

**Dossier for Promotion to Professor Clinician Educator:**  
**TEACHING & LEARNING**  
[REDACTED]  
**College of Medicine, Department of Obstetrics and Gynecology**  
**Narrative Assessment**

In my role as a clinical educator in the field of MFM, I have had the privilege to teach, advise, and mentor many types of learners, including medical students, residents, MFM fellows, and colleagues in other disciplines. My recognition as a teaching scholar is well-established both on a local and national level.

In the following statement, I will highlight my progress in each area at the university, regional, and national level. My educational activities can be categorized into the following:

- Supervision and teaching fellows in my private clinic
- Daily rounding on the inpatient antepartum service with MFM fellows, obstetrics and gynecology residents, and medical students
- Supervision and teaching fellows, residents, and medical students in the high-risk obstetrics prenatal clinic
- Didactic teaching including Department of OBGYN Grand Rounds, weekly MFM weekly educational lectures and journal clubs, monthly classroom teaching sessions for medical students, and continuing medical education (CME) lectures for community physicians
- Curriculum advisor/editor for the American Congress of Obstetrics and Gynecology Simulation Consortium
- I serve as the student Clerkship Director in MFM for the fourth year sub-internship rotation and the MFM Clerkship Director for the third-year medical students (OB/GYN 9210 series)

**Outpatient Clinical Teaching**

In my private clinic at the Prenatal Diagnostic Center in the Children's Hospital, I have an MFM fellow who sees patients with me three to four days per week. As I have matured as an instructor, my philosophy, in terms of training fellows in this very busy outpatient setting has also evolved. My daily goal is to foster an environment where learners are encouraged to deepen their understanding of high-risk obstetrics and allow them to assume graduated responsibilities for management as it relates to consultations, ultrasounds, and prenatal diagnosis. My other teaching duties allow approximately 1 to 2 days/week in the high-risk OB prenatal clinic where I supervise medical student, resident, advanced practice registered nurse (APRN), and fellow teaching. I oversee the clinic throughput as the learners manage high-risk obstetric patients. My expectation of the learners is that they will assess the patients, perform the physical exam, review pertinent laboratory data, and develop management plans for a select number seen within the clinic. My goal, as in my private clinic is to create a learning environment that empowers all levels of learners and promotes cooperation, respect, and collegiality within the team.

**Inpatient Clinical Teaching**

A primary source of inpatient teaching occurs during morning labor and delivery board checkout and antepartum rounds. With greater than 4,000 deliveries and 600 maternal-fetal transports annually, many opportunities arise for discussion and teaching of MFM topics. Additional inpatient teaching occurs when board checkout ends and antepartum rounding begins. The MFM fellow assumes graduated responsibility for the teaching and management of high-risk patients under my guidance. Assessments of patients are presented, and plans are made for each patient in a comfortable environment that encourages teaching and interaction. Eventually, walk rounds ensue after all patient presentations have occurred, and we physically evaluate each inpatient. During patient rounds, I provide direct bedside teaching. Again, I see each encounter as a teaching opportunity, and MFM fellows assume responsibility for patient care and education as deemed appropriate by their progress. I help learners develop confidence in their knowledge and skills and to push the boundaries of their existing knowledge. I have always viewed my opportunity to teach medical students, residents, and fellows as a privilege. I believe that educating learners in this manner is quite effective and well received, and after years of hard work, I continue to receive favorable evaluations. The OBGYN residents rate my overall teaching effectiveness among the highest in the department. Please see tables 1 and 2 for my aggregate scores. As an Associate Professor, my score has ranged from 4.33-5.0/5 (N=59 residents).

**Aggregate Evaluation Report – Resident Evaluation of Dr. [REDACTED]**  
 Semi-Annual Faculty Evaluation (2018-2019)  
 Responses 16      0= lowest rating, 5 is highest  
**Table 1**

<b>Clinical Teaching Skills</b>	<b>Score</b>
A. Encourages you to think critically and develop your own differential diagnosis & management plans	<b>5 (Std. 0)</b>
B. Promotes increasing responsibility for patient care as your expertise develops	<b>4.9 (Std. 0.5)</b>
<b>Technical Teaching Skills</b>	
C. Demonstrates technical skills with confidence & expertise	<b>5 (Std. 0)</b>
D. Provides appropriate operative instruction while allowing you to attempt procedures appropriate to your level of training	<b>4.8 (Std. 0.4)</b>
<b>Feedback Skills</b>	
E. Provides specific, appropriate and helpful feedback in the moment	<b>4.9 (Std. 0.3)</b>
<b>Professionalism and Communication Skills</b>	
F. Treats patients and team members with respect and dignity	<b>4.8 (Std. 0.4)</b>
G. Demonstrates patient with your learning curve	<b>4.9 (0.3)</b>
<b>Global Evaluation</b>	
H. I would rate this faculty member's teaching ability and interest in education as...	<b>5.0 (Std. 0)</b>
I. I would rate this faculty member's overall clinical knowledge as:	<b>5.0 (Std. 0)</b>
<b>Total Average: 9.8/10.00</b>	

