

2022-2023

Female Pelvic Medicine and Reconstructive Surgery Fellowship Program



Our mission:

To serve, to heal,
to educate.

 **Cooper**
University Health Care

 **Cooper Medical School**
of Rowan University

Diversity Message From Our Program Director



Lioudmila Lipetskaia, MD, MSc,

FACOG

Program Director

Female Pelvic Medicine and
Reconstructive Surgery Fellowship

Coming to the United States from Russia, a country where the population is almost entirely white and women have been integrated into the workforce for centuries, I was not exposed to the concepts of diversity. Everyone spoke the same language with barely a regionalism to distinguish their background. Being a stay at home mom was not an option: everyone worked. Discussing sexual orientation simply wasn't done: it was rude. In fact, I did not realize that there were orientations other than heterosexual until I was in my 20s.

All of that changed, however, when I moved to the United States in 2000. My eyes opened, not only to diversity, itself, but to the major role it plays in the treatment of patients. As I became more enlightened, I began to notice that female patients preferred to see female providers for their gynecologic care; Spanish speaking patients opened up more to Spanish speaking staff; older patients would hesitate to talk to younger physicians, and so forth. These simple, seemingly common sense attitudes and reactions startled me. In earnest, I began reading articles related to patient compliance when faced with "like" and "unlike" practitioners. The medical community in America, indeed the world, needs to recognize and embrace these simple concepts and train physicians to best serve the needs of all patients.

In 2015, I took it upon myself to actively seek diversity training. Recognizing that, of course, I cannot change my race or gender or upbringing in order to be "like" my patients, I knew I could learn more in order to better care for a diverse population. In addition to my reading and constant observation of actions and reactions in both hospital and outpatient settings, I determined to study transgender surgery first hand. I was on the faculty at the University of Rochester and collaborating with Trillium, an organization with the mission to promote health equity by providing affordable primary and specialty care, including the LGBTQIA+ community. They wanted to create a pelvic health component to add to their well-designed primary care program. I quickly realized that I lacked the knowledge and training to better help the local transgender population. I scheduled observerships in the most recognized transgender centers in Europe including Serbia, Netherlands, and Belgium. This experience, witnessing pre- and post-op care, as well as the surgeries themselves, provided immeasurable training which enabled me to care for my transgender patients with greater understanding and sympathy.

Since moving on from The University of Rochester, I now enjoy working with fellows in my current role as Program Director for FPRMS Fellowship at Cooper University Health Care. Promoting diversity within a small group of people, such as our fellowship program, is not an easy mission. It is very important to keep a balance, to make sure the initiatives operate efficiently. It would have been very easy to identify diversity as number game. We have now one male fellow and one Asian fellow, hence, one would say we have achieved the diversity targets. I, however, do not see diversity as a set metric. My personal goal, as director, is to create an inclusive environment so that a person of any of gender, ethnicity, or orientation would feel comfortable being a fellow on our team and have the best opportunity for personal growth and who is able to contribute productively to the team.

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to serve



Diversity Message From Our Program Director

Certainly, there is a myriad of reasons for the “leaky diversity pipeline” in medicine. For example, one cause may be that women are not promoted: 50% of female medical students are recruited, but only 11% are in leadership roles at the department level, according to Columbia University. Another cause may be a lack of an “all are welcome” culture. I have noticed, on too many occasions, how women seated at a big C-suite table surrounded by men, are made to feel uncomfortable: micro aggression is real, as in the old adage, “It is not what they say, but how they say it.” Related, one of my driving missions as the fellowship program director has been to create an environment where biases against any “other,” be it gender, ethnicity, gender orientation, or an unrecognized “+” are eliminated. Everyone should feel included and supported. Last year I convinced the faculty in my division to eliminate the use of USMLE step scores as a cut off for fellowship applicants’ interviews. This year I proposed that the Harvard implicit bias association test be completed by each faculty on the selection committee in hopes that, by exposing their, often unrecognized, biases we could work together to eliminate the inequality and be open to the true potential of each applicant.

