THE TWENTY-SECOND ANNUAL RESIDENT RESEARCH DAY

Morehouse School of Medicine
Department of Obstetrics & Gynecology

Friday, June 2, 2023
9:00 AM - 12:30 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,

Roland Matthews, MD

History of the Department & Nelson McGhee, Jr., MD, PhD

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

Twenty Second Annual Resident Research Day

Morehouse School of Medicine Main Campus
National Center for Primary Care
Friday, June 2, 2023
9:00 AM - 12:30 PM

Twenty Second Resident Graduation & Awards - Invitation Only

National Center for Civil and Human Rights
Friday, June 2, 2023
5:30 - 9:00 PM

Resident Research Day Program

Friday, June 2, 2023

Opening Remarks - Roland Matthews, MD

9:00 - 9:15 AM

Nelson McGhee, Jr., MD, PhD Lecture

9:15 AM - 10:00 AM

Addressing the U.S. Maternal and Infant Health Crisis

Zsakeba Henderson, MD, FACOG

Founder & CEO, Equity Safety and Wellbeing Consultants, LLC
Senior Health Advisor, National Institute for Children's Health Quality (NICHQ)

Third Year Presentations

Moderator: Kiwita Phillips, MD, Residency Program Director

10:10 AM	Lauren Gibbs, MD
10:30 AM	Joan Han, MD
10:50 AM	Sasha Ray, MD
11:10 AM	Banafsheh Bonnie Shoai, MD

Resident Research Day Program

Friday, June 2, 2023

Second Year Presentations

Moderator: Kiwita Phillips, MD, Residency Program Director

11:30 AM	Thomas Chavez, MD
11:45 AM	Erica Green, MD
12:00 PM	Victoria Johnson, MD
12:15 PM	Oluwadamilola Thomas, MD

Presentation of 2023 Resident Awards - Raimot Olanrewaju, MD

12:15 - 12:30 PM

Most Compassionate Third Year Resident

The Society for Maternal Fetal Medicine Resident
Award for Excellence in Obstetrics

The American Urogynecologic Society 2023 Award for Excellence in FPMRS

2023 AAGL Special Resident in Minimally Invasive Gynecology Award

The Department of Obstetrics and Gynecology Best
Second Year Teaching Resident Award

The Ryan Program Award for Excellence in Family Planning

Nelson McGhee, Jr., MD, PhD Lecturer

Zsakeba Henderson, MD, FACOG

Founder & CEO, Equity Safety and Wellbeing Consultants, LLC
Senior Health Advisor, National Institute for Children's Health Quality (NICHQ)

Dr. Henderson is currently Senior Health Advisor for the National Institute for Children's Health Quality (NICHQ) to advance the work of the organization to achieve optimal health for children and families. She most recently served as the Senior Vice President of MCH Impact and Interim Chief Medical Officer at March of Dimes, providing strategic direction and clinical expertise across the organization to help end the maternal and infant health crisis, including the direction of March of Dimes Mission programs and services, professional and patient education, and government affairs and advocacy. She is a board-certified obstetrician-gynecologist, and previously developed and led the program in support of state-based perinatal quality collaboratives at the Centers for Disease Control and Prevention Division of Reproductive Health, including leading the establishment of the National Network of Perinatal Quality Collaboratives (NNPQC).

Nelson McGhee, Jr., MD, PhD Lecturer

She is currently the Co-Chair for the NNPQC Health Equity Community of Practice, and a board member for Dr. Shalon's Maternal Action Project, a nonprofit organization working to increase awareness of the Black maternal health crisis, and to develop and promote community-based, action-driven strategies to improve reproductive health outcomes.

Dr. Henderson received her BS degree in Biochemistry from Oakwood University in Huntsville, Alabama, and her medical degree from Harvard Medical School in Boston, Massachusetts. She also completed her internship and residency at Harvard, at the Brigham and Women's Hospital/Massachusetts General Hospital Integrated Residency Program in Obstetrics and Gynecology. Dr. Henderson subsequently entered the Epidemic Intelligence Service at the Centers for Disease Control and Prevention, in the Division of STD Prevention, and has served as adjunct faculty for the Morehouse School of Medicine OBGYN Department. She is a nationally recognized leader in the growth and spread of perinatal quality improvement efforts across the country, and her work and experience include program development, surveillance and research in the areas of maternal mortality, prevention of preterm birth, and the development of robust partnerships and networks to improve population-level maternal and infant health outcomes.

