

The Society of Women in Urology



NEWS

Winter 2005

President's Message: A Word From the Wise...

Martha K. Terris, MD

There is no convenient time to start a family. If you have kids while in medical school, the children are almost grown by the time you finish residency and you can spend more time with them. If you have them while in residency, you compound the long hours of training with frequent nights walking the house with a cranky baby. I would look forward to nights on in-house call because there was at least a chance that I would get to sleep most of the night. If I spent the night home, there was no chance my cranky first-born would allow me to sleep. If you wait until after residency, you risk the chance that your ovaries have gasped their last; plus, you end up saving up for college when you should be saving up for your own retirement. Of course, the availability of a suitable sperm provider is another wild card. I do not know the answers but I have had three kids over a variety of stages in training and career. They are currently ages 15, 12, and 6. While they are a bit too young to know whether the money we have put away will be used for college tuition or bail, they seem happy and well-adjusted at the moment.



The Terris Boys

A big issue for some of us is the guilt thing. Every working woman has some element of guilt over the time she spends away from her children. In my experience, the degree of guilt is not proportional to the hours worked. In fact, many part-time acquaintances are much more guilt-ridden than many of my fellow full-time women surgeons. If I feel guilty, I go on vacation with my kids. After a couple of long car/plane rides, constant togetherness, and no work issues to distract me, we are all in agreement that we are a happier family when we are not quite so close. It is very individual, but working makes me a better mother.

Another fact that most new mothers have a hard time believing: babies do not care who changes their diapers or sticks a bottle in their mouth. Bonding is not based on duration of contact. If I had to do it over again, I wouldn't worry so much about having my infants in the care of someone other than myself. However, older children DEFINITELY care if you don't show up in the middle of the day at their school for their play or reading award or whatever is the center of their world at the time. They will write horrible novels about their deprived childhood if you don't show up for their perceived landmark accomplishments.

My strongest conviction is that hired help is essential...lots of help. If I am not home with my kids very much, I do not want to waste that time doing the laundry, going to the grocery store, going to the dry cleaner, vacuuming my living room, even cooking meals. Just as you learn to delegate as you advance in your career, you should delegate at home. It means giving up some control but it means that the time you are home can be spent reading to your kids, riding bikes with them, yelling at them about their homework, and other quality activities. This can be difficult for some people and certainly there are variations that may work better for you. For example, if you derive great joy from cooking, you may not want to give this job to someone else.

Childcare is a tough one. Some people are fortunate enough to have a partner or other family members to watch their children. This is a mixed blessing if this introduces problematic family dynamics but there is comfort in the knowledge that the care-providing family member loves the child and will always have his or her best interest in mind. If this is not an option, the other childcare choices are varied. Some hospitals have childcare centers but even these are rarely open long enough hours for most of us. Childcare centers in the community are even more restrictive. Hiring a child care provider to come to your home and stay until someone gets home is ideal but coming up with the salary for such a person can be a challenge on a resident's salary. My husband and I shared a nanny with another couple who were also both residents. The nanny would alternate weeks between our two apartments and whichever of the four parents got home first would let the nanny go home and watch all of the children until the respective parents came to collect them. Together, our families could afford a quality nanny for a salary that made her willing to put in the necessary long hours. A live-in nanny is another option that is attractive for the convenience if you can afford the salary and have a house big enough for an additional adult. Of course, you lose some privacy (i.e. you and your partner have to hide in a closet to have an argument) and you have to get used to someone that is not a family member in your house (using up all of the hot water in the shower, playing loud music, running up the phone bill, etc.). But, if you get the right person, they can essentially become part of the family. Au pairs are generally fun for the children but tend to be very young, have not been in the USA before and may be quite adventuresome, and most agencies are quite restrictive on the number of hours they are allowed to work per day or

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week. Nannies who have children of their own that they want to bring along can be very good or very bad. I recommend having candidates with kids bring them to the interview. If the child is out of control or cowers in a corner, you can imagine that the discipline (s)he dishes out is much less or much more than you would prefer. If the candidate dotes over the child and the child is disinterested in playing with your kids during the interview, you should question whether your children will be treated like second class citizens. If the child is happy, his/her behavior is appropriate, and (s)he gets along well with your kids it can be a very good situation, especially if you have one child or your children are so spread apart in age or interests that they do not play together. The nanny's child can provide a constant playmate.

