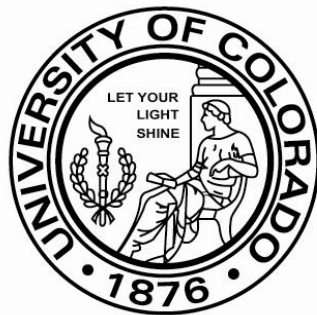# University of Colorado

Department of
Obstetrics & Gynecology

Resident Research Day
June 7, 2024

Guest Speaker

Nuriya Robinson, MD, FACOG,

Harbor-UCLA Medical Center, Los Angeles CA
Department of Obstetrics and Gynecology

Dr. Nuriya Robinson earned her undergraduate degree in ecology and evolutionary biology from Princeton University and her medical degree from Tufts University. She completed residency training in Obstetrics/Gynecology at the University of California San Francisco and subsequent fellowship training in Global Women's Health at the University of Illinois at Chicago (UIC). Following fellowship, she remained at UIC as faculty until relocating to Los Angeles in 2016 when she joined the department of OB/GYN at Harbor-UCLA Medical Center. For more than a decade, Dr. Robinson worked both clinically and in research capacities throughout sub-Saharan Africa. During that time, she cultivated a particular interest in reducing maternal morbidity and mortality through the reduction of postpartum hemorrhage and the increase in uptake of long-acting methods of contraception. She has presented her research on national and international platforms and completed a K-award through the NIH to pursue interdisciplinary women's health research in sub-Saharan Africa. She collaborated with the American College of Obstetrics and Gynecology and JHPIEGO on the development of a Complicated Labor Module intended to decrease maternal and infant morbidity and mortality, which launched in 2022. She currently serves the OB/GYN department at Harbor as Vice Chair of Equity, Diversity and Inclusion. She also has the unique opportunity of domestically aligning her international work as the Medical Director for MAMAs- an innovative program throughout Los Angeles County which augments traditional prenatal care with patient-centered, community based psychosocial support for those at highest risk of preterm birth as well as other adverse perinatal outcomes.

RESIDENT RESEARCH DAY
SCIENTIFIC PROGRAM

Resident Research Day Award Committee

Jonathan Hirshberg, MD
Nicole Larrea, MD
Nicole Marjon, MD, PhD
Kristen Powell, MD
Nanette Santoro, MD

Breakfast
7:30-8:00AM

Welcoming Remarks   **Christine Conageski, MD, MCSC**
8:00-8:15AM   **Claire Schultz, MD, MPH**
                             Marisa Moroney, MD

RESIDENT PRESENTATIONS

8:15-8:25AM

Impact of Covid-19 pandemic on cervical cancer cytology screening and follow up

Resident: Krista Taylor, MD
Primary Mentor: John Curtin, MD
Additional Collaborators: Josh Durfee, MS

Objective: To determine cervical cytology screening rates and rates of follow up care before, during, and in the recovery period of the COVID-19 pandemic.

Methods: This is a single institution retrospective cohort study that identified patients who received cervical cancer screening through cytology records between January 2018 and December 2022. We defined the pre-pandemic period as 2018-2019, the pandemic as 2020, and the post-pandemic recovery period as 2021-2022. This study was performed at a safety net hospital. We extracted patient cervical cytology screening results, tests, recommended follow-up after screening, and patient completion rates of recommended follow up. We used the data to perform descriptive statistics, multivariable and subgroup analysis.

Results: Out of the 54,329 individual patients screened at this single safety net hospital, 8,032 (14.7%) patients were recommended for additional follow up including co-testing, colposcopy, transvaginal ultrasound, endometrial biopsy or other. The data revealed that compared to pre-pandemic rates cervical cytology screening decreased throughout the pandemic overall. The adherence rate to recommended follow up decreased from pre-pandemic (81.6%) to pandemic (75.4%), but did return to baseline levels in post-pandemic period (81.6%.) However, subgroup analysis revealed that rates of follow up testing only decreased significantly during the pandemic for patients who identified as hispanic (8%; $p<0.02$), and an insignificant change in follow up rates for patients identifying as white or African American.

Conclusion: Results of this cohort study show that during the Covid-19 pandemic, cervical cancer screening rates decreased. As a consequence, knowing the established efficacy of cervical cancer screening, the Covid-19 pandemic may have compromised early diagnosis of cervical cancer and oncologic outcomes for some patients. This study showed Hispanic patients were more likely to forgo cervical cancer screening follow up during the pandemic. This study can also inform future interventions to improve screening rates overall and return to follow-up care.

