



SUFU

Society for Urodynamics
& Female Urology

The SUFU Mentoring Handbook

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Objectives of SUFU Mentor Handbook

Eric Rovner, MD and Craig V. Comiter, MD

The Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU), its members, and the Board of Directors recognize that it advantageous to continue to attract the “best and the brightest” to this important and rapidly expanding field. As noted in its mission statement (Stated in Section III of this Handbook), SUFU is an organization dedicated to improve the art and science of Urology through basic and applied clinical research in *urodynamics and neurourology, pelvic floor dysfunction, male and female lower urinary tract function and dysfunction, and female pelvic medicine and reconstructive surgery*, and to disseminate and teach these concepts. Urodynamics means the study of the transport, storage, and expulsion of urine. Applied clinical research involves both diagnostic and treatment modalities. The society also fosters interdisciplinary dialogue and communication, promotion of the development of young scientists, and the development of scientific, educational, and professional activities through publications, meetings, and original activities to assist in the establishment of standards of care. In addition, the society is developing and improving educational opportunities in the science of urodynamics, female urology, and reconstructive surgery. The SUFU Mentor Handbook is central to this ongoing objective.

Compared to other areas within urology, SUFU represents a large and disproportionate share of what is seen in clinical urology practice today. This includes the diagnosis and management of urinary incontinence, neurogenic and non-neurogenic voiding dysfunction, overactive bladder, BPH, urodynamics, vaginal prolapse, urethral stricture disease, and many other conditions. These are some of the most common entities seen in clinical practice and yet, some urology trainees remain unaware of our organization, what we represent, and that which we do.

Many urology residency training programs in the US do not have a certified FPMRS faculty member whose practice is dedicated to this field. Exposure to a faculty member who focuses his clinical practice and research in a given field during training is crucial. Without this direct guidance and mentoring, many trainees may lack the impetus to explore the field in depth either by pursuing postgraduate fellowship training, or dedicating their post-residency clinical interests in this direction.

Mentoring is a critical part of determining a trainee’s career direction, whether academic or private, clinical or research based. This handbook may provide some guidance for those trainees lacking such an individual on their faculty, and may also provide an opportunity for a different perspective for some who have a dedicated member of the field on their clinical staff.



The SUFU Mentor Handbook has several objectives:

- To provide information for interested students and residents who are considering a potential career in FPMRS
- To provide guidance for residents in applying for post-graduate fellowship training
- To provide assistance and direction with choosing of a career path following the completion of training: academic medicine, basic science research, private practice or some combination thereof
- To encourage Residents and Fellows to join SUFU and become active members of our society during and after completion of training

We hope that you find this Handbook helpful and look forward to working with you.

What is SUFU?

Gary Lemack, MD and Craig V. Comiter, MD

Mission

SUFU's primary missions are to improve the art and science of urology through basic and applied clinical research in Female Pelvic Medicine and Reconstructive Surgery, including urodynamics and neurourology, voiding function and dysfunction, pelvic floor dysfunction, as well as disorders of the male lower urinary tract, and to disseminate and teach these concepts. The Society also fosters interdisciplinary dialogue and communication, promotion of the development of young scientists, and the development of scientific, educational, and professional activities through publications and presentations.

Executive Board members also provide other services on behalf of SUFU. SUFU provides guidance and advice to the American Board of Urology and Society of University Urologists regarding resident educational endeavors involving our subspecialty. Our society also provides expert advice regarding coding, educational, and CME issues to the AUA and AUA sub-committees as well as to establish post-graduate educational opportunities in the field of Female Pelvic Medicine and Female Urology. SUFU also works closely with the ACGME regarding FPMRS fellowship accreditation, and with the American Board of Urology and the American Board of Obstetrics and Gynecology regarding certification of FPMRS practitioners.

Website

The newly revised website for the SUFU, www.sufuorg.com, provides information about bylaws, membership activities, current board of director members, as well as upcoming meetings. Historical information about the society can be found on the website, as well as information regarding fellowship programs and the fellowship process. Direct links to abstract forms for upcoming meetings can also be found on the website. The most recent addition to the website includes eLearning and webinar educational opportunities.



Meetings

The Society holds two meetings each year.

The winter meeting, typically held in February, is the main educational meeting of the Society. Submitted abstracts and videos for the meeting are usually due on or around October 1 of the prior year. Prizes for top abstracts in both basic science and clinical research are awarded during the winter meeting, as are the Lifetime Achievement Award, and the Zimskind Award for significant contributions to the field within ten years of completing training. The annual business meeting is also held during the winter meeting.

A half-day meeting also is held during the Saturday prior to the beginning of the AUA conference each year. This meeting is usually focused on a particular topic or topics of interest to the practicing FPMRS physician, and original abstracts are not presented at this meeting.

SUFU's Relationship to other subspecialty organizations

The majority of SUFU membership is North American, with a growing European, Asian, and Oceania contingency. There certainly are common areas of focus shared with other organizations, such as the International Continence Society as many of our members belong to both of these groups. Both societies share the same official journal, *Neurourology and Urodynamics*. Many of our members also maintain an interest in neuromodulation, and in 2006, the International Society for Pelvic Neuromodulation joined SUFU, which enhanced the diversity of both groups. While there is certainly a common shared interest with other societies, many of our members maintain a strong practice in treating male patients with lower urinary tract symptoms as well as male urethral reconstruction and neurogenic bladder. In that regard, topics in male reconstructive surgery have been integrated into our winter meeting in conjunction with the Genitourinary Reconstructive Society through combined educational initiatives.

What does SUFU offer the Resident or Fellow in training?

W. Stuart Reynolds, MD, MPH

SUFU offers numerous resources and opportunities for fellows and residents interested in Female Pelvic Medicine and Reconstructive Surgery (FPMRS).

SUFU Membership

Residents and fellows are encouraged to join SUFU during training. Membership fees are waived for those residents in an ACGME accredited residency program during their residencies. Fellows in training are also entitled to have their membership fees waived in most circumstances. As a member of SUFU, the individual will receive several benefits including access to the Members section of the SUFU website, electronic receipt of the SUFU newsletter, eligibility to apply for SUFU Research Foundation grants, and opportunity to obtain a SUFU mentor if desired. Please see www.sufuorg.com for details.



SUFU Website

The SUFU website (www.sufuorg.com) offers helpful information for residents interested in pursuing fellowship training under the “Fellows Information” tab. All fellowship programs with contact information, length of program, and faculty are provided. Recent graduates of the various fellowship programs are also listed. Members of SUFU have access to the electronic membership directory on the website and thus recent fellowship program graduates may be contacted for further information regarding each of the programs.

