Promotion Narrative: Associate Professor to Professor, Clinician Scientist Pathway

Research Statement

Thus far in my career, over the last six years, I would categorize my research interests and activities in three general areas:

1. **3-Dimensional ultrasound of the pelvic floor and the impact of childbirth on the female pelvic floor**
2. **Multi-center and Multi-disciplinary studies on clinical outcomes for Pelvic Floor Disorders (PFDs)**
3. **Research on Patient Centered Outcomes and *Current* Clinical Topics in Urogynecology**

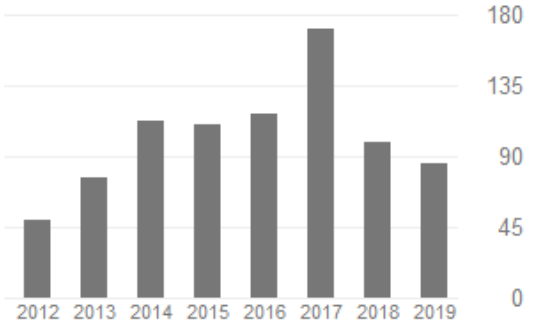
Pelvic floor disorders (PFDs), which include urinary incontinence, pelvic organ prolapse and fecal incontinence, are highly prevalent conditions that greatly impair women's quality of life but are unfortunately, under-recognized and understudied. One explanation for the limited research of PFDs is that the field of Female Pelvic Medicine and Reconstructive Surgery (FPMRS) also known as Urogynecology is a relatively new subspecialty, which was recognized by the American Board of Medical Specialties in 2011. Thus, major knowledge gaps exist regarding the epidemiology, etiology and treatment of pelvic floor disorders. These limitations, represent tremendous opportunities for research. In my research career, I have been focused on addressing these knowledge gaps through innovative multidisciplinary research and mentoring future investigators. In this Research Statement, I will focus on my substantive research and collaborations.

<u>3-Dimensional ultrasound of the pelvic floor and the impact of obstetrics on the female pelvic floor</u>

One of the main gaps in knowledge of our field involves levator ani muscle function (muscles of the pelvic floor), and possible preventive measures from obstetric exposures. In 2009, I was awarded a seed grant by the College of Medicine Alumni Association (COMAA) in order to study levator ani function and morphology with 3D ultrasound. The success of completion and publications from the COMAA grant, allowed for me to be awarded two additional grants, one by the American College of Obstetrics Gynecology (ACOG) and a highly competitive and prestigious seed grant in the field of FPMRS by the American Urogynecologic Society (AUGS) entitled, 3-D Ultrasound of the Pelvic Floor in Primiparous Women: Identifying the Women at Greatest Risk of Levator Trauma. This was a 2 year grant, involving 2 years of enrollment and follow up, including recruitment of women exposed to known risk factors for levator ani injury after the first vaginal delivery, such as prolonged second stage of labor, perineal lacerations and instrumented deliveries. Perineal lacerations and instrumented deliveries carry the highest risk of levator ani injury, highlighting the critical need to: identify women early after these exposures in order to maximize their access to care for pelvic floor symptoms, and minimize the use of instrumented

Fig.1 Google Scholar citations for [redacted] as of 8/3/2019

	All	Since 2014
Citations	957	698
h-index	16	14
i10-index	27	22



deliveries. Women at the time of their first delivery are at the greatest risk. The successful completion of these studies yielded 23 peer reviewed publications related to childbirth trauma and 3D ultrasound between 2013 and 2019 and included 698 citations of my work since 2014 to present (Fig.1). As a result, I have developed into an established, well-known clinical researcher with a national and international reputation and expertise in 3D ultrasound of the pelvic floor. In 2016 I was invited to Johns Hopkins (my alma mater) to give the prestigious Howard Kelly Lectureship, entitled "Innovative Uses of 3D ultrasound in Gynecologic Surgery".