As children get older, the challenge becomes transportation. They must get to school, sports events, dentist appointments, piano lessons, etc. etc. The childcare provider you choose must also be a good driver with a clean driving record. Your expenses will also increase to include gasoline and perhaps even another vehicle. Carpooling is another alternative. Although your work schedule may make it difficult for you to socialize much with other mothers who do not work, it is worth the effort for the opportunity for shared transportation. Even mothers with more time at home need help when they have three children that need to be a different place at the same time. With middle school and high school kids, there are enough evening and weekend events to easily return the favor.

Don't forget about using the kids themselves. The "official" baby-sitting age is 12 in some states. If you set ground rules (teach them how to screen calls by listening to the answering machine and instruct them not to answer the door, swim in the pool, or cook), they can take care of themselves for a couple of hours in a pinch. Most of our kids are bright and responsible; they will thrive on doses of increasing independence.

Ultimately, they hit age 15 and get their own drivers license. This will decrease your need for outside help but the kid-related sleepless nights will come back to haunt you. ♦

SWIU Founder Honored in NLM Exhibit

Although the inauguration has been the primary focus in Washington, D.C. over the past several weeks, the National Library of Medicine has been featuring a worthy diversion – "Changing the Face of Medicine", an exhibit honoring women in medicine. As mentioned in the last *Newsletter*, Dr. **Linda Shortliffe** is honored for her contributions to Urology and for her leadership, but due recognition is also paid to Dr. **Jean Fourcroy**, founder of SWIU as a "nationally-recognized scientist and surgeon". Her accomplishments extend well beyond the field of Urology. She has served as president of the American Women's Medical Association, the Federation of Professional Women, and the National Council on Women in Medicine. Currently, she serves on the board of the U.S. Anti-Doping Agency. It is not surprising that Dr. Fourcroy shows no signs of slowing down and is still very active as a consultant at age 74. After all, she did not begin medical school until the age of 42! Her biography makes for interesting reading: when she matriculated, she was a single parent with four teenagers. As only the fifth woman in the U.S. to successfully pass the ABU examinations, hers is very much the story of one who created a new path for women interested in urology, one that has been paved by the efforts of those that succeeded her. We owe all of them a debt of gratitude.

With all of the honors she has received, it is noteworthy that Dr. Fourcroy lists as the "milestone" of her career establishing SWIU as a formal organization. Certainly, she has dedicated herself not only to the highest standards of patient care, but also to supporting women in all fields of medicine and in all types of medical practice. But above all, she worked tirelessly to create an organization by and for women urologists, to provide support and opportunities for advancement in every aspect of the discipline. She succeeded admirably in giving birth to the SWIU, an offspring that she continues to nurture, but that she has allowed to grow and develop based on its leadership and the needs of its membership. Her vision and integrity have been and continue to be an inspiration to all women in urology. Thus, we and the NLM salute her.

[Editor's Note: For those wishing to read Dr. Fourcroy's entire biography or who can't make it to D.C. to view the exhibit, an extensive virtual tour is available at www.nlm.nih.gov. The website is easy to navigate and is chock full of historical data and fascinating biographies.] ♦

A Picture is Worth a Thousand Words

Dr. Martha Terris

Do you have a photograph of yourself on your practice's web page or brochure? How about in your office? If so, what style of picture is it? Is it a standard "head shot" wearing your navy suit? Or is it a glamorous shot with professional hair and make-up...perhaps a touch of fuzzy focus to hide those annoying little lines? Is it a photo taken outside the office with you a flowery dress? Is it a family portrait? You and your dog? What message does it send to the people who see it?



Martha K. Terris, MD

You would be surprised at the conclusions drawn by patients and colleagues who only know you by your picture. You may be seen as serious and bookish or delicate and feminine depending on your photo. However, in all the examples of photo styles given, you will NOT be seen as someone who enjoys spending her time hidden between an anesthetized man's legs, skillfully correcting his voiding problems with a resectoscope. Of course you cannot display a photo of yourself performing a TURP for everyone to see...particularly not your significant other, if he is anything like mine.

I do not claim to have the antidote for the resistance people have to envisioning women performing urologic surgery. I have opted for photographs wearing scrubs, either a head and shoulder shot with a white coat over the scrubs or an upper body shot leaning against an OR table. It may not negate all the biases, but at least I no longer have to deal with people asking me if I do any surgery.

