



# SWIU

Society of Women in Urology, Inc.

# News

Winter 2012

## President's Message

By Melissa Kaufman, MD, PhD



*Melissa Kaufman,  
MD, PhD*

Recharging. So many products in our life require recharging. Our cell phones, iPad, laptop, camera and so forth all require periodic access to a source of energy. How about your recharger? Where do you plug-in to regain power and perspective?

It may seem unjust that I begin writing this article while relaxing on the beach on the North Shore of Oahu. However, in reality even as much as well-deserved respite allows us to ground ourselves and truly embrace precious moments, there remains occasion within our careers to rediscover the passion that fueled us to endure and succeed.

Within our society we now have just such an active circuit to tap. The SWIU 2nd Annual Winter Meeting for Professional Development and Clinical Mentoring in Scottsdale, Arizona, from January 25 – 27, 2013, promises to galvanize your spirit and enrich your practice. Last year's interaction between participants during both the didactic sessions as well as informal interactions was absolutely electric. Our society regained purpose and focus with this venture which is assured to expand in coming years.

These interactions and connections can transform not only your practice and perspective, but also carry the unlimited capacity to influence and assist others, particularly our resident members. We as an organization only have value because of your participation and belief in our values and mission. We are amidst a rapid current of change both within SWIU and medicine in general. Support from motivated and inspirational colleagues will remain a critical aspect of each of our careers, and our own society meeting provides a superior venue to develop such relationships. Although I have utilized a lighthearted jolt of humor in the delivery of this message, my intent is exceptionally sincere. We, as the Society of Women in Urology, are at a watershed and well-positioned to increase awareness in the urology community of our goals and our strengths.

Get amped up for the Camelback Inn by checking out the photos from last year's meeting at <http://www.swiu.org/meetings/2012/album/index.html>. Don't resist the temptation! Hear our message through the static of your daily grind as together, we can create an unlimited source of energy.

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## NCS Gathering Update

By Tamra E. Lewis, MD



SWIU's gathering at the NCS Annual Meeting included (from left) Sheila K. Gemar, MD; Tamra E. Lewis, MD; Teresa D. Beam, MD; Susan Flick, RN; Kathleen Kieran, MD.

SWIU hosted a breakfast meeting at the North Central Section meeting in Chicago, Illinois, on October 13. Attendees spanned a broad range of practice patterns including rural, suburban and large urology group practice, as well as academic urology. Practice management issues were discussed, including negotiating contracts and pay for call. Concern over patient compliance in difficult financial times continues to be problematic. On a positive note, several spoke enthusiastically about the SWIU's first winter meeting and were making plans to attend next year's meeting, as well as brainstorming ideas for topics for future meetings. Hope to see everyone next year for NCS in Naples, Florida! 📷

## Western Section Gathering Update

By Vannita Simma-Chiang, MD



SWIU's gathering at the Western Section Annual Meeting included (from left) Shanna Zarko, NP; Eila Skinner, MD; Susan Walter, MD; Theresa Koppie, MD; Sarah D. Blaschko, MD; Vannita Simma-Chiang, MD; Claire Yang, MD.

Aloha! On the beautiful Big Island of Hawaii, we had our SWIU networking event during the Western Section of the AUA. We enjoyed iced tea and fresh fruit with great conversation on the gorgeous property of the Hilton Waikoloa Village. The West Coast was represented well with women from California, Hawaii, Oregon and Washington. We all had a great time talking and laughing about various topics ranging from work, career and family. In a short period of time, we were able to share stories, exchange information and get to know each other and reconnect. We hope that members of SWIU and WSAUA come and join us next year in Monterey, California! 📷

## Q&A with Western Section History Essay Presentation Winner: Gwen Grimsby, MD

By Vannita Simma-Chiang, MD



*At the recent Western Section of the American Urological Association, Dr. Gwen Grimsby was awarded 1st place for the History Essay, presenting on the history of women in urology. SWIU's Resident Representative to the Board of Directors, Dr. Vannita Simma-Chiang, reached out to Dr. Grimsby on the below topics.*

