perinatal faculty provides daily board rounds with didactic learning four days a week discussing antepartum, intrapartum and postpartum issues. The chief and second year residents work directly with the MFM faculty in the identification, evaluation and management of complicated obstetrical patients. There are approximately 20-30 antepartum admissions per month at UCDMC with a full range of perinatal complications. Over 20% of all our deliveries have a high-risk issue. UCDMC accepts high risk transports from throughout northern California (Oregon border, Shasta, Redding, Susanville, Lake Tahoe, Stockton, Modesto, Lodi, Vacaville, Fairfield, Mammoth Lakes, Bishop) and subsequently managed by the antepartum service.

At Kaiser, the Maternal-Fetal Medicine service is managed by an MFM and PGYIII resident. This service has approximately 30-40 antepartum admissions per month. MFM faculty provide daily board rounds with didactic learning 4-6 days a week discussing high risk and laboring patients. The PGYIII resident works directly with the MFM faculty in identification, evaluation and management of complicated obstetrical patients. Kaiser Roseville accepts high risk transports from other Kaiser facilities throughout Northern California and subsequently managed by the antepartum service.

### Outpatient Experience

Both UCDMC and Kaiser provide outpatient high risk services. Both sites have Maternal-Fetal Medicine clinics as well as Diabetes clinics. UCDMC also has a specialized clinic caring for women with psychiatric disorders, to include drug addiction and methadone management. These clinics have specialized staff including social workers and dieticians to provide seamless, patient-centered care. Residents have their own continuity clinics to allow the experience of following a patient to term. Kaiser provides specialized Nurse Practitioners for their clinics.

### Prenatal Diagnosis

Both UCDMC and Kaiser are accredited as a Prenatal Diagnosis Center (PDC) by the California Department of Public Health, Genetic Disease Screening Program. During their exposure to prenatal diagnosis, residents will be involved in genetic counseling sessions (AMA, fetal anomalies, abnormal screening results, family history of disorders), performing ultrasounds, interpreting images and counseling patients based on the findings. Residents are well trained in ultrasonography and can comfortably perform limited anatomical surveys, recognize major anomalies, soft markers for aneuploidy as well as perform and interpret umbilical artery Doppler studies by the end of their residency training.



## Infertility and Endocrinopathies

The goal of the resident's rotation in Reproductive Endocrinology and Infertility is to provide each resident with experience in the evaluation and treatment of women with reproductive endocrine disorders, and to treat and evaluate couples with infertility. Our infertility services including IVF are provided in collaboration with Kaiser and California IVF in Davis. We also provide reproductive endocrinology services to women in Sacramento in the resident clinic. We evaluate and treat patients with a wide range of reproductive disorders including menstrual dysfunction, endometriosis, uterine fibroids, congenital uterine anomalies and polycystic ovarian syndrome. We also provide expertise and teaching in the area of minimally invasive procedures including advanced laparoscopy and operative hysteroscopy. We also perform minimally invasive surgical procedures in the office setting. The Division is heavily involved in various research projects supervised by National Institutes of Health-funded investigators who, among other projects, are studying the causes of, and new treatments for conditions such as polycystic ovary syndrome and endometriosis.

## Family Planning

The primary goal of the Family Planning component of the UC Davis Obstetrics and Gynecology Residency Training Program is to ensure competency in contraception counseling and provision, as well as counseling and management of unintended and abnormal pregnancies. Residents will be exposed to educational opportunities in family planning throughout the entire residency. In addition the Family Planning rotation, established as part of the Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, specifically trains the resident in first trimester ultrasonography, contraception and pregnancy options counseling, IUD and contraceptive implant insertion, first trimester medical abortion, surgical abortion, and management of early pregnancy failure. The curriculum incorporates a multi-faceted approach to learning: lectures, journal clubs, outpatient clinics, ambulatory surgery, and management of high-risk inpatients. Similar to other subspecialties in our program, interested residents will have the opportunity to participate in family planning research with mentorship from faculty in the Division of Family Planning.

## Urogynecology

At UC Davis, the Urogynecology experience is integrated throughout the residency. Junior residents are invited into the operating room and help manage patients postoperatively. During weekly clinics, senior residents participate in the diagnosis and management of urinary tract conditions, pelvic organ prolapse, pelvic floor dysfunction and defecatory disorders. Residents are exposed to both simple and complex urodynamics as well as office cystourethroscopy. Residents follow patient from clinic, to the operating room where they participate in the surgery to the follow up postoperative visit.

At Kaiser the PGYII , PGYIII and PGY IV operate with the urogynecologists on inpatient procedures.



## Gynecologic Oncology Service

Residents gain experience in operative gynecology, gynecologic malignancies and management of critically ill patients while rotating on the gynecologic oncology service. Participation in these activities occurs at all postgraduate levels.

The UCDCMC service is directed by the PGYIII resident and gynecologic oncology fellows assigned to the rotation. The PGYIII resident is responsible for all perioperative management including preoperative evaluation, operative procedures and postoperative care. The fellow is responsible for the cancer management. The PGYIII resident may perform as primary surgeon with the attending oncologist as first assistant, especially in benign cases, but principally assists the attending oncologist during radical pelvic surgery. PGYIII residents are taught to open retroperitoneal spaces, dissect out the pelvic ureters, and participate in bowel resections and lymph node dissection.

At Kaiser Permanente there is an active oncology case load utilizing residents at the PGY II, III and IV levels.



## Gynecology Services

The goals of Gynecology Training at UC Davis is to ensure a firm foundational knowledge of the common and often complex topics of Benign Gynecology, competency in the performance of common gynecologic procedures and proficiency in the performance of complex and advanced gynecologic surgeries. Residents will be exposed to educational opportunities throughout their entire four years of training. The curriculum incorporates a multi-faceted approach to learning which include the following highlights:

**GYNECOLOGY ROTATION:** During the Gynecology Rotation at UC Davis, the GYN Team consists of the GYN Chief Resident, GYN Intern, and the GYN-2. The GYN Intern and Chief Resident primarily manage the inpatients on the GYN Service. These patients are usually in postoperative recovery, or are directly admitted from the Emergency Department, or are transferred from other healthcare facilities. The GYN-2 primarily serves as the consultant for patients with acute gynecologic problems on other Inpatient services or in the Emergency Department. The Chief Resident oversees all of these patients. All residents on the GYN rotation have the opportunity to participate in OR cases.

**GYNECOLOGY EDUCATION:** There is a weekly GYN Conference. The faculty, residents, and medical students are all welcome to participate in this educational conference. During this conference, upcoming surgical cases are discussed and a GYN topic is presented for learning purposes. In addition, Benign GYN topics are reviewed in depth during resident didactic sessions and are a focal topic for discussion during Journal Clubs. Finally, residents see patients with a variety of gynecologic issues in their continuity clinics.

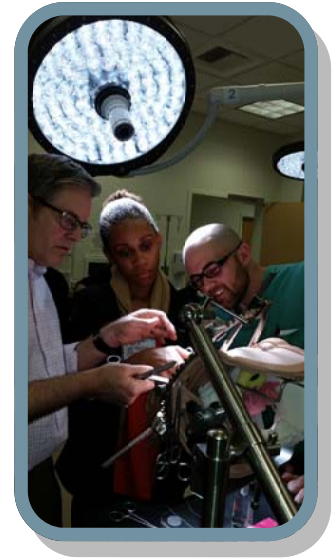
**GYNECOLOGY SURGERY:** All Benign GYN surgical procedures at UC Davis are performed with a resident unless a resident is not available. Surgical cases for residents come from a variety of places. Surgical patients may come from the residents' continuity clinics, and from the Faculty clinics. In addition, there is an outpatient procedure suite where the residents can perform outpatient surgical procedures such as Hysteroscopy, D&Cs, Endometrial Ablations, LEEPs, etc. Benign gynecologic surgical procedures at UC Davis offer a wide breadth of all complex gynecologic surgery including Robotics, Traditional Laparoscopy, Vaginal Surgery, as well as Laparotomy.

