

Project Title: CARE-ED: Comprehensive Access to Reproductive Care in the Emergency Department

Primary Investigators (MPI):

Dr. Jessica Army, MD

Co-Director, Women's Health in Emergency Medicine (WHEM)

Assistant Professor, Emergency Medicine, Zucker School of Medicine

Dr. Yelena Korotkaya, MD, MPH

Associate Program Director, Complex Family Planning Fellowship

Director of the Ryan Residency Training Program, Department of Obstetrics and Gynecology

Assistant Professor, Obstetrics and Gynecology, Zucker School of Medicine

Collaborators:

Tara Mendola, PhD, MA

Co-Director of the Women's Health in Emergency Medicine Division

Assistant Professor of Emergency Medicine, Zucker School of Medicine

Senior Project Manager, Clinical Research, Northwell Health Emergency Medicine

Dr. Alex Over, DO

Fellow, Women's Health in Emergency Medicine Division

Dr. Karen Hayde, DO

Fellow, Complex Family Planning

Affiliated Departments:

Department of Emergency Medicine

Department of Obstetrics & Gynecology

Grant Focus:

Graduate Medical Education (GME)

Contact Information (PI): Jessica Army

Email: jarmy@northwell.edu

Telephone: 202-957-5377

ABSTRACT:

Problem / Educational Issue:

Emergency Departments (EDs) frequently encounter patients with early pregnancy complications and other urgent reproductive needs. Historically, definitive management—such as manual uterine aspiration (MUA) or medication abortion (MAB)—has required obstetric consultation or outpatient referral, leading to fragmented care and delayed treatment. Emergency physicians currently lack structured training, credentialing, and procedural pathways to provide these evidence-based services independently.

Goal:

The CARE-ED initiative aims to develop and implement comprehensive educational programs that enable emergency medicine physicians to safely perform manual uterine aspiration and prescribe mifepristone/misoprostol for early pregnancy loss or medication abortion. The program seeks to standardize interdisciplinary education, credentialing, and quality assurance in emergency reproductive care.

Approach:

This collaborative initiative between Emergency Medicine and Obstetrics/Gynecology includes development of in-person and virtual training modules, direct procedural mentorship, ultrasound-guided procedure training, and the creation of credentialing algorithms aligned with ACOG guidelines. Educational pilots will be launched at North Shore University Hospital (NSUH-ED) and Long Island Jewish Medical Center (LIJMC-ED) to evaluate feasibility, safety, and educational effectiveness.

Predicted Outcomes:

We anticipate improved physician competency and confidence in reproductive procedures, enhanced interdepartmental collaboration, and increased patient satisfaction as well as care accessibility. Educational metrics will include completion rates, simulation proficiency scores, and pre-/post-knowledge assessments.

Anticipated Impact / Dissemination Plan:

CARE-ED will serve as a scalable model for integrating reproductive healthcare education within emergency medicine training programs. Results and materials will be disseminated via regional/national presentations (AME, SAEM, ACOG) and publication in medical education journals.

NARRATIVE

Rationale and Statement of the Problem: Patients experiencing early pregnancy complications, including miscarriage, often present to the emergency department as their primary access point for care [1]. Traditional pathways rely on obstetric consultation or outpatient follow-up, which can delay definitive treatment, increase emotional distress, and strain ED flow. While manual uterine aspiration (MUA) and medication abortion (MAB) are well-established, evidence-based procedures in obstetrics, they are rarely practiced independently by emergency physicians [2-5].

While Emergency Departments (EDs) traditionally focus on stabilization and transfer for most OB/GYN procedures, there is a growing recognition of the need for EM physicians to be competent in certain reproductive health procedures, particularly for acute presentations of early pregnancy complications like early pregnancy loss (EPL). With the growth of obstetric care deserts in the U.S., the emergency department is increasingly the only place where patients can safely be treated for pregnancy related complications.

The rate of closure of labor and delivery units has only increased since the *Dobbs v. Jackson* decision [6]. Due to these closures, more than 3 million women live in areas without any maternity services [7]. Moreover, with the Affordable Care Act subsidies set to expire, more than 10 million newly uninsured people will flood the healthcare system in the next decade. EDs are regulated by EMTALA law, which requires that they provide stabilizing treatment regardless of insurance status. This confluence of factors means that women will be increasingly forced to go to emergency departments for pregnancy care. It is therefore imperative that the emergency physician workforce be adequately prepared to treat this population.