At the national level, I am a primary investigator for several industry-sponsored multi-center clinical trials investigating PFDs. Specific to urinary incontinence, I'm currently the lead investigator in: 1. a study comparing a pelvic digital health system home program of pelvic floor muscle exercises to Kegel exercises for urinary incontinence, and 2. a randomized trial comparing the efficacy and safety of autologous muscle cells with placebo for stress urinary incontinence (CELLEBRATE Trial) in women ages 55-75. The latter trial is the second randomized trial for which OU has been chosen as a site under my leadership involving autologous muscle cells, or myocytes. The initial study, Cook Myosite Study (2014-2018), was also a randomized trial to assess the safety and efficacy of using autologous muscle cells as an option for the treatment of stress incontinence. Unlike stem cells, myocytes will only differentiate further into muscle, and by obtaining a biopsy of one's own tissue and replicating the cells, it explores regenerative medicine as an option for the treatment of urinary incontinence. In addition, I was involved in an industry sponsored multi-center trials to evaluate a new FDA-approved device for fecal incontinence, and this study resulted on a publication in 2019, with results presented at AUGS and at the American Academy of Colorectal Surgeons.

My research on pelvic floor disorders also includes several multi-disciplinary studies. In 2015 I began a collaboration with the Gynecologic Oncology section at the Stephenson Cancer Center with [redacted]. Together, we collaborated on a project which also served as a Masters thesis for [redacted], my clinical fellow, addressing the prevalence of pelvic floor disorders in women after endometrial cancer treatment. [redacted] successfully completed this project, and was awarded the "Best Clinical Application" Prize at the OUHSC OB/GYN Annual research day in 2018. This project is currently being prepared for submission to the Journal of Female Pelvic Medicine and Reconstructive Surgery. In another ongoing collaboration with [redacted] (General and Bariatric Surgery), my current third year fellow, [redacted], is conducting a study on the non-surgical and surgical effects of weight loss on urinary incontinence in women enrolled in the bariatrics program. Lastly, in a collaboration with the Department of Urology ([redacted]), my current second year fellow, [redacted] is implementing a randomized trial of the effect of a cranberry supplement on the reduction of urinary tract infections after sling procedures for urinary incontinence (one of our mostly commonly performed procedures).

As the Section Chief of Urogynecology in the Department, I have dedicated myself to building the division's research infrastructure. I will continue to expand opportunities for multi-disciplinary studies, and to expand the national reputation of the University of Oklahoma. I serve as a research mentor to the thesis projects of all the trainees who have completed the FPMRS fellowship, all of whom have achieved their Master's in Clinical and Translational Research since the inception of the fellowship in 2009.

[redacted]

I embrace the opportunity to conduct clinical research on patient-centered outcomes and on *current* topics in Urogynecology . This includes issues such as mesh complications outcomes, and posturgical pain management and opioid use in the Urogynecology patient population. The topic of mesh complications has been a source of ongoing public attention, starting with the Federal Drug Aministration's Public Health Announcement in 2008, informing clinicians and patients of adverse events related to mesh use in Urogynecology. Working at a tertiary care center, I receive referrals in high volume of patients with mesh related complications in Oklahoma and surrounding regions. Between 2012 and 2017 I co-authored several journal articles examing referral patterns of mesh complications, clinical outcomes after mesh removal (this article was published in Obstetrics and Gynecology, one of our most prestigious journals), and in vivo ultrasound characteristics of mesh complications. All of these publications added significant contributions to the published literature on mesh complications. Another area of current controversy involves the opioid epidemic in the United States. In 2014, I was co-author of a comprehensive review article addressing multimodal pain management strategies in the Urogynecology population, raising awareness on the multimodal approach to pain management and adjuvant pain therapies. A significant finding in one of our recent publications in 2019, showed that the Urogynecology patient population is twice as likely to be on chronic opioids compared to the general gynecology population, after matching for age and co-morbidities. This study highlights the need for the Urogynecologist to be familiar with a multi-modal approach to post surgical pain management.

