

Exhibit

A

Re: [EXTERNAL] This is Valerie

Moses Tauteoli <MTauteoli@laborie.com>

Thu 6/29/2023 2:02 PM

To: Valerie Martin <doctor.valerie@hotmail.com>

That's my understanding.

Moses Tauteoli
Territory Account Manager
Laborie Medical Technologies
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www.Laborie.com



On Jun 29, 2023, at 3:00 PM, Valerie Martin <doctor.valerie@hotmail.com> wrote:

Hi,

One more thing, I am able to see variable statistics based on each study on the percentage of incorrect placement of an IUPC. Am I interpreting it correctly to say that incorrect placement increases risk for uterine perforation, but we don't know the percentage or risk of uterine perforation of placement?

Thanks,
Valerie

From: Moses Tauteoli <MTauteoli@laborie.com>
Sent: Thursday, June 29, 2023 1:47 PM
To: Valerie Martin <doctor.valerie@hotmail.com>
Subject: RE: [EXTERNAL] This is Valerie

From: Valerie Martin <doctor.valerie@hotmail.com>
Sent: Thursday, June 29, 2023 2:39 PM
To: Moses Tauteoli <MTauteoli@laborie.com>
Subject: Re: [EXTERNAL] This is Valerie

Hi Moses!!

erating suite and drawing a sample for a complete blood count and a "clot tube to hold." That blood was later used to cross-match blood for transfusion. When the intrauterine pressure catheter was removed from the vagina, 6 in of clotted blood was noted in the catheter tip. This suggested an extramembranous (outside the membranes) catheter placement into the decidua with an increased risk of abruptio placentae from perforation or dissection of the placenta. This abruptio placentae can cause either fetal distress or disseminated intravascular coagulation, or both.

When an intrauterine pressure catheter is placed, it is "assumed" that the catheter is within the amniotic cavity containing the fetus. Little consideration is given to possible placement between the uterine wall and the amniotic-chorionic membranes. When extramembranous catheter placement occurs, uterine perforation, abruptio placentae, placental perforation (contact, collision, and dissection), complicated amnioinfusion, and artifactual uterine contraction waveforms can and do occur. The complications of intrauterine pressure catheter insertion are documented and include placental perforation,¹ fetal vessel laceration, abruptio placentae, uterine rupture, and amnionitis. Some authors have suggested patient selection and proper technique to minimize abruptio placentae when intrauterine pressure catheters are placed. The complications associated with amnioinfusion are amnionitis, hypertonus, uterine rupture, fetal heart rate abnormalities, and others.² Many of these complications may be related to extramembranously placed catheters.

Intrauterine pressure catheters are placed in 10%-20% of US domestic births (400,000-800,000 placements). No article as yet has quantitated the percentage of extramembranous placements or addressed changes in technique to decrease this occurrence and the resulting sequelae illustrated in this case. However, at the Forty-sixth Annual Clinical Meeting of The American College of Obstetricians and Gynecologists,³ a poster session was presented. The results of that poster were that an extramembranous intrauterine pressure catheter placement rate between 14% and 38% was found in a sample population of 73 patients and with the use of 3 different brands of intrauterine pressure catheters. The percentage

of intraamniotic placements was found to increase when amniotic fluid return was looked for on insertion of the catheter. Fortunately, this case had a favorable outcome, despite the extraamniotic placement and abruptio placentae.

We have now altered our technique in placing intrauterine pressure catheters by advancing all catheters in a dry state and looking for amniotic fluid coming out the port or flowing up the transparent catheter as suggested by Trudinger and Pryse-Davies.¹ This visually assures us that the tip is in the amniotic space. Obviously, a backflow of blood is alarming and a lack of fluid return is not reassuring although compatible with amniotic cavity placement. When continued flow of fluid is seen, it can be certain that the catheter is in the amniotic space. We are currently studying catheter placement techniques so that we can quantitate inadvertently positioned catheters to alert other physicians to this problem and decrease the risk of maternal and fetal complications caused by extramembranous catheter placement.

In conclusion, intrauterine pressure catheter placement can result in inaccurate pressure tracings, fetal heart rate abnormalities, uterine perforation, abruptio placentae, disseminated intravascular coagulation, and amnioinfusion complications when the catheter tip is placed outside the amniotic membranes. Intraamniotic sac placement can be achieved more frequently with small changes in placement technique, thus making catheter use safer and more effective in pressure monitoring.

REFERENCES

1. Trudinger BJ, Pryse-Davies J. Fetal hazards of the intrauterine pressure catheter: five case reports. *Br J Obstet Gynaecol* 1978;85:567-72.
2. Wenstrom K, Andrews WW, Maher JE. Amnioinfusion survey: prevalence, protocols, and complications. *Obstet Gynecol* 1995;82:572-6.
3. Lind B. The frequency of extramembranous placement of intrauterine pressure catheters. In: *Proceedings of the Forty-sixth Annual Clinical Meeting of The American College of Obstetricians and Gynecologists; Poster Session: 1998 May 9-13: New Orleans, Louisiana. Washington: The College; 1998.*

withdrawn to the fingertips, keeping it in the vagina, and redirected into a different location. Multiple intrauterine pressure catheter placement attempts with the same catheter were made resulting in one of three end points determined by fluid in the amniolumen: (1) amniotic fluid visualized - confirmation of placement within the amniotic space was assumed when a flashback of amniotic fluid was visualized, (2) blood visualized - gross blood return filling the catheter with onset of abnormal fetal heart rate and intrauterine pressure catheter placement was assumed to be evidence of extraovular placement, (3) no fluid or blood visualized - if no fluid or blood was visualized, tip placement location was evaluated by injecting 5cc of indigo carmine indicator near the time of delivery. After placental delivery, the amniotic fluid, fetus, and chorioamniotic membranes were examined for indigo carmine staining. Examination of the chorionic surface for indigo carmine showed obvious blue staining on its surface if the placement was extraovular. If indigo the carmine was injected into the amniotic space, blue dye was usually on the fetus and was wiped off.

General requirements for the study data collection were: 1) The data was recorded, tabulated, and summarized. Each quantitative category was totaled, averaged, and compared to determine significant differences, and 2) The methods of statistical analysis used were Confidence Limits for a Proportion and the Chi-Square Comparisons of Independent Samples.

RESULTS AND CONCLUSIONS

13.7% of the intrauterine pressure catheters placed were confirmed with indigo carmine or blood to be extraovular placements utilizing the technique of multiple insertions to obtain amniotic fluid. Statistically, in 10% to 18% of patients, the intrauterine pressure catheters were placed outside the amniotic membranes (confidence limit 95%) after multiple placement attempts to obtain a flashback of amniotic fluid. The number of attempts on any one patient to obtain amniotic fluid ranged from one to five. Fluid was obtained upon the first insertion on 45 of the 73 patients (62%). The percentage of confirmed amniotic space placements increased with the number of placement attempts.

- Only 62% of placements were confirmed on the first insertion attempt.
- 77% intra-amniotic placements were realized after the second attempt.
- Three or more attempts yielded an 86% confirmation rate.

Figure 1 illustrates that placement location was unknown (possibly extraovular) in 38% (100-62=38%) of all intrauterine pressure catheters placed upon first insertion. Upon first insertion attempt, the chance of obtaining no fluid flashback was 33% to 44% (confidence limit 95%). It was recognized that even if amniotic fluid was not obtained, this did not absolutely mean the catheter was not in the amniotic space. However, since amniotic fluid flashback only required 1-2cc of fluid, and even in oligohydramnios there should

Exhibit

B

Clinical Note

Note:

Patient requesting cesarean section. Fetal station -1, position still ROP with molding noted. Variable decelerations still present. Patient is still uncomfortable despite additional epidural bolus. I counseled the patient regarding risks related to cesarean section. She is aware that the fetal status overall is reassuring. She is insistent on proceeding with cesarean. I reviewed the Informed Consent with her. Anesthesia, nursing and nursery staff aware. Will start antibiotics.

Electronically Signed by Schwartz, Joel K MD on 02/10/23 at 1003

RPT #: 0210-0447

END OF REPORT

Code Visit

Mine

All

CoSigners

Remove Me



Review

Order

Document

Discharge

Sign

Return

MARTIN, VALERIE 02/09/23 2341:

Clinical Note

Note:

In room at 2331 as patient noted to have recurrent variables. She is feeling contractions with epidural in place. Discussed placement of IUPC and initiation of amnioinfusion including r/b/a and patient consented.

SVE: 7/80/-2

FHT: category 2: baseline 130bpm, mod variability, +accels, recurrent variable decels nader to 110bpm

Plan

- repositioning
- O2 NC
- Amnioinfusion, 500 bolus / 125 maintenance
- pit off
- anticipate NSVd

