MISSION, VISION & VALUES

Mission
Deliver better health and hope to all women and their families through compassionate care, innovation, education and discovery

Vision
Set the global standard of excellence and lead the future of women’s healthcare
Core Values

**Excellence**
We set high standards and bring exceptional quality to all areas of women’s healthcare, research and education.

**Integrity**
We are honest and ethical in every situation, especially when it is not easy.

**Innovation**
We offer novel, creative ideas and pioneer discoveries that advance women’s healthcare.

**Diversity & Inclusion**
We value, respect, and engage our differences, enhancing our ability to make discoveries, educate tomorrow’s leaders, and deliver extraordinary care to our diverse patient population.

**Teamwork**
We work together to achieve shared goals over personal goals. We believe the best results come from integrating a mix of perspectives, talents, and experiences.

**Continuous Improvement**
We are never satisfied with the status quo; we all seek improvement in every aspect of delivering, researching and supporting women’s healthcare.

**Community**
We are in tune with and engage our community to make our care accessible for all who need women’s health services.

**Advocacy**
We advocate for better health for the women in our community and around the world.
Message From the Chair

As Chair of Duke Obstetrics and Gynecology and as a proud alumnus of Duke's Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship, it is with great pleasure that I welcome you to Duke! The Department has a long history of excellence and leadership in urogynecology and pelvic reconstructive surgery. The fellowship, first started by Drs. Richard C. Bump and W. Allen Addison, was among the first accredited by the ACGME in 1997. Over the past 20 years, members of Duke's Division of Urogynecology and graduates of our fellowship program have been instrumental in advancing the field of FPMRS. Today, the Division boasts 7 Board-certified FPMRS specialists, 3 fellows and strong collaborations with Urology, Colorectal Surgery, Gastroenterology, Biomedical Engineering, Minimally-Invasive Gynecologic Surgery, Physical Therapy and Basic/Translational Scientists.

Duke Ob/Gyn is a world-class tertiary referral center that provides innovative high-quality care to women in our local community, across the Southeast and US, as well as globally. The Duke Department of Ob/Gyn is comprised of 86 faculty, 32 residents, 15 fellows and 26 advanced practice providers. In addition to the FPMRS fellowship, the Department is also nationally recognized for its programs in Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology/Infertility and Global Health.

Our FPMRS fellowship program provides an outstanding clinical experience with world-renowned faculty and a diverse patient population. We offer the full spectrum of medical, behavioral and surgical care for women with pelvic floor disorders and serve as a referral center for the most challenging and complex cases. Fellows are exposed to and mentored in a wide variety basic, translational and clinical research with a goal of preparing them to develop into successful independent researchers who will advance the field of FPMRS.

The breadth and depth of experience you will receive at Duke will prepare you for success as an academic Female Pelvic Medicine and Reconstructive Surgery specialist. Consistent with Duke’s long tradition, we strive to train outstanding specialists who will lead the future of our field. As a former Duke FPMRS fellow, I can attest that the training and mentorship I received during my 3 years of fellowship at Duke were the launching pad that allowed me to achieve my own personal career goals. Our goal is to do the same for you.

Matthew Barber, MD, MHS  
Department Chair  
Department of Obstetrics & Gynecology
Duke was one of the first established Urogynecology fellowships in the country and since inception has graduated 19 fellows who have gone on to successful careers in clinical urogynecology and academia. The Urogynecology division is made up of renowned experts committed to train the next generation of pelvic surgeon/scientists who will be leaders in Female Pelvic Medicine and Reconstructive Surgery. The Urogynecology division has a long history of providing exceptional training and cutting edge, world class research. Faculty and fellow interaction and mentorship is a focus of our program. We believe in a team approach – with vibrant faculty, highly skilled urogynecology nursing staff, accommodating administrative staff, and experienced study coordinators. We have strong, long standing collaborations with other departments which leads to a stimulating clinical, educational and research environment. Our division prides ourselves with creating a supportive, positive atmosphere where success is cultivated.