**GYNECOLOGY FACULTY:** The Faculty who work closely with the residents on the GYN Service include Faculty from the Division of Family Planning, University OBGYN Associates, and the Division of Gynecology. All of the Faculty at UC Davis are committed to resident education. They welcome the opportunity to perform OR cases with the residents, and they are gratified to observe the graduated levels of responsibility and independence from Internship to Chief Residency.

**GYNECOLOGY FUNDAMENTALS OF LAPAROSCOPIC SURGERY:** The residents have the opportunity to become certified in FLS. We also have a state of the art simulation center, The Center for Virtual Care, where we have the opportunity to train residents in a variety of GYN simulation exercises including Robotics Training.



## Center for Virtual Care



Our residency program recognizes the infrequency in which certain emergencies can happen and the importance in which medical knowledge, patient care, communication and teamwork play a role in these situations. To address this, we have partnered with the Center for Virtual Care to allow our residents the opportunity to practice these skills. The Center for Virtual Care is a state of the art facility showcasing a Trauma Bay, OR, inpatient unit, 6 bay simulation area, standardized patient exam rooms, debrief rooms, and a conference room. Our residents spend 3 hours every other month going through OB simulations to increase their skill sets, including communication after an adverse event and documentation of the event. Examples of OB simulations include management of hypertensive crisis, seizures in pregnancy, thyroid storm in pregnancy. We also use simulation technology to teach procedure related skills including dystocia maneuvers, breech deliveries, operative deliveries (forceps and vacuum).

From the Gynecology side, residents can become certified in the Fundamental of Laparoscopic Surgery (FLS) prior to graduation and have undergone Robotics training through our affiliation with the Robotic Training Network. This training allows for increased exposure and experience in these types of cases earlier on in their training. We also have yearly laparoscopy simulations using animal models in partnership with the UC Davis School of Veterinary Medicine.



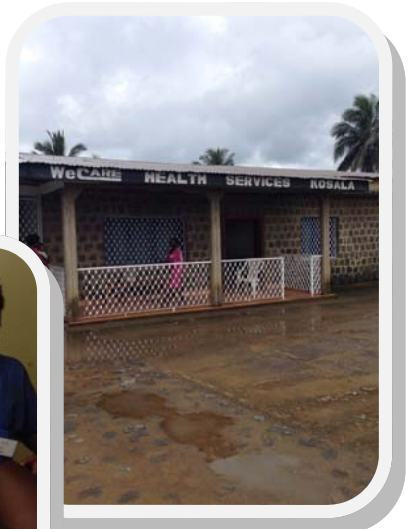


## Elective Clinical Experiences in International Medicine

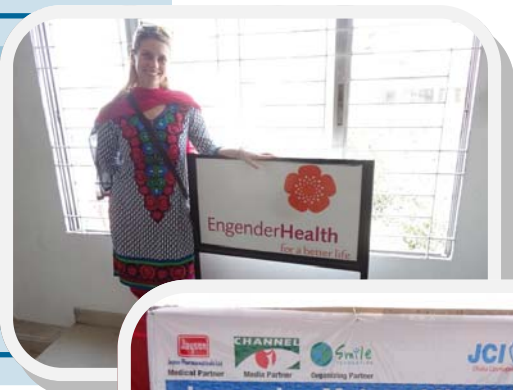
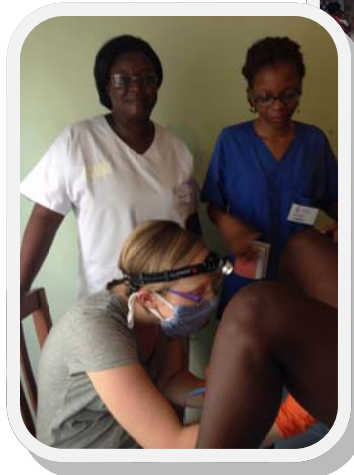
Having an experience as a health care provider in a developing country can be an enriching experience. International medical electives have become very popular during the third and fourth years of medical school and applicants to residencies increasingly wish to continue such experiences during their residency training. At UC Davis, several international sites that can serve as elective clinical experiences in international medicine for our 3rd year residents. During these experiences, our residents are either accompanied by our own faculty or are supervised by clinical faculty from other established institutions. We believe having dedicated time for an elective rotation elsewhere is an important part of our training program.



Dr. Adriana Piazza  
Guatemala



Dr. Kristen Wolfe  
Cameroon



Dr. Kathleen Rooney  
Bangladesh



Dr. Naima Bridges  
Cameroon

## Physicians as Activists in Women’s Health



At UC Davis, we want our residents to be well versed and engaged in the public debates on health care policies that affect women’s health and delivery of women’s health care. We also want our residents to become the leaders in women’s healthcare. Since 2005, we have spearheaded resident Lobby Day at the state capitol along with ACOG District IX. Now, joined by other OB/GYN residents from across California, our residents learn about proposed bills that could affect women’s care. Our residents also are taught how to be heard; Lobby Day allows all our residents the opportunity to discuss bills with lawmakers, health analysts and state senators. We believe this experience allows our residents to become future leaders in women’s health care.



We are fortunate to have faculty members who are known at the state, national and international level for their advocacy:

- Jeanne Conry, MD PhD, Immediate Past President of The American Congress of Obstetricians and Gynecologists (former UC Davis OB/GYN resident, now faculty at Kaiser Roseville)
- Kelly McCue, MD, Secretary ACOG District IX (former UC Davis OB/GYN resident, now faculty at Kaiser Roseville) Special Delegation vice Chair, California Medical Association





## Center for Perinatal Medicine and Law

The UC Davis Center for Perinatal Medicine and Law is the first of its kind, a multidisciplinary university-based center. Our mission is to provide education, research and community service to members of the medical and legal professions and the general public on issues involving Perinatal Medicine and the Law.

Malpractice litigation is a common occurrence for the healthcare professional with more than two-thirds of Obstetrics and Gynecology physicians being sued at least once in their careers. The Center recruits experts in Obstetrics, Neonatology, Perinatal Pathology, Pediatric Neurology and Pediatric Neuroradiology, who join legal experts and educate medical students, residents, fellows and faculty about medical negligence litigation. The goal is to broaden our understanding of the role risk management professionals, medical liability claims executives and attorneys have in clinical medicine and the medical liability dispute resolution process.

The Center explores issues related to proper documentation, promulgation and implementation of clinical practice guidelines and opportunities to improve patient-physician communications all in an effort to reduce the incidence of adverse perinatal outcomes and the risks of litigation. The educational formats include lectures, mock legal proceedings, question-and-answer sessions, Grand Rounds, and conferences.



## Family Medicine/Obstetrics Program

To answer the critical rural need, UC Davis Department of Family and Community Medicine and the Department of Obstetrics and Gynecology collaborated to develop a curriculum that gives new family physicians the training and experience to provide broader care of their female patients. It allows them to become competent in all operative obstetrical services while still being able to provide the full services expected of a family physician.

This residency program accepts one resident annually. Family Medicine/Obstetrics residents are required to spend four to five months in obstetrical service during each of their four years of their residency program. These residents will receive identical obstetrical training to the categorical obstetrical residents.

