President’s Message

Making the BIG Decision: A Primer for Residents
By Elizabeth R. Mueller, MD

We had a great SWIU spring board meeting and welcomed our new members Drs. Leslie Rickey and Tamra Lewis to their first board meeting. We invite you to attend the annual events at the AUA that we have spent a significant amount of time preparing for. Details are in the newsletter and I look forward to seeing each of you in person.

Writing this little column has proven quite difficult for me since I am never quite sure what I should write about. In fact, I stalled so much with this one that I while complaining to my business partners about it, they decided for me. This column will be for our graduating resident members and will be loosely based on the educational course I have given to graduating fellows at the American Urogynecologic Society Meeting. Of course, you may wonder (and justifiably so) about my credentials for such a talk and I admit they are minimum since I have been in an academic clinical and research practice for my whole urology career. However, prior to this, I was the proud department manager at a soap factory for Proctor and Gamble. That was after a 10-year stint as a registered nurse, followed by a bachelor’s degree in mechanical engineering and a master’s degree in fluid dynamics. While that is another story, I can confidently state that I have made many decisions about careers. In this article, I will focus on what to consider when evaluating a practice. I really don’t have the space to discuss deciding ”how much money is enough” although I find that once you complete the work involved in those two areas, you will find making a job decision much easier.

Elizabeth R. Mueller, MD

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It is critical that before you start looking for a job you understand our profession. It seems that would be intuitive but the academic environment you have trained in for the last 5 – 6 years does not represent ALL academic environments, nor does it bear much of a resemblance to private practice. Using data from the February 2010 member profile on the AUA website, the minority of urologists (21 %) are full-time academicians. The rest are in urology group (45%), solo (20%), multi-speciality (11%) and managed care (2%) practices. Our practice areas are typically urban (58%), suburban (21%) or small community (17%).

Using practice log information from the American Board of Urology (http://www.abu.org) that was first presented at the 2006 AUA Annual Meeting in Atlanta, we know that “office urology” accounts for a sizable portion of US urologists’ activity. The average urologist performs a relatively low number of major urologic surgeries. For example, a urologist who performs eight radical prostatectomies per year or 0.5 radical cystectomies in a year is in the top 10 percentile of case volume. Endoscopic procedures account for 62% of all surgical procedures performed, open surgical procedures 19% and outpatient procedures 7%. Laparoscopic procedures accounted for only 2% of cases. Office-based procedures (eg cystoscopy, prostate biopsies and urodynamics) constitute more than ½ of total urologic procedures.

When interviewing for a job, having these realistic expectations in mind may help you understand that the practice you are considering is the “norm,” not a low-surgical practice as many residents often perceive. If you are adamant that you want to build a career on, let’s say, laparoscopic procedures, this information may help you to decide to focus on an academic position or a multi-specialty group where you can spend more of your time doing laparoscopic cases.

When you join a practice you are not only going to be seeing and taking care of patients, but also are entering the world of business. You should ask during the interview about the group structure, how decisions are made, how often does the group meet (groups that actually solve problems together meet frequently), who are the “stockholders,” what is the legal structure and what happens when a partner retires. The social interactions between the partners and staff will also clue you into the environment of the practice. I have always made it a habit to see all of the facilities prior to making a decision about the practice. This includes the office setting, the parking for patients and the distances from the various offices to the hospital.

An opportunity for partnership should be discussed frankly including the criteria for partnership and if anyone has left the practice prior to being offered partnership. The financial aspects that should be addressed include how expenses (overhead, personnel, etc.) and income are distributed. There are many models and the most common are 1.) income and expenses are shared equally; 2.) income and expenses are based on productivity; or 3.) income is based on productivity and expenses are shared equally. As a new partner, you will take some time to build your practice volume and you will not be making a similar salary to your partners. The expectation that you now cover the overhead equally may not be realistic and certainly should not come as a surprise to you one or two months into the job. It is your responsibility to be astute enough to ask about this upfront.

Although few graduating residents have the ability to understand all of the business aspects, it is important that you ask about the total charges for the last couple years and that the group demonstrates that they have a need for an additional partner. It is also important that the group has a strong system in place to manage the bill collections. This should be a focus area for many groups and a 15-minute discussion with the business manager will often give you insight into how the group is doing in comparison with other practices you are interviewing with.

While most new hires will focus on the call schedule since it was a critical component of residency, few will inquire about how new patients are allocated and what the plan is to help make you successful. Ask what the plan is for you to build your practice. Ask your future partners how long it took them to get the patient volume they have now and what things they did to build their business.

