

***The Department of
OBSTETRICS AND GYNECOLOGY***

Post-Graduate Program

The VCU Health System provides a complete array of residency training programs and similar offerings in sub-specialty fellowships. The Department of Obstetrics and Gynecology is pleased to be an integral part of this institution, which has a long history and has achieved an outstanding reputation for patient care, teaching and research. This information will only focus upon our Department but you should be aware of the outstanding faculty and housestaff in other specialties that also have an impact on what we do at the VCU Health System.

We are pleased that you are interested in reviewing our program and hope that this information will answer the majority of your questions.

The VCU Health System is one of the largest University Hospitals in the United States and was recently named in the Solucient Top 100 award as one of the 100 top hospitals in the nation. U.S. News and World Report have listed our gynecology services as one of the top 40 in the country. The Department of Obstetrics and Gynecology is pleased to be an integral part of this institution, which has a long history and has achieved an outstanding reputation for patient care, teaching and research. Few Ob/Gyn programs are able to provide comparable experience in such widely divergent areas as normal obstetrics, high-risk obstetrics, benign gynecology, gynecologic urology, diagnostic ultrasonography, genetics counseling, bladder dysfunction studies, urogynecology, gynecologic endocrinology, infertility, outpatient surgery, family planning, cancer care and emergency services. Our Department is fortunate to have the specialists, the special facilities and the patient volume that allows the resident to have personal experience and responsibility in all areas of Obstetrics and Gynecology. Some of our faculty have been named in both local and national “Top Docs” rankings.

About the Virginia Commonwealth University Medical Center

The Virginia Commonwealth University Medical Center is one of the nation's leading academic medical centers and stands alone as the only academic medical center in Central Virginia. The medical center includes the 780-bed MCV Hospitals and outpatient clinics, MCV Physicians -- a 600-physician-faculty group practice, and the health sciences schools of Virginia Commonwealth University. The VCU Medical Center, through its VCU Health System, offers state-of-the art care in more than 200 specialty areas, many of national and international note, including organ transplantation, head and spinal cord trauma, burn healing and cancer treatment. The VCU Medical Center is the site for the region's only Level 1 Trauma Center. As a leader in healthcare research, the VCU Medical Center offers patients the opportunity to choose to participate in programs that advance evolving treatment, such as those sponsored by the National Cancer Institute through VCU's Massey Cancer Center, Virginia's first NCI-designated cancer center. The VCU Medical Center's academic mission is supported by VCU's health sciences schools of medicine, allied health, dentistry, pharmacy and nursing.

The VCU Health System continues to grow and develop. In 2004 a crucial milestone was the implementation of the Cerner and IDX systems. This system is one of the most advanced and comprehensive clinical information systems found at any medical center in the world.

Also, the VCU Health System has been named one of the 100 Best Companies for Working Mothers by Working Mother magazine, which lauded the organization's program to advance women in the medical sciences, its employee-only OB-GYN clinic and its on-site child-care centers, two years in a row.

The VCU Health System was one of 12 health systems in the United States, and one of six companies in Virginia, chosen for the honor. The magazine said this year's recipients showed a trend toward attention to employees' health and wellness.

The VCU Health System gained the magazine's recognition for several initiatives, including its Women in Science, Dentistry and Medicine program, a professional association for women designed to ensure they move through the ranks of the health system while at the same time juggling stressors like the life and death nature of their work with their home and family life.

Further, the VCU Health System offers its employees three nationally accredited, on-site child-care centers that offer extended hours and back-up child care.

“When schools closed this year due to snow, they offered free childcare to my 5-year-old who is not even enrolled,” said Christina Blottner, a surgical nurse. “They did everything possible to accommodate every child with a parent who needed to work.”

Working Mother magazine also highlighted the health system’s Rainbow Society, which helps employees facing a financial hardship, such as the loss of a spouse’s job. Such workers can have their household bills paid in full with no need to repay. The gifts are funded through staff contributions and fundraising events.

Dr. Sheldon M. Retchin, CEO of the VCU Health System, said he was not surprised at the honor but delighted to see the organization recognized for the efforts it makes on behalf of working mothers.

“The VCU Health System includes some extraordinary employees, many of whom are working mothers, and caring is the very essence of everything they do,” said Retchin. “That is one reason that we work so hard to help our employees balance their work and family lives. I am amazed at the way so many of my colleagues work so passionately at their jobs and careers while simultaneously raising children. I admire their passion for excellence at work and home.”

