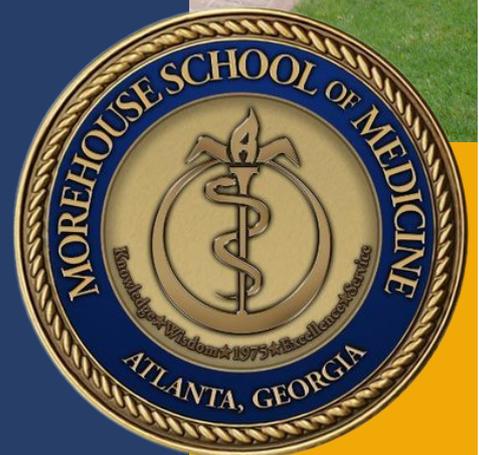




# THE NINETEENTH ANNUAL RESIDENT RESEARCH DAY



Morehouse School of Medicine  
Department of Obstetrics & Gynecology

Friday, June 4, 2021

Virtual | 8:00 AM - 12:00 PM

## *Letter from the Chairman*



Dear Graduates:

We want to take this opportunity to congratulate and thank you for your contributions to the Department of Obstetrics and Gynecology and to our community. You have worked hard to achieve your goals and all of us celebrate with you and your families on this joyous occasion.

It has been a pleasure to work with each of you. We are proud of what you have accomplished and excited by what you will do in the future. I hope you will go on to positions of leadership in the medical community, taking with you both the clinical and academic excellence which are part of the proud history of our program and institution.

Again, congratulations and best wishes.

Sincerely,

A handwritten signature in black ink that reads "Roland Matthews, MD". The signature is stylized and cursive.

Roland Matthews, MD

# *History of the Department & Nelson McGhee, Jr., M.D., Ph.D.*

In 1991, Dr. Nelson McGhee's vision to develop an academic Department of Obstetrics and Gynecology at the Morehouse School of Medicine was realized. The Department at Grady Memorial Hospital was initially staffed by two physicians and a nurse practitioner. The initial focus of the Department was on the provision of Obstetrics service with 10% of the Obstetric patients at Grady assigned to Morehouse School of Medicine.

In 1993, the Department employed a full complement of faculty to establish the medical student junior clerkship at Grady Memorial Hospital. In addition, the Department established a curriculum to train physician assistants from Duke University. By 1994, the division of Gynecology was established to provide 10% of the Gynecology Services at Grady. Subsequently, Maternal-Fetal Medicine and Gynecologic Oncology subspecialty units were established under the directorships of Drs. Franklyn Geary and Roland Pattillo, respectively.

After the untimely death of Dr. McGhee in 1996, the Department received Provisional Accreditation from the Residency Review Committee of the ACGME to begin a residency training program in Obstetrics and Gynecology. Under the Chairmanship of Dr. Roland Pattillo, and through the Residency Match Program, the first residents were selected to matriculate through the program at the Morehouse School of Medicine. The residents were: Dr. Sonya Poitier (Georgetown University), Dr. Yolanda Lawson (University of Arkansas), and Dr. Lisa Saul (University of California at San Diego). The Department has continued to grow with additional clinical and research faculty. To date, we are fully accredited with 18 groups of residents graduated.



# *Department of Obstetrics & Gynecology*

## **Nineteenth Annual Resident Research Day**

Friday, June 4, 2021

8:00 AM - 12:00 PM

Morehouse School of Medicine

Department of Obstetrics and Gynecology

9C Classroom / Virtual

**Please join using the following Meeting ID and Password:**

**Meeting ID:** 965 8967 8662

**Password:** 479715

## **Resident Graduation & Awards**

Friday, June 4, 2021

7:00 - 8:00 PM

**Please join the Graduation program using the following Meeting ID and Password:**

**Meeting ID:** 935 1253 0718

**Password:** 223540



# *Resident Research Day Program*

Friday, June 4, 2021

**Opening Remarks - Roland Matthews, M.D.**

8:00 - 8:15 AM

**Nelson McGhee, Jr., M.D., Ph.D. Lecture**

8:15 AM - 9:00 AM

**Driving a Framework to Address and  
Eradicate Racism in Medicine**

**Jeffrey Hines, MD**

Medical Director

Diversity, Inclusion and Health Equity Chief

Division of Gynecologic Oncology

Wellstar Health System, Lawrenceville, GA

## **Second Year Presentations**

Moderator: Kiwita Phillips, M.D., Residency Program Director

9:15 AM - 9:30 AM      Cyra Cottrell, M.D.

