

The Society of Women in Urology



NEWS

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President's Message

Janice Lee Arnold, M.D.

Quite often, I am asked by residents, fellows, and new urology practitioners what to expect when starting a career with an individual or a group practice. Should you become more focused in clinical care alone or should you also contribute to the overall management of the group? Is it best to spend all your time providing patient care in the office and operating room or should you begin



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to learn the nuances of running the business? Quite honestly, different practice scenarios will likely present different expectations.

Ideally, perfecting your clinical urologic skills should be your foremost concern. No matter how much freedom you had to make clinical decisions as a resident, your arrival in practice as an attending or staff urologist will be quite a different matter. You will now experience the full impact of all the patient care decisions you'll be making. It is

important to become comfortable and trusting of your capabilities while functioning at this new level.

Hopefully, as a resident, you were exposed to different practice styles and will now begin the process of sorting out which style works best for you. Although this may seem like a trivial matter, your efficiency, livelihood and ultimate success will depend on it greatly. Because of personality differences alone, it is not uncommon that patients with the same diagnosis may have very different therapeutic requirements. A skilled professional can quickly ascertain each individual's needs and provide a treatment plan that suits him or her best. The fundamentals of the various subspecialties of Urology may have become second nature by now, but the delivery of medicine is truly an art form and sometimes takes years to perfect. Experience is truly the best teacher. You will want to begin developing these skills early on.

If you are asked to participate in office management activities, there are several areas that would be conducive to the limited time that young practitioners have, particularly since you must also allow time to prepare for the upcoming Certifying Examination. Overseeing the office's adherence to Occupational Safety and Health Administration (OSHA) regulations would be a good place to start and should impact minimally on your schedule. It's also a great way to become familiar with the regulations. Mock site visits can be performed and the results shared with the entire staff.

Chart audits for correct diagnosis and current procedural terminology (CPT) coding would also be of immense value to you, especially since it is imperative that you learn proper coding anyway. Perform a random audit of charts for correct coding compliance, write up a report and discuss it with your partners. If deficiencies are noted, devise a way to help limit the number of mistakes made and present ways to expedite the entire process for everyone involved. Your assistance in minimizing errors would be much appreciated by your new business partners.

Another area of needed proficiency is that of Health Insurance Portability and Accountability Act (HIPAA) compliance. Thousands of American physicians must become HIPAA compliant by mid-October 2003. Although it has been a

mere nuisance for some medical offices, the task has been a major undertaking for many others. Nonetheless, HIPAA has some very worthy and useful components and within each office it must be fully operational this fall. It is a much larger and possibly more challenging task to undertake, for it entails not only assuring patients' right to privacy of medical information, but it also encompasses streamlining the billing process and making it more economically efficient.

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Getting involved in human resources and the hiring and dismissal of staff is not the best place to utilize your talents. As a newcomer, you are probably not privy to the work history of your coworkers and support staff, nor are you familiar with the work relationships that may have already developed prior to your arrival. This task is best handled by a more seasoned staff member. Besides, at this time, your strategy should be to work on building long-lasting bonds with the office personnel, not stressing them.

In summary, a new work opportunity needs to be a very pleasant experience for you. These early years should be a time to thoroughly and keenly develop your clinical skills and practice style. Furthermore, many of you may be bringing to the practice a level of expertise that had not been provided previously. If, early on, you are asked or you should choose to divert any of your clinical time to practice management activities, make sure you're involved in a task that can be easily managed, requires a predictable and finite amount of time and is useful and rewarding to learn. Moreover, their first impressions of your early successes will likely help to establish your broad acceptance amongst your colleagues. Congratulations to those of you that are engaging in new employment and I hope to meet you and hear of your achievements on Sunday May 9, 2004, at the Society of Women in Urology Breakfast during the San Francisco, AUA meeting.

Respectfully yours,
Janice Lee Arnold, M.D.
President, Society of Women in Urology ♦

Stress Buster: Shed the “Superman/Superwoman” Urge

We are all human; however, we sometimes expect perfection from ourselves or others. Taking a step back and asking yourself these questions may be beneficial for keeping expectations realistic:

“What really needs to be done?”

“How much can I do?”

“Is the deadline realistic?”

“What adjustments can I make?”

We all need assistance at times – today may be your turn and tomorrow someone else's. Ask for help if you need it. By evaluating your work/personal load you can gain some perspective and reduce the level of stress you may have, free up a bit of time for yourself, and feel better all around. ♦

Words to the Wise...

“The rung of a ladder was never meant to rest upon, but only to support you long enough to enable you to reach for something higher.”

– Thomas Henry Huxley

Drowning in Loan Debt? How to Keep Your Head Above Water

Do you feel like you'll be paying off your student loans forever? Today, it's a burden a majority of physicians have to bear. According to the AMA, the mean debt for medical school graduates is \$93,000! This is a significant budgetary load that is often compounded by the expenses related to buying a home, purchasing a car, or trying to raise a family – obligations that newly minted physicians frequently take on.

Unless the military or Public Health Service subsidizes medical school training, it is hard to avoid assuming some debt. But with the numerous lenders and variety of loan programs currently available, it should be possible to find a solution that leaves you with more money in your pocket and a load off your mind. What all of these institutions have in common is that they allow you to consolidate your loans. Loan consolidation is the best way to manage your debt.