Val Martin DO PGY2

Att: Dr. Torres

Prior

Next

Note Summary

Code Visit

Mine

All

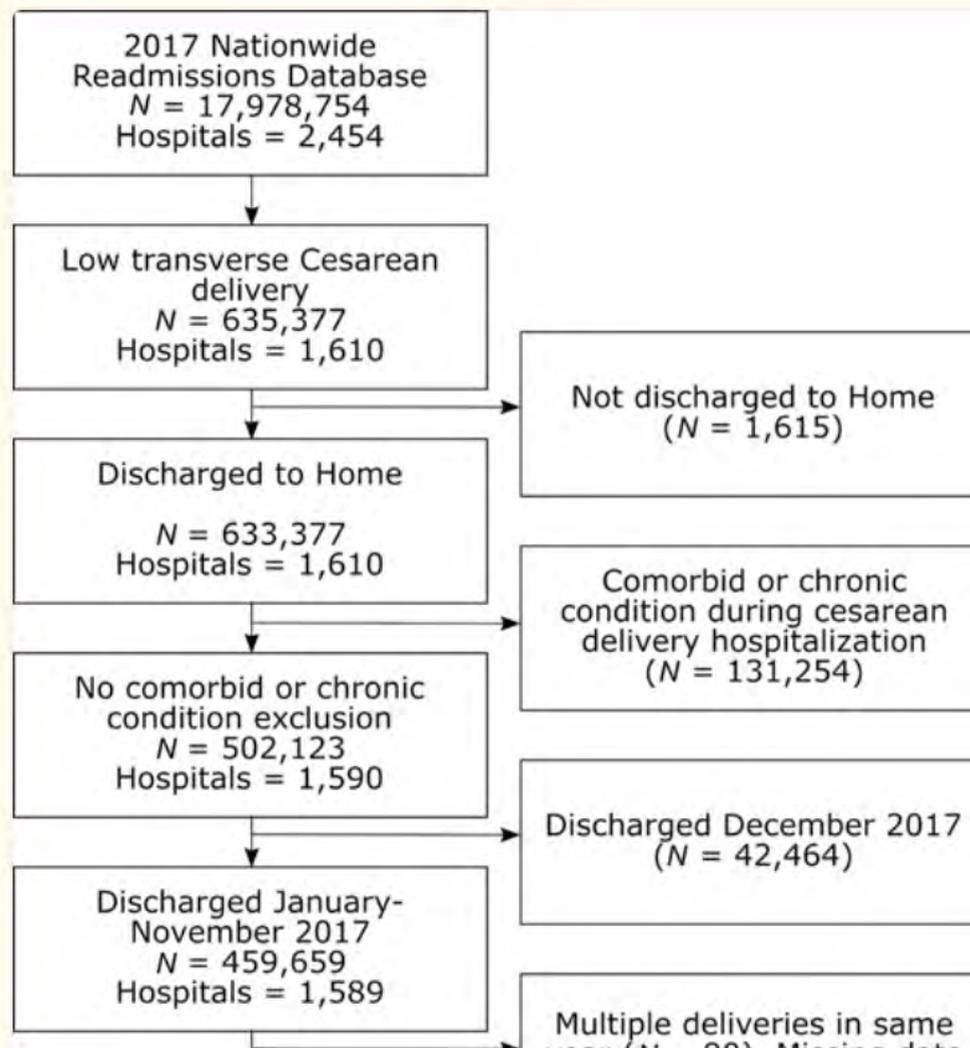
CoSigners

Remove Me

Exhibit

C

A total of 456,312 patients who delivered at 1,535 facilities met inclusion criteria ([Fig. 1](#)). When weighted to produce estimates of the national population, rather than only the sample included in the NRD dataset, this sample equates to 848,556 patients. Of these patients, the median length of stay was 3 days, and the mean length of stay was 2.7 days. Very few (1.8%) patients stayed less than 2 days following cesarean delivery, or more than 4 days (1.2%); most patients stayed 2 days (39.1%), 3 days (46.4%), or 4 days (11.5%). Mean age in the cohort was 29.9 years, the majority (54.0%) was insured by private insurance, and most (52%) had a history of prior cesarean delivery ([Table 1](#)). The overall maternal readmission rate was 1.7%, and total inpatient costs were estimated at \$6,800 per admission.



Exhibit

D

Dr. Martin, Valerie - Surgical Competency: Cesarean Delivery Evaluation

Evaluator: Dr. Ceballos, Sonia

Issue Date: 8/13/2021

Completed: 1/11/2022



Please fill out the candidate's performance in each category, irrespective of training level.

1. Date:* 8/13/2021

2. Role: Surgeon / Assistant / Teaching Assistant* Assistant

3. RRC Procedure Type: Cesarean Delivery
Cesarean Delivery*

Procedure Comment clinic pt scheduled CS

Global Rating Scale of Operative Performance: CESAREAN DELIVERY/PREGNANCY SURGERY

	1	2	3	4	5	N/A
4. Preparedness*	No idea of indications, preop evaluation, or follow-up.		X Knows patient's history, but uncertain regarding appropriate preop/postop evaluation or care.		Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis.	
5. Assessment of Fetal Heart Rate Tracings*	Incorrectly interpreted monitoring strip.		Correct interpretation of major aspects of tracing but missed subtle abnormalities.		Proper interpretation of tracing. Able to predict potential problems .	X
6. Proper Assessment of Labor Curve*	Inappropriate attention to labor curve, no facilitation of active labor.		Acceptable management of labor. Proper identification of labor pattern.		Identified labor abnormalities early. Executed proper interventions to avoid complications.	X
7. Respect for Tissue*	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	X	Careful handling of tissue, but occasionally caused inadvertent damage.		Consistently handled tissue appropriately with minimal damage.	
8. Time & Motion*	Many unnecessary moves.	X	Efficient time/motion, but some unnecessary moves.		Clear economy of movement and maximum efficiency.	
9. Knot Tying*	Clumsy knot, not secure.	X	Most knots secure, some loose.		All knots secure and smoothly placed.	
10. Instrument Handling*	Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments.	X	Competent use of instruments/sutures and used appropriate instruments.		Fluid moves with instrument and no awkwardness.	
11. Knowledge of Instrument/Suture*	Frequently asked for or used wrong instruments/suture.	X	Knew names of and asked for most instruments/sutures.		Obviously familiar with instruments and suture.	

12. Use of Assistants*	Consistently placed assistants poorly or failed to use assistants.	X	Appropriate use of assistants most of the time.		Strategically used assistants to the best advantage at all times.	
13. Anatomy*	Does not recognize major structures.		X Knows major points when pressed but vague when pressed on details.		Clearly familiar with surgical anatomy & identifies structures confidently.	
14. Knowledge of Specific Procedure*	Deficient knowledge. Needed specific instruction at most steps.	X	Knew all important steps of operation.		Demonstrated familiarity with all aspects of operation.	
	1	2	3	4	5	
15. Overall Performance*	Substandard performance.	X	Competent to perform with supervision.		Competent to perform without supervision.	
Comment:	this was the beginning of the year. Your performance was as expected. Of course, as time goes on, expectations will increase. Keep practicing and I look forward to when we will be in the OR together again.					
16. Discussed with Resident:*	Yes					

Dr. Martin, Valerie - Surgical Competency: Cesarean Delivery Evaluation

Evaluator: Dr. Torres, Carla

Issue Date: 8/28/2022

Completed: 8/31/2022



Please fill out the candidate's performance in each category, irrespective of training level.

1. Date:* 8/15/22

2. Role: Surgeon / Assistant / Teaching Assistant* Surgeon

3. RRC Procedure Type: Cesarean Delivery
Cesarean Delivery*

Procedure Comment Dr Martin is an early PGY-2. The procedure was uncomplicated, unscheduled, failed induction of labor

Global Rating Scale of Operative Performance: CESAREAN DELIVERY/PREGNANCY SURGERY

	1	2	3	4	5	N/A
4. Preparedness*	No idea of indications, preop evaluation, or follow-up.		X Knows patient's history, but uncertain regarding appropriate preop/postop evaluation or care.		Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis.	
5. Assessment of Fetal Heart Rate Tracings*	Incorrectly interpreted monitoring strip.		X Correct interpretation of major aspects of tracing but missed subtle abnormalities.		Proper interpretation of tracing. Able to predict potential problems .	
6. Proper Assessment of Labor Curve*	Inappropriate attention to labor curve, no facilitation of active labor.		X Acceptable management of labor. Proper identification of labor pattern.		Identified labor abnormalities early. Executed proper interventions to avoid complications.	
7. Respect for Tissue*	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	X	Careful handling of tissue, but occasionally caused inadvertent damage.		Consistently handled tissue appropriately with minimal damage.	
8. Time & Motion*	X Many unnecessary moves.		Efficient time/motion, but some unnecessary moves.		Clear economy of movement and maximum efficiency.	
9. Knot Tying*	Clumsy knot, not secure.	X	Most knots secure, some loose.		All knots secure and smoothly placed.	
10. Instrument Handling*	Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments.	X	Competent use of instruments/sutures and used appropriate instruments.		Fluid moves with instrument and no awkwardness.	
11. Knowledge of Instrument/Suture*	Frequently asked for or used wrong instruments/suture.		X Knew names of and asked for most instruments/sutures.		Obviously familiar with instruments and suture.	

12. Use of Assistants*	Consistently placed assistants poorly or failed to use assistants.	X	Appropriate use of assistants most of the time.		Strategically used assistants to the best advantage at all times.	
13. Anatomy*	Does not recognize major structures.		X Knows major points when pressed but vague when pressed on details.		Clearly familiar with surgical anatomy & identifies structures confidently.	
14. Knowledge of Specific Procedure*	Deficient knowledge. Needed specific instruction at most steps.		X Knew all important steps of operation.		Demonstrated familiarity with all aspects of operation.	
	1	2	3	4	5	
15. Overall Performance*	Substandard performance.	X	Competent to perform with supervision.		Competent to perform without supervision.	
Comment:	<p>Dr Martin's overall performance is 2-3. She lacks manual dexterity, needle control and situational awareness. Her handling of the issues is rough and she gets excessively heavy handed with tissue handling when the procedure calls for more patience and delicate approach.</p> <p>She overly focuses on the procedure and forgets that there is an awake patient under the drapes. Her surgical banter tends to be inappropriate for non-sedated patients- commenting on anatomy, other patients on service ect....</p> <p>She is NOT a natural surgeon, but is working hard to become proficient. I recognize her focus and desire to improve. She is still uncomfortable in the OR in general. I recommend her logging in more time observing and scrubbing in to any cases she can to improve her skill. She barely meets expectations for a PGY2 with an uncomplicated LTCS. She has not reached the level where she can safely perform the procedure when it is not straightforward</p>					
16. Discussed with Resident:*	Yes					

Dr. Martin, Valerie - Surgical Competency: Cesarean Delivery Evaluation

Evaluator: Dr. Luh, Henry

Issue Date: 10/2/2022

Completed: 10/6/2022



Please fill out the candidate's performance in each category, irrespective of training level.