9:30 AM - 9:45 AM      Anquilla Deleveaux, M.D.

9:45 AM - 10:00 AM      Aaron Doctor, M.D.

10:00 AM - 10:15 AM      Peyton Garrett, M.D.

## **Third Year Presentations**

Moderator: Kiwita Phillips, M.D., Residency Program Director

10:15 AM - 10:35 AM      Danielle Oliver Morton, M.D. and  
Lynette Wynn, M.D.

10:35 AM - 10:55 AM      Michelle Uzor, M.D.

10:55 AM - 11:15 AM      Amber Watters, M.D.

*Nelson McGhee, Jr., M.D., Ph.D. Lecturer*



**Jeffrey Hines, MD**

**Medical Director  
Diversity, Inclusion and Health Equity Chief  
Division of Gynecologic Oncology  
Wellstar Health System, Lawrenceville, GA**

Jeffrey Freeman Hines is a native of New York. He attended Brown University in Providence, RI as part of the combined Seven-Year Medical Education Program. He received his undergraduate Bachelor of Science degree from Brown in Biology, magna cum laude, in May 1983. Jeffrey received his medical degree from The Warren Alpert Medical School of Brown University School of Medicine in May 1986.

Dr. Hines completed a four-year residency program in Obstetrics and Gynecology at Fitzsimons Army Medical Center, Aurora, CO from July 1986 - June 1990. In September 1990, Dr. Hines was deployed with the First Cavalry Division as a Battalion Surgeon during Operation Desert Shield and Operation Desert Storm. Dr. Hines completed a three-year fellowship in Gynecologic Oncology at Georgetown University Medical Center in June 1995.

## *Nelson McGhee, Jr., M.D., Ph.D. Lecturer*

Dr. Hines is currently the Medical Director of Diversity, Inclusion, and the Center for Health Equity for Wellstar Health System in Marietta, Georgia. He is also the Chief of the Division of Gynecologic Oncology for Wellstar Medical Group. He serves as the Principal Investigator for NRG, Oncology for the Wellstar Health System. Dr. Hines is a Diplomate of the American Board of Obstetrics and Gynecology with special competence in Gynecologic Oncology, a Fellow of the American College of Obstetricians and Gynecologists, and a Full Member of the Society of Gynecologic Oncologists. He has an extensive list of publications in gynecologic oncology, health equity, and racism in medicine.

Jeff's community service includes the following:

- Brown University, Corporation trustee 2015 to 2020, Corporation fellow, 2020 to present.
- Community Foundation of Greater Atlanta, Spark Giving Circle, serving the Thomasville Heights Community of Atlanta, 2017 to present.
- Breakthrough Atlanta, GA, Board of Directors, 2016 – present, chair of the governance committee, 2018 – present.
- Hammonds House Museum of African American Art and Resource Center, Atlanta GA, trustee 2005-2007, board chair 2007-2012.
- The Lovett School, Atlanta, GA, trustee 2007-2012, board vice-chair 2012-2015.
- Leadership Atlanta, Class of 2008.

Jeff enjoys collecting African-American art and running marathons.

# Fourth Year Graduate



**Ginger Baker, M.D., M.S.**

**Undergraduate**  
**Duke University**

**Medical School**  
**Florida State University**  
**College of Medicine**

**Future Plans**  
**Seven Hills Women's Health**  
**Center Anderson Township**  
**Cincinnati, OH**

## **Comparison of Concurrent Use of Intracervical Foley Catheter Balloon with Oxytocin Versus Foley Catheter Balloon with Vaginal Misoprostol**

**Hedwige Saint Louis, MD; Ginger Baker, MD, MS**  
**Department of Obstetrics and Gynecology, Morehouse School of Medicine**

### **Introduction**

Labor induction methods have been studied and compared to find the safest, most efficient method that will lead to a vaginal delivery. Some studied methods of induction include the use of an intracervical foley catheter with and without oxytocin. The outcome of this study showed that induction with concurrent oxytocin and an intracervical foley increased the rate of delivery within 24 hours. This study led our team to question the differences of time to delivery between an intracervical foley with concurrent use of oxytocin versus intravaginal misoprostol. Due to the limited number of studies comparing these groups, further research is needed to determine a difference between the use of these induction methods.