**Aggregate Evaluation Report – Resident Evaluation of Dr. [REDACTED]**  
 Date Range 06/01/14-07/01/19  
 Responses 43

**Table 2**

<b>Availability</b>	<b>Score</b>
A. Rate faculty member according to availability when you need help in the operating room, L&D, or clinic or when you need questions answered.*	<b>3.6/4 (Std. 0.6)</b>
B. Faculty member is prompt, spends adequate time on rounds, is reasonably unhurried, and is reachable when needed outside rounds.*	<b>2.7/3 (Std. 0.4)</b>
<b>Clinical Teaching Skills</b>	
C. Rate according to effectiveness in increasing your knowledge of obstetrics & gynecology. * Provides appropriate operative instruction while allowing you to attempt procedures appropriate to your level of training	<b>3.6/4 (Std. 0.6)</b>
D. Faculty member teaching style is appropriate, directed at different levels to help all members of the team, and is non-threatening.*	<b>3.5/4 (Std. 0.8)</b>
E. Faculty member clearly states expectations and encourages a problem-solving approach.	<b>4.1/5 (Std. 0.9)</b>
F. Faculty member provides both positive and negative timely feedback in to residents and makes suggestions for improvement	<b>3.5/4 (Std.0.7)</b>
G. Rate faculty member according to ability to intervene appropriately during procedures. Does the faculty member delegate the appropriate amount of responsibility relative to the resident's level of training, complexity of the procedure, and the medical status of the patient?*	<b>3.5/4 (Std. 0.5)</b>
<b>Overall Contribution to Your Learning</b>	
H. Rate the faculty member's overall contribution to your development as an obstetrician/gynecologist, including his/her contribution to increasing your knowledge and technical skills.*	<b>3.6/4 (Std. 0.5)</b>
I. Rate the faculty member on those personal attributes, which make him/her an effective role model for you. This might include poise, rapport with patients and co-workers, judgment, ability to make decisions, integrity, kindness, communication skills, etc.*	<b>3.5/4 (Std. 0.7)</b>
<b>Overall rating of this faculty member*</b>	<b>4.3/5 (Std. 0.8)</b>

## Didactic Teaching

### Maternal-Fetal Medicine Fellow Teaching:

The unique nature of my subspecialty affords me the pleasure of interacting with all levels of learners during their training. A major accomplishment of my teaching career has been the effectiveness of my MFM fellow teaching. Since my promotion to Associate Professor in 2014, I have been instrumental in the success of the fellow's curriculum. I have taught over 28 MFM didactic MFM lectures, individually-authored 10 MFM guidelines, served as a mentor for 14 fellow-authored guidelines, and created an MFM Sonographic Short Text "blurbs" tool to assist with ultrasound reporting. I serve as the Faculty Advisor and Director for the Fetal Anomaly Conference and Fetal Echocardiography Conference. These multi-disciplinary conferences occur monthly involving neonatology, pediatric surgery, and other pediatric specialties. The MFM and NICU fellows lead meetings and present cases scheduled to deliver within the next five weeks, as well as give NICU updates from those infants that have been delivered. These sessions allow the fellows to demonstrate the ability to create and execute plans of care for patients with complex anomalies. The fellow's exposure with me has prompted the following evaluations and comments (see Table 3).