1. Date:* 10/6/22

2. Role: Surgeon / Assistant / Teaching Assistant* assist

3. RRC Procedure Type: Cesarean Delivery
Cesarean Delivery*

Procedure Comment repeat csec

Global Rating Scale of Operative Performance: CESAREAN DELIVERY/PREGNANCY SURGERY

	1	2	3	4	5	N/A
4. Preparedness*	No idea of indications, preop evaluation, or follow-up.		Knows patient's history, but uncertain regarding appropriate preop/postop evaluation or care.		X Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis.	
5. Assessment of Fetal Heart Rate Tracings*	Incorrectly interpreted monitoring strip.		Correct interpretation of major aspects of tracing but missed subtle abnormalities.		Proper interpretation of tracing. Able to predict potential problems .	X
6. Proper Assessment of Labor Curve*	Inappropriate attention to labor curve, no facilitation of active labor.		Acceptable management of labor. Proper identification of labor pattern.		Identified labor abnormalities early. Executed proper interventions to avoid complications.	X
7. Respect for Tissue*	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.		Careful handling of tissue, but occasionally caused inadvertent damage.	X	Consistently handled tissue appropriately with minimal damage.	
8. Time & Motion*	Many unnecessary moves.		X Efficient time/motion, but some unnecessary moves.		Clear economy of movement and maximum efficiency.	
9. Knot Tying*	Clumsy knot, not secure.		X Most knots secure, some loose.		All knots secure and smoothly placed.	
10. Instrument Handling*	Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments.		X Competent use of instruments/sutures and used appropriate instruments.		Fluid moves with instrument and no awkwardness.	
11. Knowledge of Instrument/Suture*	Frequently asked for or used wrong instruments/suture.		Knew names of and asked for most instruments/sutures.	X	Obviously familiar with instruments and suture.	

12. Use of Assistants*	Consistently placed assistants poorly or failed to use assistants.		Appropriate use of assistants most of the time.		X Strategically used assistants to the best advantage at all times.	
13. Anatomy*	Does not recognize major structures.		Knows major points when pressed but vague when pressed on details.	X	Clearly familiar with surgical anatomy & identifies structures confidently.	
14. Knowledge of Specific Procedure*	Deficient knowledge. Needed specific instruction at most steps.		Knew all important steps of operation.	X	Demonstrated familiarity with all aspects of operation.	
15. Overall Performance*	1	2	3 X	4	5	
Comment:	Dr. Martin should practice more one handed knot tying. Effort is always there, results still a work in progress.					
16. Discussed with Resident:*	Yes					

Dr. Martin, Valerie - Surgical Competency: Vaginal Delivery Evaluation

Evaluator: Dr. Stearns, Todd

Issue Date: 2/28/2023

Completed: 3/1/2023



Please fill out the candidate's performance in each category, irrespective of training level.

1. Date:* 2/26/2023

2. Role: Surgeon / Assistant / Teaching Assistant* delivering physician

3. RRC Procedure Type: Vaginal Delivery
Gynecologic Surgery*

Procedure Comment I observed Dr Martin during a vaginal delivery 2/26/2023, night shift, and she performed well.

Global Rating Scale of Vaginal Deliver: Spontaneous & Operative

	1	2	3	4	5	N/A
4. Doctor, Mother, & Family Interaction*	Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.		Appropriate, but could improve interaction with patient to be more supportive and encouraging.	X	Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.	
5. Preparedness*	No idea of patient history, evaluation, or follow-up.		Knows patient's history, but uncertain regarding appropriate intrapartum care.	X	Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis.	
6. Assessment of Fetal Heart Rate Tracings*	Incorrectly interpreted monitoring strip.		Correct interpretation of major aspects of tracing but missed subtle abnormalities.	X	Proper interpretation of tracing. Able to predict potential problems .	
7. Use of Staff/Senior Resident*	Did not consult with senior resident(s) or attending(s).		Consulted others in a timely manner.	X	Entire team informed early in course of labor.	
8. Proper Assessment of Labor Curve*	Inappropriate attention to labor curve, no facilitation of active labor.		Acceptable management of labor. Proper identification of labor pattern.	X	Identified labor abnormalities early. Executed proper interventions to avoid complications.	
9. Spontaneous or Operative Vaginal Delivery*	Did not control descent of the baby. Did not attempt to protect the perineum or urethra.		Some awkward motions during delivery. Used appropriate maneuvers for the delivery.	X	Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.	

<p>10. Operative Vaginal Delivery*</p>	<p>Unable to apply instruments without assistance.</p>		<p>Able to apply instruments with some hesitation, unsure of force and/or
direction necessary of traction.</p>	<p>X</p>	<p>Smooth & efficient application of instruments correctly. Proper force &
direction of traction.</p>	
<p>11. Episiotomy or Laceration Repair*</p>	<p>Required specific instructions during most steps of repair. Unable to clearly
identify approximate specific layers.</p>		<p>Able to identify extent of laceration, used appropriate technique. Required
some instruction to complete the repair.</p>	<p>X</p>	<p>Clear economy of movement and maximum efficiency.</p>	
<p>12. Instrument Handling*</p>	<p>Many unnecessary moves. Repeated tentative/awkward moves w/
instruments by inappropriate use of instruments.</p>		<p>Competent use of instruments/sutures and used appropriate instrument.</p>	<p>X</p>	<p>Fluid moves with instrument and no awkwardness.</p>	
	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	
<p>13. Overall Performance*</p>	<p>Substandard performance.</p>		<p>Competent to perform with supervision.</p>	<p>X</p>	<p>Competent to perform without supervision.</p>	
<p>Comment:</p>	<p>I believe Dr Martin is improving her bedside manor and her technical skills in vaginal deliveries.</p>					
<p>14. Discussed with Resident:*</p>	<p>Yes</p>					

Dr. Martin, Valerie - Surgical Competency: Gynecologic Surgery Evaluation

Evaluator: Dr. Torres, Carla

Issue Date: 3/1/2023
 Completed: 3/1/2023



Please fill out the candidate's performance in each category, irrespective of training level.

- 1. Date:* 2/8/23
- 2. Role: Surgeon / Assistant / Teaching Assistant* Surgeon
- 3. RRC Procedure Type: Gynecologic Surgery* Abortion

Procedure Comment I precepted Dr. Martin for 3 clinic days @ A-Z this month. She performed approximately 30 D&C/D&E procedures during these days. She was given the opportunity to be the solo surgeon for a 16 wk D&E for PPROM. She was unable to complete the surgery independently under my direct observation, due to inability to dilate the internal os- despite the significant amount of procedures she had just done that month.

Global Rating Scale of Operative Performance: Gynecology

	1	2	3	4	5	N/A
4. Preparedness*	No idea of indications, preop evaluation, of follow-up.	X	Knows patient's history, but uncertain regarding appropriate preop/postop evaluation or care.		Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis.	
5. Respect for Tissue*	X Frequently used unnecessary force on tissue or caused damage by inappropriate instrument use.		Careful handling of tissue, but occasionally caused inadvertent damage.		Consistently handled tissue appropriately with minimal damage.	
6. Time & Motion*	X Many unnecessary moves.		Efficient time/motion but some unnecessary moves.		Clear economy of movement and maximum efficiency.	
7. Knot Tying*	Clumsy knot, not secure.		Most knots secure, some loose.		All knots secure and smoothly placed.	X
8. Instrument Handling*	X Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments.		Competent use of instruments/sutures and used appropriate instruments.		Fluid moves with instrument and no awkwardness.	
9. Knowledge of Instrument/Suture*	Frequently asked for or used wrong instruments/suture.		X Knew names of & asked for most instruments/sutures.		Obviously familiar with instruments and suture.	

10. Use of Assistants*	<p>X</p> <p>Consistently placed assistants poorly or failed to use assistants.</p>		<p>Appropriate use of assistants most of the time.</p>		<p>Strategically used assistants to the best advantage at all times.</p>	
11. Anatomy*	<p>Does not recognize major structures.</p>	<p>X</p>	<p>Knows major points when pressed but vague when pressed on details.</p>		<p>Clearly familiar with surgical anatomy & identifies structures confidently.</p>	
12. Knowledge of Specific Procedure*	<p>Deficient knowledge. Needed specific instruction at most steps.</p>	<p>X</p>	<p>Knew all important steps of operation.</p>		<p>Demonstrated familiarity with all aspects of operation.</p>	
	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	
13. Overall Performance*	<p>X</p> <p>Substandard performance.</p>		<p>Competent to perform with supervision.</p>		<p>Competent to perform without supervision.</p>	
Comment:	<p>She is NOT a natural surgeon. There is a disconnect between her hands and head with regard to proprioception and purpose. She is NOT ready to advance to PGY-3. She also did not know that patient's medical history and had to be told to administer Rhogam for this Rh neg patient.</p>					
14. Discussed with Resident:*	<p>Yes</p>					

OB/GYN Residency Surgical Competency

VAGINAL DELIVERY

Date 12/29/2022

Resident Valerie Martin

PGY: 1 3 3 4 Attending

Dr John Martin

Patient Initials [REDACTED]

Role: Surgeon / Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Vaginal Delivery Forceps Delivery Vacuum-Assisted VD Breech

Procedure comment: _____

GLOBAL RATING SCALE OF VAGINAL DELIVERY: SPONTANEOUS & OPERATIVE

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Doctor-Mother & family interaction	<input type="checkbox"/> Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.	<input type="checkbox"/>	<input type="checkbox"/> Appropriate but could improve interaction with patient to be more supportive and encouraging.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.
Preparedness	<input type="checkbox"/> No idea of patient history, evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate intrapartum care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings:	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed more subtle abnormalities.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Use of staff/senior resident	<input type="checkbox"/> Did not consult with senior residents or attendings.	<input type="checkbox"/>	<input type="checkbox"/> Consulted others in a timely manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Entire team informed early in course of labor.
Proper Assessment of Labor Curve	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Spontaneous or Operative Vaginal Delivery	<input type="checkbox"/> Did not control descent of the baby. Did not attempt to protect the perineum or urethra.	<input type="checkbox"/>	<input type="checkbox"/> Some awkward motions during delivery. Used appropriate maneuvers for the delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.
Operative Vaginal Delivery <input type="checkbox"/> NA	<input type="checkbox"/> Unable to apply instruments without assistance	<input type="checkbox"/>	<input type="checkbox"/> Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Smooth & efficient application of instruments correctly & proper force & direction of traction
Episiotomy or laceration repair <input type="checkbox"/> NA	<input type="checkbox"/> Required specific instructions during most steps of repair. Unable to clearly identify/ approximate specific layers.	<input type="checkbox"/>	<input type="checkbox"/> Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Clear economy of movement and maximum efficiency
Instrument Handling <input type="checkbox"/> NA	<input type="checkbox"/> Many unnecessary moves. Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fluid moves with instrument and no awkwardness
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform with supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent to perform without supervision