**Q: What prompted you to write this essay?**

A: I was surprised at how often I am asked why a woman would want to be a urologist and frequently told that I am the first female urologist that this patient had encountered. I did not think that being a

female in urology was a novelty as I had met many women during residency and fellowship interviews, at national meetings, and there have always been 3 – 5 females in my residency program. I thus began doing some research and was actually shocked at how rare women in urology actually are! Of the over 18,000 AUA members, barely 1,500 are women! Only 6% of board certified urologists are female. When I began learning about the pioneering women in the field I was surprised at how late it women were accepted into urology. I then stumbled upon research done by Dr. Lerner and was shocked at what challenges females in urology still face today and that is what really pushed me to not only enter my essay into the Historical Essay Contest at WSAUA, but also to submit it for publication in hopes to educate more of my colleagues. I now proudly tell patients who comment about my gender that 23% of urology residents are female!

**Q: How difficult was it for you to perform research on this topic? Was it hard for you to find data for your essay?**

A: Research was not too difficult. I started with the AUA website where I was first shocked at how few female members of the AUA there were. I moved to the AC-GME to find data about how many women were in urology residency versus other specialties. There are actually two specialties with less women than urology—neurosurgery and orthopedics. I then moved to PubMed and found some great articles

both historic and contemporary. I ended up with enough material to present at an hour-long grand rounds for my entire urology department!

**Q: What were the reasons you chose to enter urology? How did you find out about urology?**

A: I chose to have my general surgery rotation first as a medical student because I figured I would never be a surgeon. Instead I fell in love and knew that I needed to pursue a surgical residency. While on my trauma surgery rotation my intern was actually a urology resident and he suggested I consider urology. I did a urology rotation as a third year medical student and loved how it provided a great mix of clinic, small procedures and major surgeries and how urologists take care of patients of all ages and both genders.

**Q: Knowing what you know now, what advice do you have for medical students who are interested in going into urology?**

A: Do not be discouraged because of your gender. I was told when I was in high school that I should not become a doctor because I will never have a family. I have plenty of friends and colleagues in surgical specialties that have families. Also, there will be male patients that may not want a female doctor but there are just as many female patients that do not want a male doctor. It is just part of the job and you have to just let it roll off and not bother you. Finally, try to find a urology mentor, do some research in urology, do an away rotation at a urology department at a program different from yours, and try to visit a national urology meeting where you can really get a taste of what urology is all about.

**Q: There are few role models for women in urology. Who were your mentors/role models during residency?**

A: At my medical school I was the only female interested in urology and we have no female urology attendings at my institution. True to what I found in my research, I have no close female mentors in urology. That being said, I still have amazing urology mentors at my program. Two that come to mind practice mostly oncology—not what I plan pursue in my fellowship training—but both have still taught me how to be a great surgeon and clinician. I have also found some amazing female mentors in the female general surgeons at our hospital who I credit with teaching me basic surgical skills and first getting me involved in research.

**Q: What else can we do to help foster each others' careers?**

A: The pregnancy statistics in Dr. Lori Lerner's publications are startling. In 2004 in the US, the highest rate of pregnancy complications occurred in African American women in rural Alabama and complication rates for pregnant women in urology were *higher* than this group. Females in urology tend to have children later in life, have fewer children, and are 10 times more likely to use assisted reproductive technologies than the national average. Taking this information into account, women need to not be afraid to have a family starting in medical school, residency, early career, etc. In addition, women need to continue to strive for academic positions in order to provide more mentors for budding women in urology.

**Q: Are there any other parts of the essay you wish you have more time and space to expand upon?**

My essay describes the history of women in medicine and surgery, history of women in urology and then discusses some of the struggles women in urology face today. I highlight many of the pioneering women in urology but would have like to expand more on prominent women currently in urology. It would also be interesting to learn about the history of women in other surgical sub-specialties since I know that my female friends in ENT and general surgery face many of the same struggles that we do. 