Multi-modal pain management usually involves nonsteroidal medication. Often, newer medications carry a significant cost difference, such is the case with IV ibuprofen, which is much more expensive than the IV ketorolac (the traditional choice for IV nonsteroidal medication for postsurgical pain managemet). In 2019, we published the results of a randomized trial comparing two types of nonsteroidal medication for postsurgical pain management, and concluded that there was no difference in postsurgical pain and satisfaction with IV ketorolac compared to IV ibuprofen in patients after urogynecologic surgery. The results of this study showed a potential for cost savings when ketorolac is used. These studies serve as an example of my dynamic and energetic approach to keeping our clinical research on trend with clinical topics of current interest in our field.

Conclusions:

I have established myself as a clinician scientist and I will have clinical research as a continuing focus of my career. Over the past 11 years I have used my research findings to BUILD my expertise and national prominence as an ultrasound expert. I will continue to INFLUENCE future practitioners and researchers who need to understand the impact of PFDs in women's health. I am DRIVEN and focused on raising awareness about PFDs and discovering evidence that will improve the care of women suffering from these conditions. Furthermore, I will continue to motivate and INSPIRE trainees to dedicate their careers to advancing women's health research.

Teaching Statement

The following are excerpts of student evaluations: "Took great interest in students. Appreciated all of her teaching sessions." "Great physician, great educator, would absolutely work with her again." "Very gifted teacher and personable." "Incredible surgeon. Always gave strong feedback on how we can improve and what we should do differently". I have received consistent positive scores on my teaching evaluations from medical students, with a cumulative average of 6.02 over the last 5 years, with 7 being the maximum score on the evaluation scale. I have received excellent feedback from the students on my approach to teaching, and have been a recipient of *7 teaching awards in the last 10 years*. In addition, in 2018-19 I was the recipient of a *Faculty Teaching Award for Excellence in Teaching Medical students for 5 consecutive years*.

Cumulative Scores 2015-2019	Poor						Excellent	
	1	2	3	4	5	6	7	Avg (Std):
[redacted] MD								6.02 (0.3)

As a physician-scientist, I am continuously teaching learners to apply their knowledge to clinical practice and clinical research. Clinical research and teaching are my passion, so I am driven to mentor and guide all levels of learners, from medical students, to residents and junior faculty to research coordinators. I guide learners in their scientific endeavors, and with their career development. Our OB/GYN residency program consists of six residents per year and one Female Pelvic Medicine and Reconstruction (FPMRS/Urogynecology) fellow per year, for a 3 year fellowship. I work with 2nd and 4th year residents in their 8 week Urogynecology rotation, and I serve as the Fellowship Director for our three FPMRS fellows. My teaching activities generally fall into three categories: 1) Clinical teaching, 2) Operative teaching, 3) Didactics and 4) Research training and mentorship. Throughout each of these different teaching environments, **my teaching philosophy is grounded in individualized teaching and experiential learning.**

In the outpatient clinic, I focus on explaining how pelvic floor disorders impact our patients' lives and how to evaluate and manage these conditions. In this environment, I feel that my role is to impart knowledge and skills to trainees. I allow trainees to have progressive responsibility or decision-making with supervision. An example of my individualized and experiential approach is teaching a trainee how to do a detailed pelvic examination for prolapse, which is called the pelvic organ prolapse quantification or POP-Q exam. Initially, I explain the 9 different points of the POP-Q and show them a diagram of these points. Then, I demonstrate how to perform a POP-Q exam on a patient. When the trainee feels comfortable, I allow them to perform the POP-Q, while I observe and guide them. For fellows, they will review all validated questionnaires, take a thorough history, perform the initial physical examination under my supervision, and then will discuss the plan of care with me prior to discussing with the patient. I make sure that each trainee understands all potentially treatment options, as well as alternative, nonsurgical options. My main goal is to progressively allow the trainee to develop a plan of care and then perform patient counseling of these options under my supervision. At the end of the clinic, we go over key learning items, which often terminate with a literature assignment to reinforce the learning points.