Comment: _____

Supervising Physician: _____
Date: _____

Discussed with Resident Yes N
3/13/2023

OB/GYN Residency Surgical Competency

VAGINAL DELIVERY

Date 3/13/2023

Resident Valeria Martin PGY: 2 3 4 Attending Dr. Daniel Richards

Patient Initials [REDACTED] Role: Surgeon / Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Vaginal Delivery Forceps Delivery Vacuum-Assisted VD Breech

Procedure comment: _____

GLOBAL RATING SCALE OF VAGINAL DELIVERY: SPONTANEOUS & OPERATIVE

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Doctor-Mother & family interaction	<input type="checkbox"/> Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.	<input type="checkbox"/>	<input type="checkbox"/> Appropriate but could improve interaction with patient to be more supportive and encouraging.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.
Preparedness	<input type="checkbox"/> No idea of patient history, evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate intrapartum care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings:	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed more subtle abnormalities.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Use of staff/senior resident	<input type="checkbox"/> Did not consult with senior residents or attendings.	<input type="checkbox"/>	<input type="checkbox"/> Consulted others in a timely manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Entire team informed early in course of labor.
Proper Assessment of Labor Curve	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Spontaneous or Operative Vaginal Delivery	<input type="checkbox"/> Did not control descent of the baby. Did not attempt to protect the perineum or urethra.	<input type="checkbox"/>	<input type="checkbox"/> Some awkward motions during delivery. Used appropriate maneuvers for the delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.
Operative Vaginal Delivery <input type="checkbox"/> NA	<input type="checkbox"/> Unable to apply instruments without assistance	<input type="checkbox"/>	<input type="checkbox"/> Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Smooth & efficient application of instruments correctly & proper force & direction of traction
Episiotomy or laceration repair <input type="checkbox"/> NA	<input type="checkbox"/> Required specific instructions during most steps of repair. Unable to clearly identify/ approximate specific layers.	<input type="checkbox"/>	<input type="checkbox"/> Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Clear economy of movement and maximum efficiency
Instrument Handling <input type="checkbox"/> NA	<input type="checkbox"/> Many unnecessary moves, Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fluid moves with instrument and no awkwardness
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform with supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent to perform without supervision

Comment: _____

Supervising Physician: [Signature]

Date: 3/13/2023

Discussed with Resident: Yes N

OB/GYN Residency Surgical Competency

VAGINAL DELIVERY

Date: 03/01/23

Resident: Valerie Martin PGY: 2 3 4 Attending: de Guzman

Patient Initials: [REDACTED] Role: Surgeon / Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Vaginal Delivery Forceps Delivery Vacuum-Assisted VD Breech

Procedure comment: Vaginal Delivery

GLOBAL RATING SCALE OF VAGINAL DELIVERY: SPONTANEOUS & OPERATIVE

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Doctor-Mother & family interaction	<input type="checkbox"/> Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.	<input type="checkbox"/>	<input type="checkbox"/> Appropriate but could improve interaction with patient to be more supportive and encouraging.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.
Preparedness	<input type="checkbox"/> No idea of patient history, evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate intrapartum care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings:	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed more subtle abnormalities.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Use of staff/senior resident	<input type="checkbox"/> Did not consult with senior residents or attendings.	<input type="checkbox"/>	<input type="checkbox"/> Consulted others in a timely manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Entire team informed early in course of labor.
Proper Assessment of Labor Curve	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Spontaneous or Operative Vaginal Delivery	<input type="checkbox"/> Did not control descent of the baby. Did not attempt to protect the perineum or urethra.	<input type="checkbox"/>	<input type="checkbox"/> Some awkward motions during delivery. Used appropriate maneuvers for the delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.
Operative Vaginal Delivery <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Unable to apply instruments without assistance	<input type="checkbox"/>	<input type="checkbox"/> Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.	<input type="checkbox"/>	<input type="checkbox"/> Smooth & efficient application of instruments correctly & proper force & direction of traction
Episiotomy or laceration repair <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Required specific instructions during most steps of repair. Unable to clearly identify/ approximate specific layers.	<input type="checkbox"/>	<input type="checkbox"/> Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.	<input type="checkbox"/>	<input type="checkbox"/> Clear economy of movement and maximum efficiency
Instrument Handling <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Many unnecessary moves. Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input type="checkbox"/> Fluid moves with instrument and no awkwardness
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform with supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent to perform without supervision

Comment: Manages patient well & utilizes evidence-based medicine. Team player & communicates well

Supervising Physician: [Signature] Discussed with Resident: Yes N
Date: 03/13/23

OB/GYN Residency Surgical Competency

CESAREAN DELIVERY

Date 3/2/2023

Resident Valerie Martin PGY: 1 2 3 4 Attending Dr. Anita Bondy

Patient Initials [REDACTED] Role: Surgeon / Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Cesarean Delivery Complicated Cesarean Delivery C-Hysterectomy

Procedure comment: _____

GLOBAL RATING SCALE OF OPERATIVE PERFORMANCE: CESAREAN DELIVERY/ PREGNANCY SURGERY
Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Preparedness	<input type="checkbox"/> No idea of indications, preop evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate preop/postop evaluation or care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings: <input type="checkbox"/> NA	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed subtle abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Proper Assessment of Labor Curve: <input type="checkbox"/> NA	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Respect for Tissue	<input type="checkbox"/> Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Careful handling of tissue but occasionally caused inadvertent damage	<input type="checkbox"/>	<input checked="" type="checkbox"/> Consistently handled tissue appropriately with minimal damage
Time & Motion	<input type="checkbox"/> Many unnecessary moves	<input type="checkbox"/>	<input type="checkbox"/> Efficient time/motion but some unnecessary moves	<input type="checkbox"/>	<input checked="" type="checkbox"/> Clear economy of movement and maximum efficiency
Knot tying	<input type="checkbox"/> Clumsy knot, not secure	<input type="checkbox"/>	<input type="checkbox"/> Most knots secure, some loose	<input type="checkbox"/>	<input checked="" type="checkbox"/> All knots secure and smoothly placed
Instrument Handling	<input type="checkbox"/> Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fluid moves with instrument and no awkwardness
Knowledge of Instrument/suture	<input type="checkbox"/> Frequently asked for or used wrong instruments/suture	<input type="checkbox"/>	<input type="checkbox"/> Knew names of and asked for most instruments/sutures	<input type="checkbox"/>	<input checked="" type="checkbox"/> Obviously familiar with instruments and suture
Use of assistants	<input type="checkbox"/> Consistently placed assistants poorly or failed to use assistants	<input type="checkbox"/>	<input checked="" type="checkbox"/> Appropriate use of assistants most of the time	<input type="checkbox"/>	<input type="checkbox"/> Strategically used assistants to the best advantage at all times
Anatomy	<input type="checkbox"/> Does not recognize major structures	<input type="checkbox"/>	<input type="checkbox"/> Knows major points when pressed but vague when pressed on details	<input type="checkbox"/>	<input checked="" type="checkbox"/> Clearly familiar with surgical anatomy & identifies structures confidently
Knowledge of specific procedure	<input type="checkbox"/> Deficient knowledge. Needed specific instruction at most steps	<input type="checkbox"/>	<input type="checkbox"/> Knew all important steps of operation	<input type="checkbox"/>	<input checked="" type="checkbox"/> Demonstrated familiarity with all aspects of operation
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent to perform with supervision	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform without supervision

Comment: _____

Supervising Physician: [Signature]
Date: 3/14/23

Discussed with Resident: Yes N

OB/GYN Residency Surgical Competency

VAGINAL DELIVERY

Date 3/2/2023

Resident Valene Martin

PGY: 1 2 3 4 Attending

Dr. Anita Gordy

Patient Initials [REDACTED]

Role: Surgeon / Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Vaginal Delivery Forceps Delivery Vacuum-Assisted VD Breech

Procedure comment: _____

GLOBAL RATING SCALE OF VAGINAL DELIVERY: SPONTANEOUS & OPERATIVE

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Doctor-Mother & family interaction	<input type="checkbox"/> Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.	<input type="checkbox"/>	<input type="checkbox"/> Appropriate but could improve interaction with patient to be more supportive and encouraging.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.
Preparedness	<input type="checkbox"/> No idea of patient history, evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate intrapartum care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings:	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed more subtle abnormalities.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Use of staff/senior resident	<input type="checkbox"/> Did not consult with senior residents or attendings.	<input type="checkbox"/>	<input type="checkbox"/> Consulted others in a timely manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Entire team informed early in course of labor.
Proper Assessment of Labor Curve	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Spontaneous or Operative Vaginal Delivery	<input type="checkbox"/> Did not control descent of the baby. Did not attempt to protect the perineum or urethra.	<input type="checkbox"/>	<input type="checkbox"/> Some awkward motions during delivery. Used appropriate maneuvers for the delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.
Operative Vaginal Delivery <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Unable to apply instruments without assistance	<input type="checkbox"/>	<input type="checkbox"/> Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Smooth & efficient application of instruments correctly & proper force & direction of traction <i>MA</i>
Episiotomy or laceration repair <input type="checkbox"/> NA	<input type="checkbox"/> Required specific instructions during most steps of repair. Unable to clearly identify/ ' approximate specific layers.	<input type="checkbox"/>	<input type="checkbox"/> Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Clear economy of movement and maximum efficiency
Instrument Handling <input type="checkbox"/> NA	<input type="checkbox"/> Many unnecessary moves, Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fluid moves with instrument and no awkwardness
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent to perform with supervision	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform without supervision