Fourth Year Graduate

Cyra Cottrell, MD

Undergraduate
Coastal Carolina University

Medical School
University of Florida
College of Medicine

Future Plans
Mayo Clinic REI Fellowship
Minnesota

Comparing Gynecological Cancers and Potential Need for Fertility Preservation in a Tertiary Inner-City Safety-Net Hospital to National Averages

Cyra Cottrell, MD, Regina Lee MD, Giuseppe Del Priore MD Roland Matthews MD, Georges Bouobda Tsemo MS3, Anquilla Deleveaux MD

Abstract

It has been studied and accepted that fertility sparing interventions in reproductive aged women diagnosed with gynecological cancers is a critical aspect of medical treatment. However, access to these technologies may not be available in all health care settings. The population at Grady Hospital is unique, as it is predominately African American, which may expose further deficits in access to inclusive and advanced interventions. We compared the age and stage of women with gynecological cancers to national averages, and therefore expose if our patient population would benefit from having access to more effective reproductive preserving treatments.

Data comparisons show that rates of cervical cancer were higher than the population, with comparable rates for ovarian and uterine cancers. In addition, a substantial number of women with cervical cancer are under 35, suggesting need for fertility intervention in this group. The majority of women (66.3%) had early stage cancers, suggesting better success rates and therefore potential to reproduce after the disease has been cured.

Fourth Year Graduate

Anquilla Deleveaux, MD

Undergraduate
University of Georgia

Medical School
Morehouse School of Medicine

Future Plans
Eagles Landing OBGYN
McDonough, GA

Assessing the Validity of Postpartum Hemorrhage Risk Assessment Tool at an Urban Safety Net Hospital

Anquilla V Deleveaux, MD, Raimot Olanrewaju MD, Lauren Gibbs MD, Oluwadamilola Thomas MD, Ashley Molleti MS4

Abstract

Postpartum hemorrhage (PPH) is the single most important preventable cause of maternal mortality worldwide and is also a leading cause of admission of pregnant women in the intensive care unit1. Maternal hemorrhage is defined as a cumulative blood loss of greater than or equal to 1,000 mL or blood loss accompanied by signs and symptoms of hypovolemia within 24 hours after birth. PPH can be anticipated in those with known risk factors which include prolonged use of oxytocin, high parity, chorioamnionitis, general anesthesia, multiple gestation, polyhydramnios, macrosomia, magnesium use, and body mass index (BMI). These risk factors have been used to establish risk assessment tools to better predict which patients are low, medium or high risk for postpartum hemorrhage. The risk assessment tools (see below for example) have been shown to identify 60-85% of patients who will experience postpartum hemorrhage. However, many women without these risk factors may still experience postpartum hemorrhage.

Fourth Year Graduate

Aaron Doctor, MD

Undergraduate
University of South Carolina at Aiken

Medical School
Morehouse School of Medicine

Future Plans
Southside Medical Center
Atlanta, GA

Comparing Gynecological Cancers and Potential Need for Fertility Preservation in a Tertiary Inner-City Safety-Net Hospital to National Averages

Indrajit Chowdhury, PhD, Aaron Doctor, MD, Adel Driss, PhD, Robert N. Taylor, MD, PhD, Ceana Nezhat, MD, Neil Sidell, PhD, Winston E. Thompson, PhD

Abstract

Endometriosis is a common gynecological inflammatory disorder, which is characterized by immune system dysregulation with initiation and progression. It affects 5% to 15% of reproductive-age women and is present in as many as 30% to 50% of patients with infertility and/or pain. In previous studies, including ours, have demonstrated that several cytokines have been associated with the evolution of endometriosis, including tumor necrosis factor-a (TNFa). TNFa is a non-glycosylated protein which has potent inflammatory, cytotoxic, and angiogenic potential. We Examined the effects of TNFa over a time course in the regulation of proinflammatory and proangiogenic microRNAs (miRNAs) in primary cultures of normal endometrial stromal cells (NESC) and compared with the untreated cells derived from eutopic endometrium of endometriosis subjects (EESC). miRNAs are short, 18- to 22-nucleotide– size, non-coding RNAs that act as post-transcriptional modulators of gene expression and are involved in the pathogenesis of endometriosis. Our findings suggest that higher inflammatory, and proangiogenic miRNA production in EESC may be due to a higher concentration of TNFa than NESC under basal conditions. Therefore, suppressing TNFa may reduce the inflammatory and angiogenic miRNA associated with endometriosis.

