

The Society of Women in Urology



N E W S

WINTER 2009

President's Message

Elizabeth R. Mueller, MD



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Happy Winter!

My six-year-old twins have entered first grade and the frantic remembering of homework while brushing teeth mimics my lifelong habit of procrastination! Perhaps this personality defect is genetic!

This newsletter is primarily focused at graduating residents. I have asked a variety of women urologists from private practice and academics to write either about their career or to answer the question "What do you wish someone had told you when you were a senior resident?" Their responses are included in the newsletter. In addition, we have included a letter we sent to the AUA when they asked us to assess our organization and provide an update on our areas of focus, challenges and opportunities for collaboration with the AUA. Please read it and feel free to send your comments to me at emueller@lumc.edu. At a time when many of us are questioning the renewal of annual memberships, I appeal to you to continue to support our organization. Our board has many plans to continue to promote women urologists as leaders in our national and local organizations. In addition, your support allows us to give free membership to all of our resident members.

Lastly, I wish you the best as we move into our holiday season. I would like to end this message with a couple of sentences from Harriette Scarpero's presidential message last year when she wrote about her amazement that both former Senator Hillary Clinton and Governor Sarah Palin had been considered for leadership roles in the 2008 election.

"I felt proud when I heard Governor Palin thank the women who blazed the trail for her, Hillary Clinton and Geraldine Ferraro. I read in an article that Ferraro had been shocked by Palin's expression of gratitude. None of her peers had ever publicly thanked her in the 24 years since her run for vice president.

"I see important lessons for all women in the events since the political conventions. Acknowledge and be thankful for the opportunities and doors opened for you by the people who came before you. Reach out to other women in your field even if they may sometimes be your competition."

With that in mind, I would like to thank all of the women who have played such an important role in our organization. Certainly, at the top of that list would be our founder, Jean Fourcroy, who was president from 1981 to 1991! ♦

Be well,
Beth Mueller, MD

Nosce Te Ipsum

By Leslie M. Rickey, MD

Let me first start by saying that I think where I've ended up has depended largely on surrounding myself with smart supportive colleagues who are fun to be around. Before you start thinking that sounds like a terribly irresponsible way to make life-altering decisions, remember that throughout medical school, residency, fellowship and your job, you will be with these people as much or more than your family and so you should enjoy their company—immensely. I can honestly say that this outlook—at times unconsciously—was the number one reason I ended up in

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urology for my residency, and it was also how I ultimately chose the location of my residency and fellowship. By the time the job decision came around, I had a few other things I had to take into account (like a husband and kids—I would highly recommend that your partner has at least some enthusiasm for the geographic location). But in the end, the deciding factor was the position that seemed like the best environment for me to succeed and enjoy going to work.

I had always leaned towards an academic career. I like teaching and the somewhat chaotic environment of a teaching institution with the continual new influx of residents and students. I also wanted to achieve something lasting during my career. When it came time to actually look for a job, most of my anxiety stemmed from ignorance about the process, especially the economics. What was I worth, what was the typical pay and how do you negotiate a salary? But the salary is actually easy to think about. What are a little harder to focus on are the intangible elements that aren't reflected in a salary. I was really helped at this point by a "Negotiating Your Career"-type seminar given at American Urogynecologic Society by Dee Fenner from the University of Michigan. Getting to the next step takes a decent amount of self-reflection, which most of us in medicine never get around to because it involves actually stopping for a minute, sitting down and really thinking about what you want from life. And before this starts to sound too touchy-feely, I don't just mean some type of personal nirvana, but quantify what you want from your practice. What will make you happy during your work hours? Believe me, you cannot be too specific. So, start with your office – what type of equipment will you need? Will you have an administrative assistant? Then your clinical practice — how many clinic days will you have? How many nurses, nurse practitioners and medical assistants will be with you on those days? Will a resident be assigned to that clinic? Only being exposed to one residency during my training, I thought most residencies were the same. Well, I was wrong. If you will be involved with a training program, don't assume that the resident schedule will be similar to the one you went through. There are many more details to go over, so start writing down what you think you need to get through your day. Finally, what do you want your practice to look like in five years? Do you want to have a specialized practice, or also do general urology? Do you want to have extramural funding? Do you want protected research time? Be upfront about this vision when you interview (and you will probably be asked this question as well). The other element to consider is the kind of environment you want to work in. For me, I wanted to be in a place where research was valued and supported. I also wanted a "senior partner" or mentor that could guide me through my junior faculty years. That senior partner had somewhat different training than my own, but we had similar philosophies and attitudes and he is very invested in my success. So, you have to think about what you want. Although I was offered the opportunity to build a division from the ground up, and that will appeal to some people, I am more of a group person than a solo gal.