[Editor's Note: I have encountered similar biases and have countered by embroidering my white coats with "Urologic Surgery" beneath my name. It doesn't always work, but then, when questioned, I can always point to the job description emblazoned on my chest and provide visual reinforcement for my verbal rejoinder.] ♦

What Does Your Curriculum Vitae Say to Others?

Dr. Martha Terris

Do you wonder why so many physicians have their marital status, spouse's name, and even the names and ages of their children listed as part of their CV? This personal information has nothing to do with their career accomplishments, does it? Of course it does! For men, this sends the message that they are settled and responsible, characteristics that theoretically carry over into their work. Do such entries convey such a positive impression when the CV belongs to a woman? In my opinion, it does not. A partner and kids send the message that the woman may be distracted or "spread too thin" over all of her responsibilities. These biases are why Equal Opportunity rulings prohibit employers from asking about marital status and children during job interviews or consideration for promotion. Why invite such negative bias when there are laws to protect you from having to provide this information?

Similarly, including your date of birth may prompt others to think about how many years of fertility or attractive appearance you have remaining.

When compiling your CV, you probably modeled it after the CV of someone else. In all likelihood, that someone else was a man. However, the information included on the CV of our male colleagues is not necessarily the information women professionals should include. If you want readers of your CV to focus on your career accomplishments – include only your career accomplishments. ♦

The AMA's Women Physicians Congress: Advocacy at its Best —

For those of us who responded to the Women's Liberation Movement with apathy and have always cast a skeptical eye on activist women's organizations, the AMA's Women Physicians Congress (WPC) is a professional women's advocacy group of a very different stripe. It consists of 4000 physicians and medical students (female gender not required) dedicated to addressing key issues affecting female medical professionals and women's health in general. The WPC's objectives include:

- ❖ Increasing the number of women in leadership roles in the medical profession and in organized medicine
- ❖ Providing a forum for mentoring and networking
- ❖ Advancing the understanding of gender-based differences in health
- ❖ Monitoring trends and emerging issues affecting women in the medical profession
- ❖ Exploring options for balancing family and career responsibilities

One of the most important components of the WPC mission is to partner with all of the medical specialties to build a consensus on issues of mutual concern and to expand opportunities for involvement and advocacy at all levels of organized medicine. This is accomplished by asking each of the specialty societies including the AUA to designate a liaison representative to participate in an annual "summit", a special forum for gender issues to be aired and addressed. The AUA liaison for the past three years has been **Brenda Kinard**. She is charged with attending the meeting and reporting back to the AUA president and board regarding the meeting agenda, key elements of the discussions, and any resolutions enacted. Because of her past performance, Brenda was asked by Dr. Martin Resnick to continue as liaison for two more years.

What is most impressive about the WPC is that the annual summit is taken seriously not only by the participants but by the AMA's ruling body, the House of Delegates. Case in point: the number one response given to a question regarding the greatest challenge facing women physicians was sexual harassment (50% of respondents). Immediately after the meeting, the WPC drafted a comprehensive report on sexual harassment/discrimination that not only defined what constitutes sexual harassment/discrimination in training

programs, medical offices, and other physician institutions and its effect on those involved, but was primarily concerned with laying out constructive, economical, and practical guidelines for preventing sexual harassment/discrimination at all levels. The document provided an overview of the laws governing harassment, the critical elements of an effective

sexual harassment policy and grievance procedure, accreditation policies addressing harassment in medical education and training, and recommendations for addressing harassment in medical practice, again, the emphasis being on preventive rather than punitive measures. The report was then approved by the AMA's House of Delegates in December. The entire process from recognition of the problem to constructive action only required nine months, a very respectable gestation for a large organization. The entire document will now be made available to all on the AMA's website.

As we all know, getting things done quickly – or even done at all - in a large organization often requires a huge amount of energy to overcome the inertia. The WPC has demonstrated that consequential work can be done well and done expeditiously. This is advocacy at its best. We at SWIU should take note, as we, too, are a special interest group under the aegis of the AUA, albeit much smaller. Nevertheless, the objectives of both organizations are very similar. Therefore, we should learn from the activities and *modus operandi* of the WPC so that we can ensure that our meetings are not perceived as "bitch sessions", but rather as a constructive sharing of concerns and the generation of ideas to address them.

