Communicating effectively is the key to learning, teaching, and leaving a legacy.

Our past society presidents and leaders have left us a proud legacy. We need to carefully pass the baton and challenge, encourage, and share expertise amongst our colleagues. While our teaching tools have evolved over our 148-year journey, the core principles of education remains unchanged. The education mission will be invigorated at our January meeting when Dr. Jeffrey Levy presents on innovative new teaching tools.

Dr. Levy is a local Philadelphia physician, educator, and entrepreneur. As the founder and CEO of CaseNetwork, a medical education company, he is retooling resident and physician education locally and globally. Dr. Levy has been in the forefront of innovations in medical education for over 20 years. His accomplishments include developing over 600 interactive case presentations, the first five CD-ROMs/DVDs in the field of Obstetrics and Gynecology, sophisticated 3-D medical/surgical animations, the first iPhone simulated patient encounter, one of the world’s first virtual reality surgical simulators and a variety of other online physician and patient educational tools. Through his award-winning programs, Dr. Levy has educated over 400,000 physicians, leaving an incredible legacy! Dr. Levy has presented over 100 national and international lectures, has authored numerous abstracts and scientific papers, and has developed several patents and inventions. He received his medical degree from the University of Missouri-Columbia Medical School and completed his residency in Obstetrics and Gynecology at Michael Reese Hospital and Medical Center in Chicago, Illinois. Dr. Levy has also served as the Medical Director of Education and Technology Initiatives for the University of Pennsylvania Health System where his responsibilities included development of computerized physician and patient education systems. His other academic roles have included Associate Chairman of the Department of Obstetrics and Gynecology, and Director of Resident Education, and Medical Student Education at Albert Einstein Medical Center in Philadelphia.

Be sure to join us on January 12, 2017 and share in the legacy!

The magic of the upcoming holiday season is perpetual and its greatest moments are in sharing time with our family and friends! Happy Holidays.
Embrace Our Legacy

Saturday 20 - [December 1893]

To-day has been so full of good things that I must jot a few of them down - The first was the German Clinic - Dr Wolfe's lecture on the morphine habit was worthy of a clinic all to its self. Then he took up a case of obstruction making a diagnosis of the need of surgical measures. Dr Deaver at once took the case up and proceeded to operate. It was very interesting and instructing. Also the prognosis is yet doubtful. The woman was past middle age making matters worse.

They had quite an array of MD's in the room - I will name as many as I know just for fun. Dr Deaver first of course - just because he was the surgeon. Dr Whiting, assistant, Dr Page, anesthiser, Dr Hand & Dr Patek, the other interns who looked on, Dr Frese, Chief Resident of the German. Dr. Wolfe, medical clinician and his dear little protégé, our artistic friend, a past resident Dr Pittfield, Dr Marie Bauer, another very nice looking Dr whom I did not know and Dr Ross who needs no introduction to you.

-- Mary Theodora McGavran, medical student at Women's Medical College of Pennsylvania, 1893-1896

COMMENTARY FROM TODAY'S PERSPECTIVE...

In pursuit of some discussion about resident education from the archives of the Obstetrical Society, I was frustrated by the paucity of any mention of resident physicians. Here and there one is referenced during a case report, but never is the manner of their training discussed. So, I sought to find out why, and without launching into the entire history of medical education, I found that before World War I (1914-1918), undergraduate medical education was the focus of physician training. Graduated M.D.’s were considered able to practice general medicine, and many pursued missionary work.

At the end of the 19th century, at the time the Philadelphia Obstetrical Society was forming, there was an informal tradition of appointing elite medical graduates to hospital work as resident physicians. Residents lived and worked in the hospital for 1-2 years, and performed a good amount of nonmedical chores (maintaining laboratories, etc). Mostly, interns or residents rotated among all clinical areas, but some hospitals offered internships that focused on either medicine or surgery. In reading through Mary McGavran's diary, quoted above, it is clear that resident MD’s held positions of esteem, and it was true that many continued to teach in the hospital setting as prominent faculty/attending physicians.

The opening of Johns Hopkins Hospital in 1889 brought about the modern American residency, designed for academic study rather than “scutwork”, weighing scholarship and inquiry as heavily as clinical experience. This method of post-graduate training, still reserved for the brightest graduates, then began to spread to other prominent medical universities.

