

# The Society of Women in Urology



# N E W S

FALL 2008

## President's Message

Harriette M. Scarpero, MD



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Like the rest of America my thoughts are dominated by the big issues: the devastation from Hurricane Ike, the economy, and the election. My head is swimming! For the first time in my adult life I am worried for the future of my family, neighbors, colleagues, and the whole country. Worse still, I feel utterly helpless to fix it myself. The best I can do is to try to understand the issues / problems and do the best job I can at the polls on November 4<sup>th</sup>.

Before you read on, friend, let me make my disclaimer. This is meant to be a nonpolitical personal reflection on this election. By the nature of discussing anything political, I am likely to irritate someone. I am sorry if that someone is you, and remember that my opinions in no way represent any position of SWIU as a whole. (It may surprise you, but no one from CNN has contacted me yet to get SWIU's official position on the election.) Whatever your stance on the issues or your party affiliation, as women we have to be amazed and proud of a woman almost chosen as the Democratic presidential nominee and a woman on the Republican ticket as VP. This election is nothing short of miraculous to some. For example, I have an 85-year-old female patient who lamented to me after the Democratic convention that she would never have an opportunity to cast her ballot for a woman president in her lifetime. I wonder what life experiences she has had that make this so important to her?

Certainly, I have been alarmed by what I perceive as sexism in the treatment of Senator Clinton and Governor Palin this election year. As women in urology we too have dealt

at times with prejudices that we cannot do the job as well as men or that our ability to do the job is hampered by our other life roles as wife and mother. What a terrible message for young girls: you can't achieve all you want or as much as a man because of something you cannot change, your biology. The logical conclusion for ambitious girls receiving this message is that in order to be taken seriously and to compete with men, they should forfeit any desire to marry and have children (biological or adopted). So I smile a little when I see Governor Sarah Palin accompanied by her husband and five children, including a four month old. I hold my breath when she gives a speech because I know how scary that can be in a room of mostly dark suits, serious looks and big egos. I laugh inside when I see her in a similarly somber dark suit at the debate paired with red pumps. (Now come on ladies, that was like secret Morse code to the women watching that she is first and foremost one of us!) And I feel proud when I hear her thank the women who blazed the trail for her, Hillary Clinton and Geraldine Ferraro. I read in an article by Tammy Bruce, that Ferraro had been shocked by Palin's expression of gratitude. None of her peers had ever publically thanked her in the 24 years since her run for the VP.

I see important lessons for all women in the events since the political conventions. Acknowledge and be thankful for the opportunities and doors opened for you by the people who came before you. Reach out to other women in your field even if they may sometimes be your competition. Finally, no matter how successful you are, and how fast your star is rising, remain true to yourself (wear red pumps if they make you feel good!) It is an exciting and history making time for women in politics. Without a doubt, women are fit for the executive office, and I wonder when we will have a chance to prove it. I believe that I will have an opportunity to vote for a woman president in my lifetime, and I will be thinking of my 85-year-old patient when I do. ♦

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# Urology Field Slowly Altered, by Women

By Barron H. Lerner, MD

*The New York Times*

Published: September 8, 2008

*"The urology rotation during my third year of medical school might best be described as a boys' club, often characterized by infighting, one-upmanship and sexual humor. It was a little off-putting to many students, but always entertaining. So imagine my surprise when a female medical student recently told me that she loved her urology rotation, in which she found the doctors to be especially humanistic and caring. A big part of the reason, she believed, was the growing presence of women among her teachers. It turns out that the field of urology is undergoing a gender transformation."*

For full text, visit: <http://www.nytimes.com/2008/09/09/health/09urol.html?ei=5070&emc=eta1> ◆

## Birth Trends and Complications Among Women Urologists

By Lori Lerner, Vanessa Gulla, and Kelly Stolzmann

**Background:** As the number of women entering urology grows, so should discussions and awareness regarding pregnancy. In order to understand if urology training and practice potentially put women and their pregnancies at risk, we set out to assess the childbearing differences between the average American woman and the female urologist. This study was submitted to the Internal Review Board.