Fourth Year Graduate

Peyton Garrett, MD

Undergraduate
Spelman College

Medical School
Morehouse School of Medicine

Future Plans
Abundant Life Healthcare
Lawrenceville, GA

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

Peyton Garrett, MD, Mechelle D Claridy, PhD, MPH, Gemechu Gerbi, PhD, MSc, Madeline Y Sutton, MD, MPH

Abstract

Data for this cross-sectional study came from the female respondent files of the 2006-2010, 2011-2013, 2013-2015, 2015-2017, and 2017-2019 National Surveys for Family Growth. The mid-years used were 2008, 2012, 2014, 2016, and 2018. Descriptive statistics were used to show the proportions of contraception use overall and of individual methods across each cycle. Bivariate logistic regressions were used to test the independent association in contraception use between 2008 and 2018. Proportions of all contraceptive users by selected characteristics across each cycle were tabulated. Bivariate logistic regressions were used to test the independent association between the two reference years for all population groups. For each individual contraceptive method, multivariable logistic regressions were used to estimate the adjusted odds ratios to assess the association between the contraceptive methods and selected demographic characteristics.

The objective was to examine the trends in contraceptive use among women from 2006 through 2019 and assess if those trends shifted after the Affordable Care Act was implemented in 2010.

Third Year Research Presenter

Lauren Gibbs, MD

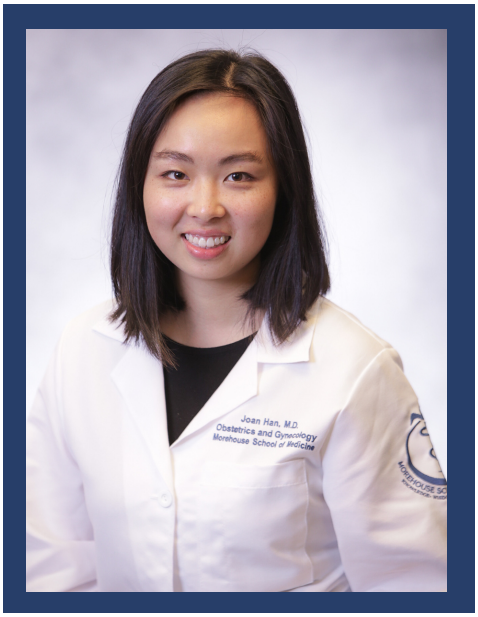
Resident-run Clinics: Preconception Care and Infertility Management for Underserved Populations

Lauren Gibbs, MD, Banafsheh Shoai, MD, Alahni Becks,
Fengxia Yan, MD, Dorothy Mitchell-Leef, MD

Abstract

Despite major advances in assisted reproductive technology services, barriers to care as well as disparities in outcomes remains a significant problem. The cost of treatment, lack of or inadequate coverage, and location of infertility clinics are obvious contributors, however, advanced pathology, medical comorbidities, and lack of preconception care also contribute to delay in fertility particularly in underserved communities. Previous studies have discussed the role of trainee-run clinics in low socioeconomic populations in providing low-cost infertility evaluation and management. This study uses a retrospective cohort chart review conducted at Grady Memorial Hospital- Morehouse Reproductive Endocrinology and Infertility clinic to support the approach of trainee-run clinics to increase fertility care access and preconception care in underserved populations.

