



The Obstetrical Society of Philadelphia

To foster collegiality, share expertise, and improve the health of women by promoting equity, compassionate and evidence-based care, education, advocacy, and scholarly endeavors in women's health.

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Newsletter

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President's Message



"What's Next?"

NORMAN A. BREST, MD
PRESIDENT: OBSTETRICAL SOCIETY OF PHILADELPHIA

What's next? A phrase frequently uttered by the famous (but fictional) President of the United States, Josiah Bartlett. (Check out Wikipedia.) As I write my first article as this year's president of the Obstetrical Society, that's what comes into my mind. I think of two "what's nexts". First, what's next for organizations like us who are struggling for membership. It appears to be less about paying the dues and more about finding the time to participate in one more meeting, even if online, while trying to get through another never-ending day. We, the leadership of the society, are committed to trying to make membership worth your time. To have meetings and programs that both educate and entertain or, if we're really good, make you think about stuff. We are about to undertake a journey of reflection and reevaluation of who we are as a society and what we need to do in order to stay relevant. We must be relevant to survive.

The second "what's next" is both more complicated and more troubling. As a provider (and I'm not saying doctor on purpose as I hope others read this), every week I wonder what are "they" going to do to me next. Will it be another assigned CBT? A confusing and user-unfriendly update to our EMR (or am I supposed to call it EHR – who can remember)? A new hospital protocol or rule that no one asks my opinion about but will affect how I do my job? Another screening I am expected to do in the already crowded annual

gyn exam? Another medicine or test I prescribe for a patient that isn't covered or requires the always fun precertification process? And so on and so on. My father, also a physician and my greatest mentor, once said to me that practicing medicine is the greatest profession there is, but the stuff that surrounds it is what makes life so difficult. Truer words were never spoken. For our meetings this year, I have chosen to avoid the standard lectures and try something new. In an effort to help navigate the nebulous "what's next" for our profession, we are going to talk about the "stuff" that surrounds us and challenges us. I hope I have found speakers that will talk to you, instead of at you, and that you will find worthy of your time. Give us a chance. Turn the page to read about our first speaker in this year's lecture series. 📖



Upcoming Lecture



DR. ZUBIN DAMANIA – ZDoggMD
HOST OF ZDoggMD SHOW

Thursday, October 14, 2021
7:00 PM

"Healthcare, Remixed"

See page 2 for details.

Zubin Damania is an American physician, assistant professor, comedian, internet personality, and musician. He also has been writing and performing comedic raps as ZDoggMD, an internet celebrity known for his music videos, parodies, and comedy sketches about medical issues, as well as systemic issues with healthcare.

(Courtesy Wikipedia)

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October Meeting



DR. ZUBIN DAMANIA – ZDoggMD

HOST OF ZDOGGMD SHOW • HOSPITALIST, UNIVERSITY MEDICAL CENTER, LAS VEGAS NV •
CLINICAL ASSISTANT PROFESSOR OF MEDICINE, UNLV SCHOOL OF MEDICINE • FOUNDER, ZDOGGMD INDUSTRIES •
FOUNDER AND FORMER CEO, TURNTABLE HEALTH

Topic: Healthcare, Remixed
Date: Thursday, October 14, 2021
Time: 7:00 PM

ZDoggMD is the pseudonym of Dr. Zubin Damania, a UCSF/Stanford trained internist. His observations about the dysfunctional state of our healthcare system are shared by many. But Dr. Damania has channeled his frustrations into creating a grassroots movement, with followers he calls his “ZPAC Supporter Tribe”. His talents are many. He brings the physician perspective to the things that surround us and make us feel so powerless. He brings voice to our thoughts and grumbles. His energies range from broadcasting his own opinions, to interviewing other healthcare providers, to creating song parodies and satires of the topics and obstacles healthcare providers deal with every day (google “Doc Vader”). His videos include titles such as, *These Hospital COVID Restrictions Are Dumb* and *Here’s Why Video Conferencing Sucks*. His irreverent and tell-it-like-he-sees-it style is what makes his a welcome voice.

Still not convinced to join us for his presentation? Then check out these videos:
It’s Not Burnout, It’s Moral Injury - <https://zdoggm.com/moral-injury/>
Your Song! Doc Vader Nurses Week Tribute - <https://zdoggm.com/your-song/>

This is guaranteed to be unique and engaging meeting like never before!

Join us for this Zoom Meeting:

<https://us02web.zoom.us/j/89147108203?pwd=MzEzbGVPeDUwbzZHd2U3SVpaWm1Ndz09>

Find your local number: <https://us02web.zoom.us/j/89147108203?pwd=MzEzbGVPeDUwbzZHd2U3SVpaWm1Ndz09>

Meeting ID: 891 4710 8203

Passcode: 994937

An email invitation will also be sent to each member and Emeritus, and through a link on the website at www.obphila.org



Welcome Virtua Health's OBGYN Residency Program



A positive light at the end of a dark tunnel....