**Methods:** A 114 item anonymous survey was sent to all 365 American Board Certified female urologists in May and July of 2007. Data concerning birth trends, pregnancy, assisted reproduction (ART) and complications was analyzed. Findings were compared to the most current Centers for Disease Control (CDC) data.

**Results:** Two mailings yielded a 69% response rate, with an average age of 43 years. 67.1% had biologic children. Ages, ART, pregnancy complications, bed-rest, induction, and Caesarian rates are listed below. There was a 10-fold increase of ART babies as compared to CDC data from 2004. Women who attempted ART and were unsuccessful were not assessed. Pregnancy complications were high. At age-matched comparisons, women urologists had prevalence higher than the lowest income brackets in the United States. The induction rate was higher than average, while the Caesarian rate was lower, with only 19 elective surgeries performed secondary to residency/job demands or to decrease the risk of incontinence. 92% of women urologists would choose to have the same number of children, 66% would have children at the same point in their career, 16% earlier, 4% later, and 15% were uncertain.

**Conclusions:** Not surprisingly, women urologists were older by 7 – 8 years for all births, which could account for the higher number conceived by ART. Women urologists had fewer children, but were satisfied with the number they had. The induction rate was higher, which is likely related to the older age of pregnancy and the high rate of pregnancy complications. This high rate of pregnancy complications is concerning, particularly given that it is higher than mothers of lower income, presumably a population that is in contrast to ours. Unfortunately, causes cannot be determined by this study and are likely multi-factorial. Interestingly, Caesarian rates were lower, which was not expected. As more women enter the field of urology, the issues of delayed childbearing and pregnancy will have a greater impact on residency programs and practice dynamics, and most significantly, on the women urologist herself. Understanding these issues is crucial for the woman urologist when planning her family, and to residency programs and practice partners when supporting their female colleagues. ◆

	Women Urologists	CDC National Norms
Children Per Mother	2.0 (n=163)	2.7
Maternal Age (yrs.):		
First Child	32.6 (n=153)	24.6
Second Child	35.1 (n=119)	27.9
Third Child	36.5 (n=33)	29.2
Fourth Child	37.4 (n=74)	30.5
Conceived Via ART	10.84% (n=17)	1.0%
Pregnancy Complications	33.7% (n=109)	4.9 – 19%
Bed-Rest During Pregnancy	21.2% (n=32)	No comparison identified
Early Delivery Induction	35.2% (n=50)	21.2%
Caesarian Sections	18.7% (n=58)	22.9%

## Satisfaction of Women Urologists with Maternity Leave for First Born Children

By Lori Lerner, Kelly Stolzmann, and Eric Garshick

**Introduction and Objective:** Maternity leave issues affect all working women interested in childbearing. For women physicians, who are in school and training for long periods of time and work long hours, these factors may be paramount when considering having children. We sought to characterize the maternity leave taken by women urologists and determine what factors led to higher levels of satisfaction with leave.

**Methods:** A 114 item anonymous survey was sent to all 365 American Board Certified female urologists in May and July, 2007. Data concerning maternity leave duration for first-born children, policies, attitudes, and satisfaction was obtained. Logistic regression was used to factors associated with greater satisfaction.