## **Aggregate Evaluation Report - Maternal-Fetal Medicine Fellow Evaluation**

**Date Range 2014-2018**

Responses N=21

**Table 3**

<b>Evaluation</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Ability to teach operative skills*	4.7 (Std. 5)	4 (Std. 0.8)	5	5	5
Ability to teach knowledge or discipline*	4.7 (Std. 5)	4.3 (Std. 0.9)	5	5	5
Ability to develop resident's skills*	5	4.3 (Std. 0.9)	5	5	5
Accessibility / availability*	5	4.7 (Std. 0.5)			
Role model*	5	4.3 (Std. 0.5)			
Provided adequate supervision*	5	4.7 (Std. 0.5)			
Research mentoring			4.7 (Std. .5)	4.8 (Std. .4)	4.7 (Std. .5)
<b>Total Average Score 4.8/5</b>					
<b>MFM Fellow Comments</b>					
<ul style="list-style-type: none"><li>• Dr. [REDACTED] is an outstanding role model and is both challenging and encouraging. His contributions to my development as a clinician and teacher are beyond words. I am fortunate to have him as a faculty member.</li><li>• I am most grateful of the time, effort and commitment of Dr. [REDACTED] to my fellowship education. He is supportive and encouraging on all levels of clinical practice and learning. I value his mentorship and feedback greatly.</li><li>• Dr. [REDACTED] is a wonderful and enthusiastic teacher. I appreciate his attention to detail and willingness to give constructive criticism, and his genuine interest in education.</li></ul>					

My goal is to cultivate physicians who can deliver high-quality care for women and to possess the skills and knowledge necessary to act as independent consultants for the practice of Obstetrics and MFM. My experience with in situ high-fidelity trauma simulation while serving in the armed forces and deploying to Iraq has been an asset to our department. Since my arrival to OU in 2008, I have been instrumental in helping develop curriculums for colleagues, fellows, and residents to advance knowledge and provider skills regarding medical complications of pregnancy and thus, decreasing maternal morbidity and mortality. I am very proud of my success in being an educator and mentor. The list of projects is contained in my curriculum vitae and can be reviewed, but in brief, I will highlight several of the most notable successful teaching and learning outcomes.

In 2008, I was named the Obstetrical Director of the monthly Department of OB/GYN Morbidity and Mortality (M&M) Conference. It was clear that the format of the conference needed to be changed. I authored the "M&M Guidelines for Prepared Case Lists and Presentations." I also implemented a new format for M&M. The manual served as both a teaching and quality improvement (patient safety) tool for residents. It was a guide to assist with the preparation of resident cases that were presented at the monthly case conferences. The document was added to the OU intranet to allow for ease of access and provided a more efficient and standardized method for delivering monthly case conference data. I have also updated that manual twice since I created it (2014 and

2016). Each of these required significant time and effort as we restructured the conference. The work was well worth the effort as we noted improvement in resident presentations, critical thinking, and patient safety.

Another top-rated program that I instituted is my Mock Oral Board Review in OB/GYN (2008-2014). The purpose of the project was to create a learning environment similar to the American Board of Obstetricians and Gynecologists (ABOG) that would allow physicians an opportunity to succeed during the stressful examination process. I created specific learning objectives and mock oral clinical vignettes, which are continuously updated. A review of the learner's case list in OB/GYN is performed before the mock examination. A two-hour mock oral test is then conducted. Upon completion of the examination, I perform a debriefing, highlighting the learner's strengths and weaknesses. Supplemental educational materials are provided with relevance to topics of discussion depending on the learner's performance. I have examined over 24 postgraduate OB/GYNs with a 96% pass rate on the ABOG oral board examination. In 2014, I discontinued the program as the American Board of Obstetrics and Gynecology selected me, as a certifying examiner and continuing the mock oral examination would serve as a conflict of interest.

A significant area of interest has been program development in the field of obstetrical simulation. I have achieved a regional and national reputation. I have worked to create several high-fidelity simulations (postpartum hemorrhage, preeclampsia, and eclampsia) that have improved the depth of resident skills in treating the high-risk OB patient. Our OU OB/GYN simulation group partnered with the State of Oklahoma chapter of ACOG, to create an 8-hour postgraduate course of OB/GYN simulation directed towards community physicians. We trained 26 postgraduate OB/GYNs over the day. Feedback from the trainees was positive with all training metrics scoring as "very good" or "excellent." My work has been recognized on both a regional and national level as I was appointed to the American Congress of Obstetrics and Gynecology Simulation Consortium. This committee is responsible for increasing emphasis on patient safety and risk management concerns across the nation. We develop curricula strategies for ensuring that learners develop a solid foundation in teamwork, effective communication, basic surgical techniques, and demonstration of skill competencies, before participating in actual surgical skills and procedures in the hospital operating theaters. I have since resigned my duties to allow other physicians to work on the committee. However, during my time with the consortium, I developed national training curricula checklists, which are designed to assess competency in simulation for residents in obstetrics. I created a simulation regarding 4th-degree laceration repair and edited an umbilical cord prolapse and eclampsia module. Each of these modules was published through ACOG. Simulation has provided an opportunity for collaboration and mentoring. These are just a few examples of the work that I have performed on a local, regional and national level as it pertains to education.