### UC Davis Family Medicine / Obstetrics Graduates:

**Blanca Solis MD** (2001) – UC Davis, Sacramento, CA

**Wetona Eidson-Ton MD** (2002) – UC Davis Dept of Family and Community, Sacramento CA

**Camille Goodspeed DO** (2002) – Westside Family Health Center Willmington, DE

**Kristine Ewing MD** (2003) – Naval Hospital Bremerton, WA

**Heather Diaz MD** (2003) – Lancaster Family Health Center Salem, OR

**Shilpa Pakala MD** (2005) – Magnolia Family Health Center Oxnard, CA

**Sarah Marshall MD** (2007) – UC Davis Dept. of Family and Community Sacramento, CA

**Aline Hansen-Guzman MD** –(2009) – Salud Family Health Center in Fort Morgan, CO

**Kyla Rice MD** – (2010) – Santa Rosa Community Health Centers in Santa Rosa, CA

**Tara Arness Vu MD** (2011)– Open Door Community Health Center in McKinleyville, CA

**Joseph Magley MD** –(2012) – Franciscan Medical Clinic in Enumclaw, WA

**Jessica Porter MD** –(2013) – Private Practice, Hood River, OR

**Ryan Spielvogel MD** –(2014) – Sutter Medical Group in Sacramento, CA

**Rachel Peterson MD** – (2015) – Northeastern Rural Health Clinic / Banner Lassen Hospital, Susanville, CA

**Carly Grovhoug, MD**—(2016)— Sutter, Winters, CA

**Megan Ash, MD**—(2017) - Sutter Medical Group, Sacramento, CA

## Fellowship in Family Planning

The two-year fellowship is designed to include training in family planning clinical care, participation in the design and performance of clinical trials, and international field work. During the two years, the fellow will complete course work at UC Davis to satisfy the degree requirements of a Master of Advanced Study in Clinical Research or a Master of Public Health.

The family planning fellow works closely with the residents and can function as a junior faculty.

## Fellowship in Gynecologic Oncology

The three-year fellowship training program in Gynecologic Oncology includes 24 months of clinical training and 12 months of mentored focused research. We accept one fellow annually, with a total of three fellows. The clinical training includes instruction in gynecologic cancer surgery and complex benign surgery, under the direction of the members of the Division of Gynecologic Oncology.

The Gynecologic Oncology fellows work closely with the obstetrics and gynecology residents and often function as junior faculty. The residents benefit from close supervision and support on peri-operative and cancer issues. The residents develop a close working relationship with the fellows.



UC Davis Health System  
Obstetrics & Gynecology

2017–2018 Residency Prospectus

University Women's Health



**Alison Breen, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Elk Grove*

Dr. Breen received her undergraduate degree from Wellesley College with a B.A. in Anthropology and Japanese Studies. She received her M.D. from University of California, Davis. She completed her residency in Obstetrics and Gynecology at The University of California, Davis.



**Jennifer Conwell, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Folsom*

Dr. Conwell received her undergraduate degree from Connell University with a B.S. in Human Development. She received her M.D. from The University of California, San Francisco. She completed her residency in Obstetrics and Gynecology at The University of California, Davis.



**Jocylen Glassberg, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Davis*

Dr. Glassberg received her undergraduate degree from Southwestern University with a B.A. in Biology. She received her M.D. from Texas A&M College of Medicine Scott & White. She completed her residency in Obstetrics and Gynecology at Texas A&M College of Medicine Scott & White. Hospital and Clinic.



**Albert Liu, M.D.**  
*Associate Clinical Professor*  
*Practicing in Elk Grove*

Dr. Liu studied Chemistry at Fu-Jen Catholic University in Taipei, Taiwan culminating in a B.S.. He went on to attain a Master's of Science in chemistry at Kansas State University. He received his M.D. from Kansas Medical School. He completed his residency in Obstetrics and Gynecology at Kansas University Medical Center.



**Bahareh (Behy) Nejad, M.D.**  
*Associate Clinical Professor*  
*Practicing in Roseville*

Dr. Nejad received her undergraduate degree from Miami University with a B.A. in Chemistry. She received her M.D. from Northwestern University Medical School. She completed her residency in Obstetrics and Gynecology at Northwestern Memorial Hospital in Chicago.



**Jennifer Ozeir, M.D.**  
*Associate Physician*  
*Practicing in Sacramento*

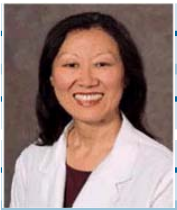
Dr. Ozeir received her undergraduate degree from University of California, Berkeley with a B.A. in Social Science. She received her M.D. from Wayne State University School of Medicine. She completed her residency in Obstetrics and Gynecology at Stanford University Hospital.

## University Women's Health, continued



**Dennis Mauricio, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Sacramento*

Dr. Mauricio received his undergraduate degree from the College of Medical Technology, Centro Escolar University, Manila Philippines with a B.S. in Medical Technology. He received his M.D. from University of Santo Tomas, Philippines. He completed his residency in Obstetrics and Gynecology at the State University of New York at Buffalo.



**Clara K. Paik, M.D.**  
*Professor, , Co-Division Director University Women's Health*  
*Clinic Medical Director, Associate Residency Program Director*

Dr. Paik received her undergraduate degree from the University of California, Los Angeles with a B.S. in Psychobiology. She received her M.D. from the University of California, San Francisco. She completed her residency in Obstetrics and Gynecology at the University of California, Davis.



**Jenise Phelps, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Folsom*

Dr. Phelps received her undergraduate degree from St. Mary's College of California with a B.S. in Biology/Chemistry. She received her M.D. from The Medical College of Wisconsin. She completed her residency in Obstetrics and Gynecology at The University of California, Davis.



**Nichole Ruffner, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Sacramento*

Dr. Ruffner received her undergraduate degree from Claremont McKenna College with a B.A. in Psychobiology. She received her M.D. from Drexel University College of Medicine. She completed her residency in Obstetrics and Gynecology at SUNY Downstate Hospital Center/Kings County Hospital Center.



**Michael Trifiro, M.D.**  
*Assistant Clinical Professor*  
*Practicing in Sacramento*

Dr. Trifiro received her undergraduate degree from University of California, Davis with a B.S. in Cell Biology. He received his M.D. from University of California, San Diego. He completed his residency in Obstetrics and Gynecology at The University of California, Davis.



**L. Elaine Waetjen, M.D.**  
*Professor*

Elaine Waetjen, M.D. received her undergraduate degrees from the University of California, Santa Barbara with a B.A. in History and from University of California, Santa Cruz with a B.A. in Biology. She received her M.D. from Northwestern University Medical School and completed a residency in Obstetrics and Gynecology at the University of Pittsburgh, Magee-Women's Hospital. Between 1999-2001, Dr. Waetjen was at the University of California San Francisco as a Women's Health Clinical Research Fellow in Urogynecology.

## University Women’s Health, continued



**Cheryl Walker, M.D.**  
*Assistant Researcher*

Dr. Walker graduated from Smith College with a degree in History. She received her M.D. from the University of California, San Francisco and completed her residency in Obstetrics and Gynecology and a Fellowship in Reproductive Infectious Disease and Immunology at The University of California, San Francisco.



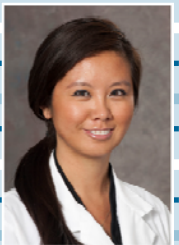
**Nancy West, M.D.**  
*Associate Physician  
Practicing in Auburn*

Dr. West received her undergraduate degree from the University of California, Davis with a B.S. in Animal Physiology. She received her M.D. from the University of California, Davis. She completed her residency in Obstetrics and Gynecology at the University of Southern California Women’s Hospital.



**Debra Wright, M.D.**  
*Clinical Professor, Co-Division Director University Women’s Health  
Medical Director of Maternity Services*

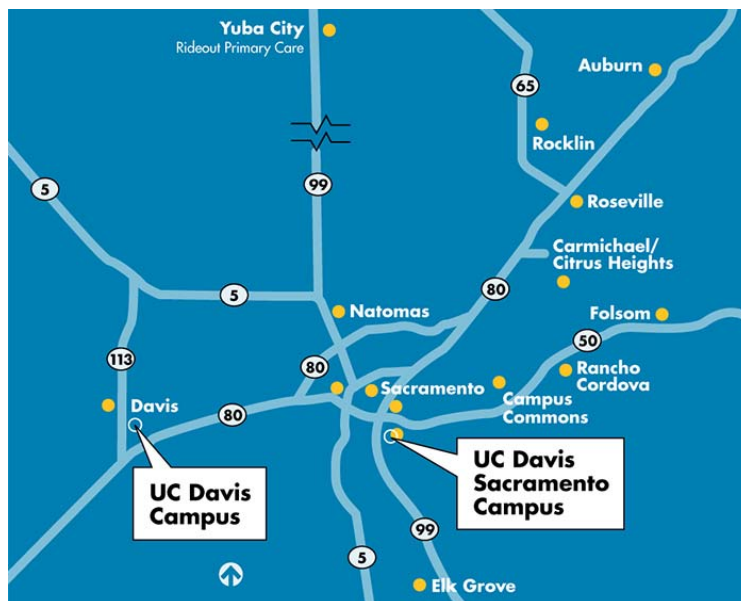
Dr. Wright received her undergraduate degree from University of California, Davis with a BS in Psychology. She received her M.D. from Tulane University School of Medicine. She completed her residency in Obstetrics and Gynecology at Stanford University Hospital.