This project directly addresses this educational and operational gap through structured, collaborative training between Emergency Medicine and Obstetrics & Gynecology at NWH. By equipping emergency physicians with the knowledge and credentialing to independently provide these services, CARE-ED enhances both the educational landscape and quality of patient care. To that end, we aim to:

1. Develop and implement an interdisciplinary curriculum for MUA and MAB within Emergency Medicine training.
2. Create a joint credentialing and competency algorithm for ED physicians.
3. Pilot and evaluate implementation at two major academic EDs (LIJMC-ED and NSUH-ED).

BACKGROUND AND THEORETICAL FRAMEWORK

Early pregnancy loss (EPL), known as a miscarriage or spontaneous abortion, refers to a non-viable intrauterine pregnancy prior to 13 weeks gestation [1]. In the United States, there are nearly 1 million early pregnancy losses every year [8]. Research indicates that 80% of all pregnancy losses occur within the first trimester, often before the initiation of prenatal care [2]. Similarly, vaginal bleeding is a common first trimester concern, with approximately 25% of early pregnancies affected [3]. 46% of patients who experience vaginal bleeding in pregnancy in the United States are seen in the emergency department [9], accounting for >900,000 ED visits annually [10].

For patients who are having hemodynamic instability due to EPL related blood loss, evaluation of the uterus is the definitive management [1]. A manual uterine aspiration (MUA) is the procedure that is performed for these patients. Numerous studies have found that a MUA is a safe, cost-effective procedure that can be safely incorporated into the emergency department [11,12]. One case series showed that the procedure complication rate of MUA was <1% [11].

In a national survey evaluating ED physicians' perspectives on the provision of abortion care in the ED, 71% of providers supported abortion provision in the ED if legally allowed, although only 52% reported ever prescribed medication abortion pills. Providers did not routinely provide this care due to a variety of factors including lack of knowledge, lack of training, and legal as well as institutional restrictions [13].

Here at Northwell, our initiative builds upon five years of collaboration between the Women's Health in Emergency Medicine (WHEM) team and the Complex Family Planning (CFP) Obstetrics service. Two prior Katz Innovation-supported projects laid the groundwork for CARE-ED. First, we developed an ED-based protocol for MUA performed by OB consult teams, establishing a culture shift in early pregnancy loss management. We are now able to provide MUA for miscarriage management in the ED.

Second, the Early Pregnancy Assessment Clinic (EPAC) was started by our CFP colleagues last year. It functions as a patient referral source for outpatient continuity for anyone that is pregnant and has any pregnancy related concerns. It will also act as a training site for education and procedural standardization. The ED residents will be able to get certified in MUA provision by our OB/GYN colleagues in an outpatient setting.

Grounded in the Kirkpatrick Model of Educational Evaluation and Situated Learning Theory, the CARE-ED curriculum emphasizes experiential, supervised learning with interdisciplinary mentorship, fostering translation of obstetric procedural knowledge to emergency practice.

APPROACH:

Setting & Participants: Participants for this pilot will be recruited from the Emergency Department at both the NSUH-ED and the LIJMC-ED. Participants include EM faculty, fellows, and residents; OB/CFP faculty and fellows; nursing staff; and ultrasound team members. Recruitment will occur via email, QR codes shared at departmental meetings/grand rounds, and direct outreach to department heads and GME leadership. Pilot implementation will occur at NSUH-ED and LIJMC-ED.

Innovation / Intervention: Formal curricula for training EM physicians in MUA and MAB do not currently exist, nor do streamlined credentialing pathways for these procedures. Our project will be the first to develop a package of educational interventions for these procedures that meaningfully shifts EM practice.

Curriculum Development: The curriculum will incorporate multiple educational modalities to ensure comprehensive learning and skill acquisition. In-person didactic sessions will be integrated into existing faculty and resident conference schedules. These sessions will be complemented by structured online learning modules featuring high-quality video demonstrations of procedural techniques and integrated assessments to verify knowledge retention and understanding. To bridge the gap between theoretical knowledge and practical application, the program will include hands-on simulation and procedural training conducted in partnership with OB/GYN faculty and the simulation team. This will ensure residents receive expert guidance while practicing in a safe, controlled environment that allows for repetitive skill development and immediate feedback.