In September of 2020, Virtua Health was granted approval for a new OBGYN residency program with six residents per year! Virtua Health is the largest health care system in southern New Jersey and consists of five hospitals, three of which provide obstetrical care. Virtua performs over 8,000 deliveries and over 500 major gynecological surgeries a year.

We received over four hundred applications, interviewed one hundred applicants, and successfully matched six PGY-1 residents. To further support our intern class, we also recruited three PGY-2 residents who had completed a preliminary year in OBGYN.

We have a diverse program with residents encompassing a wide range of life experiences with an equal number of DO and MD residents. Our faculty have welcomed these young physicians with open arms, and they have been excited to participate in their education. Our inaugural residents started on July 1st and have excelled in their first 3 months in our health care system. Already, they have shown leadership capabilities in suggesting and implementing changes to our program. We are excited to participate in the future educational and networking opportunities offered by the Obstetrical Society of Philadelphia. We look forward to seeing you all in the near future.



THE FACULTY OF VIRTUA HEALTH OBGYN RESIDENCY PROGRAM

KELLI DANIELS, MD – PROGRAM DIRECTOR
MICHELLE SALVATORE, MD – ASSOCIATE PROGRAM DIRECTOR
THERESA ADELIYI, MD – ASSOCIATE PROGRAM DIRECTOR
MINDA GREEN, MD – ASSOCIATE PROGRAM DIRECTOR
AMY ZEHNDER, MD – ASSOCIATE PROGRAM DIRECTOR



PGY1 CLASS

LEFT TO RIGHT: SARAH FRANK, DO; NISSA BREKKE, MD; VINITA GOTTIPATI, MD; ELEANOR WILLIAMS, DO; DANIEL PINTO, DO; ERINN ALLRED, MD



PGY2 CLASS:

LEFT TO RIGHT: YEVGENIY LUTS, DO; MADANIKA SUBHASH, MD; ILIA PEREGUDOV, MD



Twin Gestation

PAUL ZAMOSTIEN, M.D.
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA

Zamo's Pearls of the Day are released daily via email. If you or your residents or colleagues would like to be added to the email list, please contact Paul Zamostien, MD at pzamo@comcast.net.

#1

- All women with multifetal gestations, regardless of age, are candidates for routine screening for fetal chromosomal abnormalities. No method of fetal chromosomal abnormality screening that includes a serum sample is as accurate in twin gestations as it is in singleton pregnancies.
- Routine prophylactic interventions including cerclage, hospitalization, bedrest, tocolytics, and pessary have not been proved to decrease neonatal morbidity or mortality.
- With uncomplicated dichorionic twin pregnancies, weekly antenatal fetal surveillance may be considered at 36 0/7 weeks of gestation.
- Women with one previous low transverse cesarean delivery, who are otherwise appropriate candidates for twin vaginal delivery, may be considered candidates for trial of labor after cesarean delivery.

* *ACOG Practice Bulletin* # 231, June 2021.

#2

- In a retrospective cohort study of women with viable vertex-vertex twin pregnancies who delivered the presenting twin vaginally, multiparity and gestational age less than 34 weeks were associated with intrapartum change of the second twin's presentation.

* D. Panelli, MD et al, *Obstetrics & Gynecology*, November 2017, pp. 1104-1111..

#3

- In a recent cohort study, twin pregnancy, IVF, and advanced maternal age were independently associated with adverse obstetric outcomes - cesarean delivery, low birth weight, preterm birth, gestational diabetes, gestational hypertension, preeclampsia and eclampsia, dystocia, and postpartum hemorrhage.

* Y. Wang, PhD et al, *JAMA Network Open*, online September 10, 2021.

#4

- Findings of a recent cohort study - Monochorionic-diamniotic pregnancies are not at an increased risk of cesarean delivery when compared with their dichorionic-diamniotic counterparts. The implication is that mode of delivery in a twin gestation without any contraindications to vaginal birth should not be affected by chorionicity. {Monoamniotic twin gestations should be delivered by cesarean birth to avoid an umbilical cord complication.}

* H. Lesser, MD et al, *Obstetrics & Gynecology*, September 2021, pp. 348-352.

#5

- Counsel your patients with a twin gestation that even if everything is going well with no complications, the delivery room will be very crowded. Besides the patient and her support person, there will be you and likely another obstetric provider, one or two obstetrical nurses, possibly two pediatricians and two nursery nurses, one or two anesthesia personnel, as well as two baby beds, a fetal monitor, an ultrasound machine, a table set up for delivery and another for a possible cesarean, and twin deliveries always seem to bring in an extra observer or two. Letting your patient know this in advance may help to alleviate some of her anxiety upon seeing this often noisy crowd in the severe setting of an operating room.

* H. Lesser, MD et al, *Obstetrics & Gynecology*, September 2021, pp. 348-352.