**Yan Zhao, M.D.**  
*Assistant Clinical Professor  
Practicing in Roseville*

Dr. Zhao received her undergraduate degree from the University of North Carolina at Chapel Hill with a B.S. in Biology, minor in Chemistry. She received her M.D. from The University of North Carolina at Chapel Hill. She completed her residency in Obstetrics and Gynecology at the Ohio State University.

### Primary Care Network Locations



## Division of Family Planning

**Catherine Cansino, M.D., M.P.H.**  
*Associate Professor*

No  
Photo  
Available

Dr. Cansino received her undergraduate degree at The Ohio State University with a B.S. in Psychology. She received her M.D. at the University of Toledo. She completed her residency in Obstetrics and Gynecology, Fellowship in Family Planning as well as a M.P.H. at John Hopkins University.

**Melissa Chen, M.D., M.P.H.**  
*Assistant Professor*

No  
Photo  
Available

Dr. Chen received her undergraduate degree from The University of California, Berkeley with a B.A. in Molecular and Cell Biology. She received her M.D. and M.P.H. from Northwestern University. She completed her residency in Obstetrics and Gynecology at Northwestern University. She completed HERFamily Planning Fellowship at the University of California, Davis.

**Mitchell Creinin, M.D.**  
*Professor, Director Division of Family Planning*

No  
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Available

Dr. Creinin received his undergraduate degree at Northwestern University with a B.S. in Medicine (Honors Program in Medical Education). He received his M.D. from Northwestern University. He completed his residency in Obstetrics and Gynecology at the University of California, San Francisco. He completed two fellowships at University of California San Francisco—one in family planning in the Department of Obstetrics, Gynecology, and Reproductive Sciences and one in clinical research in the Departments of Medicine and Epidemiology and Biostatistics.

**Melody Hou, M.D., M.P.H.**  
*Associate Professor*

No  
Photo  
Available

Dr. Hou received her undergraduate degree from Northwestern University in Evanston IL with a B.A. in Biological Sciences. She received her M.D. at Harvard Medical School. She completed her residency in Obstetrics and Gynecology at Beth Israel Deaconess Medical Center in Boston. She completed a Fellowship in Family Planning at Harvard Medical School and Brigham and Women's Hospital, Boston, and holds a MPH degree from the Harvard School of Public Health.

**Juliana Melo, M.D., M.P.H.**  
*Assistant Professor*

No  
Photo  
Available

Dr. Melo received her undergraduate degree from the University of Georgia with a B.S. in Genetics. She received her M.D. from the Medical College of Georgia. She completed her residency in Obstetrics and Gynecology at the University of Hawaii. She completed a fellowship in Family Planning at the University of Colorado.

**Melissa Matulich, M.D.**  
*First Year Fellow*

No  
Photo  
Available

Dr. Matulich received her undergraduate degree from Dartmouth College with a B.A. in in biology modified with chemistry, She received her M.D. from the University of California, Davis. She completed her residency in Obstetrics and Gynecology at McGaw Medical Center of Northwestern University in Chicago.

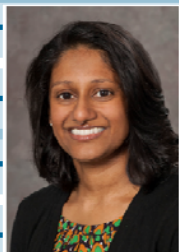
**Natasha Schimmoeller, M.D.,M.P.H.**  
*Second Year Fellow*

No  
Photo  
Available

Dr. Schimmoeller received her undergraduate degree from Case Western Reserve University with a combined B.A.in public health/M.A. in bioethics. She received her M.D.,M.P.H. from New York Medical College. She completed her residency in Obstetrics and Gynecology at Boston Medical Center.



## Division of Female Pelvic Medicine and Reconstructive Surgery (Urogynecology)



**Amy George, M.D.**  
*Assistant Professor*

Dr. George received her undergraduate degree and M.D. from the Royal College of Surgeons in Dublin, Ireland and completed a residency in Obstetrics and Gynecology at Baylor College of Medicine. She completed a FPMRS fellowship at Indiana University/Methodist Hospital and an MIS fellowship at Henry Ford Hospital in Detroit, Michigan.



**Stacey Wallach, M.D.**  
*Professor*

Dr. Wallach received her undergraduate degree from Brown University with an ScB in Biology. She received her M.D. with Honors from State University of New York and completed a residency in Obstetrics and Gynecology at New York University. She completed her Fellowship training in Urogynecology and Pelvic Reconstructive Surgery at Long Beach Memorial Medical Center, in Long Beach, California.



**Hussain Warda, M.D.**  
*Assistant Professor*

Dr. Warda received his Bachelor of Medicine, Bachelor of Surgery from University of Alexandria in Egypt. He did his Internship in Obstetrics and Gynecology at University of Alexandria in Egypt. He completed a Research Fellowship in the Division of Female Urology at the Cleveland Clinic in Fort Lauderdale, FL. He completed residency in Obstetrics and Gynecology at Hurley Medical Center at Michigan State University. He completed his fellowship in Urogynecology at Mount Auburn Hospital, Harvard Medical School.

## Division of Gynecologic Oncology



**Vanessa Kennedy, M.D.**  
*Assistant Clinical Professor*

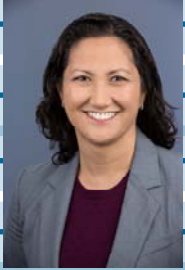
Dr. Kennedy received her undergraduate degree from Augustana College in Sioux Falls, South Dakota with a B.S. in Biology. She received her M.D. from the University of South Dakota. She completed her residency in Obstetrics and Gynecology at Loyola University Medical Center. She completed her fellowship in Gynecologic Oncology at the University of California, Davis in Sacramento.



**Gary S. Leiserowitz, M.D., M.S.**  
*Professor and Division Chief  
Department Chair*

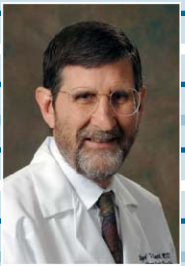
Dr. Leiserowitz received his undergraduate degree from the University of Iowa with a B.S. in Psychology and General Science. He received his M.D. from the University of Iowa. He completed residencies in both Family Practice and Obstetrics and Gynecology at Ventura County Medical Center and UC Davis, respectively. He received his Fellowship training in Gynecologic Oncology at the Mayo Clinic in Rochester.

## Division of Gynecologic Oncology, continued



**Rachel Ruskin, M.D.**  
*Assistant Clinical Professor*

Dr. Ruskin received her undergraduate degree from Harvard University in Romance Languages and Literature. She received her M.D. from the University of California, San Francisco. She completed a residency in Obstetrics and Gynecology from University of California, San Francisco. She completed a fellowship in Hospice and Palliative Medicine at University of California, San Francisco, and she completed her Gynecologic Oncology Fellowship at the University of Oklahoma. She received a Masters in Clinical and Translational Science at Oklahoma Health Sciences Center.



**Lloyd H. Smith, M.D., Ph.D.**  
*Professor*

Dr. Smith received his undergraduate degree from the University of California, Davis with a B.S. in Biological Sciences. He received his Ph.D. in Biophysics from the California Institute of Technology. Dr. Smith received his M.D. from the University of California, Davis. He completed a residency in Obstetrics and Gynecology at the University of California, Davis. He received his Fellowship training in Gynecologic Oncology at Stanford University.



**Hui "Amy" Chen, M.D.**  
*Second Year Fellow*

Dr. Chen received her undergraduate degree from Washington University in St. Louis with a B.A. in Anthropology and Biology. She received her M.D. from Rutgers New Jersey Medical School. She completed her residency in Obstetrics and Gynecology at Winthrop University Hospital.