SUFU Female Urology and Voiding Dysfunction Resident Preceptorship Program

This three-day educational symposium is designed to provide interested residents with exposure to all facets of FPMRS. The course is held annually in the summer in Chicago, Illinois, and open to second and third year residents in ACGME approved Urology residency programs. The agenda consists of topic-oriented lectures (anatomy, pathophysiology of pelvic floor disorders, surgical management of pelvic floor disorders, etc.), surgical videos, and breakout sessions. In addition, there are hands-on sessions providing instruction on common interventional procedures to which residents may have limited exposure in their training (e.g. sacral neuromodulation, endoscopic therapies). As the Preceptorship faculty is comprised of current and past leaders of SUFU, the course provides opportunities for informal socializing and networking with these individuals.

Resident Travel Awards to the Winter Meeting

Up to ten awards of \$1,000 each are available for residents (fellows are not eligible) to help defray the cost of travel to the SUFU Annual winter meeting. In order to qualify for the award, the resident must have an accepted abstract, be the presenter of the paper, and enter their paper in the Essay contest. The awards will be payable to a resident's institution. More information is available on the SUFU website (www.sufuorg.com).

SUFU Mentoring Program

SUFU also sponsors a mentoring program that provides an opportunity for residents without a dedicated faculty member in their program to explore this field of endeavor in greater detail and develop an interest in pursuing advanced study in FPMRS. In this program, interested residents and in some cases fellows are paired with volunteer SUFU members to provide a resource for such topics as career development, fellowship application, research projects, practice structure and clinical practice, involvement in SUFU, and networking. Details on this program can be found elsewhere in this handbook.

The Fellows’ Forum at the Winter SUFU Meeting

The Fellows’ Forum is a scientific session on the first day of the winter SUFU meeting in which FPMRS fellows are invited to present one abstract reflecting their current research. The session is only open to current fellows and is a moderated but non-competitive forum. This is a valuable opportunity to practice presentation skills in a noncompetitive and friendly environment as well as an occasion to meet new colleagues. Each participant receives a booklet listing all of the fellows with a picture and a short biography for future reference.



Annual Fellows' and Residents' Breakfast Meeting

At the Winter Meeting, there is an annual breakfast meeting for residents and fellows, during which residents and fellows are updated on pertinent issues regarding their education, SUFU membership, and available resources. Following a brief presentation, an interactive exchange of ideas is held among the fellows, residents and several members of the SUFU Executive Committee regarding mechanisms for SUFU to improve on engaging the residents and fellows as members of SUFU and improve their experience during the meeting. The meeting is intended to foster social interaction between the residents, fellows and members as well as be a platform for suggestions and feedback.

Awards and Grants:

SUFU, in conjunction with the SUFU Research Foundation, provides several grant opportunities for trainees to pursue research in areas of FPMRS. Foundation research funds are made available to SUFU members to support the development of residents, fellows and junior faculty and to support research that will have a positive impact on FPMRS. These are competitive awards. Information is available on the SUFU website (www.sufuorg.com).

FPMRS Educational Opportunities

SUFU offers several educational opportunities for practitioners of all levels of training and interest that are available on the SUFU website. The SUFU Educational subcommittee has developed a set of standardized guidelines for a fellowship program in urodynamics, incontinence, neurogenic bladder dysfunction, female urology, and pelvic floor/voiding dysfunction in men and women. The Urodynamics Curriculum for Urology Residents provides a self-learning, standardized urodynamic curriculum for best practices and current terminology. Patient care guidelines, FAQ documents, and official SUFU position statements are also available for review at www.sufuorg.com.

Fellowship Opportunities in Female Pelvic Medicine and Reconstructive Surgery

J. Christian Winters, MD and Craig V. Comiter, MD

Introduction

For a number of years, a concerted effort has been undertaken to improve sub-specialty training opportunities in the area of female pelvic health. The common goal has been to design post-graduate fellowships in urology and gynecology which fulfill the multi-disciplinary requirements needed to for an individual to attain the necessary skills to become recognized as a Female Pelvic Medicine and Reconstructive Specialist. These fellowships are accredited by the ACGME. Graduates of approved fellowship programs are eligible for certification by the American Board of Urology or the American Board of Obstetrics and Gynecology.



To begin to explore the issue of sub-specialty training in female urology, one must examine the need for such training. From a patient's perspective the disease prevalence is substantial. Millions of Americans suffering from lower urinary tract disorders, and the prevalence estimates only "scratch the surface" of the true prevalence of these conditions as most are unreported. Twenty million Americans are reported to suffer from urinary incontinence, and 50% of women over 50 have some form of pelvic organ prolapse. Thirty percent of women who have surgery for pelvic organ prolapse will have more than one corrective procedure.

Currently approximately 30% of the cases performed by clinical urologists are in the area of incontinence and pelvic reconstruction. These data implicate the need for an increased role of urologists in diagnosing and treating pelvic floor disorders in women. Simply put, one specialty alone cannot meet the clinical needs and advance the science of pelvic floor disorders in women.

Definitions

As we specifically examine fellowship opportunities in Female Pelvic Medicine and Reconstructive Surgery, one must comprehend the following definitions. A clear understanding of these terms is essential to understand the emerging fellowship opportunities:

- Resident: A physician in an accredited graduate medical education program.
- Fellow: A physician in a program of graduate medical education accredited by the ACGME
 - who has completed the requirements for eligibility for first board certification in the specialty.
 - Such physicians are also termed subspecialty residents. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.
- Accreditation: A voluntary process of evaluation and review performed by a non-governmental agency of peers.
- Certification: A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to demonstrate proficiency and ability to provide high quality care in that specialty.
http://www.acgme.org/acWebsite/about/ab_ACGMEglossary07_05.pdf
- Subspecialty Certification: ABMS policy that recognition of subspecialty certification should be primarily for individuals who are devoting a major portion of their time and efforts to that restricted special field. As such, subspecialty certification should only be granted after education and training in addition to that required for general certification in the discipline. There is currently no requirement for a diplomat in a recognized specialty to hold a special certification in a subspecialty of that field in order to be considered qualified to include aspects of that subspecialty within the scope of practice. For example, a general (non-subspecialized) urologist may still be able to perform pediatric circumcisions. Under no circumstance should a diplomat be considered unqualified to practice within an area of specialty solely because a lack of subspecialty certification (1).



