

The Society of Women in Urology



NEWS

Summer 2005

President's Message

Brenda S. Kinard, MD

The anthropologist Lawrence Cohen describes conferences and conventions as “carnivals – colossal events where academic proceedings are overshadowed by professional politics, ritual enactments of disciplinary boundaries, sexual liminality, tourism and trade, personal and national rivalries, the care and feeding of professional kinship, and the sheer enormity of discourse.”



Brenda S. Kinard, MD

Some would argue that this describes the AUA Annual Meeting fairly well – where reunions, dinners with industry representatives, and governing board and society meetings tend to overshadow the scholarly purpose of the original meetings referenced in Dr. Brendan Fox's presidential address. For me, however, the AUA has always been the best vehicle for networking and expanding my knowledge of new research taking place in the universities and academic programs throughout the world as well as providing updated guidelines for office and operative practice. It gives us the chance to try out the new equipment, share ideas, and put daily patient care and responsibilities on hold for just a few days so that we can be students again and engage in the academic pursuit of new urologic expertise. The San Antonio meeting was no exception – great debates in the plenary sessions, discussions on the new technologies, and residents presenting their data in podium and poster sessions.

This year, however, the meeting held great significance for our society. We celebrated the 25th meeting of women urologists at the annual Sunday morning breakfast. We learned about the current issues in urology residency training from Dr. Doris Stoll, the Executive Director of the Urology Residency Review Committee (see below). We honored and expressed our gratitude to Dr. Jean Fourcroy, the woman who initiated the breakfast meetings in 1980, awarding her the Christina Manthos Mentoring Award for 2005 at the Tuesday Networking Reception. Dr. Fourcroy worked diligently to collect the names of all of the other women urologists to form, at last, the Society of Women in Urology in 1992, and served as its president from 1981 to 1991.

But the seminal event for SWIU this year actually took place before the Sunday breakfast. Dr. Brendan Fox decided this past year that he wanted to make a difference “in improving the allure of the position of women in urology” during his term as AUA President. After presenting to the AUA Board of Directors his plan for pursuing solutions to gender bias in the field of urology last October, he appointed a task force to make specific recommendations/proposals to this Board on ways the AUA could further support the Society of Women in Urology. Mr. Drew Shifflet, Senior Manager of the AUA's Committee & Society Affairs, arranged a face-to-face meeting with Drs. Fox and Lawrence Ross on Saturday, May 21, in San Antonio.

The items for discussion were outlined at the Spring SWIU Board of Directors Meeting and are presented in this newsletter, along with the response from the AUA Board of Directors. It is not only significant that such a meeting occurred, but that past, present and future SWIU presidents were given insight into the workings of the AUA and the mechanisms for advancement of our members. What the AUA Board approved is as important as what we learned as a society at this meeting. Interaction with the AUA involves the following requirements: providing Committee Affairs with updated contact information each summer, working with the Conventions Staff to plan the following year's annual meeting, working with the Office of Education for CME accreditation for our society meeting, and submitting a report to the Committee Affairs staff for the Fall AUA Board of Directors Meeting.

In return, the AUA will promote the mission of SWIU at the AUA Section meetings. Each year, the AUA President and President-Elect attend all section meetings and address the membership. Dr. Corriere, AUA President, and Dr. Ross, AUA President-Elect, have agreed to carry this message: the AUA is committed to furthering diversity among its leadership, including women in urology. They likewise encourage sections to maintain this commitment via committee/board involvement and applications for the AUA leadership program.

Further, the AUA Board was receptive to our request for utilization of the *AUANews* for SWIU articles. The editor will work with us to determine the appropriate use of this publication for articles, announcements and promotion of award applicants.

It is time for us to accept the challenge that Dr. Fox initiated. The primary mission of SWIU, when it was established, was to work *within* the AUA to further the interests of women in Urology. We have been an affiliated society of the AUA for 14 years and, with the help of the SWIU Board of Directors, I plan to fulfill the requirements inherent in that relationship. We will attain the status of respected liaison to our parent organization through increased involvement at the state and section levels.

With increased visibility we can focus on other issues such as equal opportunity for advancement, income equity, and academic acceptance. Our unity in this mission is imperative to the success of our goals. We look forward to maintaining the momentum of the San Antonio conference.