Third Year Research Presenter



Joan Han, MD

Gestational Weight Gain in Obese Patients with Diabetes: A Comparison of 2009 IOM vs. 2019 JAMA Recommendations

Joan Han 1, Gail Ohaegbulam 2, Fengxia Yan 1, Michael K. Lindsay 3, Franklyn H Geary Jr1, Sallie Owens 3, Sheree L. Boulet 3, Regina Leonis MD1
1. Morehouse School of Medicine, Atlanta, GA; 2. University of Mississippi School of Medicine, Jackson, MS; 3. Emory University School of Medicine, Atlanta, GA

Abstract

Excessive gestational weight gain (GWG) is associated with higher risk of large-for-gestational-age (LGA) fetus, macrosomia, C-section. Less than recommended GWG is associated with small-for-gestational-age (SGA), preterm birth. Diabetes in pregnancy is asociated with increased weight gain and higher risk of fetal macrosomia. Current guidelines in practice were established by the US Institute of Medicine (IOM) in 2009 recommending GWG of 11-20 lb for all obese patients, defined as body mass index (BMI)> 30. In 2019, a JAMA metanalysis by the LifeCycle Project-Maternal Obesity and Childhood Outcomes Study Group proposed recommending less weight gain in obesity (0 -13 lb), especially class II and above. This did not account for pre-existing maternal comorbidities. We aim to ascertain if, in obese patients who also have diabetes, GWG within the updated JAMA guidelines is associated with less adverse outcomes compared to GWG within current IOM guidelines.

Third Year Research Presenter

Sasha Ray, MD

The Utility of QR Codes in Obtaining Patient Evaluations of Resident Performance

Sasha Ray MD, Raimot Olanrewaju MD

Abstract

Medical Residents are asked to complete a variety of milestones prior to the end of training. Multiple competencies are established to ensure trainees graduate with the ability to safely take care of patients. Outside of technical skills, trainees are also required to exhibit behaviors of professionalism, adequate communication skills, interpersonal skills which are often best evaluated by patients themselves. Obtaining this information, although crucial to the growth of trainees as competent and compassionate physicians, remains challenging. Our survey investigated whether the issuance of resident specific surveys embedded in QR codes given at point of care were successful in increasing the amount of feedback available for resident evaluation and performance.

Third Year Research Presenter

Banafsheh Shoai, MD

Using a Smartphone-Based Application for Monitoring of Patient Outcomes to Avoid Preventable Delays in Healthcare During the Postpartum Period

Shoai B, Katebi N, Panchal R, Platner M, Carroll K, Bremer W, Nguyen T, Phan D, Francis S, Clifford, GD, Boulet SL, Franklin CG

Abstract

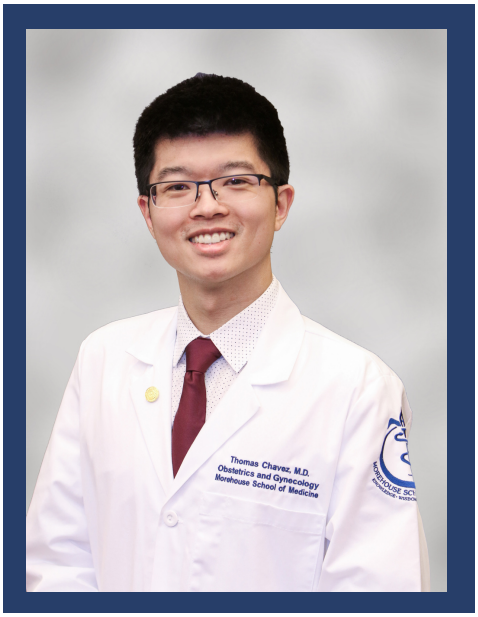
Hypertensive disorders of pregnancy (HDP) are leading causes of maternal morbidity and mortality. HDP disproportionately affect African American (AA) women and are associated with a 5-10x increased risk of maternal death. Prior studies have investigated using home blood pressure monitoring (HBPM) to avoid preventable delays in healthcare. However, there are many factors that affect use of HBPM including cost of equipment, age, parity, race, and insurance status.

42 AA women were recruited from OB/GYN services at Grady Hospital in Atlanta. Patients were incentivized to measure their blood pressure postpartum and to use a Smartphone application, Moyo Mom, to report values. Data was uploaded to a secure database for review by providers. High reported values and severe symptoms triggered alerts to the study team and prompted pop-up messages for users.

Of the 42 patients, 5 (12%) were diagnosed previously with chronic hypertension. 21 were diagnosed with an HDP intrapartum or postpartum (PP). Comorbid conditions included obesity, asthma, mental health, and substance use disorders. 95% of the participants were Medicaid insured. One patient was readmitted postpartum (2%) and two (4.7%) had an ED visit. Only 23 of the 42 (54.7%) women attended their PP clinic appointment. The number of blood pressures documented per patient ranged from 0 to 20+. 14 symptoms of severe hypertension were reported.