**Kristin Gotimer, D.O., M.P.H.**  
*Frist Year Fellow*

Dr. Gotimer received her undergraduate degree from New York University with a B.A. in Psychology. She received her M.P.H. from New York University in International Community Health. She received her D.O. from New York Institute of Technology, College of Osteopathic Medicine. She completed her residency in Obstetrics and Gynecology at Winthrop University Hospital.



**Amanda Shepherd, M.D.**  
*Third Year Fellow*

Dr. Shepherd received her undergraduate degree from the University of South Carolina with a B.S. in Biology. She received her M.D. from the Medical University of South Carolina College of Medicine. She completed her residency in Obstetrics and Gynecology Pennsylvania Hospital. She was a hospitalist at Holy Redeemer Hospital in Philadelphia, PA before pursuing a Gynecologic Oncology Fellowship.

## Maternal-Fetal Medicine



**Nina Boe, M.D.**  
*Professor*

Dr. Boe received her undergraduate degree from Seattle Pacific University with a B.A. in Chemistry and a B.S. in Biology. She received her M.D. from the University of Washington School of Medicine and completed a residency in Obstetrics and Gynecology at the University of Colorado. She completed a fellowship in Maternal-Fetal Medicine at the University of Tennessee.



**Shannon Clark, M.D.**  
*Associate Physician*

Dr. Clark received her undergraduate degree from The University of California, Davis with a B.S. in Neurobiology, Physiology and Behavior. She received her M.D. from The University of California, Davis. She completed a combined residency in Family Medicine/Psychiatry at the University of California, Davis. She completed a fellowship in Obstetrics & Gynecology/Psychiatry at the University of California, Davis.



**Nancy Field, M.D.**  
*Professor*

Dr. Field received her undergraduate degree from Wesleyan University with a B.A. in Biology and Psychology. She received her M.D. from Harvard Medical School. She completed a residency in Obstetrics and Gynecology at the Brigham and Women's Hospital and Massachusetts General Hospital in Boston. She completed a fellowship in Maternal-Fetal Medicine at the University of Texas Health Science Center at San Antonio.



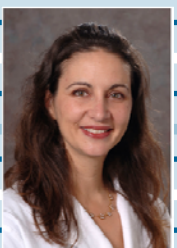
**Amelia McLennan, M.D.**  
*Assistant Professor*

Dr. McLennan received her undergraduate degree from Georgetown University with a B.A. in Spanish. She received her M.D. from Drexel University College of Medicine. She completed her residency in Obstetrics and Gynecology at Abington Jefferson Health (formerly Abington Memorial Hospital). She completed her fellowship in Maternal-Fetal Medicine at Columbia University in New York City.



**David Schrimmer M.D.**  
*Professor*

Dr. Schrimmer received his undergraduate degree from California Polytechnic State University with a B.S. He received his M.D. from the University of Southern California. He completed his residency in Obstetrics and Gynecology at LAC-USC Medical Center, Women's Hospital, Los Angeles. He completed a fellowship in Maternal-Fetal Medicine at LAC-USC Medical Center, Women's Hospital, Los Angeles, California.



**Véronique Taché, M.D.**  
*Associate Professor*  
*Residency Program Director*

Dr. Taché received her undergraduate degree from the University of California, Los Angeles with a B.S. in Psychobiology. She received her M.D. from the University of California, Los Angeles. She completed her residency in Obstetrics and Gynecology at the University of California, Davis. She completed a fellowship in Maternal-Fetal Medicine at the University of California, San Diego, California.

## Division of Reproductive Endocrinology and Infertility

### **Gary Gross, M.D.**

*Associate Clinical Professor*



Dr. Gross received his M.D. Yale University School of Medicine. He completed his Obstetrics and Gynecology Residency at Beth Israel Medical Center.

### **Pravin Goud, M.D., Ph.D.**

*Associate Physician*



Dr. Pravin Goud started his education in Bombay India with his undergraduate degree. He attended Seth G.S. Medical College in Mumbai and went on to complete his first residency in Obstetrics & Gynecology at King Edward Memorial Hospital also in Mumbai. In 1999 he received his PhD in Reproductive Biology from Ghent University in Ghent, Belgium. After moving to the U.S., Dr. Goud completed his second Obstetrics & Gynecology residency at Wayne State University where he followed with a fellowship in Reproductive Endocrinology and Infertility. He received his certification in Andrology and Embryology as a high complexity laboratory director (HCLD) in 2011.

### **Ernest Zeringue, M.D.**

*Associate Clinical Professor*



Dr. Zeringue received his M.D. from the Medical University of South Carolina. He completed his Obstetrics and Gynecology Residency at Keesler Air Force Base. He completed a fellowship in Reproductive Endocrinology and Infertility at Duke University in Durham, NC. an Associate Clinical Professor at UC Davis Medical Center (VCF).





Poster Presentations

### Evaluation of appropriate venous thromboembolism (VTE) prophylaxis in hospitalized pregnant women undergoing cesarean section

Vincent Cagonot, PharmD Candidate<sup>1</sup>, Ronnie Delmonte, PharmD Candidate<sup>1</sup>, Natalie Wessel, DO, MPH<sup>2</sup>, Denise Roach, PharmD<sup>1</sup>, Tiffany Pon, PharmD, BCPS<sup>1,2</sup>  
1. University of California, Davis Medical Center (UCDMC), Sacramento, CA

**RESULTS**

Figure 1. Prophylaxis Methods

Figure 2. Prophylaxis Methods

**CONCLUSION**

The study was limited because it was a single-center retrospective study. A larger study with a larger sample size and longer follow-up would be helpful to confirm these findings. The study also had a high rate of missing data for some variables, which may have affected the results.

Presented at UC Davis  
Research Forum,  
March 2016

### Genomic Profiling of Ovarian Squamous Cell Tumors Arising Within Mature Cystic Teratomas to Drive Targeted Therapies

Christa Domick MD<sup>1</sup>, Amanda Shephard-Lelajohn MD<sup>1</sup>, Vanessa Kennedy MD<sup>1</sup>, Megan Petersen MD<sup>1</sup>, Eugenia Girda MD<sup>1</sup>, Eric Huang MD, PhD<sup>2</sup>, Edwin Alvarez MD<sup>1</sup>  
Departments of <sup>1</sup>Gynecologic Oncology and <sup>2</sup>Pathology, University of California, Davis, Sacramento, CA

**Major Variants Identified**

**CONCLUSIONS**

- Genomic variants were utilized to identify targeted therapies.
- Loss of p16 (INK4a): Such tumors may be sensitive to CDK4/6 inhibitors such as palbociclib.
- Somatic BRCA mutations: These are now eligible for treatment with PARP-inhibitors.
- Clinical strategies to exploit PIK3CA and PTEN mutations are needed.
- Clinical trials are needed to determine effectiveness of targeted therapies.

Presented at WAGO,  
June 2017

### Safety outcomes of female sterilization by salpingectomy and tubal occlusion

Julie Westberg, MD, Fiona Scott MPH, Mitchell D. Creinin, MD  
Department of Obstetrics and Gynecology, Center for Family Planning Research, University of California, Davis, Sacramento, CA

**RESULTS**

**CONCLUSIONS**

Salpingectomy was associated with higher rates of pain, infection, and complications compared to tubal occlusion. However, salpingectomy was associated with lower rates of unintended pregnancies and higher rates of patient satisfaction.