**Results:** Two mailings yielded a 67% response rate. Average respondent age was 43 yrs. Sixty four percent of women had at least one biological child. Average maternal age at first birth was 32.4 yrs. (range 18 – 44, n=144) with 10% of babies born prior to residency, 39% during residency / fellowship and 51% in practice. Prior to delivery, 79% of women had <4 days off. Formal maternity leave policies existed for only 41% of women, and just 18% worked in institutions with options for extending leave. Despite this, 65% either chose the duration of leave or had a flexible policy arrangement, while 35% had a fixed policy. The majority of women (70.5%) had =8 weeks off for maternity leave (0 – 3 weeks = 14.5%, 4 – 8 weeks = 56%). Of the 29.5% who had =9 weeks, most were in the 9 – 12 week range. Women who had =9 weeks off were 3 times more likely to be satisfied with the duration of leave (p=0.004), and women in practice were 2.4 times more likely to take =9 weeks as compared to women who had their first child during residency training or earlier (95% CI 1.2 – 5.0, p = 0.018). Although 40% of women were dissatisfied with the duration of leave, this was not related to the timing of birth (i.e. residency vs. practice), nor to maternal age at delivery. Reasons for dissatisfaction included work / residency related issues (69%), financial concerns (13%), and personal / other in 18%.

**Conclusions:** Satisfaction with the birth of a first child was unrelated to maternal age or timing of birth (practice vs. training). However, greater satisfaction was related to =9 weeks of maternity leave, and women in practice were more likely to take =9 weeks off. Since 40% of women were dissatisfied with their leave, open discussions and examination of maternity leave policies for women urologists in training that increase flexibility in obtaining >8 weeks of leave might improve satisfaction associated with childbearing. ◆

# The Elisabeth Pickett Research Awards Program

By Dolores Lamb, PhD

Each year, the Society of Women in Urology makes funds available to SWIU members to support basic science or clinical urologic research. The award can be used to initiate, supplement or continue a research project by a trained urologist (MD/DO), urology resident/fellow or a post-doctoral basic scientist with a research interest in urologic related disease and dysfunction. Each winner gives a brief presentation of their work at the SWIU Women Leaders in Urology Forum at the annual meeting of the AUA. This year three recipients received this prestigious award:

Dr. Katie Ballert for her proposal focused on "The Role of Tamm-Horsfall Protein in Host Defense Against Urinary Tract Infections"

Dr. Nadya Cimman for investigations of "The Effect of Warm Ischemia on Post-Operative Renal Function Following Laparoscopic Versus Open Nephron Sparing Surgery"

Dr. Aimee Wiltz for her proposed studies on "Determining the MicroRNA Expression Profile of Urothelium and High-Grade Urothelial Carcinomas"

Application materials for the 2009 competition are now available on the SWIU website at <http://www.swiu.org/awards/research.aspx>. The winners will be selected by the SWIU Research Committee. This award sponsored by the SWIU provides an important activity for the society and aids in the promotion and success of women in urologic research. ♦

# Christina Manthos Mentoring Award

By Elizabeth W. Bozeman, MD

Every year at our Networking Reception we honor someone who has shown extraordinary mentoring skills in supporting the career of a female urologist. The Christina Manthos Mentoring Award was established in 2000 to honor the memory of a young but exemplary colleague who lost her battle with breast cancer in 1999. Christina Manthos is remembered by those who knew her as a gifted surgeon, dedicated military officer, and inspiring mentor. To read more about her short but remarkable career go to [swiu.org](http://swiu.org).

Former recipients of this very special award are as listed:

2000	Dave McCloud, MD and Craig Donatucci, MD
2001	Margaret Cate Wolf, MD
2002	Martha Terris, MD
2003	Gloria Susan Massey, MD
2004	Marguerite C. Lippert, MD
2005	Jean L. Fourcroy, MD
2006	Robert C. Flanigan, MD
2007	Michael B. Chancellor, MD
2008	Tamara Bavendam, MD

The selection of the annual recipient is made by our Board of Directors. Because our board is composed of such a diverse group of private practice and academic urologists from across the country, we have never had a lack of nominations. Despite our diversity however, we are concerned there are many deserving recipients whom we have not yet had the pleasure of meeting. For that reason we need your help!

If you have someone that has mentored you in a special way, or made it easier to pursue your career in urology, we would like to know about them. Please send their name and a brief paragraph about how they influenced you or made a difference in your life.