Comment: _____

Supervising Physician: _____
Date: 3/10/23

[Signature]
3/10/23

Discussed with Resident: Yes N

OB/GYN Residency Surgical Competency

CESAREAN DELIVERY

Date 1/29/23

Resident Valerie Martin

PGY: 1 2 3 4 Attending

Dr Bartholomey

Patient Initials [REDACTED]

Role: Surgeon / Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Cesarean Delivery Complicated Cesarean Delivery C-Hysterectomy

Procedure comment: _____

GLOBAL RATING SCALE OF OPERATIVE PERFORMANCE: CESAREAN DELIVERY/ PREGNANCY SURGERY

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Preparedness	<input type="checkbox"/> No idea of indications, preop evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate preop/postop evaluation or care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings: <input type="checkbox"/> NA	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed subtle abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Proper Assessment of Labor Curve: <input type="checkbox"/> NA	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Respect for Tissue	<input type="checkbox"/> Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Careful handling of tissue but occasionally caused inadvertent damage	<input checked="" type="checkbox"/>	<input type="checkbox"/> Consistently handled tissue appropriately with minimal damage
Time & Motion	<input type="checkbox"/> Many unnecessary moves	<input checked="" type="checkbox"/>	<input type="checkbox"/> Efficient time/motion but some unnecessary moves	<input type="checkbox"/>	<input type="checkbox"/> Clear economy of movement and maximum efficiency
Knot tying	<input type="checkbox"/> Clumsy knot, not secure	<input type="checkbox"/>	<input type="checkbox"/> Most knots secure, some loose	<input checked="" type="checkbox"/>	<input type="checkbox"/> All knots secure and smoothly placed
Instrument Handling	<input type="checkbox"/> Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input checked="" type="checkbox"/>	<input type="checkbox"/> Fluid moves with instrument and no awkwardness
Knowledge of Instrument/suture	<input type="checkbox"/> Frequently asked for or used wrong instruments/suture	<input type="checkbox"/>	<input type="checkbox"/> Knew names of and asked for most instruments/sutures	<input type="checkbox"/>	<input checked="" type="checkbox"/> Obviously familiar with instruments and suture
Use of assistants	<input type="checkbox"/> Consistently placed assistants poorly or failed to use assistants	<input type="checkbox"/>	<input type="checkbox"/> Appropriate use of assistants most of the time	<input type="checkbox"/>	<input checked="" type="checkbox"/> Strategically used assistants to the best advantage at all times
Anatomy	<input type="checkbox"/> Does not recognize major structures	<input type="checkbox"/>	<input type="checkbox"/> Knows major points when pressed but vague when pressed on details	<input checked="" type="checkbox"/>	<input type="checkbox"/> Clearly familiar with surgical anatomy & identifies structures confidently
Knowledge of specific procedure	<input type="checkbox"/> Deficient knowledge. Needed specific instruction at most steps	<input type="checkbox"/>	<input type="checkbox"/> Knew all important steps of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/> Demonstrated familiarity with all aspects of operation
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform with supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/> Competent to perform without supervision

Comment: Very good skills. Need to improve efficiency of procedures.

Supervising Physician: [Signature] Discussed with Resident: Yes No

Date: 2/13/2023

OB/GYN Residency Surgical Competency

VAGINAL DELIVERY

Date 10/15/22

Resident Valerie Martin PGY: 1 2 3 4 Attending de Guzman

Patient Initials [REDACTED] Role: Surgeon Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Vaginal Delivery Forceps Delivery Vacuum-Assisted VD Breech

Procedure comment: excellent skills.

SVD

GLOBAL RATING SCALE OF VAGINAL DELIVERY: SPONTANEOUS & OPERATIVE

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Doctor-Mother & family interaction	<input type="checkbox"/> Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.	<input type="checkbox"/>	<input type="checkbox"/> Appropriate but could improve interaction with patient to be more supportive and encouraging.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.
Preparedness	<input type="checkbox"/> No idea of patient history, evaluation or follow-up	<input type="checkbox"/>	<input type="checkbox"/> Knows patient's history, but uncertain regarding appropriate intrapartum care	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings:	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input type="checkbox"/> Correct interpretation of major aspects of tracing but missed more subtle abnormalities.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Use of staff/senior resident	<input type="checkbox"/> Did not consult with senior residents or attendings.	<input type="checkbox"/>	<input type="checkbox"/> Consulted others in a timely manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Entire team informed early in course of labor.
Proper Assessment of Labor Curve	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Spontaneous or Operative Vaginal Delivery	<input type="checkbox"/> Did not control descent of the baby. Did not attempt to protect the perineum or urethra.	<input type="checkbox"/>	<input type="checkbox"/> Some awkward motions during delivery. Used appropriate maneuvers for the delivery.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.
Operative Vaginal Delivery <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Unable to apply instruments without assistance	<input type="checkbox"/>	<input type="checkbox"/> Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Smooth & efficient application of instruments correctly & proper force & direction of traction
Episiotomy or laceration repair <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Required specific instructions during most steps of repair. Unable to clearly identify/ approximate specific layers.	<input type="checkbox"/>	<input type="checkbox"/> Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Clear economy of movement and maximum efficiency
Instrument Handling <input type="checkbox"/> NA	<input type="checkbox"/> Many unnecessary moves. Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/> Fluid moves with instrument and no awkwardness
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform with supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent to perform without supervision

Comment: Excellent resident, perform clinically at her level.

Supervising Physician: [Signature] Discussed with Resident: Yes N
Date: 3/13/23

OB/GYN Residency Surgical Competency

VAGINAL DELIVERY

Date 2/24/2023

Resident Valerie Martin PGY: 1 2 3 4 Attending Dr Darin Swainston

Patient Initials [REDACTED] Role: Surgeon Assistant / Teaching Assistant

RRC PROCEDURE TYPE: Vaginal Delivery Forceps Delivery Vacuum-Assisted VD Breech

Procedure comment: _____

GLOBAL RATING SCALE OF VAGINAL DELIVERY: SPONTANEOUS & OPERATIVE

Please check the number corresponding to the candidate's performance in each category, irrespective of training level.

Score	1	2	3	4	5
Doctor-Mother & family interaction	<input type="checkbox"/> Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Appropriate but could improve interaction with patient to be more supportive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/> Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.
Preparedness	<input type="checkbox"/> No idea of patient history, evaluation or follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/> Knows patient's history, but uncertain regarding appropriate intrapartum care	<input type="checkbox"/>	<input type="checkbox"/> Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis
Assessment of Fetal Heart Rate Tracings:	<input type="checkbox"/> Incorrectly interpreted monitoring strip.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Correct interpretation of major aspects of tracing but missed more subtle abnormalities.	<input type="checkbox"/>	<input type="checkbox"/> Proper interpretation of tracing. Able to predict potential problems &.
Use of staff/senior resident	<input type="checkbox"/> Did not consult with senior residents or attendings.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Consulted others in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/> Entire team informed early in course of labor.
Proper Assessment of Labor Curve	<input type="checkbox"/> Inappropriate attention to labor curve, no facilitation of active labor	<input type="checkbox"/>	<input checked="" type="checkbox"/> Acceptable management of labor. Proper identification of labor pattern.	<input type="checkbox"/>	<input type="checkbox"/> Identified labor abnormalities early. Executed proper interventions to avoid complications
Spontaneous or Operative Vaginal Delivery	<input type="checkbox"/> Did not control descent of the baby. Did not attempt to protect the perineum or urethra.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Some Awkward motions during delivery. Used appropriate maneuvers for the delivery.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.
Operative Vaginal Delivery <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Unable to apply instruments without assistance	<input type="checkbox"/>	<input type="checkbox"/> Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.	<input type="checkbox"/>	<input type="checkbox"/> Smooth & efficient application of instruments correctly & proper force & direction of traction
Episiotomy or laceration repair <input type="checkbox"/> NA	<input type="checkbox"/> Required specific instructions during most steps of repair. Unable to clearly identify/ approximate specific layers.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.	<input type="checkbox"/>	<input type="checkbox"/> Clear economy of movement and maximum efficiency
Instrument Handling <input type="checkbox"/> NA	<input type="checkbox"/> Many unnecessary moves. Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments	<input type="checkbox"/>	<input checked="" type="checkbox"/> Competent use of instruments/sutures and used appropriate instrument	<input type="checkbox"/>	<input type="checkbox"/> Fluid moves with instrument and no awkwardness
OVERALL PERFORMANCE	<input type="checkbox"/> Substandard performance	<input type="checkbox"/>	<input type="checkbox"/> Competent to perform with supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/> Competent to perform without supervision

Comment: great job! good delivery

Supervising Physician: _____

Date: 3/13/23

Discussed with Resident: Yes N

Dr. Martin, Valerie - Surgical Competency: Vaginal Delivery Evaluation

Evaluator: Dr. Luh, Henry

Issue Date: 2/28/2023

Completed: 5/31/2023



Please fill out the candidate's performance in each category, irrespective of training level.

- 1. Date:* 5=31=2023
- 2. Role: Surgeon / Assistant / Teaching Assistant* surgeon
- 3. RRC Procedure Type: Vaginal Delivery
Gynecologic Surgery*

Procedure Comment

Global Rating Scale of Vaginal Deliver: Spontaneous & Operative

	1	2	3	4	5	N/A
4. Doctor, Mother, & Family Interaction*	Anxious, abrupt, had minimal patient interaction, did not create a calm, supportive atmosphere for mother/family.		Appropriate, but could improve interaction with patient to be more supportive and encouraging.		X Calm, reassuring, encouraging during delivery, created supportive atmosphere. Good communication.	
5. Preparedness*	No idea of patient history, evaluation, or follow-up.		Knows patient's history, but uncertain regarding appropriate intrapartum care.		X Fully informed regarding patient's history & knowledge regarding all aspects of diagnosis.	
6. Assessment of Fetal Heart Rate Tracings*	Incorrectly interpreted monitoring strip.		Correct interpretation of major aspects of tracing but missed subtle abnormalities.		X Proper interpretation of tracing. Able to predict potential problems .	
7. Use of Staff/Senior Resident*	Did not consult with senior resident(s) or attending(s).		Consulted others in a timely manner.		X Entire team informed early in course of labor.	
8. Proper Assessment of Labor Curve*	Inappropriate attention to labor curve, no facilitation of active labor.		Acceptable management of labor. Proper identification of labor pattern.		X Identified labor abnormalities early. Executed proper interventions to avoid complications.	
9. Spontaneous or Operative Vaginal Delivery*	Did not control descent of the baby. Did not attempt to protect the perineum or urethra.		Some awkward motions during delivery. Used appropriate maneuvers for the delivery.		X Facilitated a smooth and controlled delivery. Anticipated all steps with maximal efficiency.	