Our data demonstrate significant variability in compliance between participants with requested HBPM frequency. Analysis is being conducted to detect and address correlations between HBPM compliance and certain demographics and comorbid conditions as well as expanding our data set to include patients from practices outside Grady. Data is also being collected and analyzed on provider experiences using HBPM and their willingness to incorporate HBPM into future clinical practice.

Second Year Research Presenter



Thomas Chavez, MD

Predicting Endometrial Disease: Analyzing Risk Factors for Abnormal Endometrial Biopsy

Chavez TF, Yan FX, Birdsong G, Wright D, Martin N, Janjua N, Babatola O, Singh M, Terrell R, Ude N, Williams A, Leonis RK, Matthews RP, Del Priore G

Abstract

Endometrial cancer (EC) is the most common gynecologic malignancy in the United States, with a lifetime risk of 3%. In recent years, endometrial cancer rates are increasing while survivability is decreasing. Several groups have investigated different diagnostic modalities that could potentially be used to screen patients for this formerly simple to cure disease. However, low rates of specificity using univariate testing and lack of consensus criteria on who should be screened poses a barrier to implementation of a standardized screening protocol. Development of a risk assessment tool to determine a woman's immediate risk of having underlying endometrial pathology can inform the clinician and guide their decision on whether an asymptomatic patient should undergo further testing to rule out disease.

Second Year Research Presenter

Erica Green, MD

Evaluation of Endometrial Pathology Following Hysteroscopic Polypectomy

Erica Green, MD, Regina Leonis, MD, Raimot Olanrewaju, MD

Abstract

Previous research reported endometrial polyps are common, affecting up to 12% of postmenopausal women and majority of the polyps are benign, with prevalence of malignancy at 3-6%. Because of this low rate, routine polypectomy on asymptomatic women are not recommended. However, there is very little available level 1 evidence on management of endometrial polyps, specifically, in minority women who face increasingly higher incidence of endometrial cancers. At Grady, a safety net hospital in the metro Atlanta community, the majority of the population of female patients who have risk factors of endometrial cancer, such as obesity, race, and comorbidities are prominent. We anticipate we can learn valuable information regarding whether high-risk populations benefit from more aggressive interventions such as hysteroscopic polypectomy by learning what are the pattern of pathology detected after removal of symptomatic and asymptomatic polyps. We plan to identify clinical and demographic factors that are important in the decision-making process for polypectomy in this population. For our study, the data will be precured from patients who underwent endometrial hysteroscopic polypectomy at Grady Memorial Hospital from January 1, 2012 through December 31, 2022. We hypothesize that there is an increased incidence of malignancy of endometrial polyps in postmenopausal patients at Grady who present with abnormal bleeding compared to premenopausal patients and/or those who have incidental findings of endometrial polyp. Secondly, we hypothesize that there is an overall increased incidence of malignancy in our patient population compared to the current incidence in the literature.

Second Year Research Presenter

Victoria Johnson, MD

Adverse Childhood Experiences and Primary Ovarian Insufficiency: a Cross-Sectional Study

Victoria Johnson, MD, Lauren Gibbs, MD,
Dorothy Mitchell-Leef, MD, Raimot Olanrewaju, MD

Abstract

Primary Ovarian Insufficiency (POI) is the decline in ovarian function and subsequent reduction in fertility in women younger than 40 years of age. POI has been linked to genetic, chromosomal, and autoimmune etiologies and leads to lifelong health problems and psychological stress. In the United States, POI is higher in African American and Hispanic women than in Caucasian women. One potential contributor to this disparity is the history of Adverse Childhood Experiences. Adverse Childhood Experiences (ACEs) are traumatic events that occur in individuals 0 – 17 years old (for example being a victim to violence, substance misuse in the household, or witnessing intimate partner violence). There is a known link between ACEs and chronic health problems, mental illness, and substance abuse. Although everyone is at risk for ACEs, studies show the inequalities in these experiences secondary to the social and economic environments in which certain families live. We plan to determine the proportion of patients with POI that also have ACEs and identify potential associations between ACEs and POI in reproductive-aged women in Metropolitan Atlanta. We hypothesize that most of our patient population with POI have 1 or more ACEs and that ACEs increase the risk for POI.