The Certification Process

In urology, candidates have five years from the end of residency to successfully complete Parts 1 and 2 of the certification process to become a Diplomate of the American Board of Urology. Certification by the ABU includes all domains of urology, including Pediatric urology. Additional certification in FPMRS, for those who graduate from an ACGME-approved fellowship, is granted by the American Board of Urology (for those who graduated from an approved urology residency prior to fellowship) and by the American Board of Obstetrics and Gynecology (for those who graduated from an approved obstetrics and gynecology residency prior to fellowship).

www.abu.org

www.abog.org

Female Pelvic Medicine and Reconstructive Surgery Fellowships: The Present

As of 2015, there are 53 accredited fellowships in FPMRS, offering 58 first-year fellowship positions, which are two years (for urologists) and three years (for gynecologists). Most of these fellowships are listed on the SUFU website: www.sufuorg.com/fellowships/programs.aspx. Many of these fellowship programs are unique, which represent the diversity of lower urinary tract dysfunction and pelvic floor disorders encountered by urologists. Thirteen programs accredited by the ACGME are directed by urologists, and 40 programs are directed by gynecologists. Some programs accept only urologists, some accept only gynecologists, but many accept either urologists or gynecologists. These fellowships are two years for urologists and three years for gynecologists. Accreditation means that each program has submitted a formal application, undergone a site visit, and final committee approval of the educational and clinical experience offered by that program. In order to obtain a certificate of added qualification (CAQ), one will have to complete an accredited program. There are a number of non-accredited one-to-two-year fellowship positions currently available. There are a number of reasons why a program is not accredited, and this should not reflect poorly on these opportunities. Many programs are not focused solely on FPMRS, but devote more time to neurogenic bladder conditions or male lower urinary tract pathology. These are valuable programs, and one should evaluate these opportunities. However, graduates of the non-accredited programs are not eligible to receive board certification in FPMRS.

1. ABMS: 2004 Annual Report and Reference Handbook

How to Apply for Fellowship

W. Stuart Reynolds, MD, MPH

Introduction

The application process for Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship training has evolved considerably over the past several years in response to changes in professional regulation and subspecialty certification. Since 2013, the American Board of Urology and the American Board of Obstetrics and Gynecology have offered subspecialty certification in FPMRS. Certification in FPMRS is now contingent upon applicants completing an ACGME-accredited fellowship in FPMRS and then successfully passing the certification examination and review process. As part of this certification process and training requirements, the ACGME began to formally accredit FPMRS fellowship programs in 2014. The application for FPMRS fellowship training programs is now a standardized process administered through the Electronic Residency Application Service (ERAS) application system and the National Resident Matching Program (NRMP).



ACGME accredited vs. non-accredited programs

In order to qualify to sit for the FPMRS sub-specialty examination, applicants must have completed fellowship training in an FPMRS fellowship program. These ACGME-accredited programs have undergone a rigorous review process to ensure that the program structure, institutional resources, and training plan are sufficient to meet the program requirements. These programs are generally two to three years of additional training after completion of residency training. A listing of ACGME-accredited FPMRS programs can be found on the SUFU website (www.sufuorg.com). In addition to ACGME-accredited programs, there are a number of non-accredited FPMRS programs that provide advanced clinical FPMRS training, but do not qualify fellows to sit for the subspecialty examination. Many of these programs offer one-year positions after completion of residency training. While in the past graduates from non-accredited fellowship programs could sit for the FPMRS subspecialty examination, under current regulations this is no longer allowed and candidates must complete an ACGME-accredited fellowship.

Urology vs. Gynecology-based fellowship programs

There are a large number of FPMRS fellowship programs that provide subspecialty training. As per ACGME requirements, all ACGME-accredited FPMRS fellowship programs must include at least one core faculty member who is board certified by the American Board of Urology and one who is board certified by the American Board of Obstetrics and Gynecology. However, either urology or obstetrics and gynecology departments can provide administrative oversight for FPMRS programs. There are specific program requirements that differ for applicants completing urology or obstetrics and gynecology residency training: for instance, the required fellowship training period for urology residents is 24 months and for obstetrics and gynecology residents 36 months. Therefore, FPMRS programs that train urologists are generally two years in length while those that train gynecologists are three years in length. As long as these requirements can be met, applicants from either background can apply to and complete any fellowship program. A complete listing of fellowship programs, program directors and faculty, and contact information can be found on the SUFU website (www.sufuorg.com) and the American Urogynecology Society (AUGS) website (www.augs.org).

Application Process (ERAS)

The application process begins with registration with Electronic Residency Application Service (ERAS). Potential applications are directed to the ERAS website (www.aamc.org/students/medstudents/eras/) for the most specific and updated information concerning this process. Once an account is registered, applicants will be able to create and upload required application documents for transmission to FPMRS programs to which the individual plans to apply. Application documents generally include: a personal statement; medical school transcript; Medical School Performance Evaluation or “Dean’s Letter;” USMLE transcript; and, up to four letters of recommendation. In addition, the ERAS application includes a personal information form for listing biographical information as well as background information on education, work or training experience, licensure, and publications. Once the application is completed and submitted to ERAS, applicants may designate FPMRS training programs to which they are interested in applying and to which the completed application will be submitted. Once the ERAS application is submitted to designated FPMRS fellowship programs, the programs will be able to review the application. Often interested programs will contact the applicant to arrange interviews to continue the application process.



Interviewing

Interviewing is a valuable experience and an integral part of the application process. Fellowship programs generally differ in how they manage applicant interviews. Once programs receive ERAS applications, they may choose to arrange in-person interviews on-site at their institution, during professional meetings, such as the Annual SUFU Winter Meeting or the American Urological Association Meeting, or both. Interviews allow the applicant to visit the site of fellowship training and/or meet with the faculty. This provides the opportunity to critically view the program's resources, infrastructure, and learn about the day to day schedule and activities devoted to fellowship training. Applicants will have the opportunity to ask questions, look at past fellows' case logs, tour the research facilities, and interact with current fellows, all of which can be invaluable in learning more about the individual program's strengths and weaknesses. Unfortunately although an important resource, on-site interviews can be both expensive and time consuming to physicians in training who are on a fixed budget and a tight schedule.

Match Process (NRMP)

Allocation of fellowship training positions is performed with the use of a formal match process, administered by the National Resident Matching Program (NRMP, www.nrmp.org). It is critical to note that this is a separate service from ERAS and that applicants must separately register for the FPMRS match through the NRMP. After completing applications and interviews, applicants will create and certify a rank order list or preference list of programs by the Rank Order List Deadline. Likewise, FPMRS programs will create and certify a rank order list of applicants. The NRMP then uses a mathematical algorithm to place applicants into residency and fellowship positions (i.e. the Match). On Match Day, all applicants and programs will learn the results of the Match at 12:00 p.m. Eastern Time. There are protocols regarding acceptable and appropriate communication during the match process and the applicant should familiarize themselves with.

Timing of Application

The application process generally begins approximately two years before completion of residency training (see section below on Important Dates).

* Important Dates for 2016

The dates for the 2016 Female Pelvic Medicine & Reconstructive Surgery Fellowship Match for 2017 appointments are:

May 11, 2016 -- Match Opens

June 8, 2016 -- Rank Order List Entry Opens

July 13, 2016 -- Quota Change Deadline

July 27, 2016 -- Rank Order List Certification Deadline

August 10, 2016 -- Match Day



Residents

Please note that candidates applying to accredited programs for FPMRS Fellowship Training must apply through Electronic Residency Application Service (ERAS).

