

The Society of Women in Urology



NEWS

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President's Message

Brenda S. Kinard, MD



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"Wisdom is knowing what to do next; skill is knowing how to do it; integrity is doing it."
—Thomas Jefferson

When I was on-call as an intern at Tampa General Hospital, I heard the overhead announcement of "Code David" one evening, initiating the disaster code protocol for an impending storm. The entire hospital had to be evacuated, and I was in charge of the surgical patients. Three days later, the patients returned to an undamaged facility, and residents continued to work "as usual," without significant changes to our schedule.

Watching the water pour over the levees in New Orleans and seeing the destruction along the Gulf Coast from Hurricane Katrina, I knew that my colleagues from LSU and Tulane would not be so fortunate. My medical school campus, along with Charity and University Hospitals (formerly Hotel Dieu), suffered major damage, with both hospitals now scheduled for demolition as a result. The e-mail communications from physicians and nurses who stayed behind to help the sick and indigent were devastating and disheartening, especially for fellow health care providers. The courage they demonstrated in this catastrophe with minimal resources and lack of protection for their own safety in the face of personal loss of homes and businesses is astounding. The professionals providing services "as usual" had now become victims themselves. For many of my classmates, the process of rebuilding or relocating is just beginning. For those of us who continue to live in hurricane regions or have friends and family involved in this recovery, this process is especially poignant.

The residents and medical students have been relocated, but the Residency Review Committee is still working with the ACGME to determine the fate of these programs. Tulane's med students are at Baylor; the LSU students are in Baton Rouge. Updates are available at www.aamc.org/katrina/start.htm. Dr. Melissa Walls, a Tulane urology resident, has been placed in the Charleston, S.C., program but had to leave without her books, stethoscope or many of her belongings. The remaining 15 urology residents have been absorbed into programs throughout the country. Imagine what it is like for them to be placed in a new city, hospital and program where they don't know the other residents, attendings, or the system. Now imagine concentrating on caseload, patient care, and didactics.

Dr. Susan McSherry, a urologist in New Orleans, has been unable to return to her office to retrieve patient records or financial information. She states that many of the urologists have already relocated to other cities. The Tulane urology attendings are in other academic programs or in a small hospital in Metairie. The LSU/Oschner attendings are at Earl K. Long and Oschner in Baton Rouge, with plans for a new indigent hospital to be built there due to the population shift. The best expectation for New Orleans is that 35% of the city will be repopulated now and the rest rebuilt over the next 5 to 10 years, so the patient base for these urologists may never be restored.

What can we do to help these affected colleagues and those of Mississippi, Alabama, and other parts of Louisiana? The AUA is holding all mail to the affected zip codes and phone service is still not available or reliable for many. The AUA website has information on Hurricane Katrina and suggestions for maintaining contact with displaced members. By sending an e-mail to communications@auanet.org, these members can update their address information, establish a temporary mail account and link to the U.S. Postal Service to update records. JobFinder fees have been waived for employers seeking to assist urologists and staff members affected by the hurricane. The latest information on Medicare and Medicaid waivers is linked to the website, allowing physicians from affected states to temporarily join practices elsewhere while relieving facilities of certain conditions for Medicare participation. Members can also call toll-free 1-866-RING-AUA and ask to speak with Wendy Isett, AUA Communications Coordinator.

At the spring board of directors meeting, SWIU established a fund for residents who need assistance due to relocation. Additionally, some residents might still require housing. Our members stand ready to help as they can. We can help these residents feel welcome in their new programs by realizing what they have endured and the uncertainty they will face in the weeks and months ahead.

Finally, the AMA has created the Health Care Recovery Fund to assist those physicians who are reestablishing their practices, with access via their website and information on donations. If you know any displaced urologists, please send them this information via e-mail.

It is time for us to lend a hand and realize that we can make a difference. This disaster will affect all of us. We know what to do, and we all have the skills to do it. As Jefferson stated, "Integrity is doing it." ♦

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Residents in the Diaspora: An Interview with Dr. Chris Winters

[Editor's Note: Approximately one month after Katrina devastated New Orleans, Dr. Chris Winters, urology faculty at the Ochsner Clinic in New Orleans and Residency Director for the LSU - Ochsner urology program, kindly agreed to an interview regarding his perspective on Hurricane Katrina and its aftermath.]

New Orleans is home to two urology residency programs, LSU-Ochsner and Tulane. Hurricane Katrina changed the face of these residencies dramatically, as each program had to respond quickly to the challenges created by the significant devastation to their hometown. When it became clear that the major teaching institutions in New Orleans could not, at least temporarily, support residency training, the RRC (Residency Review Committee) mandated relocation of residents by October 5, 2005. Residents would be permitted to miss only a month of training, otherwise they would not receive credit for this academic year. In order to resume their urologic training, many of the residents had to be dispersed to programs in other cities, creating a diaspora of urologic trainees. Ochsner was fortunate in that it sits on higher ground and was relatively unscathed by the disaster which hit on August 29, 2005. It remained open throughout, and has kept three of its 10 residents at its home facility. Dr. Winters notes that Louisiana has established a statewide system of hospitals that provide care to the indigent, and these facilities now serve as the primary training sites for the other five residents that stayed in the program. Of the two remaining residents, one left the program, and another went to Parkland for pediatrics with the anticipation of returning to Children's Hospital in January.

