A mentoring society

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It is both an honor and a great privilege for me, as my last act as president of the Society of Gynecologic Surgeons, to speak to you at this 27th annual meeting of the Society. Words can never adequately express the honor I feel in having had the wonderful opportunity of serving you as your president this past year. I will never forget being able to work with outstanding colleagues who are dedicated to the advancement of our Society. You have given me a once-in-a-lifetime experience, and I will forever be grateful to you.

I have titled this presidential address “A Mentoring Society” because the Society has provided me and continues to provide many of its members with teachers, guides, and counselors whose influence will live far beyond ourselves. It is no coincidence that “mentoring” has been the subject of past presidential addresses. Dr. Addison spoke of mentoring to the Society several years ago, as did Dr. Rock who defined mentoring by explaining who Mentor was and what a mentor should be. Last year, Dr. Gallup’s presentation was introduced by two of his mentors who told us more about mentoring within the Society than I believe he ever intended. The introduction of Dr. Gallup by Drs. Park and Morley was a perfect example of what mentorship among Society members can look like. Dr. Gallup’s deep admiration for both Drs. Park and Morley was clear, and the caring and love amongst them could not have been more real. How wonderful it was that Dr. Gallup could be honored at this important event by the very gentlemen he looked up to for many years. Teaching is perhaps the most critical element of our growth and thus my interest in shedding further light on this important topic.

A teacher affects eternity; he can never tell where his influence stops. —Henry B. Adams

In fact, Dr. Rock, in his presidential address, reported a poll of the Society to see what significant impact a mentor had in surgical training. At least 86% of the members who responded stated that a mentor contributed to a very significant portion of their education. These same members who responded to the poll have become mentors to many others and thus the cycle continues.

As Ralph Waldo Emerson once said, “Knowledge exists to be imparted.” The Society’s mission statement embodies this philosophy fundamentally, because it is to promote the highest standard of gynecologic surgical care for women in a safe and effective manner. More specifically, our duty is to promote the acquisition of knowledge and to improve skills in gynecologic surgical procedures, to enhance the understanding of gynecologic surgery that based on clinical research and to be a source of public and professional information. It is by careful design that the Society is a teaching institution, and I am proud to say that we have certainly achieved our objective during the course of this meeting and throughout the year.

In so many ways over the years, the Society’s role as a body that is dedicated to guidance, knowledge sharing, and counseling has been made obvious here at our annual meeting. Our ability to provide gynecologists with a basic understanding in the diagnosis and treatment for the new Female Pelvic Medicine and Reconstructive Surgery Subspecialty is just one of the many examples of how far mentoring has been able to take us. Today, in the context of illuminating the profound role that mentoring plays in our collective growth, I will relate my mentoring
experiences and include many members who have meant so much to my education and the development of all practitioners of benign gynecology.

My first, and therefore most important, mentor was Dr Milton McCall, who taught his students and residents how to care for patients. Dr McCall was both the Chairman of the Department of Obstetrics and Gynecology and the chief administrative officer of the University of Pittsburgh’s Magee Women’s Hospital. In his unusual and intensely demanding dual roles, he had total control of the Department and the hospital in which the Department was housed. Yet even as he struggled with all these administrative burdens, Dr McCall managed to also be a superior surgeon and a deeply caring physician with an extraordinary bedside manner. As he made rounds and approached the patients, residents and students learned not only about the facts of particular cases, but even more importantly, they learned how to relate to their patients as vulnerable human beings in a time of great need. It was immediately evident that he cared about each patient because each of these women for whom he cared would respond by proudly identifying herself to us, the greenhorns in the fresh white coats, as “Dr McCall’s patient.”