In the hospital am responsible for all inpatient hospital rounds every other week. I conduct formal rounds by being present for patient presentations for all levels of learners, including medical students, residents and fellows. This is my primary opportunity to finesse the presentation styles of the 3rd year

[redacted]

medical students on the rotation. I make sure to emphasize the structure of the presentation, help streamline the plan of surgical care, as well as provide immediate feedback for constructive criticism. It gives me the opportunity to review with them the details of postoperative care, and to look for signs of postoperative complications. The majority of patients in our service are older patients and oftentimes have a family member or caretaker in the room, whose questions we respectfully address. During rounds, I have the opportunity to provide direct bedside teaching, and to model aspects of professionalism and good bedside manner. I encourage the students to ask me about my approach to patient counseling and on interactions with family members. I feel this is the kind of learning on "bedside manner" that goes beyond the classroom and it is best taught using real time clinical situations.

In the operating room, I actively engage each level of the learners present by tailoring my teaching to address a key point that is relevant to the individual learners who are present. In order to maximize the opportunity for surgical training, my main goal in the operating room is to have cases that are appropriate and relevant to the teaching level of the resident to be done with me directly. For residents and medical students, I emphasize relevant pelvic anatomy, to make sure they understand the distortion of anatomy in pelvic organ prolapse surgeries. I always point out anatomical landmarks, as well as highlight tissue plane boundaries for trainees to apply their basic skills and be challenged by the complexity of the case. For residents, my main goal is to have trainees learn how to perform benign gynecologic surgery, such as hysterectomy, even in the presence of anatomical distortion, in order to avoid lower urinary tract injuries. About 90% of my cases are done by laparoscopic, robotic-assisted or vaginal approach, and my teaching of fellows is focused on teaching advanced vaginal and laparoscopic skills and suturing techniques. Fellows in the operating rooms will at first, assist in all anatomical dissections for pelvic floor repairs, which require careful, delicate dissection in order to avoid injury to iliac vessels, pelvic nerves or the lower urinary tract. They will experientially progress to being primary surgeon in reconstructive procedures. Given that we are a tertiary care center, we routinely perform surgeries after primary repair failures referred from the community. I emphasize the importance of preparation for the operating room by discussing the case with the residents and fellows during the Urogynecology pre-operative conference (held every Monday morning).

Another important role of an educator is participating in formal didactic sessions and curriculum development for residents and fellows. I have presented educational topics in national, regional and local settings, thereby reaching a wide variety of learners. As noted in the Teaching and Instruction portion of my CV, in 2010 I designed a curriculum for the residents rotating through Urogynecology. This curriculum is based on the learning objectives set forth by the Council on Resident Education in Obstetrics and Gynecology (CREOG). Every Monday morning, as part of the Urogynecology rotation, I lead a thirty minute teaching session covering each one of these topics with the 2nd and 4th year residents. These lectures have interactive questions embedded in the lectures to maintain an active learning environment. For the fellows, I lead a curriculum of didactic sessions covering the FPMRS Guide to Learning set forth by the American Board of Obstetrics and Gynecology every other Friday afternoon. These sessions include interactive sessions, surgical simulation labs, webinars, online journal clubs and surgical videos meant to maintain a dynamic learning environment.

Third year medical students rotate through our service, one week at a time. I meet with the group of medical students on the rotation each Friday and review prepared case scenarios, based on assigned reading. I take this opportunity to guide them to apply their reading knowledge about pelvic floor disorders in practical clinical scenarios, evaluation and treatment options, and patient counseling. In addition, about three times a year, I provide direct mentorship for medical students for their 6 week rotation. I lead weekly meetings to discuss general ob/gyn topics during which each student is assigned

2 topics and is expected to give a 10 minute "mini lecture" following by group discussion after which I provide insight to clinical applications. I believe that this kind of small group engagement is the best way to assess the learner's comprehension and to get their "clinical wheels spinning".

On the national and international level, from 2008-present, I been a teaching faculty on ultrasound teaching workshops nationally at the American Urogynecologic Association, and internationally at the International Continence Society (ICS) and the International Urogynecologic Association (IUGA) Scientific Meetings. At the American Urogynecologic Society (AUGS) Annual Scientific Meetings, I have lead seminars, webinars and roundtables on topics such as academic career advancement, childbirth injury and pelvic floor 3-D ultrasound, all aimed at fellows and junior faculty. My expertise in the field of 3D pelvic floor imaging has provided opportunities for me to be an invited speaker at numerous departmental Grand Rounds across the country, and to present at numerous regional and national meetings as detailed in my CV. Locally, I present educational lectures on pelvic floor disorders to nursing students, physician assistants, medical students, residents and fellows on a regular basis.