### **Medical Student Teaching**

I am quite active with third and fourth year medical student education as I serve as the student Clerkship Director in MFM for the fourth year sub-internship rotation and the MFM Clerkship Director for the third-year medical students (OB/GYN 9210 series). As such, I am responsible for developing and lecturing curriculum that the medical students receive while on the high-risk OB service. I have taken a personal interest in ensuring that the lecture series is engaging, challenging, and disseminated in a Socratic method that fosters dialogue and mutual respect. For the past ten years, I have developed six clerkship lectures on MFM topics (preeclampsia, preterm birth, and preterm premature rupture of membranes, intrauterine fetal demise, medical & surgical complications in pregnancy, HIV, and alloimmunization) which I instruct every six weeks. These topics are updated annually and new information added as necessary. I also developed monthly quizzes to test the learners understanding of the assigned readings. I have been responsible for a marked improvement in overall medical student satisfaction as this class has rapidly become one of the favorite blocks of instruction during the clerkship period (see Table 4 Medical Student Feedback and Evaluations).

# Summary of Medical Student Feedback and Evaluations on Teaching

Table 4

Medical Student Comments (08/2018-06/2019): Overall rating 6.7/7		
Morning rounds with Dr. [REDACTED] on MFM provided excellent opportunities to learn about complications of high-risk pregnancy. This was probably the best clinical instruction I have received from an attending all year. I also appreciate that Dr. [REDACTED] took the time to ask what each of the students was interested in, and helped direct us towards achieving these goals.	Such a fantastic teacher. He gave great advice for medical students outside of just the OB/gyn clerkship. I really appreciated his methodical teaching and I learned a lot from our weekly sessions.  Dr. [REDACTED] enthusiasm for teaching is unmatched. He always took the time to teach us.	I remember his lessons the most. He is an amazing teacher, and his style of teaching is incredibly helpful. Running through practice cases was the best way to learn the guidelines involved in MFM. He also kept things playful and light.  Loved that he spent extra time to give each of us individualized feedback!
Clearly cares about teaching students. I hope Dr. [REDACTED] stays in academia.  Excellent teacher and very compassionate towards students and his patients.	Dr. [REDACTED] is very good. The way he interacts with patients is very intentional. He ensures that patients understand him and is very deliberate in the way he speaks with them. I learned a great deal from Dr. [REDACTED] simply through his counseling of patients.	He is the best attending I've ever worked with. Encourages the students to participate and teaches throughout rounds.
Fantastic attending! One of the best I have had all year. He is intentional and gives relevant and important advice to students. He was very inspirational to how I would like to be as an attending. I cannot say enough good things about Dr. [REDACTED].	Excellent teacher. His rapport with patients is remarkable. Dr. [REDACTED] has a bedside manner that would make any physician jealous.  One of the best attendings I've had all year, very engaged with students, focused on teaching.	One of the best faculty members I have worked with. Loved his teaching style, loved how he valued patients and loved how he took time to get to know each of us as students. I felt so important and truly felt like I was part of the team.
Dr. [REDACTED] is fun to work with and an excellent teacher! He makes everyone on the team feel welcomed and valued. He takes the time to teach students the extra things that are good to have as practical medical knowledge and not just the things we could read in a textbook.	Provides endless wisdom and pearls -- both clinical and personal. Grateful for his willingness to sit down and teach us as well as provide us with feedback.	Very much liked working with him. He took me under his wing briefly during MFM clinic, and my only regret is that I didn't get more time to learn from him. Excellent instructor, thorough in his explanations of concepts and practicum rationale. It'd be a pleasure working with him again.

In 2012, I became the student Clerkship Director in MFM for the fourth year sub-internship rotation. I serve as the advisor improving the student's general clinical skills in anticipation of residency. I also serve as a mentor for their formal presentations that are presented to the department during grand rounds at the conclusion of their clerkship. In rank, I have mentored over 30 fourth-year medical students and witnessed over a 90% match rate in their chosen residency. My teaching activities fulfill a personal commitment to excellence. I have found that teaching requires patience, a willingness to listen, and an open mind. My desire to teach our students, residents, fellows, and community is a testament of my ongoing commitment to education and passion for fulfilling one of the core missions of the University of Oklahoma College of Medicine: the dissemination of knowledge and personal expertise to all involved in our profession.