Manual Uterine Aspiration (MUA) Training: Emergency Medicine participants will attend EPAC sessions to gain valuable hands-on experience with real patient scenarios under expert supervision. Additionally, the program will establish ultrasound collaboration initiatives focused on transabdominal ultrasound training, ensuring residents develop proficiency in the imaging skills essential for early pregnancy evaluation and management. To maintain high standards and ensure competency, the curriculum will include the development of credentialing standards specifically tailored to Emergency Medicine practice, establishing clear benchmarks for procedural proficiency and ongoing quality assurance that reflect the unique scope and requirements of emergency care settings.

Medication Abortion (MAB) Training: This component will cover essential pharmacologic principles, appropriate patient selection criteria, and comprehensive follow-up protocols. Residents will receive dedicated mentorship support from Ob/Gyn to navigate REMS (Risk Evaluation and Mitigation Strategy) certification requirements and understand prescribing pathways within the emergency department setting. Additionally, the program will focus on creating evidence-based practice guidelines specifically designed for Emergency Department implementation, ensuring that MAB protocols are seamlessly integrated into existing ED workflows.

Credentialing & Quality Review: A joint OB/GYN and Emergency Medicine committee will conduct comprehensive reviews of both ACOG (American College of Obstetricians and Gynecologists) guidelines and institutional standards to develop appropriate benchmarks for practice. This collaborative approach will inform the development of a pilot credentialing pathway specifically designed for Emergency Medicine physicians, creating clear competency requirements and assessment protocols tailored to the emergency care environment. To maintain continuous quality improvement, the program will implement ongoing review processes for patient outcomes and adverse events.

Barriers & Mitigation: A primary barrier involves variability in provider comfort levels and institutional policies regarding Emergency Medicine physicians performing OB/GYN procedures. This will be addressed through collaborative OB/GYN and Emergency Medicine co-development of standardized credentialing processes and comprehensive risk assessments. There is a challenge of limited faculty training time, which could impact the program's educational effectiveness. This will be mitigated through the implementation of asynchronous learning modules. These modules will allow for flexible scheduling, strategic cross-coverage arrangements during clinical training periods to maximize learning opportunities, and the establishment of staff incentives for program completion.

OUTCOMES AND EVALUATION PLAN:

Anticipated Outcomes:

- Increased procedural competency among EM faculty and trainees.
- Improved interdisciplinary collaboration.
- Enhanced patient satisfaction and care timeliness.
- Scalable educational model for system-wide use and adoption elsewhere.

Evaluation Metrics:

- Knowledge and skill assessments (pre-/post-tests, simulation scoring).
- Procedure tracking and review of outcomes.
- Learner feedback and focus groups.
- Credentialing adoption and system integration metrics.

Data Analysis: Our evaluation will employ a mixed-methods approach combining quantitative assessment of knowledge and skill acquisition with qualitative exploration of implementation experiences and barriers. All participants will complete identical knowledge assessments before and after the curriculum covering clinical indications, procedural techniques, ultrasound competency, patient counseling, and complication management. Paired t-tests will be used to compare pre- and post-intervention scores ($p < 0.05$), with effect sizes calculated to quantify learning gains. We will also track procedural competency metrics including simulation performance scores, number of procedures performed per trainee, and rates of successful credentialing. Clinical implementation will be evaluated by comparing post-implementation data (procedure volumes, time to treatment, complication rates, patient disposition

patterns, and 14-day return visits) to historical baseline using chi-square tests and independent t-tests as appropriate.

For qualitative analysis, we will conduct semi-structured interviews with 15-20 EM residents, fellows, and attending physicians 1-3 months post-training. Interviews will explore perceptions of curriculum effectiveness, barriers to ED implementation, experiences with interdisciplinary collaboration, attitudes toward scope expansion, and recommendations for scalability. All participants will also complete post-training surveys 3-6 months after completion, combining Likert-scale items (analyzed with descriptive statistics) and open-ended questions.

Sustainability: After the funding period, materials will be integrated into annual EM training and onboarding. Ongoing case review by the OB/EM collaborative ensures continuous quality improvement. We will monitor the success of the training intervention for 6 months following the implementation period.