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## Society of Women in Urology

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2008 - 2009

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FOUNDED IN 1980

Christina Manthos Mentoring Award nominations can be sent to:

Society of Women in Urology  
c/o Ann Marie Bray  
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1100 E. Woodfield Road, Suite 520  
Schaumburg, IL 60173

Or emailed to: [annmarie@wjweiser.com](mailto:annmarie@wjweiser.com)

Please have the information to us by January 1, 2009 so we can make a determination at our next board meeting. Thank you in advance for your nominations. ♦

## The 2008 Recipient

By Tamara G. Bavendam, MD, MS

There were many things I wish I could have said in May after receiving the Christine Manthos Mentoring Award but I was truly overwhelmed. That experience allowed me to be better prepared for my son's wedding just one month later — truly waterproof mascara and a fierce determination to make it through a few words at their rehearsal dinner (not without tears, but at least without raccoon eyes).

I must express my gratitude for the many kind words, warm smiles and hugs I received from dear friends and colleagues. Mentoring was one of the true joys of my time in academic medicine and while my experience was most relevant to other women I tried to be equally available to men as well. While the school of hard knocks is a form of education we are all familiar with, I never saw much sense in watching others make wrong choices or choose a more difficult path than necessary. Knowing that my experiences have been helpful to others makes it even more worthwhile for me to continue to explore new challenges.

Since receiving the award, I have been reflecting on my mentors — a high school biology teacher; a college math professor — names I cannot even remember; Mary Louise Gannon a women in a solo urologist practice in a small town in northwest Iowa who competed training at the University of Wisconsin nearly a decade before I started my urology residency in Iowa in 1981. My most influential mentor was Katherine Jeter, PhD the founder of the National Association for Continence (founded as Help for Incontinent People or HIP). Shortly after completion of my fellowship with Gary Leach, he recommended that I replace him on the HIP Board of Directors. Katherine's ability to bring passion and humor to raising awareness about urinary incontinence (a condition no one wanted to talk about in 1988 unless a surgical procedure was involved) was truly inspiring. Her support of my desire to bring common sense and a problem solving often nonsurgical approach to the care of women with urologic conditions truly helped shape my career.

From its beginning, the Society for Women in Urology has always understood the importance of mentorship — the mentorship manual is one reflection of how this responsibility is taken seriously. The mentorship award is another. Unfortunately not all of our mentors will be able to be formally recognized for the value they have brought to others. Some of your mentors may not even know how important they have been. Knowing how much this award has meant to me, I would encourage everyone to reach out to your mentors and just say "Thanks". ♦

## Surf Over to SWIU

By Melissa Kaufman, MD, PhD

As summer wanes, time has arrived to pack away the sunscreen, load up the boards, and return to reality. But with the sand still fresh in your flip-flops, you can hop on the internet and surf the web over to [www.swiu.org](http://www.swiu.org). As the tides change with regards to use of the internet for communication, SWIU is in the process of developing several programs to expand our capacity to provide timely and interesting resources to our membership as well as facilitate mechanisms for seamless exchange of information and ideas. To expand our website horizons, we envision several services that promise direct benefit to the entire SWIU membership. First is a functionality that will swell your opportunities for new patient contacts. In your next dues statement or via email we will be asking individual members

for their interest in enrolling in a "Find a Doctor" service that would allow your contact information to become public for search through the SWIU website. For example, if a patient is searching the internet for a woman urologist and is directed to the SWIU site, they may employ an internal search engine with a parameter such as "Dallas" that will produce contact information on participating SWIU members in the Dallas area. We anticipate the data available in the SWIU directory will be displayed, but in addition, members may customize these options, for example with their practice website link. Participation is of course completely voluntary and the contact information for members not interested in employing this feature will remain secure and password protected.