8:25-8:30AM
Open Questions

Evaluating the effects of implementing a smartphone application for the management of hypertensive disorders of pregnancy on a diverse obstetric population at UCH

Resident: Shade' (Ellen) Awoniyi, MD, MPH
Primary Mentor: Diane Christopher, MD
Additional Collaborators: Mary Sammel, PhD; Matthew Bolt, MS

Introduction: Ten percent of all pregnancies in the United States are affected by Hypertensive Disorders of Pregnancy (HDP). HDP is the most common diagnosis for postpartum hospital readmissions. Currently, ACOG recommends patients with HDP complete a blood pressure check within 7 days of hospital discharge after delivery. Currently, there are no recommendations for how to achieve this.

Objective: To determine if remote blood pressure monitoring increases healthcare utilization at a single institution by evaluating its effects on postpartum readmissions, nurse phone calls, and in-person blood pressure monitoring.

Methods: This is a quality improvement study involving postpartum patients with HDP who received prenatal care through UCH. Patients with HDP were identified, enrolled in a smartphone application, provided a blood pressure cuff, and instructed on how to take their blood pressure. Data was collected on the number of readmissions for HDP within 30 days of delivery, after-hours phone call volume, and in-person postpartum blood pressure visits. This was compared between the year before (May 2021-2022) and after implementation (May 2022- Dec 2023).

Results: A total of 569 vs. 910 women with HDP before and after the implementation of the smartphone application respectively were evaluated (70% of which were enrolled in the app). There were statistically significant changes in HDP readmissions after the intervention with an average of 2.5 pre-intervention and 1.37 readmissions post-intervention ($p = 0.08$). There were no significant changes in average phone calls per month (-0.8, 95% CI: [-32.5, 30.8], $p = 0.96$). There was a significant decrease in office visits per month following the intervention (-20.6, 95% CI: [-27.0, -14.6], $p < 0.001$).

Conclusions: Incorporating a smartphone application to assist with remote blood pressure evaluation amongst women with HDP had minimal disruption on healthcare utilization at UCH with reduced HTN readmissions and in-person blood pressure RN visits, and no changes to after-hour phone call volume.

Exploring clinicians' willingness to embrace customizable pessaries: a survey study

Resident: Anthony Brausch, MD PGY4
Primary Mentor: Tyler M. Muffly, MD
Additional Collaborators: Hannah Dimmick, Ph.D. (Scientific Editor), Claire Schutlz, MD

Introduction: Pessaries stand as ancient yet versatile tools, offering a bridge between tradition and innovation in modern healthcare. This study surveyed urogynecologists and advanced practice providers (APPs) to both gain insights into general experiences and pessary usage, as well as to gauge their interest and willingness to embrace customizable pessaries as a viable treatment option for pelvic organ prolapse. We hypothesized that clinicians are interested in using customizable pessaries in their practice.

Methods: A national cross-sectional survey was conducted of Urogynecologists and APPs. The REDCap (Research Electronic Data Capture) survey was distributed through email lists associated with women's health and pelvic floor disorders and included questions regarding the difficulty in fitting pessaries and the perceived advantages of integrating customizable options into clinical practice. To compare responses between physician and APP groups, chi-square tests and independent samples t-tests were utilized for categorical and continuous data, respectively.

Results: Invitations were sent to 1,800 providers, and 122 completed the survey, resulting in a response rate of 6.8%. The 122 respondents included 76 physicians and 46 APPs. Regarding current clinical practice, most respondents (90%, n = 109) reported fitting 0-10 pessaries per week, with no significant differences between physicians and APPs (p = 0.26). Thirty-five percent of clinicians advocated for pessaries as a first-line therapy for pelvic floor disorders. The APPs were more inclined to recommend pessaries as a primary therapy than physicians (67.4% vs 29.0%, p<0.01). Regarding fitting patients with standard-shaped pessaries, 53% of providers reported occasional difficulties and 12% reported frequent difficulties. APPs were significantly more likely to encounter fitting issues due to pessary shape (78.3% vs. 57.9% p=0.023). A majority of providers suggested additional customization such as a pessary that is easier to fold (APPs: 58.7% and MD/DO: 65.8%), Eludes estrogen (APP: 67.4% and MD/DO: 65.8%), and attaching strings for easier removal (APP: 71.7% and MD/DO: 65.8%).