### **Methods**

A randomized controlled trial including both nulliparous and multiparous women with a term pregnancy and with a Bishop score less than or equal to 5 who present for labor induction will be randomized into 2 groups: intracervical foley catheter with concurrent oxytocin or intracervical foley catheter with concurrent vaginal misoprostol. Our planned sample size is 192 patients. Exclusion criteria include rupture of membranes, uterine scar or history of uterine surgery, multiple gestations, fetal malpresentation. The primary outcome is time to delivery.

### **Conclusion**

In a sample size of 55, the mean time to delivery in the misoprostol plus foley balloon group is 19.1 hours, and the mean time to delivery in the Pitocin plus foley balloon group is 16.7 hours yet these results are not statistically significant. BMI, parity, and SVD outcome are significantly associated with time to delivery.

# Fourth Year Graduate



**Jessica Cooper, M.D.**

**Undergraduate**  
Xavier University of Louisiana

**Medical School**  
Louisiana State University  
School of Medicine in Shreveport

**Future Plans**  
MyOBGYN PC  
Riverdale, GA

## **Blood Pressure Evaluation in the Early Postpartum Period: Inpatient versus Outpatient Monitoring**

Jessica Cooper, MD; Kiwita Phillips, MD; Saladin Cooper, MD  
Department of Obstetrics and Gynecology, Morehouse School of Medicine

### **Introduction**

Hypertensive disorder of pregnancy result in significant maternal morbidity and mortality in the United States and worldwide. Patients with PIH require close follow up in the antepartum, intrapartum, and postpartum period. In the postpartum period, studies have shown various alterations in blood pressure. Immediately following delivery blood pressure is decreased with a rise to hypertensive levels from day 3-6. The current recommendation for postpartum care is blood pressure monitoring for 72 hours and additional monitoring 7-10 days following delivery. The practice at Grady Health System is 72 hours of inpatient blood pressure monitoring prior to discharge. December of 2019 flooding damaged the postpartum wing of the hospital, leading to a major shortage of hospital beds. To comply with current recommendations the Mobile Integrated Health (MIH) Service, a team of mid-level practitioners who see outpatients was suggested for further outpatient monitoring.

### **Objectives**

To assess if outcomes differ between inpatient 72 hours stays vs early discharge with MIH outpatient follow-up. To determine if MIH is an equivalent alternative for blood pressure monitoring as compared to mothers remaining inpatient for 72 hours postpartum.

### **Study Populations**

Patients with gestational hypertension, chronic hypertension, and preeclampsia (with or without severe features) and either: remained inpatient for 72 hours OR MIH: Discharged early on PPD#1-2/POD#1-2/ with MIH for outpatient follow-up.

### **Study Design**

Retrospective Cohort Study Data Collection: Chart review of patients evaluating: completion rates of MIH appointments, Attendance of 1-week blood pressure appointments, Readmission rates.

### **Conclusion**

MIH Service at Grady Memorial Hospital is an alternate mode of monitoring Postpartum HTN but is not as equivalent a measure when compared to the 72-hour inpatient stay. 15.4% of the patients were readmitted and an additional 11.5% who had severe range pressures at home who refused evaluation, compared with readmission rate of 6.9% for inpatients monitoring. Additionally, those readmitted MIH patients were "low risk" for Preeclampsia with severe features versus the readmitted 72-hr patients.

# Fourth Year Graduate



**Zuri Hemphill-Bryant, M.D., M.S.**

**Undergraduate**  
Northwestern University

**Medical School**  
University of Cincinnati  
College of Medicine

**Future Plans**  
Piedmont Women's  
Healthcare (PAH)  
Atlanta, GA

## Should We Follow the Guidelines? Are They Too Far Behind?

Zuri Hemphill-Bryant, MD, MS

Department of Obstetrics and Gynecology, Morehouse School of Medicine

### Introduction

Guidelines change over time, as new literature becomes available. This begs the question, when should we trust our guidelines?

### Objectives

To determine the strength of ERAS changes overtime and specialties. Three ERAS protocols were reviewed and compared: The first General ERAS (2005), ERAS for ACOG (2018), and ERAS for Gynecologic Oncology (2019).

