Happy Spring!

This year’s UAPA Annual Meeting was once again a great success! The number of attendees exceeded last year’s attendance and further illustrated the growth of UAPA and the dedication of PAs in urology! This year’s conference featured two new additions: the surgical first assist hands-on workshop and the guidelines competition. The surgical first assist hands-on workshop was a great inaugural effort that was well received. Several of you expressed your desire to gain further training in this area of need in your respective practices. It is clear that expansion of this workshop will be needed in the future. Congratulations to the PAs representing the Southeastern region!! They prevailed as the first champions of the new guidelines competition! The pressure’s on them for next year to defend their title! Again, I would like to thank the members of the Program Planning Committee, the UAPA Board of Directors, and WJ Weiser for putting together another great meeting! There were a number of individuals who indicated there interest in participating on committees or pursuing positions on the Board of Directors. Your desire to become part of the leadership of the UAPA will ensure the future of UAPA as the home for all PA’s interested in the field of urology. I look forward to seeing you all at next year’s meeting in Nashville, Tennessee!
MORE ... more members, more attendees at the conference, more skills, more confidence! This year’s annual conference was even better than the last, if that is even possible. The board met during the annual conference with discussions of more organization and more collaboration with external organizations. As the number of PAs working in urology continues to grow, so does our UAPA group. We help with our continued prosperity. Each UAPA member needs to reach out to our colleagues to also join and provide us with support. The board is currently considering changes to our bylaws and policies that would allow other providers membership in our organization, foreign and nurse practitioners. We have realized that there are a large number of providers in those roles in other countries who would love to be a part of our group, as well as nurse practitioners. We provide a unique opportunity to expand our skills and problem solve on the daily treatments and interventions we all face. While we are growing stronger, we wish to reach out to others to join us in these efforts. We have members who are willing to step up to the plate to be leaders in the organization. We want MORE. Opportunities to serve on committees and hold office abound. A little effort by our members can result in large gains for UAPA. Get someone to join, serve on a committee or run for office. We want everyone to get MORE!

Treasurer’s Report
Charlene Kreiensieck, PA-C

It hardly seems possible that we have already had two annual conferences. This year’s conference once again was a great success. There were many repeat attendees and also a good number of new PAs as well. It was nice to see people again and make new connections. The UAPA as an organization is financially doing well. This year’s conference was not as profitable as last year due to the diminished support of industry; however, the UAPA Board of Directors and WJ Weiser & Associates are working together to develop a strategy to ensure more support for the next meeting in 2014. The relationship with WJ Weiser has proven to be a very positive one which has fostered the organization in many ways—not just financially. Once again I want to thank my fellow board members and Planning Committee co-chairs Brad Hornberger and Todd Doran for the wonderful program they put together this year. I am looking forward to another year of growth as the UAPA becomes a prominent organization.

Treasurer’s Report
Charlene Kreiensieck, PA-C

I can’t believe that this will be my last communication as a UAPA board member. Seems like only yesterday when I joined the board as president-elect and now it’s time to step aside. Let me paint the picture of what things were like then. UAPA was a strong, passionate, board run organization with approximately 35 dues paying members and $5,000 in the bank without any debt. I leave a strong, passionate board with an organization that has held true to the mission, but looks completely different. We now have over 200 members, $200,000 in the bank, a history of two well-attended annual conferences and professionally managed by WJ Weiser & Associates. AAPA leadership has recognized the progress we have made in such a short period of time as a specialty organization on the rise.

I move on with full confidence that the gains made will continue in the capable hands of the present and future boards. The rapid progress we made was entirely a group effort and naming individuals detracts from the fact that this really was accomplished through many hands, but I want to thank you individually for co-laboring together. For me, it reinforces that individuals make a difference, but collective effort truly makes something miraculous happen. I recently told a selection committee that my time spent working with UAPA has been my proudest moment professionally. Five years from now I’d like to see UAPA have enough money in the bank to run the organization indefinitely on the interest from savings; guaranteeing that UAPA will be the perpetual key opinion leader in urology PA practice. I envision a deeper connection with AUA leading to a shared understanding of the power of a physician-PA team unencumbered by outside interference, yet equally advocated for by their respective professional organizations.