Retchin said the organization will continue to emphasize work-life balance issues through wellness programs, community development opportunities, employee benefits and lifelong learning opportunities, including tuition waivers.

The VCU Health System officials attribute high performance among staff to policies and benefits that have been in place for many years.

“We have fostered and maintained a family-friendly culture that spans decades,” said Maria Curran, vice president of human resources. “Our longevity as well as the length of our employees’ tenure tells us that focusing on work-life balance is a right thing to do that also pays us back financially.”

Educational Objectives

An Overview

Our attempt over the years has been to develop a program in Obstetrics and Gynecology that has the essentials that reflect the growth and development of the specialty itself. Therefore, within the program, we have developed the traditional sub-specialty areas of Maternal-Fetal Medicine, Gynecology Oncology and Reproductive Endocrinology. In addition, the program carries with it an outpatient surgery unit, and active gynecologic urology unit, general Ob/Gyn care and an Ob/Gyn diagnostic center that includes ultrasonography, genetic counseling and electronic fetal surveillance. The overall objective of the program is to produce an individual who has had ample clinical experience upon which to base judgment and ample technical experience to allow residents to operate independently for those procedures that would be expected of the practitioner of our specialty. Inpatient teaching has been subdivided into specific rotations that are under the direction of selected faculty members. These rotations are designed in such a manner that the residents are given graduated levels of experience throughout their training program.

ROTATIONAL OVERVIEW PGY I – PGY IV

Intern (PGY-I):

OBSTETRICS I	OBSTETRICS II	ONCOLOGY	GYNECOLOGY	GERIATRICS
MRICU	WARD MEDICINE	ANESTHESIA	EMERGENCY MEDICINE	RESEARCH

OBSTETRICS I - This rotation includes L&D, High Risk Clinic, Breast Clinic, Ultrasound and Rounds.

OBSTETRICS II – This rotation includes Clinic and L&D.

ONCOLOGY – This rotation includes LEEP clinic, OR, Dalton Clinic, Ambulatory OR, and Rounds.

GYNECOLOGY – This rotation includes OR, Clinic, Ultrasound, and Colpo Clinic.

Each Block is one month in length.

JAR (PGY-II):

AMBULATORY CARE CLINIC	GYNECOLOGY	NIGHTS	OBSTETRICS	ONCOLOGY	REPRODUCTIVE ENDOCRINE & INFERTILITY
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AMBULATORY CARE CLINIC – This rotation includes Clinic.

GYNECOLOGY – This rotation includes OR, Clinic, Urolab, L&D, and Continuity Clinic.

NIGHTS – This rotation includes L&D and Continuity Clinic.

OBSTETRICS – This rotation includes L&D and Clinic.

ONCOLOGY – This rotation includes LEEP clinic, OR, Dalton Clinic, and Ambulatory OR.

REPRODUCTIVE ENDOCRINE & INFERTILITY - This rotation includes Clinic, Ultrasound, Colpo Clinic, High Risk Clinic, PCOS clinic, and E&I Clinic.

Each block is two months – one during the first half of the year, the second during the second half of the year.

AR (PGY III):

ANTEPARTUM	GYNECOLOGY I	GYNECOLOGY II	OBSTETRICS DAYS	OBSTETRICS NIGHTS	SUFFOLK
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ANTEPARTUM – This rotation includes Ultrasound, Genetics Clinic, High Risk Clinic, L&D

GYNECOLOGY I – This rotation includes OR, Clinic, Referral Clinic, Urogyn Clinic, Colpo Clinic

GYNECOLOGY II – This rotation includes Consults and Clinic

OBSTETRICS Days – This rotation includes L&D

OBSTETRICS Nights – This rotation includes L&D

SUFFOLK – This rotation includes Clinic and OR

Each block is two months – one during the first half of the year, the second during the second half of the year.

