

The Society of Women in Urology



N E W S

FALL 2007

President's Message

Elizabeth W. Bozeman, MD



Our Board of Directors met September 15th in Chicago. Instead of the airport Hilton where we usually meet for convenience sake, we were invited to meet at WJ Weiser's new headquarters in Schaumburg, IL. Wendy Weiser did a marvelous job with the design and decorating of her space. Many of us wanted to settle in an office there and not return to work. Our meeting was quite successful. We are already making plans for the 2008 AUA in Orlando. Our annual breakfast meeting will feature Dr. John House who has successfully merged several practices in the Dallas area into a "mega" group. He will speak on contract negotiations, the pros and cons of a large group practice, profitability, etc. With

the ever-changing role of physicians in medicine, I think this is a timely matter. On Tuesday, we will have our third annual Women Leaders in Urology Forum. This year Cheryl Lee, MD will be the facilitator and the topic is bladder cancer. Of course, following this CME Forum, we will have our networking reception where we can all catch up on what has been going on in everyone's life and perhaps meet some new friends. Much more about plans for the AUA will follow in future editions.

SWIU is operating in the black, in part thanks to not only our dues paying members, but our corporate sponsors. This allows us to continue to provide free membership to the ever-rising number of female urology residents. If you have not paid your dues for this year, you can now do so with a credit card on our website. Many of us are hard at work updating chapters for a new edition of the SWIU Pocket Mentor Manual. Also discussed in our meeting was the exciting possibility of having "chapter meetings" as another way to network. These are unofficial gatherings of women urologists at a city, regional or even state level. Our board members, Nancy Huff and Tracy Cannon-Smith, already participate in Boulder and Dallas respectively. If you are already doing something like this in your area, please let us know. Better yet, send us a picture from your next meeting and we will put it in the newsletter. We are excited to realize our Board now encompasses representation from almost every section of the AUA, in addition to a nice balance between private practice and academics. I remain the only female urologist in South Carolina so for now I will have to be content with our gathering at the Southeastern Section.

I hope you enjoy this edition of the newsletter. We have lots of ideas for articles, but as you know, time just gets away from us. I just read Elizabeth Williams' Resident Corner article. It is extremely well written and so descriptive; I can remember my own residency and worries from almost fifteen years ago. Unfortunately, every urologist I know feels much more overwhelmed and busy now than they were in residency. As a resident, you have a team to work with to get the job done and the ultimate responsibility flows upward along the chain of command. Believe me; I remember the stress of being a resident, but in private practice "the buck stops here". There is no chief resident or attending to review a trauma cystogram at 2 a.m. You make all your decisions and learn to defend and live with them. I remember thinking, as a resident, that life would be so much simpler when I controlled my schedule, made more money and was settled. Now I worry about malpractice, reimbursement and even retirement — all things I never considered while in residency. There are never enough hours in the day. Yesterday I did five cases in the morning, saw 23 patients in my afternoon office and brought most of my charts home to

dictate. The struggle to find a balance does not end in residency but continues throughout your career. As your children grow, the time conflicts grow as well. I agree with Elizabeth that women are particularly adept at the balancing act...and it is great to know we have the support of each other!

Until next time,
Elizabeth W. Bozeman, MD ♦

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The Female Touch: Patients Find Comfort in Women Urologists

By Nichole Achs Freeling

When treating her young urology patients for problems like bedwetting and bladder infections, Urology Associates of North Texas pediatric urologist Leslie McQuiston, MD, a top expert in the field, finds it helps to have a mother's perspective.

"I'm a mom, so I understand how moms worry," says Dr. McQuiston, who recently gave birth to her second son. "I take care of every little person I meet just like I would my own two boys."

Such a quality is placing female urologists like Dr. McQuiston in increasingly high demand. Yet, in this dominantly male field, female urologists "are still few and far between," says Urology Associates of North Texas urologist Diane West, MD, whose practice centers mostly on adult women and men.