Cindy Amundsen, MD
Program Director
PROGRAM DEMOGRAPHICS

Duke University Medical Center
Department of Obstetrics & Gynecology
200 Trent Drive
DUMC 3084, Baker House #203
Durham, NC  27710
Phone     919-401-1000
Fax        919-401-1033

Learn more about our FPMRS fellowship program
Web:  obgyn.duke.edu/education-and-training/
fellowship-programs/female-pelvic-medicine-
reconstructive-surgery
Email: obgyneducation@duke.edu
Twitter:  @dukeobgyn

Chairman:  Matthew Barber, MD, MHS
Vice Chair of Education:  J. Eric Jelovsek, MD, MMed
Program Director:  Cindy L. Amundsen, MD
Associate Program Director:  Amie Kawasaki, MD
Program Coordinator:  Allison Mooney, MBA

PROGRAM AIMS

The aims of the Duke FPMRS Fellowship are to transform our field through innovative scientific research, education of future clinical and scientific leaders, and advocacy for and practice of evidence-based medicine.
The Duke fellowship is one of the first four accredited programs in Female Pelvic Medicine and Reconstructive Surgery. Our goal is to train and develop pelvic surgeon/scientists who will pursue productive academic careers and who will be preeminent clinicians. A large, diverse and complex referral patient population, cared for in conjunction with expert faculty, allows for training in vaginal, abdominal and robotic surgery, as well as education in managing pelvic prolapse, urinary incontinence, neurogenic bladder, defecatory dysfunction, fecal incontinence and other pathologies requiring pelvic reconstruction.

In addition, the program offers a strong collaboration with Urology, Colorectal Surgery, Gastroenterology, Minimally Invasive Surgery, Physical Therapy and Basic Science Research. State-of-the-art neuropharmacology, molecular genetics, and micturition physiology laboratories, with ongoing research collaborations, are available for fellow participation. Fellows are mentored in research methodology and scientific investigation and regularly present original research at national meetings.

Fellows have the opportunity to obtain a Masters in Clinical Research during their three year FPMRS fellowship.

Duke University Medical Center participates in the National Resident Matching Program (NRMP) and applicants must register with this program. Applicants must apply through the Electronic Residency Application Service (ERAS) of the American Association of Medical Colleges (AAMC).
PFM for Apical/Anterior Prolapse: Mini Protocol

Presented by: Alison Weidner for Duke
Catamaran Hotel
San Diego, California
Jan 2018 SC meeting
Clinical Training

• Our goal is to develop pelvic surgeon/scientists who are both exceptional clinicians and are prepared to have productive academic careers and become leaders in the field of Urogynecology. Diverse referral base including NC and surrounding states

• Seven subspecialty board-certified Urogynecology faculty

• Faculty have comprehensive expertise in FPMRS; training in office cystoscopy, urodynamics, intravesical Botox, sacral neuromodulation, posterior tibial nerve neuromodulation, endo-anal ultrasonography, anal manometry and other procedures

• Collaborative environment with other clinical disciplines

• Extensive training in vaginal, abdominal, and robotic surgery

• Complex pelvic surgery including anal sphincteroplasty, surgical repair of vesico-vaginal/recto-vaginal fistulae, placement of ureteral stents, urethral diverticulectomy, ureteral re-implantation
Technique

Instruction

Atmosphere

Research Training

• Emphasis on research methodology and study design
• Mentoring in scientific writing & obtaining grants
• All faculty have expertise in clinical research and actively mentor fellows
• Collaborative environment with other University departments such as biomedical engineering and statistics
• Clinical site for the Pelvic Floor Disorders Network (PFDN)
  ° Duke has been in the network since 2006. The network consists of 8 clinical research centers funded by the NIH to improve the level of knowledge about pelvic floor disorders.
  ° Fellows can participate in writing groups for supplemental and ancillary network papers.
• Clinical site for the Lower Urinary Tract Disorders Network (LURN)
  ◦ The network is funded by the NIH and is involved in the development of high quality patient reported measures of lower urinary tract symptoms (LUTS). It will use these new measures in exploratory studies to advance our understanding of the different phenotypes of LUTS
  ◦ Fellow can participate in writing groups for secondary analysis papers

**Extensive resources through Duke University**

• Advanced degree option with the Clinical Research Training Program
• Duke Translational Medicine Institute
FELLOWSHIP YEARS

Year 1
• 8 Month Rotation in Urogynecology
• 2 Month Rotation in Research
• 2 Month Rotation in Urology

The rotation in urology focuses on didactic and clinical training, which provides experience in a tertiary urologic outpatient clinic, video urodynamics and the urologic operating room. Urology training is with Dr. Andrew Peterson.

Year 2
• 5 Month Rotation in Urogynecology
• 7 Month Rotation in Research
• 2 Mandatory Research Classes

During the second year, more time is allotted for research projects, submitting grants and developing a thesis. In addition, fellows complete two research courses. These may include the Excellence in Clinical Research course, Quantitative Methods in Clinical and Public Health Research (a 13 week course), or courses through the Duke Graduate program. Those wishing to pursue an advanced degree of a Master of Health Sciences in clinical research could begin their classes this year.