Mary McGavran was a medical student at Women's Medical College in this pre-WWI time frame, and her
These plaster casts of pregnant women, found in the Pennsylvania Hospital Library Collection, were the “simulation” of the 18th and 19th century. More notably, the work of the archives group of the 150th anniversary committee have recently discovered that works like this that were owned by the Philadelphia Obstetrical Society were the foundation for the Mutter Museum collection.

- Dr. Beausang

Simulation of the 18th & 19th Centuries

Reminiscence

May Ange Ntoso, M.D.

I did my residency in New York and moved to Philadelphia in 1983. I was introduced to the Ob Society in 1984 when I worked at MCP with Ann Honebrink, Lee Huppert and Jan Schneider. Drs James Batt, Deurward Hughes and Dorothy Barbo at MCP were my most influential mentors. All of the above physicians (except Dr Hughes) are former Ob Society presidents. I am proud to have matured under the tutelage of these superb physicians.
Foster Collegiality

November Meeting

The Society would like to thank Dr. Samantha Pfeifer for sharing her time and expertise. The November meeting was very well attended. Members and Emeritus may view the lecture on our website www.obphila.org. We will hope to see you next year to visit with your colleagues and friends.

Dr. Pfeifer signs the Book

Dr. Ron Feinberg and Dr. Ben Gacial

Dr. Monica Mainigi and Dr. Lauren Milman

Dr. Maureen Kelly and Dr. Susan Weil

Dr. Ann Honebrink quieting down a future Ob Society member that got a little bored with the lecture.

Dr. Marjorie Angert and Dr. Susan Kaufinan

Dr. John Orris and Dr. Albert El-Roey
Dr. Scott Edwards, Dr. Oumar Kuzbari and Dr. Peter VanDeerlin

Drexel residents Dr. Kelli Braightmeyer, Dr. Jenna Seufert, Dr. Sumra Tayebaly and Dr. Shontreal Cooper

Dr. Mark Woodland, Dr. Ben Gocial, Dr. Helen Widzer and new Ob Chair at Pennsylvania Hospital, Dr. Steven Ralston

Dr. Dipak Delvadia, President, and Past President, Dr. Marjorie Angert looking at the reproductions of teaching plates from the Ob Society Archives.

Taylor Egolf, Merck rep Roseann Stammen, Kim Ciccotta

Dr. Scott Edwards, Dr. Oumar Kazbari and Dr. Peter VanDeerlin

PARES President, Dr. John Orris, featured guest speaker Dr. Samantha Pfiefer, and President Dr. Dipak Delvadia

Dr. Marjorie Angert, Dr. Mark Woodland, and Dr. Susan Kaufman
ACGME Announces Planned Changes in Common Program Requirements

The Phase 1 Task Force has completed its work on Common Program Requirements Section VI, and the proposed requirements, along with an impact statement, are now available for Review and Comment on the ACGME Website through December 19, 2016. Based on this input, the Task Force will submit the final proposed requirements to the ACGME Board of Directors for approval, with implementation targeted for the 2017-2018 academic year.

The Common Program Requirements define the framework for resident/fellow professional education and development with a focus on the delivery of high quality, safe, and effective patient care in a clinical learning environment characterized by a spirit of inquiry, respect, and professionalism. Of note, one of the most debated changes put forth from the ACMGE were the 2003 Duty Hour Regulations. Here is some information from Dr. Nasca’s recent letter to the GME community at large.

The terms “clinical experience and education,” “clinical and educational work,” and “work hours” have replaced the terms “duty hours,” “duty periods,” and “duty” in the proposed revisions to emphasize that residents’ responsibility to the safe care of their patients supersedes any duty to the clock or schedule. The revised requirements do preserve core elements from the 2003 and 2011 ACGME Requirements, including a weekly limit of 80 hours, averaged over a four-week period, a 24-hour limit on continuous assigned clinical and educational work, the requirement that residents receive one day in seven free of all duties, and that in-house call be scheduled no more frequently than every third night.

Across a range of studies, an 80-hour limit on weekly duty hours has been shown to balance the multiple competing considerations in the learning environment. These include the primacy of safety and quality of patient care, resident learning, resident safety, well-being, and a balance of professional and personal pursuits. There has also been a dramatic culture change within the profession. In the 1980s, 1990s, and early 2000s, many members of the profession opposed limits on resident hours. In 2016, everyone who provided testimony to the Task Force or submitted written position papers supported the weekly 80-hour limit, with only two specialties requesting an option for rotation-specific waivers to allow a 10% increase issued by the Review Committee. Similarly, there was uniform support for one day in seven free of duty when averaged over a four-week period, and for in-house call no more frequent than every third night. This suggested to the Task Force that a consensus exists within the organizations of the profession that these requirements should be sustained, and that in circumstances where programs violate these requirements, action by the applicable Review Committee should be significant.