SR (PGY IV):

AMBULATORY CARE I	FLOAT	GYNECOLOGY	OBSTETRICS	ONCOLOGY	UROGYN
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AMBULATORY CARE I – This rotation includes Urolab, High Risk Clinic, Chesterfield Health Department, L&D, Colpo Clinic

FLOAT – This rotation includes Float, Clinic, High Risk Clinic, and Colpo Clinic

GYN – This rotation includes OR, Clinic, Ambulatory OR

OBSTETRICS – This rotation includes L&D and Clinic

ONCOLOGY – This rotation includes LEEP, OR, Clinic

UROGYN – OR, Urolab, Clinic, Colpo Clinic, Perineal Clinic

Each block is two months – one during the first half of the year, the second during the second half of the year.

The **Intern level (PGY-1)** is designed to give a broad base of medical experience to the first year resident. Our philosophy is that graduate education entirely focused on issues of Obstetrics and Gynecology does not adequately prepare the individual for practice. Therefore, the PGY-1 residents receive a thorough education in Internal Medicine, including critical care, with rotations in the surgical/medical emergency room, the Medical Intensive Care Unit and general medicine. They obtain the basic foundation of experience in both obstetrics and gynecology, including ambulatory and inpatient settings. These rotations in Obstetrics and Gynecology allow the residents to develop their skills in physical diagnosis, primary care and pre and post-operative technique.

The **JAR level (PGY-II)** residents have the opportunity for initial contact with patients admitted to the hospital. This includes the first evaluation and the opportunity to formulate a diagnosis and plan of management. On virtually every service, a third or fourth year resident or both review this initial evaluation.

The **AR (PGY-III)** is a year during which opportunities for increased independent function are accelerated. They have enhanced opportunity for decision-making. They act as the inpatient hospital consultant for other services with faculty backup. They serve as the primary managers of patients in Labor and Delivery, and also act in a consulting role in the emergency rooms and in outpatient clinics. The residents have found the PGY-III year to be one of very rapid growth and development in both their technical skills and judgment. This is a very rich and rewarding year because, in addition to the development of independent function, it has above it two layers of supervision: the PGY-IV residents and the faculty.

The **SR (PGY-IV)** year is one in which the resident now has the opportunity to further sharpen the management and decision making that has been developed in the previous years. He or she acts as a consultant to junior residents in all matters of patient management and evaluation. They also act as consultants for difficult problems when dealing with patients in other departments. They act in a supervisory and educational manner on all of the inpatient services. They work side-by-side with the appropriate faculty members who act as their consultants on a daily basis.

The residents receive their education under the direction of the full-time faculty who rotate their various responsibilities. The full-time faculty are listed in the back of this brochure.

Resident Workload and Supervision

The Intern schedule demonstrates the admixture of basic clinical experience in Obstetrics and Gynecology and general medicine. Four months are dedicated to rotations in the Surgical/Medical Emergency Room, the Medical Respiratory Intensive Care Unit and inpatient and geriatrics medicine. One month is for research initiation, and 1 month is spent on Anesthesia. The dedication to basic medical training insures that the resident is able to recognize and manage common chronic and acute medical illnesses in obstetric and gynecologic patients. Experience with anesthesia further intensifies critical care training along with anesthesia training. One month is to allow interns to pick a research topic, faculty partner, and to get started on their research project. Within the Ob/Gyn department, there is broad base exposure and responsibility in labor and delivery, gynecology, and clinics. Call schedules average two to three weekend shifts per month and no weeknight call.

The JAR and AR years have between their 12 rotations two night float rotations. These are 13 hours in duration (6 p.m.-7 a.m., Sunday-Thursday) during which the resident is assigned to Labor and Delivery. The AR covers all Ob/Gyn inpatients and consults.

The Senior residents take night call in rotation every 6th night with daytime duties on the various Ob/Gyn services. In addition, there is a faculty member in Labor and Delivery 24 hours each day 7 days each week and all holidays.

Supervision is provided by the team approach at all times which incorporates the concept of graduated levels of responsibility. Labor and Delivery, the operating rooms, and all special clinics have constant faculty supervision.

The program is compliant with the 80-hour workweek throughout the four years.

Resident Experience

Obstetrics

The VCU Health System is an urban university teaching hospital with approximately 2,300 annual deliveries, managed by the Department of Obstetrics and Gynecology. Approximately 40% of these deliveries prove to be “high-risk” throughout the pregnancy, labor and delivery, and postpartum period.

Twenty-four hour anesthesia services are provided by the Department of Anesthesiology. These specialists teach principle of obstetrics anesthesia and anesthetic techniques.