Year 3
• 7 Month Rotation in Urogynecology
• 3 Month Rotation in Research
• 1 Month Rotation in Colorectal and Gastroenterology
• 1 Month Rotation in Physical Therapy

The third year includes a rotation on Colorectal Surgery with Dr. Christopher Mantyh, Dr. Julie Thacker and Dr. John Migaly in the outpatient clinics, operating room and training in the colo-rectal-anal physiology laboratory. The Gastroenterology rotation includes outpatient clinic with Dr. Reinaldo Quevedo. The rotation in physical therapy with Ingrid Harm-Ernandes focuses on therapeutic techniques for urinary incontinence, pelvic/vaginal pain and defecatory disorders. In addition, the fellow will complete independent research projects and a thesis.
SAMPLE BLOCK SCHEDULE

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FPMRS ROTATIONS

- **OR**: Fellow operates at Duke North/Ambulatory Surgery Center on Mon, Tues, and Fri. Clinic on Wed & Thurs.
- **Clinic**: Fellow interprets urodynamics and in clinic. Operates at Duke Raleigh on Thurs.
- **Research**: Fellow has protected research block time & only allowed a total of 2 clinical days in the month.

OFF-SERVICE ROTATIONS

- **Urology (2 months in 1st year)**: Clinic & OR with Dr. Andrew Peterson
- **Colorectal (1 month in 3rd year)**: Clinic & OR with Drs. Chris Mantyh, Julie Thacker & John Migaly
- **Gastroenterology (1 month in 3rd year)**: Clinic with Dr. Reinaldo Quevedo
- **PT (total of 1 month in 3rd year)**: Shadow women’s health physical therapist, Ingrid Harm-Ernandes

On all rotations, fellows attend department grand rounds, division teaching sessions and administrative conferences on Wednesday mornings.
Cindy L. Amundsen, MD
Professor, Fellowship Director
cindy.amundsen@duke.edu

Specific clinical interests:
Lower Urinary Tract Dysfunction (LUTD), neurogenic bladder, complex vaginal surgery

Research:
• CoPI, Lower Urinary Tract Network (LURN)
• KURe K12 Benign Urology Research Scholars Program, Program Director
• BIRCWH K12 Research Careers in Women’s Health Program Director

Matthew D. Barber, MD, MHS
Professor, Chair of Obstetrics and Gynecology
matthew.barber@duke.edu

“Specific clinical interests:
Complex vaginal reconstructive surgery and vulvar disorders

Research:
• Surgical trials, patient-reported outcomes

Anthony G. Visco, MD
Professor, Division Chief, Vice Chair for Gynecology
anthony.visco@duke.edu

Specific clinical interests:
Robotic surgery, management of ureteral injury, urinary tract fistulas

Research:
• Principal Investigator & Site Director, Pelvic Floor Disorders Network (PFDN)
• PFDN Information technology, systems-based practice

Amie Kawasaki, MD
Assistant Professor, Assistant Fellowship Director
amie.kawasaki@duke.edu

Specific Clinical Interests:
Vaginal and robotic Pelvic Floor Surgery, CME & board preparation

Research:
• Quality and Performance Improvement
• Diagnostic Testing for Pelvic Floor Disorders
Eric Jelovsek, MD MMEd
Professor, Vice Chair for Education, Director of Data Science for Women’s Health
eric.jelovsek@duke.edu

Specific Clinical Interests:
Vaginal and Laparoscopic Pelvic Floor Surgery

Research:
• Predictive Analytics and Data Science for Women’s Health Conditions
• Curricula Design and Educational Assessment

Nazema Y. Siddiqui, MD, MHSc
Associate Professor, Director of Research
nazema.siddiqui@duke.edu

Specific Clinical Interests:
Simulation and robotic surgical training, complex vaginal surgery

Research:
• Effects of Again and the Urinary Microbiome on Recurrent UTIs
• Epigenetics of overactive bladder phenotyping
• Co-Director, Robotic Training Network

Alison C. Weidner, MD, MMCi
Professor
Director of Informatics
alison.weidner@duke.edu

Specific Clinical Interests:
Robotic surgery, posterior compartment disorders, complex vaginal surgery

Research:
• Childbirth and maternal pelvic floor injury
• Pelvic/surgical anatomy
• Surgical outcomes
DIVISION STAFF

Clinical Nurses:
Caitlin Bandel, RN, BSN
Jennifer Rawlins, RMA
Candy Marze, CMA
Tracy O’Dowd, RN
Yvette Romero, RN
Rena Swinton, CMA
Lendeshia Young, CMA