The last piece of advice I can offer is that it is never too soon to start looking for a job. Hospitals and practices will make room for the right person even if they are not actively recruiting, so put your feelers out early. Plus, word of mouth is a powerful tool in our relatively small field, and chairpersons and community urologists talk. By letting people know what you want even a few years before you graduate, you will create opportunities for yourself.

To translate the title of the article, you must devote some time to "know thyself" (nosce te ipsum), and I guarantee that this investment will help you make the right decision. ♦

Responsibility is Hard and a Little Lonely

By Tamra E. Lewis, MD

I am in my fourth year of private practice in the Chicago suburbs. I attended medical school at the University of Iowa, residency at the University of Nebraska and went on to a fellowship in female urology with Metro Urology in Minneapolis/St. Paul, MN. My practice consists of about two-thirds female urology, one-fourth stones and the rest general urology. I have four male colleagues who treat the majority of the patients with urologic cancer, BPH, ED and other aspects of general urology. I really enjoy the mix of my practice. I am constantly amazed by the number of women who suffered in silence with their incontinence, prolapse or other concerns they were afraid to discuss

with their internists or even their husbands. The ability to help these patients is so rewarding. I put together a few reflections/bits of advice from my short experience out of training.

Responsibility is hard, and a little lonely. In residency you are surrounded, almost to excess. You are never working "alone." This changes in private practice when you are making decisions, not you and a committee of residents and attendings. No matter how prepared you feel; the first time you do a stone extraction without a resident or faculty assisting, it is a completely different feeling. There is not always someone around to validate your decisions. Have confidence in the fact that you are well trained, but do not be afraid to ask for help, whether a curbside from one of your partners, a phone call to a former co-resident or faculty or sending a patient for a formal second opinion.

You need to build your network. It took several years in residency to develop this—surgeons, internists, pediatricians, ob/gyns, physical therapists, etc. When you start in private practice in a new area, it takes time to develop this network. Take the time, talking to other physicians in the lounges and on the wards, eliciting patients' opinions of their health care providers, attending local and regional medical conferences. You are not only creating a network of support, but also a network of referrals.

You can never stop learning. The difference, after you are out of residency, is that your learning is self-directed. There are no weekly case conferences, no annual in-service exams, no oral boards looming ahead. You are busy with family and a new practice. But medicine and the practice of urology, is constantly changing, and it is easy to fall "out of touch." Involvement in local and regional medical societies will help keep you thinking about new advances, as well as keeping up with aspects of urology you don't see every day.

You have some control, finally. While you are not completely the boss (consults, cases and office hours that need coverage), you do have more control over your life and your schedule. As an urologist, you will always face the challenge of having more male colleagues who, no offense meant, are not moms.

Your time is valuable. Don't feel guilty for finding help with the things in your life you can hire out—housecleaning, yard work, meals, grocery delivery, personal shopping or child care for a night or weekend out with your significant other. If you are able to work a four-day or four-and-a-half-day week, do it. You have worked hard and you deserve it! ♦

My Long and Winding Urologic Journey

By Nina Davis, MD

For the past several weeks, I have had the pleasure of mentoring a second-year medical student, Anna, who thinks she wants to pursue a career in urogynecology. Like many people, lay and medical alike, she only had a vague idea of what the gynecologic version of "urogynecology" and the urologic version of "urogynecology" involve. I was excited to be able to introduce her to the urologic perspective.

Anna asked excellent questions, not only about the patients we saw together, but also about making career decisions. Putting myself in Anna's place and thinking about my own career choices informed my answers. My interaction with Anna made me realize how fortunate I have been in reaching this point in my career.

I took a circuitous route to becoming an urologist, but suffice it to say, it was the best decision I ever made. I am a urology chauvinist. Early on, when I was a flight surgeon paying the Navy back for my scholarship, my boss—a flight surgeon and gynecologist—suggested I take the gynecologic route to becoming a urologist as it "would be easier for a woman." He obviously assumed that I would do "female urology" (a term I dislike), and did not appreciate the fact that I enjoyed caring for men as well as women. After all, variety is the spice of life. It also didn't occur to him that I was accustomed to being in the minority, 1 of 8 women in a class of

96 at medical school, and 1 of 2 women officers in my squadron of 356. My colleague was prescient, however, in that he did predict my eventual evolution into a specialist in voiding dysfunction, pelvic floor medicine and reconstruction, an unwieldy but more precise label.