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**Past President Spotlight:  
Tamara G. Bavendam, MD**

By Vannita Simma-Chiang, MD

*This article is the first installment of a new series to be featured in the SWIU Newsletter. Each edition, a SWIU resident will interview one of the SWIU Past Presidents regarding their personal careers and advice they have for future generations. Enjoy!*

**Q: What first triggered your interest in urology?**

A: While I was in high school, I worked as a nursing assistant in a local nursing home. I went to medical school with the intention of being a geriatrician which I pursued until my two week urology rotation. The patients were mostly older, the problems treatable and I was fascinated by the efflux of urine from the ureteral orifice on cystoscopy. I found the complexity of "normal bladder function" fascinating and still do. I never considered being a surgeon, but once I was exposed to urology, the endless rounds of an internal medicine residency as the path to geriatrics seemed intolerable.

**Q: Any regrets throughout your career? With the knowledge you have now, would you have chosen a different field/specialty?**

A: While the path to being a urologist in the early 80's was filled with many obstacles, I can't imagine having trained in any other specialty.

**Q: Who was your role model during your residency training/fellowship in urology?**

A: I don't think I had a role model per se during residency. There was one woman chief resident in general surgery that I worked with during my general surgery rotations – so I knew it was possible to survive. There were no women surgeons of any subspecialty who had been pregnant during residency. I cannot even recall a pregnant resident of any discipline 1981 – 1986. In general, the men I worked with taught me how I did not want to be a urologist which was valuable in its own right. After developing postpartum depression in the middle of my second year of residency, I worked with a psychologist on a regular basis and I credit her with helping me develop the survival skills to get through residency.

**Q: Did you have any negative interactions with male colleagues?**

A: Too numerous to count. Some of my favorites are the chief resident in general surgery making gagging sounds on rounds during my first trimester while I was morning sick (all day). The urology faculty who told me my baby would be born with birth defects because I was using Benedictine to manage the morning sickness. The department chair who asked me to meet him after Saturday morning rounds to explain why he was no longer interested in me joining the department and then kept me waiting 90 minutes while he played racquetball with my male chief resident counterpart. He showed up still sweating in his workout clothes.



## 2012 – 2013 Board of Directors

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## Have News to Share?

Email [info@swiu.org](mailto:info@swiu.org) to include your news in the next edition of the newsletter.

**Q: What do you do in your practice/work to nurture the exposure of young women (medical students, residents) to the best aspects of competitive academic medicine?**

A: While I was in academic medicine, I made myself available to female and male residents for formal and informal meetings as much as I could. Since I have left practice, I have continued to make myself available on the phone, at professional meetings or in my home to discuss anything with anyone that needed to talk and gain a different perspective from someone who has been through about every life challenge.

**Q: Is mentoring the young generation a priority for you?**

A: Yes, life is about a balance and everybody talks about it in such a cavalier manner! Being a woman, have you ever felt it is much more challenging to achieve such a balance (professional, personal, emotional) than if you were a man? I don't think it is any more difficult for women to find a work-life balance

than men if they are defining it the same way. What is different is that I think most women define work life balance more holistically. For men that seek to be full partners in home and child rearing responsibilities while working full time and trying to advance in their careers, the challenges will be very similar.

**Q: Identify the single most satisfying moment in your career that made you realize “it was all worthy, the journey, the experience, the sacrifice!”**

A: The most satisfying moment(s) was seeing the light bulb of understanding go on for women who had debilitating bladder symptoms when they realized they could modify their behaviors and take control of their symptoms. They were not crazy; they did not have a terrible disease. They needed to understand their bodies and how their behaviors were unknowingly contributing to their symptoms. 

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## The Know on Getting to Yes

By Nancy Kolb, MSN, RN

Vice President, Global Marketing, Uroplasty Inc.