Respectfully Yours,
Brenda S. Kinard, MD ◆

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SWIU-AUA Forum Establishes Partnership Goals

On Saturday, May 21, members of the AUA leadership met with SWIU representatives to discuss issues of common interest between the two organizations and to establish an agenda for promoting and supporting women in urology. The AUA was represented by Dr. Brendan Fox, Dr. Lawrence Ross and Mr. Drew Shifflet, while the SWIU participants included Drs. **Brenda Kinard, Martha Terris and Nina Davis**. Joining the conversation by telephone were Drs. **Carole Gordon, Lindsay Kerr and Deb Lightner**.

The attendees conferred on the following topics, and consensus recommendations were subsequently brought before the AUA Board of Directors:

- 1) Utilization of *AUANews* space for grant solicitations and announcements promoting awards and other items of interest for SWIU.
- 2) AMA Women Physicians Congress' (WPC) request to fund an additional SWIU member to attend this meeting each year.
- 3) Definition of "Young Urologists" – the SWIU members discussed defining the eligibility for the Young Urologists Committee, the Gold Cystoscope Award and the AUA Leadership Program to "10 years out of ABU certification" instead of "10 years out of residency training" to accommodate all AUA members who have participated in fellowship or military service as well as members who choose to delay their urology careers due to family constraints.
- 4) Regarding the AUA Coding and Reimbursement Committee, members are appointed/renewed annually upon recommendation of the Chair. SWIU was encouraged to develop a point person who is an expert in this area and then forward that information to the Chair for future consideration. Cherie McNett, AUA Government Affairs Director, can be contacted for more information at cmcnett@auanet.org.
- 5) General Committee Information and access to the AUA: the AUA Committee Affairs Office can be contacted via the website to obtain information about the various committees and the process for appointment to these committees. This office can put members in contact with the appropriate committee staff liaisons in other AUA departments.
- 6) Concerning the AUA Leadership Program, a suggestion had been made that AUA sponsorship be provided for a woman urologist to attend the ELAM leadership course. However, the final SWIU consensus was that efforts to attract and mentor young women leaders might better be accomplished via the AUA's Leadership Program rather than through private university leadership courses.

The response from the AUA Board was detailed in a letter from Dr. Brendan Fox on June 30, 2005. The Board was receptive to SWIU's usage of the *AUANews* for dissemination of organization-related information. For the WPC meeting, the AUA will allow SWIU to name the representative attending this meeting in the future to serve a one-year, renewable term. Finally, the Board took no action regarding the definition change for "Young Urologists," but did state that the AUA Leadership Program is open for applicants who are 5-15 years out of residency. A copy of the letter was also sent to Drs. Carl Olsson, Lawrence Ross and Paul Schellhammer. ♦

Dr. Stoll Presages Future of Urology Training at SWIU Annual Meeting

Dr. Doris Stoll, Executive Secretary of the Residency Review Committee for Urology (RRC) and 16-year veteran of the American Council on Graduate Medical Education (ACGME), was the featured speaker at the SWIU Breakfast Meeting at the AUA Annual Meeting in San Antonio. She offered both admonishment and advice as she discussed the current status of urologic training and future needs of the specialty. The weightiness of her presentation, "Challenges in Graduate Medical Education: Musings from the 20th Floor," kept the audience, including AUA President, Dr. Brendan Fox, rapt for nearly 60 minutes.

Dr. Stoll began with a caveat that her remarks reflect her opinions and not the policies of the ACGME. She then cautioned that there are "enormous national pressures impacting

graduate medical education," and warned that the urologic community needs to recognize the political and socioeconomic forces impacting manpower and practice and act upon them at the level of the training programs. As an example, she cited the 80-hour rule, which she indicated was a direct intervention by the ACGME to defuse a threat by Congress to mandate not only residency hours, but also those of practicing physicians such as is done in other countries.

Changes in practice patterns in recent years include a decline in solo practice, diminished income, an increase in multispecialty groups, and greater crossover in skill sets between specialties producing competition and turf battles. Training programs need to react to such changes, but working against this is a "mismatch in goals" between administration, faculty and residents. The program director is put in the middle, trying to balance service and education. (S)he not only needs to satisfy RRC requirements, but also those of JCAHO and other regulatory bodies. Faculty demands are another source of pressure, particularly in light of increasing workload as residents leave the hospital earlier. Dr. Stoll reinforced the usefulness of hiring midlevel providers, such as physician assistants, to assume some of the responsibilities of residents and faculty alike.