Like many female urologic trainees, I did not want to be pigeonholed into "female urology." At that time, as was true of most programs, there was no fellowship-trained faculty, so patients with pelvic floor issues received *ad hoc* care. I graduated with little experience and even less knowledge and did not appreciate how shortsighted (yes, "stupid" is probably a better word) that was.

I chose to pursue a fertility fellowship and found that a practice focusing on fertility and erectile dysfunction was extremely gratifying. I also continued to do some general urology, which I still enjoy.

Yet, a number of factors eventually prodded me into pursuing a pelvic floor fellowship. Ignorance is not bliss when it comes to medicine. It finally dawned on me that female patients often want female urologists, and, since urologists take care of men and women, I needed to pay more attention to the needs of my female patients. Then, I found myself in a situation in which I had to collaborate with general gynecologists and became frustrated because outcomes of our combined surgeries were not always optimal. I wanted to control my outcomes. Further, I came to realize that care of urologic problems in women, particularly pain syndromes, was deficient, to say the least. As a consequence, I felt that I needed to work with someone who could help me to better understand these problems and to inspire me to think outside the box. Tamara Bavendam, then at Medical College of Pennsylvania in Philadelphia, was just the person to finally round out my urological training as it applied to women. Fortunately, she had a fellowship position open and a collaborative women's health center that introduced me to the paradigm of integrated women's care. The inspiration, knowledge and support she provided proved pivotal in my career.

I now have what I believe to be my ideal urologic practice. I am fulltime at the Portland VA, supervising the Women's Urology and the Erectile Dysfunction Clinics. My practice encompasses voiding dysfunction, neurourology and pelvic floor reconstruction, but also general urology, including prosthetics (when we can fit it in) and endourology. At Oregon Health and Science University (OHSU), I have a dual appointment in urology and urogynecology, but my practice (one day/week) is situated in the Center for Women's Health (CWH), which is administered by the Department of Gynecology. The CWH is a comprehensive women's health unit housing a breast center, an internal medicine practice oriented toward women's health and integrative medicine, general gynecology, a vulvodynia clinic, gynecologic oncology and a nurse midwifery practice. Collegiality rules, and I particularly enjoy learning from my colleagues. If I have a question regarding a physical finding or otherwise need a "curbside consultation," the resources are abundant. It also doesn't hurt that we practice in a brand new, beautifully decorated facility filled with art and windows providing breathtaking views of Cascade Range.

In addition to my patient care responsibilities, I am professionally fulfilled by an extensive teaching schedule. I not only instruct and supervise urology residents, but all of the geriatric fellows and many of the internal medicine residents rotate through my Women's Urology Clinic at the VA. I teach modules for the NP and PA students annually. I participate in the male genital exam course and a spring course called Human Growth and Development. Finally, I will be providing a four-hour lecture for the Pacific University PA program, also in Portland. It should be obvious that, besides taking care of patients to the best of my ability, I LOVE teaching.

It has certainly been a long and winding road to this point in my urologic career, but the journey is by no means close to an end. Having been in practice for 17 years, I feel that I am just reaching my stride. When I was in medical school, we were told that medicine is 10% book learning and 90% experience.

Amen. ♦

REMEMBER SWIU WITH CHARITABLE DONATIONS!

As you plan your yearly donations to the charities of your choice, remember SWIU. Your donations will be used to support our research awards, mentoring program and other member benefits.

Society of Women in Urology



2009 - 2010

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FOUNDED IN 1980

Mark Your Calendars: SWIU at the 2010 AUA

Sunday, May 30, 2010

6:30 a.m. – 9:00 a.m. **Annual Breakfast Meeting**
Hilton San Francisco

Tuesday, June 1, 2010

5:00 p.m. – 6:00 p.m. **SWIU – Women Leaders in Urology Forum**
Hilton San Francisco

6:00 p.m. – 8:00 p.m. **Networking Reception**
(immediately following the SWIU Forum)
Hilton San Francisco

Everyone is Welcome! This is a great opportunity to meet with other urologists to discuss the issues in the field of urology, as well as other medical issues. In addition, SWIU will announce the Christina Manthos Mentor Award winner and you will also hear from the 2009 Elizabeth Pickett Award winners.