With more inclusivity, recognition, and elimination of biases, and broadening of services, we have actively addressed diversity in our work, institution, and community in many ways. When we address fellows, medical students, and residents we stress that everyone is different – not just patients, but the cohort of trainees, as well. In addition to different styles of learning, generational differences exist, as well. Millennials, for example, not only understand technology quicker than their elders, they expect to use it. Making sure that this strength does not hamper personal interaction presents a specific set of challenges. Likewise, patient materials must be tailored to background, ethnicity, and social-economic status, and, yes, age. Attention to clear communication including method and message, vocabulary and delivery is high on our training watch list. Our fellows have been encouraged to participate in research targeting health care disparities. Cooper Health University is currently a site for the Fellows’ Network Diversity Study, a project investigating differences in attitude towards pelvic floor disorders between Caucasian populations and various minorities.

Ideally, the goal for FPMRS Division would be an environment of inclusivity, where all people feel safe raising concerns and feel empowered to propose changes side by side within a culture of accountability. Everyone has strengths and weaknesses – being a leader requires the ability to direct the balance between these sides.

Certainly the medical landscape is constantly changing: women used to be the minority in OB-GYN. Soon it could be a struggle to recruit men into the field. It is of the utmost importance to be in touch with the ever fluctuating local and global trends in medicine, business, and populations, staying current and using every opportunity to tailor a team to address, cope with, and practice within these shifting needs and demands. If you are an applicant to our fellowship and identify yourself as underrepresented minority in medicine please contact us with your diversity statement: we would like to hear from you!

Lioudmila Lipetskaia, MD, MSc, FACOG

Program Director

Female Pelvic Medicine and Reconstructive Surgery Fellowship

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About the Program



Program Aims

1. Produce well-rounded, independent surgeons who are able to offer vaginal and minimally invasive abdominal approach as well as non-surgical options to treat pelvic floor disorders.
2. Educate fellows to utilize a multidisciplinary approach and work in a pelvic floor care team model (including colorectal surgery, physical therapy, pain management and urology).
3. Teach management and cognitive skills essential for future researchers and educators
4. Create a collaborative teaching and working atmosphere which promotes self-learning, long term fellows and faculty well-being and personal excellence.

The department of Obstetrics and Gynecology at Cooper University Health Care offers women a full range of advanced medical programs and services through all stages of life. All OB-GYN sub-specialists are board-certified and fellowship-trained, offering expert treatment options in many areas from the management of pregnancy and delivery, maternal fetal medicine, gynecologic oncology, treatment of disorders of the reproductive system, to pelvic and sexual health. Cooper is distinguished as a state-designated Regional Perinatal Center, serving the region's highest-risk patients in need of the most serious care.

Cooper's division of Female Pelvic Medicine and Reconstructive Surgery was established in the late 1990s and accredited in 2000 when the first fellow was accepted. The division has more than 5,000 patient visits and 400 surgeries per year. The division has trained fellows that have gone on to practice in many universities around the country.

The FPMRS team works closely with the divisions of urology, colorectal surgery, plastic surgery, and physical therapy to provide patients with access to comprehensive care that best meets their needs. Although Cooper University Hospital is the core teaching facility where patients are seen and surgeries are performed, urogynecologic care is provided at many of the surrounding community hospitals from central to southern New Jersey. Their two offices are located in Voorhees and Hamilton, in addition to The Jaffe Family Women's Care Center, a fellow-run office in Camden where patients receive the most up-to-date diagnostic and treatment modalities available.

Our division's faculty is nationally recognized for their skills in vaginal reconstructive surgery and are considered key opinion leaders in FPMRS. They are all founders of international mission organizations that provide much needed care to women around the world. Former fellows have had the opportunity to provide mission work around the world, adding to the unique opportunities that continue to enhance our program.