Research Coordinators:
Acacia Harris, CRC
Shantae McLean, BS, MPH
Yasmeen Bruton, MA

Health Center Administrator:
Amy Kavanagh, RN
Alicia Friedman, RN

Administrative Assistants:
Cynthia Paylor
CURRENT FELLOWS

Monique Vaughan, MD
monique.vaughan@duke.edu
Residency: University of Virginia, Charlottesville, VA
Fellow: 2016-2019

Rebecca Meekins, MD
rebecca.meekins@duke.edu
Residency: Duke University Ob/Gyn, Durham, NC
Fellow: 2017-2020

Whitney Hendrickson, MD
wkh14@duke.edu
Residency: University of California, San Diego, CA
Fellow: 2018-2021

INCOMING FELLOW 2019-2022

Michele O’Shea, MD, MPH
Residency: Northwestern University, Chicago, Illinois
Fellow: 2019-2022

Pictured left to right: Monique Vaughan, MD, Rebecca Meekins, MD, and Whitney Hendrickson-Cahill, MD

Michele O’Shea, MD
ADDITIONAL CLINICAL FACULTY & COLLABORATORS

Urology and Genitourinary Reconstructive Surgery

Andrew C. Peterson, MD, FACS
Professor, Reconstructive Urology
Reconstructive Urology, Female Urology & Urodynamics Fellowship, 2003

Colorectal surgery

Christopher Mantyh, MD
Professor and Chief, Gastrointestinal and Colorectal Surgery
Colorectal Surgery Fellowship, 1999 Fellowship, 2003

Julie Thacker, MD
Associate Professor, Gastrointestinal and Colorectal Surgery
Colon and Rectal Surgery Fellowship, 2005

John Migaly, MD
Associate Professor, Surgical Oncology
Colon and Rectal Surgery Fellowship, 2005

Gastroenterology

Reinaldo Quevedo, MD
Medical Instructor in the Dept. of Medicine

Physical Therapy

Valerie Boyle, PT, DPT
Stacey M. Head PT, WCS, CLT, ATC, RYT-200

Ingrid Harm-Ernandes, PT
Trained interventionist, Pelvic Floor Disorders Network
PREVIOUS GRADUATES AND CURRENT PRACTICE LOCATION

James Theofrastous, MD
Western Carolina Women’s Specialty Center
Asheville, North Carolina

Geoffrey Cundiff, MD, FACOG, FACS, FRCSC
Dr. Victor Gomel Professor and Head, Obstetrics & Gynaecology
University of British Columbia, Vancouver, B.C., Canada

Robert Harris, MD
Southeast Urogynecology Associates
Jackson, Mississippi

Kimberly Coates, MD
Chief Medical Officer, Bladder Health Network
Private Practice, Austin, Texas

Alison Weidner, MD
Professor of Obstetrics and Gynecology
Duke University Medical Center, Durham, North Carolina

Anthony G. Visco, MD
Vice Chair for Gynecology Division Chief, Urogynecology and Reconstructive Pelvic Surgery
Professor of Obstetrics and Gynecology
Duke University Medical Center, Durham, North Carolina

Matthew Barber*, MD, MHS
Chair, Department of Ob/Gyn
Professor of Obstetrics and Gynecology
Duke University Medical Center, Durham, North Carolina

Mary South, MD
Summa Health Urogynecology, Medina, Ohio

Michael Flynn*, MD, MHS
Chief, Division of Female Pelvic Medicine & Reconstructive Surgery
Associate Professor of Obstetrics & Gynecology
University of Massachusetts Memorial Medical Center, Worcester, Massachusetts

Audrey Romero, MD, FACOG
Suburban Ob/Gyn Specialty Group, West Orange, New Jersey

Raymond Foster*, MD, MS, MHSc
Division Director, Urogynecology
Associate Professor of Obstetrics and Gynecology
University of Missouri, Columbia, Missouri
Nazema Siddiqui*, MD, MHSc  
Assistant Professor of Obstetrics and Gynecology  
Duke University Medical Center, Durham, North Carolina

John Judd, MD  
Midwest Urogynecology, St. Louis, Missouri

Amie Kawasaki, MD  
Assistant Professor of Obstetrics and Gynecology  
Duke University Medical Center, Durham, North Carolina

Pamela Levin, MD  
Assistant Professor of Clinical Obstetrics and Gynecology  
University of Pennsylvania, Philadelphia, Pennsylvania

Autumn Edenfield, MD  
Assistant Professor of Obstetrics and Gynecology  
Medical University of South Carolina, Charleston, South Carolina