Conclusions: This study indicates that clinicians are inclined to incorporate customizable pessaries into their treatment protocols for pelvic floor disorders. These results emphasize the need for continued innovation in pessary customization that prioritizes a patient-centric approach to pelvic floor disorder management.

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8:55-9:00AM
Open Questions

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Assessing knowledge of management options for uterine fibroids in black women

Resident: Sarah Gebrezghi, MD
Primary Mentor: Jenny Tam, MD
Additional collaborators: Karen Hampanda, PhD, MPH, Madeleine Sehrt, Anthony Ciaramella, PHD, Megan Orlando, MD, Gabrielle Whitmore, MD

Introduction: Black women are disproportionately impacted by fibroids when compared to any other race and are three times more likely to develop fibroids in their lifetime.
The purpose of this project is to evaluate the baseline knowledge among Black women, compared to White women, of signs, symptoms, and management options available for uterine fibroids.

Methods: This study was a national cross-sectional survey using CloudResearch, an online crowd-sourcing platform. This study measured fibroid knowledge between Black and White women. Survey categories included demographics, health literacy, general fibroid questions, symptoms, treatment options available, and personal history of fibroids. The survey answers were graded and scored by percent correct. Data was analyzed in STATA 16 using descriptive and bivariate analysis, including Pearson chi-squared and one-way ANOVA.

Results:
Of the 486 eligible participants who completed the survey 48.15% (n=234) identified as Black; 48.77% (n=237); as White; and 3.09% (n=15) as other. There were 22.6% participants who had been told that they have fibroids, with no significant difference by race. Among those with fibroids, significant differences in the prevalence of hysterectomy were observed with Black women reporting the highest proportion at 8.15%, compared to 2.53% of White women ($p<0.05$). Almost two-thirds of participants agreed or strongly agreed to having self-reported good understanding of fibroids with significant difference observed in Black participants at 73.1% compared to 55.3% in White participants ($p<0.001$). No significant differences by race were seen in scores for health literacy, understanding of what fibroids are, or understanding of fibroid treatment (including medical and surgical). However, significant differences existed among scores for understanding of fibroid symptoms with Black participants having the highest average score ($P<0.011$).

Conclusion:
Black women report higher rates of hysterectomy for uterine fibroids, but this study also shows that Black women both report stronger understanding and have more knowledge related to fibroids when compared to White women. This exploratory study is the first of its kind to gauge fibroid knowledge between Black and White women. Future research should examine where and how women are learning about fibroids and how this may be impacting their choice of treatment plans.

Teens with diabetes receive low rates of contraception and preconception counseling

Resident: McKenna Kelly, MD
Primary Mentor: Shannon Son MD, MSC
Additional Collaborators: Lauren Sayres, MD; Erin Finn, MD; Kristen J. Nadeau, MD, MS; Layla Abushamat, MD; Adnin Zaman, MD; Linda Barbour, MD, MSPH

Introduction: In 2022, US females aged 15-19 years had a birth rate of 13.5 per 1000. Pregnancy in adolescents with type 2 diabetes mellitus (T2DM) is associated with poor obstetric outcomes, including high rates of major fetal malformations. While contraceptive and preconception counseling at puberty is strongly recommended by the American Diabetes Association and American College of Obstetricians and Gynecologists, a recent study demonstrated low rates of counseling in adult reproductive age females with diabetes. We aimed to assess contraceptive and preconception counseling rates in an adolescent population with T2DM. We hypothesized that counseling rates would be higher in adolescents than adults with T2DM.

Methods: In this retrospective cohort, adolescents 12-21 years old, assigned female at birth, and seen in a pediatric academic T2DM clinic between July 1, 2021 and December 31, 2021 were evaluated. The primary outcome was a composite rate of contraceptive counseling or prescription in the last year, preconception counseling, or gynecology referral. Patients taking hormone therapy for other indications were excluded. Adolescent data were compared to a previously collected cohort of 50 adult females with diabetes.