I find that many smaller practices justify their meager staff as “cost-savings.” Most successful practices understand, however, that the physician is the way to generate income in a practice. Processes that are in place to help you just focus on doing your work are critical. In fact, according to the Medical Group Management Association: 2006 Performance and Practices of Successful Medical Group, the groups that were the “better” performers posted profits of $315,000 per full-time employee, conducted more procedures, had larger support staffs, invested in medical technology and improved cash flow and had lower gross fee per service charge as compared to lower rated groups.

Almost all residents have had some exposure to group practice settings. Prior to an actual job interview, it might be helpful to talk with your teachers about their practice and what works or doesn’t work. Just as these men and women have been generous about teaching you how to perform procedures, they are also more than likely to be willing to tell you about their experiences and pass on some additional information that will be helpful.

I wish you the best of luck in this part of your journey and look forward to hearing about your experiences so I also can learn. You can contact me at emuelle@lumc.edu.

See you in San Francisco!

Beth

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“...When you join a practice you are not only going to be seeing and taking care of patients, but also are entering the world of business...”

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**Message from the Past President**

By Harriette M. Scarpero, MD

Last month with the help of the resourceful WJ Weiser ladies, I was able to host an informal SWIU get-together for women urologists and urology residents at the Southeastern Section annual meeting in Miami Beach, Florida. Two other past presidents attended (Martha Terris and Elizabeth Bozeman), as well as several women who voiced interest in getting more involved in their society. We had a great time talking about the SWIU activities and how the society can best serve its members. I also received several offers of help from other women who could not be there. Overall, it was successful outreach at the section level that identified...
How to Get Involved at the AUA

By Drew Shifflet, CAE
AUA Senior Manager, Committee & Society Affairs

The American Urological Association (AUA) is fortunate to have a long tradition and history of volunteerism. Volunteerism not only provides an opportunity for members to learn more about the AUA, but is an avenue to share one’s expertise and experiences with others. The AUA has approximately 400 volunteers who serve on committees and task forces, and hundreds more who help with AUA’s publications and annual meeting’s scientific program. These volunteers are truly the lifeblood of the organization.

AUA members represent different sub-specialties, demographic segments, passions and experiences. Each member’s unique perspective enhances the volunteer experience and contributes to the association. The AUA does its best to match a volunteer’s interest and expertise with available opportunities based on the needs and sometimes the restrictions of certain programs and activities.

In early 2009, the AUA launched a volunteer site that provides a user-friendly way for members to explore a wide range of volunteer opportunities. Whether you can only commit a minimal amount of time, lend your expertise for a specific committee or project or are interested in a long-term commitment — the AUA has something for you. Visit the site at http://www.auanet.org/content/about-us/volunteer-opportunities/vo.cfm.

AUA’s Level I volunteer opportunities are episodic or short-term assignments from one week to one month and include things such as being assigned to an abstract review team, reviewing prize essays, moderating scientific sessions or mentoring at the annual meeting. Level II volunteering requires a year-round commitment with in-person meetings or teleconferences throughout the year and preparation for those discussions. This level of activity includes assignments such as serving as a CME content reviewer or on a program committee composed of members appointed by the AUA based on expertise. Other committee assignments depend upon the AUA Sections for geographic representation as defined in AUA’s bylaws. Journal of Urology peer reviewers also commit to a year-long assignment. Level III volunteering allows individuals to represent the AUA to other affiliated organizations. Candidates for these positions must have extensive AUA experience (section/committee activities) and a broad knowledge of the association. These high-level roles require in-person meetings, teleconferences and often travel to other medical organizations throughout the year.

The AUA Leadership Program, established in 2004, allows young urologists (1 – 15 years out of residency) to participate in a year-long program. The program includes a welcoming reception at the annual meeting, a weekend course at AUA headquarters in July, distance learning in fall – winter, attendance at the Washington, DC, advocacy conference in March and a culminating dinner program at the following year’s annual meeting. Graduates of this program are assigned to at least one AUA committee in the year immediately after graduation, are often plugged into committee and board activity at the section level and typically continue on to further involvement with the AUA. Visit this website for more information about the competitive program: http://www.auanet.org/content/about-us/scholarships-and-programs/leadership-program.cfm.

Now in its second year, the AUA’s International Education Plan offers new opportunities for members and non-members through its academic exchange programs. Interested candidates can apply for short-term (month-long) trips to Brazil, China, India and Japan where observation at state-of-the-art medical centers in those countries provide unparalleled perspectives in urologic practice and standards of patient care. The AUA/EAU academic exchange program is a slightly different formatted program in which three junior faculty travel to Europe and visit 4 – 5 locations over a month-long period. These competitive exchange programs provide outstanding and promising junior faculty members an opportunity to interact with colleagues around the world. They not only allow the sharing of knowledge and experience but are designed to foster a closer alliance between AUA and other international societies, and assist in identifying future leaders among all participating organizations. Visit www.auanet.org/academicexchange for information on these and other scholarship programs.