1. Complete your application now on the ERAS website: <https://www.aamc.org/students/medstudents/eras/>
2. View the participating programs and begin applying to the institutions you are interested in.
NOTE: Review the site often, as programs may be added/deleted through the beginning of February.
3. **The Match officially opens May 11, 2016.** Both applicants and Program Directors must enter NRMP and register.

More information

For more information on the application process, those interested are directed to the following resources:

- Society of Urodynamics, Female Pelvic Medicine, and Urogenital Reconstruction (SUFU): www.sufuorg.com
- American Urogynecological Society (AUGS): www.augs.org
- National Resident Matching Program (NRMP): www.nrmp.org
- Electronic Residency Application Service (ERAS): www.aamc.org/students/medstudents/eras/
- American Board of Urology (ABU): www.abu.org
- American Board of Obstetrics and Gynecology (ABOG): www.abog.org



SUFU Mentoring Program

Up of 40% of Urology residency training programs in the US do not have a dedicated faculty member in the field of female pelvic medicine and reconstructive surgery (FPMRS). Exposure to a faculty member dedicated to clinical practice and research in a given field during training is crucial. Without this direct guidance and mentoring, many trainees may lack the impetus to explore the field in depth by participating in clinical or basic science research during residency, or by pursuing post-graduate fellowship training, or by dedicating their post-residency clinical interests in this direction. SUFU recognizes that future advancements require attracting the “best and brightest” to this fascinating field who otherwise might pursue alternative areas of advanced study within urology. The mentor program may facilitate interest in this field in residents who otherwise would pursue other areas of advanced study. SUFU believes that it is precisely these promising individuals with an interest in the field who will create the advancements in this field in the future. Mentoring is a critical part of determining a trainee’s career direction, whether research based, academic or private practice. The SUFU Mentorship Program has been conceived to address these concerns.

What is the goal of the Mentor Program?

The mentor program was initiated in order to address the needs of current residents in training. It is hoped that the mentor program may provide an opportunity for individuals without a dedicated faculty member in their program to explore this field of endeavor in greater detail and develop an interest in pursuing advanced study in FPMRS. The mentor program is specifically NOT designed to facilitate relationships between residents and potential employers, or to enable early contact between residents and fellowship program directors for purposes of gaining an inside track to that particular fellowship. The use of the mentor program for these purposes is **STRONGLY** discouraged and will be viewed unfavorably and as an abuse of the program.

Who can participate in the Mentor Program?

The program is designed to address the needs of urology residents in training at any level in ACGME approved residency programs, and, to a lesser degree, towards current fellows. However, it is recognized that some residents in training programs with a dedicated faculty member, as well as current fellows may desire additional direction or perspectives beyond that which is presently offered at their institution and therefore, these individuals are encouraged to participate in the program as well.

What is the scope of the Mentor-Mentee relationship?

The relationship is not structured but is determined individually based on the needs of the mentee and the availability and willingness of the mentor. Interactions are arranged on an “as needed” basis by telephone, email, or what- ever other means are deemed appropriate and arranged by and between mentor and mentee. The mentor-mentee relationship may be a single interaction or may continue over the course of several years.



What are some examples of content that might be discussed?

The mentor program is flexible such that the mentee can tailor the program to his or her needs. Topics that might be discussed include but are not limited to career development, research projects, practice structure and clinical practice, involvement in SUFU, and networking. Since the field of FPMRS comprises many different practice types, locations and structures, mentors are NOT required to have any particular qualifications or credentials as educators, counselors, surgeons, or clinicians. Mentees must be aware of this limitation when matched with their mentor(s) and should interpret any mentoring in the proper context with the following provisos: the SUFU Mentoring Program is completely voluntary for both mentors and mentees. SUFU does not support, review, advise, approve or otherwise warrant any content, information or advice provided by any mentor within this program. SUFU does not take responsibility or liability for any type of direct or indirect counsel, direction, content, information, or advice proffered by any mentor to any mentee.

Who are the Mentors?

Mentors are solicited from the SUFU membership at large on a voluntary basis. The mentors come from a variety of geographic areas, practice types (academic, private practice, industry, etc.) and backgrounds. Prior fellowship training is NOT a requirement for being a mentor.

Mentors are:

- Members in good standing in SUFU.
- Currently have a substantial portion of their clinical practice (and/or research interests) in the field of FPMRS.
- Willing to act as a Mentor for up to three residents for three-four years.
- Willing to have a biography and/or CV posted on the SUFU website.

How are Mentor and Mentee matched and contact initiated?

The mentee will send an email to the address on the SUFU website expressing an interest in participating in the SUFU Mentoring Program. If desired, the email should include information to assist in matching an appropriate mentor. Matching mentor with mentee will be done, (only if specified in the email and desired by the mentee) based on the following parameters when available:

- Practice type: Academic, private practice, industry – Geographic location (i.e. AUA Section: Southeastern, New England, etc.)
- Duration of time from completion of training: (zero-three years, three-ten years, >ten years)
- Gender

The mentee may also select a specific mentor from a list provided on the website. Following distribution of email addresses and notification of both the mentee and mentor of the impending communication arranged by SUFU or its supporting agency, initial contact will be made via email by the mentee. It is then the responsibility of the mentee to continue the relationship with the mentor as needed.



Is it possible to have more than one Mentor?

Each mentee will be matched initially with a single mentor. However, mentees may request additional mentors as needed up to a maximum of three. Mentors will have a maximum of three mentees unless they specifically request a desire to have additional mentees.

What Is a Career in Our Subspecialty Like?

For students considering residency training in urology, residents considering fellowship training or fellows deciding what type of practice they desire, the descriptions of the following FPMRS practice models may be particularly helpful. For the sake of simplicity, we have divided the practice types into academic clinician, academic physician-scientist, and private practice physician. However, some careers may not be so easily and so categorically defined. The diversity in practice styles within our broad subspecialty highlights the breadth of FPMRS and the diversity of potential practice opportunities in this field. We are thankful to the SUFU members who agreed to write these very personal pieces about their careers.

The Academic Clinician

Howard B. Goldman, MD

An academic career in female urology and voiding dysfunction provides a mix of activities which keeps “work” enjoyable, challenging and fulfilling for me. Subspecialization provides a focused knowledge and skill base that allows me to treat complex patients, teach residents and fellows, and interact with my peers locally, nationally and internationally. This in combination with the opportunity to work with industry on projects and perform research makes every day interesting.

I typically see a mix of patients in the office with problems ranging from “bread and butter” straightforward incontinence to those who have failed multiple prior surgeries and are coming to me as a last resort. On some days I have fellows and residents with me in the office and am able to teach and interact with them at length. I try to teach them to always question what they are told and to ask for the evidence to support a particular idea or treatment plan. Unfortunately they have learned the lesson well and do not let me get away with anything. This keeps me on my toes and helps stimulate new ideas. Admixed with seeing patients we also do a host of procedures in the office: injection of bulking agents, Botox injections, as well as routine cystoscopies and bladder biopsies. While this is going on our nurses are running urodynamic studies – many of which I am present for. All in all it adds up to a busy day in the office.