Alexis Dieter, MD  
Assistant Professor, Urogynecology and Reconstructive Pelvic Surgery  
University of North Carolina, Chapel Hill, North Carolina

Michael Polin, MD  
Instructor - Division of Urogynecology  
University of Tennessee, Knoxville, Tennessee

Megan Bradley, MD  
Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences  
Magee-Women’s Research Institute & Foundation, Pittsburgh, Pennsylvania

Jennifer Bickhaus, MD  
Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences  
Saint Louis University, Saint Louis, Missouri

* Degree recipient: Master of Health Sciences in Clinical Research through the Duke Clinical Research Training Program.
ACTIVE RESEARCH

Pelvic Floor Disorders Network (PFDN)
• Clinical research funded by NIH/NICHD
• Duke has been in the network since 2006
• Currently enrolling for the ASPIRe trial which is a RCT comparing surgical approaches for vaginal vault prolapse
* Currently enrolling for the NOTABLE Trial, which is a RCT comparing posterior tibial nerve stimulation to sham for fecal incontinence

Lower Urinary Tract Network (LURN)
• The network is funded by the NIH/NIDDK
• Development of high quality patient reported measures of lower urinary tract symptoms (LUTS)
• Identifying and explaining the important subtypes of patients with LUTS

Basic and Translational Sciences
• Epigenomics of urgency urinary incontinence and insulin resistance
• Host responses to mesh
• Assoc. between beta3 receptor status and OAB severity
• Changes in the Urinary microbiome with aging (3 studies)
  - Urinary microbiome in women with recurrent UTIs
  - Probiotic instillations and the urinary microbiome
  - Effects of aging and the urinary microbiome

Prediction Models and Risk Calculators
• Predicting Risk of Pelvic Floor Disorders 12 and 20 years after delivery
• Predicting outcomes and complication rates after Botox for UUI
• Predicting OASIS injury

Education Research
• Robotic training and simulation

Clinical Research
• Urinary Incontinence
  • InterStim ® Implant Registry
  • Combination Therapy with medications and neuromodulation for OAB
  • Alternative Injection Paradigm for Botox treatment
• Surgery for Pelvic Organ Prolapse
  • Relationship between genital hiatus and failure after vaginal vault suspension
• Urinary Tract Infection
  • UTI risks related to Botox treatment
• Voiding Dysfunction
  • Contribution of Urethral sensory feedback in voiding efficiency
• Perioperative Management
  • Preoperative Urine Culture Protocol
  • Streamlining postoperative void trials
ADDITIONAL RESEARCH COLLABORATORS

Matthew O. Fraser, PhD
Associate Professor & Director Basic Science Research, Duke Urology & Durham VA

Warren M. Grill PhD
Associate Professor of Biomedical Engineering, Neurobiology, and Surgery

Evan R. Myers, MD, MPH
Professor of OB/GYN, Division of Clinical and Epidemiological Research

Susan Murphy, PhD
Associate Professor of OB/GYN, Director of Epigenetics Research Laboratory

Kevin Weinfurt, PhD
Professor, Department of Psychiatry

Friederike Jayes, DVM, PhD
Assistant Professor of Obstetrics and Gynecology

Ken Gall, PhD
Professor in the Department of Mechanical Engineering and Materials Science, Professor in Orthopaedic Surgery, Associate Director in the Pratt School of Engineering, MEDx Initiative

Kevin Hazen, PhD
Professor of Pathology, Director of Clinical Microbiology
WHAT SETS DUKE OBSTETRICS AND GYNECOLOGY APART?

The answer lies in the unique opportunities available to our residents in global health, community service, and world-class research. You will have faculty mentors that can guide you through your time abroad, provide care to the underserved in our own community or help you design and implement novel research that will make an impact in our field. Our fellowship program will set you up for success and train you to be a leader in our field.
DUKE HEALTH FACILITIES

Duke University Hospital, Durham, NC

Duke Regional Hospital, Durham, NC

Veterans Affairs Medical Center, Durham, NC

Duke Raleigh Hospital, Raleigh, NC
FELLOWSHIP PROGRAMS

Duke University Obstetrics and Gynecology is one of only 17 departments in the nation to have fellowship programs in all four subspecialties.

