

Beyond boundaries: young urologists in the American Urological Association

Interview with Lori Lerner, AUA Young Urologists Committee



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The following is the edited transcript of an interview conducted by Dr. Emre Huri (Ankara, Turkey) with Dr. Lori Lerner, chairperson of the AUA Young Urologists Committee.

Huri: What is the definition of "young urologist" by the American Urological Association?

Lerner: There is certainly no single definition for the American young urologist! The definition can vary depending on the point of reference. For instance, the American Urological Association defines young urologists as individuals who are 10 years or less out of training. For the purposes of the AUA Leadership Program, which was developed to encourage younger AUA members to become involved in AUA Leadership, the young urologist is an individual less than 15 years out of training. While no single definition exists, it is clear that the needs of urologists who have just finished their training are different than those of urologists who are in more established practices and further along in their career.

Huri: What is the importance of the position of young urologists and what kind of difficulties exist for young urologists in the early period of their career?

Lerner: To the young urologist themselves, the definition may involve where they stand as regards partnership in their group, or their academic title. In the United States, a new urologist cannot take their oral boards (Part 2 of the certifying exam) and become fully Board certified until they have collected 18 months of cases. Therefore for many, the first year and a half of their career is spent concentrating on surgical logs and Board certification, as well as establishing themselves in their practice environment. Academic endeavors may occur as well, but perhaps not with the same vigor as what they will ultimately devote to research given the ever present pressure of certification.

Huri: What is the goal of AUA Young Urologists' Committee and why was it established? What kind of

activities are organised by this committee?

Lerner: Dr. Robert Flanigan, the current AUA Secretary, summarised the position of the AUA as regards the Young Urologists Committee of the American Urological Association (AUA) is a very important tool that allows the younger urologist to have a forum for discussion of issues of importance to him/her and a more defined voice in the AUA. The committee is designed to have its "finger on the pulse" of all young members of the AUA (active or international) and is expected to communicate their needs to the organisation through the Committee's seat on the Section Secretaries/Membership Council. I believe it is critical for the AUA to enhance the experience of its young members as they are not only the future of our organization but also the future of our specialty."

The committee's mission is to address the needs of urologists 10 years or less out of training. Over the last four years, the committee has hosted a forum held at the AUA Annual Meeting with topics that have included malpractice defense, maintenance of certification, utilisation of physician extenders and revenue opportunities. However, it has been the goal of committee leadership to expand the Young Urologists Committee's role to provide more to young AUA members.

The committee is currently developing a webpage that will be available on the AUA website and will contain information and links regarding topics of interest to young urologists including: American Board of Urology; the American Medical Association; Conflict of Interest information; the AUA Expert Witness Policy; frequently asked questions; AUA Leadership Program information; coding information; maternity leave policy for female urologists; contract negotiation; and MOC guidelines. With time, this committee may develop more tools and programs to better meet the needs of their constituents.

Huri: You mentioned the AUA Leadership Program. Could you please explain the goals of this program and how it works?

Lerner: The AUA Leadership Program was developed in 2004 to encourage members less than 15 years from residency with demonstrated leadership skills, and a desire to develop them further, to become the AUA leaders of tomorrow. The AUA recognised that reaching out to AUA members when they are still in the beginning of the careers can foster relationships that benefit both the young urologist and the organisation itself. The program has been a resounding success and

many of the members who have been involved have already moved into leadership positions within their sections and/or the national AUA.

Huri: How would you describe the academic life of young urologists in the United States?

Lerner: In the academic world, the young urologist is often an instructor in surgery/urology, or an assistant professor. Different medical schools have different requirements for promotion. The academic young urologist must learn to juggle their clinical career with research, grant applications, getting new projects off the ground, and a personal life, which often includes a young family. In the United States, getting protected research time is becoming harder and harder and many young urologists are forced to use their personal time to complete their research and write manuscripts. In other words, research becomes a hobby!

Huri: What are some of the difficulties of young academicians and how can they resolve them?