My hope is that progress continues to be made in the number and quality of post-graduate training programs and that UAPA facilitates getting PA students into quality elective urology rotations. Urology is one of the fastest growing specialties and can only persist if we provide a quality trained workforce. Lastly, it’s time to collectively decide as a specialty whether or not WE want to pursue specialty certification, not urologists deciding for us. Thanks everyone for making this experience a highlight of my career but in no way do I want this to be UAPA’s highlight. That can only happen by continuing to get new, committed volunteers to work together and I’m encouraged by the enthusiasm of colleagues I’ve interacted with at our conferences.

Message from the Past President
Todd Doran, MS, PA-C

The 2013 Robotics First Assist Workshop was the first attempt by UAPA at addressing the surgical educational needs of urology PAs. Much forethought went into the development of this program but due to the hesitancy of some industry sponsors we were left scrambling to put together a meaningful program. I would like to thank Intuitive Surgical Systems, Ethicon and Kansas Medical Center for the support they provided to make this workshop a reality.

DO YOU HAVE A QUESTION for the UAPA Board of Directors? Please submit any questions to Lauren Shaffer at lauren@wjweiser.com for inclusion in the UAPA Newsletter.
Attendees were given a brief overview of the current usage of robotic surgical technology in the urologic setting as well as an opportunity for hands on usage of some robotic and endoscopic surgical devices. The course generated substantial participation and discussion of incorporating surgical assisting into existing PA practices. Few attendees had experience in robotic surgery assisting although most were familiar with the procedures and post-op care. Overall the course was well received.

We look forward to generating a more substantial and involved course for subsequent meetings. In the interim we look forward to student feedback and ideas and are actively seeking more industry support. I expect that in coming years we will be able to offer more surgical skills training and education as this is a growing area for PA involvement. A big “thank you” to Ken Mitchell and all who helped make this course a reality. I look forward to seeing you all at next year’s meeting.

Report on the Cystoscopy Workshop
Todd Doran, PA-C

This is the second year for this breakout session, and I was surprised to see that the majority were first time attendees. I’d like to thank fellow faculty members Brad Hornberger, MPAS, PA-C, Lou Koncz, PA-C, Jessica Nelson, MPAS, PA-C, Doug Milam, MD, and Brooke Zilinskas, PA-C in delivering this session with expertise. I’d also like to thank Karl Storz Endoscopy and Olympus Endoscopy, our industry sponsors, for providing the equipment. The course objectives were to familiarize attendees with flexible and rigid cystoscopy for those wanting to perform the procedure for difficult foley catheter placement and ureteral stent retrieval. For others, it was an opportunity to familiarize them with the equipment to assist with the procedure in clinic or the operating room.

Attendees were instructed how to put a rigid cystoscope together and successfully place it into the bladder of a simulated male pelvic model while using the working channel to retrieve a ureteral stent with graspers. Another station taught attendees to place a guide wire into a simulated male pelvic model using a flexible scope and deploying Heyman dilators over the guide wire, while placing a council tip catheter. The purpose was to simulate difficult catheter placement after dilation of a urethral stricture or bladder neck contracture. This was a well received course and we look forward to getting feedback to determine directions for the future.
Q: What first sparked your interest in becoming a urology PA?
A: I usually tell people I was kidnapped at birth....

I met one of our urologists while he was going through his urology fellowship. He was moonlighting as an emergency department physician at a small hospital where I worked as a paramedic back in the 80’s. We lost track of each other and eventually reconnected when my dad was diagnosed with prostate cancer. He was the person I trusted the most with what my dad was facing. A few years later, just as I was in the first few months of PA school, my dad was in for a checkup and was commenting that I was now in PA school. The urologist asked for my cell phone number to discuss the option of me coming to see what urology was all about. We talked later, and he informed me of the benefits of urology (the mix of surgery/clinic/radiology/lab/pathology) and the growing need of PA’s in urology with the aging and pending retirement of many of the current practicing urologists. He informed me that PA’s would fill an important part in urology in the future with the attrition of the current physician population. I always thought that I was destined for the ED since I had worked in EMS as an EMT; and then a paramedic for over twenty years. During my ED rotation in school, I soon realized that part of my life was complete for the most part. I completed my rotation and preceptorship in urology and found my passion for the field and the long-term relationships with patients that I never had in EMS. I was offered my first job at the end of my rotation and have been there ever since.

Q: What is your biggest accomplishment since you have become a PA?
A: I feel blessed to be currently serving my state PA association as the Governmental Affairs Chairperson. In this position, I am attempting to make positive changes that will benefit all PA’s practicing in Arkansas. I take great satisfaction in teaching others the skills that I have picked up along the way in medicine at both local and national conferences. We also have a monthly prostate cancer support group that I lead every month that is well attended. We touch on all aspects of prostate cancer diagnosis/treatment/aftercare. This gives me a closer relationship with our patients overall.