Operative Gynecology

Over 10,000 patients were seen in the gynecology clinics and approximately 1500 major operative procedures and approximately 1000 minor procedures were preformed. GYN continuity clinics allow for complete preoperative evaluation and trial of conservative medical therapy prior to scheduling for surgery. All in-patient surgical cases are reviewed at weekly preoperative teaching rounds followed by a review of all surgical pathology. Statistics and complications are presented on a weekly basis. Problem cases are presented for discussion.

Instruction and experience in urogynecology, including Urodynamics, is part of the PGY-II, III, and IV resident experience on the outpatient service.

The residents also receive additional experience and instruction in benign gynecology at the Obici Hospital, Suffolk, Virginia, which is addressed elsewhere in this document.

Gynecologic Malignancies

The residents gain experience and knowledge in gynecologic malignancies through formal teaching sessions, a structured system of teaching rounds and conferences, participation in the outpatient chemotherapy and the critical care management of these patients, as well as surgical and medical management of radiation therapy patients.

Infertility and Endocrinopathies

There is a PGY-II resident assigned to the Endocrine & Infertility Service. These residents see both staff and private outpatients; participate in outpatient laparoscopic and hysteroscopic surgery, perform procedures such as gynecologic ultrasonography, hysterosalpingograms, endometrial biopsies and post-coital tests and scrub on microscopic and macroscopic reconstructive surgery. The residents participate in pre- and post-operative care for the major surgical cases.

General Obstetrics and Gynecology

The accumulation of experience and knowledge in general obstetrics and gynecology is an ongoing process with contributions from all sections of the department. Teaching in ambulatory care is accomplished through didactic material as part of the resident core lecture series, and through on-site attending coverage of the ambulatory care areas of the department. Teaching in these areas covers management of common problems in ambulatory gynecology, including infectious diseases, colposcopy, basic endocrinology, office diagnostic hysteroscopy, and the prenatal management of routine obstetrical patients. In the inpatient setting, instruction is provided through teaching conferences in labor and delivery and antepartum management, gynecology preoperative teaching conferences, teaching rounds on the antepartum and gynecology services and direct supervision of resident activity in labor and delivery and operating rooms.

Pathology

The pathology experience is reinforced as the residents rotate through Gynecology and Gynecologic Oncology, where all of the case material is reviewed at their conferences and the slides presented. Along with this, experience in performing fine needle aspirations of breast and reviewing cytology is available.

Genetic Disorders

There are several areas in the Ob/Gyn program in which residents are exposed to both practical clinical application and didactic material relating to genetic disorders.

Members of the Human Genetics Department have clinic with OB attendance every Tuesday morning where they meet with patients to discuss OB risks. The antepartum AR also attends clinic with geneticists once a week.

There are lectures in the resident core lecture series devoted to various aspects of basic genetics including the topic of prenatal genetic testing, serum alpha-fetoprotein, and other areas of genetic diagnosis. In addition, a clinical geneticist is on-call at all times to Labor and Delivery for evaluation of stillborns and abnormal newborns and to advise appropriate workup.

Ultrasonography

The Department of Gynecology operates and supervises five “state of the art” ultrasound systems utilizing both linear and phased array sector scanning. Consequently, exposure to obstetrical ultrasound is great throughout the residency due to the availability of these ultrasound systems.

PGY-I-IV are specifically assigned to the Ob/Gyn diagnostic testing center. Under daily attending physician supervision and with the technical expertise of two full time ultrasound technologists, the resident gains proficiency in the performance and interpretation of routine Level I obstetrical ultrasound. Each resident is able to obtain basic obstetrical ultrasound information and fetal measurements. As a referral center, the resident is exposed and gains a certain degree of proficiency in Level II fetal imaging to rule out or confirm various fetal anomalies. The resident is also instructed in the performance and interpretation of the various modalities of fetal surveillance including non-stress tests, biophysical profile and Doppler wave form evaluation.

Family Planning

Residents receive both classroom instruction and extensive clinical experience in family planning. Didactic sessions in the weekly core lecture series have been devoted to the physiology of the menstrual cycle, the principles of fertility regulation, oral contraception, and sterilization procedures. These topics are repeated on a two-year cycle. Grand Rounds presentations include talks by departmental faculty and visiting professors

related to complications of sterilization and new developments in contraception. Formal weekly Gynecology Service conferences include discussion on contraceptive choices, contraceptive complications, vasectomy, and abortion. Clinical experience related to family planning is ongoing throughout the four years of residency.