But the numbers appear to be on the rise, driven largely by patient demand. Many people — men, women, and children alike — find women easier to talk to about their most intimate health issues. Of the eight female urologists who are in private practice in the North Texas area, six are on the Urology Associates of North Texas staff.

Marie-Blanche Tchetgen, MD, whose areas of expertise include urinary incontinence and other voiding dysfunctions, as well as female pelvic floor reconstruction, is one of these dedicated physicians. Dr. Tchetgen has practiced at the Urology Associates of North Texas since 2002.

Putting Patients at Ease

"People are dealing with a lot of embarrassing problems," Dr. West says. "You really have to be able to talk to them and make them comfortable." Women may not want to discuss things like leakage, incontinence, and sexual dysfunction with a male physician. They may also feel uncomfortable getting a pelvic exam from a man.

Male patients, meanwhile, are getting more comfortable with the idea of a female physician. Dr. McQuiston recalls the first year she conducted a prostate screening clinic with another physician, who was male. His line was a lot longer, as many of the men were willing to wait to see him.

"Then the guys coming out of my room would talk to those in line and say, 'Hey, that wasn't so bad.' The next year, my line was the longer one and the guys would say, 'I'm waiting for her,'" says Dr. McQuiston.

Not Just a Guy's Problem

Having more women in the field does more than provide greater choices for patients. It is also helping push to the forefront urological health issues, which had not been widely known or discussed in the past. "Incontinence never used to be discussed (at conferences), and now it's a major topic," Dr. West says. "This is now becoming true of urinary tract infections (UTIs) and similar complaints."

People often think of urology as centered on problems of the prostate and male reproductive system. But this is a largely false perception. There are a number of common urological problems that affect women, and as they gain greater attention, more treatment methods are developed to deal with them.

Women are much more likely than men to get UTIs. Some experts estimate that 43% of women between 14 and 61 years old have had at least one UTI. Serious infections can cause kidney problems and, in pregnant women, premature labor.

Just like men, women are increasingly seeking medical advice for sexual dysfunction. Some of the causes — mainly pelvic pain and discomfort during intercourse — may be due to urological problems. Women have also caught up to men in terms of incidence of kidney stones.

But perhaps the most common problem for which women see a urologist is incontinence. Women make up about 80% of the estimated 13 to 19 million American who experience this

problem, which can affect people of all ages but is estimated to affect one in six people over 40 years old.

The numbers of treatment options for addressing this highly curable condition has greatly expanded and includes lifestyle changes, medication, and surgery. But many people never seek medical help.

For some patients, a female physician may make the difference between a highly debilitating medical condition and never seeking treatment.

Balancing Work and Family

Dr. West was the only woman urologist in private practice in the North Texas area when she began. She says her practice flourished almost immediately. "There is a demand, and being a woman was a big benefit when starting."

But choosing urology was not just good for her professionally. It is also extremely rewarding emotionally.

Dr. West decided to go into urology in medical school when she discovered she enjoyed it more than many other areas of surgical specialty.

"To my surprise, I really enjoyed doing the rotations," she says. "The urologists were all happy. Urologists are said to be a more laid-back group than many other specialists. That may, in part, be because the work they do generally has positive outcomes," Dr. West says.

Urology is fairly straightforward in that most of the conditions have known causes. Kidney stones, incontinence, bladder infections, and even most of the cancers urologists see are treatable and curable.

Dr. McQuiston and Dr. West agree that, although most female medical students do not consider urology, it is an excellent field for women.

There are fewer emergencies than in other surgical specialties like general surgery, orthopedics, and neurosurgery, making it easier to keep regular hours and maintain a reasonable balance between work and home life.

"When I've worked with female medical students, they've often said to me, 'I never would've thought of being a urologist until I met you,'" McQuiston says. Now, perhaps, more of them will. ♦

Women Urologists of UANT

Tracy W. Cannon-Smith, MD, received her degree from the University of Michigan School of Medicine. Dr. Cannon-Smith completed her residency at Loyola university Medical Center and a two-year fellowship at University of Pittsburgh, specializing in female urology and neurourology. She is a board member of the Society of Women in Urology. She is also a member of the American Urological Association, the Society of Urodynamics and Female Urology, the National Medical Association, and the American Urogynecologic Society.