Awards are a mechanism by which faculty are recognized for their work. I have been quite fortunate during my tenure at OU and am humbled by the honors. I will list some of the most notable awards in rank.

- 2019: Alpha Omega Alpha (ΑΩΑ) Honor Medical Society
- Chairman's Distinguished Teaching Award: 2008-2018
  - This award was presented for sustained superior teaching for 10 years
- 2017: The Society for Maternal-Fetal Medicine Honor Your Mentor
- 2014: Academy of Teaching Scholars: Dewayne Andrews, MD Excellence in Teaching Award
- 2014: American Professors of Gynecology & Obstetrics (APGO) Excellence in Teaching Award, APGO & The University of Oklahoma Dept. of OBGYN
- 2014: National Faculty Award, ACOG; The Council on Resident Education in OBGYN

In summary, since my arrival at OU in 2008, I have very much enjoyed the opportunity to teach fellows, residents, and students. I have exemplified the role of a physician who takes an active role in teaching and mentoring. As such, teaching and learning for learners at all levels has expanded. I am very proud of my success in being an educator and mentor.



or RNA sequences present in mixtures are individually amplified and identified, as individual pathogen detection and quantification in polymicrobial infection. The goal of this technology is to create an accurate and valid test for the timely diagnosis of etiologies that cause neonatal infection and sepsis, including viral, bacterial, and fungal pathogens. We have submitted an educational research grant (Educational Research, Sponsored by NIH/NICHHD, Federal Grant/Contract Number: PA-18-031) with an annual operating budget of approximately \$204,000 (\$1,020,000) for five years. We are awaiting the final decision as the grant's status is pending.

Another initiative around which I organize and integrate my professional activities is program development for The OU Substance use Treatment and Recovery Program (STAR) clinic. The MFM service recognized very early that substance use disorders were becoming increasingly prevalent in the pregnant population. Opioid use disorder is associated with a myriad of adverse pregnancy outcomes. I co-developed the clinic with the goal of providing patient-centered, collaborative, comprehensive pregnancy, and psychosocial care for women with opioid and other substance use disorders. During the planning phases of our project, we wanted to create a robust database with plans to publish in the future. In 2019, partnering with the Oklahoma Department of Mental Health and Substance Abuse Services, my colleague and I were able to secure funding for the clinic for five years with an annual operating budget of \$200,000. A portion of the budget is designated for a data manager as well as statistician. Our service will address barriers to treatment in pregnancy created by a fundamental misunderstanding of the chronicity of addiction and the need to provide ongoing treatment for substance use disorders with both medical and psychosocial interventions. This one million dollar award is the first of its kind in the state of Oklahoma. Our hope is to improve the care of women in Oklahoma who struggle with substance abuse and through research, provide the context to investigate the ways in which clinics such as ours can improve patient care and clinician education creating a safer and tolerant environment for this national problem.

I am also fortunate to have begun a collaboration with Dr. [REDACTED], a faculty member at Texas Medical Center (Baylor College of Medicine). Dr. [REDACTED] and I were both interested in Group B streptococcus (GBS) screening in pregnancy. Neonatal GBS early-onset disease (EOD), or an infection occurring in newborns within the first seven days of life, continues to be a significant cause of morbidity and mortality in newborn infants. Group B Streptococcus, a gram-positive bacterium of the birth canal and human gastrointestinal tract, remains the leading cause of EOD in the United States. However, with proper GBS screening and treatment, an 83% reduction in EOD has occurred when compared to the early 1900s. We collaborated and constructed a decision-analytic model to evaluate whether Group B Streptococcus (GBS) screening at 35 0/7 to 37 6/7 weeks of gestation versus screening at 36 0/7 to 37 6/7 weeks of gestation with re-screening of GBS negative women five weeks later was most cost-effective. Our manuscript entitled, "Cost Effectiveness of Latest Recommendations for Group B Streptococcus Screening in the United States" has been accepted by the Journal of Obstetrics and Gynecology. Our work has also been accepted to the 2020 Society of Maternal-Fetal Medicine' Annual Meeting. This very productive collaboration aims to bring about a better understanding of the critical underpinnings associated with the most cost effective recommendations for screening women for GBS and as such, assist in further decreasing the devastating effects of EOD.

