President’s Message

Cathy K. Naughton, MD

“Women have arrived...what we choose to do now that we are here, is up to us.”

This quote is a Naughton-modification from one of several messages relayed by Julie Frieschlag, keynote speaker at the SWIU Annual Breakfast Meeting at this year’s American Urological Association (AUA) meeting in Atlanta, Georgia.

As your incoming President of SWIU, I would like to reiterate that women have arrived in medical schools, in residency programs, including urology, and in urologic academic and private practices. We represent 50% of the incoming medical students, and although we are still a minority in urological residencies, academic and private practices, the challenge is upon us to make our presence known and our voices heard. What we choose to do now that we are here is up to us.

Our ability to “make things happen” was exemplified by the tremendous success of our first CME accredited pre-networking 2006 AUA reception course titled “Current Management of Stress Urinary Incontinence: A Panel Discussion,” the first of what will hopefully be an annual series on “Women Caring for Women.” The course was organized and led by Elizabeth Mueller and Harriette Scarpero. Together with Elizabeth Bozemen, Tracy Cannon-Smith, Jenelle Foote, E. Ann Gormley and O. Lenaime Westney, Drs. Mueller and Scarpero were able to deliver an informal panel discussion on the management of stress urinary incontinence at this year’s AUA. This concept of “women caring for women,” is an area of focus I plan to further develop and expand for future AUA meetings.

I am extremely excited to report to you another “first” executed by SWIU at this year’s AUA in Atlanta. We awarded the first joint SBUR/SWIU Award for Excellence in Urology Research. This award’s concept was created and rapidly brought to tangible realization by Margot Damaser.

As a member of the AUA 2007 Program Planning Committee with Deborah Lightner and Martha Terris, we plan to nominate the numerous capable women experts in their subspecialties for plenary presentations, abstract reviews and to act as moderators. Only by enlightening the AUA Committee with capable women who are willing to participate in AUA programs will women be promoted within the AUA.

The mission of bringing to SWIU members career development strategies in both academic and private practice settings is a concept initiated by Deborah Lightner during her presidency and of special interest. These programs will provide our members with assistance in their own promotion processes. I will be attending the Early Career Women Faculty Professional Development Seminar sponsored by the Association of American Medical Colleges in Washington, D.C. in July 2006. I plan to incorporate several of these concepts in developing a program of our own in the future.

The President of AACU, Jeffrey Kaufman, MD, enthusiastically invited and encouraged women’s involvement in his society at this year’s SWIU Annual Breakfast meeting in Atlanta. We are being asked as women—especially because we are women, for our input and involvement in several societies and organizations. Now that we are here, let’s make a difference! As president of SWIU, I am committed to encouraging, motivating, supporting and assisting all who want to make that difference in any way that I possibly can. I look forward to hearing from you!

Sincerely,

Cathy K. Naughton, MD

It’s Time to Apply for AUA Foundation Scholarships

The AUA Foundation Research Scholars Program provides scholarships to young men and women who are interested in pursuing a career in urologic research. The Foundation also partners with other organizations to provide funding for research projects investigating specific urologic diseases. The AUA Foundation website has information on all available scholarships and application procedures for the current application cycle. Visit http://auafoundation.org for more information.

index

1
2
3
4
5

President’s Message

It’s Time to Apply for AUA Foundation Scholarships

The Association of Women Surgeons Celebrates Its 25th Anniversary

Dr. Freischlag Tells Us How to “Bloom Where You are Planted”

Dr. Ross Updates SWIU Members on Current AUA Priorities

The Newsletter Seeks a New Editor

Thanks to Industry Partners

Awards, Awards, Awards

Dr. DeVries Wins the AMA Davis Award

SWIU Board of Directors

Dues are Due!

Save the Dates

Address Corrections Requested

Call for SWIU News Contributions
Dr. Freischlag Tells us How to “Bloom Where You are Planted”

At the Annual Breakfast Meeting at the AUA, Dr. Julie Freischlag, Surgeon-in-Chief, and William Halstead, Professor and Chair, Department of Surgery at The Johns Hopkins Hospital, discussed the roles of women in surgical specialties and leadership positions. Combining data from several studies that documented the importance of various factors to men and women in choosing a surgical career, with observations from her considerable experience and impressive career, she offered insight into the current status and future prospects of women in surgical specialties, as well as ways to encourage success, advancement, leadership qualities and happiness for these surgeons.