Is your practice actively hiring? The bulletin board feature of the SWIU site at <http://www.swiu.org/resources/bulletin.aspx> is a currently underutilized resource for posting and browsing job opportunities of special interest to our membership. We encourage you to post positions as well as other resources that merit the attention of the general membership. Although we are investigating avenues to link our site with other urology job boards, we have a unique prospect to expand this board from within our ranks and collectively create a specialized resource of our design. Thus, we seek your active involvement at the bulletin board and look forward to a substantial increase in traffic.

SWIU is additionally in the process of developing educational resources for use by both our membership as well other interested physicians from diverse disciplines. Our initiatives hold the promise of substantial publicity for our organization with a concomitant increased presence for SWIU in the general medical community. As such, we are particularly attentive to your input concerning how we can modify your website to meet your needs as well as the requirements of our ever-expanding cadre of members. We desire this evolution to be an interactive process where we share in the creation of a resource we can proudly display. So wax up your mouse, drop in, and ride this wave with us. ♦

## Message from the Editor

By Jennifer Gruenfelder, MD

SWIU is very pleased to announce the features of the website and the new mentoring manuals. We will offer these features, the directory and the newsletter to all dues paying members. We hope that you will continue to be a part of this organization. ♦

## New Pocket Mentoring Manual to Be Published

By Nancy A. Huff, MD

The Board of SWIU is pleased to announce the impending publication of the second edition of the *Pocket Mentor*. With permission, a similar mentoring manual provided by the Association of Women Surgeons was used as a template for our first edition, released in 2002. Members of SWIU submitted revisions to significant sections of the first edition in order to reflect the recent application of competency-based education to urology residency as well as changes made in the ABU certification process. In addition, chapters on pregnancy and motherhood in residency have been expanded. Although the *Pocket Mentor* is primarily geared to the resident-in-training, there is a plethora of information that would be applicable to any of us in practice. Publication and distribution of this document is made possible by a generous grant from Astellas Pharma US. If you are in residency, please look for your copy to arrive soon. If you do not receive a copy, or you have already completed residency and would like a copy, please contact us at [info@swiu.org](mailto:info@swiu.org). ♦

# Pharmaceutical Industry and Health Care Providers: More Changes to Come

By Tamara G. Bavendam, MD, MS

The SWIU Board of Directors believes it is important for our membership to understand how changes in pharmaceutical funding policies will affect our organization. As I now work for Pfizer, Inc., I was asked to prepare this article. Since working for Pfizer, I have become much more aware of the concept of bias so I want to provide full disclosure that may help you interpret the article.

When I became a full-time employee of Pfizer six and a half years ago, it surprised no one more than me — I was not a big fan of the cheesy marketing tactics. However, I needed a life change and a new skill set and I have had a positive experience. Working for Pfizer is what I do, it is not who I am. I am a non-practicing urologist who continues to represent the best interests of patients. When I speak specifically about Pfizer below, I use “they” rather than “we” because my professional identity is as physician more than an employee of the pharmaceutical industry. Inside Pfizer my principles remain the same — what is best for the patients will ultimately be best for business.

While the mission of pharmaceutical companies is to help patients live healthier lives, they are responsible to their stockholders to make a profit by selling drugs. While patients are the end users of the drug, clinicians determine which drugs are prescribed. Over the past couple of decades the pharmaceutical industry has developed many strategies and tactics for making clinicians aware of their drugs and how to safely prescribe them for appropriate patients and trying to convince clinicians that their drug is the best drug for their patients. While the messages that can be delivered to clinicians are strictly regulated by the FDA, the mechanisms for delivering the messages went through a very creative phase for a number of years — expensive dinners, rounds of golf, etc.

Providing financial support of professional societies is another strategy pharmaceutical companies have for meeting their goal of selling more drugs. For many years unrestricted grants provided financial support to supplement membership dues for many organizations such as SWIU. In an altruistic sense, supporting the work of professional societies allows their members to be better educated and ultimately to provide better care for patients; but that is not why they support societies.