Woman of Experience in Life and Business

**BACKGROUND:** At the inaugural SWIU Mentoring Meeting in January 2012, I was honored to be asked to participate on a panel with two other women who work in the medical device industry. This article is the result of my preparation for that talk and some subsequent conversations with Dr. Melissa Kaufman, SWIU President. This article is meant to be thought provoking, to provide some guidance and to build confidence in your ability to ask for what you believe you deserve. It is a conglomeration of many things I have read, learned, heard and/or experienced over my approximately 30 years in business and 63 years as a woman. It is written using my usual “scream of consciousness” process and there are no references. I leave it to the reader to seek out many of the writings on negotiations for definitive information. Any statements borrowed from existing publications are compliments to the original authors although I have not consciously copied any one. It is almost always easier to give advice than to implement that advice in one's own situations. Practice does lead to excellence and I too continue to work toward that goal. I will offer this brief bit of advice from that ubiquitous author *Anonymous* – “If you must cross thin ice, you might as well dance.” Enjoy!

### PREPARE YOURSELF

- Realize who you are. Give yourself all of the credit you deserve for being in the place in life that finds you with this opportunity to improve your situation. You have already accomplished so much and there is more for you to achieve. You have worked hard to get to the place you are at. You are smart, knowledgeable, hard-working, compassionate, bright, determined, persistent, resilient, confident, shrewd, etc. Think of all the adjectives that describe you. Find your inner warrior princess and visualize how she would respond to this situation. Don't be afraid to channel this energy in your own behalf. For many women, championing the cause of someone in need or an underdog seems to come easily; being your own champion is somehow incorrectly construed as unladylike or self-serving. Think about negotiating this issue on behalf of someone who needs your help. How would you approach it? What points would you make? Think of the amount of energy you would expend in order to defend/promote someone else. Now turn that same amount of energy to yourself.
- If you don't ask, you won't be able to get “yes” for an answer. Not asking is an automatic “no.” Many women in my generation were raised to accept unquestioningly what we were offered or given. It was considered impolite to ask – partially because it was considered unfeminine to make requests. Impolite because the person asked may then be put into the awkward position of saying “no,” which was somehow construed to be the problem of the requestor. Not logical, but that was the 1950s era. Think about what you have learned about asking throughout your life. You may have assimilated a bias against asking from either direct examples or family tradition. Overcoming the taboo against asking may be the most difficult first step for you.

- Think of the person with whom you will be negotiating as your partners not your opponent. The two of you will be in a complex dance together in which both of you want to feel like you have gained something after your interaction. This will require that you move forward together. If at the end one of the partners feels that they have lost, there may be long term consequences or sabotage that may eventually cause you future difficulties.
- You will have to do some prep work in advance so you are as well prepared as you can be. Find out what is important to the person with whom you are negotiating.
  - 1<sup>st</sup> in community to offer a new therapy?
  - Return on financial investment - ROI
  - ROI – Return on Involvement – may be different than \$\$\$ ROI
  - Is the institution's reputation in the community/state/nation/internationally important?
  - Is your negotiating partner's reputation in the community/state/nation/internationally important? How might your request impact this.
  - Where does your negotiating partner want to move within the institution? Can you/your program be useful to her/him to advance her/his own career?
  - Observe your negotiating partner in advance. What do they wear, do they have any repetitive physical gestures, do they always sit in a certain location within a room, what committees do they sit on? How do they respond to situations of conflict or confrontation? These are all clues as to how this person thinks.
  - Listen to her/his conversation. Are there some recurring phrases? You can use these in your sessions with them. When you appear to be more like the person with whom you are speaking your views may already be seen as more credible.

### STUDY YOUR NEGOTIATING PARTNER IN ADVANCE

- In advance, ensure that your proposal/request speaks or seems to speak to some of your negotiating partner's concerns, aspirations, goals or personal ambitions.
- Try to look similar but not identical to your negotiating partner. Several weeks in advance of the meeting look at how she/he dresses to see if there are any patterns of color or style you observe. When a message is coming from someone that the partner perceives to be “the same” or similar to them, they may be more receptive to listening to the proposal and not reject it immediately.
- Mix things up in advance
  - Look at recurring meetings and where people sit. Usually we are creatures of habit and comfort and take the same place. Try choosing a different seat at each meeting. This will change your perspective as well as that of the other participants toward you. It is amazing how this simple change affects how you perceive things.
  - Look at “power colors” and wear them when you want to make a point. Red and deep blue convey confidence and strength. Watch some women in powerful positions and observe them – women in politics, national broadcasters, professors, etc.

