

**James K. Robinson, M.D., M.S.**  
**Medical Faculty Associates**  
**The George Washington University Medical Center**  
**Washington, D.C.**

<b>Length of Fellowship (years):</b>		<input checked="" type="checkbox"/> 1-year	<input type="checkbox"/> 2-years
<b>Optional Degrees:</b>		<input checked="" type="checkbox"/> MPH	<input checked="" type="checkbox"/> MBA
		<input checked="" type="checkbox"/> MS	<input type="checkbox"/> Other: <input type="checkbox"/> None
<b>Number of Faculty:</b>			
	GYN Faculty: 5	UROGYN Faculty: 2	
	REI Faculty: 3	ONCOLOGY Faculty: 2	
	GU Faculty:	General Surgery Faculty: 2	
	Colorectal Faculty: 2	Other:	
<b>Residency Program Affiliation:</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Computer Simulation Center:</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Labs:</b>			
	<input checked="" type="checkbox"/> Cadaver lab	<input type="checkbox"/> Animal Lab	
	<input checked="" type="checkbox"/> Dry Lab	<input type="checkbox"/> None	
<b>Office Surgery:</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Contract/Agreement Letter:</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Salary: <input checked="" type="checkbox"/> Yes (\$ ) <input type="checkbox"/> No		
	Benefit Package: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OB obligation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Moonlighting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-compete clause:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Malpractice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Meeting support:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Malpractice tail coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other coverage obligations- specify:	
<b>Accept J1 &amp; H1Visa applicants</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Dedicated Research Hours:</b>			
<b>Clinical Focus/Additional Training:</b>			
	<input type="checkbox"/> Reproductive Surgery	<input checked="" type="checkbox"/> Hysteroscopy	
	<input checked="" type="checkbox"/> Endometriosis/Pelvic Pain	<input type="checkbox"/> Pelvic Reconstruction	
	<input checked="" type="checkbox"/> Robotic Surgery	<input type="checkbox"/> Other:	



**JAMES K. ROBINSON, MD, MS**

Medical Faculty Associates  
The George Washington University Medical Center  
2150 Pennsylvania Ave. NW, Washington, D.C. 20037  
Tel: (202) 741-2500 Fax: (202) 741-2550  
E-mail: jrobinson@mfa.gwu.edu

**Site Visited:** New Program

**Accredited:**

**Site Visit Scheduled:** March 2011

**1-year program**

**Faculty:** Patricia A. Smith, M.D., FACOG, Cherie Quesenberry Marfori, M.D., Anjali Gokhale Martinez, M.D., Elizabeth Britton Chahine, M.D.

**Description:** The George Washington University boasts a strong academic Ob/Gyn residency program and medical school. The 40 residents and 130+ 3<sup>rd</sup> year medical students rotate between 3 hospital sites including The George Washington University Hospital, Holy Cross Hospital in suburban Maryland, and ANOVA Fairfax Hospital in Northern Virginia.

The full-time academic faculty, located on The George Washington University campus, includes 5 fellowship-trained minimally invasive gynecologic surgeons (Robinson, Chahine, Martinez, Marfori, and Smith) with a large volume of complex gynecologic surgical cases. Cases cover the full range of benign gynecologic surgery including advanced hysteroscopic, laparoscopic, robotic, vaginal, and single-port access cases. The GW Fibroid and Menstrual Disorders Center and the collaborative interdepartmental Pelvic Floor Center boast state-of-the art testing facilities and attract large volumes of patients requiring a full array of gynecologic surgeries.

The Minimally Invasive Gynecologic Surgical (MIGS) Fellow can expect to act as co-surgeon, primary surgeon, or teaching surgeon on between 300 to 400 major surgeries over the course of the 1 year fellowship. Typical hysterectomy cases include LSH, TLH, robotic, single-port, and vaginal. Approximately 20% of minimally invasive hysterectomies are performed on uteri weighing between 1 and 4 kg. Myomectomies are performed hysteroscopically, laparoscopically, robotically, via mini-laparotomy with and without laparoscopic assistance, and via laparotomy. Comfort in the retroperitoneal, presacral, rectovaginal, retropubic and pararectal spaces is stressed when addressing the massive uterus, severe endometriosis, severe adhesive disease, uterine artery ligation, or significant pelvic floor repair.