For more information on the WPC, visit <http://www.ama-assn.org/ama/pub/category/172.html> ♦

REMINDER: DUES ARE DUE!

Thanks to those members who have paid their dues for 2005.

Society of Women in Urology



2004 - 2005

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FOUNDED IN 1980

On the Move

As President of the SWIU, **Deborah Lightner's**, leadership skills were amply demonstrated and now, those skills will be put to the test as she assumes the position of Chief of the Medical Staff at the Mayo Clinic in Rochester, MN. To gain such recognition at this most prestigious of medical institutions is truly a significant honor and we wish her the best of success.

Margot Damaser has left Chicago to accept a dual appointment as Assistant Staff in the Department of Biomedical Engineering and the Glickman Urologic Institute at the Cleveland Clinic Foundation. She will also maintain a concurrent VA appointment in the Research Service of the Louis Stokes Cleveland VAMC. ♦

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. ♦



**Society of Women
in Urology**

1111 Plaza Drive, Suite 550
Schaumburg, IL 60173-4950

AUA Resource: Childcare Services

The following hotels in San Antonio advertise that they offer babysitting/childcare through bonded services with 24 hours notice:

Drury Inn: Riverwalk
201 N. Saint Marys St.
San Antonio, TX 78205

Marriott San Antonio, Texas
555 South Alamo Street
San Antonio, TX 78205

Riverwalk Plaza Hotel San Antonio
100 Villita Street
San Antonio, TX 78205

Residence Inn by Marriott San Antonio, Texas
425 Bonham Street
San Antonio, TX 78205

Wyndham San Antonio, Texas
401 S. Alamo Street
San Antonio, TX 78205

Hyatt Hotel San Antonio, Texas
123 Losoya Street
San Antonio, TX 78205

Marriott San Antonio, Texas
101 Bowie Street
San Antonio, TX 78205

Ramada Inn San Antonio, Texas
705 East Houston Street
San Antonio, TX 78205



For entertainment, don't miss the San Antonio Children's Museum (305 East Houston, San Antonio, TX 78205 (210) 212-4453). See www.sakids.org for more information.

SWIU AUA Sunday Morning Talk: “Challenges in Resident Education, Now and in the Next Decade”

Doris A. Stoll, PhD

Objectives/Needs

- to discuss many changes in GME and their impact on faculty.
- to challenge faculty members with actions they might adopt in educating residents.

Disclosure Statement

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Society of Women In Urology
Program Schedule & Registration Form

Join SWIU in San Antonio for the Annual Breakfast Meeting and Networking Reception.

You can register quickly and easily online at www.swiu.org!
 Please register by **May 2, 2005.**

Annual Breakfast Meeting

Sunday, May 22, 2005

6:30 a.m. – 9:00 a.m.

Henry B. Gonzalez Convention Center – Room 204 A&B

San Antonio, Texas

- 6:45 a.m. Welcoming Remarks
Martha K. Terris, MD, SWIU President
- 6:50 a.m. AUA Update
- 7:00 a.m. **Doris A. Stoll, PhD**
“Challenges in Resident Education, Now and in the Next Decade”
- 8:00 a.m. Presentation of the Men’s Health Award for Outstanding Community Service in Men’s Health
- 8:10 a.m. Annual Business Meeting
- 8:30 a.m. Networking
- 9:00 a.m. Adjourn

Networking Reception

Tuesday, May 24, 2005

5:30 p.m. – 7:30 p.m.

Henry B. Gonzalez Convention Center – Room 211

San Antonio, Texas

Featuring: Presentations by recipients of the Elizabeth Pickett Award & The Christina Manthos Mentor Award

There is strength in numbers! The Society of Women in Urology welcomes you to their reception. This is a great opportunity to meet with other female urologists to discuss the issues facing women in the field of urology, as well as other medical issues. In addition, receive membership information to join SWIU. We look forward to this great networking opportunity every year and hope to see you there!

Please indicate which event(s) you will be attending:

SWIU Breakfast Meeting <input type="checkbox"/> Self <input type="checkbox"/> Guest	SWIU Networking Reception <input type="checkbox"/> Self <input type="checkbox"/> Guest
Name: _____	
Spouse/Guest: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ Fax: _____ E-mail: _____	

Please mail/fax this form to the SWIU office by May 2, 2005:
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