Although women will outnumber men in matriculation to medical school in 2006 and will approach parity in the graduating class this year, they still account for less than 25% of surgical residents, including all subspecialties. They are also underrepresented in academics and seriously underrepresented in leadership positions in surgical societies, universities, medical schools and private practice. Data from studies published in JAMA and The American Journal of Surgery support some conclusions regarding factors that influence specialty choice by both men and women.

Women are much more likely to consider the availability of part-time work and parental leave during residency and afterward as important factors in choosing a specialty. Residency conditions, residency hours, residency length and working hours were somewhat more important to women than men. However, earning potential, technical challenge, and prestige were less important. Spouses of potential surgical residents voiced concern over time commitment, lifestyle, fatigue and program length. Many women medical students feel that surgeons do not have a rewarding family life or enjoy spending time with their patients. Many feel that surgeons are competitive, and over a third are concerned that there is still gender discrimination in surgery.

Similar factors limit the advancement and retention of women in academic medicine. Women surgeons who seek to lead are seen as aggressive and ambitious, traits that are seen as positive traits in men but not in women. Despite the increased involvement of men in childcare and homemaking, women continue to shoulder most of this responsibility, which competes for the time required for career advancement. Women have fewer role models and mentors and lack collegial relationships that are so important in job satisfaction.


Then there are the perception and reality that women surgeons remain single and childless as compared to men in surgery and other women in medicine. To get to the top, one has to give up too much personally.

The perception and reality that women surgeons (other women physicians as well) get paid less.

The perception and reality that women are discriminated against and harassed in surgery. To get to the top you will have to put up with too much hostility. Many women feel that they will never be “one of the guys” in surgical circles. Collegiality is important to all professional people and women can be especially lonely in academic circles because there are not enough women in leadership positions. This makes it even harder to advance and to receive fair compensation and treatment in academics and private practice situations.

The perception and reality that the job is not ok, that the requirements for success are too demanding, the rules are wrong, the time spent is not rewarding and it is not “fun.”

The perception and reality that deans, presidents and CEO’s have not “bought in”—that they really don’t want a woman in charge, but are responding to external pressure.

What can leaders do to encourage women to stay in academics and seek leadership positions? Be flexible with job descriptions, pay them correctly, do not tolerate discrimination or harassment in the workplace, include them in the network, mentor them and acknowledge the importance of family responsibilities.

What can women do to advance in academic medicine and become leaders while having a rewarding personal and family life?

• Be proactive. Plan your career and do not be afraid to consider the big positions.
• Seek mentors and network with men and women.
• Be flexible and bloom where you are planted. See each job as a learning experience.
• Negotiate salary, benefits and job description and get it in writing. A well-written contract documents expectations and protects all parties. Transform the job to fit your personality and be yourself. Play to your strengths rather than trying to lead like someone else.
• Keep your sense of humor.
• Listen actively to others, solve problems creatively, show compassion and stay focused.
• When you are working hard, keep your family in the loop.

Women are needed and available in the pipeline for leadership positions. Leadership models are moving from the “clan” mentality (parent figure, loyalty is all important, internal flexibility) to the “market” (competitive marketplace, measurements of success). This move requires diverse leadership.

Women have many of the traits felt to be important in today’s leader. Emotional competence, the ability to develop others, strong communication and teambuilding skills and resilience in a leader foster core values including integrity, teamwork, trust, communication, and respect in an organization.

Diversity can be spoken aloud. Mission statements and operational plans include diversity as a goal and core value. Corporations hold retreats to teach tolerance and encourage employees to address their prejudices, whatever they may be. “By verbalizing our prejudices, they become less critical for exclusion and more critical for inclusion.”

“The daughter theory” is lessening the resistance of men to women in leadership roles. Powerful male surgeons are raising brilliant and motivated daughters who are out in the workplace and experience the good, the bad, and the ugly. As Dr. Freischlag said, “My professors look at me and understand my issues, my style and my talents because they look at their daughters and see the same. Thank you to all the daughters in the world.”

However, there are reasons that many women are not ready to be in charge:

• The perception and reality that women surgeons remain single and childless as compared to men in surgery and other women in medicine. To get to the top, one has to give up too much personally.
• The perception and reality that women surgeons (other women physicians as well) get paid less.
• The perception and reality that women are discriminated against and harassed in surgery. To get to the top you will have to put up with too much hostility. Many women feel that they will never be “one of the guys” in surgical circles. Collegiality is important to all professional people and women can be especially lonely in academic circles because there are not enough women in leadership positions. This makes it even harder to advance and to receive fair compensation and treatment in academics and private practice situations.
• The perception and reality that the job is not ok, that the requirements for success are too demanding, the rules are wrong, the time spent is not rewarding and it is not “fun.”
• The perception and reality that deans, presidents and CEO’s have not “bought in”—that they really don’t want a woman in charge, but are responding to external pressure.

