

The Society of Women in Urology



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President's Message

Janice Lee Arnold, M.D.

Dearest "Fellow" AUA Members and Female Urology Physicians:

I am pleased and honored as your new president to have the opportunity to greet you in this Summer 2003 issue of the Society of Women in Urology Newsletter. You have been a tremendous support and inspiration to me as I have served on the SWIU Board over the last few years. Now, as SWIU president, I hope to continue to represent you in a manner that you deem necessary and effective and of which you can feel exceptionally proud. We are a growing organization of many talents, and a great future awaits us. I would like to be the first to report that "good fortune lies ahead."



Janice Lee Arnold, M.D.

I am overjoyed to learn that so many female colleagues are choosing the field of urology as their career focus. We are indeed a rare breed, yet our numbers grow consistently and solidly. This year alone, 22% of the nation's incoming urology

residents are women (51 of 235). Comparatively speaking, that is an astoundingly high representation for our gender in this specialty. If nearly 50% of this country's graduating medical students are women, it only stands to reason that the number of women choosing traditionally male medical specialties will continue to increase further.

With those increasing numbers, however, will come great responsibility. All SWIU members must now consider a heightened level of involvement and participation both in their local communities and in the medical establishment at large.

Our first responsibility is to become life-long expert practitioners of our craft. The best gift we can give to our patients and ourselves is the gift of mastering our profession exceptionally well. Whether we choose an office-based practice, a surgery-based practice, research, general adult urology, infertility, female urology, pediatric urology, or others, it is in our best interest to strive for the best in what we do.

As an African American woman practicing in northern Virginia, more than 15 years of hard work and dedication to my profession have taught me that, with few exceptions, most people genuinely want skilled, compassionate and resourceful doctors. Gender and ethnicity begin to matter less if we are deeply committed to what we do. As female urologists, we have to learn our craft – and sometimes relearn our craft. If you are a woman who has not been allowed to practice male urology within your group or in your geographic area, you may need to seek additional training to allow you to treat male urology patients, if you so desire. As the proportion of female urologists increases, more of us will be needed to participate in the delivery of men's healthcare, a right of passage that should be granted and readily attained upon completion of residency.

Secondly, we must encourage the training and advancement of our fellow female physicians. Even if we were overlooked when opportunities arose for advancement in university programs, research, societies/ organizations, AUA section groups or private practice, we should continue to look for ways to promote other deserving female urologists in their endeavors to attain similar

goals and status. It is especially important to foster the training and development of our young female residents as they prepare for board credentialing and search for jobs. We should help strengthen their resolve to develop the kind of urology practice to which they aspire. Yet they must also align their expectations with those of real world medicine. In doing so, they will encounter less frustration as they embark upon the first few years of their practice. Medicine has changed

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enormously over the last few years and we can help them understand how these changes might affect the delivery of medicine and their individual lifestyles.

Next, we must not fear aligning ourselves and even our practices with those of other female urology physicians. We sometimes allow others to convince us that if we are not a part of the largest act in town, we cannot possibly make it on our own or with other female physicians. Undoubtedly, it is in everyone's best interest if male and female urologists work side-by-side and coexist as equal partners in this profession. It is this sense of comradery, respect and admiration that we all strive for. However, if you should, for one reason or another, find yourselves excluded from the large "male" group, consider a smaller group or, instead, another female colleague. Don't sell yourselves short.

Women have great qualities that they bring to the field of medicine, particularly urology. Not only are female patients looking to employ our services, but there are many grateful male patients that expressly seek the care and medical expertise of female physicians. It is a growing national trend that most of us did not fully appreciate in our earlier years.

Lastly, I am convinced that our parent organization will need women to take on leadership roles within the AUA. It is often a demanding but necessary aspect of practicing medicine. As we become a larger representation of the overall group, it becomes more our responsibility to learn about and contribute to the political climate in which our parent organization functions. Our concerted efforts and contributions will only benefit us all.

As we move forward, not only should the AUA begin preparing itself for a stronger bi-gender identity, but we should begin laying down the framework to help make the transition a smooth one. Becoming more involved will significantly improve our ability to accomplish this much-needed task. I look forward to meeting each of you at the SWIU Breakfast on May 9, 2004, at the AUA meeting in San Francisco, California.

Respectfully yours,
Janice Lee Arnold, M.D. ♦

SWIU Members Find the AUA a Rewarding Experience

A number of awards were presented to SWIU members during the AUA Annual Meeting in Chicago in recognition of their exemplary leadership both within the urologic community and beyond. As has been the custom over the past few years, Nancy Muller, Executive Director of the National Association for Continence (NAFC), recognized a Continence Care Champion. This year's awardee was **Kristene Whitmore**. (Please see additional details in separate item below.) **Kristene** also had the good fortune to be the first winner of the SWIU-Olympus Support-of-Practice Award. This year's winner was chosen by lottery, but in the future, the recipient will be chosen on the basis of an essay documenting need and plans for use of the instrument. **Kristene** generously chose to pass the instrument on to an SWIU member who is just starting practice.

Due to the largess of Pfizer, another new award has been established and will be presented annually. The SWIU-Pfizer Men's Health Community Service Award was presented to **Janice Lee Arnold**, recognizing her prominence as an exceptional urologist within her community and paying tribute to her educational programs on prostate cancer, which have garnered national attention and praise.