After careful consideration of the published literature, the testimony and position of all parties submitting information, and presentations to the Task Force, the Task Force removed the existing requirement limiting PGY-1 residents to 16 hours of consecutive time on-task. It is important to note that the absence of a common 16-hour limit does not imply that programs may no longer configure their clinical schedules in 16-hour increments if that is the preferred option for a given setting or clinical context. No action is required by programs that choose to continue this configuration. Furthermore, the language permits individual specialty Review Committees to modify the Common Program Requirements to make them more restrictive. As in the past, it is expected that emergency medicine, anesthesiology, and internal medicine will make individual requirements more restrictive.

The proposed requirements include a limit on consecutive time on-task of 24 hours, plus four hours to manage transitions in care (this is unchanged from the 2011 iteration). Residents, in unusual circumstances and of their own accord, after signing out the care of their patients, may remain to care for a single patient, and the prior onerous documentation burden for this activity was removed. This promotes professionalism, empathy, and commitment. In unusual circumstances, and by their own choosing, residents may remain after signing out the care of their patients for an educational or research purpose. This time must count in calculation of compliance with the 80-hour weekly limit.

There is more to come on these recommendations and if anyone wants to review the changes proposed they may by going to ACGME.org.
OB Simulation: Einstein’s resident driven project

Simulation training is useful to train for obstetric emergencies as it helps to identify and correct common clinical errors as well as to practice and plan for high risk scenarios. It allows for team members to practice effective communication in a crisis, but also provides a safe place for practitioners to make mistakes. Most importantly, residents who have been trained using simulation have improved overall performance.

Einstein Medical Center’s OB/GYN resident simulation team has designed, implemented, and led simulation drills. Topics that have been covered include shoulder dystocia and postpartum hemorrhage.

First, a PowerPoint presentation is given by the resident simulation team that reviews the specific simulation topic. This is presented to a large multidisciplinary group that is comprised of medical students, resident physicians, attending physicians, nursing staff, pediatrics, and anesthesia. Smaller groups are then formed to work together on simulation drills. An obstetric case is presented and the action group performs the simulation using pelvic models from our simulation center while an observer group completes a checklist of both technical and communication skills that should be accomplished. The observer group then provides feedback to the action group, after which roles are reversed. A debriefing form is completed by all participants, followed by a large multidisciplinary discussion.

The simulations have been overwhelmingly successful and have led to departmental policy changes. Some of the feedback from the simulations include:

• Helpful in clarifying individual roles in an emergency.

• Need for improved communication between pediatrics and obstetrics in shoulder dystocias.

• Mock drills that are unplanned are requested.

The success of our resident led simulation exercises has encouraged Einstein’s OB/GYN department to perform multiple exercises, as well as to provide pre- and post-activity surveys in order to better validate knowledge.

Sara Mirghani, MD, Aishat Olatunde, MD, Chani Yondorf, MD
Einstein Medical Center
Retroactive Denials Limited in PA

In early November Pennsylvania Governor Tom Wolf signed Act 146 of 2016, a new law which will ban the retroactive denial of reimbursement by insurer companies to health care providers under certain circumstances.

The legislation was originally introduced as House Bill 2241 by Representative Karen Boback, a five-term Republican from Northeastern Pennsylvania. The bill was unanimously passed by both the PA House and Senate. **The law requires that an insurer cannot retroactively deny reimbursement as the result of an overpayment determination more than 24 months after the date the insurer initially paid the health care provider.**

Retroactive denials have been a significant pain point for many physician practices, they can occur years after a physician has provided a service and the claim was paid. It’s not a new problem, the Pennsylvania Medical Society (PAMED) had been working to address this situation for several years.