Abortion techniques are learned during Ambulatory Surgery rotations. They are supervised both by full-time faculty and part-time faculty who use this facility extensively for this purpose. Participation in elective termination of pregnancy is not mandatory.

Outside Rotations

The MCV Department of Obstetrics and Gynecology is fortunate to have an outside rotation for PGY-III residents developed to further enhance their exposure to gynecologic surgery. The Obici Hospital in Suffolk, Virginia is a well-established resident rotation allowing residents to care for both private and indigent patients. In addition to obtaining valuable surgical experience, the resident gains experience in managing post-operative gyn patients, while being supervised by an attending private practitioner.

Resident Evaluation

There are several methods of resident evaluation to cover cognitive, technical and behavioral aspects of their performance.

Cognitive: Resident levels PGY-I-IV are all enrolled in the annual CITROG examinations given by CREOG.

Technical: The residents are supervised in their technical procedures on all of their operative rotations. If their technical skills are observed by the faculty to be unsatisfactory, the resident receives counseling and special instruction to bring their skills to a satisfactory level.

Behavior: At the conclusion of each rotation, all residents are formally evaluated regarding core competencies, attitude, patient relationships, teaching ability, sense of responsibility, etc. The faculty members responsible for the rotation evaluate each resident.

Former Residents

A close relationship develops between the residents and the faculty during the four years of education. There is a very strong alumni organization, The Ware-Dunn Society that keeps constant contact between the groups. The Alumni Society provides a loan fund for residents who have financial difficulty and funds three visiting professors each year. The Department holds a 3-day postgraduate course for the alumni each year which brings back a large number of former residents. There are several social functions scheduled during those days to allow renewal of friendships and informal interchange.

Research

The research activities at the Medical College of Virginia are strong. The institution as a whole, ranks in the upper one-third of all schools of medicine for NIH supported research. The Department of Obstetrics and Gynecology has multiple research programs, both clinical and laboratory. Our department has been ranked by the American Association of Medical Colleges as 13th in Obstetrics and Gynecology in NIH funded research.

Residents are encouraged to participate in any of our established research programs and pursue independent research if the resident skills and needs are considered appropriate. At the conclusion of the research, typically during the SR year, there is an opportunity to present research findings at the Annual Resident Research day given by the Department of Ob/Gyn.

Teaching Conferences

Monday afternoons are dedicated to didactic education for the residents and students. A faculty member gives core lectures covering topics from CREOG Education Objectives weekly. There is also an Antepartum conference including reviews of intrapartum fetal heart rate monitoring or specific topics. There is also a reading conference that covers Practice Bulletins and Committee Opinions from ACOG. Finally, colposcopy cases or case based cases are presented and discussed.

SALARY AND BENEFITS

The 2006-2007 VCU Medical Center Salary Scale for Housestaff is:

PGY-I.....	\$41,200
PGY-II.....	\$42,350
PGY-III.....	\$43,875
PGY-IV.....	\$44,700

- Malpractice Insurance
- Vacation (3 weeks)
- Uniforms and Laundry
- Life Insurance
- Disability Insurance
- Health Insurance
- Breakfast and Dinner Provided for the On Call Housestaff Members
- Book Fund

Typical Resident Experience*

Cesarean Section.....	150
Spontaneous Delivery.....	300
Forceps Delivery.....	20
Breech Delivery (Vaginal).....	10
Twin Delivery (Vaginal).....	10
Abdominal Hysterectomy.....	100
Vaginal Hysterectomy.....	50
Surgery for Invasive CA.....	40
Surgery for Infertility.....	50
Endocrinopathy Surgery for Urinary Incontinence.....	50
Laparoscopy.....	45
(Diagnostic/Operative)	

**Reflects mean of four year experiences*

Conference Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM			Tumor Board/ Oncology Conference Perinatal/NICU Conference	Q.A. /Grand Rounds	
PM	Practice Based Learning Conference Core Lecture Antepartum Conference Strip Conference Reading Conference CREOG Review	MII & MIV Student Lectures			GYN Pre-Op Conference

Graduate Training Program

This summary demonstrates the volume obstetrical and gynecological procedures, which provides the variety of clinical experience and teaching training of the housestaff. A large percentage of obstetric patients cared for are classified as “high-risk”. The Graduate Training Program in Obstetrics and Gynecology and the Medical College of Virginia consists of four years of graduated responsibility, with a total of 24 residents. The program has been regularly reviewed and has been fully accredited by the Residency Review committee for Obstetrics and Gynecology and the Accrediting Council for Graduate Medical Education.