### Methods

Each protocol was evaluated for “strength” based on: time (referenced publication to guideline publication), type of studies referenced, the number of citations for each reference, and the impact factor for the most frequently referenced journals.

### Results

For the 2005 first ERAS, the average publication year of the references was 5-years prior; for ACOG ERAS 4 years, and for the Gyn Onc ERAS 5 years. The percent of randomized control trials among the references was 43.4%, 23.2%, and 25.3% ( $p=0.013$ ,  $0.03$ ), for the general ERAS, ACOG ERAS, and Gynecologic Oncology ERAS, respectively. The percent of interventional studies was 87.2%, 62.1%, and 55.6%, ( $p=0.023$ ,  $.002$ ) respectively. The first ERAS had the largest number of citations with 38 (2.4/year) compared to 18 (6/year), and 12.5 (6.25/year), respectively. The percent of referenced articles published in – Lancet, NEJM, or JAMA was 8.5, 1.8, and 6.5%, respectively. The impact factor of the three most referenced journals was 6.27, 6.16, and 6.01, respectively.

### Conclusion

This comparison shows that over time and across specialty, ERAS protocols are widely comparable on the “strength” of their references. The largest difference coming from the percent of randomized control trials being cited. Importantly, 5 years elapsed from the time cited journal articles are published before reflected in ERAS protocols. Therefore, protocols are 5-years behind primary source research and findings that may make a difference in our patient’s lives.

# Fourth Year Graduate



**Whitney Lankford, M.D.**

**Undergraduate**  
Clark Atlanta University

**Medical School**  
Morehouse School of Medicine

**Future Plans**  
Greater Atlanta  
Women's Healthcare  
Atlanta, GA

---

## A Team-Based Approach to Value-Based Health Care

Whitney Lankford, MD; Khadeja Johnson, MD, FACP; Gina Ryan, PharmD, CDE; Daniel Lee, MD;  
Sana Malik, MD, Martha Elks, MD, PhD; Ngozi Anachebe, MD, PharmD  
Department of Obstetrics and Gynecology, Morehouse School of Medicine

### Introduction

Healthcare costs in the United States are increasing at an unsustainable rate. There was \$253 billion spent in 1980 which increased to \$714 billion in 1990, and more recently \$2.7 trillion in 2014. Thirty percent of healthcare costs (more than \$750 billion annually) are wasted care expenses. It is essential for medical professionals to have a clear understanding of medical cost and their effects on patients access and compliance with healthcare. Several organizations, like Choosing Wisely, have made strides to better educate healthcare providers and provide resources to assist with patient barriers and challenges. Students had not traditionally been taught the skills needed to combat this issue. In recognition of these challenges, an interprofessional team-based educational experience was developed to provide health professionals with the tools to better provide High Value Care (HVC).

### Methods

Approximately 375 healthcare professional students from Morehouse School of Medicine and Mercer University Health Sciences Center were invited to an educational experience about HVC. Nursing, pharmacy, physician assistant, public health, and medical students participated in a 2-hour interprofessional session. Participants were involved in activities such as a 20-minute lecture-style presentation followed by group case discussions and debrief. Students completed a pretest before the event and posttest after the event. The surveys were conducted using a 5-point Likert scale, with 1 = strongly disagree and 5 = strongly agree. The Likert scores were used for data analysis.

### Conclusion

After the session, students showed a significant increase in their knowledge surrounding HVC. On the Likert scale, students' survey responses in being able to define value-based care increased from 3.59 to 4.55 ( $p < 0.0001$ ). Also, the students' ability to correctly identify the largest contributor of healthcare waste as unnecessary services increased from 64.94% to 94.59%. Furthermore, students reported in the post-survey that, as a result of the session, they will start engaging in HVC conversations with patients and healthcare providers (mean Likert Score = 4.47) and will also begin using the Choosing Wisely recommendations when caring for patients (mean Likert Score = 4.42). Interprofessional team-based activities can be useful in educating healthcare professionals in HVC in a timely fashion. Once this curriculum is validated, this can be shared and scaled for multiple settings. The interprofessional educational experience can improve collaborative skills in patient care by giving the proper tools to improve HVC. With the knowledge obtained from the interprofessional experience, healthcare providers will be better equipped to manage and treat patients.