Tulane's residents faced greater adversity, as there was "greater damage to its infrastructure." The program previously consisted of rotations at the VA, Charity Hospital, and Tulane Medical Center, all of which sustained significant damage by the hurricane. The residents were therefore relocated to Texas, primarily Baylor, as well as Beaumont and Galveston. Some residents found positions closer to home in South Carolina and at Vanderbilt. It is anticipated that all will be able to return by January 1.

Training programs rely not only on facilities but on faculty – the hurricane took its toll on them as well. Dr. Winters' home was not affected, as he commutes from Baton Rouge. However, his colleagues, from Tulane as well as from Ochsner, were not as fortunate. Initially, nearly all the faculty were displaced (the Tulane staff remains largely dispersed), and their homes suffered significant damage. Dr. Winters' chairman had to live with him for three weeks. Thus far, however, the Ochsner Urology Department has suffered no attrition. Currently, attendings are covering satellite clinics and are working on creative ways to increase patient access. Census numbers are down, particularly for elective surgery, but there are still many patients with acute problems like infections, stone disease and cancer that are sustaining Ochsner's practice. That means there is sufficient volume to keep the residents busy. As time progresses, a steady increase in volume is being encountered in locations such as the Ochsner Clinic Main campus and the state facility in Houma, La. Tulane has relocated its practice to Lakeside Hospital in Metairie, and is reporting a steady rise in volume as well.

Though the residents have all been reassigned or have found alternate positions, their personal lives remain in a state of upheaval and uncertainty. Of the 10 Ochsner residents, 50% were directly affected by the hurricane in one way or another. Dr. Winters recounts a number of poignant stories, like that of the resident whose wife delivered about the time Katrina made landfall, then was discharged two days later, only to have to move with her husband to a new city and a new job. Another couple was sent to Dallas. The wife was expecting to deliver their first child three weeks after the storm. He had to secure his own housing, then had to move twice within the first month. Another resident was unable to locate his parents for several days. Three of the residents' houses were completely destroyed. These individuals then had to continue paying on their mortgages while assuming the additional financial burden of relocating. It is hard to imagine the stress these people must be experiencing, adjusting to a new hospital, a new program, and a new city, and having to worry about unanticipated expenses over and above their baseline educational and property debt. It is a wonder they can concentrate on their day-to-day responsibilities.

Other residents have had to separate from their spouses or significant others. One resident moved to Houma, La., while his spouse, an ophthalmology resident, relocated to Lafayette, La. When all is said and done, however, Dr. Winters feels gratified that the Ochsner residents have been placed where there is a true need. They are providing

valuable services to indigent patients in outlying communities in Louisiana. Further, it is a win-win situation in that the patients are receiving attentive care while the high patient-to-resident ratio ensures an excellent educational experience for the residents. In addition, Dr. Winters is moved by the resolve and determination of his residents; many did not want to leave but are thriving in their new environments. He believes that they have already made substantive improvements in some aspects of their residency training, which will remain long after the recovery. The residents are learning much more about life and medicine, not just urology.

Now that the clean-up has begun in New Orleans and people are returning to the Crescent City, significant problems remain. The hospitals and practices that are currently operating lack sufficient skilled staff such as nurses, and support staff such as receptionists, janitors and transport workers. Patient access remains difficult, but is improving steadily. Urologists like Dr. Winters, whose subspecialties are voiding dysfunction, female urology, and reconstructive surgery, have practices that focus on disorders that are treated electively. Thus, few such patients are being seen, affecting both physician livelihood and resident training. As noted above, however, for Ochsner urologists, this is somewhat offset by attendings covering cases at the surrogate hospitals.

So, what can we do to help? Many of us have already donated money – and it is not too late to give more. As Dr. Winters points out, "Government relief cannot meet the enormous need. If everyone gives [a little, the sum] is not trivial." The AUA has created a generous grant to affected residents, which is currently being processed. Dr. Winters suggests that the fund assist residents with costly equipment needs such as optical loupes. Vendors have been generous and could also help to defray such expenditures. A partnership, matching vendors with need, would be quite helpful, and there is some progress in that area. For the staffing issues, Dr. Winters believes that we need innovative solutions. One proposal is that larger practices serve as "agencies" to supply personnel to practices in need. For instance, a practice might "donate" one of their nurses or receptionists to help out for 2-3 weeks at a time. If state credentialing requirements are waived or expedited, skilled help could be sent from outside the state. On the other hand, a way to induce critical employees to return is to establish an "Adopt-a-Family Program" by "partnering" a returning family with a church or other group that will provide clothing, supplies, and assistance with other needs. Such resourcefulness will be the key to the rebuilding and revival of New Orleans.