S. Alexis "Alex" Gordon, MD, received her medical degree from the University of Texas Medical Branch at Galveston. She then served her general surgery internship and urology residency at Parkland Hospital System and the University of Texas Southwestern Medical Center of Dallas. Dr. Gordon is a member of Alpha Omega Alpha Medical Honor Society, the Texas Medical Association, and the American Urological Association.

M. Melanie Haluszka, MD, received her medical degree from the Uniformed Services University of the Health Sciences, Bethesda, MD. Dr. Haluszka is a diplomate of the American Board of Urology and a fellow of the American College of Surgeons. She is a member of the American Urologic Association, the American Association of Clinical Urologists, and the Society of Government Service Urologists.

Leslie McQuiston, MD, earned her medical degree from Albany Medical College and completed a residency in urology at Brown University. Dr. McQuiston is a diplomate of the American Board of Urology, a fellow of the American Academy of Pediatric Urology, and a member of the American Urological Association.

Marie-Blanche Tchetgen, MD, received her medical degree from Johns Hopkins University and completed her residency training in urology at the University of Michigan Medical Center. Dr. Tchetgen is a diplomate of the American Board of Urology and a member of the American Urological Association.

Diane C. West, MD, received her medical degree from the University of Texas Medical Branch at Galveston, where she completed an internship and residency in urology. She is a member of the American Medical Society, the American Urological Society, the Texas Medical Society, the Dallas County Medical Society, and the Society for Women in Urology. ♦

Reference:

Freeling, Nichole Achs: The Female Touch: Patients Find Comfort in Women Urologists. *Urology Today*, V1, #3: 6 – 7, 2007.

Physicians Are Readers

By Jennifer Gruenfelder

Physicians are readers. It is a prerequisite for entrance into medical school and every stage of training thereafter. Many of us seek solace and entertainment in our reading as well. With this thought in mind we are initiating a book review in this newsletter. The books considered will not be textbooks, but, rather, books written for the larger community that are relevant to our lives as physicians, surgeons, urologists and working women. The SWIU welcomes submissions for this column if there are books that you believe have informed your experience in training or in practice.

Better: A Surgeon's Notes on Performance, by Atul Gawande, Metropolitan Books, 273 pages.

You may recognize this author. He is a MacArthur fellow, a former Rhodes Scholar, a staff writer for the *New Yorker*, an assistant professor at Harvard Medical School and the Harvard School of Public Health, a general surgeon at Brigham and Women's Hospital and the author of the critically acclaimed Complications: A Surgeon's Notes on an Imperfect Science. His newest book is about performance and striving for perfection and the impediments that stand in the way of achieving this lofty goal. The book is loosely divided into three sections: Diligence, Doing Right and Ingenuity.

Diligence addresses the importance of giving attention to detail. An essay on hand-washing follows a microbiologist around the hospital and tracks iatrogenic infections, ending with speculation that perhaps his own carelessness could have caused his patient's disease. He describes an effort to rid an Indian province of polio with a large-scale vaccination attempt in a culture that is not always open to science and medicine. The discussion of recent changes in treatment strategies for combat wounded soldiers in Iraq shows how an analysis of what is not going well and a willingness to think about the problem in a new way can change mortality. Each of these stories is inspiring in the big picture, but they also show that medicine is uniquely human and personal. Things change because individual doctors change their thinking or their practice.