Much of the rest of my clinical time is spent operating. Once again the surgeries run the gamut from straightforward sling procedures to complex recurrent fistulae, pelvic organ prolapse, urethral surgery and occasionally urinary diversions. Here too I am frequently the surgeon of last resort. Many of the procedures involve undoing, redoing or fixing surgeries that other urologists or gynecologists have already performed, but perhaps did not work out to the patient’s satisfaction. Again most of this is done with my residents and fellows who are sure to keep me on my toes. I find the constant interaction and discussion about the patient’s pathology and how we should approach it intellectually stimulating.



I have the privilege of working with a large group of excellent female urologists and urogynecologists with whom I can discuss difficult cases and who continue to teach me on a regular basis. We meet once a week to discuss new ideas, articles and other issues. This is a wonderful opportunity to learn, and once again, is intellectually stimulating.

One of the requirements of a career in academics is some degree of involvement in research. Depending on where one wants to go with their academic career one can get by with a minimum of research and meeting presentations or one can be very involved in these activities. I probably fall somewhere in the middle. With various invitations to meetings around the US and internationally I have had the privilege of traveling to many interesting places, meeting all types of physicians and learning many new things. Once again this sort of involvement keeps one on their toes and forces you to remain an expert in your field.

Another interesting facet of an academic career involves the many new devices and medications that are being developed within our field. Industry frequently turns to physicians in academics for advice during the development of these products and we frequently have the option of using them first.

Ultimately every day is different. One will never fall into a boring routine and each and every day provides new challenges and opportunities. This and the constant interaction with colleagues and trainees as well as the appreciation shown by patients who may have been on the verge of “giving up” makes for an exciting and fulfilling career.

Larissa Rodriguez, MD

I am a Professor in the Department of Urology at the University of Southern California, Director of the Division of Pelvic Medicine and Reconstructive Surgery, Beverly Hills, Vice Chair of Academics, Director of the USC FPMRS Fellowship, and Associate Provost of Faculty and Student Initiatives in STEM. I have chosen a somewhat unusual career path but one that I am passionate about. The moment I decided to go to medical school, I knew I wanted to pursue a career in academic medicine.

I was fortunate to have the opportunity of being exposed to basic research as an undergraduate, in medical school and again as a resident. By the time I finished my residency, I was sure that I wanted to train as a clinical female urologist and combine this with a research career but I was not sure how to accomplish this. I had great clinical mentors but had not been closely exposed to anyone in the field of female urology that had the career I wanted.

Upon completion of my fellowship, I chose to pursue a one year clinical fellowship in female urology and reconstruction. I chose what I considered to be a busy fellowship which would teach me the clinical and surgical skills to excel in this field. During that time I made contact with basic science researchers and in my spare time (before I had kids!) involved myself in laboratory research. At the end of my clinical fellowship I continued to feel that there was a great deal of room in our field for discovery and research and was even more convinced that this was what I wanted to do.

I was not sure how to pursue it. I considered doing a basic science research fellowship prior to joining an academic job. I was lucky to be offered a faculty position at UCLA that allowed a significant amount of protected time for mentored research. I was also lucky to have a clinical mentor who believed in me and in my career objectives and protected my time in order for me to pursue this. I spent two years doing 80% research under the tutelage of Dr. Louis Ignarro. During that time I also started my clinical practice and pursued other clinical research interests.



At the end of my first two years on the faculty, I transitioned to a more involved clinical role. Currently, 70% of my time is clinical. I spend 1 ½ days a week in the operating room and 2-3 days in clinic. The rest of my time, I am involved in the laboratory, clinical research with the clinical fellows and residents, writing, administration and attending meetings. I currently have my own laboratory space, personnel, and funding. I still love what I do. There is so much to discover. Thinking about new questions and ways to solve them keeps my work interesting and vibrant.

There have been many hurdles to surpass and a few things that I never thought about when I decided to embark in this path. First, clinical practice has a tendency to grow and if not kept in check overpower the research effort. Second, being responsible for the livelihood of the research staff by obtaining grants is not only a huge responsibility but it is also stressful and time consuming. Third, the number of administrative meetings is sometimes overwhelming (laboratory meetings, meetings with collaborators, with statisticians, with residents and medical students, with clinical peers and departmental meetings and committees). Unfortunately, these need to be scheduled on those “protected research days” limiting the time available for research. Fourth, finding good research mentors and collaborators is not always easy. Additionally, there is a huge amount of writing!! Lastly, as I become more senior, I have grown in the University administration which is interesting but time consuming. It sometimes feels as if I have four separate full time jobs: researcher, clinician, educator, and administrator.

Currently, my biggest challenge is to balance motherhood with academic medicine. As my sons get older, their lives (academic, friends, extracurricular activities, sports) gets more complicated and demanding. I also love my work and what I do. It is a constant challenge to balance these two all-consuming roles.

Kathleen Kobashi, MD, FACS

I suppose it is the experience of many in our field, but I am often asked how I ended up choosing a career in urology. The answer to that question is multifaceted. There are many choices physicians make as we proceed through our training. Some of the decisions I faced (which I am certain are also similar to those encountered by many of my colleagues) were “medicine or surgery?” then, “which type of surgery?” then, “fellowship or no fellowship?” then “in which urologic subspecialty should I pursue a fellowship?” and finally, “academics or private practice?”

The answer to the last question was a culmination of all those that preceded it. As I reached each point in the road, it became clearer that I would like to pursue a career with an academic essence and I am fortunate to find myself in a multispecialty private clinic that values academics. There are “pros” and “cons” to this hybrid model, but the pros outweigh the cons.

While academics is encouraged at my institution, protected time for research and writing is not the standard, and academic work is typically performed over and above clinical responsibilities. This is a trend toward which many traditionally academic centers appear to be moving as well. Nevertheless, the opportunity to continuously challenge the dogma, advance our field, and spawn innovative concepts makes academic medicine an incredibly fulfilling and thrilling pursuit. Additionally, with the launch of a clinical fellowship at our institution four years ago, we have had the privilege of contributing to the training of excellent urologists, who have added to the benefits and pleasure of being involved in academic medicine.

There are an infinite number of ways to set up one's schedule. Until recently, my typical week involved two-three half-days in the operating room, six half-days of clinic, and one half-day of overflow surgery or catch up time, or (in a good week) “left-over” time to do some academics. My reading and writing were accomplished after the



children had gone to bed at night, before they woke up in the morning, and on the weekends. This is how I had chosen to do it, but I have recently set aside one half-day of designated time for academic work during the work week, and I highly recommend this. Much of the work still faces me after-hours, but this has allowed me more time with family. Recently at our institution, opportunities to be considered for a research chair that provides an individual with funding that translates into protected research time for one year intervals have arisen. It is my opinion that during the exploration of an academic practice, it is imperative to inquire about protected time, opportunities akin to Virginia Mason's research chair, and the expectations regarding how one's time will be divided.