Over the past several years there have been increasing governmental, academic and professional society concerns regarding many of the tactics the pharmaceutical industry has used to influence clinician prescribing. The Pharmaceutical Research and Manufacturing Association (PhRMA), has been issuing guidelines for voluntary self-policing of its members for the past several years — some of the first guidelines were the restriction of spouse’s attendance at promotional dinners, restriction of physician gifts to those that were relevant to patient care and elimination of entertainment venues to discuss a product. See [http://www.phrma.org/principles\\_and\\_guidelines](http://www.phrma.org/principles_and_guidelines) to read the Code for Interactions with Health Care Professionals.

PhRMA members have also changed how they do business with professional societies. Previously the marketing and sales divisions of companies made all of the decisions about supporting societies and their meetings for purposes of directly advertising of products as well as unrestricted grants, medical education grants and often research grants as well. Many, if not most companies have separated all decision making about unrestricted, educational and research grants from the marketing and sales divisions. Now decisions should be made based on the merits of the program without knowledge of how supportive the applicant or society is of the product or company. Sales and marketing divisions should only support sponsorships that advertise their company or product. Now when a society is accepting financial support from a pharmaceutical company, it should be in exchange for an opportunity to talk about the company or product. Societies should not expect or accept financial support unless they are willing to provide the opportunity for this commercial communication to occur.

The mindset that pharmaceutical companies should support societies because their members are important prescribers is exactly what should NOT be happening. While all

clinicians believe they are not influenced pharmaceutical sponsorships or visits by the sales representative, the industry has evidence to the contrary or they wouldn’t be interested in supporting societies or have a sales force.

What does this mean for SWIU? First of all, the PhRMA guidelines are voluntary and not all companies that make drugs urologists use are PhRMA members. Consequently, some companies still operate in much the same way with ability to provide unrestricted grants (at least for the time being). Over time, SWIU will need to get comfortable with direct advertising to support their programs or find financial support from sources other than drug and device companies that are dependent on clinician decision making for their financial success.

The SWIU Board of Directors is working on a long term strategic plan that will define the unique values women urologists bring to urologic clinical practice, education, and research and identify financial support for the organization that is derived from the unique values of women urologists. ♦

## Using Scientific Methods to Combat Issues in the Workplace: A Review of the Status of Women in Urology

By Elizabeth R. Mueller, MD

In February 2005, Lightner published an article in the *Journal of Urology* titled “Status of Women in Urology: Based on a Report to the Society of University Urologists” describing the results of a survey she sent to more than 200 women urologists from the SWIU database<sup>1</sup>. The stated purpose of the study was to evaluate the practice patterns, career choices and workplace satisfaction of women urologists. The study also had another purpose; it was to combat the suggestions by urological thought leaders that the influx of women into urology would contribute to a workforce shortage in the future.

The concern was felt to be more than covert sexism. Several studies had demonstrated decreased productivity and work hours among women physicians compared to their male counterparts<sup>2</sup>. In addition, a 1998 article analyzing “manpower” needs in urology had predicted a national shortage of 1700 urologists by the year 2020 mainly due to a growing elderly population and physician retirements<sup>3</sup>. Speculation arose that the actual shortage might be greater if more graduating urologists were women.

I specifically remember the SWIU board meeting when Dr. Lightner raised her concerns about this issue and fellow board members chimed in with suggestions of how to address it. This idea blossomed into the research study and manuscript that I am going to summarize below that in addition to Dr. Deb Lightner, involved board members Drs. Martha Terris and Cathy Naughton.

A three-page questionnaire was mailed in March 2003 to American trained women in urologic surgery available through the SWIU database. The response rate was 60% overall with 100% response rate from women in academic practice. The majority (31%) of the respondents had been in practice 6 – 10 years, followed by 11 – 20 years (29%), 5 or fewer years (28%) and greater than 20 years (7%). Thirty-eight percent had fellowship training and 87% reported working within their area of subspecialty training. Respondents were predominantly in group practice (65%) compared to solo practices (20%).