Milt McCall set an important example for us in another way. He could have easily lived anywhere he chose, in any fancy neighborhood in the Pittsburgh area. And yet, so that he would always be available to his residents and his patients, on call 24/7/365, as our children describe it, Dr McCall and his family made the major sacrifice of living not near the hospital but on the hospital grounds, in the hospital’s far from desirable area of the city. If we were not able to perform a particular operative obstetric maneuver, Dr McCall was always available to assist. Those of us who were fortunate enough to have the privilege of knowing Dr McCall can remember this extremely handsome, debonair gentleman, who impressed us with his surgical skills, dedication, manner, love for obstetrics and gynecology, and respect and affection for his patients. To study with this extremely brilliant gentleman was a privilege, and one that I will never forget. Watching him operate was like watching a great conductor leading his orchestra through a Beethoven symphony. With his Vienna training background and surgical skills, he was a true master, one whom we unhesitatingly refer to as one of the “Gods of Gynecology.” His early death at 50 years of age left all of us feeling abandoned. For those of us who were in training at that time, we lost our mentor, our teacher, our advisor, and our role model who not only taught us the importance of mastering the latest surgical skills but who also taught us to never forget that we were using those skills to help a person, an individual, who often needs our human touch as much as she needs our surgical skills.

On completion of my training at Magee Women’s Hospital, I was fortunate enough to become a member of the Berry Plan and was selected by Colonel Zimmerman to teach Walter Reed residents at DeWitt Army Hospital in Washington, DC. How lucky, for I was meeting my military obligation and receiving actually 2 years of what I felt was a fellowship during the Viet Nam crisis. It was an invaluable opportunity to improve my surgical skills and to increase my knowledge of gynecology. I, along with a handful of other physicians, was selected from many different training programs. This “meeting of the minds” so to speak allowed us the opportunity to share each other’s knowledge and to apply it to the care of our patients. Together, we improved our skills in gynecology, which included performing the first laparoscopy in 1967 to be performed in the military. I will be forever grateful for having been selected to this position and having the opportunity to have colleagues who were also mentors and were interested in resident education.

After my tenure in Washington, DC, I moved to Dallas and became a member of the Clinical Faculty of the University of Texas Southwestern Medical Branch. This gave me the opportunity to teach the vaginal surgery skills that Dr McCall had instilled in me to Parkland residents. In the interest of providing my “students” with the latest advances in laparoscopy, microsurgery, and reconstructive surgery, I developed a resident rotation for the Parkland residents to Presbyterian Hospital of Dallas. This rotation is still going strong today, 30 years later. In fact, we have a second-, third-, and fourth-year resident and a gynecologic oncology fellow in the rotation. Next year, we also expect to have a urogynecology fellow.

One day in 1974, I received a call from Dr Norman Gant who asked me to attend a presentation at the medical school. There was a physician from Buffalo, NY, who would be speaking, and Dr Gant thought that I should be there. This “discussion” on vaginal surgery included an hour of lecture, dinner, 2 more hours of slides, and a question and answer session. You may have guessed. It was very fortuitous for me to be there and meet the eminent Dr David H. Nichols. As you all know, Dr Nichols can be described with any of the superlative adjectives you can use for one individual. I was overwhelmed to hear 3 hours of dissertation on vaginal surgery. His multiple slides, his knowledge, his command of the English language, his caring, and his educational skills were unbelievable. We fast became friends, and I adopted a new mentor. Dr Nichols was my sponsor when I became a member of the Vaginal Surgeons Society, at that time a select Society of 35 members.

Can you imagine going to New Orleans to a meeting with the “Gods of Gynecology” and being welcomed by Fred Hofmeister, Paul Hodgkinson, Abe Mickal (the elite Mayo threesome), Joe Pratt, Dick Symmonds, and Ray Lee? Also present were Cullen Richardson and my Texas friend, Wayne Baden. There is no question, the “Gods of Gynecology” improved the quality of care of women in this country. Andy Fantl and I were accepted to the Soci-
etry at the same time and were overwhelmed with the opportunity to be in the same organization as these incredible surgeons. Andy preached urodynamics and its application to the quality of care and made me think in a whole new way. Joe Pratt gave his presidential address that year on the double vagina of the sloth and the bifid penis. It was an enlightening and humorous lecture. Dr Pratt’s warmth immediately shined through.