### Deconstructing "histologic HSIL": potential harm of failing to distinguish grades of CIN for women of different ages

Katie Crean<sup>1</sup>, Barbara Fetterman<sup>1</sup>, Nancy E. Polprasit<sup>2</sup>, Thomas Lorey<sup>3</sup>, Walter Kinney<sup>4</sup>, and Philip E. Castle<sup>4</sup>  
<sup>1</sup>Department of Obstetrics and Gynecology, University of California, Davis, Sacramento, CA; <sup>2</sup>Regional Laboratory, Kaiser Permanente Northern California, Berkeley, CA; <sup>3</sup>Department of Women's Health and Division of Gynecologic Oncology, The Permanente Medical Group, Oakland, CA; and <sup>4</sup>Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY

**RESULTS**

**CONCLUSIONS**

- Approximately half of the "Histologic HSIL" in the 21-29 year age group is CIN2, a histologic diagnosis that has been reported to resolve spontaneously in many young women.
- Observation is currently the recommended management of CIN2 in young women because of the low risk of invasive cancer.
- Recently, management guidelines recommend p16 immunohistochemistry for CIN2 diagnoses to clarify which CIN2 are "Histologic HSIL" and need excisional treatment. However, as most (>80%) CIN2 will test p16 positive, many women aged 21-29 years with a HSIL diagnosis due to a p16-positive CIN2 will be unnecessarily treated.
- Failure to identify, and thereby avoid treatment, of those women whose lesions may resolve spontaneously is not in their best interest.

Presented at ASCCP  
April 2016

### Physician Adherence to HPV Co-testing Guidelines for Cervical Cancer Screening

Ashley Erick, MD, Catherine Carstino, MD, MPH  
Department of Obstetrics and Gynecology, Center for Family Planning Research, University of California, Davis, Sacramento, CA

**RESULTS**

**CONCLUSIONS**

Physician adherence to HPV co-testing guidelines was low. The majority of physicians did not adhere to the guidelines, particularly in terms of using the correct HPV test and frequency of testing.

Presented at ACOG  
May 2016

### Recent trends in incidence of different permanent female sterilization methods

Julie Westberg, MD, Fiona Scott, MPH, Catherine Carstino, MD, Mitchell D. Creinin, MD  
Department of Obstetrics & Gynecology, Center for Family Planning Research, University of California, Davis, Sacramento, CA, USA

**RESULTS**

**CONCLUSIONS**

Salpingectomy has become the most common method of permanent female sterilization, while tubal occlusion has become less common. Hysterectomy remains a common method, particularly for women who are also undergoing hysterectomy for other reasons.

### Cervical Cytology Screening: Do Physicians Screen at Appropriate Intervals?

Ashley Erick, MD, Catherine Carstino, MD, MPH

**RESULTS**

**CONCLUSIONS**

Physician adherence to cervical cytology screening guidelines was low. The majority of patients were not screened at the recommended intervals.

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DOI: 10.1002/ajog.12534

CLINICAL ARTICLE  
Obstetrics

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Decreased rates of shoulder dystocia and brachial plexus injury via an evidence-based practice bundle

Laura E. Sienas<sup>1\*</sup> | Herman L. Hedriana<sup>1,2</sup> | Suzanne Wiesner<sup>3</sup> | Barbara Pelletreau<sup>1</sup> | Machele D. Wilson<sup>1</sup> | Laurence E. Shields<sup>3,4</sup>

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Funding Information  
National Center for Advancing Translational Sciences, National Institutes of Health

Abstract

**Objective:** To evaluate whether a standardized approach to identify pregnant women at risk for shoulder dystocia (SD) is associated with reduced incidence of SD and brachial plexus injury (BPI).  
**Methods:** Between 2011 and 2015, prospective data were collected from 29 community-based hospitals in the USA during implementation of an evidence-based practice bundle, including an admission risk assessment, required "timeout" before operative vaginal delivery (OVD), and low-fidelity SD drills. All women with singleton vertex pregnancies admitted for vaginal delivery were included. Rates of SD, BPI, OVD, and cesarean delivery were compared between a baseline period (January 2011–September 2013) and an intervention period (October 2013–June 2015), during which there was a system-wide average bundle compliance of 90%.  
**Results:** There was a significant reduction in the incidence of SD (17.6%, P=0.028), BPI (28.6%, P=0.018), and OVD (18.0%, P<0.001) after implementation of the evidence-based practice bundle. There was a nonsignificant reduction in primary (P=0.823) and total (P=0.296) cesarean rates, but no association between SD drills and incidence of BPI.  
**Conclusion:** Implementation of a standard evidence-based practice bundle was found to be associated with a significant reduction in the incidence of SD and BPI. Utilization of low-fidelity drills was not associated with a reduction in BPI.

KEYWORDS

Brachial plexus injury; Patient safety; Shoulder dystocia

1 | INTRODUCTION

Shoulder dystocia is an obstetric emergency defined as "delivery that requires additional obstetric maneuvers following failure of gentle downward traction on the fetal head to effect delivery of the shoulders."<sup>1</sup> The reported prevalence of shoulder dystocia among all vertex vaginal deliveries in the USA is 0.6%–2%,<sup>2,3</sup> and the incidence seems to be increasing.<sup>4</sup> The most common major neonatal morbidity of shoulder dystocia is brachial plexus injury, with a frequency of 1.5 per 1000 births in the USA and 1.4 per 1000 births worldwide.<sup>5,6</sup> Transient

neonatal brachial plexus injury occurs in 5.01%–16.8% of clinically apparent cases of shoulder dystocia,<sup>7</sup> with approximately 10% of all cases resulting in persistent injury.<sup>8</sup> Although cases of shoulder dystocia are often unpredictable, several risk factors have been well documented.<sup>9</sup> Ideally, this information should be used to modify obstetric care and reduce maternal and neonatal morbidity with minimal or no effect on cesarean delivery rates.

Operative vaginal delivery is a known risk factor for shoulder dystocia, especially in the setting of fetal macrosomia.<sup>10</sup> Although the frequency of operative vaginal delivery has steadily decreased

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Contraception

Original research article

An updated assessment of postpartum sterilization fulfillment after vaginal delivery<sup>☆,☆☆,★</sup>

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Received: 17 March 2017; revised 10 May 2017; accepted 21 May 2017

Abstract

**Objective:** To describe sterilization completion rates after vaginal delivery and indications for unfulfilled procedures.  
**Study design:** We used labor and delivery operating room and delivery logs to identify all women over 20 years of age with a completed live vaginal birth beyond 24 weeks gestation over a 33-month period (March 1, 2012 to November 30, 2014). We reviewed the electronic medical records of all of these patients and identified those who requested a sterilization procedure as indicated in a physician's admission note or antenatal record.  
**Results:** We identified 3514 live vaginal births beyond 24 weeks gestation during the study period of which 219 requested postpartum sterilization. Sterilization occurred in 114 (52%). The most common reason for unfulfilled procedures was lack of valid federally mandated consent (n=46 [44%]). Fifty-nine percent (27 of 46) of these women had little or no prenatal care. Only one (0.5%) woman had documented completion of consent with the required time elapsed prior to delivery and no consent form available. Of the women with valid consent documentation, the most common indication for an unfulfilled procedure was patient refusal (n=30 [51%]). Body mass index was an independent predictor of an unfulfilled procedure (p<0.001) among women with adequate consent.  
**Conclusions:** Inability to complete federally mandated consent is a principal cause of unfulfilled postpartum sterilization and primarily affects women desiring sterilization who lack sufficient prenatal care. Of women who meet consent criteria, the primary reason women eligible for sterilization did not undergo the procedure was due to withdrawing their request.  
**Implications:** Because women commonly do not undergo a requested sterilization after vaginal deliveries, antenatal counseling should include alternate contraception choices. Documented consent that fulfills all federally mandated criteria remains the most common barrier to requested sterilization after vaginal delivery; providers and policymakers should work together to help suburban women from this mandate. © 2017 Elsevier Inc. All rights reserved.

Keywords: Sterilization; Postpartum; Tubal ligation; PPTL; BTL; Consent

1. Introduction

Female sterilization is used for pregnancy prevention by 25% of all contraceptive women in the United States [1]. Sterilization within 48 h of vaginal delivery is effective, safe and convenient for many women [2,3]. However, a known barrier is the requirement for federally mandated consent that includes waiting periods for women seeking permanent

sterilization. These forms can be unavailable at the time of delivery or not signed in time if the patient decided late in care to undergo such a procedure. The American College of Obstetricians and Gynecologists recommends that obstetricians identify and eliminate barriers to postpartum sterilization, many of which may be bureaucratic or institutional, including lack of operating room space or personnel, lack of mandated consent, or physician perception of feasibility [3].