Your best option will depend on the amount of money borrowed, the original loan agreement, your personal and family situations, and your financial goals. The benefits of loan consolidation include low fixed interest rates, flexible repayment options, fewer monthly payments to make, and, in some cases, a decreased number of payments to discharge the debt. The down side is that it will take time to do the necessary research to find the program that best suits your needs. A good place to start is the Internet. Two web sites that provide information on loan programs and debt management include www.cfsloans.com/ama and www.aamc.org/students/medloans.

The search for a lender starts with calls to various institutions to identify available consolidation opportunities or other programs to manage your debt. Questions to ask include:

- ❖ How does a loan deferment or forbearance affect the terms of a consolidation loan?
- ❖ What will the monthly payment be and what will the total liability be (the total amount of the loan)?
- ❖ How are early payments applied?
- ❖ Is there a penalty for early repayment of the loan?
- ❖ Which loans can be consolidated?
(By law, federal and private loans cannot be bundled.)
- ❖ What fees/hidden costs are involved?
- ❖ Will the loan cost less if a certain number of continuous payments are made or if electronic payment is used?

It is common sense to get rid of your higher interest loans first, and then tackle those with more reasonable rates. Remember, if your spouse also has school loans, you may be able to consolidate yours and his to further streamline your debt.

Managing loans is often central to creating a workable household budget, but other strategies may help to maximize cash flow. Your home mortgage, property taxes, and insurance should not exceed 28% of your total income. Overall, total debt (credit cards, automobile, etc.) should not exceed 36% of your total income. More extreme ways to minimize debt include moving to a city or community with a lower cost of living or participating in a federal program such as the National Health Service, that will help pay down your debt in exchange for practicing for a specified period in an underserved area.

A creative way to reduce school debt is to negotiate partial or total loan repayment with a new employer or your partner(s). Unfortunately, however, the payments are considered income, so they actually incur an additional tax liability. Realistically, most practices couldn't afford this, but a hospital or large multispecialty group might have sufficient resources.

Although the process of managing your loans can seem overwhelming, the potential rewards are great. Look at it this way – you made it through medical school and residency. Compared to that, rearranging your finances should be a piece of cake. Instead of treading water on a tight budget, you may be able to float your way into a more comfortable lifestyle. ♦

Margaret Pearle First Woman Awarded Gold Cystoscope

It was a landmark event at the 2003 Annual Meeting of the AUA in Chicago when **Margaret Pearle**, endourologist and Associate Professor of Urology at University of Texas Southwestern, was presented with the Gold Cystoscope Award. It is "presented annually to a urologist who has distinguished *himself* by outstanding contributions to *his* profession within 10 years of completing *his* residency." With well over 50 publications related to endourology and minimally invasive surgery to her credit, she has established herself as a respected expert in her field and clearly embodies all that the award signifies. But what was most impressive on that auspicious occasion was that Dr. Pearle was the first woman urologist to be so honored.

The Gold Cystoscope was first presented in 1977, making Dr. Pearle the 27th awardee. She joins the ranks of other urologic stars such as Donald Skinner, Patrick Walsh, Peter Scardino, Edward McGuire, Tom Lue, William Steers, Anthony Atala, and Alan Partin. Moreover, she is only the second endourologist to receive the award, Louis Kavoussi being the first. Now that Dr. Pearle has joined this exclusive group, the AUA will need to alter the male pronouns in its description of the award. SWIU applauds Margaret Pearle's accomplishments as a surgeon and urologist and savors her unique achievements as a woman and as one of the few female endourologists in the country. ♦

Section Meetings Offer Networking Opportunities

The relative intimacy and open scheduling of the AUA section meetings makes these ideal venues for networking with our female colleagues at luncheons, cocktail hours or dinners. Some of the advantages of such get-togethers include getting to know each other and our professional interests, mentoring (including everything from child-rearing advice to billing tips), sharing practice methodology, and obtaining help with difficult cases. In the past, these events have been organized in an *ad hoc* fashion, often at the last minute, making it difficult to achieve broad participation. However, for those interested in organizing such events at their section meetings, SWIU can now provide financial and administrative support. Please consider hosting a networking event at your next section meeting and let SWIU help you organize it. ♦

Get in Shape Now: Run for Research at 2004 AUA

It's not too early to plan to participate in the "Run for Research" to be held Saturday morning of the 2004 AUA Annual Meeting in San Francisco. The event, which will be open to the public, is being promoted by the Office of Research of the AUA. The objectives are to increase awareness of urologic health issues and the need for funding. Additionally, it will be an opportunity to raise money to support new research initiatives. For those of you who run on a regular basis, this is a great way to get your daily exercise and promote an excellent cause. For others who need an incentive to exercise, we hope this worthy campaign will provide motivation enough. Whether you prefer to run – or to walk – please plan now to join this educational and fund-raising effort. ♦

SWIU "Benched" at the New AUA Headquarters

SWIU has made a \$2,500 contribution to the AUA Building Fund, the donation financing the purchase of a bench in the new facility, which opened this month. "Society of Women in Urology, founded in 1980" was chosen as the wording for the engraved plaque that will adorn the bench. It is noteworthy that \$2,500 was the highest donation level in the fundraising campaign, and SWIU was one of only six donors in this category. ♦

Society of Women in Urology



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- ❖ have a doctorate degree
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- For further information or to apply, please visit the Boston Scientific website at www.bostonscientific.com or contact John Pederson at (508) 650-8262. ❖

Call for SWIU News Contributions

If you have an idea for a column, wish to contribute to the newsletter, or have comments about the newsletter, please contact Dr. Nina Davis. We are particularly interested in information regarding job prospects, as well as individual achievements, both personal and professional.



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