Becoming a member of the Vaginal Surgeons Society was especially beneficial in improving my quality of care. It was an incredible honor to be able to discuss one-on-one our personal cases and the technical approach needed. It was a select organization of individuals who preached the advantages of the vaginal approach.

I shall never forget Fred Hofmeister’s movie with catheters up the ureters under fluoroscopy showing where the ureter was in relationship to the uterine artery. The smooth, string-tied Wayne Baden impressed us with the restoration of anatomy that was so necessary in the approach to vaginal surgery. The Baden System was created to express results in a similar fashion. It was a better way to compare different surgeons’ results. He and Tom Walker had done studies, teaching us about the quantification of the amount of prolapse in their patients. Their system allowed us to compare results—the start of evidence-based surgery. The restoration of anatomy caused me to think of Dr McCall. When Dr McCall spoke of his culdoplasty, it was the restoration of anatomy so that the cuff was now on the anterior wall of the vagina where the cervix was. It made it more effective in apical segment support and the prevention of vault prolapse and enterocele formation. Dr Baden and Dr Richardson would discuss the defects that they had studied on fresh cadavers. Cullen reported to us of the multiple defects that he found in the fascia that were subsequent to childbirth and their absence in the fascia of the nulligravid patient. I was so overwhelmed by his description of the paravaginal defect and having been asked to participate in the study. Paul Edmonds invited me to Oklahoma to review his and Cullen’s work and to do 3 cases. We reviewed the pelvic anatomy with his bony pelvis and their video. The next day, we went to the operating room and performed 3 paravaginal defect repairs. What a great way to learn! At our annual clinical meeting, I related this experience and attempted to discuss paravaginal defects with John McLean Morris. Dr Morris, who was so brilliant, could discuss anything from embryology to oncology and here I was trying to explain Dr Richardson’s findings. The heated discussion that followed included Dr Nichols and was extremely enlightening and informative. I can only thank God that Cullen walked into the room and saved me from the inquisition, because my knowledge, at that time, was obviously superficial and inadequate. The great anatomist, the dissector, was there to bail me out. He not only made us aware of these defects, but he taught us how to repair them in a much more logical and scientific fashion, repairing the anatomic defects. He and Dr Baden stressed the restoration of the normal anatomy, which was so essential in improving our results. Cullen’s video with Bill Seay, which I played at our annual clinical meeting when I was Program Chairman, showed the presence of uterosacral ligaments laparoscopically and tagged them to subsequently use to attach the prolapsed cuff; it was truly an eye-opening experience. This event changed my approach to vault prolapse. Tom Julian and Bob Shull produced videos that I still use to teach our residents, “How to do the uterosacral suspension of the prolapsed vaginal cuff.” I subsequently abandoned sacrospinous ligament repair, for which I owed a great deal to Dr Nichols because he had come to Dallas and assisted us in an operation.

Perhaps one of the Society’s most important decisions was to enlarge the membership in 1981. It was evident to the members of the Vaginal Surgeons Society that, if we were to continue improving the quality of care for women, our messages needed to be distributed more broadly and knowledge needed to be gathered from fresh minds. Fifty eminent surgeons were selected, which immediately enlarged our membership from 35 to 85. The Vaginal Surgeons Society was now the Society of Gynecologic Surgeons.

Where would we be today had we decided not to expand? The new members brought with them incredible skills, a thorough knowledge of anatomy, and a great deal of surgical education. These talented new members allowed the Society to grow to what it is today. Can you imagine having a draft and getting all stars like Jim Breen, Dan Thompson, Hugh Barber, Bob Park, Allen Addison, Jim Blythe, Bruce Drukker...; the list goes on and on. All first draft choices. Where would we be today if Allen Addison had not elaborated on his experience of sacrocolpopexy, which improved our outcomes with his procedure? He has enlightened so many of us about how to perform this more effectively and successfully. Not long after these extremely talented people became members did they begin fulfilling a mentor role for me.