Ten Reasons to Be Nice to the Program Director

DOMINIC MARCHIANÒ, MD
PENNSYLVANIA HOSPITAL

For a Program Director, application season is the most wonderful time of the year.

On the day ERAS opens, each application seems like a small Christmas gift waiting to be unwrapped. The knowledge that the huge pile of applications contains a cohort of interns that will gel with each other, fit with your program, and learn how to be chief residents in your hospital is exciting. The whole recruitment process makes me feel secure that America's women will have wonderful OBGYNs as their doctors for decades to come.

1. **More applicants.** OBGYN has become VERY popular. In the last 10 years, the number of applicants increased 25%. Last year, there were 2030 applicants for 1460 PGY-1 spots.
2. **More residency slots.** In 2017 there were 1278 categorical OBGYN PGY-1 positions in the United States. In 2021, that number had only increased to 1460. The increase in seats has not kept pace with the increasing number of applicants to our field.
3. **Decreasing match rates.** Unlike in the past, OBGYN completely fills through the match. There are basically no unfilled categorical spots for the unfortunate unmatched applicant. Each year, I see familiar faces from last year's recruitment cycle back in my inbox. The match rate for US allopathic seniors applying with OBGYN as their "only choice" is approximately 86-88%. So, of course, each individual applicant will do her best to improve these odds.
4. **More applications per applicant.** In 2012, applicants to OBGYN residency programs submitted an average of 31 applications each. In 2017, that number had increased to 47 and in 2021 to 61 applications. Only Dermatology, Neurosurgery, Otolaryngology, Plastic Surgery, and Urology submit more applications per applicant. For the applicant, this makes total sense...the more applications means more opportunities for interviews, and more interviews means improved odds for a successful match.
5. **Interview hoarding.** With virtual interviewing, the usual disincentives to interview hoarding no longer exist. Airfare, meals and lodging, attire, and time spent traveling are less of an obstacle with virtual interviews. So, if an applicant gets lots of invitations, she can keep more of them than she did in the past. Once an applicant attends 16-17 interviews, the risk of non-matching approaches an asymptote ... attending more interviews doesn't provide much incremental improvement, but it does prevent another applicant from getting an invitation. Of course the fear that the applicants with the very best grades and scores will hoard

most of the interviews makes all the applicants apply to more and more and more programs. Lather-rinse-repeat.

6. **Overwhelming inbox.** When I first reviewed ERAS applications in the September 2009, I had 500 applications in my inbox. This year, I have 1100 applications. As the applications have increased in number, my ability to differentiate one applicant from another has diminished.
7. **No comparative statements.** Many schools have stopped ranking students or using the code words that describe the applicant (Very Good, Exceptional, Superior, and Miraculous).
8. **No grades.** Especially during COVID, rotation grades disappeared. Everybody got Satisfactory Completion. Dean's Letters include descriptive comments, but most of these are pretty similar between applicants.
9. **Similar personal statements.** Many medical students are counseled that a Personal Statement should be neither personal nor a statement. Rather than explaining what attributes the applicant feels would predict success in residency and beyond, personal statements often summarize the curriculum vitae, or focus on how strongly the applicant loves OBGYN, or how a family experience steered them toward their career choice, or how the other rotations just didn't quite excite them like OBGYN. In either case, very few personal statements provide much insight into exactly who is this applicant.
10. **COVID ruined everything.** This past year, there were no outside rotators doing audition electives, no meet-and-greets the night before interviews, no opportunities to watch applicants interact with each other in between faculty interviews. The lack of personal contact with the programs has reduced each applicant to a collection of computer documents and a Zoom interview.

This year, in the interest of fairness and consistency, Program Directors agreed on a set of common dates for recruitment season. We started reviewing applications on September 29, and issued invitations on October 19. That's three weeks to pare hundreds of applications down to dozens of invitations. It's glorious fun, but can be overwhelming for all the reasons described above.

So when you meet your new intern class and think how wonderful they all are, please remember what your beloved Program Director had to navigate to get to Match Day. 🙏



December Meeting

Date: 12/9/21

Time: 7:00

Platform: Zoom



LORENZO GONZÁLEZ, MD, MPL
EXECUTIVE VICE PRESIDENT
COMMITTEE OF INTERNS & RESIDENTS (CIR)



The Committee of Interns and Residents (CIR) is the largest housestaff union in the United States. We are a local of Service Employees International Union (SEIU), representing over 17,000 resident physicians and fellows who are dedicated to improving residency training and education, advancing patient care, and expanding healthcare access for our communities.

“CIR gives us the leverage to challenge how medicine, health, and wellness are engendered within our current society, and by advocating for the Housestaff of our nation, we move one step closer to improving the lives of the neglected and disenfranchised communities we took an oath to serve. I am committed to using my skills as a union leader to build on the victories in the labor movement to make our world a better place for all.”

Obstetrical Society of Philadelphia

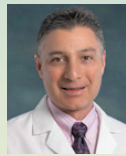
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