Dissemination: We will present the findings at an event sponsored by the Academy of Medical educators within 18 months of the award start date. In addition, we will submit the project for presentation at national conferences such as the SAEM and ACOG. We will publish our curriculum and training algorithms in peer-reviewed educational journal focused on reproductive health training and emergency medicine. We will also share our modules within the Northwell GME consortium.

TIMELINE:

Phase	Activities	Timeline
Phase 1	Curriculum design, stakeholder meetings, IRB determination	Months 1–4
Phase 2	MUA and MAB training module creation, pilot recruitment	Months 4–8
Phase 3	Implementation at NSUH-ED and LIJMC-ED	Months 8–16
Phase 4	Data collection, feedback, and quality review	Months 12–20
Phase 5	Final analysis, dissemination, manuscript preparation	Months 20–24

BUDGET & JUSTIFICATION

Item	Description	Estimated Cost	Funding Requested
Faculty Teaching Stipends	Prorated based on RVUs for curriculum development and supervision (EM & OB faculty, 10 hrs each @ \$200/hr)	\$4,000	\$2,000
Research/Administrative Support	Coordination of scheduling, data tracking, and training records	\$2,000	\$1,000
Educational Materials	Simulation supplies, printing, digital module production	\$1,500	\$1,000
Software / Platform Access	Virtual training hosting, CME tracking, evaluation forms	\$1,000	\$500
Evaluation and Data Analysis	Statistical and qualitative analysis support	\$1,500	\$500

Total Estimated Cost: \$10,000 | Total Requested: \$5,000

Budget Justification:

Funds will be allocated towards curriculum design, digital content creation, and initial pilot evaluation for CARE-ED. The remaining expenses will be covered through departmental and institutional support, ensuring sustainability beyond the grant period.

REFERENCES

1. American College of Obstetricians and Gynecologists (ACOG). Early Pregnancy Loss Practice Bulletin. *Obstet Gynecol.* 2020;135(5):e180-e189.
2. Raymond EG, et al. First-trimester aspiration abortion: Review of safety and efficacy. *Contraception.* 2019;99(2):77-82.
3. Schreiber CA, et al. Medication abortion in the United States: A review. *JAMA.* 2022;327(11):1042-1052.
4. Harden RM. Ten key features of the future medical school curriculum. *Med Teach.* 2020;42(8):872-878.
5. Kirkpatrick JD, Kirkpatrick WK. *Four Levels of Training Evaluation.* ATD Press; 2016.

6. Weiner S. The fallout of Dobbs on the field of OB-GYN. 2023. [Accessed November 13,2025]. Available at: <https://www.aamc.org/news/fallout-dobbs-field-ob-gyn>.
7. Wetsman N, Brownstein J, Rader B. Maternal care deserts overlap with lack of abortion access, analysis shows. 2023. [Accessed November 13,2025]. Available at: <https://abcnews.go.com/Health/abortion-access-restrictions-affect-maternity-care-access-research/story?id=101770115>.
8. Kinariwala M, Quinley KE, Datner EM, Schreiber CA. Manual vacuum aspiration in the emergency department for management of early pregnancy failure. *Am J Emerg Med*. 2013 Jan;31(1):244-7. doi: 10.1016/j.ajem.2012.07.014. Epub 2012 Sep 27. PMID: 23021402.
9. Miller CA, Roe AH, McAllister A, Meisel ZF, Koelper N, Schreiber CA. Patient Experiences With Miscarriage Management in the Emergency and Ambulatory Settings. *Obstet Gynecol*. 2019 Dec;134(6):1285-1292. doi: 10.1097/AOG.0000000000003571. PMID: 31764740; PMCID: PMC6882532.
10. Benson LS, Magnusson SL, Gray KE, Quinley K, Kessler L, Callegari LS. Early pregnancy loss in the emergency department, 2006-2016. *J Am Coll Emerg Physicians Open*. 2021 Nov 5;2(6):e12549. doi: 10.1002/emp2.12549. PMID: 34766105; PMCID: PMC8571073.
11. Kelly E. Quinley, Deborah Chong, Sarah Prager, Charlotte P. Wills, Arun Nagdev, Sara Kennedy, Manual Uterine Aspiration: Adding to the Emergency Physician Stabilization Toolkit, *Annals of Emergency Medicine*, Volume 72, Issue 1,2018,Pages 86-92,ISSN 01960644
12. Manual Uterine Aspiration in the Emergency Department as a First-Line Therapy for Early Pregnancy Loss: A Single-Centre Retrospective Study. Whittaker, Lauren et al. *Journal of Obstetrics and Gynaecology Canada* , Volume 44, Issue 6, 644 – 649
13. Kempf AM, Singer MR, Haas-Kogan M, Pelletier A, Friedman AB, Easter SR, Bartz D. Abortion care in the emergency department: A national survey of emergency physicians' perspectives. *Acad Emerg Med*. 2025 Aug;32(8):848-856. doi: 10.1111/acem.70002. Epub 2025 Feb 23. PMID: 39988957.