The cliché "There are only so many hours in a day" takes on a new meaning for those who are juggling many balls, and the biggest challenge of academics, in my experience, has been to find the balance between clinical medicine, academics, and family time. But this is not unique to academic medicine. It is a difficult state of equilibrium to find, but it is possible. My advice is to know your limitations and set boundaries. Don't try to accomplish more than is humanly possible within a given time interval; something will be compromised. Keep yourself challenged, but it's perfectly ok to occasionally decline an invitation for the sake of maintaining the quality of your work and your sanity. Recruit and retain the best team possible to help you achieve your goals, and treat them with respect. Rarely does one accomplish that which we're trying to juggle on his/her own.

The Academic Physician Scientist

Toby Chai, MD

In this era of super-specialization, decreasing reimbursement, and heightened competition for NIH funding, it is tempting to view the physician-scientist as an anachronism. While it is difficult to straddle the worlds of surgery and science within a single career, it is possible, and I believe it is necessary if our profession is to thrive. The most meaningful advancements in patient care will come from researchers who fully understand both the science and its application. My goal is to blend surgical practice with bench--and ultimately clinical--research in a way that brings hope to the patients that I care for every day.

A typical week for me involves outpatient clinics, surgery, bench research, and surgical trials. I treat primarily urinary incontinence, voiding dysfunction, neurogenic bladder and the like. I am also the tertiary referral specialist for the repair of complications related to the treatment of these conditions in the community. In addition, due to my focus on the bladder, I diagnose and treat a number of bladder cancers. This direct patient care takes up 2.5 days (half) of my usual work week of 11 to 12 hour days at the hospital. Every fifth month, I am the "on call" attending. During that month, I see a whole variety of problems and spend more time with resident training.

The remaining days of the work week revolve around my three NIH grants. I am the principal investigator in two collaborative clinical trial networks: the UITN (Urinary Incontinence Treatment Network) and ICCRN (Interstitial Cystitis Clinical Research Network). My other grant is an NIH R01 basic science grant involving the study of cellular physiology of human bladder urothelial cells. I do not use animal models in my research; only human cells obtained directly from bladder biopsies. Thus, patient care translates directly into the laboratory, and clinical trials translate directly back into cutting edge patient care. This is the most satisfying and rewarding aspect of my career.



Because of my investigative background, I am able to help guide the peer-review process in several ways. I review manuscripts for nine different journals, both basic science and clinical. I am called upon to review two to three manuscripts per month for possible publication. Also, I sit on an NIH study section, where I am privileged to help direct the funding for bladder related grant proposals. Finally, I am part of a committee that writes questions for the Urology Board Examinations. These activities, when combined with grant-related writing, take up a lion's share of my evening and weekend hours, but in return I am able to participate in the direction and the future of our specialty.

In the academic environment, I also have the opportunity to teach, mentor, and collaborate with my peers. I have five people in my lab including one research faculty, one MD/PhD post-doctoral fellow, one technician and two residents. I also have a clinical trial research staff including research coordinators, nurses, and data entry specialist. I work with residents and medical students on a regular basis. These personal relationships are rewarding as I watch each person's career grow and develop.

Despite the intensity of my workload and the great number of different "hats" I am required to wear; I do manage to carve out time for my own personal interests. I enjoy spending time with my family, attending church, playing in my "band", and even playing an occasional game of golf. I am never bored. My days never become routine. There are easier paths than that of a physician-scientist, but none are more professionally rewarding.

Chris Smith, MD

On a personal note, I first became interested in neurourology and female urology while clinically rotating with Dr. Timothy B. Boone during my residency at Baylor College of Medicine. My interest was spurred further during a full year of research under Dr. Boone's tutelage during my fourth year.

During my research year, we developed a spinal cord microdialysis model through which we could sample neurotransmitters being released at the level of micturitional nuclei and compared differences in transmitter release before and after spinal cord injury. Although developing the model had many frustrating moments, my scientific curiosity for understanding the mechanisms underlying voiding dysfunctions such as spinal cord injury was piqued. Our research led to my application and acceptance as an NIH/K12 physician scientist fellow with Michael B. Chancellor, MD, at the University of Pittsburgh.

During my fellowship I tried my best to maintain a balance between clinical and research obligations. I was enamored of Dr. Chancellor's involvement in cutting edge translational projects, not to mention his ability to efficiently time manage his clinical and research responsibilities. I also worked closely with George T. Somogyi, MD, PhD, focusing on the effects of botulinum toxin A on the lower urinary tract. At the conclusion of my fellowship Dr. Somogyi and I were recruited by Dr. Boone to join the Baylor College of Medicine faculty and establish a neurourol-ogy lab from the ground up.

My experience has given me insight into some helpful hints for residents or fellows interested in a combined clinical and research career. Three things are needed, at a minimum, to succeed as a physician-scientist: time, money, and space. One must have protected time for research, probably a minimum of two days a week, in which clinical duties will not interfere with or pre-empt research activities. Often clinicians will state they have one to two days of "research time" per week that many times becomes filled with "last minute" clinical obligations. A strong understanding with the departmental chairman will help protect one's research time.



Second, especially given the current low rates of NIH funding, an adequate startup package is needed to pay for animal, labor, supply and equipment costs to make one's lab viable and successful. Finally, designated bench space to perform experiments is a prerequisite for a successful beginning to a research career. Many times, physicians will be provided with time and money but not the place to perform their experiments. One does not have to have his or her own lab, at least not initially, but should have designated space that can be used at a scheduled time.

I have personally been lucky to have had great mentors in my residency and fellowship training on which to model my career. These mentors both have strong personal interests in seeing me succeed. An additional factor in my success to date is that the department chairman shares my interest in neurourology. Such intangible factors cannot be discounted.

In summary, becoming a physician-scientist can be a challenging but rewarding experience for any individual interested in adapting benchtop methods to bedside practices.

The Private Practice Physician

Michael Ingber, MD

I completed my residency in urology at William Beaumont Hospital in 2008. My mentors there were all very involved in SUFU, and it was clear to me early on that I wanted to pursue additional training in female urology. In 2010, I completed a fellowship in female pelvic medicine and reconstructive surgery at the Cleveland Clinic. When searching for jobs after training, I decided that I wanted to explore both academic and nonacademic programs in the New York/New Jersey area as we decided to live near my wife's family.