# Fourth Year Graduate



**Gail Ohaegbulam, M.D.**

**Undergraduate**  
University of Florida

**Medical School**  
University of South Florida  
College of Medicine

**Future Plans**  
University of Mississippi Medical  
Center - Maternal Fetal  
Medicine Fellowship  
Jackson, MS

## Barriers to the Achievement of Postpartum Sterilization At A Large Public Hospital

D. Kesley Robertson, MD; Antoinette T. Nguyen, MD, MPH; Gail Ohaegbulam, MD; Nikkia Worrell, MD; Melissa Kottke, MD  
Department of Obstetrics and Gynecology, Morehouse School of Medicine

### Introduction

Postpartum sterilization is a common, safe and effective method of contraception.<sup>1</sup> In the United States, an estimated 18.6 percent of women rely on female permanent sterilization for contraception.<sup>2</sup> About half of women who request postpartum sterilization in the antenatal period do not undergo the procedure, and approximately 50 percent of these women become pregnant within one year of delivery, at twice the rate of those not requesting sterilization.<sup>5,6</sup> Women with Medicaid are disproportionately more likely to have unfulfilled postpartum sterilization requests and higher rates of unintended pregnancy compared with women with private insurance.<sup>7</sup> The American College of Obstetricians and Gynecologists (ACOG) states that postpartum sterilization procedures should be considered urgent procedures and recommends that obstetrician gynecologists (OB/GYNs) identify and eliminate barriers to postpartum sterilization.

### Objectives

To describe the postpartum sterilization process and perceptions of barriers from Family Birthing Center (FBC) personnel at Grady Memorial Hospital (GMH).

### Study Design

We conducted a mixed-methods process improvement study at GMH in Atlanta, Georgia. We created a process map and outlined all steps in the postpartum sterilization process. We conducted key stakeholder interviews to gain more insight into the process. Utilizing this information, we conducted a survey on knowledge and attitudes surrounding postpartum sterilization and perceptions of barriers to the process and compared responses among personnel groups. Finally, we proposed solutions to address identified barriers.

### Results

We identified 34 steps in our process map and 13 barriers during our semi-structured interviews. Survey participants indicated that it is important to very important that a patient receive postpartum sterilization if she desires it. Participants estimated that 57.4% of patients who desire postpartum sterilization at our institution receive it. About half of participants correctly identified the urgent surgical priority of postpartum sterilization. Seven barriers received scores for the total cohort over 3.0, indicating that these barriers are believed to negatively impact the postpartum sterilization process at least half of the time. These barriers included team, patient, policy, and system factors.

### Conclusion

We identified and executed a study to evaluate and improve the complex postpartum sterilization process at GMH. We uncovered multiple barriers to this process and differences in perceptions among personnel involved in the process. Using process improvement methods, we proposed several strategies to reduce barriers.

## *Third Year Research Presenter*



**Danielle Oliver Morton, M.D.**

### **Undergraduate**

University of Maryland, College Park

### **Medical School**

University of Virginia School of Medicine

### **Assessing Resident Use of the Edinburgh Postpartum Depression Scale; Updates - Evaluating the EDPS for Cultural Relevance**

Lynette Wynn, MD; Danielle Oliver Morton, MD; Madeline Sutton, MD

Department of Obstetrics and Gynecology, Morehouse School of Medicine

## *Third Year Research Presenter*



**Michelle Uzor, M.D.**

**Undergraduate**  
University of Georgia

**Medical School**  
Morehouse School of Medicine

### **Characteristics of Women with Concurrent Anal and Cervical High-Grade Squamous Intraepithelial Neoplasia or Cancer**

Michelle Uzor, M.D., Emily Wang, M.D., Lisa Flowers, M.D.

Department of Obstetrics and Gynecology, Morehouse School of Medicine

## *Third Year Research Presenter*



**Amber Watters, M.D.**

**Undergraduate**  
Georgia State University

**Medical School**  
Morehouse School of Medicine

### **MOYO Mom: Identifying the Behavioral, Social and Environmental Factors that Contribute to Adverse Perinatal Outcomes in Young African American Mothers**

Amber Watters, MD, Cheryl Franklin, MD, Sherilyn Francis,  
Indrajit Chowdhury, PhD, Hedwige Saint Louis, MD