Individualized teaching and experiential learning is also critical for research teaching and mentorship. One of my strengths as a clinician scientist is my passion for research. I strive to serve as a teacher and mentor for trainees embarking on careers in women's health. Since I joined the faculty in 2008, I have had the opportunity to mentor all levels of trainees in clinical research. The guidance and mentorship I provide includes formulation of the research questions and study design, statistical analysis, and preparation for a national or local presentation, culminating in a publication. I am the primary research mentor all our fellows and junior faculty in our division. In this role, I conduct monthly research meetings with all members of our division, including our research staff. These meetings include a prepared agenda, and fellows and faculty give an update as to ongoing projects and expected dates of completion. I keep tally of upcoming scientific abstract and grant submissions for national and international meetings. I pride myself in being a prolific clinical scientist, as such, all members of our division are encouraged to send me manuscripts, abstracts and grants for primary editing before submission.

Beyond clinical and research teaching, I seek out opportunities to assist learners with their career development. I have also mentored junior faculty in our division and department, as well as those in other departments across the country - on their research endeavors and how to best achieve their research and career goals. I also advise many junior faculty on their career development, especially in terms of their research and preparation for promotion. I am committed to assisting trainees with their career development. This area of academic medicine, while not often highlighted in training, is critically important. As a result, in 2018 I was the recipient of the *American College of Obstetrics and Gynecologists (ACOG) Mentor of the Year Award for District VII*, awarded to an exemplary mentor to junior faculty. Serving as a mentor has been an incredibly rewarding experience, as it represents the ideal intersection between my two passions: teaching and research. I strongly believe that dedicated mentorship is the key to a successful career for both trainees and junior faculty.

Summary and Future Goals

I would like to include an important development in this narrative. I joined the University in 2008 and our fellowship in FPMRS started in 2009. I served as Assistant Fellowship Director from 2013-14, and took over as Fellowship Director 2015-2019. In 2015, my 3 other partners left the University, leaving me as the only faculty member responsible for: the Urogynecology division (assuming leadership of all clinical duties), the Urogynecology residency rotation *and* the Urogynecology fellowship, for which I became Fellowship Diector. I worked closely with faculty from Urology ([redacted]), and from OU Tulsa ([redacted]) to increase their involvement in the fellowship to satisfy faculty

[redacted]

requirements and remain ACGME compliant. During the last 5 years, I successfully maintained accreditation of the fellowship, had our graduates excel at presenting their research at national meetings (many culminating in successful publications), and all fellows have successfully completed their Masters degree in Clinical and Translational Sciences, with me as Chair of their thesis committee. The success of our fellowship and our trainees speaks to my **leadership** and **resilience** during this trying time. In 2018, we obtained data from the American Board of Obstetrics and Gynecology showing the University of Oklahoma has maintained a 100% board passing rate of the subspecialty boards in FPMRS since the inception of the FPMRS subspecialty board (boards for our subspecialty first started in 2013).

My long-term career goal is to significantly impact women's health through innovative research in pelvic floor disorders and to translate these findings into improved clinical care. To achieve this goal, I have dedicated my career to studying multiple aspects of pelvic floor disorders and to training future investigators in FPMRS. I have developed robust research skills and outstanding multidisciplinary collaborations. I have demonstrated research productivity, and success in mentoring junior investigators. I have established a strong national reputation through my research endeavors, demonstrated by: serving as an Oral Board Subspecialty Examiner for the American Board of Obstetrics and Gynecology, as an Assistant Editor of the Female Pelvic Medicine and Reconstructive Surgery Journal, and by selection as an AUGS Board member.

In my future years at the University of Oklahoma Health Sciences, I will remain focused on providing outstanding clinical and surgical care to my patients, educating the next generation of physicians, mentoring future clinician-scientists, conducting innovative research, and serving as a leader in the field of Female Pelvic Medicine and Reconstructive Surgery.