- Ask others for help with a small issue, then reciprocate with issues important to them. Escalate your “ask” over time.
- Be grateful for the assistance and give your collaborator(s) credit for their help.

### KNOW HOW MUCH YOU WANT WHAT YOU ARE ASKING FOR

- How much do you want this outcome? That will determine how much energy and effort you want to put into it. And how much you will persist in the face of resistance.
- If you get “no” for an answer, consider this the first step to an eventual “yes.”
  - Why?
  - How can I work with you to change this to “yes”?
  - Why is this important to the institution?
  - “No” just means “maybe” or “not today, but tomorrow”
  - Go back again with another proposal that addresses the objections.
- Work on how you will present the proposal. And do realize that there are gender differences in the way that we communicate. Women tend to give all the details and process first, while men prefer bottom line first. Men may never get to the process part. This may be counter to your medical training as you have been trained to look at history before diagnosis & treatment.
  - Thank your partner for the meeting on this issue that is important to both of you.
  - Develop a one to two sentence objective when you schedule the meeting. And make it a non-personal objective, not “my purpose,” but “our purpose” or “the purpose.”
  - Assume that “we” are in this together – you and your negotiating partner
  - State the reason for the meeting – “The reason I have asked for this meeting is to discuss how we can increase access to research facilities that is equitable for all senior faculty.”
  - If you are sending a written proposal, state what your request is out front in the first line. That way if they only read the first line, they know what you want. Don’t bury your request behind several paragraphs of rhetoric.
  - Investigate how your negotiating partner likes to receive requests. Many times they may see an executive summary on the first page that summarizes the proposal. Or they may prefer a face-to-face meeting.
  - When your request is granted, what more will you be able to do that you are not accomplishing now? For example, more access to research facilities will allow you to secure more NIH grants, enhance existing research projects, generate more research on new subjects, etc.
  - Use comments in conversation like “I am sure you can see that this is a fair proposal” or “I am sure that were you in my chair asking for this you would understand how important this is to our department” or “you would probably be just as receptive to this proposal from Dr. John Jones.” The last statement does help expose any underlying sexism that may influence the outcome.

### BODY LANGUAGE MATTERS

- Body language and eye contact are important.
  - If making direct eye contact is difficult for you, as it can be for many women, practice doing this with your friends or family. You don’t want to stare, but you do want to be able to hold eye contact especially when you are making a point that is important to you. Practice sitting up straight and looking forward rather than down. Averting your eyes can be interpreted as lack of confidence, that you are unsure about what you are saying or that you may be shy. You have to “own” your request – otherwise, why bother to ask? When you do look down, make it clear that you are looking at your notes if necessary and not that you are avoiding the discussion.
  - Also note that for interactions between women and men, direct eye contact can be misconstrued to have a sexually inviting overtone. It can also be interpreted as being challenging.
  - In front of a mirror, practice saying what is most important

to you. Evaluate yourself critically. Look at how you hold your head, the expression on your face, how your body feels when you say certain words or phrases.

- Uncover any anxiety you may be feeling. Understand why you are anxious, and then repeat what you are saying until you can continue to speak even if what you are saying makes you anxious. Bravery and courage are the ability to act in the face of fear. And remember Eleanor Roosevelt’s famous saying “No one can make you feel inferior without your consent.”
- Learn how to sit comfortably in your chair with good posture, feet flat on the floor. Wear clothes that are comfortable when you are sitting and are appropriate to your position. For example, a business suit may be appropriate for a discussion about administrative issues or salary. Perhaps scrubs are appropriate if you discussion centers around operating room schedules or surgical training. And this may also depend on the setting and the usual demeanor or dress of your negotiating partner.