### **Research Teaching and Mentorship**

As an Associate Professor, I continue to strive to serve as a teacher and mentor for medical students who desire to enter a career in obstetrics and gynecology. For those OB/GYN residents and MFM fellows who are interested in projects, my job is to provide guidance and mentorship. During the last five years, I have had the opportunity to mentor all levels of trainees in clinical research. In particular, I have mentored over 30 sub-intern medical students, 7 residents, and 9 MFM fellows. These projects have resulted in two grants, two published refereed manuscripts, 14 Maternal-Fetal Medicine Guidelines, four-poster presentations at national meetings, seven resident research day presentations and countless sub-intern Grand Rounds presentations.

The framework for research and scholarship described here has helped me in achieving a balance among my clinical service, teaching, and scholarly activity. My career plans will be to continue to foster my collaborative research partnerships and to work diligently to gain more insight into etiologies and improved screening mechanisms for GBS. In addition, I will work to establish an improved awareness of Substance Use Disorders in pregnancy and, if funded, create an accurate and valid test for the timely diagnosis of etiologies that cause neonatal infection and sepsis.

**Dossier for Promotion to Professor Clinician Educator:  
SERVICE TO INSTITUTION AND DISCIPLINE**

**College of Medicine, Department of Obstetrics and Gynecology  
Narrative Assessment**

Since joining the faculty in 2008, my focus on professional and university service remains an integral part of my career. As a board-certified Maternal-Fetal Medicine (MFM) specialist working and teaching at OU, I am uniquely suited to provide care for patients with co-existing illnesses in pregnancy. Oklahoma, unfortunately, ranks among the highest in teen pregnancy, infant mortality, and obesity in the nation. These and other co-morbidities within our state highlight the necessity for health care providers trained in such a way to deliver care in a manner that is efficient, compassionate, and second to none. At the time of my recruitment to OU, our section had four MFM clinical faculty. However, shortly after that, two physicians departed, leaving only one partner and me. As such, our workload increased substantially. This effort is reflected in my ongoing work Relative Value Unit (wRVU) production (see figure 1), as I continue to be one of the highest generators of wRVUs in the department. In addition, from a service standpoint, I have been an extremely productive member of our OBGYN department. As demonstrated in figures 2 and 3, I averaged approximately 2.7 million dollars in gross charges annually and interpreted 29% of the total ultrasound volume; as a result, I was one of the highest generators of revenue for the department, maintaining a robust clinical load in addition to my other faculty responsibilities.