I realized upon interviewing at both academic and private practices that every job offer was vastly different, with different call schedules, work hours, and ability to teach. Many of the private practice groups still worked with residents and fellows, and many were still doing research and publishing, despite not having an academic affiliation. While I had an interest in continuing to do research, and continuing to teach, I felt that the best fit for me would be Garden State Urology (GSU), a 20-physician urology group based in northern New Jersey. I was able to start my own specialized women's urology "pod" under the GSU umbrella. Five years after joining GSU, our group became formally affiliated with our local hospitals under Atlantic Health System.

My typical week consists of two operative days and three office days. I do several outpatient prolapse and incontinence cases per week, and usually I have one robotic day, doing robotic-assisted sacral colpopexies/hysterectomies either on my own, or in conjunction with one of the local gynecologists. On occasion, I am asked by the gynecologists to assist with one of their difficult cases. I am a part-owner in a surgical center, which allows me to do eight to ten cases in a half-day (typically slings, vaginal prolapse repairs, and cystoscopies.) Being part of a large urology group practice, I take general urology call, occasionally doing stone cases and seeing inpatient consults. Whenever something is out of my specialty, I am able to hand it off to one of my partners if I choose.

When looking for jobs, I felt the most important aspect was the ability to make my own schedule and enjoy a good lifestyle. I have four young children, all very active in sports and extracurricular activities. My wife and I love to travel, and being able to do so was very important. Being my own boss, in a way, allows me to work as hard as I want to, when I want to. I do work hard during an average week, often times staying late at the office to see patients who need help, or going to the hospital after-hours to do a last-minute surgery. Nevertheless, I am still



able to see my kids to send them off to school on some days, and leave work early to attend their sports games on other days. I take as much or as little vacation as I want in any given year. I have partners who will cover for me whenever I'm away. We travel almost every month all around the world. I am on call every eighth weekend, which is fantastic. The hospitals we cover are smaller, community based hospitals, and therefore, less busy during the weekends. While I do miss having residents to be able to help out in the middle of the night, having to go to the hospital in the middle of the night to put a catheter in, or stent an infected stone, is a rare occurrence.

Even though I am in private practice, and part of a community-based hospital system, I am still able to participate in research and teach. As a fellowship-trained urologist and with subspecialty certification in FPMRS, I am part of three FDA-sponsored clinical trials, and am able to run several clinical trials of my own through our hospital's research department. I became an assistant clinical professor of urology at Weill Cornell Medical College, and I am a reviewer and author for several journals in our field.

In summary, I am extremely happy being part of a large urology private practice group. I am thrilled to be able to practice my subspecialty for the majority of the time in a community setting, yet still have the opportunity to teach, do research, and publish when I choose. Being my own boss provides me ample time to spend days with my wife and kids, and travel whenever we choose. My advice to you is to think hard about where you want your career path to take you five, ten, and twenty years down the line. What do you love about being a physician? Is it the academics, research, or speaking at national meetings? Is it the clinical aspects? Is it a combination of all the above? Find a job which fits all your criteria of what is important, and still allows you to have a life outside of urology. Find a job which allows you to be a good father or mother, husband or wife, and provides for an atmosphere which can also focus on family.

Harriett Scarpero, MD

By mid-career I was ready for a change. I had been a dutiful faculty member for almost a decade. I had made most professional decisions based on what would be best for the education of residents/fellows and the productivity of my department, but I was yearning to make decisions based on what was best for me. I wanted to be my own boss!

My greatest professional concern in moving from an academic practice to an independent (not hospital owned) private practice was whether or not I could maintain a subspecialty focus. After all, years before I had decided to do a fellowship in FPMRS and devote my practice to that specialty. I had been practicing in FPMRS almost exclusively for ten years. Before signing a contract, I had a frank discussion with the urologists I was joining to let them know what kind of practice I intended to have. I made sure that all parties understood that I was not joining to develop a general urology practice. Having a clear understanding by my partners made the transition easier and facilitated getting the cases I needed for recertification in FPMRS. It was necessary to spend some time educating my potential referring physicians and office staff (theirs and mine) about FPMRS. Many had heard of "urogynecologists" but did not realize that urologists could focus on the same. For a while I got referrals for women with renal masses or women with stones because it was assumed that I did general urology but only in women. After spreading the word about FPMRS at my hospital and others, it has not been difficult to have a FPMRS practice in the private sector. Professionally, it has been an easy transition that did not alter the quality or quantity of cases I am referred.

With regard to differences between academic and private practice, the differences seem less than ever before. The federally mandated changes of medicine (think EMR, Obamacare and now ICD 10) are forces of change that have



influenced all practices. I believe these outside forces have changed academic practices into high volume practices with more similarity to busy private practices than the traditional academic practices of the past. What is different between my private practice and an academic practice is that in the latter, institutional decisions often affect departmental policy and direction overnight without any input from physician stakeholders. In my private practice I get to decide what I want to do with my practice. I love making my own decisions! I enjoy that independence and freedom. I have had to get acquainted with elementary business knowledge. I was unprepared for what it would feel like to be responsible for my employees' livelihoods. Slow months or five-week pay cycles in a month can be stressful. A practice is a small business, and I am learning about business as I go. I wish I could say that I have figured it out, but it remains a challenge.

My take-away message is that change will always happen. People change. Departments change. Governmental policy changes and it will all continue to change. It is likely that many of us will want to make a job change at some point in our careers. Education provides mobility and options. This is true in urology too. A well trained FPMRS specialist has skills that are needed in the community as well as in the academic center. Certification in FPMRS opens opportunities to a variety of practice types. There is not one practice type that is better than the other, and the ability to make a career change when wanted or needed isn't possible in all fields. I feel lucky that I could move in a new direction ten years into my career.

The Private Practice Clinician in FPMRS

Jonathan Starkman, MD

I can remember being a junior urology resident taking care of a patient with a vesicovaginal fistula. I intimately recall how devastating this condition was for her, how it impacted her quality of life, and how emotional it was for her when she was unburdened by the incontinence and became dry after her reconstructive surgery. This left a lasting impression on me at a very early stage of my urologic surgical training. Over the next several years of residency and during fellowship I learned how pelvic floor disorders affect our patients in almost every aspect of their daily life, and the impact we as surgeons can make by being caring, attentive, and diligent.

The mentoring role is critical to the development of any young physician, and I was fortunate to have had wonderful role models to learn from and emulate during my training. These relationships and support have certainly helped me during my transition from academics and training to a career path in private practice.

The decision between an academic career versus private practice can be difficult. It is one that I certainly struggled with when I was a fellow. As a fellow at a major academic teaching center it can be very exciting working with respected surgeons, performing complex reconstructive procedures, and being involved in the development and education of residents. This was always important to me. What I came to realize is that one does not have to give this up by becoming a private practice clinician. In fact, there are many opportunities that can be pursued and taken advantage of, if you make the effort.