Department of Obstetrics and Gynecology, Morehouse School of Medicine

## *Third Year Research Presenter*



**Lynette Wynn, M.D.**

**Undergraduate**  
University of Michigan

**Medical School**  
University of Michigan Medical School

**Assessing Resident Use of the Edinburgh Postpartum Depression Scale; Updates - Evaluating the EDPS for Cultural Relevance**

Lynette Wynn, MD; Danielle Oliver Morton, MD; Madeline Sutton, MD

Department of Obstetrics and Gynecology, Morehouse School of Medicine

# Second Year Research Presenters



## **Fertility Preservation Counseling in Reproductive Aged Women with Localized GYN Cancers at an Urban Safety Net Hospital: A Pilot Study**

**Cyra M. Cottrell MD, Gail Ohaegbulam, MD,  
Giuseppe Del Priore MD**

**Department of Obstetrics and Gynecology,  
Morehouse School of Medicine**



## **Use of Prophylactic Misoprostol to Decrease Postpartum Hemorrhage in High Risk Population at an Urban Safety Net Hospital**

**Anquilla Deleveaux, MD, PGY-2, Raimot Olanrewaju, MD**

**Department of Obstetrics and Gynecology,  
Morehouse School of Medicine**



## **Georgia IMPROVE Project Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE)**

**Cheryl G. Franklin, MD, MPH; Natalie Hernandez, PhD,  
MPH, Folashade Omole, MD**

**Department of Obstetrics and Gynecology,  
Morehouse School of Medicine**



## **Disparities in Trends in Contraceptive Use Before and After the Affordable Care Act: Policy Implications**

**Peyton Garrett, MD; Mechelle D. Claridy, PhD(c), MPH; Gemechu Gerbi, PhD, MSc; Madeline Y. Sutton, MD, MPH**

**Department of Obstetrics and Gynecology, Morehouse School of Medicine**

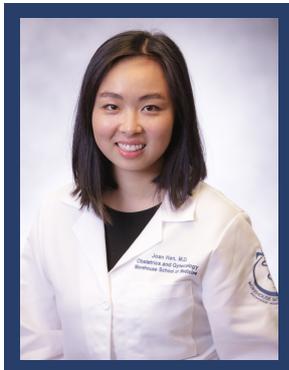
# *First Year Research Presenters*



## **Sickle Cell Disease and Pregnancy: Case Presentation**

Lauren Gibbs, MD; Franklyn Geary, MD

Department of Obstetrics and Gynecology,  
Morehouse School of Medicine



## **Gestational Weight Gain in Obese Pregnant Women with Diabetes: A Comparison of 2009 IOM vs 2019 JAMA Recommendations**

Joan Han, MD; Gail Ohaegbulam, MD

Department of Obstetrics and Gynecology,  
Morehouse School of Medicine



## **Malaria in Pregnancy**

Sasha Ray, MD

Department of Obstetrics and Gynecology,  
Morehouse School of Medicine



## **Evaluation and Management of Post Ablation Tubal Sterilization Syndrome and Painful Bladder Syndrome**

Banafsheh Shoai, MD

Department of Obstetrics and Gynecology,  
Morehouse School of Medicine

# Morehouse School of Medicine

## Department of Obstetrics & Gynecology

### Graduating Class of 2021

Ginger Baker, MD, MS  
Jessica Cooper, MD  
Zuri Hemphill-Bryant, MD, MS  
Whitney Lankford, MD  
Gail Ohaegbulam, MD

### Resident Alumni

#### Class of 2020

Georgina Amaral, MD, MS  
De'Smond Henry, MD  
Susan Lee, MD, BSN  
Alyssa Newton, MD

#### Class of 2017

Robinette King, MD  
Charisma Manley, MD  
Valencia Miller, MD  
Maesha Twyner, MD

#### Class of 2014

Anika Cherry, MD  
Robert Holness, MD  
Crystal Welch, MD

#### Class of 2011

Earl Brewster, MD  
Keisha Collins, MD  
Xuan Cao, MD

#### Class of 2008

Jamil Harp, MD  
Trudy Seivwright, MD  
Yung Mei Fung, MD

#### Class of 2005

Kevin Edmonds, MD  
Tuwanna Morris, MD  
Tomekia Strickland, MD

#### Class of 2002

Ngozi Anachebe, MD  
Njideka Anyadike, MD  
Emmanuel Soyoola, MD

#### Class of 2019

Gloria Hughes, MD  
Heather Skanes-Devold, MD  
Emily Wang, MD  
Ashley Wiltshire, MD