Results: Seventy adolescents met entry criteria and 21 (30%) achieved the primary composite outcome as compared to 18% in a previously collected adult cohort (p=0.2). Contraception counseling was documented for 19 (27.1%) adolescent patients and two (4.0%) adult patients (p=0.001). Preconception counseling was documented for one (1.4%) adolescent patient and seven (14%) adult patients (p=0.01). There was no evidence of endocrinologist-prescribed contraception during the chart review period. Two (2.9%) adolescents were referred to gynecology providers and no gynecology referrals were placed for the adult patients. Contraception was less commonly utilized by adolescents compared to adults (25.7% vs 62.0%; p=0.0001). Adolescents most commonly utilized combined oral contraceptive pills (cOCPs) (10%), implants (7%), and abstinence (4%).

Conclusions: Despite robust recommendations for preconception/contraceptive counseling in patients with diabetes, implementation remains grossly inadequate in academic endocrinology clinic settings for both adolescent and adult patients. Our findings call for intensive efforts to improve these practices with a goal of minimizing unplanned pregnancies as well as associated poor obstetric outcomes.

9:25-9:30AM
Open Questions

9:30-9:45AM
BREAK

Factors associated with mutually satisfying OBGYN faculty preceptor and medical student pairings in a longitudinal integrated curriculum

Resident: Hector Santiago Porragas, MD
**Primary Mentor**: Betsy Dickson, MD
Additional Mentors: Jeanelle Sheeder, PhD; Jill Liss, MD

Background: The Longitudinal Integrated Curriculum (LIC) is an innovative model of medical education that allows 2nd year medical students to participate in comprehensive care of patients over time. Our objectives are to identify if matched demographic, professional, and/or personality characteristics between preceptors and students lead to more mutually satisfying relationships within the University of Colorado School of Medicine OBGYN Longitudinal Integrated Curriculum (LIC). This would serve as valuable information to pre-determine student and preceptor matches for the OBGYN LIC in the future.

Methods: Online 5-item Likert scale satisfaction surveys were collected at the conclusion of the 2023-2024 academic year using RedCap delivery system from all 2nd-year University of Colorado medical students and OBGYN preceptors participating in the LIC curriculum. Chi squared analysis and Kappa statistic for clustered matched-pair data analyses were used to test whether there is an association ($p<0.05$) between the independent variables (personality characteristics, personal characteristics, or professional characteristics) of interest and the primary satisfaction outcomes.

Results: 43 OBGYN preceptors and 42 2nd year LIC medical students participated in the study. Demographically, preceptors were more likely to be white and female ($p<0.05$). Median faculty age was 40 and student age 26. Professionally, preceptors were more likely be interested in academic medicine and have had prior mentorship experience ($p<0.05$). Personally, preceptors identified with a bold, decisive, firm, direct, and authoritative personality and students with a more peaceful, friendly, patient, and accommodating personality ($p<0.05$). Chi squared analysis of the satisfaction surveys demonstrated that both students and preceptors were largely very satisfied/satisfied in all categories (general satisfaction, clinical decision making, ethical behavior, evidence-based medicine, and cultural competence). However, students were more likely to select very satisfied and preceptors were more likely to select satisfied (see table). Approximately 10 matches were identified to perform the Kappa statistic for clustered matched-pair data analyses. However, we found that preceptors and students with similar personal, professional, and personality characteristics were just as satisfied with the LIC experience as those that did not have similar characteristics. Therefore, no characteristics were identified that would portent a mutually satisfying LIC experience.