Maternal Fetal Medicine

The Maternal Fetal Medicine Fellowship Program at Duke University is designed to train fellows by providing a comprehensive experience in Maternal-Fetal Medicine while tailoring the program to each fellow’s special interest. Read more about Maternal Fetal Medicine

Gynecologic Oncology

The primary goals of the Gynecologic Oncology Fellowship Program are to prepare trainees to deliver the best possible clinical care in the areas of diagnosis, treatment and prevention of gynecologic malignancies, and to provide a platform for trainees who aspire to careers in academics and research. Read more about Gynecologic Oncology

Reproductive Endocrinology & Infertility

The Duke Reproductive Endocrinology and Infertility (REI) fellowship program is designed to provide outstanding clinical and investigative skills to pursue an academic career in REI. Read more about Reproductive Endocrinology & Infertility

Female Pelvic Medicine & Reconstructive Surgery

This Duke fellowship is one of the first four accredited programs in Female Pelvic Medicine and Reconstructive Surgery in the U.S. Our goal is to train and develop pelvic surgeon/scientists who will pursue productive academic careers and who will be preeminent clinicians. Read more about Female Pelvic Medicine & Reconstructive Surgery
Duke Ob/Gyn is committed to maintaining an environment that celebrates diversity among our patients, staff, faculty and residents. Diversity is our strength, and our continued success is dependent on a culture of inclusion that facilitates the exchange of ideas from diverse points of view. We continuously strive to create a community that nurtures our residents regardless their race, gender, age, ethnicity, cultural heritage or nationality; religious or political beliefs; sexual orientation or gender of identity. These core values are supported and shared across the Health System and the School of Medicine. The Duke Ob/Gyn educational environment is enhanced by a richly diverse patient population from across North Carolina and around the world. Diversity and inclusion are pivotal to our success as we strive to provide world-class, innovative, patient-centered care throughout our local community, North Carolina and the world.

Sarahn Wheeler, MD
Director of Diversity and Inclusion

Click here for more information
GLOBAL HEALTH

Duke Ob/Gyn offers unique opportunities in conjunction with the Duke Global Health Institute globalhealth.duke.edu. We have faculty in maternal fetal medicine, oncology and general Ob/Gyn overseeing global health activities in Kenya, Tanzania, Uganda and Rwanda. There are opportunities to participate in the global health pathway.

dukeglobalhealth.org/ghp
GETTING TO KNOW DUKE UNIVERSITY

Duke University is home to some 13,000 undergraduate and graduate students and a world-class faculty helping to expand the frontiers of knowledge. The university has a strong commitment to applying knowledge in service to society, both near its North Carolina campus and around the world.

Duke University was created in 1924 by James Buchanan Duke as a memorial to his father, Washington Duke. The Dukes, a Durham family that built a worldwide financial empire in the manufacture of tobacco products and developed electricity production in the Carolinas, long had been interested in Trinity College. Trinity traced its roots to 1838 in nearby Randolph County when local Methodist and Quaker communities opened Union Institute. The school, then named Trinity College, moved to Durham in 1892, where Benjamin Newton Duke served as a primary benefactor and link with the Duke family until his death in 1929.

In December 1924, the provisions of indenture by Benjamin’s brother, James B. Duke, created the family philanthropic foundation, The Duke Endowment, which provided for the expansion of Trinity College into Duke University.

Read more about Duke University at duke.edu
GETTING TO KNOW DUKE HEALTH

Duke Health conceptually integrates the Duke University Health System corporate.dukehealth.org, the Duke University School of Medicine medschool.duke.edu, and the Duke University School of Nursing nursing.duke.edu. It is the combination of research, clinical care, and education that takes place through the efforts of our faculty, staff, students, and trainees at many different sites throughout our region and worldwide.

As a world-class academic and health care system, Duke Medicine strives to transform medicine and health locally and globally through innovative scientific research, rapid translation of breakthrough discoveries, educating future clinical and scientific leaders, advocating and practicing evidence-based medicine to improve community health, and leading efforts to eliminate health inequalities.
DURHAM AND RTP

Durham is at the apex of North Carolina’s famed Research Triangle rtp.org, an area formed by Duke University, North Carolina State University in Raleigh (20 miles from Duke), and the University of North Carolina at Chapel Hill (11 miles from Duke). Durham is also close to the coast and the mountains. Read more about Duke University at duke.edu.

Research Triangle Park - Inspiring Bold Ideas

We believe that those who have the freedom and support to pursue bold ideas will change the course of history. We foster that potential by investing in the fabric of our community.

In the heart of the triangle, the Research Triangle Park covers 6,500 acres of rolling woodland dotted with some of the most sophisticated research facilities to be found anywhere. As a reporter for The Wall Street Journal once observed, the park is known for “pine trees and PhDs.”