We owe a special debt of gratitude to Jim Breen for all the work he has done on our courses over the past 10 years. His expertise in colpocleisis has certainly been beneficial to my patients. Jim has been our host, meeting coordinator, and lecturer. I personally would like to thank him for all the things he has done for me and the Society. What a very special person.

What more can be said about George Morley than was noted last year by Dr Gallup? As I said before, I envy Dr Gallup for the time he has spent with this wonderful teacher. George has made an impact on so many and taught us so much. I cherish the time I have spent with him. He is held in such high esteem that there is the
George Morley Society at the annual Society of Gynecologic Oncology meeting, which was held Monday evening in Nashville.

Dan Thompson and I have a mutual love for Dr McCall. Dr Thompson is one of the grand gentlemen of gynecology and someone to whom we all owe a special sense of gratitude. His TeLinde lecture on Bratke was one of my most memorable learning experiences. His “southern gentleman” approach to pelvic surgery and its nuances is beyond compare. It is wonderful to be present at an Emory University postgraduate course and to listen to the audience reaction when he speaks. You see someone whose life is the teaching of pelvic surgery.

It was a great personal pleasure to be with Hugh Barber after having assisted him in surgery at Sloan Kettering. I remember scrubbing with him and Brunchwig on a radical hysterectomy. There was an electricity and excitement in the air. It was he who taught me the Memorial Hospital Stitch, the running knot. We are still not sure where it originated; he claims Lennox Hill.

One must only be at a postgraduate course and see Ray Lee performing and teaching with unbelievable humility. He makes everyone feel extremely comfortable and very special. Our attendees rapidly become aware of his skills and knowledge. He has worked fervently and led the Society. It is no wonder that the individuals to whom he has mentored worship the ground on which he stands.

In the initial years of the Society, meetings were held in New Orleans where Abe Mickal would welcome us. George Schneider and John Weed also showed us what southern hospitality is all about. No matter what time of year, for us it was Mardi Gras. Abe kept us at the Fairmont, telling us it will improve and get better.

On becoming a member of the Vaginal Surgeons Society and meeting Bob Porges, I asked the questions, “How could he be so young? How could he have so much stature? How could he have so much knowledge?” It was obviously genetic. His skills and knowledge abound, and he apparently had a great father mentor.

Ernie Kohorn’s mission to elicit research from the Society has been met. It was at his insistence that we are gathering data that will influence the care of women in the future. Steve Young has accepted the baton and certainly is extremely capable of carrying it to the finish line. He has assembled a great team of investigators to interpret and publish the data.

What a special experience it is to listen to Glen Hurt with his soft, southern drawl explaining the benefits of the gold standard Burch procedure. It is like hearing an opera singer singing Aida. My partner, Tom McConnell was one of Dr Hurt’s residents who profited from his teaching and knowledge. I have benefited from Tom’s resident experience.

There is incredible excitement generated at a meeting when Bob Wheeless, our TeLinde lecturer, speaks about slings and foreign materials being placed within the vagina. His personality and demeanor excites the audience, and his critique of papers is superb. Nothing gets by him. If any error exists, he will find it. This super surgeon has been a mentor to many, as was his mentor, Dr TeLinde.

Tom Nolan is recognized for his incredible number of degrees and knowledge. His sense of humor makes us all appreciate how lucky we are to be members of this Society. He is our official photographer and bylaws expert. He and Tom Stovall promise to insure our economic future. We are depending on your MBAs.

Lee Tancer, who was unable to attend this meeting, has taught us so much about fistula repair and was one of the early leaders of the Society. His “Howard Cosell” voice still rings in my ears. He worked so hard for the Society and cares so much about its future.

It is wonderful to hear Steve Cruikshank is in good health. I was so worried about him last year. We are all aware of his unfortunate illness and are so lucky to have him with us to share his knowledge. The work that he and Bob Kovac did to prove that Dr McCall’s culdoplasty is the best treatment for the cul-de-sac at the time of a vaginal hysterectomy validated what Dr McCall taught us so many years ago. Dr Kovac, the John Thompson Professor of Gynecology, has certainly proved to me that coring is an appropriate and successful approach to the large uterus in a vaginal hysterectomy. His course, which has benefited many practitioners, has stressed the vaginal approach to gynecologic surgery.