The Jaffe Family Women's Care Center

The Jaffe Family Women's Care Center at Cooper University Hospital provides obstetric and gynecologic care for patients with financial burdens. The primary goals of this clinic are to provide services for those who otherwise cannot afford OB-GYN care and to provide education for the residents and fellows. All subspecialty services for obstetrics and gynecology are offered. This is one of few clinics that provides such services for the underserved.

The FPMRS clinic is run by the fellow(s) one half-day session a week for three weeks a month with attending supervision. The first week is dedicated to The Jaffe Family Women's Care Center OR. It is a great opportunity for the fellow to work as a supervisor and clinical instructor. There is always at least one resident assigned to this clinic that evaluates the patients and presents the cases to the fellow and the attending. The fellows are able to make independent clinical decisions and teach residents under faculty supervision.

Educational Curriculum



Sample Monthly Educational Schedule

Monday Week 2 9 a.m. to 12:30 p.m.	Pre-op Conference M&M Conference/ Interesting Case Didactics/Board Review
Monday Week 4 9 a.m. to 12:30 p.m.	Journal Club Research Meeting Didactics/Board Review Business of Medicine
Last Friday of each month 7 to 8 a.m.	Virtual Didactics (web based)

Our fellowship is designed to provide fellows with comprehensive education and training in a variety of specialties in urology, colorectal surgery, plastic surgery, and research. Fellows are also given the opportunity to explore additional interests in the FPMRS field during their clinical elective rotation in the third year. The educational curriculum has been designed to meet the objectives set forth in the ACGME program requirements for education in FPMRS. There is a didactic conference schedule covering all aspects of FPMRS, in addition to lectures on atypical topics encountered in FPMRS. The fellow is expected to refer to this curriculum to direct their learning activities and identify areas of weakness or lack of experience. We strongly encourage fellows to bring any concerns to the attention of the program director in order to personalize their curriculum to strengthen those areas.

Research

During the FPMRS fellowship, the fellows fully participate in the theoretical and technical aspects of clinical and basic science research. Fellows are required to take Statistical Methods for Data Analysis, a graduate level course at Thomas Jefferson University, during the first fellowship year. During this course they learn to apply the principles and techniques of basic statistical analysis to research and are expected to actively conduct research during time away from clinical care responsibilities. The annual didactic sessions include research design, grant writing, research methodology, scientific writing, and presentation skills. The fellows learn how to conduct FPMRS research, work as part of a research team, and develop skills to critically review the research of others. The FPMRS fellow is required to complete and publish one thesis project and write and receive a grant by the end of the fellowship. This thesis should make a meaningful contribution to FPMRS literature. For further support, monthly research meetings are scheduled, in addition to quarterly meetings between the fellow and the faculty advisor with continuous oversight and direction provided by the director of FPMRS research, the research nurse, and the biostatistician.

Quality Improvement Projects

With the newest policy revision of the ACGME, the fellows are required to describe one learning activity to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment). The fellows will also set learning improvement goals and identify and perform appropriate learning activities to achieve self-identified goals. One such goal instituted was to improve the efficiency of our fellow-run clinic. This included all aspects of health care, i.e., patient wait times, improving accessibility of clinic resources, patient education, and billing and coding.

to educate

International Opportunities

There are several opportunities for international exposure and experience. The entire core faculty in FPMRS, as well as many faculty in the OB-GYN Department and Cooper University Hospital, have extensive global experience. The division of FPMRS believes that in order to develop globally sensitive physicians, it is essential for those in training to participate in health care in other regions of the world. Thus, the division of FPMRS offers the fellows ample opportunity to become active internationally. Such places include, but are not limited to: Jamaica, Ghana, Rwanda, and Vietnam. Additionally, to enhance our fellows' education in the repair of fistula, our division, in conjunction with the International Organization of Women and Development and International Healthcare Volunteers, has the opportunity to send one fellow along with at least one member of the faculty to Ghana in West Africa or Rwanda in East Africa for a period of two weeks during their senior year. The fellows can also develop contacts outside of Cooper and make their own arrangements if desired.