10. Operative Vaginal Delivery*	Unable to apply instruments without assistance.		Able to apply instruments with some hesitation, unsure of force and/or direction necessary of traction.		X Smooth & efficient application of instruments correctly. Proper force & direction of traction.	
11. Episiotomy or Laceration Repair*	Required specific instructions during most steps of repair. Unable to clearly identify approximate specific layers.		Able to identify extent of laceration, used appropriate technique. Required some instruction to complete the repair.		X Clear economy of movement and maximum efficiency.	
12. Instrument Handling*	Many unnecessary moves. Repeated tentative/awkward moves w/ instruments by inappropriate use of instruments.		Competent use of instruments/sutures and used appropriate instrument.		X Fluid moves with instrument and no awkwardness.	
	1	2	3	4	5	
13. Overall Performance*	Substandard performance.		Competent to perform with supervision.		X Competent to perform without supervision.	
Comment:						
14. Discussed with Resident:*	Yes					

Exhibit

E

Glendell de Guzman, MD

Assistant Professor, UNLV School of Medicine

Residency Program Director & Vice-Chair
Department of Obstetrics and Gynecology
1701 W. Charleston Blvd., Suite 290
Las Vegas, NV 89102
215-850-5885
glendell.deguzman@unlv.edu

June 29, 2023

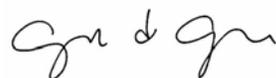
Dear Dr. Angelina Rodriguez,

It is with great enthusiasm to write this letter of support on behalf of Dr. Valerie Martin. I have known Dr. Martin for three years both as a medical student and as an OBGYN resident at the HCA Sunrise Health GME Consortium in Las Vegas, NV. I have been a residency program director for the last 3 years, and actively supervises residents at both UNLV and HCA hospitals. Dr. Martin sets herself apart from the rest as a positive, empathetic, and resilient individual. She is well-accomplished with various experiences as noted on her CV.

I have worked closely with Dr. Martin in an inpatient setting both as a student and a resident physician. She continues to impress me with her diligent work and carefully considered treatment plan for our patients. She responsibly functions with great confidence at her level, at times above her peers. She is professional, well-liked, and a valuable member of the team. I am always at ease when she is part of my team as she provides the greatest care for our patients and brings a positive attitude to all.

Dr. Martin is currently in search of a residency program. Overall, she is a very strong candidate and I expect greatness ahead from this young physician. She has a very strong work ethics and excellent bedside manners. She will be an asset to any residency program. If given an opportunity in my own program, I would happily have her as part of my team.

Sincerely,



Glendell de Guzman, MD



Date: April 13, 2023

Medical Center of Central Georgia/Mercer

Re: Dr. Valerie Martin

Dear Samantha Jordan,

This is a letter of recommendation for Dr. Valerie Martin to your residency program. I have known Dr. Martin for two years while she has been in the HCA Mountain View OB/GYN residency program in Las Vegas, Nevada. I am the founder and Chief Strategic Officer for Women's Health Associates of Southern Nevada, in Las Vegas, Nevada. We have worked closely in the hospital setting and I have shared care with her on many patients on Labor and Delivery.

Dr. Martin is a team-oriented and dependable colleague who is always willing to help in the care of any patient. I have found her to be diligent, hard-working and very attentive. She is extremely eager to learn and is receptive to personal feedback and instruction. Dr. Martin has had some personal trials over the last year which may have hindered her development, but I feel she brings a compassionate, caring, devoted and hard-working approach to practicing medicine. She displays poise and professionalism in all interactions.

Personally, I have had limited exposure to Dr. Martin's GYN skills. I have done a few D&C's with her, but have done many deliveries. Dr. Martin's technical skills are appropriate for someone at her level of training. I have confidence she will continue to develop and will become an excellent clinician.

In my 27 years of private practice and interacting with residents and medical students, I feel Dr. Martin is in the upper quartile of those training in OB/GYN. I highly recommend Dr. Valerie Martin for your residency program.

Should you have any additional questions or need anything further, please feel free to email me or call me directly.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Martin', is written over a white rectangular area.

John Martin, M.D.
Women's Health Associates of Southern Nevada
Founder and Chief Strategic Officer
Drjmartin@whasn.com
(702) 275-5888

April 9, 2023

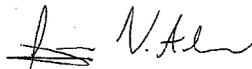
Dear Program Director:

I am writing this letter for Dr. Valerie Martin, who has requested that I write a letter of recommendation for the open position at your residency program. I have had the pleasure of working with and getting to know Dr. Martin during her first two years of residency. I am a private practice attending who works at MountainView Hospital, and from my experience working with Dr. Martin, I highly recommend her for this position.

I had worked with Dr. Martin on labor and delivery on several occasions. She worked very hard, and provided a high level of communication with me regarding my patients. I trusted her to manage my patients. I trusted her judgement when it related to clinical decision-making. In addition, her surgical skills are excellent. She is willing to learn techniques and take the time to improve her techniques in her outside time. I have seen a vast improvement in her surgical skills since intern year.

Dr. Martin is an intelligent, motivated, and hard-working individual who I know will be an asset to your program. Although I will be sad to see her go, I know that your program will help her reach her ultimate career goals. From the very beginning, she expressed her passion to pursue a career in high-risk obstetrics. I want her to pursue this dream, because the field of high-risk obstetrics needs practitioners who are intelligent, but also have the emotional intelligence and compassion that Dr. Marin has. You will not regret having her as one of your residents, and I strongly recommend her to your program. Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Almario". The signature is written in a cursive style with a horizontal line underneath the first few letters.

Leanne Almario, MD FACOG



ROCKY VISTA UNIVERSITY

Achieving new heights in medical education

October 15, 2020

Re: Valerie Martin, Residency Candidate

To Whom It May Concern:.

During my four decades of teaching and leadership in academic medicine I have become acquainted with over five-thousand deserving medical students. None have been more deserving to match with their choice of residency than Rocky Vista University Osteopathic Medical Student, Valerie Martin. That is why I have volunteered to write this letter in support of her residency application.

Valerie possesses many attributes that will make her a remarkable resident and a distinguished practicing physician. I will describe four attributes with which I am personally familiar.

Intellect: To qualify for admission into the Osteopathic Medicine Honor Society, Sigma Sigma Phi, a student must rank in the upper 20% of the class. As the faculty advisor to Sigma Sigma Phi I am aware that Valerie was confidently admitted during her first year of medical school and has since continued to advance her academic achievements. She is one of the rare students who enter medical school with a pending peer-reviewed publication.

Talent: When I heard Valerie perform in an acapella choir at the end of her second year of medical school, I began to realize how multi-talented she is. Her colleagues also recognized her diverse talents when they nominated her for the Most Inspirational and Greatest Achievement Awards. I know that Valerie is bilingual and I understand that she excels in writing and dance.

Selflessness: Valerie is very generous in sharing her intellect and talents. In the Inter Professional Education courses that I teach, students are required to engage in service-learning projects. Valerie served beyond that which was required when she organized the assembly and delivery of hygiene kits for girls in Rwanda and Kenya. She was often called upon to entertain and tutor and I have never known her to decline when invited to serve.

Committed: Valerie is committed to elevating primary care services to all populations, but especially women. This resolve led to her election to leadership roles in the medical student OB/Gyn Club and Community Outreach Ultrasound Society where she has encouraged others to embrace her passion for ultrasound and women's health.

These and other attributes that I see in Valerie Martin have convinced me that she will be an outstanding Resident. When you meet her, I'm confident that you will agree.

Respectfully,

Clyde B. Jensen, Ph.D.

Professor of Pharmacology and Inter Professional Education.

Alexander del Castillo, MD
Hospitalist - Internal Medicine
Salt Lake Regional Medical Center
1050 East South Temple
Salt Lake City, Utah 84109

RE: Valerie Martin (AAMC ID 13637103)

To whom it may concern,

This letter is in reference with the above individual, Valerie Martin, who recently rotated at our hospital service at Salt Lake Regional Medical Center here in Utah. I had the privilege to work and observe her clinical rotation several weeks as part of their clinical curriculum for Rocky Vista University College of Osteopathic Medicine.

Valerie had exceeded my expectations in terms of her basic and clinical knowledge in Medicine. She is very good with her interaction and always comes prepared whenever we discuss clinical cases during our teaching rounds. She finds time to share her knowledge of cases assigned for her to our group of residents and medical students in our rotation. Her clinical skills and medical knowledge, in my opinion, is excellent and at par with the level expected for a medical student. She is always eager to learn and open to constructive criticism which is a very good trait for a future medical osteopathic provider.

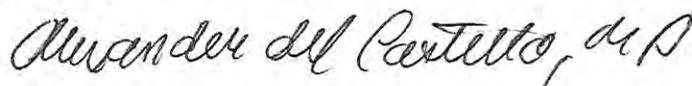
I had the chance to observe her interaction with people during her rotation. She is very compassionate and well liked by our peers. Her patients assigned to her always compliment her personality as a very pleasant medical student who can relate and be trusted with her words. She is well respected by our colleagues and staff members in our hospital because she sets a good example in all aspects as an individual.

Valerie can definitely be a very good asset if given the chance to be accepted to your residency program. She can definitely make a difference not only to your program but also to your whole Medical institution.