There are many diverse activities within 30 minutes of Durham. The range and level of cultural attractions found here rival those in much larger (and more crowded and expensive) cities. The $20 million downtown Durham Performing Arts Center has become a national model for community arts programs. Other attractions include:

• The highly acclaimed American Dance Festival
• Outstanding art exhibits, libraries and concerts in the park
• Performances by renowned symphonies, opera, and ballet companies
Durham is well known from the movie Bull Durham, which featured our popular minor league baseball team, the Durham Bulls — a Class AAA farm club for the Tampa Bay Rays. The hot dogs always taste better at the ballpark, and rooting for the Bulls in the Durham Bulls Athletic Park is among the joys of summer. The term “bull pen” was coined by a sportswriter to describe the area where relief pitchers warm up, because their activity was overseen by a snorting, locomotive-size bull on a Bull Durham Tobacco billboard.

Durham has become a national trendsetter for its food scene. Durham was recently ranked as The South’s Tastiest Town by Southern Living and America’s Foodiest Small Town by Bon Appétit. Gourmet Magazine, the New York Times, and other publications have written about Durham’s locally produced food, traditional Southern cooking, and food trucks.
DUKE/DURHAM TOURISM

Find out why Durham is North Carolina’s hippest city or visit Duke University’s comprehensive website on living in Durham.

Explore our outstanding career path options. Check out our @dukeobgyn Twitter page. Come visit our campus and see our clinical and research facilities firsthand. Then, consider making Duke your Ob/Gyn match. You’ll emerge more than prepared to lead your field and enjoy career excellence, a lifetime of achievement, and make a difference in patients’ lives, every day.

medschool.duke.edu/about-us/duke-durham

About Duke and Durham | Duke Department of Medicine

Interested in learning more about Duke & Durham and the surrounding areas for when you visit Duke? Get everything you need on the Duke Department of Medicine website.

medicine.duke.edu/education-and-training/about-duke-and-durham

WE LOVE DURHAM

We love Durham. We live here. We work here. We play here. Enjoy this video that embraces the cultural diversity, celebrates the entrepreneurial spirit, and exhibits the strong sense of community that someone would find in Durham.

DO DURHAM

Eight Reasons to Move to Durham
WHAT DUKE MEANS TO ME

I knew that staying at Duke for FPMRS fellowship would provide me top notch surgical and clinical training by faculty who are completely committed to trainee education and the highest quality patient care. I have not been disappointed and I look forward to the next 2.5 years!

Rebecca Meekins, MD, Current Fellow

I chose Duke for the world-class surgical training, mentors and research opportunities. I knew that I wanted to train at a center that would challenge me in all aspects of our field while also offering a supportive group of mentors and surgical expertise across the breadth of our specialty. My training here has surpassed all of these expectations, and I know that I will be well-prepared for any future faculty position. I feel incredibly lucky to have the opportunity to train at Duke.

Monique Vaughan, MD, Current Fellow

The surgical training is diverse and exhaustive, such that I have no doubt once I complete fellowship I will feel comfortable offering the full spectrum of urogynecology. The division is full of excellent research mentors that push me to be my very best, while Duke offers extensive research support and resources. The FPMRS faculty are not only top in the field, but are all genuinely interested in educating the next generation of urogynecologists. I am quite happy I matched at Duke.

Whitney Hendrickson-Cahill, MD, Current Fellow
Duke is a fantastic place for Female Pelvic Medicine and Reconstructive Surgery fellowship. The research support and opportunities have surpassed my expectations. There are phenomenal resources available to fellows. The faculty take the time to prepare you well for the future. It is an exceptional place with great people.

Jennifer Bickhaus, MD
Graduated 2018

There have been a handful of decisions I have made in my life that were critical in shaping the person I became and choosing Duke Urogynecology was one such decision. It was one of the best decisions I have made throughout my academic and professional development. The faculty are unrivaled and I consider them close friends and mentors to this day. I formed close friendships with my co-fellows and still keep in touch with many of them. I would highly recommend Duke Urogynecology to any resident interested in FPMRS fellowship

Michael Polin, MD
Graduated 2016
I entered the Duke Fellowship in FPMRS in its second year. It offered a spectrum of expert surgeons as mentors and the strongest research platform in the subspecialty. While that was several decades ago, the Duke Program continues to distinguish itself for offering excellent surgical experience and cutting edge research.

Geoffrey Cundiff, MD  
Graduated 1995

Duke was the perfect place for me to learn pelvic surgery and lay the foundation for a career in clinical research. Furthermore, the relationships formed during my training at Duke continue to open doors for me as a mid career faculty. I would choose Duke again!

Ray Foster, MD  
Graduated 2007
The best part about FPMRS fellowship at Duke is that your training is under some of the biggest names in the fields, but all of the faculty are incredibly nice, genuine people who care so much about your career and life outside of work.