Service Statement

PROFESSIONAL SERVICE

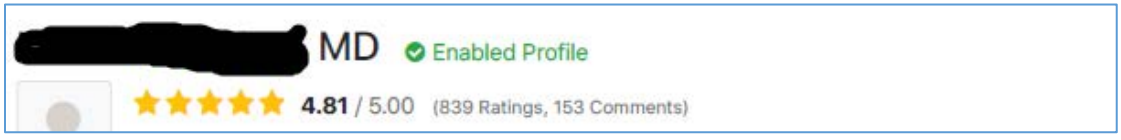
Over the last six years, I have shown leadership and commitment to excellence in the following leadership service roles:

University of Oklahoma and Professional Service and Public Outreach
Service to the University of Oklahoma

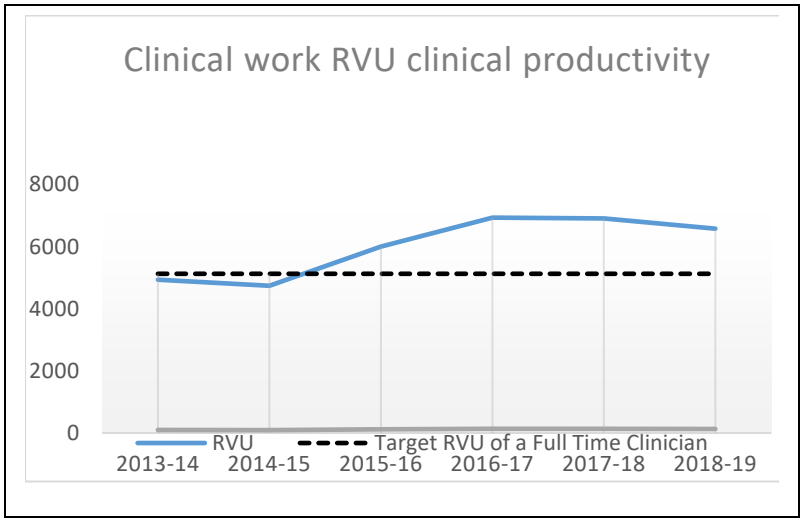
- **Clinical**
  OU Physicians Medical Director, Women's Pelvic Medicine & Bladder Health Clinic
  I was the first fellowship-trained FPMRS female physician in the state of Oklahoma and have invested approximately 60% of my FTE in this role since my arrival in 2008. I took on the role of Medical Director the Women's Pelvic Medicine and Bladder health clinic in 2014 and have worked to provide excellence in patient care in offering care and treatment for women with complex pelvic floor disorder. I am responsible for leading all clinic operations and budget decisions. In 2015, two other of my partners left the University and the third one left in early 2016, leaving me as the only fellowship trained Urogynecologist in the University (going from a group of 4 down to 1). It took an enormous effort, but I led the effort in our clinic, and we maintained the volume of the clinic to meet patient demand while maintaining excellent patient satisfaction scores. My clinic also 3 pelvic floor physician therapists ([redacted]). Our services include physical therapy for male patients, serving to rehabilitate male patients after their urologic cancer surgery, referred from Stevenson Cancer Center. In 2017 I recruited [redacted] (a former graduate from our fellowship program) to join our practice, and we continue to build and provide the most comprehensive, multidisciplinary team for pelvic floor disorders. We are the only specialists in the state to have fully integrated physical therapy team in our practice.
  In my role as director, I have worked very closely with the department of Urology ([redacted]) and with Colorectal Surgery ([redacted]) to provide care to pelvic floor disorders from a multidisciplinary approach. In 2017 I recruited [redacted] (a former graduate from our fellowship program) to join our practice, and we continue to build and provide the most comprehensive, multidisciplinary team for pelvic floor disorders.

  At OU Physicians, I have been member of the Transparency Review Group since 2015. This group is comprised of physicians, risk management, marketing, digital media and operations who review patient comments from patient satisfaction surveys individualized for each health care provider. This committee is responsible for reviewing all comments before they are posted online to ensure they meet compliance standards: No profanity, personal health information or libel/risk management issues. The TAG also serve as an appeals panel for any provider or employee who objects to the posting of a particular patient comment.