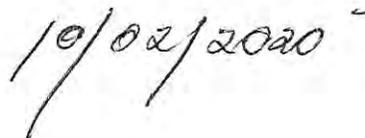
If you have any further questions regarding Valerie Martin, feel free to call me personally anytime at my cell 801-440-6278

Thank you so much

Sincerely,



Alexander del Castillo, MD





ROCKY VISTA UNIVERSITY

Achieving new heights in medical education

October 5, 2020

Re: Valerie Martin

AAMC: 13637103

Dear Residency Program Director,

It is my pleasure to recommend Student Doctor Valerie Martin for your consideration in your residency program. I first met Valerie in July of 2017 as she began her studies at Rocky Vista University College of Osteopathic Medicine in Southern Utah (RVUCOM-SU). I have been her professor in two courses, Osteopathic Principles and Practices and Principles of Clinical Medicine, both of which meet longitudinally on a weekly basis for the entire first two years of his schooling. Additionally, I have served as advisor to the Student Association of the American College of Osteopathic Family Physicians (SA-ACOF), the campus Family Medicine Interest Group, which has allowed me to collaborate with her on educational and extracurricular activities. In each of these, I have enjoyed the opportunity to observe firsthand her character, her work ethic and her personality.

Ms. Martin is extremely resilient and hardworking. As the president of the OB/GYN section of the SA-ACOF, she displayed exemplary leadership by initiating Women's Health and Education Classes at the Doctor's Volunteer Clinic (DVC) of St. George. She teamed with a small group of her peers to create a women's health workshop, based on their review of the CDC guidelines, comprised of presentations and discussion groups. These sessions were attended by patients of the DVC, who consist primarily of underprivileged individuals in this community. She interacted professionally with this diverse group of underrepresented women, and demonstrated determination, preparation, and enthusiasm which led to the project being a great success.

Ms. Martin has consistently modeled a sincere passion and commitment to learning and has performed admirably in her first two years of medical school. She arrives to class well-prepared and ready to actively dialogue on the assigned topic. In her standardized patient encounters, she demonstrated proficiency in her history taking, physical exam skills, and interpersonal skills. Because of her academic aptitude, Ms. Martin was given the opportunity to tutor several courses to first-year medical students. Many of these students voiced appreciation for the quality and effectiveness of her group tutoring sessions.



ROCKY VISTA UNIVERSITY

Achieving new heights in medical education

Overall, I find Valerie to be an admirable individual who will be a strong asset to your program. I highly recommend her for your residency. I believe she possesses the skills and talents, character, and work ethic necessary to thrive and succeed as a physician.

If you have questions, please do not hesitate to call or email. Ms. Martin has waived her right to view this recommendation.

Sincerely,

Ben Wilde, DO

Campus Chair, Department of Primary Care Medicine

Associate Professor of Family Medicine

bwilde@rvu.edu

307-431-5870



Re: Valerie L Martin
AAMC: 13637103

Dear Program Director,

It is my pleasure to write this letter in strong support of the application of Ms. Valerie Martin for your residency program. I currently work at the Tanner Clinic in Layton, Utah as an outpatient community Endocrinologist. I had the pleasure of meeting and working personally with Valerie for approximately 4 weeks during her Endocrinology rotation. During my fellowship and for the last two years of practice, I have enjoyed being a part of the education of many residents and medical students.

The first thing that impressed me about Valerie was her knowledge of medicine. One of my favorite activities I do with medical students is asking multi-level questions about a treatment or disease. If the student continues to answer my questions correctly, I ask more difficult and complex questions until he/she does not know the answer. Valerie consistently made it to the fourth or fifth level of questioning, a feat few students obtain. I could tell she understood the endocrine system very well and was able to apply her knowledge to each patient's case. Her background as a USMLE practice-question writer helped her gain this deeper knowledge of medicine.

Valerie has a very strong work ethic and was eager to pick up assignments given to her. Her early arrival to clinic impressed me and I noted she was always prepared intellectually to develop solid plans for each individual patient by completing the reading assignments given to her. She was able to give a short presentation about the pathophysiology, diagnostic steps, and treatment course which helped her develop differential diagnoses and treatment plans. Her ability to formulate patient plans in a limited time was above average for a 4th year medical student.

I frequently sat in with her during patient encounters to monitor her interviewing skills. I was impressed with the compassion and care she showed to each patient, particularly those struggling with diabetes and thyroid disease. In one instance, she showed compassion to a young lady with Graves' disease struggling with medication compliance. She connected with this young lady and through persuasion, helped her understand why it was so important to take her medications. Her communication skills are superb, and patients find they can trust her.

Valerie also frequently sought out ways to improve her skill sets as a physician. I noted a few deficiencies in the organization of her presentations and offered some simple suggestions to help her improve. She was quick to implement this advice and was not offended.

Valerie is a strong medical student. She will do very well in whatever residency program she ends up in. I highly suggest that you consider her for your program as she will provide excellent patient care, show compassion to all patients, and will strengthen those around her. She will be a great influence on the entire residency program. I strongly recommend her without reservation.

Sincerely,

10/12/2020

Steven L Brown DO
Endocrinologist, Tanner Clinic

Received by ERAS: 13 OCT 2020 11:37 PM Source: LoR Portal Uploaded by: Steven Brown

Exhibit

F



Milestones Summary

View Type

Display

Date Range

Milestones Summary

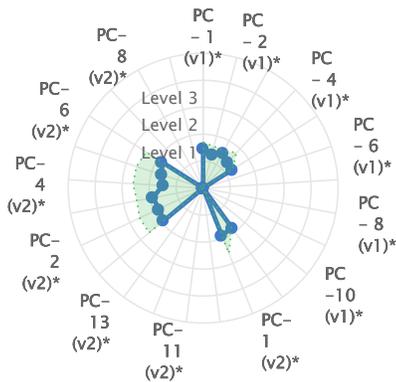
Summary by Competency

Past Year

Patient Care



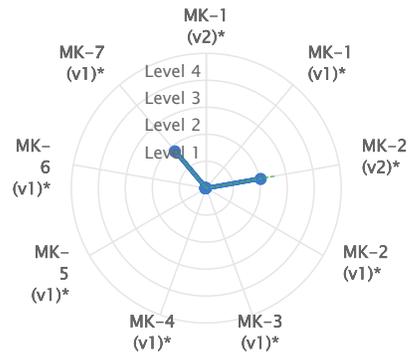
Valerie Martin
Peers (MVH OB/GYN-2)



Medical Knowledge



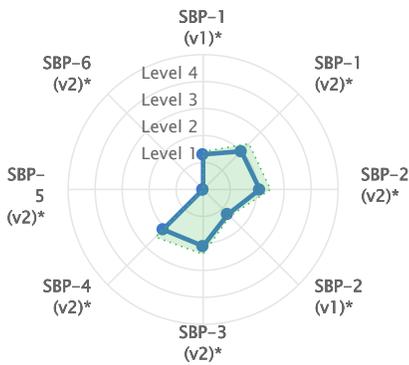
Valerie Martin
Peers (MVH OB/GYN-2)



Systems-based Practice



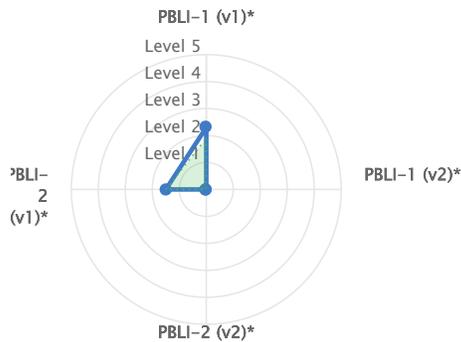
Valerie Martin
Peers (MVH OB/GYN-2)



Practice-based Learn. & Improv.



Valerie Martin
Peers (MVH OB/GYN-2)



Professionalism

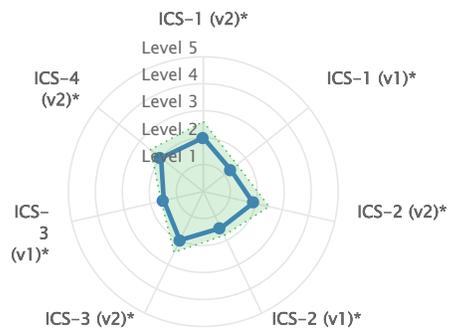
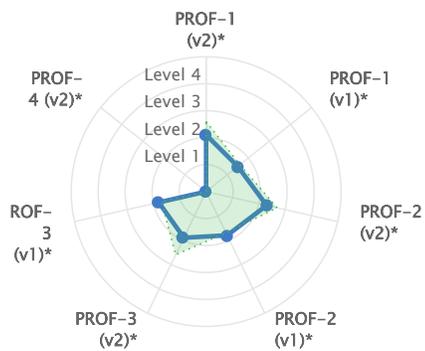


Interpersonal & Comm. Skills



Valerie Martin
Peers (MVH OB/GYN-2)

Valerie Martin
Peers (MVH OB/GYN-2)



NOTES:

- (1) Values of '0' indicate the absence of data and not a low score
- (2) Subcompetencies with an asterisk were not active for entire period
- (3) Peer group includes all residents in the same program and level

Exhibit

G

Transfer Verification

doctor.valerie@hotmail.com <doctor.valerie@hotmail.com>

Wed 5/17/2023 8:44 AM

To:Sonia.Ceballos@hcahealthcare.com <Sonia.Ceballos@hcahealthcare.com>;dra.smc@gmail.com <dra.smc@gmail.com>

Good Morning Dr. Ceballos,

I hope you and your family are doing well. I am grateful for everything that I learned these last two years. I appreciate very much all of your help and support. I am reaching out to request verification of my previous educational experiences and a summative competency-based performance evaluation to be sent to kelly.best@jax.ufl.edu to aid in successfully transferring to a new program. Please let me know if there is anything you need from me.

Thank you so much for your help and support.

Valerie Martin

Resident Transfer Requirements

Valerie Martin <doctor.valerie@hotmail.com>

Mon 6/5/2023 11:16 AM

To: info@abog.org <info@abog.org>

Hello,

My name is Valerie Martin, and I am a PGY2 OBGYN resident in Las Vegas, Nevada. My ABOG # is 9043337. Thank you so much for your time.