Megan Bradley, MD  
*Graduated 2017*

My time at Duke truly changed the direction of my life, both professionally and personally. The long-term friendships forged from our time together and hard work, endure to this day. There hasn’t been a single year since I left in 1996 that I have not visited Duke and spent time with my mentor, Dr. Allen Addison. I’m honored to have been fortunate enough to train at the best fellowship program in the world and I will never forget what Duke did for me. I’m forever indebted to Drs. Addison and Bump, and I’ll forever be proud to be True Blue.

Bob Harris, MD  
*Graduated 1996*
Do you even have to ask why? Not only did Duke prepare me surgically for a career in FPMRS, but the faculty all have tremendous research experience. They invest a great deal of time in teaching the right approach to a research question in a thoughtful and organized manner. The opportunity to publish and explore any area of research in Urogyn is available at Duke. From a personal perspective, I developed strong life-long bonds with my mentor and co-fellows and will always look back at my time at Duke with immense pride and appreciation. I am very thankful for my Duke experience.

Mary South, MD
Graduated 2008

A fantastic place to launch an academic career. Huge clinical volume, superb instructors and ample research opportunity. Duke made all the different for me in my career and the masters of clinical research is the icing on the cake. We had both kids while I was a fellow at Duke and my wife loved the area. Very affordable with huge numbers of young families. Walking out of Duke you will be competitive in academic and non-academic positions

Michael Flynn, MD
Graduated 2004
At Duke University, we have a robust research infrastructure that allows for a breadth of research projects ranging from clinical trials and data sciences to microbiome and genomic work. The Division of Urogynecology has four full-time clinical research coordinators, shared basic science laboratory resources, and access to multiple Core Laboratory Facilities that can be utilized for fellow projects. Although fellows have access to a departmental statistician, they are also trained to perform statistical analyses independently. Fellows are encouraged to compete for grants and have a highly successful track record of securing internal and external funding to support their projects. Fellows receive direct mentoring from experienced investigators in all phases of research including: grant proposals, research management, regulatory aspects, preparation of scientific presentations, and scientific writing. Fellows also participate in journal clubs and dedicated seminars focused on research methodology and statistics.

Nazema Siddiqui, MD  
Graduated 2010  
Assistant Professor of Ob/Gyn  
Duke University
Duke stood out among urogyn fellowship programs to me on the interview trail as the “total package,” excellent mentors, a busy and diverse clinical setting and top-notch research amazing support for fellow projects from research coordinators to funding opportunities and mentorship. I could not have gotten more comprehensive training anywhere else. One of my major goals for fellowship training was to establish a strong academic background to be able to pursue an academic position myself – this is unparalled at Duke. Within the first few months of fellowship I had already written and submitted a grant proposal and become intimately involved with several research projects. Within the first year I had a fully funded randomized controlled trial up and running, written several manuscripts and presented an oral at AUGS. The mentors at Duke really want their fellows to succeed and are truly relentless in their support.

Another goal I had for my fellowship training was to clinically be able to offer my patients a wide variety of surgical and nonsurgical options. The breadth and depth of patients, conditions, surgeries and other office therapies that you master at Duke is incredibly wide-ranging – you could go to an institution without a urogynecologist and frankly start a very comprehensive program by yourself after graduating from Duke. And while they offer you so much support in every way, the mentors at Duke have a great balance with letting you fly on your own from early on and giving you autonomy. I sat at the robotic console from start to finish for nearly every colpopexy I scrubbed on from about October of my first year onward. But with a multidisciplinary field such as urogyn, collaboration is key and the urologists, physical therapists, gastroenterologists and colorectal surgeons all have excellent collegial relationships with the urogyn division at Duke, which benefits everybody – patients and fellows alike.

On a personal note, I just felt at home there from the first few moments and can truly say I found a family in Duke Urogyn. When I finished my first half-marathon, Dr Amundsen was the first person I texted a photo from the finish line. When I need advice on complex surgical patients (or am in the market for a new espresso machine), I call Dr Visco for his advice and recommendations. I still consult with Dr Siddiqui about research analysis questions, and whenever a challenging patient scenario comes up still I will ask myself “what would Weidner do” in this situation. Dr Kawasaki is a true friend I communicate with nearly weekly. My former co-fellows and I still have a group text for inside jokes and polling for advice on tough cases. I can honestly say I had the absolute best urogyn training possible and have developed unbreakable professional and personal bonds through my time at Duke.

Autumn Edenfield, MD
Graduated 2014