There is a tremendous demand for specialists that have expertise and treat pelvic floor disorders. When I joined my urology group I made an effort to meet as many referring physicians in primary care (and other specialties) and let them know what we do as FPMRS surgeons. Once referring providers understand the value of what we can offer there will be no shortage of patients to care for.



Furthermore, most large integrated private urology groups have moved in the direction of sub-specialization so that experienced, high volume providers with specific expertise can optimize patient care. This has allowed me to focus on pelvic floor disorders and maintain a busy clinical practice.

My typical weekly schedule consists of three days in the office seeing patients and performing urodynamic evaluations, and two days of surgery per week. 90% of my practice is dedicated to female pelvic medicine, voiding dysfunction, and reconstructive surgery. This gives me a lot of flexibility and seems to provide me the right work life balance.

The case mix that I typically see in private practice can be extremely diverse and complex, and I typically see a full complement of patients with all forms of urinary incontinence, neuropathic bladder dysfunction, vaginal prolapse, pelvic and bladder pain disorders, OAB, and genitourinary fistulae. I find that it is due to this large amount of clinical variety that constantly keeps me stimulated, energized, and challenged. The opportunity to see and evaluate a patient from start to finish, and if necessary see them through a successful surgical procedure is the characteristic of private practice that I find the most satisfying.

Another important thing to know about private practice is that you don't have to do it all on your own. Continuing to foster and build relationships/mentoring will always remain important to your success. I had the unique opportunity early on in my career to work with and learn from a senior urogynecologist who was also in private practice. We would see patients together and operate together, and this experience was critical in further developing my skill set as an FPMRS clinician.

It truly was an invaluable experience, and outside of my two-year fellowship, the most important part of my personal development and growth. The reason I share this is that we all need to surround ourselves with individuals we can learn and gain experience from. Someday I may have the ability to help someone out in a similar fashion. It is part of life-long learning and does not stop just because you are in private practice.

To my surprise I have done a considerable amount of teaching in private practice, albeit without ties to a formal urology residency program. I have had a fantastic opportunity to develop a collaborative relationship with the academic urogynecology division at my hospital. We meet quarterly for academic journal clubs, have multidisciplinary case discussions, and have worked on several research projects together. In addition, I work with a gynecology resident on most of my vaginal reconstructive and incontinence procedures and that relationship has been mutually beneficial.

Providing education for my nurse practitioner and physician assistants has also been extremely rewarding. This allows us as a team to provide the best possible care and service to our female pelvic medicine patients. Establishing care pathways and protocols for the common problems that we see in a female pelvic medicine practice has given me a great deal of satisfaction, as I know we are providing state of the art care and excellent service to our patients.

One of the most important reasons I chose private practice was, that at least for me, it provided the most flexibility to maintain the right work-life balance. During the week the volume of work can be very demanding but when I get home I can shift gears and look forward to spending quality time with my family. On most weekends I am actively spending time with my wife and three boys enjoying the beautiful outdoors in scenic New England.

In summary, practicing FPMRS in a private practice setting has been a tremendous experience for me. While demanding, I am able to maintain a practice focused on the full spectrum of pelvic floor disorders that keeps me



engaged and stimulated. I have a great deal of flexibility to provide education and teaching, albeit in less traditional ways. When I am out of the office I can focus on being involved with my kids and doing the things I enjoy like hiking, skiing, and spending time with friends.

As FPMRS grows and evolves, along with healthcare delivery in general, I look forward to maintaining the flexibility and adaptability that I have enjoyed in private practice thus far.

Commonly Asked Questions

Certain questions are almost universally asked by a resident contemplating a fellowship in Female Pelvic Medicine and Reconstructive Surgery. The objective of this section is to provide basic information, but it cannot substitute for one's own search or for the advice and guidance of a mentor. Hopefully, it may also provide a framework for residents to direct their own thoughtful investigation on whether a career in our subspecialty is right for them.

When do I need to begin looking for fellowships if I am interested in one?

Application for FPMRS fellowship training programs is now a standardized process administered through the Electronic Residency Application Service (ERAS) application system and the National Resident Matching Program (NRMP). The application cycle begins approximately two years before the end of residency training, with the application process. Applications can be forwarded to programs as early as December 1 with completion of the match process in the following summer usually about a year before residency graduation.

Is it possible to apply for a fellowship if your exposure to female urology/voiding dysfunction was very limited or weak in residency?

Yes. Many different fellowships exist, and the options can accommodate residents of many different skill levels and experience.

I am a resident in a program without much experience in female pelvic medicine and reconstructive surgery but have a high level of interest. How can I get more exposure to determine if I want to do a fellowship?

There are a number of opportunities to get more exposure. The SUFU Resident Preceptorship is an annual educational symposium available to residents for this exact purpose. Attend the annual SUFU Winter Meeting or the SUFU Meeting at the AUA to learn more about the subspecialty. A SUFU mentor may be of particular assistance to the resident in this situation and participation in the mentor program is encouraged. Please see page 13 for details regarding the SUFU Mentoring Program.

Do I need research experience to be accepted into a fellowship?

No. Although it is never a deterrent to have research experience, fellowship directors are aware that some residency programs have more opportunity than others to participate in research. Given the variety of fellowships available, there is opportunity for residents of many different backgrounds.



I am decidedly going into private practice, but I have an interest in the subspecialty. Is it helpful or possible to do a fellowship?

A fellowship is an opportunity to gain a more sophisticated understanding of the complexities of voiding dysfunction as well as hone one's surgical skills. In other words, it is going to train you how to think as well as operate. For the urologist who aspires to have a practice devotedly partially or exclusively to FPMRS, this extra training is valuable and some would argue compulsory. Fellowship training is not meant solely for future academicians. Fellowship training can be useful to the private practitioner as well. In fact, fellowship training can be a significant advantage when searching for a private practice job. Fellowship training also helps introduce the trainee to research and positions them earlier for leadership in our field.

What type of cases does a specialist in FPMRS do? Does it include neurourology and male voiding dysfunction?

The list of surgical procedures for a specialist in our field includes but is not limited to: pubovaginal slings, retropubic suspensions, cystocele repair, rectocele repair, enterocele repair, vault suspension (transvaginal and transabdominal), culpocleisis, excision of urethral diverticulum, urethral reconstruction, periurethral bulking, chemodenervation, repair of vesicovaginal fistula (transvaginal and transabdominal), sacral neuromodulation, bladder augmentation, bladder substitution, urinary diversions, artificial urinary sphincter placement, male sling procedures, male and female urethral stricture disease, and many other male bladder outlet procedures.

Do you need a fellowship in the field to have a busy female urology/voiding dysfunction practice?

Although fellowship training is very valuable, it is not necessary in order to evaluate and treat patients. Some residents receive excellent training in female urology and voiding dysfunction in residency. These residents do not need fellowship training to grow a busy and successful practice in the subspecialty. However, completing an accredited fellowship will allow you obtain subspecialty certification in FPMRS.