Urogynecologic evaluation and surgery is abundant. The fellow will become familiar with fluoroscopic urodynamics, pelvic organ prolapse quantification, pessary fitting and usage, and appropriate use of pelvic physical therapy and biofeedback. We work closely with both a fellowship trained female urologist and a minimally invasive surgical colorectal surgeon. Surgical cases include suburethral slings, robotic sacrocolpopexies, laparoscopic uterosacral ligament fixations, laparoscopic paravaginal repairs, bilateral mesh sacrospinous ligament fixations, posterior colporrhaphies, and perineorrhaphies. The pelvic floor team made up of urologists, a colorectal surgeon, gynecologists, a nurse practitioner, and the MIGS fellow meets monthly to discuss appropriate management of complex cases. Collaborative interdepartmental cases are common.

Operative hysteroscopy is stressed as the first-line surgical approach to all appropriate patients. Myomectomy, polypectomy, endomyometrial resection and rollerball ablation are regularly performed in the outpatient surgery center. Patients with severe Asherman's syndrome are referred from a wide geographical area for our recognized expertise.

As a referral center of last resort, atypical and esoteric cases are not uncommon. This might include laparoscopy in pregnancy, laparoscopic cerclage, robotic tubal reanastomosis, or surgical management of an uncommon scar ectopic pregnancy.

In the office, we regularly perform transvaginal sonography, flexible office hysteroscopy, hysteroscopic sterilization via vaginoscopy, and global endometrial ablation. With our fluoroscopic capabilities we perform our own HSGs following sterilization and as follow-up in some of our myomectomy patients desiring future fertility.

Aside from our clinical strengths we have one of the most dedicated teaching faculty in the country. Four prior faculty have graduated from the 18 month APGO Clinical Scholars curriculum for Ob/Gyn educators. Two faculty have completed the APGO Surgical Scholars curriculum with one currently acting as faculty on that program. Our innovative approaches to teaching technical and surgical skill have been highlighted at numerous national meetings and published in a number of peer reviewed journals.

The successful applicant will have a commitment to academic medicine with the expectation that a clinical or educational research project will be completed during the fellowship and submitted for peer reviewed publication. A commitment and passion for teaching is expected of all fellows. The fellow should expect to work closely with both medical students and residents in both the clinic and operating room. Both the fellow and a chief resident attend many of the surgeries. This requires a dynamic flexibility on everyone's part. The fellow is expected to share the roles of second assistant, first assistant, and primary surgeon with the chief resident with roles being determined by the attending surgeon.

In addition to clinical education, the fellow will play an active role in the didactic and technical education of the medical students and the rotating chief resident. The fellow is required to give a Grand Round presentation at both GW and Holy Cross Hospital and organize the bi-monthly MIGS journal club in collaboration with the rotating chief resident. One month during the year the fellow will act as the Gynecology Attending at GW Hospital, taking primary responsibility for ER admissions and hospital consultations. During this month, the fellow will coordinate gynecology rounds, oversee the Monday AM gynecology conference, and prepare an evidence-based presentation for one of these sessions. It is also the responsibility of the fellow to collect pathology and complication data on all surgical cases performed at GW and Sibley Hospitals for review at the monthly divisional case review conference.

In order to help support the fellowship, there is a ½ day weekly gynecology clinic and an obstetrical 24-hour call responsibility one weekend day per month and for a single faculty share of the holiday call. The fellow will not see obstetrical patients in clinic or cover the obstetrical floor during the week. The fellow will also cover ¼ of the home-based gynecologic call as a faculty member within the department.