Electronic medical records can potentially prevent lack of availability of federally mandated consent documentation because forms can be scanned into the record, some networks even allow for sharing across institutions in real time. However, previous published evaluations of fulfilled postdelivery sterilizations commonly predict widespread availability of electronic medical records or use of such

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Contraception

Original research article

Safety outcomes of female sterilization by salpingectomy and tubal occlusion<sup>☆☆☆</sup>

Julie Westberg, Fiona Scott, Mitchell D. Creinin<sup>\*</sup>

University of California, Davis, Sacramento, CA, United States  
Received 20 January 2017; revised 14 February 2017; accepted 14 February 2017

Abstract

**Objective:** Compare immediate and short-term complications and surgical times among women having laparoscopic salpingectomy or tubal occlusion for female sterilization.  
**Study design:** We used billing data to identify women having laparoscopic sterilization at our training institution between July 1, 2011, and June 30, 2015. We performed a retrospective chart review to extract demographic information, surgical times and complications within 30 days, including unscheduled clinic or emergency room visits. We categorized complications as immediate (prior to discharge) and short-term (within 30 days after the procedure). Surgeries including additional procedures other than IUD removal were considered mixed operations. Mixed operations and unilateral sterilization procedures were only included in safety evaluations.  
**Results:** The 149 procedures included 81 salpingectomies (including 18 mixed operations) and 68 tubal occlusions (including 8 mixed operations). All procedures involved Obstetrics and Gynecology residents. Salpingectomy and occlusion procedures had similar immediate (2.5% vs. 2.9%, p=1.0) and short-term (4.9% vs. 14.7%, p=0.051) complication rates. Surgical time averaged 6 min longer for salpingectomies than occlusion procedures (44 vs. 38 min, respectively, p=0.018). Average surgical times were shorter with more experienced (3rd–4th year) residents than less experienced (1st/2nd year) residents for both salpingectomy (52.18 min vs. 46.13 min, respectively, p=.124) and occlusion procedures (32.13 min vs. 41.12 min, respectively, p=0.026).  
**Conclusions:** Salpingectomy for female sterilization takes slightly longer to complete than tubal occlusion procedures without evidence that it increases complications.  
**Implications statement:** Laparoscopic salpingectomy is a safe alternative to tubal occlusion with only a small increase in surgical time. Because salpingectomy offers higher efficacy and more ovarian cancer protection than occlusion procedures, salpingectomy should be an option offered to women seeking laparoscopic sterilization. © 2017 Elsevier Inc. All rights reserved.

Key words: Salpingectomy; Laparoscopic; Sterilization; Surgical time

Introduction

In the United States, approximately 38% of women use surgical sterilization as their means of birth control [1]. Methods of female sterilization include tubal occlusion, partial salpingectomy or transvaginal sterilization. The most commonly used methods of sterilization in the United States are elastic rings, Filshie clips, or bipolar cautery [2]. The US

Collaborative Review of Sterilization (CREST) study, a prospective analysis of outcomes with postpartum partial salpingectomy and laparoscopic occlusion procedures, included procedures performed from 1976 to 1987 at a time when surgical technology was not far advanced and the goal was to do procedures as quickly as possible given the relatively poor visualization and the lack of sophisticated instruments [3]. Thus, surgeons rarely performed methods that would be 100% effective, like salpingectomy.

Recent attention has focused on salpingectomy for sterilization based on studies suggesting a reduction in ovarian versus endometrial cancer risk [4] and because it offers 100% efficacy [5]. Female exclusive sterilization procedures are estimated to reduce a woman's lifetime risk of ovarian cancer by 24–34% [6,7]. However, a recent meta-analysis

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Oncotarget, Vol. 7, No. 33

Research Paper

Effect of perineoplasm perinephric adipose tissues on migration of clear cell renal cell carcinoma cells: a potential role of WNT signaling

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Keywords: migration; proliferation; fat; renal cell carcinoma; WNT

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ABSTRACT

To investigate the cellular and molecular interactions between clear-cell renal cell carcinoma (ccRCC) and perinephric adipose tissue (PAT), perineoplasm PAT, PAT away from the neoplasm, renal sinus and subcutaneous adipose tissues were collected at the time of renal surgery for renal masses and conditioned medium (CM) was generated from 62 patients. Perineoplasm PAT CMs from 44 out of 62 (about 71%) of patients with ccRCC or benign renal diseases (e.g. oncocytomas, angiomyolipomas, multicystic kidney, interstitial fibrosis, etc.) enhanced the migration of Caki-2 cells. Perineoplasm PAT CMs from ccRCC significantly increased migration of ACHN and Caki-2 cells by ~8.2 and ~2.4 folds, respectively, relative to those from benign renal diseases, whereas there is no significant difference in migration between ccRCC and benign renal diseases in CMs collected from curturing PAT away from neoplasm, renal sinus and subcutaneous adipose tissues. High Fuhrman Grade was associated with increased migration of Caki-2 cells by perineoplasm PAT CMs. Perineoplasm PATs from pT3 RCCs overexpressed multiple WNTs and their CMs exhibited higher WNT/β-catenin activity and increased the migration of Caki-2 cells compared to CMs from benign neoplasms. Addition of secreted WNT inhibitory factor-1 recombinant protein into perineoplasm PAT CMs completely blocked the cell migration. These results indicate that WNT related factors from perineoplasm PAT may promote progression of local ccRCC to locally advanced (pT3) disease by increasing ccRCC cell mobility.

INTRODUCTION

The prevalence of obesity in the United States has increased significantly [1]. This increase in obesity is thought to partly contribute to the steadily increasing incidence of renal cell carcinoma (RCC) over the past two decades [2]. Using body mass index (BMI) > 30 kg/m<sup>2</sup> [weight in kg] / (height in m)<sup>2</sup> as an indicator for obesity, it was estimated that obesity is associated with more than 30–40% of RCC cases [3].

Higher BMI is associated with greater mass of adipose tissue, which potentially leads to an increased risk of RCC through chronic tissue hypoxia, increased inflammatory response, altered metabolism and endocrine derangements [4]. However, BMI is a value derived from body height and weight for measurement of body fat, which includes fat, muscle, bone, and

other tissues. As such, BMI cannot accurately predict the amount of adipose tissue mass at individual levels. In addition, there are different types of adipose tissues (ATs) (i.e. visceral and subcutaneous fat) in the body. The kidney is uniquely surrounded by perinephric adipose tissue (PAT) which lies between the capsule of the kidney and Gerota's fascia [5]. RCC can spread into PAT [6–9] and may interact with PAT to dynamically exchange metabolites, cytokines and growth factors. Secreted factors from PAT may affect proliferation, migration, and invasion of neighboring tumor cells. On the other hand, neighboring cancer cells may reprogram adipocytes into fibroblast-like cells to promote expression of MMP11 and cancer cell survival and invasion [10]. These findings suggest that cross talk between adipose tissues and RCC is a complex two-way interaction. Therefore, in order to understand the biological mechanisms of obesity in

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## Resident and Fellow Research Day

Residents and Fellows in the Department of Obstetrics and Gynecology will present a research project in their final year of their program. Research projects are developed in conjunction with departmental mentors and is a culmination of their studies and practice. Resident and Fellow Research Days are held annually every Spring.