#### Class of 2016

Christina Cox, MD  
Regina Lee, MD  
Emerald Screws, MD

#### Class of 2013

LeThenia "Joy" Baker, MD  
Pallavi Shikaripur Nadig, MD  
Curtrina Strozier, MD

#### Class of 2010

Kiwita Phillips, MD  
Shalandra Ross, MD

#### Class of 2007

Aiyanna Burton, MD  
Kawami Clay, MD  
Stacy Reynolds, MD

#### Class of 2004

Precious Braswell, MD  
Beverly Pottinger, MD  
Mia Sanders, MD

#### Class of 2001

Sonya Poitier, MD  
Angela Chan Riser, MD  
Lisa Saul, MD

#### Class of 2018

Diane Goh, MD  
Jolomi Iyoha, MD  
Crystal Reese, MD  
Ciara Talbot, MD

#### Class of 2015

Candace Gates, MD  
Raimot Olanrewaju, MD  
Michelle White, MD

#### Class of 2012

Laquita Martinez, MD  
Miriam Slatter, MD  
Jocelyn Slaughter, MD

#### Class of 2009

Lisa Golik, MD  
Jamil Minnis, MD  
Fyama Wenner, MD

#### Class of 2006

Tanya Meziere, MD  
Beenal Naik, MD  
Lorenza Simmons, MD

#### Class of 2003

Tracy Bland, MD  
Michelle Martin, MD  
Renee Thomas, MD

# Acknowledgments

The Department of Obstetrics & Gynecology at Morehouse School of Medicine appreciates your support of our 18th Annual Resident Research Day. We would like to give special thanks to our Faculty, Community Physicians, and Staff for their dedication and continued support of the Residency Education Program

## Department Faculty

Ngozi Anachebe, MD	Roland Matthews, MD
Frederick Bright, MD	Joline Milord, CNM
Kimberly Carroll, MD	Dorothy Mitchell-Leef, MD
Terri Chambers, CNM	Raimot Olanrewaju, MD
Indrajit Chowdhury, PhD	Kiwita Phillips, MD
Saladin Cooper, MD	Veena Rao, PhD
Carla Crawford, MD	E. Shyam Reddy, PhD
Yvonka Crenshaw, MD	Shalandra Ross, MD
Donald Culley, MD	Hedwige Saint Louis, MD
Lynne Cunningham, MD	Barbara Simmons, MD
Giuseppe Del Priore, MD	Madeline Sutton, MD
Cheryl Franklin, MD	Diana Wilson, MD
Franklyn Geary, MD	Lawrence Wilson, MD
Christina Hamilton, MD	Anne Wiskind, MD
Yvonne Hewitt, CNM	

## Community Physicians

Catherine M Bonk, MD, MPH	Lisa Dawn Mandeville-Brown, MD
Precious Braswell, MD	Joye Lowman, MD
Pamela Jo Brown, MD	Velvet L. McDonald, MD
Robert Pierre Dourron, MD	Obiamaka Mora, MD
Rodney Michael Dourron, MD	Alfredo Nieves, MD
Kay Suzanne Entekin, MD	Kristin Danielle Oates, MD
Leda Gattoc, MD	Latham Overstreet, MD
Jennifer Goedken, MD	Shirley Rigaud-Echols, MD
Sheena Harmon, MD	Amy Marie Rodatus, MD
Phillip Earl Hadley, MD	Albert Scott Jr., MD
Layla S Jaffree, MD	Donna Sinclair, MD
Kathryn Johnson, MD	Cyril Spann, Jr, MD
Tracy Lemon, MD	Robert Williams, MD

*The Department of Obstetrics & Gynecology would also like to thank Mohamed Mubasher, PhD, Biostatistician, Clinical Research Center (CRC).*

*Special thanks to our Basic Science Researchers:  
Indrajit Chowdhury, PhD, E. Shyam Reddy, PhD, and Veena Rao, PhD*

*GME Affiliates: Angela Church, Rikka English, Joslyn McLain, Coyea Kizzie,  
Carolyn Clarke and Ken Ratcliffe.*

*Kelli Hooper, Residency Program Manager, and Alisa Ware, Residency Program Assistant  
for a successful 2021 Resident Research Day.*