Under Act 146 there are four exceptions that authorize an insurer to retroactively deny beyond the 24-month period:

- The information submitted to the insurer constitutes fraud, waste or abuse.
- The claim submitted to the insurer was a duplicate claim.
- Denial was required by a Federal or State government plan.
- Services subject to coordination of benefits with another insurer, the medical assistance

In the new legislative session beginning in January, a number of important priorities will be addressed and efforts are well underway to introduce or re-introduce bills dealing with: credentialing and additional insurance reforms and many scope of practice issues. Stay in touch with ongoing developments through the PAMED Advocacy Blog at [https://www.pamedsoc.org/advocate/topics/weekly-capitol-update-blog](https://www.pamedsoc.org/advocate/topics/weekly-capitol-update-blog)

David A. McKeighan
Executive Director
Chester & Delaware County Medical Societies

If you have anything to add to our newsletter, please contact Teri Wiseley at obphila@yahoo.com. Your input to the newsletter is greatly appreciated.

Cell: 484-343-8199
Email: obphila@yahoo.com
Address: Theresa B. Wiseley, CMM
Executive Secretary
Obstetrical Society of Philadelphia
308 Rolling Creek Rd,
Swarthmore, PA 19081
Bryn Mawr Hospital News...

Catherine Bernardini, D.O., Chief, Obstetrics and Gynecology, was awarded the Howard A. Rowland, M.D. Leadership Award

Great news for the Reading Hospital Ob/Gyn department.

Reading Hospital received an Opioid Use Disorder Center of Excellence Grant worth $500,000 to emphasize Maternal Child Health.

Reading Hospital is the first hospital in Pennsylvania to offer Babyscripts. Babyscripts is a unique prenatal care app to help decrease the number of prenatal visits. Go to Getbabyscripts.com for more information about this innovative program.

Finally, a new state of the art Healthplex with new Operating Rooms and the largest green roofed building in Pennsylvania opened at Reading Hospital.

Pennsylvania Hospital organized the First Bishop Symposium honoring Dr. Edward Harry Bishop for his monumental work in induction of labor and for developing his famous “pelvic score” while he was an attending obstetrician at Pennsylvania Hospital during the 1950s and 60s. A graduate of Penn Medical School in 1937 and training in Obstetrics and Gynecology at Methodist Hospital, Dr. Bishop maintained a private practice at Pennsylvania Hospital, as well as teaching and research positions at Penn, where he advanced to the position of Professor in Obstetrics. Dr. Bishop authored 50 original research papers in different areas including intrauterine transfusion, Doppler ultrasonic fetal monitoring, management of premature labor, acceleration of fetal lung maturity with steroids, but his lasting achievement is his work in induction of labor and his pelvic score. This paper published in the Green Journal in 1964 and without a single reference, is one of the most quoted papers in the obstetrics literature with over 1200 citations; and the Bishop score continuous until today to be used worldwide as one of the best ways to describe cervical status prior to induction of labor.

The one day symposium counted with close to 100 participants and the speakers were recognized leaders in cervical function in pregnancy and prematurity prevention including: Drs. Sonia Hassan from Wayne State, Dr. Vincenzo Berghella from Jefferson, Drs. Michal Elovitz from Penn, Dr. Jay Iams from Ohio State and Dr. John Owen from Alabama. The meeting was characterized by a lively discussion of the latest advances in prematurity prevention and the advances in understanding cervical function since Bishop’s monumental work over fifty years ago.

We hope that this event will continue to be an anual event at Pennsylvania Hospital and will become a Philadelphia tradition celebrating the legacy of Dr. Bishop and to discuss the latest advances in cervical function and prematurity prevention.

Jack Ludmir, MD
Former Chair
Obstetrics and Gynecology
Pennsylvania Hospital
Professor
Obstetrics and Gynecology
Perelman School of Medicine at University of Pennsylvania

Pelvic Scoring for Elective Induction

Edward H. Bishop, MD, FACP

In 1964, Bishop, a student intern at the Pennsylvania Hospital, was working with a group of researchers who were studying the induction of labor. They were looking for a way to predict when labor would begin in a pregnant woman. Bishop developed a system of scoring the cervix that he called the Bishop Score. The score is based on the size of the cervix, the degree of cervical dilation, the presence of cervical effacement, and the position of the presenting part. The score ranges from 0 to 10, with higher scores indicating a more advanced state of cervical ripening. The score has been used extensively in the field of obstetrics and has been shown to be a reliable predictor of when labor will begin.
The Philadelphia Obstetrical Society is happy to share a legislative “win” at the Pennsylvania Medical Society. Recently, a resolution was presented by Dr. Aasta Mehta on behalf of ACOG District 3 to protect funding for women’s health services. The resolution, titled “Comprehensive Women’s Reproductive Health Care” sought to get a definitive statement from PA Medical Society to oppose all legislation limiting standard-of-care provision of reproductive services to women in the established clinics in the Commonwealth. Dr. Sherry Blumenthal, in her role as a trustee on the 32 member Board of Trustees of the PA Medical Society, engaged multiple stakeholders in this issue to provide support for this measure which was then passed by the Reference Committee. The resolution then went before the House of Delegates and passed without comment. This will help to ensure that the women of Pennsylvania will get maximal support when legislation arises that would remove funding for women’s health care services.