With regard to faculty, with all of the demands and distractions of modern practice it is difficult to focus adequately on their educational role. Further, most faculty have little or inadequate preparation for either teaching or evaluating residents. This situation is made more complex by the new emphasis on competencies, training residents in a virtual environment, and structuring programs to achieve evolving training goals. Indeed, an issue that has not been addressed by the RRC or residencies in general is the changing characteristics of today's residents. Given the greater diversity in socioeconomic status, race, gender, undergraduate preparation, and graduate education, residents are not as homogeneous as they once were, making "one-size-fits-all" approaches to resident education inadequate to meet the training needs of these individuals. Particularly given the trend toward shortened program length, trainees may not gain sufficient expertise to graduate after their designated tenure. Dr. Stoll called for programs to consider increasing flexibility such that residents would better be able to learn at their own pace. Along with this, there needs to be significant thought given to what constitutes appropriate training for the residents of the future. Dr. Stoll believes tracking into office urology and surgical pathways will become the norm, but, more urgently, the RRC needs to address the type and balance of clinical and operative experience that will best suit the needs of residents as they enter 21st century practice. Dr. Stoll cited the emphasis on operative experience, indicating that it needs to be reconsidered and that there needs to be more specific recommendations regarding the number and type of cases residents require to be considered well-trained as defined by the case lists prepared for the RRC.

Geographic factors also need to be taken into account in resident training. There is a disconnect between where training occurs and where the needs are. Should community hospitals be more or less involved in resident education? Do they meet the standards set by the RRC? In view of the movement to reduce/track scope of practice and the problems with financing graduate medical education, should community hospitals play a greater role?

Because of the current tight funding situation affecting most residencies, there is often little money to support fellowships, but fellowships will become particularly important if tracking is instituted and if further reductions in residency length occur. Dr. Stoll therefore believes that it is imperative that all fellowships be accredited by the RRC and ACGME to ensure quality through peer-review.

So, given the forces impacting all aspects of resident education, Dr. Stoll outlined a comprehensive needs assessment that would ensure the very highest quality urologic education in the future. She began by outlining the ACGME's current areas of focus – developing competencies, providing outcomes data, monitoring duty hours, surveying residents, and providing programs with data regarding educational efficacy. The RRC, then, needs to outline a total program evaluation system for urology. As part of this, benchmarks for operative procedures need to be established, and curriculum standards must be developed with a view toward combining the best of the old and the new. At the program level, there needs to be a well-structured, cyclical, comprehensive curriculum provided by faculty that are both knowledgeable in educational methodology and skilled clinically as well as surgically. They must also be good mentors and role models. Further, there needs to be a focus on individualized education to meet the demands of a diverse resident population with opportunities for remediation if necessary. Dr. Stoll advocates rethinking operative volume as the primary training criterion and urges the RRC to look at the minimum number of cases to produce competence and to define the knowledge base and skills that are critical to resident training. Resident evaluations need to reflect progress and achievement based on these newly defined competencies.

Continuity of care will continue to be an important aspect of resident training, while the balance between service and education in residencies will have to be revised. In conjunction with this, resident numbers will need to be reconsidered. There needs to be an emphasis on taking care of "the whole patient" such that communication skills and humanism are nurtured.

In the future, Dr. Stoll foresees the need for pre-testing for resident admission to training programs; more use of simulation and virtual training to develop skills earlier; two-tiered urology training; and development of a flexible core general surgery curriculum to ad-

dress the needs of specialty trainees. Curriculum evaluations by the RRC need to recognize quality, not merely high numbers. Faculty development has to receive greater attention and emphasis. There needs to be greater collaboration between community hospitals and academic programs. She would like to see program size based on quality, not numbers of cases, and advocates the hiring of midlevel practitioners to relieve resident pressure. Although she realizes that the goals she has set for residency training are, in some respects, idealistic, she feels strongly that without these changes in program structure, values and didactics, residency programs will be incapable of meeting future challenges and will not be able to adequately prepare their charges for urologic practice. ◆

Awards Abound at SWIU Breakfast

Supported by Odyssey/Indevus

As has been the custom at the SWIU Annual Breakfast Meeting, a number of individuals were recognized for their service to their communities and to urology patients in general. The Men's Health Award was given to Dr. **Gerald Chodak** in honor of his efforts promoting prostate cancer advocacy, including establishing a worldwide network of support groups for families of patients with prostate cancer called "Us, Too, International, Inc."

The National Association for Continence (NAFC) Continence Care Champion 2005 was Dr. **Elizabeth Bozeman**, recognized for her contributions to the educational efforts of the NAFC.