### PRIORITIZE PRIORITIES

- Decide what issues are priorities for you and what are “must haves.” Be ready with lesser issues that are “nice to haves” but that you can use as negotiating chips.
- Identify what aspects you can trade away. Be ready to bargain and compromise to preserve your important issues.
- Remember that you are in this together with the other person. A definitive win for your position may feel good at the time of the negotiation. However, if you must continue in an on-going relationship with your negotiating partner, they may feel they must make up for this loss as time goes on. Don’t win the debate and lose the whole campaign.
- Identify your other resources. Are there other colleagues with whom you work whose aid you can enlist to help with this issue? You may want to discuss these issues with your colleagues so that during the negotiations you can say “I have discussed this with Professor J and she is interested in this issue also.” Be careful about implying that Professor J agrees with you if in fact you don’t know her position. At the same time, a neutral statement about your conversation with Professor J may lead your negotiating partner to assume that Professor J agrees with you.
- If you can, get some statistics to support your cause from other comparable institutions, data from AUA, from SWIU, NIH, etc. It may take some comparison to others to show the need for improvement at your institution.
- Deliberately put yourself in the other person’s position to try to ascertain her/his position. This will give you additional insight into what you may encounter during your discussion. Anticipate objections to your position and think of answers in advance so you don’t appear to be fumbling during the encounter. Expect push back, but don’t back down.

### NO IFS, JUST ANDS AND BUTS

- It is a good speech pattern to learn how to agree up first, and then disagree. This makes you look like you are listening and see the other person’s position as being valid & credible. When you disagree use “and” rather than “but.” “I can see your position and I also believe that you will see XXXX” as you state your position.
- By using “and” it allows two contrasting statements to stand side by side, existing equally together. Using “but” places the two statements in opposition to each other. This simple linguistic tactic helps to increase the possibility that your vision of what you want to accomplish can indeed exist simultaneously.
- Many women qualify their statements before they are stated. Learn how to avoid this. Too often women say phrases like “this may be a dumb idea” or “you may not agree with this statement” or “I’m not really sure about this.” Be confident in what you are saying or asking. Of course your statements are intelligent, of course you are sure about what you are saying and let your negotiating partner decide if he/she agrees with you. Your job is to make the argument so compelling that they do agree. You may have enough opposition to what you want, so be your own best friend here.

Bottom Line: Be confident to ask for what you deserve based on what you have and will accomplish. “May the most that you ask for be the least that you receive.”

## Members Corner: Dr. deVries Receives Surgical Humanitarian Award

SWIU Past President Catherine R. deVries, MD, FACS, FAAP, recently was recognized with the 2012 Surgical Humanitarian Award from the American College of Surgeons and Pfizer. This award honors ACS fellows who have devoted a considerable part of their career to ensuring underserved populations receive surgical care.

Dr. deVries began working as an international volunteer during her residency training as a pediatric urologist. She visited Honduras and upon discovering the medical needs of children were still unmet, she developed a model of care using limited resources to treat those conditions.

In 1994, Dr. deVries founded International Volunteers in Urology, the first non-profit organization dedicated to providing urology education to areas with a lack of resources. IVU, which has since changed its name to IVUmed,

offers training in nearly all areas of urology to physicians and nurses in Africa, Asia and the Americas. The program has now reached over 30 countries including Honduras and Vietnam, where they annual treat 1,000 patients. Dr. deVries has taken more than 80 medical foreign trips and believes it is more important to educate medical personnel in poor countries rather than perform surgery.

In addition to training, IVUmed offers scholarships to further international outreach for residents.

Dr. deVries founded and currently serves as director of the Center for Global Surgery at the University of Utah which involves the departments of engineering, business and medicine along with eight surgical divisions and anesthesia. She also teaches at both the University of Utah School of Medicine in Salt Lake City and Stanford University School of Medicine. 

Congratulations again Dr. deVries!