We look forward to this great networking opportunity every year and hope to see you there! ♦

Update on SWIU from a Letter to the American Urologic Society Requesting Information on Focus Areas and Challenges of Urologic Organizations

SWIU Recent Activities and Greatest Challenges

Like all subspecialty societies, we struggle to make sure that our members feel they are getting what they need from their society. Our focus has been in the following areas:

Mentoring of Resident Members

- Free membership to all women urology residents
- Residents' Corner in the quarterly newsletter that discusses resident issues
- Presence at the UVA resident educational forum so women residents can talk with women urology attendings
- Publication and update of the resident handbook that was revised and distributed in 2009
- Networking reception on Tuesday evenings of the annual meeting (following Women Leaders in Urology CME event).

Highlight Women Who are Leaders in Urology

- Our breakfast meeting topics for the last two years have highlighted leaders from our ranks to come and talk about their lives and passions.
 - 2008 Catherine deVries: International Volunteers in Urology
 - 2009 Elspeth McDougall: Resident Education
- An important part of our mission has been to demonstrate the contributions women urologists are making to our specialty by hosting a CME event where a specific topic is discussed in a case presentation format with a panel of women urologists from private and academic practice. This forum is open to all urologists and is free. The topics and panel leaders for the last

three years were:

- 2007 Martha Terris: Prostate Cancer
- 2008 Cheryl Lee: Bladder Cancer
- 2009 Margaret Pearle: Surgical and Medical Management of Stone Disease

- Following the CME event we have a networking reception that allows members and non-members to network. We have many residents who attend this event and consider it a highlight.
- We also present the **Christine Mantos Mentoring Award** at that event to honor individuals who, throughout their career, have mentored women. Past participants:
 - 2007 Robert Flanigan
 - 2008 Tamara Bavendam
 - 2009 Ed McGuire

Support the Research Efforts of Women Urology Residents

- One of our major focuses has been to promote the scholarship and research efforts of women residents. Residents submit their proposals for a research project and are awarded based on the project merits. The Elizabeth Pickett Award has been in existence since 2000. Our travel award is to support the travel costs for a women resident that had an accepted abstract for the AUA annual meeting. These awards are often based on need of the resident.

2008 Elisabeth Pickett Awards

Aimee Wiltz, MD – \$2,500
Katie Ballert, MD – \$2,500
Nadya Cinman, MD – \$2,500

2009 Elisabeth Pickett Awards

Ruthie Su, MD – \$2,500
Rose Khavari, MD – \$2,500
Van Anh Thi Ginger, MD – \$2,500

2008 Travel Award

Stephanya Shear, MD – \$1,000

2009 Travel Award

Julie Riley, MD – \$1,000

- Support the Research Efforts of Women Who are Basic Scientists in Urology**

This focus has arisen as a joint award between the Society of Basic Urologic Research and the Society of Women in Urology. The award recognizes women scientists who focus on urologic research and have excelled in their careers. Each award is \$1,000 (\$500 each from SWIU and SBUR) and the awardees are selected by both organizations.

Shuk-Mei Ho, PhD
Gail Prins, PhD

Future Goals/Collaborations with the AUA, or Specific Items to Be Addressed By the AUA Board of Directors

- The number of women who are BE/BC in urology will double over the next six years since the number of women who are in urology programs almost equals the number of women who are BC urologists.
- SWIU and the AUA both share a common goal of promoting women as leaders. The annual meeting is the best venue for women residents to see women urologists leading panel discussions, participating in educational events, and speaking at plenary sessions.
- The SWIU provides a unique voice to and from women urologists. As women urologists, our focus has been to look at the women who will follow us and make sure that they are getting the resources they need to advance. We believe that the SWIU, in collaboration with the AUA, could expand our desire to prepare all urologists to be leaders in urology by promoting an educational event at the annual meeting that would introduce leadership skills to residents and young urologists. This would be a natural area for us to collaborate.
- SWIU would like to partner with the AUA to get the message out about

how women can get more involved in the AUA and their section meetings. We are willing to devote 25 percent of our quarterly newsletter for a year to make a campaign about "getting involved." We would request that the AUA provide a series of short articles that we would publish at our expense.

- SWIU would welcome financial support of our resident awards since we have increased number of women applying and limited resources.

We thank the AUA and the Board of Directors for this opportunity to discuss our common interests. ♦

Being a Woman in Urology

By E. Ann Gormley, MD

Beth Mueller asked me to write an article that describes my career and what I wish someone had told me about being a woman urologist when I was a resident. She told me I could include sage advice and that I could address urology or non-urology issues and that I should reflect my personal wisdom. So here goes!