Doing Right considers the more awkward parts of medicine. A chapter on malpractice explores how physicians are punished for mistakes. He examines the trial process, and he follows a former surgeon who is now a malpractice lawyer. The chapter is uncomfortable to read. All of us have bad outcomes, and all of us, statistically, will get sued. But it is enlightening to see the process from his perspective. Another chapter examines how we charge for what we do. Then he looks at how doctors have become involved in the process of executions. Another looks at the "etiquette of examination". Do you require a chaperone in the room with your patients? How do you make the patient comfortable during an uncomfortable exam? As urologists, I think we particularly appreciate this dilemma. And finally in this subheading there is a chapter on fighting, asking when it is okay to let a patient go and when you must keep doing everything. He tells this story by reflecting on the illness of some of his patients and a distant cousin. His use of individual stories illustrates the larger picture, but also points to the realization that medicine essentially is a one-to-one interaction between the patient and the physician, and there will not be one right answer to apply to every patient.

Ingenuity looks at the process of improving outcomes with new ideas. He describes the labor and delivery process for an internist, presumably a friend, and uses this story to explore obstetric history and particularly an explanation of why Caesarean sections have become so commonplace. This is a hot topic in obstetrics and urology, currently, with the NIH convening a conference last year on the issue of pelvic floor preservation versus the risks of surgery. The historical perspective is welcome. He then discusses the bell curve, and the fact that even though we are all striving to be perfect all of the time, there is an average for physicians, too. And he follows some physicians whose institutions have better than average results to see how they get those. Finally, he follows a physician in India to show how the job can be done with great finesse using abysmal resources.

Society of Women in Urology



2007 - 2008

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He ends with an afterward written for his students: five ways not to feel that you are just a wheel in a cog. This was, for me, the most inspiring part of the book. I do not share Dr. Gawande's very impressive pedigree, but I do share his desire to do well for my patients and the simultaneous realization that it is not always possible. Failure is unacceptable and yet inevitable sometimes. This book allows you, as a physician, to realize that your struggle for perfection, although unattainable, is nonetheless worthwhile. And, he makes suggestions for small things that may help. ♦

Kudo Corner

Congratulations to Dr. Elspeth McDougall, the winner of the inaugural AUA Residents Committee Teaching Award. This award recognizes outstanding urologists who have dedicated a portion of their career to teaching residents, advancing urology graduate medical education and, through their example, influencing residents to pursue careers in teaching.

The AUA cited her work on the development of a resident curriculum, which was implemented at the University of California last year, her "Resident's Handbook of Laparoscopic Urology," which is available to AUA members on the AUA website, and her work on laparoscopic stimulators for use in training residents and urologists in practice as achievements contributing to her selection for the award. She has published more than 30 book chapters and 150 peer reviewed articles and has directed postgraduate courses and hands-on labs at the AUA annual meeting.

Dr. McDougall is currently professor of urology at the University of California, Irvine, and serves as chair of the AUA Surgical Simulation Committee and as a member of the AUA Laparoscopy Committee. SWIU applauds her accomplishments. She has become a respected expert in urologic laparoscopy and simulators and an outstanding surgeon and teacher. ♦

Resident's Corner

The Balancing Act

By Elizabeth Williams, MD

As one of the two resident representatives on the SWIU board, I felt it was important to discuss issues pertaining to resident women in urology. This article conveys my thoughts on the delicate balance that a resident must find between success in the workplace and at home. It is a struggle that will continue throughout most of our careers but seems heightened during our resident training.

As I was sitting at the VA on a Saturday afternoon, following up on recent scans and labs, I began to compile a list of things I needed to do: study for the in-service, read about my cases for next week, follow up on all the tests ordered this week, make the call schedule for next month, take call this week, finalize my fellowship plans, start looking for jobs, review the literature for several projects with impending deadlines to which I have yet to dedicate a moment's thought, spend time with my twelve-week-old daughter, pay those bills I left on the counter....

After item twenty, I had to put down the pen and take a few deep breaths. I was completely overwhelmed. How could I possibly accomplish all of this and still find time to sleep for more than two hours per night? A priority list seemed like the logical approach to controlling the chaos. I found it difficult to rank making the call schedule and doing a four-hour literature search ahead of seeing my baby, but that call schedule was due and there was an impending AUA deadline. I am sure that I am not the first female resident, or resident in general, to feel overwhelmed with the magnitude of responsibilities we incur both in the workplace and at home. This newsletter just seemed like a good forum to discuss this ongoing issue of the balancing act between professional and personal life, particularly as female residents, and I thought I would share my experience with you.