A very special guest, Dr. Vickie Ratner, attended the SWIU Breakfast to name Dr. **Kristene Whitmore** the Interstitial Cystitis Association (ICA) Advocate of the Year for her dedication to caring and advocating for interstitial cystitis patients.

This year, SWIU awarded one Resident Travel Grant. This year's recipient was Dr. **Melissa Walls** from Tulane School of Medicine. The winning presentations were entitled "Laparoscopic Partial Nephrectomy: Renal Function Evaluation of Effect of Clamping vs. Non-Clamping" and "Laparoscopic and Open Partial Nephrectomies: A Comparison of Non-Clamping Techniques."

At the SWIU Networking Reception, Dr. **Adrienne Carmack** from University of Miami was awarded the 2005 Elizabeth Pickett Award.

Congratulations to all of these deserving individuals! ◆

Letter to the Editor: Maternity Leave

I know that SWIU concerns itself with a variety of matters, but it really should ALSO be a resource for women who are experiencing uniquely female decisions and conflicts within urology.

I was well-trained and well-liked in my residency program. I have always worked hard and had a hard time leaving the hospital at the end of the day, even now. I was the first to ever become pregnant in my training program and received warm outward support during the pregnancy. I was lucky enough to time the pregnancy conveniently: a period of six months without call or substantial inpatient responsibility. Not an hour of my work was covered by another soul during my entire pregnancy and post-partum period. While out on maternity leave, I wrote two book chapters and presented at our section meeting. When I returned, I was met with hostility and rumors that I was having my junior resident round while I fed the baby. Meanwhile, I was spending three full days and nights without even glimpsing her face, and went to her first pediatrics appointment after I graduated. In the end, I was viewed as an extremely strong resident, went off to fellowship with overwhelming support from the faculty, and stated invitations to return as an attending. Needless to say, I declined.

One of the most significant matters is that after my maternity leave, I was told that the Board would not allow me to take any vacation due to the length of my leave. I STILL have not taken a true vacation since my daughter was born three years ago. Today as I read through the ABU publication regarding my oral boards, I am seeing the ABU parental leave policy for the first time. It reads:

Leaves of absence:

In regard to leaves of absence for parental leave, illness, injury, disability, vacation, alcohol, or substance abuse during residency training in urology, time away from clinical residency may not exceed 15% of the clinical residency training period and not more than 20% of the chief resident year.

This allows for a full maternity leave without any problems whatsoever when one does the math.

—Anonymous— ◆

Society of Women in Urology



2005 - 2006

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FOUNDED IN 1980

Correction

In the last issue of the *SWIU Newsletter*, in the correspondence from **Gillian Mobb**, a urologist from England, we indicated that her practice was unusual in that there were more men than women, but, in fact, her practice is unique in that there are more women than men. The practice consists of one male urologist, Gillian, and another female colleague, **Ling Lee**. We apologize for the error. ♦

Job Opportunities

Urologist position available in St. Petersburg, Florida: BE/BC; guaranteed 1st year salary and other benefits; oncology experience desired. Fax CV to (727)825-1230 or email teresa.bradley@baycare.org.

Solo female urologist in suburban DC / Baltimore area seeking BC/BE urologist to join practice. Candidate with experience in GU oncology, laparoscopy, and minimal invasive urologic procedures preferred but not necessary. Early partnership opportunity, competitive salary. Fax/e-mail CV to (301) 662-4200, rviola@fmh.org. ♦

Call for SWIU News Contributions

If you have an idea for a column, wish to contribute to the newsletter, or have comments about the newsletter, please contact Dr. Nina Davis. We are particularly interested in information regarding job prospects, as well as individual achievements, both personal and professional.



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Address Corrections Requested

Please notify the SWIU of any changes in your contact information, including change of address, phone or fax numbers, and email address. This information is only disseminated to the membership and is used for networking, one of our primary missions.

Thank you. ♦

On the Move

Congratulations and best wishes to Dr. **Tracy Cannon** who was recently married and has relocated to Houston, Texas, where she will join a large Urology practice... Good wishes are also in order for **Ann Marie DuPlessis**, SWIU's Associate Director, who recently tied the knot. Her new, married name will be **Ann Marie Bray**... Better late than never – Dr. **Nina Davis** was recently promoted to Associate Professor of Urology and Urogynecology at Oregon Health and Science University. She would like to offer heartfelt thanks to her colleagues who contributed in various ways to helping achieve this career milestone. ♦