### Presentations

2014	“Dairy intake and semen quality among men attending a fertility clinic”	Naima Bridges, M.D.
	“Subacute Presentation of Uterine Leiomyoma Torsion”	Robert Gould, M.D.
	“SOP: Cesarean section in morbidly obese patients”	Zhanetta Harrison, M.D.
	“Can you ask? We just did! Assessing Baseline Sexual Function Concerns in Patients Presenting for Initial Gynecologic Oncology Consultation”	Vanessa Kennedy, M.D.
	“Lessons From Practice: Risk of Cancer Associated with Cervical Intraepithelial Neoplasia 2 (CIN2) or Cervical Intraepithelial Neoplasia 2/3 (CIN2/3) in Women 21-24 and 25-29 Followed Without Excisional Treatment for a Minimum of 18 Months”	Eve Ladwig-Scott, M.D.
	“Reoperation rate for uterosacral suspension and vaginal paravaginal repair augmented with human dermal allograft in the repair of anterior and apical vaginal prolapse: long term outcomes.”	Melissa Lares, M.D.
	"Consideration in Quality and Safety for Pelvic Floor Interventions"	Hailey MacNear, M.D.
	“Maternal cardiovascular complications in pregnancy in an extreme advanced maternal age cohort”	Sima Parmar, M.D.
	“Contraception counseling in patients administered category D or X medica-	Sarah Takekawa, M.D.
	“Risk of invasive adenocarcinoma of the cervix following treatment of adenocarcinoma in situ (AIS): Can cotesting identify a group for which subsequent hysterectomy is not mandatory?”	Lawrence Tiglao, M.D.
2015	“Improving Gynecologic Operative Skills and Resident Education with the Fundamentals of Laparoscopic Surgery”	Katherine Garvey, M.D.
	“SOP: Management of pregnant patients after trauma”	Jaqualine Lindquister, M.D.
	“Code C Simulation and Improvement”	Jenise Phelps, M.D.
	“Disulfide Cross-linked Micelle based Nanoparticle-Delivered Paclitaxel in Combination with Platinum Agents in Ovarian Cancer Models	Ruth Stephenson, D.O.
	“Hormonal effects on the vaginal mucosa, an in vitro model”	Sienna Titen, M.D.
	“Gestational weight gain and perinatal outcomes ”	Yen Truong, M.D.
	“Likelihood of postpartum sterilization after vaginal delivery before and after	Kristen Wolfe, M.D.

**Presentations—Continued**

2016	“Operation Rates for De Novo Stress Incontinence Following Prolapse Repair in Patients with a Negative Preoperative Reduction Standing Stress Test”	Divya Arunachalam, M.D.
	“Postpartum Contraception Initiation: Does an Earlier Postpartum	Melissa Chen, M.D.
	“Physician Adherence to Cervical Cancer Screening Guidelines	Ashley Einck, M.D.
	“Platinum and Paclitaxel Loaded Nanoparticles In Ovarian Cancer Models”	Megan Petersen, M.D.
	“Evidence-based Practice Bundle Utilization Decreases Shoulder Dys-	Laura Sienas, M.D.
	"Evaluation of Appropriate Venous Thromboembolism Prophylaxis in Hospitalized Pregnant Women Undergoing Cesarean Section"	Natalie Wessel, D.O.
	“Female Sterilization Safety Outcomes and Trends of Incidence at UC Davis Medical Center”	Julie Westberg, M.D.
2017	“Use of Endometrial Cancer Patient-Derived Organoid Culture for Drug Sensitivity Testing:	Eugenia “Jane” Girda, M.D.
	“Factors influencing Women’s Chosen Method of Surgical Sterilization”	Adriana Piazza, M.D.
	“Improving Pain Control in the Obstetrics with Pudendal Nerve Blocks: A Quality Improvement Study”	Christa Dominic, M.D.
	“Clinical Findings Associated with Sacral Tarlov Cysts”	Molly Baker, M.D.
	“Adverse Maternal and Neonatal Outcomes for Gestational and Pregestational Diabetics”	Nicole Gomez, M.D.
	“Implementation of the CMQCC Toolkit to encourage Vaginal Delivery and Decrease Cesarean Sections”	Terri Ferrari, M.D.
	“Deconstructing Histologic HSIL: Potential Harm of Failing to Distinguish Grades of CIN for Women of Different Ages”	Katie Crean, M.D.
	“Quantifying Fetomaternal Hemorrhage with Dilution and Evacuation Procedures”	Jennifer Hsia, M.D.



## Where are They Now?

Class of 2017	
Katie Crean, M.D.	Gynecologic Oncology Fellowship, Cleveland Clinic, Cleveland, Ohio
Christa Dominick, M.D.	Gynecologic Oncology Fellowship, Case Western, Cleveland, Ohio
Terri Ferrari, M.D.	Kaiser Roseville, CA
Nicole Gomez, M.D.	UC Davis, Sacramento, CA
Laura Sieans, M.D.	Maternal-Fetal Medicine Fellowship, University of Washington, Seattle, WA
Natalie Wessel, D.O.	Private Practice, Sacramento, CA
Julie Westberg, M.D.	Kaiser, Roseville, CA
Class of 2016	
Divya Arunachalam, M.D.	UroGynecology Fellowship—University of Indiana, Indianapolis, IN
Naima Bridges, M.D.	Kaiser, Santa Roaa, CA
Ashley Einck, M.D.	Kaiser Roseville, CA
Sienna Titen, M.D.	Dignity Health, Santa Cruz, CA
Kristen Wolfe, M.D.	Boulder, CO
Class of 2015	
Katherine Garvey, M.D.	MIS Fellowship—University of Indiana, Indianapolis, IN 2015-2016 Kaiser, Roseville, CA
Eve Ladwig-Scott, M.D.	Los Olivos Medical Group, Los Gatos, CA
Jaqualine Holderman, M.D.	Kaiser, Roseville, CA
Hailey MacNear, M.D.	Private Practice, Folsom, CA
Jenise Phelps, M.D.	University Ob/Gyn Associate, Sacramento, CA
Kathleen Rooney, M.D.	Private Practice, Sacramento, CA
Class of 2014	
Robert Gould, MD	Kaiser, Roseville, CA
Zhanetta Harrison, MD	Kaiser, Roseville, CA
Melissa Lares, MD	Kaiser, Roseville, CA
Sarah Takekawa, MD	Kaiser, South Sacramento, CA
Lawrence Tiglao, MD	Los Olivos Medical Group, Los Gatos, CA
Class of 2013	
Alison Breen, MD	University Women's Health, Sacramento, CA
Andrea Garland, MD	Bakersfield, CA (National Health Services Corp) 2013-2015 Dignity Health, Sacramento, CA
Stephanie Girton, MD	University of Iowa, Iowa City, IA
Anna Weber Kneitel, MD	MFM Fellowship – University of Michigan, Ann Arbor, MI 2013—2016 Kaiser, Oakland, CA
Natalie Rose, MD	Kaiser, Sacramento, CA
Michael Trifiro, MD	University Women's Health, Sacramento, CA

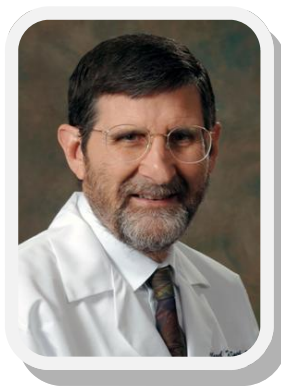
## Richard H. Oi, M.D. Endowment

Richard H. Oi, M.D., Ph.D.  
1930—2007

Dr. Oi joined the fulltime Faculty at the UC Davis Medical Center in 1977 until his unexpected death in September, 2007, he continued to make immensely valuable contributions, especially in the area of teaching Obstetrics and Gynecology Residents in training. He was a thoughtful, encouraging, engaging teacher who inspired by example. It is appropriate that his memory will be carried on in the Richard H. Oi, M.D. Endowment, an endowment that will permanently support teaching of Obstetrics and Gynecology at UC Davis.



## Lloyd H. Smith, M.D.,Ph.D. Fund for Trainee Education and Research



Dr. Smith joined the UC Davis Medical Center faculty in 1988. He grew up in Davis and completed medical school and his Obstetrics/ Gynecology residency here. He has served as a prominent, beloved member in the Division of Gynecologic Oncology and as department chair. He has shown excellence in patient care, education and research, inspiring many of our trainees to select OB/GYN, or gynecologic oncology as their profession. This fund for Trainee Education and Research in his name is a tribute to his dedication to helping others achieve excellence in these areas.