If you have any ideas or have questions, you may contact Dr. Winters at cwinters@ochsner.org. ♦

Lessons Learned in Katrina's Wake

Perhaps you were one of those individuals who had several months of provisions, a generator, plenty of candles and flashlights, and everything else recommended to ride out the Y2K doomsday scenario anticipated as the millennium dawned. For every person who was prepared, thousands gambled that the doomsayers were wrong and the computer programmers would save the day. Although that disaster, indeed, never came to pass, we have, particularly of late, been reminded that our lives can be thrown into upheaval in the few moments it takes for a hurricane to make landfall, a tsunami to hit the shoreline, a volcano to erupt, a dam or levee to break, a tornado to touch down, or an earthquake's shudder to crack the earth. I cannot think of anywhere in our country where we can feel entirely safe from a natural disaster. We all have insurance for health catastrophes or accidents, but we need to take heed from our colleagues who experienced Katrina's devastation, as they share advice regarding protecting yourself from the ravages of a destructive event. Just as complacency in medical practice compromises care, so, too, can complacency in planning for adverse events lead to decimation of life and livelihood.

Dr. Joe Macaluso, urologist and Chairman of the Board, Foundation for the LSU Health Science Center, offers the following wisdom:

- Make sure all records are up to date and backed up or can easily be backed up on short notice. This applies to personal and business records. You should use a scanner to duplicate all important documents in electronic format so that if the worst occurs you have somewhere to start from.
- Have an evacuation plan and checklist – keep to the basics and to what is important
- Have an evacuation route (plane, train, or auto) and know the timelines needed to get to where you want to go
- Have access to funds or cash at a secondary location (not as much an issue today in general), especially if your account is with a small, local bank

Others have further suggested:

- Back up office and home computers regularly and take financial records to another location. Some practices keep more than one copy. An office manager and the physician have the disks. If you work in a large clinic, make sure you have access to this information now and establish a plan if not already in place. (Oschner evidently had a problem with this according to a friend in Baton Rouge.)
- Regarding patient information: if the office does not have an electronic medical record, a copy of the last progress note can be kept in a separate file and updated every six months or whatever schedule works best. The face sheet information should be in the computer back-up, along with the last ICD-9 codes used for billing for each patient.
- Take a computer!! Download your address book onto a flash disk or PDA. Have a car battery-powered recharger for these items.
- Move your car to higher ground, e.g. a parking garage.
- Have a mobile file box ready for your insurance information, tax receipts, birth certificates, passport, and other important documents.
- Take your pets with you.
- Obtain a temporary e-mail address and cell phone number with a different area code than the affected region to maintain contact with family, colleagues, etc. (It has been virtually impossible to call the 504 area code for weeks.) The cell phone carrier may provide this temporary service for free.
- Know beforehand what valuables you can't live without and have plastic bins or boxes available to pack them quickly.
- Know where you will go when the order is given to evacuate, and notify family and the hospital, office, clinic, etc.
- If the order is given to evacuate, DO SO!
- Have cash on hand, because ATMs don't work without power (neither do gas pumps).
- Drinking water may be your most valuable asset in a disaster – stock up!
- Listen to the experts about finances. Have enough in savings or an accessible account to cover three months of expenses.
- Make sure your practice insurance covers losses due to disasters including flooding.

And from a resident:

- Take your stethoscope, some basic medical supplies, and plenty of clothes.

For more information about setting up a "disaster kit," visit: <http://hurricane.weathercenter.com/MGBGS2Y0J8E.html>.

The Florida Insurance Council website also lists important hurricane season information, which can be found at <http://www.flains.org/public/2005hurricane.html-ssi>. ♦

Katrina-Related Websites Provide Useful Resources

Although Hurricane Katrina has been eclipsed by more recent disasters such as the earthquake in Pakistan and Hurricane Wilma, New Orleans remains crippled, and clean-up efforts will be required for the foreseeable future for all the affected areas. The Internet remains the most efficient way to disseminate information to those requiring assistance as well as those wishing to help out. In addition to the Internet sites mentioned in Dr. Kinard's address, the sites listed below provide excellent guidance, both specifically relevant to Katrina and generally applicable to disaster relief.

- Department of Health and Human Services volunteer registration:
Note that if you are a registered volunteer, you become an unpaid employee of the federal government and therefore qualify for liability coverage under the Federal Tort Claims Act as well as for workman's compensation.
<https://volunteer.ccrf.hhs.gov>
- CDC guidelines for relief workers – recommendations for immunizations as well as an exhaustive packing list: http://www.cdc.gov/travel/other/hurricane/hurricane_relief_workers.htm
- National Emergency Resource registry coordinates the donation of needed supplies. They also address transportation and housing needs: https://www.swern.gov/emergency/asset_index.php
- ***The IRS is offering tax relief to those affected by Katrina. Information can be obtained via phone or computer: www.irs.gov or 1-866-562-5227 ♦

"Adversity is not without comforts and hopes."
–Sir Francis Bacon

Society of Women in Urology



2005 - 2006

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Annual Breakfast Meeting

Sunday, May 21, 2006
Georgia World Congress Center, B211
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Networking Reception

Tuesday, May 23, 2006
Georgia World Congress Center, B311
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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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Please notify the SWIU of any changes in your contact information, including change of address, phone or fax numbers, and email address. This information is only disseminated to the membership and is used for networking, one of our primary missions.

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