Conclusions: The results of our study demonstrate that similar personal, professional, and personality characteristics between OBGYN 2nd year medical students and faculty preceptors do not increase the likelihood of a mutually satisfying match in the OBGYN LIC curriculum. Although more data is necessary, this shows that randomization of preceptors and students would be an acceptable form of creating matches that would lead to mutually satisfying LIC experiences.
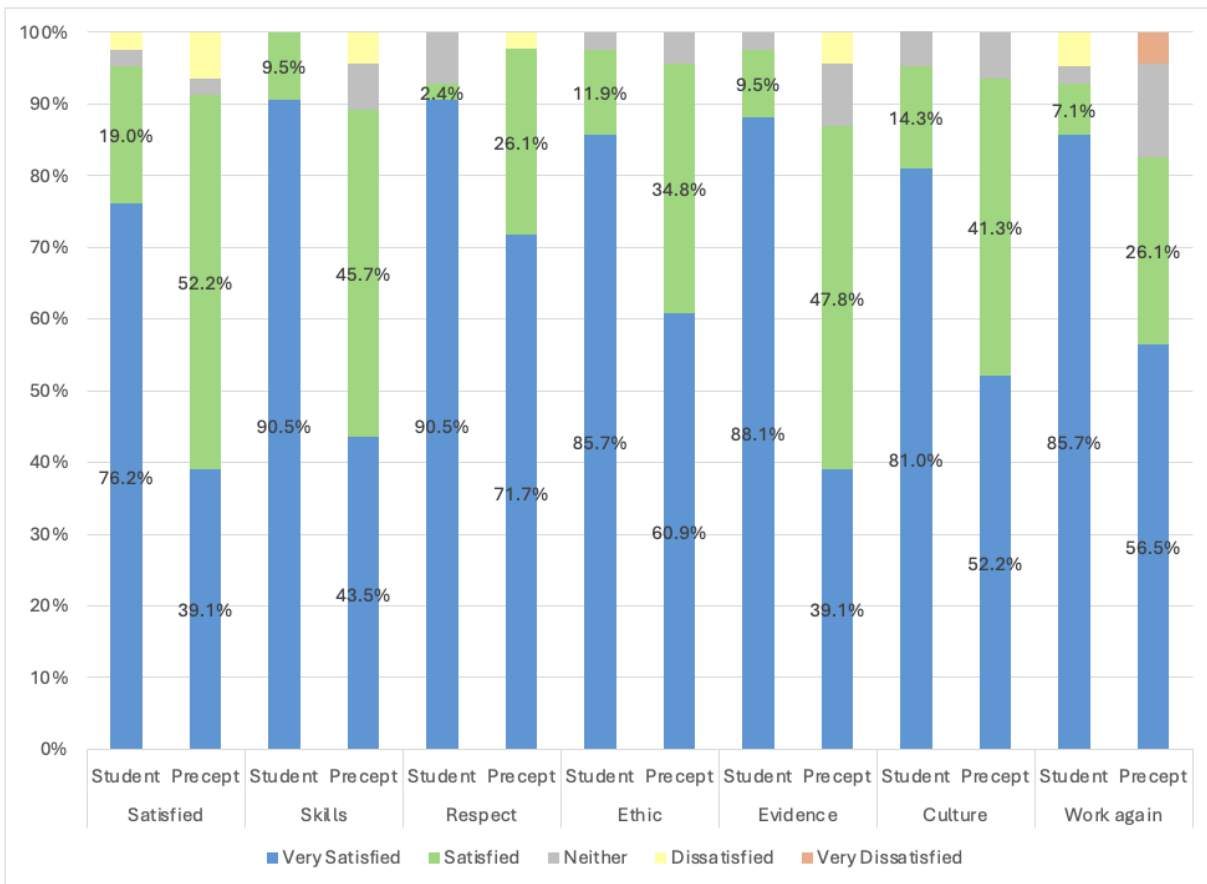
9:55-10:00AM
Open Questions

Concordance of postpartum contraceptive desires and method initiation amongst Medicaid insured women at a safety net hospital during the COVID era: a comparison to pre-COVID concordance

Resident: F. Rubio, MD
Research Mentor: N. Fang, MD; K. Adkins, MD
Additional Collaborators: N. Cleland, MS4; S. Rosenberg, MS3

Objective: To assess the impact of the COVID-19 pandemic on the concordance between contraceptive preference and uptake among Medicaid patients delivering at an urban safety-net hospital.

Study Design: We conducted a retrospective cohort study of patients delivering at a single safety-net hospital, comparing pre-COVID-19 (October 2018 – September 2019) and COVID-19 (April 2020 – March 2021) periods. We used data from electronic medical records to compare contraceptive concordance – use of contraceptive method at time of query compared to method desired at time of admission to L&D – at time of postpartum discharge and at 12 weeks postpartum. We then compared the contraceptive concordance between the pre-COVID-19 and COVID-19 arms.

Results: Out of 1397 charts queried, 878 (62.7%) were in the pre-COVID-19 period and 521 (37.3%) in the COVID-19 period. Patient characteristics were similar between the two time periods. There was no statistical difference in rate of contraceptive concordance amongst the two periods (35.7% vs. 38.8%, p=0.243). However, there were statistical differences in those citing personal reasons for deferring a contraceptive at discharge (11.2% vs. 17.5%, P<0.001) and those citing their selection as a bridge to a different contraceptive method (23.1% vs. 18.6%, p=0.05). At 12 weeks postpartum, there was no statistical difference in contraceptive methods (p=0.48).