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## Save the Date: SWIU 2<sup>nd</sup> Annual Winter Meeting

By Leslie M. Rickey, MD, MPH

It is with great enthusiasm that I announce the upcoming SWIU Second Annual Winter Meeting for Professional Development and Clinical Mentoring. We are pleased to bring you a program with an exclusive female faculty to deliver didactics, panel discussions and hands on sessions, focusing on the fields of robotic surgery and female sexual dysfunction.

The robotic session will include pragmatic information on designing and implementing a robotics program, case presentations and complications, and a dry lab that will allow members of all skill levels to enhance their abilities and have the opportunity to interact with experts in the field of robotic surgery. Also planned is a fascinating session on the relationship between common female urologic conditions and sexual dysfunction. We are honored to have internationally recognized faculty on the female sexual dysfunction panel, and attendees will come away with an improved understanding of diagnosis and treatment strategies for these very challenging issues. We have also built in ample networking opportunities to share ideas, ask an expert how they might approach a difficult case, and of course, meet new members from across the country.

A special highlight this year will be a Saturday night banquet honoring Jean L. Fourcroy, MD, PhD, MPH, founder and president of the SWIU from 1981 - 1991. The amazing opportunities we experience today as women in urology is due in large measure to the efforts of Dr. Fourcroy who pioneered this organization which has manifested in our most remarkable mentoring conference.

Our meeting concludes with Sunday Brunch with the Experts where many of the session leaders and panel members will be available to answer your additional questions while you indulge in the fabulous food. All of this will take place in the absolutely stunning setting of Camelback Inn. Last year many attendees managed the hike up Camelback Mountain, enjoyed the unique desert gardens and found time to relax in the legendary spa.

I was truly inspired after our exceptionally successful inaugural endeavor last year and hope that even more of you are able to take advantage of this chance to meet other members and learn new skills. The bottom line is that most of us are the lone female urologist in our private or academic practices and female role models are lacking. Our experiences, accomplishments, and challenges are in some ways universal, and there is value in learning from those that have gone before us as well as passing on that wisdom to those behind us.

With that being said, this professional development and mentoring conference is a collaborative effort with you, as a SWIU member, a vital component of the experience. We look forward to your input and participation in this year's forum. Program, hotel and registration information is available at [www.swiu.org](http://www.swiu.org). See you in Scottsdale!

Details on the Resident Travel Awards can be found at <http://www.swiu.org/meetings/2013/default.aspx>.

# SWIU 2<sup>nd</sup> Annual Winter Meeting Program Schedule

## Professional Development and Clinical Mentoring

\*Sessions will be held in the Sunshine Room unless otherwise noted.

\*Speakers and times are subject to change.

### FRIDAY, JANUARY 25, 2013

- 7:00 a.m. – 8:00 a.m.**      **Breakfast**  
*Location: Cholla*
- 7:30 a.m. – 11:45 a.m.**      **Robotic Surgery Session**
- 7:30 a.m. – 8:10 a.m.**      **Challenges in Robotic Surgery**  
Panel: Jennifer Anger, MD  
Elizabeth R. Mueller, MD  
Carol Salem, MD
- 8:10 a.m. – 9:00 a.m.**      **Case Presentations**  
Jennifer Anger, MD  
Elizabeth R. Mueller, MD  
Carol Salem, MD
- 9:00 a.m. – 9:30 a.m.**      **Comparative Efficacy and Safety of Urologic Robotic Procedures**  
Jennifer Anger, MD  
Carol Salem, MD
- 9:30 a.m. – 10:00 a.m.**      **Break in Exhibit Hall**  
*Location: Cholla*
- 10:00 a.m. – 10:30 a.m.**      **How I Approach Resident/Fellow Training**  
Elizabeth R. Mueller, MD
- 10:30 a.m. – 11:00 a.m.**      **Future Directions**  
Panel: Jennifer Anger, MD  
Elizabeth R. Mueller, MD  
Carol Salem, MD
- 11:00 a.m. – 11:45 a.m.**      **Starting a Robotic Program at Your Institution**  
Lynda A. Jayjohn, RN, MBOE, CNOR