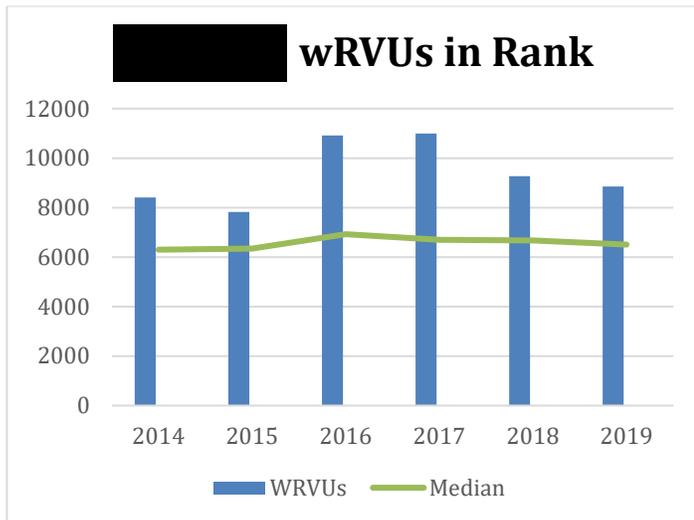


Figure 1

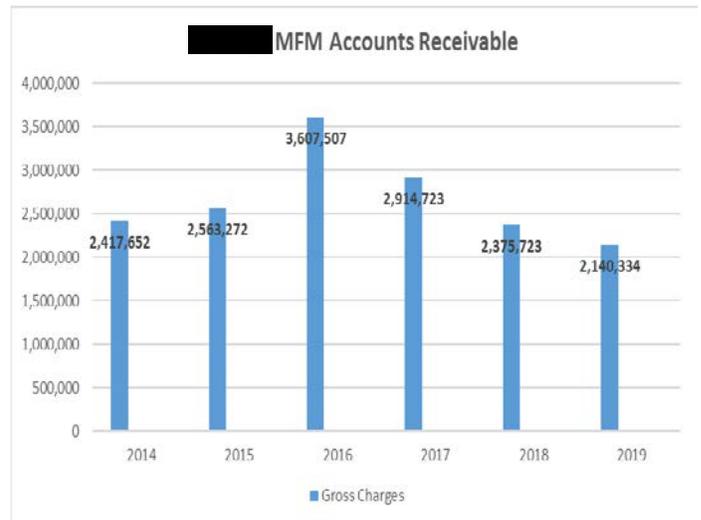


Figure 2

With the departure of MFM faculty, I assumed the majority of the clinic director duties and worked relentlessly to establish a solid foundation within our division. Throughout this transition, my effort was recognized, and I was officially named the MFM Director of Clinical Services (2011-19) and eventually, the interim Division Director for MFM (2015-16). I provided the much-needed depth and breadth for clinical services, mainly due to my knowledge and commitment to business development. I developed a long-term strategic plan, which resulted in the expansion of clinical services, improvement in health care delivery as well as the development of aggressive recruiting action plans for MFM faculty. I also set goals to gain recognition on a regional and national level within my subspecialty.

Under my leadership and in spite of decreasing MFM faculty members, the volume of MFM encounters and ultrasounds examinations has continued to increase. In 2010, we began to see tremendous growth in patient volume (over 11,000 outpatient visits and approximately 13,000-15,000 MFM ultrasound encounters). Figure 3 represents the total number of sonograms performed in our private clinic (MFM Total) and the number of sonograms I read in red (MW Total). As our volume increased, a new clinic space was essential to the long-term success for our division. I lead this collaborative effort between OUMC and OU Physicians to merge operations of our MFM and hospital-teaching clinic for high-risk OB patients. Our team was responsible for

designing an 11,000 square foot location, managing a 2.1 million dollar construction budget, and maintaining an annual operating budget of 2.2 million dollars. The result was a state of the art clinic space that we acquired in 2014.

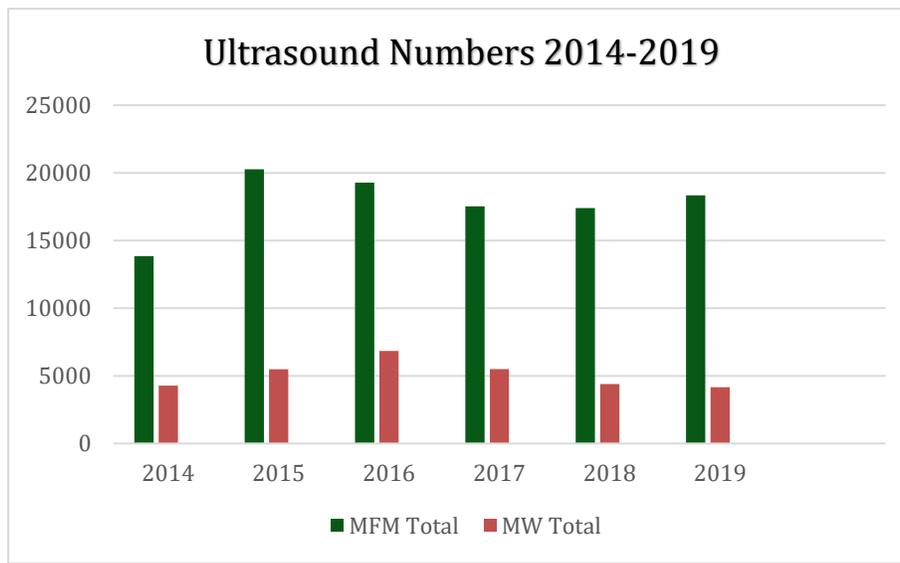


Figure 3

My contributions to the MFM service in general and the MFM clinics, in particular, have resulted in a significant and sustained increase in quantity and quality. As evident by an approximate 20% increase in MFM encounters and ultrasound examinations. This growth has resulted in employing 38 full-time equivalents (FTE) employees.