  Patient satisfaction scores
  Despite high patient volumes, I have maintained a high level of patient satisfaction (4.81 from 839 ratings) as can be seen below.



[redacted]



Clinical productivity
I have remained extremely involved in patient care. I maintain a high volume of clinical productivity as evidenced by the work RVU volume chart shown. I have consistently been above my target volume of RVU's, even with a consistently growing number of administrative and educational responsibilities. In fact, for the last 4 years, I have performed above 130%, exceeding the targeted work RVU productivity of a full time clinician.

- **Department: Section Chief of Female Pelvic Medicine and Reconstructive Surgery (FPMRS), Department of Obstetrics and Gynecology and Ob/Gyn Service Chief**
  I was appointed to the position of Section Chief of the Urogynecology Division in 2015 to present. In this role, I have the opportunity to mentor junior faculty in my division and across the department of Obstetrics and Gynecology. I mentor faculty on clinical and surgical skills development, frequently scrubbing in with them to assist with difficult pelvic surgeries, as well as with research endeavors and career development. In 2018-2019, I worked closely with our Chair as well as other leaders in the Department to develop a cohesive mission, as well as participate in strategic planning sessions. One of the action items identified from these sessions was to plan on expand our services for benign gynecologic services to the community in Oklahoma. We have started to enact this plan by the hiring of Oklahoma's first fellowship trained Minimally Invasive Gynecologist in July of 2019. I will be working closely with her to integrate our minimally invasive services and coordinate referral patterns from the community, thereby expanding the scope women's health services to the community.

  I also represent my department as a member in the Utilization Management committee, Value Assessment Committee and Medical Staff Committees. The latter committee involves monthly meetings with hospital leadership, as well as leadership from all the departments across campus to address patient care operational issues, efficiency and patient safety. In August of 2019, I was appointed as OB/GYN Service Chief. In this role, I serve as the leader of the Gynecologic surgical services, including general gynecology and all of the gynecologic subspecialties at OUMI hospitals, and I am responsible for monitoring and addressing logistics such as operating room utilization, efficiency management and patient safety issues.

- **College of Medicine**
  I was a recipient of the College of Medicine Alumni Association (COMAA) Award in 2009 within the first year of my arrival to the University. I subsequently was invited to serve as a grant reviewer for COMAA grant applications from 2010-2014. My role was to review grant applications as either the primary or secondary reviewer, culminating in a ranking session for all reviewers emulating the grant review style of the National Institutes of Health.

[redacted]

In 2012 I was asked to serve as a member of the Student Appeals Committee for the College of Medicine, and in 2014-2018 I was Chair of the Committee. My role as Chair involved reviewing the appeal application filed by a student at the Health Sciences Campus, coordinating the dissemination of records to all relevant parties, convening with legal counsel, and leading the proceedings of an Appeals Session hearing which included the attestations of all parties involved in the appeal. I attended and served as Chair two such appeals during my tenure in this role.

I routinely participate in College of Medicine ceremonies and events. I have attended the White Coat Ceremony, College of Medicine Graduation, and routinely attend the Evening of Excellence, where I had the honor of speaking as a COMAA Research Scholar in 2014.

Most recently, I have joined the Diversity Alliance Task Force at the OU College of Medicine led by [redacted]. This group is fresh and innovative and heralds the core values of increase access, equity, and success by attracting, retaining, and ensuring the success of all students, residents, fellows, faculty, and staff from diverse backgrounds to an environment where all have the opportunity to thrive at the University and beyond.

National Service

- **American Urogynecologic Society (AUGS)**

I have served in several volunteer roles for AUGS as documented in my CV, and in this narrative will comment on my last six years of service. I have served as scientific session moderator, abstract reviewer, and starting in 2014 I had the pleasure of serving on the Research Committee for AUGS. This committee supports the work of the Research Council by ensuring programs are in place to support the research needs of the FPMRS community. From 2012-present I have served as a grant reviewer for the AUGS Foundation Research Award. I served by reviewing 2-3 grants per year as primary or secondary reviewer and then participating in conference calls to discuss and rank the grant applications submitted by junior faculty and fellows.