Where would our knowledge of continence anatomy and pelvic support be if it were not for John Delaney? His anatomic dissections and theories are the basis for our understanding of both urinary and fecal continence. This George Morley Professor’s latest video of dynamic pelvic anatomy support is a masterpiece. We owe a special debt of gratitude to his research efforts. I constantly refer to his work while teaching in the operating room.

I have always depended on Tom Julian and his ability to review statistics and tell me if the values are correct. He is beyond compare in his analytic approach. His surgical videos have meant a great deal to me and are very useful in the teaching of our residents. His dry sense of humor is infectious. As program chairman next year, he will certainly create an exciting agenda.

The Society is fortunate to have many women in leadership positions. Linda Brubaker (Program Chairperson), Peggy Norton, and Dee Fenner are mentors to many. These women are superstars who are providing exceptional research and knowledge; I look forward to their continuing efforts. As you can appreciate by this program, Linda has done an exceptional job, and I owe her a special debt of gratitude.

It was especially exciting to give the Distinguished Surgeon’s Award to Terry Grody. He, who came in so late in
his career, at the age of 62 years to enter academia, has made such an impact on surgical education with his videos, writings, and lectures. It was a special moment for me to give this award to one of my mentors.

I miss Charlie Flowers. His excitement and dedication to his residents was so impressive. No matter where we were, he constantly called back to see how things were. He so enjoyed our camaraderie at our meetings. He is truly missed.

The recent presidents have done so much for the Society. Because of the tireless efforts of Jim Blythe (whom I would like to thank for giving me the opportunity of being his Program Chairman), Bruce Drukker, John Rock, and Don Gallup, the foundation for the Society is solid; and we are in a fine position to continue growing. Rock’s dedication and perseverance established the Society of Gynecologic Surgeons Foundation, which will ensure our future. The Foundation, as was noted at the Annual Business Meeting, will support research and education, thereby fulfilling the Society’s mission statement. The Society is now on a firm financial footing through his effort and those of Don Gallup. Don will be our Liaison Committee Obstetrics and Gynecology representative and further Jim Blythe’s work in that arena. One can only look at Mike Aronson, Mickey Karram, Mark Walters, Bob Rogers, and Jeff Cundiff to see how promising the Society’s future is.

I would like to recognize a couple of members of the Society whom I mentored and, at one of our annual meetings, actually pitted against each other on the program. Bob Stanhope and Jeff Cundiff were both residents at our institution. It is a great personal pleasure to see two of our former residents in such leadership positions. Our Society has wonderful leaders for the future. President Bob Shull and President-elect Rodney Meeks will carry the torch forward. It is a privilege to hand the gavel to Bob Shull, who embodies leadership, knowledge, and unbelievable personal skills that are annually exemplified at the postgraduate course. The Society will undoubtedly benefit from his presidency.

I would like to mention two people who have devoted time to the Society and deserve special recognition. Drs Wayne Baden and Cullen Richardson have worked so hard since the inception of the Society. More important, their knowledge has improved the quality of care for women throughout the world. I present to them today, Special Recognition Awards for Excellence to the Society.

I have credited my mentors and those whom I have mentored for all that they have meant to me and for the impact that they have had on my life. I have saved for last the people who inspire me everyday, my family. I have been blessed with a wonderful wife, Joanie; three exceptional children and their spouses, Ellen Ungerman, Craig and Michael Weinstein, Ellen’s spouse, Josh, and Mike’s wife, Alison; and the world’s greatest grandson, Sloan. They motivate me through their love. They are my proudest accomplishments.

I would like to conclude with this quote from Steven Gabbe:

“Mentor: Pick a good one, be a good one.”

REFERENCES