Second Year Research Presenter

Oluwadamilola Thomas, MD

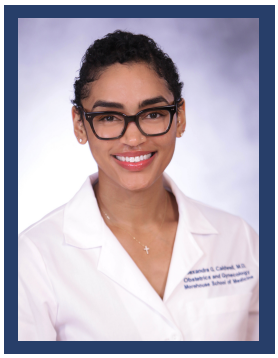
Determining the Predictive Value of a Postpartum Hemorrhage Risk Assessment Tool at an Urban Safety Net Hospital

Oluwadamilola Thomas, MD, Raimot Olanrewaju, MD, Anquilla Deleveaux, MD

Abstract

Postpartum hemorrhage (PPH) is the one of the most common causes of maternal morbidity and mortality worldwide and studies show that black women are at higher risk of severe morbidity and mortality associated with PPH. The definition of postpartum hemorrhage (PPH) was traditionally defined as a blood loss more than 500 ml after vaginal delivery or > 1000 ml after a caesarean delivery. However, the American College of Obstetricians and Gynecologists (ACOG) now define postpartum hemorrhage as blood loss greater than or equal to 1000 mL or blood loss with signs or symptoms of hypovolemia within 24h of delivery whether cesarean section or vaginal birth (Andrikopoulou, 2019). Early diagnosis is essential to the effective management of obstetric hemorrhage for all patients (Maher, 2022). The current known risk factors for PPH include prolonged use of oxytocin, high parity, chorioamnionitis, general anesthesia, multiple gestation, coagulopathy, family history of PPH, polyhydramnios, macrosomia, magnesium use, and body mass index (AWHONN, 2017). Numerous postpartum hemorrhage risk assessment tools have developed over the years that focus on these specific risks factors to help stratify patients based on a low, medium, or high risk for a PPH, so management can be prepared accordingly. The Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN) developed an assessment tool to accurately predict morbidity associated with obstetric hemorrhage by also stratifying patient's risk level based on variety of risk factors. For this study, a retrospective chart review will be employed to analyze pregnant participants who delivered at Grady Memorial Hospital from January 1, 2021 to December 31, 2021. Participants who had a postpartum hemorrhage (QBL>1000mL) and participants who also did not have a postpartum hemorrhage will be included in this study. This study will allow us to assess the positive predictive value of a risk assessment tool from a large metropolitan hospital. We hypothesize that this specific postpartum hemorrhage risk assessment tool will have a high positive predictive value for our patient sample. This will allow for its continued employment in various hospital settings to allow for early detection and effective management of postpartum hemorrhage.

First Year Case Reports



Cornual Ectopic Pregnancy: A Case Presentation

Alexandra Caldwell, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine

Poorly Differentiated Neuroendocrine Carcinoma of the Cervix in a Patient with Postmenopausal Bleeding

Katie Peagler, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine

Periviable Preterm Prelabor Rupture of Membranes

Tambari Piawah, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine

Hyperemesis Gravidarum

Deidre Wright, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine

Morehouse School of Medicine
Department of Obstetrics & Gynecology

Graduating Class of 2023

Cyra Cottrell, MD
Anquilla Deleveaux, MD
Aaron Doctor, MD
Peyton Garrett, MD

Resident Alumni

Class of 2022
Danielle Oliver Morton, MD
Michelle Uzor, MD
Amber Watters, MD
Lynette Wynn, MD

Class of 2021
Ginger Baker, MD
Jessica Cooper, MD
Zuri Hemphill-Bryant, MD, MS
Whitney Lankford, MD
Gail Ohaegbulam, MD

Class of 2020
Georgina Amaral, MD, MS
De'Smond Henry, MD
Susan Lee, MD, BSN
Alyssa Newton, MD

Class of 2019
Gloria Hughes, MD
Heather Skanes, MD
Emily Wang, MD
Ashley Wiltshire, MD

Class of 2018
Diane Goh, MD
Jolomi Iyoha, MD
Crystal Reese, MD
Ciara Talbot, MD

Class of 2017
Robinette King, MD
Charisma Manley, MD
Valencia Miller, MD
Maesha Twyner, MD