I am trying to transfer to a residency program that is a better fit for me and my future aspirations, and I have been blessed with multiple offers. I signed a contract with the university of Florida but, as I understand it, they were unsuccessful in getting a response from my current program providing verification of rotations that I have completed and a summative competency performance evaluation so they were forced to move forward with another candidate. Next, I was offered potential positions at Stony Brook Medicine and Howard University, and they are trying to obtain the same verification requirements that will allow me to successfully transfer.

I was wondering if you could assist me with the following:

1. What do you need from me and my current program (ie records, transcripts) to ensure that I will be able to meet the board eligibility requirements following completion of 48 months of training?
2. What recommendations do you have on retrieving the required verification from my program? Would it be beneficial to resign from my current program in order to transfer? Can a resident who has resigned apply for open OBGYN positions in order to complete the required 48 months of training required for board eligibility?

Thank you so much for your time and consideration. I humbly await your response.

Valerie Martin, DO MBA

RE: Resident Transfer

Ombuds <ombuds@acgme.org>

Wed 5/17/2023 7:17 AM

To: Valerie Martin <doctor.valerie@hotmail.com>

Dear Dr. Martin,

What did you request of your PD via text, and when was this message submitted? When did your new program email your current PD, and what information or response were they requesting?

While the ACGME cannot provide professional counseling or legal advice, I can share some of the ACGME requirements related to transfer that might be helpful in framing your conversations with your current and future program.

From the ACGME Common Program Requirements:

https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf

III.C. Resident Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)

While the timeline and intent of these communications is unclear, perhaps you could use the ACGME requirement to guide your conversations, if the intent of the communications you're referencing relates to verification of your training. If in fact the communications relate to verification of training, please also note the following requirement, also found in the Common Program Requirements I linked above.

II.A.4.a) The program director must:

II.A.4.a).(15) provide verification of an individual resident's completion upon the resident's request, within 30 days; (Core)

You might also review your residency contract/agreement of appointment for information. Perhaps if you have not already done so, you could connect with your designated institutional official (DIO) to discuss the situation. Your DIO provides oversight over all GME at an institution and can be a great resource. If you don't know the name and contact information of your DIO, you can find that by searching for your institution under "Sponsor Search" on our accreditation data system here: <https://apps.acgme.org/ads/public/>

Sincerely,

Kristin Rohn, JD (she/her/hers)

Ombudsperson



ACGME Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, Illinois 60611
ombuds@acgme.org

Exhibit

H



2023 In-Training Examination

Performance Report

Name: Martin, Valerie

ID: 001091438I

PGY: 2

Program: 458 - Mountain View Hospital

Please review the accompanying Performance Interpretation Guidelines.

	Equated Percent Correct Score	
	Your Score	PGY 2 Mean(SD)
Total Test	65	65 (5)

Content Area	Equated Percent Correct Score	
	Your Score	PGY 2 Mean(SD)
General Considerations	62	64 (8)
Obstetrics	67	65 (7)
Gynecology	64	63 (8)
Office Practice	76	71 (6)
Procedures in Obstetrics and Gynecology	50	58 (8)

Final SMFM Abstract

Title: Is Placenta Accreta Spectrum (PAS) Associated with Endometriosis?

Authors: Valerie Martin, DO; Matthew Givens, MD; Michelle Debbink, MD; Robert Silver, MD; Brett Einerson, MD

Objective: The chronic pelvic inflammation and endometrial dysfunction that characterize endometriosis may predispose those affected by it to placenta accreta spectrum (PAS). Prior small studies suggest there may be an association between endometriosis and PAS. We aimed to evaluate this association in a nationwide sample to better understand the etiology and risk factors for PAS.

Study Design: We performed a retrospective cohort study using the U.S. National Inpatient Sample (NIS) from 2017-2020 including individuals delivering after 20 weeks' gestation. ICD-10 codes were used to determine exposure and outcomes. A logistic regression model controlling for confounding variables was constructed. Data were weighted according to NIS reported sampling weights.

Results: Of 14,154,044 (2,833,010 unweighted) individuals included, 0.12% had PAS and 0.15% had endometriosis. Baseline characteristics are shown in Table 1. In the unadjusted regression model, endometriosis was associated with an increased odds of PAS (odds ratio [OR] 5.4; 95% confidence interval [CI] 3.7-7.8). When controlling for confounding factors (age, prior cesarean section, placenta previa, autoimmune disease, usage of ART), the odds of having PAS was higher in patients with endometriosis (adjusted OR 1.8, 95% [CI] 1.2-2.8, p=0.01).

Conclusion: There appears to be a modest association between endometriosis and PAS, despite the likely under-classification in this dataset. We were unable to evaluate the role of infertility in this analysis. What mechanism underlies this association is still undetermined.

Character count: 1768/2100

	Endometriosis	
	No	Yes
Weighted	(n = 14,144,049)	(n = 20,994)
Unweighted	(n = 2,828,811)	(n = 4,199)
Age	29.0 (29.0 – 29.1)	32.2 (32.1 – 32.4)
Gestational weeks' at delivery	38.4 (0.02)	37.9 (0.16)
Race/Ethnicity*		
White	7,137,471 (50.5%)	11,800 (56.2%)
Hispanic	2,864,674 (20.3%)	3,035 (14.5%)
Black	2,054,550 (14.5%)	2,345 (11.2%)

Asian or Pacific Islander	847,584 (6.0%)	2,065 (9.8%)
Other	624,884 (4.4%)	955 (4.7%)
Not specified	515,844 (3.6%)	720 (3.4%)
Prior Cesarean Section	2,521,829 (17.8%)	6,224 (29.6%)
Placenta Previa	58,439 (0.4%)	650 (3.1%)
Assisted Reproductive Technology		
Chronic Hypertension	393,194 (2.8%)	875 (0.4%)
BMI > 30	1,705,614 (12.1%)	2,929 (14.0%)
Tobacco use	723,949 (5.1%)	900 (4.3%)
Preexisting Diabetes	1,329,299 (9.4%)	2,770 (13.2%)
Autoimmune Disorders†	221,939 (1.6%)	690 (3.2%)

Data are presented as weighted n (%) or mean (S.E.) as appropriate.

*Race/ethnicity reported here to demonstrate the demographic representation of the cohort.

†Including rheumatoid arthritis, Celiac disease, Graves' disease, Hashimoto's autoimmune thyroiditis, type 1 diabetes mellitus, rheumatic fever, vitiligo, alopecia areata, pernicious anemia, multiple sclerosis, immune thrombocytopenic purpura, narcolepsy, ulcerative colitis, systemic lupus erythematosus, Crohn's disease, antiphospholipid syndrome, scleroderma, temporal arteritis, autoimmune hepatitis, discoid lupus erythematosus, primary biliary cirrhosis, Sjogren's syndrome, dermatitis herpetiformis, primary sclerosing cholangitis, Addison's disease, myasthenia gravis, CREST syndrome, Kawasaki disease, polyarteritis nodosa, polymyositis/dermatomyositis



Valerie Martin, DO

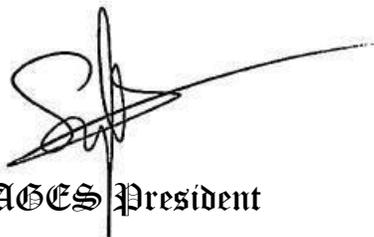
has successfully completed and passed the

Fundamentals of Laparoscopic Surgery Program

and has demonstrated the basic knowledge and skills fundamental to the performance of
laparoscopic surgery

Certificate Date: 4/19/2023

Certificate No: 72591476938706



SAGES President



FLS Chairman



ACS Director, Division
of Education



FUNDAMENTALS
of LAPAROSCOPIC SURGERY

Must be renewed within 10 years of issue date. Eligible for recertification beginning no sooner than 7 years from issue date.



American Association for Physician Leadership®

Certifies that

Valerie Martin

has participated in the enduring material titled

Interdisciplinary Relationship Management

on 2/4/2023

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Participant attended **4.00** hours of this CME activity attested on **2/4/2023**.



American Association for Physician Leadership®

Certifies that

Valerie Martin

has participated in the enduring material titled

Improving Communication and Feedback in Health Care Leadership

on 3/11/2023

The American Association for Physician Leadership® is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Association for Physician Leadership® designates this enduring material for a maximum of **2.50** AMA PRA Category 1 Credit(s)™.

Participant attended **2.50** hours of this CME activity attested on **3/11/2023**.



MASSACHUSETTS
MEDICAL SOCIETY

certifies that

Valerie Martin, D.O.

has participated in the enduring material titled

Leadership and Accountability

on May 24, 2023

and is awarded *0.75 AMA PRA Category 1 Credits™*.

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for
Risk Management study.

The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education
to provide continuing medical education for physicians.

860 WINTER STREET, WALTHAM, MA 02451-1411
TEL (800) 843-6356 ~ FAX (781) 642-1246 ~ EMAIL continuingeducation@mms.org



CERTIFICATE OF COMPLETION

This certifies that
Valerie Martin,
has successfully completed
Empathetics: Enhancing Empathy in Healthcare

March 14, 2023

and has earned a total of

1.00 AAPA Category 1 CME Credit

This activity has been reviewed by the AAPA Review Panel and is compliant with AAPA CME criteria. PAs should only claim credit commensurate with the extent of their participation.

Approval is valid until

October 31, 2024

Provider: AAPA | Sponsor: AAPA





Skills On Point, LLC

CERTIFICATE OF COMPLETION

16.0 ANCC-approved contact hours awarded to

Valerie Martin

SKILLS ON POINT, LLC IS ACCREDITED AS A PROVIDER OF NURSING CONTINUING PROFESSIONAL DEVELOPMENT BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION.

The Online Comprehensive Suture Training Workshop

Date: 2023-05-25

Serial No.

cert_zh3vbn4j

A handwritten signature in black ink, appearing to read "J. Martin", located in the bottom right corner of the certificate.

Certification Board for Professionals in Patient Safety

Hereby certifies that

Valerie Martin

Has met the requirements and passed a certification examination

on this 19th day of March, 2023

and is affirmed as a

Certified Professional in Patient Safety

Valid through March 2026

Karen Frush, MD

Karen Frush, Board Chair



Patricia A. McGaffigan

Patricia A. McGaffigan, President