In 2017, I was elected to serve on the Fellowship Education Committee Evaluate the educational needs of FPMRS fellows and fellowship programs and develop programs and services that AUGS can provide. In 2018, I was one of 5 candidates who ran for election for 2 available positions on the AUGS Board of Directors, from a membership of 1,900 members. Being elected to the AUGS Board for a three year term has been one of the highlights of my career. On this role, I also serve as Chair of the Educational Council, which oversees the Education Committee, the Fellowship Training Committee, the Clinical Meeting Planning Committee, PFD Week Program Committee, and the Advance Practice Provider Course Planning Committee. I lead monthly conference calls to address points of actions for each committee, as mandated by the Board, and attend four in-person Board Meetings per year (one of which coincide with the AUGS Annual Scientific Meeting (also called PFD Week).

- **Editorial Board, Female Pelvic Medicine & Reconstructive Surgery Journal (FPMRS Journal)**

I love research. I love reading journal articles, writing, reviewing, discussing design methods, and brainstorming on research ideas with my trainees. One of my favorite activities is that of the “mentored review” of a journal article. Whenever I am invited to review a manuscript, I “assign” a trainee to review it with me. We critically read it and write a detailed critique of the manuscript. I have been consistently

writing manuscript critiques since my fellowship years for several journals (the list of journals is included in my CV). In 2016, I had the honor of being asked to be a member Editorial Board for the Female Pelvic Medicine and Reconstructive Surgery. As a member of the Editorial Board from 2016-2018, I reviewed articles in greater frequency than ad hoc reviewers and participated in one in person Editorial Board Meeting at the Annual Scientific Meeting. In 2018, I applied and was selected to be an Assistant Editor on the Editorial Board of the FPMRS Journal. I review 2-4 reviews per quarter, participate in bimonthly conference calls with the Editorial Board and assist Associate Editors when additional reviews are needed to finalize a decision on publication.

- **American Board of Obstetrics and Gynecology**

In 2018, I was honored to be selected to be an ABOG FPMRS subspecialty examiner. As an examiner, I participate in an in-person oral examination of candidates ABOG accreditation in FPMRS in Dallas, TX every year. I also contribute by writing questions for the written and oral board exams.

Community

In the community, I am a local interviewer for the Brown University Admissions office and provide interviews 2-3 applicants per year whenever a local interviewer alumnus is needed. This allows the applicant to have a chance to add a personalized recommendation to their college application, and allows for applicants access to information about the college and campus life. I have also served on a question and answer (Q&A) panel of Latino/a physicians across different specialties to speak about their experiences working with Latino communities in their practices. At the University of Oklahoma, I have served a speaker for the Association of Women's Surgeons, addressing work-life balance as a woman in a surgical field.

Personal Growth and Development

I have attending yearly meetings at the American Urogynecologic Society from 2005-present. In 2014 I completed a two year AUGS Leadership Program, which is a program in which 9 candidates were selected from a national pool of applicants. The program involved a rigorous curriculum involving monthly assignments and webinars, meant to provide faculty with the necessary skills to be leaders in the field of Female Pelvic Medicine & Reconstructive Surgery. In 2016 I was selected to attend the *Leadership Strategies for Evolving Health Care Executives* at Harvard T.H. Chan School of Public Health Executive and Continuing Professional Education. The curriculum is designed to develop conflict resolution, operational analysis, employee management, and quality management techniques necessary to achieve individual and organizational objectives. Lastly, in 2018 I was invited to attend the American Gynecology and Obstetrics Society (AGOS) by my Chair, [redacted]. AGOS is an organization composed of individuals attaining *national prominence* in scholarship in the discipline of Obstetrics, Gynecology and Women's Health. It was an honor to be invited to this meeting and my application for membership to this prestigious Society is currently under review by the AGOS Executive Council. I plan to continue to serve as a leader at the University and National level and to mentor junior faculty and develop their leadership to its full potential

[redacted]