APPLICATION PROCEDURE/INTERVIEWS

Please contact our Residency Coordinator, Cindi Phares, if you would like to request information on our residency. We participate in the National Resident Matching Program and follow its policies and guidelines.

All applicants must apply through the Electronic Residency Application Service (ERAS). You should contact your Student Affairs Office for

assistance in submitting an application. Deadline for receipt of completed applications is November 1st. We will invite applicants to interview after all materials, including USMLE scores, are received and reviewed. Applicants are expected to have passed Step 1 of USMLE before completion of medical school. Applications must be supported by two letters of recommendation from faculty members who can evaluate your performance as well as a letter from your Department of Obstetrics and Gynecology Program Chairman. We conduct interviews in November, December, and January. For further information please contact:

Cindi Phares
Ob/Gyn Residency Coordinator
VCU Medical Center/Medical College of Virginia
P.O. Box 980034
Richmond, Virginia 23298-0034
(804) 828-8614
e-mail: cphares@vcu.edu

The following are required:

We will participate only via ERAS (the Electronic Residency Application System) <http://www.aamc.org/eras>

1. Transmit a completed ERAS application to the Medical College of Virginia, Department of Obstetrics and Gynecology **no later than November 1**. All completed files will be reviewed at this time and interviews offered via the ERAS e-mail system the first week of November. If you have questions regarding the completion or transmission of this material, contact your Student Affairs office at your medical school. They can assist you.
2. Transmit official letter from the Dean of your medical school along with and official copy of your transcripts.
3. Transmit a letter of recommendation from the Chairman of the Department of Obstetrics and Gynecology.
4. Transmit two letters of recommendation from faculty who have worked closely with you in medical school, preferably from senior

faculty. Additional letters of recommendation will also be reviewed but are not required.

Institutional requirements for International Medical Graduations include: must have 3 months US clinical experience, J1 visa only, and must be within 4 years of graduation from medical school.

Interviews will be by **invitation only** following receipt of all required application materials. Since the number of interviews **WILL BE LIMITED** you are advised to complete the application process as early as possible.

HOUSESTAFF

2006-2007

CHIEF RESIDENTS

Devi Chakravorty, M.D.

Rory Clawser, M.D.

Carrie Coleman, M.D. (Administrative Chief)

Kenley Neuman, D.O.

Zvonko Spasic, M.D.

Flora Williams, M.D. (Administrative Chief)

ASSISTANT RESIDENTS

Keith Berkle, M.D.

Mikhail Levit, D.O.

Gabriela Mandolesi, M.D.

Maria Meussling, M.D.

Abigail Scheuer, M.D.

Makeba Williams, M.D.

JUNIOR ASSISTANT RESIDENTS

Aaron Goldberg, M.D.

Adam Huggins, M.D.

Katherine McClung, M.D.

Amie Miklavcic, M.D.

Edward Springel, M.D.

Ashley Woodward, M.D.

INTERNS

Amber Anderson, M.D.

Samuel Campbell, M.D.

Kathryn Hull, M.D.

Katherine Noller, M.D.

Kulsoom Razvi, M.D.

Barbara Simpson, M.D.

FACULTY



Cecelia Boardman, M.D.

Associate Professor

M.D.: University of Pennsylvania School of Medicine

**Internship: Magee Womens Hospital,
University of Pittsburgh**

Residency: Magee Womens Hospital, University of Pittsburgh

Fellowship: Gynecologic Oncology, Mayo Clinic

Certified: ABOG, Gynecologic Oncology



Joseph F. Borzelleca, Jr., M.D., M.P.H.

Assistant Professor

M.D.: Medical College of Virginia

Internship: Maine Medical Center

Residency: Medical College of Virginia

Certified: ABOG



Ellen L. Brock, M.D., M.P.H.