I have been fortunate to serve on several key committees actively (Peer Review, Collegiality & Well Being Committee, Diversity Alliance Task Force, Obstetrics Morbidity & Mortality, and System Quality & Patient Safety). Through my involvement, I have remained engaged and contribute to the ongoing improvement in the care provided to our patients. For example, my passion for patient safety has allowed me to serve as the Chairperson for the Patient Safety & Medical Directors (PSMDs). In this role, I communicate significant patient safety events and risk statewide in both the ambulatory and inpatient practices. Under my direction, we provide alignment of best practices wherever possible in every entity and setting where OU Physicians practice, through hospital partner collaboration, clinical/administrative policies, and improvements to the process. I have implemented a more proactive process that highlights the great work the PSMDs are doing to assess and mitigate patient safety risk on the front end and less about claims and litigated events. Since 2016, our division has developed Maternal-Fetal Medicine Care Guidelines. The purpose of the care guidelines are to standardize high-risk OB care throughout the state. These resources are made available to the community and the Oklahoma Health Care Authority relies on the input from our division to define standard of care. Since its inception, I have worked on developing over 24 guidelines (10 primary author and 14 mentored/co-authored with MFM fellows). An example of an OB guideline that was instrumental in standardizing care was the *2019 Trauma During Pregnancy* Guideline that I co-authored with Dr. Hugh Nadeau. OB trauma occurs in approximately 1 in 12 pregnancies and is the leading cause of non-obstetric deaths in the US, complicating 6-8% of all pregnancies. Trauma has fetal implications as well as it is estimated that almost 4000 fetuses are lost annually. This guideline was created to provide treatment recommendations for those providers who care for the OB trauma patient. The guideline was also integrated into the trauma protocols for the hospital creating a standard operating procedure for the care of the OB trauma patient.

Some of the most rewarding work has come because of my association with the Multicultural Advisory Committee, where I served as the chairperson (2012-2018). This committee was charged with addressing cultural competence and sensitivity for OUMC while investigating strategies to provide the highest level of compassion, care, and quality outcomes for our diverse patient population. While serving on the committee, I realized that many of our staff lacked a basic understanding of characteristics critical for providing care to a diverse population. For example, several physician and staff members had trouble implementing care to patients

with different values, beliefs, and behaviors. During my tenure as chairperson, my diversity program coordinator and I developed a Diversity Training Proposal. We then launched an internet-based diversity-training course for physicians and employees.

In 2019, The OU College of Medicine created the Diversity Alliance Task Force (OUCOM DATF), and I was asked to serve as one of the members. I co-authored the Vision, Mission, & Core Values Statements. The vision of the OUCOM DATF envisions an enhanced institutional culture where equity and diversity are integrated into work and lives of every student, faculty, and staff member. Our mission is to leverage the transformative power of equity and diversity through pipeline programs, mentorship, faculty recruitment, research, and community engagement for the advancement of excellence in healthcare, medical education, and health equity for all residents in the state of Oklahoma.

I have also had the pleasure of broadening my clinical committee work beyond OU Medical Center. I have served a more extensive focus by being elected to the OU Faculty Senate (2017-2020) as well as serving on the Admissions Board for The University of Oklahoma College of Medicine since 2010, and being a member of the OU OBGYN Resident and MFM Fellow Selection Committees. I hold these positions in such high regard as I realize the impact that my recommendations carry for the "future" generation of physicians within the state of Oklahoma. I have also participated in OUCOM ceremonies and events. On a national platform, I am humbled to serve as an oral board examiner for the American Board of Obstetrics and Gynecology (ABOG) since 2014. To provide perspective, there are over 40,000 board-certified OBGYNs in the US, there are approximately 400 obstetricians/gynecologists across the nation invited annually to serve as examiners, and I am one of 100 individuals who administer the OB section for the examination.

I believe whole-heartedly that education and community outreach are key to best serving our patient demographic as well as empowering obstetricians to provide evidenced based patient care. As stated previously, our MFM guidelines provide a major contribution to the education of our local communities. I also provide educational presentations to community providers, and during those discussions, I work to better understand the needs and concerns of providers from various medical centers. By being an invested member in the communities that I serve, and creating collaborative educational presentations, I believe that outcomes for our patients improve. A review of my CV will demonstrate I have presented at various local and regional hospitals/clinics.

My excellence in service has been widely recognized. As an Associate Professor, I have received several awards. However, one of my most memorable achievements occurred in 2018 when I was awarded The University of Oklahoma College of Arts and Sciences 2018 Distinguished Alumni Award. This is the highest honor for the College of Arts and Sciences. The award is presented to up to four graduates of the college annually. I was honored due to "extraordinary contributions on the local, state, national, and international levels in service and teaching."

Since 2008, when I was recruited as an MFM faculty member, our division has experienced many transitions, and at one point functioned with just two faculty members. In building our program, we have been quite selective through the hiring process and from a division of two maternal-fetal medicine physicians, we have recruited four additional MFM specialists. Furthermore, we have secured two more employment contracts so that in 2020 our division will grow to eight faculty members.

In summary, my service contributions to the University of Oklahoma have led to significant quantitative and qualitative transformations. I have developed a reputation for excellence within our department and nationally. I have proudly served on the faculty for 11 years and am optimistic for an even brighter future.