Conclusions: No statistical difference was identified in the rate of contraceptive concordance between the pre-COVID-19 and COVID-19 periods. However, during the Covid-19 pandemic significantly more patients reported deferral of initiating contraceptive while inpatient and using the initiated contraceptive as a bridge to a different method. Systemic barriers should be identified and mediated to improve access to postpartum contraception in line with the desires of the birthing patient regardless of socioeconomic and pandemic factors.

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10:10-10:15AM
Open Questions

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Implementation of standardized counseling to encourage safe VBACs at urban safety-net hospital

Resident: Vera Schulte, MD
Faculty mentor: Katlynn Adkins, MD
Additional collaborators: Hilary Ta, Kyle Beekman, Michael Ladka

Introduction: Elective repeat cesarean sections account for around 40% of all cesareans in the United States, though many of these patients are eligible for an attempt of trial of labor after cesarean (TOLAC). Data suggests that vaginal birth after cesarean (VBAC) decreases maternal morbidity when compared to repeat cesarean delivery. Counseling in patients eligible to TOLAC may be quintessential to determining candidacy and safety for desired delivery method. Our urban safety net hospital instituted standard counseling as part of prenatal care for patients eligible for TOLAC. We aimed to determine if this intervention impacted rates of attempted TOLAC and successful VBAC.

Methods: A TOLAC counseling clinic was established in 2021 at a single urban safety net institution. In this clinic, obstetricians used a standardized script of questions and counseling topics. We performed a retrospective cohort study comparing all patients eligible for TOLAC in the one year prior to the start of the clinic (N=362) to the one year after (N=374). We compared rates of attempted TOLAC and rates of successful VBAC. We collected demographic data, rate of attendance of counseling clinic, and delivery outcome.

Results: Patient characteristics were similar in the before and after groups; 60% of patients were Hispanic and 47% non-English speaking. There was no significant difference in the rate of successful VBAC (68.4% vs 69.3%, P-value 0.839) or attempted TOLAC (57.7% vs 56.7%, P-value 0.773) before and after the implementation of the standardized TOLAC clinic. However, the successful VBAC rate is nearly 70% in all groups. Notably, only 31% of the post-intervention group attended TOLAC counseling clinic.

Conclusion:
This retrospective study demonstrated no difference in rates of attempted TOLAC or successful VBAC following implementation of a TOLAC counseling clinic at a single urban safety-net institution. However, low participation rates during the first year of its presence may have lessened its impact. An additional unmeasured observation is whether such an intervention may lead to better informed patients, especially in a setting where TOLAC attempts are high and almost half of patients are non-English speaking.

Preconception hormone levels are associated with preterm birth and measures of maternal stress and mood

Resident: Melissa Scott, MD
Faculty Mentor: Camille Hoffman-Schuler, MD, MSc

Background/Objectives: Chronic stress during pregnancy has been associated with adverse pregnancy outcomes (APOs), including preterm birth (PTB). In addition, progesterone is crucial in the maintenance of pregnancy and its loss can increase the risk of miscarriage and PTB. Assessment of hormone levels in human hair samples provides a non-invasive and stable measurement of chronic hormonal activity. Our primary objective was to determine the association between preconception maternal hair progesterone and cortisol levels and APOs.

Methods: Preconception hair hormone levels, mood, and pregnancy outcomes were evaluated in participants who were part of a larger prospective cohort study. Maternal hair was cut three times during pregnancy: 16-18 weeks, 28-30 weeks, and 38-42 weeks. As the proximal 1cm of hair from the scalp represents approximately one preceding month of hair growth, hair segments longer than 3 cm at 16-18 weeks were considered representative of the preconception period. Hair hormone levels were analyzed using mass spectrometry. Participant's data were collected via chart review and interview by the study team.   Our primary outcome was the relationship between preconception hormone levels and PTB, defined as delivery prior to 37 weeks. Secondary outcomes included placental abruption, pre-eclampsia/PIH, LBW, oligohydramnios, PPROM, and maternal mood questionnaires including the State-Trait Anxiety Inventory (STAI), Center for Epidemiologic studies-depression scale (CESD), and perceived stress scale (PSS). Data were analyzed using Spearman correlations with a p value < 0.05 considered significant.