-Sherry Blumenthal

---

**Honoree**

Dr. Fredericka Heller, MD, FACOG, CCD

Fredericka Heller, MD, is a native of Berks County. She is a member of the medical staff of The Reading Hospital and Medical Center and is a board certified member of the American College of Obstetricians and Gynecologists. She is also on staff at Penn State Health St. Joseph Hospital, Surgical Institute of Reading, and The Reading Hospital Surgicenter at Spring Ridge. Since 2013, for several days each month, she has been an OB Hospitalist at Bayhealth Milford Memorial Hospital in Milford, Delaware.

Dr. Heller is a graduate of Vassar College. She received her medical degree from The University of Pennsylvania Medical School. She completed her specialty training at The Reading Hospital and Medical Center. She was the Chair of the Section of Obstetrics, Department of OB/GYN at The Reading Hospital and Medical Center from 2003 to 2007.

Dr. Heller is on the faculty of The Reading Hospital and Medical Center’s OB-GYN residency training program and is a Clinical Assistant Professor at Drexel University College of Medicine, Department of Obstetrics and Gynecology.

Professional memberships include: American Medical Association, American Medical Women’s Association, American College of Obstetricians and Gynecologists, International Society of Clinical Densitometrists, Pennsylvania Medical Society, Berks County Medical Society (President 2007) and the Obstetrical Society of Philadelphia.

Active in the community, Dr. Heller served as a board member of the Hispanic Center of Reading and also helped initiate the Hispanic Center Scholarship Fund for Latino students. She speaks both Spanish and English. In 2000, she received the “Women of Distinction Award” from the Great Valley Girl Scout Council, and is a frequent speaker at community programs and events.
Improving Health of Women

Submitted by Luisa Galdi, DO and Jasjit Bausang, MD

Female Genital Mutilation (FGM; also referred to as Cutting or Circumcision) is a cultural practice performed on girls, usually under the age of 15. The custom, generally performed under substerile conditions and without pain control, involves removing some or all external genital tissue (clitoris, clitoral hood, labia minora and/or labia majora) with or without sewing the labia or remaining tissue together over the urethra and vaginal introitus. FGM is performed for various reasons, including but not limited to the following: to conform to a social norm so as to not be rejected by the community, to ensure premarital virginity marital fidelity by decreasing a woman's libido, and/or to preserve ideals of femininity and modesty by removing parts thought to be unclean and “male”.

FGM violates the human rights of young girls and women worldwide. UNFDA, UNICEF, FIGO and International Federation of Midwives issued a joint statement on February 6, 2015 calling on all health workers to rally against FGM, marking this day “International Day of Zero Tolerance for Female Genital Mutilation.” ACOG and other national and international organizations subsequently joined the efforts of this global movement. Despite their work, there is still an overwhelming number of women who have undergone, and who will continue to undergo, FGM. UNICEF estimates that “at least 200 million girls and women in 30 countries have been subjected to the practice.” And, despite an overall decline in its prevalence over the last 30 years, with increasing population growth, the number of new cases is expected to rise “significantly” over the next 15 years. While FGM is concentrated primarily in sub-Saharan Africa, the Middle East and some Asian countries, international migration has brought affected women and the ritual to Europe, Australia and even North America.

Philadelphia, a city with a diverse immigrant population, is ranked in the top 10 U.S. metropolitan areas impacted by FGM. According to the 2013 data from the Population Reference Bureau (PRB), an estimated 16,417 girls and women in this area are potentially at risk for FGM. Of particular concern is a practice widely known as “vacation cutting” – when young girls and women are sent back to their family’s origin country to undergo FGM. In other cases, a traditional “cutter” may come to the U.S. to perform the ritual.