BIOGRAPHICAL SKETCH

NAME: Army, Jessica MD

POSITION TITLE: Associate Program Director, Assistant Professor

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Middlebury College, Middlebury, VT	BA	05/2008	Neuroscience
George Washington University School of Medicine, Washington, D.C.	MD	05/2012	Medicine
Emergency Medicine at SUNY Upstate Medical Center, Syracuse, NY	Residency Graduation	06/2015	EM Residency
Access Bridge: Reproductive Justice Fellowship	Fellowship Completion	06/2025	Women's Reproductive Health

A. Personal Statement

I am an emergency physician, Chief of the Division of Women's Health in Emergency Medicine (WHEM) and Program Director of the first Women's Health in Emergency Medicine Fellowship in the nation. I combine my passion for emergency care with my desire to advocate for women's health in education, clinical care and policy. Over the last 10 years I have established a resident interest group in women's health that lead to the development of an annual conference for CME focusing on emerging research in women's health that can advance care and standards for excellence in our specialty. My team and I have collaborated with Obstetrics and Gynecology for 5 years in the development and implementation of a novel protocol for Manual Uterine Aspiration (MUA) performance; bringing a well-established, safe and effective procedure to a novel environment - our emergency departments. This protocol was adopted in November 2024 and we have ongoing Q3monthly reviews of data to support increased utilization of this protocol and continue to address any hurdles or adjustments necessary.

I am excited to serve as Co-PI on this project to advance the collaborative efforts between Obstetrics and Gynecology and the WHEM division as we develop novel curriculum, education, credentialing pathways, and ultimately practice change. We will build on the successful pilot implementation at LIJMC and NSUH Emergency Departments and develop emergency medicine curriculum that is adherent to evidence-based guidance already in place from ACOG and also developed alongside our Obstetrics and Gynecology physicians who are practicing these skills with our patient populations daily. This is an opportunity for emergency medicine to join with OBGYN and stand ready to meet the needs of our diverse patient populations. With reproductive care desserts expanding across the United States, Emergency Medicine must rise as a specialty to expand our practice where we can safely, effectively and independently provide definitive management in the emergency department.

B. Positions, Scientific Appointments, and Honors

2015	The Emergency Nurses Resident Award for Caring, Compassion and Collaboration, SUNY Upstate Hospital
2015 – Present	Attending Physician North Shore University Hospital
2019 – Present	Attending LIJMC and NSUH and Associate Program Director of the Emergency Medicine Residency Program at the Zucker SOM at HOFTSTRA
2016 – 2024	CPC Faculty Liaison
2019 – 2024	Faculty Leader of Women in Medicine Residency Group
2021, 2024	Truly Award Nominee, Northwell Health
2022, 2024	Women in Emergency Medicine Advocacy Award, Northwell Health
2024 – Present	Chief of the Division of Women’s Health in Emergency Medicine
2025 – Present	Program Director of Women’s Health in Emergency Medicine

C. Contributions to Science

Publications:

Handbook, pediatrics EMRA 2015

Sperandeo M, Pantic D, Army J. Acute Toxin-mediated Rhabdomyolysis During Treatment With Trimethoprim-sulfamethoxazole. Clin Pract Cases Emerg Med. 2019;3(4):357-360.

Gorgens S, Army J. Systematic approach to the peripheral vascular exam: pearls & pitfalls. emDOCS.net – Emergency Medicine Education. Dec 2020.

Gorgens S, Army J. Bowel Perforation: ED presentations, evaluation, and management. emDOCS.net – Emergency Medicine Education. Nov 2021.