Volunteerism enables the AUA to achieve its mission to promote the highest standards of urological clinical care through education, research and in the formulation of healthcare policy. Please take a moment to browse the many opportunities available and the online application process. We welcome your questions and comments.

The AUA Volunteer Opportunities program is managed by the AUA Committee & Society Affairs department. We welcome your inquiries at commaff@auanet.org.

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In Memorium:
Elisabeth Pauline Pickett (1918 – 2010)
Loss of a Urologic Pioneer
By Nina Davis, MD

An historical article honoring Elisabeth Pickett was published in the November, 2007 issue of the Journal of Urology. In parentheses, within the title, was Dr. Pickett's year of birth, 1918, with the customary hyphen and an open space indicating that she was still very much with us. On Valentine’s Day this year, the parenthetic space was filled, as Elisabeth Pauline Pickett, MD, died of an acute MI in Colorado at age 91. Ironically, as that small space was filled, a huge void was created in the field of urology, in the world of medicine and in the hearts of the remaining members of the Pickett family.

Paula Pickett, as she was called, was born in Dallas, Texas. She completed a baccalaureate degree in chemistry at the University of Colorado Boulder and graduated from the University of Colorado Medical School in 1944. She moved east to New York where she did a general internship, then decided to pursue a career in surgery. Her skills were such that the usual prerequisites for surgical specialty training were waived, allowing her to pursue the career path that she wanted. She ultimately completed a urologic oncology fellowship under Dr. Willet Whitmore at Memorial Sloan-Kettering.

Dr. Pickett was the first woman in the U.S. to be certified in both general surgery (1961) and in urology (1962). In order to qualify to take the urology boards, she actually had to retrain, completing an assistant resident year in urology and a second year as a general urology fellow at MSK. She was also the first woman to be accepted into a urology fellowship, as such training was new at the time.

Throughout her professional life, Dr. Pickett dedicated herself to teaching, holding multiple academic positions at Cornell Medical College, Memorial Sloan-Kettering, New York Hospital and the New York Infirmary. Later in her career, she also directed the spinal cord injury center at Castle Point Veteran’s Hospital. In addition to maintaining a busy practice and teaching, she devoted herself to oncologic research. Perhaps most importantly, she was a committed patient advocate who took umbrage at any injustice she perceived.

Certainly, Dr. Pickett’s accomplishments as a surgeon and a urologist were vast. She blazed a trail for all future women in urology with hard work and perseverance, and her passion lit the way for those of us who followed. She was an inspiration to all who met her, and it is with profound sadness that we mourn her loss.

The Pickett family requests that donations in Dr. Pickett’s honor be made to the Elisabeth Pickett Research Award Program.

Society of Women in Urology
Two Woodfield Lake
1100 E Woodfield Road
Suite 520
Schaumburg, IL 60173

Annual SWIU Events at the AUA

The Society of Women in Urology (SWIU) invites you to participate in SWIU Events at the 2010 AUA meeting in San Francisco, California. SWIU will host its Annual Breakfast Meeting, the Women Leaders in Urology Forum and Networking Reception.

Since its inception, SWIU’s focus has been primarily in the following areas: mentoring resident members, highlighting women leaders in urology, supporting the research efforts of women urology residents and supporting the research efforts of women who are basic scientists in urology. In the spirit of our mission, the SWIU events at the AUA Meeting are open to all AUA attendees who share SWIU interests, regardless of gender.

The SWIU activities begin with the Annual Breakfast Meeting on Sunday, May 30th. The breakfast will feature a key-note lecture from Anthony J. Thomas, Jr., MD, of the Cleveland Clinic on Virtue Ethics and the Healing [Female] Physician. In addition, we will receive an AUA update from AUA President-Elect Datta Wagle and a presentation on involvement opportunities with the AUA from AUA Senior Manager of Committee & Society Affairs, Drew Shifflet. Attendees also will hear from the 2010 recipients of SWIU Travel Award and the Elisabeth Pickett Research Awards. Finally, the society’s Annual Business Meeting will commence. All active voting members are asked to attend the Business Meeting.

On Tuesday, June 1, SWIU is proud to present the 5th Annual Women Leaders in Urology Forum. Jerilyn M. Latini, MD, assistant professor of urology at the University of Michigan, will serve as the moderator for discussion on Recurrent Bladder Neck Contractures After Prostatectomy, with panelists Rou Wang, MD, Jennifer Anger, MD, MPH and Jill C. Buckley, MD. This promises to be an enthralling session.