There are no known health benefits of FGM. The damage caused to healthy genital tissue by FCM has immediate and long-term genitourinary and psychological health consequences, such as pain, urinary and sexual problems, childbirth complications, depression, post-traumatic stress disorder and low self-esteem. Even more frightening is the reality that affected women and girls often do not seek medical care due to fear or embarrassment, among other sociocultural reasons. Additionally, the prevailing sentiment among medical providers who encounter patients affected by FGM is a lack of preparedness to evaluate and treat these women. In fact, provider education on FGM is the focus of an instructional article (with supplemental video content) published in the November issue of “Green Journal.”
To address the many concerns ignited by FGM, the Drexel Medicine Women’s Care Center has partnered with the Nationalities Service Center (NSC) and the African Family Health Organization (AFAHO) to create The Philadelphia International Women’s Project (PIWP). PIWP is possible through grant funding by the Office of Women’s Health under the U.S. Department of Health and Human Services. The primary goals of this project include breaking down barriers to care, reducing stigma and preventing new cases of FCM through community outreach, education and supportive and healthcare services. Additionally, PIWP’s plan includes an education initiative that will teach effective and culturally sensitive FCM-care-strategies to medical providers.

Patients may be referred to PIWP now. These special women will have access to both primary and preventive care, family planning services, and culturally sensitive treatment for the medical complications arising from FGM. The team of knowledgeable doctors provides evidence-based surgical treatments of unique gynecologic and urologic problems. Consultation for obstetric patients includes managing expectations for pain, deinfibulation, and the ethical problem of requesting re-infibulation.

For patient referrals or more information:
Telephone: (267) 507-6706. This is a dedicated appointment line for PIWP.
Email:
Sandra Wolf, MD
Executive Director at the Drexel Medicine Women’s Care Center
Associate Professor in OBGYN at Drexel University College of Medicine
Sandra.Wolf@drexelmed.edu
Jasjit Beausang, MD
Associate Professor in OBGYN at Drexel University College of Medicine
Jasjit.Beausang@drexelmed.edu


2016 - 2017 Meeting Schedule

February 9, 2017
Michael R. Foley, MD
Professor & Chair - Obstetrics & Gynecology, University of Arizona
ABC's of DIC

March 16, 2017
Adele S. Schneider, MD
Director Clinical Genetics, Einstein Medical Center, Philadelphia
New Horizons for Expanded Carrier Screening

April 13, 2017
Barbara Schindler, MD
Vice Dean Emerita, Educational and Academic Affairs; Professor of Psychiatry and Pediatrics, Drexel University College of Medicine
Opioid Addiction Under Our Noses – National Crisis

May 11, 2017
**President’s Night**
Robert Debbs, DO
Clinical Professor Ob/Gyn, Director, Pennsylvania Hospital Maternal-Fetal Medicine
Dipak Delvadia, DO
Clinical Assistant Professor Ob/Gyn, Associate Residency Director, Drexel University College of Medicine
The Evidence, the Art, and the Obstetrician

Resident Education Day - Friday, May 5, 2017
8:00 a.m. to 3:00 p.m., Thomas Jefferson Hospital

The venue for the evening program is at a NEW location:
Philadelphia County Medical Society Building
2100 Spring Garden Street, Philadelphia, PA

Cocktails – 6:00 p.m.
Dinner and Program - 6:30 p.m.
Free parking in the lot next to the PCMS Building

Please visit the website for registration information.

CALL FOR PAPERS – S. LEON ISRAEL AWARD

The S. Leon Israel Award was established to recognize excellence in research in the discipline of obstetrics and gynecology. The award is open to all current obstetrics and gynecology residents in programs associated with the Obstetrical Society of Philadelphia. Original research manuscripts not published prior to April 1, 2017 will be accepted for review.

The resident must be the first author, but not necessarily the only author of the paper. It is expected that the resident will have primary responsibility for the literature review, implementation of the study and final drafting of the discussion section. Review articles will not be accepted. Papers should be written in a scientific format to include title, authors, institution, abstract, introduction, materials and methods, results, and discussion and should conform to the instructions for the American Journal of Obstetrics and Gynecology.

Two copies should be submitted. One copy should have all institution and author information removed. The award and stipend ($500.00) will be conferred at the Annual Resident Day Bowl and Symposium on Friday, May 5, 2017. The author of the winning paper will be asked to present a brief summary of his/her work at the Resident Day Symposium and at President’s Night, Thursday, May 11, 2017.