Class of 2016
Christina Cox, MD
Regina Lee, MD
Emerald Screws, MD

Class of 2015
Candace Gates, MD
Raimot Olanrewaju, MD
Michelle White, MD

Class of 2014
Anika Cherry, MD
Robert Holness, MD
Crystal Welch, MD

Class of 2013
LeThenia "Joy" Baker, MD
Pallavi Shikaripur Nadig, MD
Curtrina Strozier, MD

Class of 2012
Laquita Martinez, MD
Miriam Slatter, MD
Jocelyn Slaughter, MD

Class of 2011
Earl Brewster, MD
Keisha Callins, MD
Xuan Cao, MD

Class of 2010
Kiwita Phillips, MD
Shalandra Ross, MD

Class of 2009
Lisa Golik, MD
Jamil Minnis, MD
Fyama Wenner, MD

Class of 2008
Jamil Harp, MD
Trudy Seivwright, MD
Yung Mei Fung, MD

Class of 2007
Aiyanna Burton, MD
Kawami Clay, MD
Stacy Reynolds, MD

Class of 2006
Tanya Meziere, MD
Beenal Naik, MD
Lorenza Simmons, MD

Class of 2005
Kevin Edmonds, MD
Tuwanna Morris, MD
Tomekia Strickland, MD

Class of 2004
Precious Braswell, MD
Beverly Pottinger, MD
Mia Sanders, MD

Class of 2003
Tracy Bland, MD
Michelle Martin, MD
Renee Thomas, MD

Class of 2002
Ngozi Anachebe, MD
Njideka Anyadike, MD
Emmanuel Soyoola, MD

Class of 2001
Sonya Poitier, MD
Angela Chan Riser, MD
Lisa Saul, MD

Acknowledgments

The Department of Obstetrics & Gynecology at Morehouse School of Medicine appreciates your support of our 22nd 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

Frederick Bright, MD
Kimberly Carroll, MD
Emma Cermak, MD
Terri Chambers, CNM
Indrajit Chowdhury, PhD
Saladin Cooper, MD
Carla Crawford, MD
Yvonka Crenshaw, MD
Donald Culley, MD
Lynne Cunningham, MD
Giuseppe Del Priore, MD
Cheryl Franklin, MD
Franklyn Geary, MD
Tracey Greene-Johnson, MD
Christina Hamilton, MD
De'smond Henry, MD
Yvonne Hewitt, CNM
Gloria Hughes, MD
Regina Leonis, MD
Roland Matthews, MD
Joline Milord, CNM
Dorothy Mitchell-Leef, MD
Raimot Olanrewaju, MD
Kiwita Phillips, MD
Veena Rao, PhD
E. Shyam Reddy, PhD
Shalandra Ross, MD
Hedwige Saint Louis, MD
Barbara Simmons, MD
Madeline Sutton, MD
Vonda Ware, MD
Dale Wilmot, MD
Diana Wilson, MD
Lawrence Wilson, MD
Shenelle Wilson, MD

Community Physicians

Mercy Amua-Quarshie, MD
Catherine M Bonk, MD, MPH
Genesis Bowen, MD
Precious Braswell, MD
Pamela Jo Brown, MD
Stephanie Carmichael, MD
Robert Pierre Dourron, MD
Erin Duncan, MD
Kay Suzanne Entrekin, MD
Leda Gattoc, MD
Jennifer Goedken, MD
Finda Guyton, MD
Sheena Harmon, MD
Phillip Earl Hadley, MD
Dianne Haynes, MD
Layla S Jaffree, MD
Kathleen Johnson, MD
Kathryn Johnson, MD
Jesse Jones, MD
Tiffany Karsten, MD
Tracy Lemon, MD
Michael Lindsay, MD
Lisa Dawn Mandeville-Brown, MD
Joye Lowman, MD
Velvet L. McDonald, MD
Obiamaka Mora, MD
Alfredo Nieves, MD
Kristin Danielle Oates, MD
Latham Overstreet, MD
Amanda Pham, MD
Shirley Rigaud-Echols, MD
Amy Marie Rodatus, MD
Albert Scott Jr., MD
Donna Sinclair, MD
Cyril Spann, Jr, MD
Narreinar Williams, 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, Simone Pitts, Susan Stegall, and Keisha Johnson.

Kelli Hooper, Residency Program Manager, and Alisa Ware, Residency Program Assistant for a successful 2023 Resident Research Day.