Immediately following the Women Leaders in Urology Forum, we invite you to attend the SWIU Networking Reception. This social event is an excellent opportunity to visit with urology friends from around the country, make new acquaintances and enjoy refreshments. SWIU also bestows its annual Christina Manthos Mentoring Award to a man or woman who has demonstrated extraordinary mentoring to women urologists. SWIU members highly anticipate this great networking opportunity every year, we hope to see you there!

The SWIU AUA events have been growing yearly as more and more women enter and graduate from urology training. We hope that you too will mark your AUA calendar to attend these events.

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Sunday, May 30, 2010
Annual Breakfast Meeting
Hilton San Francisco, Continental Parlors 7 – 9
6:30 a.m. – 9:00 a.m.

6:30 a.m. Breakfast Buffet
6:45 a.m. Welcoming Remarks
Tracy Cannon-Smith, MD
President-Elect
6:50 a.m. AUA Update
Datta Wagle, MD
AUA President-Elect
7:00 a.m. Involvement Opportunities with the AUA
Drew Shifflet
AUA Senior Manager, Committee & Society Affairs
7:10 a.m. Virtue Ethics and the Healing [Female] Physician
Anthony J. Thomas, Jr., MD
Cleveland Clinic, Department of Bioethics
8:10 a.m. SBUR/SWIU Award for Excellence in Urological Research
Presented by: Dolores Lamb, PhD
8:20 a.m. Elisabeth Pickett Research Award and SWIU Travel Award Presentations
Presented by: Tracy Cannon-Smith, MD
8:40 a.m. Annual Business Meeting
8:55 a.m. Networking
Recurrent Bladder Neck Contractures After Prostatectomy

Moderator: Jerilyn M. Latini, MD
Assistant Professor of Urology
University of Michigan

Panelists:
Rou Wang, MD
Department of Urology
University of Michigan

Jennifer Anger, MD, MPH
Assistant Professor of Urology
University of California, Los Angeles

Jill C. Buckley, MD
Assistant Professor of Urology
Lahey Clinic Medical Center

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Residents’ Corner
By Rose Khavari, MD

Coming from a different culture, being raised in Tehran during the eight-year war of Iran and Iraq and having traveled to many Asian, European, North American and South American cities, I have experienced the differences and similarities between cultures, beliefs and religions. Nevertheless, the trip supported by International Volunteers in Urology to Ajmer, India, was an exceptional and invaluable experience. It was truly stimulation of all senses to the fullest.

Upon our arrival to Bombay, my companion, Melina McCarty, and I were invited to attend an American Urological Association review course for the urology residents in India. At first, every encounter started with “what are you doing here? This is not the correct conference for you,” to a point that we thought this was a form of welcoming us. Later, we realized these questions were raised because there were no female residents in urology in India and the assumptions were that we were attending the wrong conference. After confirming our attendance by the director of the course and few the other faculty members, we were welcomed with a more receptive attitude. We had a chance to meet and interact with the urology residents from all over India with diverse levels of training and experiences. This conference consisted of several state-of-the-art lectures and multiple mock oral examinations. Both the lectures and the practice oral case reviews exposed me to various urological pathologies in India, and their approach in diagnosing and managing them with resources available. This conference also provided networking grounds with other Indian faculty and residents to further explore educational and research relationships in the future.

Following completion of this conference, our mentor, Dr. Gopal Badlani, my companion and I arrived to Ajmer, Rajasthan, and were received with flowers, media and extremely warm and hospitable locals. Though we had some apprehension and anxiety on how we would be accepted and treated as two female urology residents, we soon learned that the people and staff in Ajmer were greatly appreciative of our presence and greeted us sincerely. The urology camp at Ajmer is held about three times a year with patients screened, registered and prepped for the surgeries from surrounding villages and towns from months prior to the trip. We performed about 70 surgeries during our visit. I personally was scrubbed and performed more than 35 of these surgeries under supervision of the two local urologists and Dr. Badlani. The nature of our surgeries included open stone, urethroplasty, vesicovaginal fistulas, urethral stricture, transurethral resection of prostate and suprapubic prostatectomy. This was an extremely exceptional experience for me since as a PGY5 urology resident at a large medical center I had not been a part of any open stone surgeries in the United States. I was able to perform three open pyelolithotomies, two ureterolithotomies and complicated open pyeloplasties. More importantly, all of these procedures were done with very limited surgical, anesthesia and ancillary resources, thus encouraging me to be a more creative and open-minded surgeon.

My experience during this trip taught me to be a more objective observer, avoid premature judgment, be a team player and value the resources available. I firmly believe being a part of the International Volunteers in Urology is an invaluable experience and I sincerely appreciate all the supporters and organizers in making such trips possible. I am aware and ready to accept the challenges, demands and rewards that accompany an international volunteer’s journey and impatiently await my next trip.