

President's Message

Lyrics from a popular song: "Fact and fiction work as a team."

A gentleman accepts the invitation for initiation into a very exclusive club. He has the right credentials; he does all the right things; and once accepted as a novice, he learns the secret language, the secret handshake and is welcomed – so he thinks – wholeheartedly. But when the final vote is taken some weeks later, he is blackballed. He doesn't know why, and it's the classic case of "don't ask why, we won't tell." He uses his knife in a manner thought inappropriate; he puts food into his mouth on his fork upside down. This violation is, of course, not written anywhere, and dining habits haven't ever been discussed about other possible member candidates. And he's British, so eating with the American view of an upside-down fork is proper in his sphere of reference. So the parvenu leaves, disgruntled and somewhat shaken that he misread or was misread. He never says a thing – that's the code. He moves on.

And this may be the case with women in academia. We are accepted for initiation into this very exclusive club. We have the right credentials. We train. We learn the nuances of acceptance into the club – we think. But the bottom line is that we behave differently. We don't conform in certain ways. We get misread, we misread the signals, we get misled, we stumble. We leave. The institution loses out. The practice of medicine loses out. And we move on.

The glass ceiling that has been increasingly disappearing in the business world is still very much alive in the rarefied air of medical academia. And particularly so in the fields that are predominantly male. Is it true in academic urology?

What is the current status of women in academic urology? What happens to the women planning life-long careers in academia? Do they build successful careers within the ivory towers at similar rates to their male peers?

Let's review the numbers. In medical schools, roughly one half of the current U.S. graduates are women. Of urology residents, the numbers available from the JAMA report of resident education finds that 18% of first year urology residents in 1998 were women. Last year, the numbers were 15% matching urology. Of our 250 active members in SWIU (active members mean those having completed training), 17% are in academics. There are 4 full professors and two female chairs in the United States. But compare this to 14,000 AUA members, with 1,926 members in academic positions; that is, 13% overall in academics.

We started out with 38% of us in academics, with a whopping 21% who leave. Is this high volume loss to academic because of natural attrition of all academicians, male and female? Is it because of the current economic problems of many academic centers? It is unknown if this explains the loss of talent, as the proportion of women in entry level positions in academic urology compared to men is as yet unknown. It is childrearing. Women are notorious for wanting to stay home to take care of their kids. They lose that fire in the belly when a baby or two replaces it. Terrible, I know. It's a shame. Because they could get childcare if they really cared about their careers. I mean – who wants a mother to raise her children when there are professionals to do that?

Of course, I'm being facetious. But the professors and our male colleagues largely believe the childrearing answer. It is often cited as the reason we leave. But the data analysis of the SWIU questionnaire of its members suggests that inadequate mentoring, lack of colleague support and poor job satisfaction are more commonly cited reasons.

We thought women were underrepresented in academia; they are not. We thought we progressed at lower rates. We don't appear to. But we lose a good one third of us who land an academic job. And not from the commonly cited reason: child-raising. So facts and fiction work as a team. Fighting this amalgam is hard – really hard. And the sea-change necessary to keep women influential in academia is very hard to get to: perhaps we simply have to change the game. We have to create a culture that is different from the one that worked for professionals historically. We need to state that families are important, that work should not be the only way to identify ourselves, nor is it the manner by which we do what is right for ourselves and fulfill our life's individual missions.

For those of us who feel that work, inside or outside of academia, is a "pilgrimage of identity," we need support. Those of us serving in the community, participating in national surgical trials on incontinence, researchers ferreting out the markers for familial prostate cancer, teachers of residents on pediatric voiding dysfunction, those working to streamline evaluations so that populations are served at lesser expense, and those treating congenital and acquired anomalies here and abroad. We need to thrive. We need mentors and tools and financial support. We need more of you to stay doing the work that makes a difference, inside or outside the Ivory Tower.

And – by the way – we don't appear to plan to work part-time or retire early as many have accused us. Further analysis to follow.

So, who wants women to thrive in urology? Ultimately, everyone who trains residents, our patients and the larger society benefit from our success. So far, the exclusive club may have felt pressured to hire women. Okay, do we thrive? Or is the loss of one third of academic wannabees acceptable? Why is it hard to keep young faculty around? Like the guy who got blackballed from the exclusive club, the failure of a young academic appointee may be the result of inappropriate mentoring and professional isolation. The reports from you of marginalization of women within non-academic practices may be a symptom of that same lack of mentoring. Not simply out of our love of our children.

To this end, we are announcing a new initiative: SWIU is planning a mentoring conference in 2004-2005. We plan that the conference will be helpful for those young and mid-level career professionals in making choices that strengthen their professional lives and their personal choices. We look forward to your participation in this skill-building and network-creating endeavor!