Lerner: It is well known that young academicians who have mentorship report more satisfaction and productivity. In the changing medical environment of American medicine, mentorship may be sacrificed in an effort to increase revenue for the institution and the department. This leaves many young researchers to forge ahead on their own, sometimes without guidance. But the AUA and the AUA Sections have recognised the need for continued research and the need to encourage young members to follow an academic path. Mentors may not be available at every institution, but certainly within the organisation of the AUA, mentors can be found. Many urologic organisations, and the individual sections of the AUA, offer grants to young urologists to help encourage them to pursue research.

Huri: It is known that young urologists from many countries in Europe have different processes at the beginning period of their career. Do you believe a European organisation for young urologists would help this population becoming more motivated and active in their professional life?

Lerner: I certainly believe that an organisation that provides a forum for young urologists to meet, network, and exchange ideas will certainly help as regards motivation and professional advancements for many individuals. It is hard for young urologists to try to forge their way in some arenas, such as leadership, and any organisation that can assist those interested individuals to become involved at an earlier stage in



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their careers will be beneficial for everyone, especially the organisation as a whole. In fact, many sections have resident committees and work to engage the trainees so that by the time they finish their training and transition to practice, they are already involved and more likely to continue.

Huri: During the establishment of this committee, what difficulties were encountered?

Lerner: Prior to establishing the committee in 2004, the AUA Board was concerned that young urologists would be too busy to give enough time and attention to the committee to give it legitimacy. As stated above, young urologists have many competing interests, which include board certification, young families, new practices, etc. However, the Board ultimately agreed to the establishment of both the Young Urologists and Residents Committees in order to provide a voice to the AUA Board and to also serve their constituent groups in the AUA by addressing their needs. We still struggle with how to get our message out to all the young urologists that the AUA serves. Some of the sections have young urology activities, but others do not. One of the goals of the Young Urologists Committee is to work with the sections to help them reach out and develop programs for their younger members.

Huri: Thank you very much for this interview.

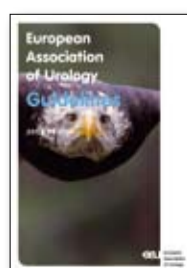
Quiz answers

The correct answers of this issue's Guidelines Quiz are: 1e, 2c, 3b, 4d, 5d.

Guidelines Quiz

- High risk human papillomavirus subtypes include:
 - HPV-11
 - HPV 16
 - HPV 18
 - HPV 33
 - All of the above
- With chronic obstruction, optimal sperm quality is found in what region of the epididymis?
 - Rete testis
 - Efferent ducts
 - Proximal Epididymis
 - Mid epididymis
 - Distal epididymis
- Potential risk factors for the presence of antisperm antibodies include all of the following except:
 - Vasectomy
 - Kartagener's syndrome
 - Cryptorchidism
 - Genital trauma
 - Sperm agglutination
- What percentage of patients with unilateral vasal agenesis has upper tract abnormalities?
 - 10 %
 - 30 %
 - 50 %
 - 80 %
 - 95 %
- Genes involved in spermatogenesis:
 - Are located on the short arm of the Y chromosome
 - When absent result in intersex phenotypes
 - Are rarely present in infertile men
 - Include DAZ
 - Are absent only when the karyotype is abnormal

The correct answers of this Guidelines Quiz can be found elsewhere on this page.



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Test your knowledge!

The EBU offers three MCQs to test your knowledge. Challenge your memory by answering the following questions:

- In patients with prostate cancer which is hormone-insensitive, the administration of 89Strontium.
 - Improves patient survival.
 - Should not be combined with external radiotherapy.
 - Is only feasible when multiple painful bone metastases are present.
 - Retards disease progression and decreases the need for further external radiotherapy.**
- When is metabolic evaluation absolutely indicated?
 - Recurrent renal stones.**
 - A female with first stone episode.
 - A pilot who had a first stone episode.
 - Patient with Calcium Oxalate stone in the age between 20-50 years who had his first stone episode.
- Suprapubic transvesical adenomectomy can be performed when:
 - PSA is elevated above 10 ng/ml.
 - Prostate volume is less than 60 cm³.
 - Prostate volume is more than 60 cm³.**
 - Carcinoma of the prostate is suspected.

To check out the correct answers, visit:
www.ebu.com/Examinations/Study Material