Manuscripts must be received no later than April 1, 2017 to allow adequate time for review. Any manuscripts received after April 1, 2017 will be ineligible for consideration.

Manuscripts should be submitted to: Teri Wiseley, CMM, Executive Secretary via email to obphila@yahoo.com
<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Dipak Delvadia, DO</td>
<td>DUCOM - Dept. OB/GYN, 245 North 15th Street, Philadelphia, PA 19102-1192</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Helen M. Widzer, MD</td>
<td>Women's Associates for Healthcare, 633 W Germantown Pike Suite 203, PA 19462</td>
</tr>
<tr>
<td>Past President - 2nd Year</td>
<td>Jason Baxter, MD</td>
<td>Thomas Jefferson University, 833 Chestnut Street, 1st Floor, Philadelphia, PA</td>
</tr>
<tr>
<td>President Elect</td>
<td>A. George Neubert, MD</td>
<td>Geisinger Health System, 100 N. Academy Ave, Danville, PA 17822</td>
</tr>
<tr>
<td>Vice President</td>
<td>Peter F. Schnatz, DO</td>
<td>The Reading Hospital and Medical Center, 6th Ave &amp; Spruce Street, West Reading, PA 19611</td>
</tr>
<tr>
<td>Secretary - 3rd Year</td>
<td>Sherry L. Blumenthal, MD</td>
<td>Einstein Healthcare Network, 633 W. Germantown Pike Suite 203, PA 19462</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Harish Sehdev, MD</td>
<td>Pennsylvania Hospital, 2 Pine east 800 Spruce Street, Philadelphia, PA 19107</td>
</tr>
<tr>
<td>Assistant Secretary</td>
<td>Norman Brest, MD</td>
<td>Lankenau Medical Building, East, 100 East Lancaster Avenue, Suite 561, Wynnewood, PA 19096-3450</td>
</tr>
<tr>
<td>Archives</td>
<td>Mark B. Woodland, MD</td>
<td>The Reading Hospital and Medical Center, Department of OB/GYN, 6th Ave &amp; Spruce Street, West Reading, PA 19611</td>
</tr>
<tr>
<td>Resident Education Liaison</td>
<td>Guy Hewlett, MD</td>
<td>Cooper University Hospital, Dept of Ob/Gyn, One Cooper Plaza, Camden NJ 08103</td>
</tr>
<tr>
<td>Resident Education Committee</td>
<td>Larry Glazerman, MD</td>
<td>Planned Parenthood of Delaware, 625 N. Shipley St, Wilmington DE 19801</td>
</tr>
<tr>
<td>Resident Representative</td>
<td>Sumra Tayebaly, MD</td>
<td>Feinstein, 4th floor, Philadelphia, PA 19102</td>
</tr>
<tr>
<td>Social Media</td>
<td>Aasta D. Mehta, MD</td>
<td>Lehigh Valley Health Network, 1245 Cedar Crest Blvd, Suite 201, Allentown, PA 18103-6267</td>
</tr>
<tr>
<td>Website</td>
<td>Albert El-Roeiy, MD</td>
<td>Crozer-Chester Medical Center, Upland, PA 19013-3995</td>
</tr>
<tr>
<td>Medico/Legal Committee</td>
<td>Jane Porcian, MD</td>
<td>Lankenau Medical Building, West, 100 Lancaster Avenue, Suite #433, Wynnewood, PA 19096</td>
</tr>
<tr>
<td>Foundation</td>
<td>Arnold W. Cohen, MD</td>
<td>Albert Einstein Medical Center, 5500 Old York Road, Philadelphia, PA 19141</td>
</tr>
<tr>
<td>Newsletter Committee</td>
<td>Donald DeBrakelee, DO</td>
<td>Center for Women's Health of Montgomery County, 1000 Walnut Street, Suite 122, Lansdale, PA 19446</td>
</tr>
<tr>
<td>Member at Large - 1st Year</td>
<td>Lisa K. Perriera, M.D</td>
<td>833 Chestnut Street, 1st Floor, Philadelphia, PA 19107</td>
</tr>
<tr>
<td>Newsletter</td>
<td>Luisa Galdi, D.O.</td>
<td>216 N. Broad St. Feinstein 4th floor, Philadelphia, PA 19102</td>
</tr>
</tbody>
</table>

THE OB SOCIETY OF PHILADELPHIA
Council Members: 2016-2017