Results: Of 163 participants, 110 and 34 participants had preconception progesterone and cortisol hair levels available for analysis, respectively. Significant correlations were noted between cortisol levels and PTB (r = 0.20, p = 0.036) and between progesterone and scores on the STAI and CESD (r = 0.34, p = 0.034 and r = 0.33, p = 0.042). Additional correlations assessed that were not significant (all p>0.05) included: positive correlations between cortisol and pre-eclampsia and cortisol and higher scores on CESD at all gestational ages, and a negative correlation between progesterone and oligohydramnios.

Conclusions: Higher preconception cortisol is correlated with higher rates of PTB and higher preconception progesterone is correlated with depression and anxiety. These data improve our understanding of the complex relationships between preconception stress, mood, and pregnancy outcomes.

11:00-11:30AM
Guest Speaker
Nuriya Robinson, MD

11:30-12:00pm

<u>LUNCH & AWARDS CEREMONY</u>

Faculty, Residents & Fellows Medical Student Teaching Awards

AAGL Excellence in Minimally Invasive Gynecology Resident Award

Resident Award for Excellence in Female Pelvic Medicine & Reconstructive Surgery

The Ryan Program Resident Award for Excellence in Family Planning

Society of Gynecologic Oncology Resident Award

Society for Maternal Fetal Medicine Resident Award for Excellence in Obstetrics

Society of Reproductive Endocrinology and Infertility Resident Award for Excellence in REI

National Society of OB-GYN Hospitalists Outstanding Resident of the Year Award

Diversity, Equity & Inclusion Awards

Society for Academic Specialist in General OB-GYN Faculty Award

Association of Professors of Gynecology & Obstetrics Excellence in Teaching Award

Ronald S. and Jane Holtz Gibbs Award for Most Outstanding Research Presentation

Resident Publications 2023-2024

Akapo AO, Schultz C, Coelho D, Muffly TM. American Indian and Alaskan Native Access to Obstetrics and Gynecology Subspecialists: Findings From a National Mystery Caller Study in the United States. Cureus. 2023 Dec 31;15(12):e51403. doi: 10.7759/cureus.51403. PMID: 38292990;

Drake E, Larrea N, Wolverton E, Tibbits B, Lazorwitz A, Schultz C. Feasibility and Utility of Posttraumatic Stress Disorder Screening Among Postpartum Patients at an Urban Safety-Net Institution. Obstet Gynecol. 2023 Dec 1;142(6):1455-1458. doi: 10.1097/AOG.0000000000005422. Epub 2023 Oct 26. PMID: 37884025.

Floyd J, **Porragas-Paseiro H**, Nguyen C, Moroney MR, Mastroyannis S, Guntupalli SR. Validation of the Safety and Efficacy of Apixaban as Postoperative Thromboembolism Prophylaxis for Patients with Gynecologic Malignancies. Ann Surg Oncol. 2024 May 23. doi: 10.1245/s10434-024-15369-8. Epub ahead of print. PMID: 38780692.

Novatt H, Rockhill K, Baker K, Stickrath E, Alston M, Fabbri S. Clinic Versus the Operating Room: Determining the Optimal Setting for Dilation and Curettage for Management of First-Trimester Pregnancy Failure. Cureus. 2024 Mar 19;16(3):e56490. doi: 10.7759/cureus.56490. PMID: 38638705

Porragas-Paseiro HS, Johnson S, Brubaker L, Sanders BE. *Pneumocystis jirovecii* pneumonia complicating methotrexate treatment in a patient with low-risk post-molar gestational trophoblastic neoplasia: A case report and review of the literature. Gynecol Oncol Rep. 2023 Oct 9;50:101286. doi: 10.1016/j.gore.2023.101286. PMID: 37860081

Raikhel AV, Carlbom DJ, Ferraro S, **Schulte V**, Johnson NJ, Town JA. Checklists and consistency of care after resuscitation from in-hospital cardiac arrest: A pilot study. J Hosp Med. 2023 Aug;18(8):677-684. doi: 10.1002/jhm.13149. Epub 2023 Jun 12. PMID: 37306095.

Santoro N, **Hendricks N,** Gibbs L, Kuhn K, Bradford AP, Mitchell-Leef D. Acceptability and Feasibility of Initiating a Low Fat Eating Plan in Reproductive Aged Women with Obesity. Reprod Sci. 2024 Apr 15. doi: 10.1007/s43032-024-01542-7. Epub ahead of print. PMID: 38622475.