I grew up in a small town in Northern Saskatchewan where my father was a general practitioner and my mother a stay-at-home mother. I attended medical school at the University of Saskatchewan where, in the mid-80s, there was no women faculty in any surgical field. I was given tremendous support by the urologists when I showed an interest in going into urology. Gender was a non-issue; they were more excited that I was interested in their field than that I was a woman. My parents also were very supportive of my decision to go into urology, but this had more to do with their philosophy that we could be what ever we wanted provided that we were willing to work.

I was the first woman resident in urology at the University of Alberta and I was treated like "one of the guys." Dr. David Mador took a real interest in my career and anytime I worked with him we would discuss what I was interested in and what I should do to achieve my goals. I ultimately planned to do a fellowship in female urology and then join his group in Edmonton. David and I still talk and I continue to value his opinion.

As I looked for a fellowship, my first interview was with Dr. McGuire and after meeting him and being offered a position I cancelled my other interviews. Dr. McGuire has been my greatest mentor. When the negotiations with the group in Edmonton started to stall, Dr. McGuire was the one who helped me decide where to look for a job and how to negotiate for a position.

My first, and thus far my only, faculty position has been at Dartmouth-Hitchcock Medical Center. I have stayed because I have a great job in a wonderful part of the country. Dr. John Heaney, who hired me, has been supportive of my clinical, academic and administrative commitments and pushed hard for me to get promoted to full professor on time.

I started my career here as a single woman. I met my husband a year after being here and married him nine years ago. We do not have children, but we have two black labs.

I am the residency director and serve in a number of administrative positions locally, regionally and nationally. Through my residency at the University of Alberta, my fellowship with Dr. McGuire and in my faculty position at Dartmouth, I have always considered that I have been treated fairly, no differently than any man. There are, however, five things I wish somebody had told me or I had figured out earlier.

1. **Get help at home. You are busy and you make a good salary. Find all of the following and more:**

- Housekeeper
- Gardening service/plow man
- Personal shopper/wardrobe consultant
- Financial planner
- Cook
- Personal trainer
- Dog walker

2. **It's not your job to plan the departmental social events.**

You may feel that you are more detail-oriented than the males in your department, and you may well be, but that doesn't make it your job to plan all the departmental social events. Early on in my career, other women on faculty and I were always the ones who brought up holiday gifts and social functions at faculty meetings. Since we brought it up we were landed with organizing them. After a few years, I learned to delegate and to accept that some things may not be done exactly how I would do them. Surgeons have control issues and as women surgeons we are probably pickier about small things than we need to be. Our support staff and our residents are very appreciative of holiday gifts and I suspect they could care less how they are wrapped!

3. **Not all urologists' situations are the same.**

Cut some slack to the women or men who have child-care duties. If you are like me and have chosen not to have children and want to work 60-plus hours per week, don't be snide if you have an associate who needs to come in late or leave early. Somebody has to raise the next generation and you shouldn't penalize the ones who have chosen to do that. They also may have very different career goals than you do. Above all, don't be a bitch!

4. **Support your spouse's career.**

Although your career may come first to you, you have to support your spouse's career. In our house this means that we host a number of events for my husband's fourteen employees and their families. We live in a wonderful house on a large property and Richard's employees love coming to our home. It would be tough for Richard to plan and execute these events alone so it's my job to help out. I also know that if I expect Richard to come to social events with me then I need to reciprocate.

5. **Take time to enjoy your spouse, family and friends and your home.**

Although we may define ourselves by our careers, there is more to life. As Labor Day weekend came to an end this year, I realized I had done nothing related to work. I had cycled 40 miles, gardened, picked apples, played two rounds of golf, read a book, visited with friends, sipped wine on the back porch while watching the sunset and had a thoroughly enjoyable weekend with my husband and dogs. The weekends spent cranking out another paper or catching up on notes aren't remembered a year from now, but those weekends filled with family, friends and good times are the ones that will live on in memories. ♦



Dues are Due!

Help keep SWIU thriving! If you haven't paid your dues this year, please submit payment today. You can pay your dues quickly and easily online at www.swiu.org. Or, call the SWIU office at (847) 517-7225 for assistance.



Two Woodfield Lake
1100 East Woodfield Road, Suite 520
Schaumburg, IL 60173-5116

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
Two Woodfield Lake
1100 East Woodfield Road, Suite 520
Schaumburg, IL 60173-5116
Phone: (847) 517-7225
Fax: (847) 517-7229
Email: info@swiu.org