Gorgens S, Army J. The Bleeding Cervical Cancer Patient: Systematic approach and management. emDOCS.net – Emergency Medicine Education. Oct 2022.

‘The Pitt’ showed what abortion pill access should look like. Autonomy News. Army, J. & Mendola. T.S., July, 2025.

Research:

Cleveland Clinic Lerner Research Institute, Ohio (07/2006-08/2006)

Student researcher in Multiple Sclerosis, Advisor: Elizabeth Fisher, Ph.D.

Manual Uterine Aspiration Pilot PI– Ongoing Q3monthly review, in process, publication anticipated within 18 months

Presentations:

Game-ification, *CORD Conference NYC March 2020*

Army J, Razack B. The Power of Talk: communicating effectively in the workplace. Spring Women in Medicine Conference; 2020 May 20; Zucker School of Medicine, Hempstead, NY. **Presentation was accepted but not presented due to COVID-19 related conference cancellation. Given virtually on November 5th, 2020.*

Women in Medicine Spring Conference CME, *Pelvic exam considerations, Microaggressions panel, April 2022*

Women in Emergency Medicine, Live Virtual CE Conference, *Northwell Health, April 2023, Lecture: When one patient becomes two: Resuscitative Hysterotomy and Precipitous delivery in the ER*

All Long Island Regional Conference, *April 2024 Lecture: Environmental Exposure and Dehydration*

Women in Medicine Leadership Summit, in Partnership with FemInEM, *September 2025 Chicago Illinois: Manual Uterine Aspiration Implementation and Adoption within the Emergency Department for Early Pregnancy Loss Management*

BIOGRAPHICAL SKETCH

NAME: Yelena Korotkaya

POSITION TITLE: Associate Program Director, Complex Family Planning Fellowship
Director of the Ryan Residency Training Program, Department of Obstetrics and Gynecology
Assistant Professor, Obstetrics and Gynecology, Zucker School of Medicine

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Macaulay Honors College at Hunter College, New York, NY	BA	05/2010	Psychology
SUNY Downstate College of Medicine, Brooklyn, NY	MD	05/2014	Medicine
Northwell Health-North Shore/LIJ, Manhasset, NY	Residency	06/2018	Obstetrics & Gynecology
David Geffen School of Medicine at UCLA, Los Angeles, CA	Fellowship	06/2020	Complex Family Planning
UCLA Fielding School of Public Health, Los Angeles, CA	MPH	06/2020	Public Health

A. Personal Statement

I am uniquely qualified to successfully complete the “Comprehensive Access to Emergency Reproductive Care in the Emergency Department (CARE-ED): Education Initiative” based on my expertise in complex family planning, interdisciplinary curriculum development, and proven track record implementing reproductive healthcare education across specialties. As Co-Director of the Kenneth J. Ryan Family Planning Program and Assistant Program Director of the Complex Family Planning Fellowship, I have extensive experience designing and evaluating graduate medical education curricula. My MPH from UCLA provided formal training in program evaluation and educational research methodology—skills directly applicable to CARE-ED's outcomes measurement.

I successfully created manual vacuum aspiration (MUA) training programs in both North Shore and Long Island Jewish Hospital Emergency Departments, demonstrating my ability to develop procedural curricula, train non-OB/GYN providers, and establish interdisciplinary credentialing pathways. I expanded mifepristone formulary access across Northwell sites and established the Early Pregnancy Assessment Clinic in 2025, which will serve as a dedicated CARE-ED training site. Five years of collaboration with the Women's Health in Emergency Medicine (WHEM) team, supported by two prior Katz grants, have established the interprofessional relationships and institutional infrastructure essential for success.

For areas outside my expertise—emergency medicine residency training frameworks, simulation-based education design, and ED workflow integration—I will collaborate with Dr. Jessica Army (WHEM Co-Director). This will ensure curriculum alignment with EM training standards and operational constraints. We will also work with the Northwell Simulation Center team for evidence-based simulation development.

I am confident in successfully completing this project given my established OB/EM partnership, proven track record managing similar educational initiatives on time and within budget, access to established training sites, and clear evaluation framework grounded in my MPH training.