**Associate Professor, Vice Chair and
Section Head of General Ob/Gyn**

M.D.: Medical University of South Carolina

Internship: Medical College of Virginia

Residency: Medical College of Virginia

Certified: ABOG



Weldon E. Chafe, M.D.

Division Head of Gynecologic Oncology and Vice-Chairman

M.D.: Memorial University of Newfoundland

Internship: Jewish General Hospital, Montreal

Residency: Montreal General Hospital/Royal Victoria Hospital McGill

Fellowship: Gynecologic Oncology, University of North Carolina

Certified: ABOG, Gynecological Oncology



Stephen A. Cohen, M.D., M.B.A.

Associate Professor and Residency Program Director

M.D.: Medical College of Virginia

Internship: Surgery, Medical College of Virginia

Residency: Obstetrics and Gynecology

Medical College of Virginia

Certified: ABOG



Leo J. Dunn, M.D., M.H.A.

Professor Emeritus

M.D.: Columbia University College of Physicians and Surgeons

Internship: Cincinnati General Hospital

Residency: Sloane Hospital, Columbia Presbyterian Medical Center

Certified: ABOG, Gynecological Oncology



Edward J. Gill, M.D.

Associate Professor and Section Head, Uro Gynecology and Pelvic Reconstructive Surgery

M.D.: Tufts University School of Medicine

Internship: Family Practice, University of Massachusetts Medical Center

Residency: Family Practice, University of Massachusetts Medical Center; Obstetrics and Gynecology, Medical College of Virginia

Certified: ABOG, ABFP



Philippe H. Girerd, M.D.

Assistant Professor

M.D.: New Jersey Medical School

Internship: Walter Reed Army Hospital

Residency: Walter Reed Army Hospital

Certified: ABOG



Christine R. Isaacs, M.D.

Assistant Professor

M.D.: Hahnemann University

Internship: Medical College of Virginia

Residency: Medical College of Virginia

Certified: ABOG



Nicole Karjane, M.D.

Assistant Professor

M.D.: Milton S. Hershey Medical Center

Internship: Medical College of Virginia

Residency: Obstetrics and Gynecology

Medical College of Virginia

Certified: Board Eligible



Susan Lanni, M.D.

Associate Professor

M.D.: UMDNJ-New Jersey Medical School

Internship: Penn State University

Residency: Penn State University

Fellowship: Maternal Fetal Medicine

Brown University School of Medicine

Certified: Board Eligible



Catherine Nichols, M.D.

Assistant Professor

M.D.: University of Virginia

Internship: Medical College of Virginia

Residency: Obstetrics and Gynecology
Medical College of Virginia
Certified: Board Eligible



Thomas C.C. Peng, M.D.

Professor
M.D.: University of Connecticut
Internship: Internal Medicine, Northwestern University
Residency: Internal Medicine, Northwestern
Internship: Obstetrics & Gynecology, The Johns Hopkins Hospital
Residency: Obstetrics & Gynecology, The Johns Hopkins Hospital
Fellowship: Maternal-Fetal Medicine, The John Hopkins Hospital
Certified: ABIM, ABOG, Maternal-Fetal Medicine



John G. Pierce., M.D.

Assistant Professor & Student Program Director
M.D.: University of Florida College of Medicine
Internship: Internal Medicine, Carolinas Medical Center
Residency: Internal Medicine, Carolinas Medical Center
Residency: Obstetrics and Gynecology University Medical Center
Certified: ABIM, ABOG eligible



Amanda M. Richards, M.D.

Associate Professor
M.D.: Capetown Medical School, Capetown, South Africa
Internship: Hanare Hospital, Zimbabwe
Residency: King Edward VIII Hospital, Durban
Certified: MRCOG



John W. Seeds, M.D.

Professor and Chairman, Department of Obstetrics and Gynecology
M.D.: University of Virginia
Internship: National Naval Medical Center, Bethesda, Maryland
Residency: National Naval Medical Center, Bethesda, Maryland
Fellowship: Maternal-Fetal Medicine, University of North Carolina
Certified: ABOG, Maternal-Fetal Medicine



Dale W. Stovall, M.D.

Professor and Section Head,

Reproductive Endocrinology & Infertility
M.D.: Texas Tech University
Internship: Lubbock General Hospital
Residency: Texas Tech. University
Fellowship: University of North Carolina
Certified: ABOG, Reproductive Endocrinology