Women in urology had work hours similar to the work hours reported by male surgeons<sup>2</sup>. A total of 26% of women urologists reported working more than 61 hours per week and 2% reported working less than 20 hours weekly or did not respond to the question. Seventy-five percent of the respondents were married and 65% had minor children. There was no correlation of the number or ages of minor children with work hours. In fact, 44 and 56% of women urologists with and without children reported working 61 or more hours.

One of the most interesting findings from the study was that less than 1% of women reported changing workplace because of family issues. Of those women who reported workplace changes, compensation concerns, work satisfaction, and/or lack of effective mentoring were the primary reasons cited. Twenty percent were currently dissatisfied with their position and considered relocating for reasons including poor case mix, poor financial performance, workplace interpersonal conflict and professional isolation. A most common scenario reported was that of partners who preferentially referred time-consuming, low-revenue cases to women urologists but were unwilling to refer surgical cases even if the women urologist was fellowship trained in such procedures (gender based role limitations or pigeonholing). The study also reported that most distressing to some women was "the perception that they were asked to shoulder a larger percentage of the clinic overhead in seeing time-consuming, non-surgical patients although their willingness to see such patients freed up their partners for higher reimbursement surgical cases. This can be linked to financial data that demonstrates that women urologists are underachieving financially based on 2002 ACGME salary data for a full-time urologist, which is \$294K for men and \$196K for women.

The discussion was also clear that colleagues should not accept the easy answer when women change workplace priorities. Lightner states...

*"The paradox of the 'contented female worker' describes women who have measurably poorer job quality but complain about it less, preferring social acceptable interpretations of workplace change. A search for workplace deficiencies should be supportive and non-judgmental since correction of all workplace deficiencies aids in the retention of all valued professionals within the practice."*

The article concludes with the following sentence *"Evaluation of needs and mentoring women urological surgeons are ongoing commitments of the Society of Women in Urology."*

At the time the article came out I had just graduated from urology residency. I was proud of the results, the focused and direct discussion, the organization that supported the work (SWIU and board members) and our urologic community that recognized the significance of this study and published the work. This work highlights the need for an organization like the SWIU. Our world is filled with misperceptions. These often get propagated during times of fear or uncertainty. When difficult decisions need to be made it is critical that there is straightforward data available. At a time of uncertainty in 2005, a group of women urology leaders help communicate the work that we do.

#### References

- Lightner, D.J., Terris, M.K., Tsao, A.K., Naughton, C.K., Lohse, C.M., Status of Women in Urology: Based on a Report to the Society of University Urologists. J Urol, 173, 560-563, 2005
- McCullough, D.L., Manpower Needs in Urology in the 21<sup>st</sup> Century. Urol Clin North Am, 25: 15, 1998
- Carr, P.L., Gareis, K.C. and Barnett, R.C.: Characteristics and outcomes for women physicians who work reduced hours. J Womens Health, 12:399, 2003 ♦

## Residents' Corner

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By Michelle Jo Semins, MD

Last Saturday night I had dinner with a group of friends. There were seven of us in total: four urology residents, one radiology resident, one general surgery resident, and one medical student. And we were all women. While it may not be unusual in today's world to see a group of women in medicine, it *is* unusual to find a large group of women in surgery. And, it is even more unusual to have such a large group of women in the boy's club of urology.

In such a traditionally male-dominated subspecialty, it occurred to me just how unique a night it was: four female urology residents. At Johns Hopkins, with the recent addition of two new female urology interns, our department now has five female residents. With a total of thirteen residents, this means that nearly 40% are now women. What a long way we have come!