B. Positions Held

2023-Present Assistant Program Director, Complex Family Planning Fellowship, Zucker School of Medicine at Hofstra/Northwell

2020-Present Co-Director, Kenneth J. Ryan Family Planning Program, Zucker School of Medicine at Hofstra/Northwell

2020-Present Associate Chief of Complex Family Planning, Long Island Jewish Medical Center

2020-Present Assistant Professor, Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell

2020-Present Attending Physician, Obstetrics and Gynecology, North Shore Manhasset & Long Island Jewish Hospital

C. Honors & Awards

2025-2028 NY State Department of Health - Expanding Safe Surgical and Medical Abortion Access (ESSMA), \$1,060,404 **(PI)**

2025 Katz Institute for Women's Health Innovation Grant - Mind the Gap: An Innovative Approach to Early Pregnancy Assessment, \$15,000 **(PI)**

2023-2025 NY State Division of Criminal Justice Services - Securing Reproductive Health Centers Program, \$50,000 **(PI)**

2022-2025 NY State Department of Health - Expanding Safe Surgical and Medical Abortion Access (ESSMA), \$901,304 **(PI)**

2018-2020 Society of Family Planning Research Grant - Evaluating the frequency of crisis pregnancy center visits among a population of patients seeking abortions, \$13,175 **(Site PI)**

2018 North Shore Long Island Jewish Cohen Lectureship Research Award

2017 Ryan Resident Scholarship Recipient

2016 Best Intern Teaching Award, Northwell Health

D. Contributions to Medical Education

1. Nexplanon Instructor, Organon. Certified to train residents, physicians and APCs to place the contraceptive implant. Resident, physician and APC workshops yearly.
2. "Reproductive Care in the Emergency Department: The Next Four Years." *Panel Speaker*, Fourth Annual Women's Health in Emergency Medicine Conference, Northwell Health. April 2025.
3. "Family Planning for Ambulatory Surgery." *Invited Presentation*, Presurgical Testing Unit, North Shore Hospital, Manhasset, NY. September 2024.
4. "Abortion and Contraception Provision in the time of Covid-19." *Invited Lecture*, Pediatric and Adolescent Department, Children's Hospital of Los Angeles. April 2020.
5. "Covid Complications and the Provision of Family Planning Services." *Oral Presentation*, National Society of Family Planning Annual Meeting. October 2021.

E. Additional Information: Research Support and/or Scholastic Performance

1. **Korotkaya Y**, Chen AY, Steward R, Schmidt EO, Chan EY, Gipson JD. Evaluating the frequency of crisis pregnancy center visits among a population of patients seeking abortions in Los Angeles. *Contraception*. 2023. PMID: 36934955
2. Rapkin A, **Korotkaya Y**, Taylor K. Contraception counseling for women with Premenstrual Dysphoric Disorder (PMDD): Current Perspectives. *Open Access Journal of Contraception*. 2019;10:27-39.
3. **Korotkaya Y**, Chen A. "Evaluating the frequency of crisis pregnancy center visit among a population of patients seeking abortions." *Oral Abstract, Fellowship in Family Planning Annual Meeting*. October 2018.
4. **Korotkaya Y**, Schmidt EO. "Evaluating the impact of ulipristal acetate in the eastern long island region." *Poster Presentation, ACOG Annual Meeting*. April 2018.
5. **Korotkaya Y**, Anziska Y. Quality of life and pain in HIV-associated sensory neuropathy: A study in a minority population. *Journal of Neurology*. Vol 78(1) April 23, 2012.

Department of Emergency Medicine
North Shore University Hospital | Long Island Jewish Medical Center

November 14, 2025

Dear Academy Innovations Program Committee Members,

I write to express my enthusiastic support of Dr. Jessica Army and Dr. Yelena Korotkaya's application to The Lawrence G. Smith Fund for Innovation in Medical Education, titled "Comprehensive Access to Emergency Reproductive Care in the Emergency Department – CARE-ED, Education initiative." As the Chair of Emergency Medicine at Northwell Health, I fully support the proposed initiative and stand ready to support the project with dedicated staff and resources following the grant period.

Dr. Army and Dr. Korotkaya's proposal addresses a critical need in our healthcare system by ensuring that emergency department (ED) patients have timely access to essential reproductive services and that we have staff who are capably trained to deliver this care. Given the unique role of the ED as a primary point of contact for many individuals seeking urgent medical care, their project has the potential to transform how reproductive health needs are identified, addressed, and met within our hospitals. By integrating comprehensive services, including procedural and medication miscarriage management, early pregnancy care, and contraception provision by independent Emergency Physician practice, they aim to develop an educational model that trains our clinicians to meet the needs of our patients and is also reproducible for replication to advocate for shifts in emergency medical education more broadly.