Medical Mission Trip

From January 26 to February 6, 2019, Dr. Saifuddin Mama, Cooper Division Head of Urogynecology, and Dr. Michelle Schroeder, Urogynecology Fellow, traveled to Kibagabaga Hospital in Kigali, Rwanda for a mission trip to provide fistula care with International Organization for Women and Development (IOWD). They were joined by Urogynecologists and Fellows from Brown University, University of New Mexico, and Medstar Health, and an Anesthesia team from Temple University. Two local OBGYN residents and several medical students from University of Rwanda also participated in patient care.

Obstetric fistula is an abnormal opening between the woman's genital tract and her urinary tract or rectum. The development of obstetric fistula is directly related to obstructed labor and inability to access delivery through cesarean section. Women who experience fistula suffer from constant urinary or bowel leakage, shame and social segregation. An estimated 2 million women live with untreated obstetric fistula in Asia and Sub-Saharan Africa.

IOWD is a non-profit, charity dedicated to providing underserved women and children in low-income countries with free, specialized surgery care. Their mission is to provide free treatment and care to women and girls suffering from obstetric fistula, and gynecologic and pelvic floor disorders. Since its inception, IOWD has carried out over 40 missions and operated on more than 2200 patients.

During the February IOWD mission, a total of 82 patients were evaluated. Surgeons performed 14 rectovaginal fistula repairs, 14 vesicovaginal fistula repairs, along with several other complex procedures including ureteral reimplantations, prolapse repair, and repair of congenital anomalies. Fellows and attendings also provided educational lecture sessions for the Rwandan residents and students.

Dr Mama travels yearly with IOWD and this is the first trip for Dr Schroeder with this organization. In the future, this will be a yearly experience for Dr Mama and a Urogynecology fellow.



How to Apply



Contact Information

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Website:

cooperhealth.edu/fellowships/
female-pelvic-medicine-and-
reconstructive-surgery

Address:

Cooper University Health Care
101 Haddon Avenue, Suite 503-A
Camden, NJ 08103

The Female Pelvic Medicine and Reconstructive Surgery Fellowship Program at Cooper University Hospital/Cooper Medical School of Rowan University participates in the Electronic Residency Application Service (ERAS) and all information is processed through this system without exception. Information regarding the ERAS application process and timeline is available on the websites listed below.

Association of American Medical Colleges

www.aamc.org/eras

ERAS Fellowship Document Office

www.erasfellowshipdocuments.org

ERAS applications must contain all of the following information in order for your application to be considered:

- Common application form
- Curriculum vitae
- Medical school transcript
- Three original letters of recommendation, one of which must be from your current or most recent training director
- Personal statement describing your training goals and future career plans
- ECFMG certification (IMG only)
- USLME reports (1, 2, and 3).

The program director and two additional faculty members will review applicant files. Invitation for interview will be based upon their recommendations.

Program Eligibility

Eligibility for the FPMRS Fellowship requires a satisfactory completion of an Obstetrics and Gynecology OR Urology residency approved by the American Council for Graduate Medical Education (ACGME) or the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC). Individuals accepted for a position in the fellowship program must be a U.S. citizen, a permanent resident, or hold a J-1 visa.

The annual application deadline is May 31.

The Cooper GME Experience



Learn more about training
at Cooper and hear from
current residents at
CooperHealth.edu/GME
and
CooperHealth.edu/Diversity



Cooper University Health Care takes pride in its ability to offer a comprehensive array of diagnostic and treatment services. Cooper University Hospital serves as southern New Jersey's major tertiary care referral hospital for specialized services. Cooper Premier Institutes, Centers of Excellence, and programs include: MD Anderson Cancer Center at Cooper, Surgical Services Institute, Adult Health Institute, Cooper Heart Institute/Cardiac Partners at Cooper and Inspira, Cooper Bone and Joint Institute, Cooper Neurological Institute, Women's and Children's Health Institute, Urban Health Institute, Center for Population Health, Center for Critical Care Services, Center for Urgent and Emergent Services, and the Center for Trauma Services, which includes our Level I Trauma Center, Level II Pediatric Trauma Center, and active community trauma prevention education.