More importantly, the women in surgery are uniting, both socially and professionally. Just last week, Dr. Freischlag, the female chief of surgery at Hopkins, organized a meeting for women in surgery. Although the meeting was not mandatory and took place at the end of a long workday, more than 50 strong, motivated women filled the room. We all had two things in common: our gender and our love for surgery. And we were all there to meet and show support for each other.

Being able to talk to other women with common interests, common problems, and who went through it all just before we did is so valuable. Finally, those of us going through residency today can do that. For this, we must thank all of those courageous women ahead of us who paved the way.

So, at dinner last week, surrounded by strong beautiful women, I couldn't help but look around and smile, reflecting on just how far we have come. Women in urology, here we come. ♦



# Book Review

## How Doctors Think

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By Jerome Groopman, MD

319 pp. Houghton Mifflin Company. \$15.95

I admit it. I found it difficult to pick up this book because so many reviewers cast it in the light of what is wrong with modern doctors, and I was not ready for another round of doctor bashing and from one of our own. But Dr. Groopman's motives seem pure. He has a constant desire to improve, and he understands that we can learn from our mistakes. And so this book is an attempt to characterize the kinds of errors that are made so that doctors may learn from them and patients may learn how to avoid leading their doctors into these pitfalls.

The book is a collection of anecdotes. The first chapter opens with a story of a woman who has been misdiagnosed and incorrectly treated for fifteen years. The story focuses on how her thirtieth doctor finally made the correct diagnosis, the one that saved her life. Dr. Groopman then analyzes what made the other doctors go astray. The answer, as so often was the case when we were medical students, seems to be in the way that he listens to the patient's history.

From this the author introduces the notion that most errors in medicine are not technical. It is true that the wrong medicine can be hung for intravenous infusions or the wrong body part be removed because of a misread X-ray. More often, though, mistakes are committed in how we think about the patient. The rest of the book shows different kinds of errors, each illustrated by an anecdote taken from the experience of his friends and colleagues. Do you hate your patient? Do you hold stereotypes about obese patients or alcoholics? This may lead you not to consider all of the possibilities. Do you really like your patient? This may keep you from ordering the necessary invasive test because you don't want to cause pain. Do you only pay attention to the labs that confirm the diagnosis you have in your head and ignore those that do not fit the pattern you want to see? Are you not listening to the complaint of different pain in a patient with chronic pain? Do you see too many patients? Can you really give everyone good care, really think about all of their cases, as you are pushed by a managing partner or HMO to be more productive? These are some examples of questions he asks. Each of these kinds of mistakes has a name, and there is a whole field of study dedicated to understanding error. The book introduces this study in a very palatable form for people who do not make a career of logic.

He also dedicates some time to the notion of uncertainty. So much of what we do in medicine is based on what someone else did and seemed to work. His chapters on uncertainty are a call to arms to test our assumptions about where the knowledge came from and if it is really true.

The question of errors can make many physicians defensive. We all know that they are committed. Most of us can think back upon our careers, if we are honest, and regret some decisions we made about patient care. This book is very insightful about ways to try to prevent that. It encourages analysis as a replacement for shame when such things happen. By studying the process of what went wrong, the author encourages us all to do a better job making things right. ♦



A group of Colorado urologists is sitting at an informal gathering in this picture. SWIU considers it a mission to encourage mentoring and collegiality among its members, and this group meeting reminds us of that goal. Pictured here in the front row: Jane Petersen, MD (R5 at University of Colorado Health Sciences Center), Amy Hou, MD (R3), Kathryn Sullivan, MD (R3), Kelly Casperson, MD (R2), Emilia Ripoll, MD, Jamie Lowe, MD, Diane Hartman, MD, Mina Krishnamurthy, MD. Back row: Tara Thompson, Nancy Huff, MD, Shandra Wilson, MD, Nel Gerig, MD, and Helen Tackitt, NP.

Can you think of a group of women urologists that you could get together for dinner, either locally or at your sectional meeting?

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