What can leaders do to encourage women to stay in academics and seek leadership positions? Be flexible with job descriptions, pay them correctly, do not tolerate discrimination or harassment in the workplace, include them in the network, mentor them and acknowledge the importance of family responsibilities.

What can women do to advance in academic medicine and become leaders while having a rewarding personal and family life?

• Be proactive. Plan your career and do not be afraid to consider the big positions.
• Seek mentors and network with men and women.
• Be flexible and bloom where you are planted. See each job as a learning experience.
• Negotiate salary, benefits and job description and get it in writing. A well-written contract documents expectations and protects all parties. Transform the job to fit your personality and be yourself. Play to your strengths rather than trying to lead like someone else.
• Keep your sense of humor.
• Listen actively to others, solve problems creatively, show compassion and stay focused.
• When you are working hard, keep your family in the loop.

Dr. Freischlag reminds us of the words of John F. Kennedy, “There are risks and costs to a program of action, but they are far less than the long-range risks and costs of comfortable inaction. “Women surgeons must take control of their futures by taking risks, becoming leaders and changing the system from within. And “If you pray for rain, be prepared to deal with some mud.”

She can be contacted by e-mail at jfreisc1@jhmi.edu.
Dr. Ross Updates SWIU Members on Current AUA Priorities

Dr. Lawrence Ross, President-Elect of the AUA, addressed SWIU members at the Annual Breakfast Meeting at the AUA in Atlanta. He discussed several AUA priority issues including residency training, international relations, maintenance of board certification and gender diversity.

In addressing residency training, Dr. Ross reiterated the AUA's commitment to innovative approaches in teaching surgical and clinical urology. Today’s residents are the future of urology, and excellent training is a key AUA objective. The Task Force on the Future of Urology Training has tackled the difficult issues facing graduate education. As eloquently discussed by Dr. Doris Stoll, the featured speaker at last year’s SWIU Breakfast Meeting, national political and socioeconomic forces and regulatory agencies are pressuring the ACGME to improve residency training and document results despite decreased funding. In addressing the problem of adequate case numbers and surgical competencies, the decision to limit surgical training for major procedures to certain residents or programs is a radical change in the overall philosophy of residency training that has been hotly debated in urology as well as general surgery. The possibility of a “two-tiered” system has been considered, but is currently not favored by the task force and the Residency Review Committee. Instead, they are focusing on innovative ways to improve surgical competency while requiring fewer cases. Virtual labs, simulation programs to develop core competencies, robotics, and teleconferencing will undoubtedly play a role in urological training in the future.

Certification by the American Board of Urology is an assurance to our patients that we are maintaining our skills and knowledge base in an environment of rapid scientific, surgical and technological advances. In addition, it is increasingly important in documenting our competence to hospitals, managed care organizations and third party payers. Maintenance of board certification has been a difficult issue with strongly expressed pro and con opinions. The American Board of Urology and the AUA continue to investigate ways of balancing the need for ongoing documentation of competence for all urologists with concerns regarding cost and time constraints.

Dr. Ross plans to continue on the road paved by the SWIU-AUA forum last year to increase gender diversity in urology by supporting women in their quest for leadership roles in the AUA and decreasing gender bias in the field of urology. As the AUA liaison to the AMA Women Physicians Congress (WPC), Dr. Brenda Kinard worked with Dr. Brendan Fox and the AUA to explore possible solutions to problems highlighted by a 2004 WPC survey. This survey of WPC members regarding the challenges facing women physicians found that 50% felt that sexual harassment was a challenge in their professional climate. In response to this survey, the WPC Board of Directors drafted guidelines for developing and establishing sexual harassment prevention and grievance procedures. These guidelines were approved by the AMA in December 2004. After reviewing theAMA guidelines, the AUA Board of Directors has decided to add an endorsement of these guidelines to their existing policy. A copy of these guidelines is available on the SWIU website as a Hotlink and on the AMA website. Also provided on the SWIU website is a link to contact members of the SWIU Board of Directors with questions or problems. The guidelines are useful not only for women who feel they have been harassed but also for residency organizations and workplaces seeking to develop their own policy.