SWIU continues to support the research projects of its members with annual grants known as Elizabeth Pickett Awards, which are named after the first woman urologist. This year's recipients were **Sophia Drinks** for her project "Beta-Adrenergic Receptor Stimulation Potentiates Muscarinic Receptor-Induced Detrusor Smooth Muscle Contraction Via an Extracellular Signal-Regulated Kinase (ERK)," and **Ann-Marie Houle** for continuation of her ongoing work exploring "The Genetics of Vesicoureteral Reflux."

In recognition of her dedication to producing the *SWIU Mentoring Handbook*, which required tremendous organizational and editorial skills as well as a Herculean time commitment, **Gloria Massey** was awarded the Christine Manthos Mentoring Award. It was her vision to provide a guide for those embarking on their urologic careers.

Heartfelt congratulations to all of these deserving individuals! ♦

Kristene Whitmore Named NAFC Continence Care Champion

The following is an excerpt of the press release naming **Kristene Whitmore** the 2003 NAFC Continence Care Champion.

This year's Continence Care champion Award marks the third year that the NAFC has recognized someone in the SWIU for outstanding contributions in the area of incontinence. Underwritten by Pfizer, this award is accompanied by an unrestricted grant in the amount of \$2,500.

Dr. Whitmore is a dedicated advocate for those suffering from various urologic and pelvic floor disorders. [She] has been a medical consultant for St. Elsewhere and has recorded numerous educational messages on radio and television with the public health in mind and in heart.

In addition to her tireless efforts to build awareness around the country, Dr. Whitmore has also provided volunteer service to the NIH, the National Kidney Foundation and the Interstitial Cystitis Association. In professional circles, Dr. Whitmore has mentored young female urologists, contributed curricula on pelvic floor disorders for medical school students, and helped orchestrate an incontinence symposium at her hospital. **Deborah Lightner**, outgoing SWIU president, summed it up well when she commented, 'Kristene has earned this honor in every respect, and I am pleased that the NAFC has chosen to endorse her achievements with this recognition.' ♦

Physician Resiliency: The Sotile Perspective

Attendees at the annual SWIU Business Meeting in Chicago were both entertained and enlightened by the husband and wife team, Wayne and Mary Sotile, keynote speakers for the event. Psychologist and therapist, respectively, the two have established themselves as experts within a very special niche – physician resiliency, the ability to bounce back after being psychologically stressed or challenged.

Through their studies and interactions with clients, they have gathered a significant body of data about physicians and the stresses in their lives. From this information, they have been able to formulate guidelines to help physicians better balance their lives and deal more effectively with stress.

Many factors promote resilience: a sense of humor, higher levels of intelligence, faith in a higher power, and participation in an organized religious community. Most important, however, is the ability to maintain caring connections with others. Physicians often report that conflicts with the people at work constitute the

most stressful aspect of their professional life and that conflict related to balancing work and family creates the greatest stress at home. Learning how to effectively juggle our various roles and responsibilities is the key to being a resilient (and happier) physician.

The Sotiles remind us of some basic, yet key ways to control and balance our lives.

❖ Begin by evaluating yourself. Physicians tend to develop bad habits such as not taking care of themselves (e.g., not having a personal physician and self-medicating) and getting insufficient rest. More attention to “self-care” is the first prescription.

❖ Do sweat the small stuff. Little changes can make huge differences in promoting resilience. For instance, even if you don’t formally exercise, make sure you engage in physical activity throughout the day. Even brief periods of exercise can produce calming effects and dampen sympathetic arousal.

❖ Eat healthily. As we all learned in med school but tend to conveniently forget, it is healthier to eat 6 small meals a day than the usual 3 large ones. This improves efficiency, energy, metabolism and mood.

❖ Learn how to “take recess.” Physicians, who have worked hard for many years to achieve their professional goals, forget how to relax and play. Guilt-free time-outs are not only deserved, they are necessary for recharging our batteries. Initially, engaging in “healthy self-nurturing” feels uncomfortable, but with time, the awkwardness dissipates.

❖ Become a physician leader. Collaboration and collegiality are built through groups that work together toward common goals or who share common interests.

❖ Give up the myth of the perfectly balanced life. No one can give work, family and personal needs equal time. A more realistic approach to sustaining work/family satisfaction encompasses 1) accepting that it’s OK to love your work, but avoid putting other aspects of your life on hold indefinitely; 2) always blocking out a 12 to 48 hour period on the calendar each month for “relationship time”; 3) finding time on a daily basis to have multiple, brief nurturing interactions with people who matter to you; 4) taking “mini-vacations” for a change of routine; 5) scheduling unplanned days for you and your partner; and 6) avoiding being over-critical of one’s partner. Mutual respect and consideration are the foundations of a healthy relationship.

❖ Be generous and be gracious. These can get lost in the bustle of everyday life. In “doing unto others...” we enhance ourselves.

The Sotiles have authored 7 books on the resilient physician as well as on physician marriages and how to make them work. A list of titles and more about the Sotiles’ work can be found on their website www.sotile.com. ❖

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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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