**11:45 a.m. – 1:00 p.m.**      **Industry Sponsored Lunch**  
*Location: Town Hall*

**1:00 p.m. – 6:30 p.m.**      **CONCURRENT SESSIONS**  
*Participants will have an opportunity to participate in both the Robotics Perioperative Skills Lab and the Hands-On Simulation Session in 160-minute sessions.*

**Robotic Perioperative Skills Lab**  
*Location: Town Hall*

**Chair:** Lynda A. Jayjohn, RN, MBOE, CNOR  
**Faculty:** Renee Lewis, PA, OSUMC  
Mary A. Kenneson, MD  
Carol Salem, MD

**Hands-On Simulation and Procedural Training**  
*Location: Peace Pipe*

**6:30 p.m. – 8:00 p.m.**      **Welcome Reception with Exhibitors**  
*Location: Cholla*

### SATURDAY, JANUARY 26, 2013

**7:00 a.m. – 8:00 a.m.**      **Industry Sponsored Breakfast**  
*Location: Town Hall*

**8:00 a.m. – 10:30 a.m.**      **Female Sexual Dysfunction**  
Moderator: Kristine E. Whitmore, MD  
Panel: Susan Kellogg, PhD, CRNP, IF  
Erica Fletcher, PT, MTC  
Suzette E. Sutherland, MD

**10:30 a.m. – 11:00 a.m.**      **Break in Exhibit Hall**  
*Location: Cholla*

**11:00 a.m. – 11:45 a.m.**      **Perspectives of Women Executives in Medical Industry Panel Discussion**

**11:45 a.m. – 12:45 p.m.**      **Practice Panel Discussion**  
*Location: Sunshine*  
Panel: Teresa D. Beam, MD  
Karyn S. Eilber, MD  
Harriette M. Scarpero, MD  
Elizabeth A. Williams, MD

**12:45 p.m. – 2:00 p.m.**      **Lunch**  
*Location: North Garden*

**2:00 p.m. – 4:15 p.m.**      **CONCURRENT SESSIONS**  
*Participants will have an opportunity to participate in both the Practice Panel Discussion and the Hands-On Simulation Session in 60-minute sessions.*

**Prostate Cancer and the Couple**  
*Location: Sunshine*  
Tracey L. Krupski, MD

**Hands-On Simulation and Procedural Training**  
*Location: Peace Pipe*

**7:00 p.m. – 10:00 p.m.**      **Presidents Banquet**  
*Location: Sunshine*

### SUNDAY, JANUARY 27, 2013

**9:00 a.m. – 11:30 a.m.**      **Brunch with the Experts**  
*Location: Cholla*

**11:30 a.m.**      **Adjournment**



Society of Women in Urology, Inc.  
 Two Woodfield Lake  
 1100 East Woodfield Road, Suite 350  
 Schaumburg, IL 60173-5116

ADDRESS SERVICE REQUESTED

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## Mark Your Calendars: SWIU at the 2013 AUA

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### SUNDAY, MAY 5, 2013

6:30 a.m. – 9:00 a.m.

**SWIU Annual Breakfast Meeting**  
 San Diego Convention Center

### MONDAY, MAY 6, 2013

5:00 p.m. – 6:00 p.m.

**Women Leaders in Urology Forum**  
 San Diego Convention Center

6:00 p.m. – 8:00 p.m.

**SWIU Networking Reception**  
 San Diego Convention Center

Everyone is welcome! This is a great opportunity to meet with other urologists to discuss the issues in the field of urology. SWIU will announce the Christina Manthos Mentoring Award winner and you will also hear from the winners of the Elisabeth Pickett Research Award and SWIU/SBUR Award for Excellence in Urological Research.

We look forward to these great events every year and hope to see you there. Please note that the Women Leaders in Urology Forum and the Networking Reception will again be held on Monday this year. We hope you can make it!

### **APPLY FOR SWIU AWARDS!**

Applications for the Christina Manthos Mentoring Award and Elisabeth Pickett Research Award are now available online. Visit [www.swiu.org](http://www.swiu.org) for more information or to apply.