Dr. Army brings a wealth of experience, clinical expertise, and an innovative approach to patient-centered care. Her leadership and commitment to equity in healthcare access make her an ideal candidate to implement a project of this scale and significance. Additionally, her collaborative spirit and strong connections within the Northwell Health community position her well to work across departments, ensuring the successful integration and sustainability of this program. Dr. Korotkaya has similar leadership and clinical expertise within Obstetrics and Gynecology and directs a team of Complex Family Planning Fellows who will be integral to the development of this novel curriculum. Moreover, Dr. Army and Dr. Korotkaya will be supported by a strong team that includes a Nurse Champion to ensure that our outstanding nursing staff has a voice in the project's development. They will also be supported by Dr. T.S. Mendola, who brings a decade of experience in reproductive health policy and communications to the project and both the Women's Health in Emergency Medicine Fellows and the Complex Family Planning Fellows.

The impact of this initiative extends beyond North Shore University Hospital and Long Island Jewish Medical Center; it sets a precedent for accessible, comprehensive reproductive healthcare education in emergency departments across New York State. Their project aligns seamlessly with Northwell Health's commitment to providing inclusive and high-quality care and education. We in the Emergency Medicine Service Line are committed to partnering with the OB service line to streamline processes for educating emergency clinicians in these two important early pregnancy loss management strategies.

For these reasons, I fully endorse Dr. Jessica Army and Dr. Yelena Korotkaya's application to The Lawrence G. Smith Fund for Innovation in Medical Education. Your support will be instrumental in developing and advancing education that addresses a pressing healthcare need, promotes health equity, and expands access to this critical care. Please do not hesitate to contact me should you require further information.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Becker', with a stylized, cursive script.

Lance B. Becker, MD, FAHA

Chair, Department of Emergency Medicine
North Shore University Hospital & Long Island Jewish Medical Center at Northwell Health

Professor and Chair, Department of Emergency Medicine
Donald & Barbara Zucker School of Medicine at Hofstra/Northwell

Dorothy and Jack Kupferberg Endowed Chair
Department of Emergency Medicine at Northwell Health

Professor, Institutes of Molecular Medicine and Bioelectronic Medicine
Feinstein Institutes for Medical Research



DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL

Kevin Holcomb, MD

Chairman, Obstetrics & Gynecology
Donald and Barbara Zucker School
of Medicine

To the Academy of Medical Educators,

I am writing to provide my strongest endorsement for the Comprehensive Access to Emergency Reproductive Care in the Emergency Department (CARE-ED) Education Initiative, featuring Dr. Yelena Korotkaya's role as Co-Principal Investigator. As the newly appointed Chair of Obstetrics and Gynecology at Northwell Health, I have closely reviewed the CARE-ED proposal and am deeply impressed by its innovative approach to interdisciplinary medical education and reproductive healthcare delivery. Dr. Korotkaya's leadership, combined with her extensive expertise in Complex Family Planning makes her uniquely qualified to drive this groundbreaking initiative. Her prior work establishing the Katz Institute for Women's Health funded Early Pregnancy Assessment Clinic (EPAC) demonstrates her ability to collaborate in creating innovative clinical pathways that improve patient care and medical education. The CARE-ED initiative builds upon this foundation, offering a scalable model for integrating reproductive healthcare education across training programs.

The project's core mission—to enable emergency medicine physicians to provide comprehensive reproductive care through structured training and credentialing—aligns perfectly with my own commitment to addressing healthcare disparities and advancing women's health services. Dr. Korotkaya's collaborative approach, bridging Emergency Medicine and Obstetrics & Gynecology, represents exactly the type of transformative educational model our medical system needs.

Dr. Korotkaya's leadership promises to not only enhance physician competencies but also improve patient access to timely, compassionate reproductive care. I fully support this initiative and Dr. Korotkaya's pivotal role in its development and implementation.

Sincerely,

Kevin Holcomb, MD

Kevin Holcomb, MD
Chair, Department of Obstetrics and Gynecology
Northwell Health