Cooper has been a cornerstone in Camden for more than 130 years and has expanded its facilities and services throughout South Jersey. Cooper has been nationally recognized for its leadership in patient safety, receiving the 2019 Patient Safety Excellence Award™ from Healthgrades, placing it among the top 5% of hospitals in the nation. Cooper was also recognized as a high-performing hospital for treating heart failure and COPD by U.S. News & World Report's 2019-2020 Best Hospital Survey.

Cooper's commitment is to provide exceptional care to every patient, every day, in a patient-centered, family-focused environment. Every employee—including our residents and fellows—is a member of the care-giving team and has an important role in making the experience at Cooper a healing one for patients and their families.

Your training at Cooper will be academically challenging, enhanced by our top-ranked faculty and state-of-the-art equipment and facilities. We welcome the opportunity to have you as part of our team, as we provide university-quality health care in southern New Jersey.

Diversity Statement

The Graduate Medical Education programs of Cooper University Health Care is committed to providing a supportive environment that allows all members of its academic community to thrive and succeed. We work to recruit a diverse group of residents and fellows, and celebrate the multiple dimensions represented in our community, including, but not limited to race, creed, ethnicity, sexual orientation, gender identity, ability, or age. We recognize the importance of monitoring the outcomes of our diversity efforts so that we can better reflect the diversity of our patients and community. Through our GME Diversity Council, we promote on-going exploration of our own biases while also providing education on discrimination and anti-racism. We provide a safe space for residents to engage in dialogue, learn, and contribute to their fullest potential. We seek opportunities to enrich our community through volunteerism and to effect lasting change through engagement with local leaders.

We are proud. We are diverse. We are Cooper.

Off Campus Highlights



Just across the bridge from bustling Philadelphia, and less than an hour from the tranquility of the Pine Barrens and activity of the Jersey shore, Cooper University Hospital is easy to access. The academic campus is located across the street from two commuter rail lines (PATCO and NJ Transit's River Line) and within walking distance of Rutgers University and Rowan University Camden campuses.

The Cooper Health Sciences Campus is located in the heart of Camden's business district. The academic medical center campus is easily accessible by car or public transportation via the commuter high-speed line and bus terminal adjacent to the hospital.

Cooper is a short walk or drive from the exciting Camden waterfront, which includes a magnificent waterfront park and marina; the Adventure Aquarium; and the BB&T amphitheater, which hosts nationally renowned entertainment throughout the year. Nearby are the Sixers Training Complex, L3 Communications complex, Lockheed Martin, Rutgers University Camden Campus, and Camden County College.

There are expected to be \$350M in transportation and infrastructure improvements within the next four to five years to handle the influx of thousands of new employees to the area and students at nearby growing academic campuses.

Cooper is conveniently close to Philadelphia. Just a mile-long drive over the Benjamin Franklin Bridge will put you at the doorstep of Philadelphia's cultural, culinary, and historic venues. South Jersey also offers a range of living and entertainment options. Quaint towns such as Haddonfield and Collingswood are just 10 minutes away. The lights and action of Atlantic City and popular beach towns such as Cape May and Ocean City are a one-hour drive from Cooper.

Cooper Camden Campus Map



The most up-to-date directions to Cooper University Hospital are available at:
CooperHealth.org/Locations



One Cooper Plaza · Camden, NJ 08103-1489 · CooperHealth.edu

Hospital Main Number: **856.342.2000**

Graduate Medical Education: **856.342.2922**