Freedom from discrimination and harassment is only the first step. Recruiting and advancing women in academic positions and leadership positions in the AUA is essential if urology is to remain a field in which women grow and thrive professionally. Dr. Ross encourages women to participate in their AUA Section and become involved in local leadership.

The Newsletter Seeks a New Editor

Despite our best efforts to persuade her otherwise, Dr. Nina Davis recently stepped down as Newsletter Editor after years of distinguished service. If you are interested in this important position, please contact us ASAP.

Thank You to Our 2006 SWIU Industry Partners

Platinum
Astellas Pharma US
Pfizer Inc.

Gold
Esprit Pharma, Inc.

Silver
American Medical System
Boston Scientific
Laserscope
Mentor Corporation
The following awards were presented by SWIU at the Annual Breakfast Meeting and the Networking Reception at the Annual AUA Meeting:

- The Men’s Health Award For Outstanding Community Service was presented to Dr. James Bennett from Atlanta for his advocacy in promoting men’s health.
- Dr. Kathleen Kobashi was named the NAFC Award for her work in incontinence.
- The IC Advocate of the Year was presented to Dr. Monica Liebert.
- Dr. Tracy Cannon presented the Christina Manthos Mentor Award to Dr. Robert Flanigan, Professor and Claire R. Speh Chair in Urology at Loyola University. He is also to be congratulated for being named the new Secretary of the AUA.
- A new award, the SBUR/SWIU Award for Excellence in Urologic Research honors a woman who has contributed greatly to Urology Research. It is awarded jointly by the Society for Basic Research (SBUR) and SWIU. The first recipient is Dr. Natasha Kyprianou, currently the James F. Hardymon Chair in Urologic Research at the University of Kentucky Medical Center.
- The Resident Travel Award was presented to Dr. Nivedita Dhar, The Cleveland Clinic Foundation.
- The Elizabeth Pickett Award was presented to Dr. Kathleen Kieran for her research project entitled “Isolation of Cavitational Effects During Controlled Tissue Ablation (Histotripsy) in the ex vivo Porcine Kidney and in vivo Rabbit Kidney.”

Congratulations to all the winners! ✪

Dr. DeVries Wins the AMA Davis Award

Dr. Catherine DeVries, founder and president of International Volunteers in Urology (IVU) and past president of SWIU, won the AMA's 2006 Dr. Nathan Davis International Award in Medicine. The AMA's top international medical service award is awarded to one physician each year that has dramatically improved medical practice, medical education or medical research for an international patient population. Dr. DeVries was nominated by the American College of Surgeons for the prestigious award for her pioneering work with IVU.

IVU’s mission, “Teach the Teachers”, gives it a unique place among international medical service organizations. The motto “Teach One, Reach Many” was adopted in celebration of its 10th anniversary in 2005. Dr. DeVries feels that by teaching local physicians and nurses to perform the procedures, IVU’s effectiveness is multiplied many times. The organization has trained more than 300 physicians and nurses around the world.

Although initially a networking organization helping to coordinate efforts of physicians working abroad, IVU has developed four unique specialty programs. The Resident Scholars program arranges for up to 15 residents a year to participate in mentored clinical rotations. The Pediatric Urology program sponsors pediatric teaching team workshops in teaching hospitals in Mongolia, Ghana, Vietnam and Central America. The Women’s Pelvic Floor program sends urologists and urogynecologists to Africa to help treat the more than two million women with vesicovaginal fistula. The Service Fellow program sends adult urologists to hospitals to run workshops on general urological problems. IVU also supports affiliate programs in Belize and India.

Congratulations Dr. DeVries for reminding us that one person really can make a difference! If you would like to contribute to IVU or learn more about the organization, visit their website at http://www.ivu.org. ✪

Dues are Due!! $$$

Help keep SWIU thriving! If you haven’t paid your dues this year, please submit payment today.

Call the SWIU office at (847) 517-7225 for assistance.
Save the Dates! ———

Society of Women in Urology
May 20 – 22, 2007

Registration materials will be mailed and available online soon!

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. ✦

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 or Dr. Gloria Massey. We are particularly interested in information regarding job prospects, as well as individual achievements, both personal and professional.

Gloria Massey, M.D. and
Nina Davis, M.D., Co-Editors, SWIU News
Society of Women in Urology
1111 N. Plaza Drive, Suite 550, Schaumburg, IL 60173
Phone: (847)517-7225  Fax: (847)517-7229
E-mail: swiu@wjweiser.com  Website: www.swiu.org ✦