More details to come. In the meantime, we hope that the SWIU Mentoring Handbook and access to members in a variety of specialties and practice situations will serve as valuable resources.

See you in Chicago!

Editorial: Women's Names Prominent Among AUA Abstract Authors
Nina S. Davis, M.D.

I thought it would be an interesting exercise. How many women's names, I wondered, would be among the authors whose abstracts were accepted for this year's AUA Annual Meeting? I am certainly aware of the number of board-certified women urologists, inexorably growing and reflecting the number of female residents advancing through the ranks, but I have never had a very good feel for the number of women (medical students, graduate students, Ph.D.s, residents, and urologists at all stages of their careers) who are responsible, in some measure, for the advancement of scientific knowledge occurring at the meeting. In my naïveté, I thought that if they were few enough, all of the abstracts could be listed in the Newsletter. The numbers, I thought, would reflect not only current involvement of women in urologic investigation, but also be a measure of the potential contributions of women in the future.

So I let my finger do the walking – and by the end of the C's I was already becoming weary – and impressed. I had counted 181 names! By rough extrapolation, I guessed that there were more than 1,000 women represented. Some women had multiple abstracts as well. Happily, too many abstracts to list in the Newsletter. Definitely a significant contribution to the meeting!

I then found myself wondering who all these people are and whether they will stay in the urologic community. Mentoring will be the key. Those who continue to be nurtured and supported will pursue a urologic career, be it in research or clinical activity or both. Those who are not challenged and inspired will seek other paths. To ensure continued progress in our field, and to enhance creativity and leadership in our professional organizations, it behooves us to empower and "grow" the next generation of talent not merely by mentoring them, but by making available to them the resources they require to succeed.

New SWIU Awards Recognize Community Service/Urologic Practice

Traditionally, SWIU has focused on awards supporting research and recognizing exemplary mentoring, the Elizabeth Pickett and Christina Manthos Mentoring Awards, respectively. Thanks to the generosity of our industry supporters and continued involvement with the NAFC (National Association for Continence), SWIU will be expanding the number of awards presented at the AUA this year.

As in past years, a slate of candidates for the NAFC Continence Care Champion will be submitted by SWIU to the organization's executive council. The winner will be chosen by the council and the award presented at the SWIU Breakfast Meeting in Chicago. This is now becoming an annual tradition, providing recognition for those who have made significant contributions to the treatment of incontinence.

Due to the generosity of Pfizer, recognition will be given to a female or male physician who provides exemplary men's care within her

or his community. The award, entitled SWIU-Pfizer Men's Health Community Service Award includes a monetary award as well!

New equipment in this era of high overhead and low reimbursement is often a luxury that must be sacrificed for other more pressing needs. Fortunately, Olympus is partnering with SWIU to award a flexible cystoscope to a deserving SWIU member in support of her practice. The SWIU-Olympus Support-of-Practice Award will be awarded for the first time this year. We plan that the SWIU board will select from those entrants completing a short essay detailing the need and plans for use.

[Click Here for SWIU Events at the AUA](#)

Women in the AUA Spotlight

SWIU members and others will be participating in the plenary sessions throughout the AUA. Kudos to these women who will be recognized for their expertise in their respective subspecialties:

Cora Sternberg Monday, April 28 8:20 a.m.

State-of-the-Art Lecture: Bladder Cancer Chemotherapy – When and Why in 2003?

Lindsey Kerr Tuesday, April 29 10:50 a.m.

Panel Discussion: Pelvic Prolapse Repair

Cathy Naughton Wednesday, April 30 7:30 a.m.

Tuesday Highlights: Infertility

Leslie Schover Wednesday, April 30 8:35 a.m.

State-of-the-Art: Sperm banking – When, Where and How?

Carrie Rinker Schaeffer Thursday, May 1 8:00 a.m.

Take Home Message: Basic Science

Margaret S. Pearle Thursday, May 1 8:20 a.m.

Take Home Message: Stone Disease

Please congratulate them on their achievement!

SWHR Chooses Kerr for Board

Bravo to **Lindsey Kerr** for being selected to serve on the Board of Directors of the Society for Women's Health Research (SWHR). She will assume her new responsibilities on May 14, 2003.

The SWHR is a non-profit advocacy group whose mission is to improve the health of women through research. It was founded in 1990. The Society's activities focus on promoting inclusion of women in medical studies and on increasing funding to support women's health research. Currently, a major priority is to promote and support the efforts of basic science and clinical investigators in the emerging field of sex-based biology. Dr. Kerr previously served as member and chair of the SWHR Medical Advisory Board, and her higher level of involvement in the organization will enhance her stature as a nationally known advocate for continence care and pelvic floor health.

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