I started my fourth year of residency a few months ago and gave birth to my first child during the first week of the new academic year. Though there was the requisite adjustment period, I was back to full clinical duties within four weeks. Since that time I have

continually tried to balance being a good resident with being a good mom. I recognize that I have only five years to hone my clinical and surgical skills prior to starting my own career and need to take advantage of every opportunity I am afforded. It becomes difficult however, when you go days without seeing your child awake.

So, I constantly struggle to be the best resident I can be while reserving time to be the kind of mother I want to be. From time to time, I do make mistakes or miss out on an opportunity. As a perfectionist to the core, the hardest thing for me to accept is that I cannot be perfect at everything. This has been a humbling experience. I take solace in the knowledge that there is a society full of women who have had similar struggles. Speaking with some of the leaders in the SWIU, I realize that the demands may change but the fundamental battle to strike a balance between career and family persists. I believe what makes us successful as both women and urologists is our ability to adapt as the pendulum swings and redefine our role both in both arenas. It truly is a balancing act, but isn't that what we women do best?

We would like to hear the experiences of other female urology residents. Please feel free to share your opinions, experiences, suggestions for future columns. We are also looking to find out the intended career path of those graduating this year (fellowship-bound vs. academic position vs. private practice). Please send any information or suggestions to SWIU (address can be found on website: www.swiu.org or e-mail at ruth@wjweiser.com). Please remember to update your personal information (address, phone number, e-mail address) with SWIU as you move on to new opportunities. ♦

Nominate a Mentor for the Christina Manthos Mentoring Award

The concept of mentoring originates from Greek mythology. In Homer's *Odyssey*, the warrior King Odysseus, knowing that he would be away for long periods of time, entrusts a good friend named Mentor to educate and guide his son Telemachus during his absence. Mentor protects and nurtures young Telemachus, and introduces him to other leaders, guiding him to his rightful station in life.

Many women urologists are not aware of having a mentor to help them during their residency and early in their career. Women who are lucky enough to have a strong mentor rate that as one of the most significant factors in their success. SWIU believes that a mentor is an important element in the life of each professional woman and wants to encourage this process by rewarding those who demonstrate extraordinary mentoring skills in supporting the career of a woman urologist.

If someone has made a difference in your career, send your nomination to SWIU for this year's award. ♦

SWIU Welcomes our Corporate Members _____

We recognize the numerous opportunities companies have to support professional organizations. Our organization, the Society of Women in Urology (SWIU) has been filling a unique niche in Urology since 1992. As one of the oldest women's surgical organizations we have seen an unprecedented rise in our membership over the past few years. In fact, 40% of our 532 members currently are in residency programs! Over the next 10 years we will undoubtedly triple our membership. With this growth in mind we have developed an exciting new Corporate Membership Program. Through this program we hope to work in tandem with our industry colleagues to identify ways to enhance our current programs and implement new projects that will lead to improved patient care through better physician education and mentoring. We are very pleased to welcome and thank our 2007 Corporate Members.

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SWIU Welcomes Dr. Jennifer Gruenenfelder as Newsletter Editor _____

Dr. Gruenenfelder has agreed to edit the SWIU News in 2008. Please support her by submitting articles, announcements, job opportunities or ideas for columns. If you have special insight or expertise in business, practice management, financial issues or an interesting experience that would be informative for our members, please take time to write a contribution for the SWIU News.

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Help keep SWIU thriving! If you haven't paid your dues this year, please submit payment today. You can pay your dues quickly and easily online at www.swiu.org. Or, call the SWIU office at (847) 517-7225 for assistance.

REMEMBER SWIU WITH CHARITABLE DONATIONS!

As we approach the end of the year and you plan your yearly donations to the charities of your choice, remember SWIU. Your donations will be used to support our research awards, mentoring program and other member benefits.

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