Q: How has the field changed since you first entered it? How do you see the role of the PA in urology changing in the future?
A: More cutting edge medications and treatments are currently being discovered and used. There are new treatments for prostate cancer that are exciting on the cellular level. The new techniques in urological surgery and treatment seem to be evolving every year. We've seen some of the medications that we used for one purpose, find treatment for other issues for example. The utilization of PA’s in urology in diagnostic and surgical treatment is changing quickly and we are becoming important players in not only urology, but healthcare in general. We will be doing more in the clinic and in surgery. We are already doing cystoscopy, stent removals, prostate U/S and biopsies, testosterone/hormone implants, and several other treatments for various problems. The responsibilities are getting greater, but I believe we are very capable and up to the challenge as health care evolves and changes with new regulations. We must find new ways to “roll with the punches” of the emerging healthcare system soon to be set before us.

Q: What is the most satisfying part of your job?
A: Being able to weed through the multiple, long-term issues and come up with long-term treatment which makes an impact on the patients’ lives. I have had couples sit in the office and tell me that what I had done for them had saved marriages and changed lives. This is my best accomplishment. The awards and recognition are great—don’t get me wrong—but the best accomplishment in my career so far is giving people hope. A recurring satisfaction is hearing the patients exclaim “you are the first one who has listened to me/my story” or “no one has ever explained why I am taking this medicine.” Another of my recurring satisfactions is explaining the patient’s condition and treatment goals such that they “buy in” to their own treatment. I see patients actually get better more rapidly and completely by using this approach. The day that one of our founding urologists came and asked me MY opinion on a treatment option, I felt strange, but very encouraged that all the hard work had finally paid off.

Practice Profile:
Arkansas Urology, PA
Little Rock, Arkansas

Q: What is the background and history of your practice?
A: Our clinic was established in 2001 as a coordinated grouping of a few different clinics in central Arkansas. Another clinic in south Arkansas soon joined also a few years later. We opened our Prostate Cancer Center next door to the main clinic in 2009 where we are able to give in-house radiation therapy. We currently have 16 urologists, one radiation oncologist, a contracted radiologist on-site, as well as a contracted pain management. We have five midlevel providers: two PA’s, one APN, and two RNP’s. The urologists each have their specialties with robotic surgery, cryotherapy, implants, HIFU, penile reconstruction, and all common general urological surgery performed.

Q: When did you start at your current practice?
A: I graduated PA school in August 2009 and immediately began working at the clinic. I did a three-month rotation in the clinic during my clinicals. My past experience had been in EMS and as a deputy coroner.

Q: What do you like most about your practice?
A: I feel very spoiled at our clinic. We have in-house lab/microbiology; radiology with CT/floro/DEXA/X-ray with on-site radiologist; pathology with an on-site pathologist; radiation therapy with an on-site radiation oncologist; procedure pod where we do prostate ultrasound/biopsies, microwave, and procedures under anesthesia with on-site CRNA. We have in-house billing/insurance. Anywhere else I would go, outside of being in a hospital, would not have the resources I have available in-house. I feel very fortunate.
Urology Physician Assistant/Nurse Practitioner - Victoria Urological Associates

An exciting and challenging opportunity awaits a highly qualified and experienced physician assistant or nurse practitioner for Victoria Urological Associates, an affiliate of Mission Health.

This position is located in Asheville, NC.

Role Summary: Provides urological health care services under a supervising physician in compliance with the North Carolina Board of Nursing or North Carolina Medical Board.

Required Education: Completion of an accredited physician assistant nurse practitioner program with appropriate certification exams.

Preferred Experience: Two years experience as a NP or PA using automated patient record management in the field of urology. Knowledge of dictation equipment.

About Mission Health System
Mission Health, based in Asheville, NC, is the state’s sixth largest health system and the tertiary care regional referral center for western NC and the adjoining region. In 2012 and 2013, Mission Health was named by Truven Health Analytics as one of the Top 15 Health Systems in the nation – the only health system in North Carolina to receive this recognition. Founded in 1885, Mission Health is the region’s only not-for-profit, independent community hospital system governed and managed exclusively in western North Carolina. Mission operates five hospitals, numerous out-patient and surgery centers, and the region’s only dedicated Level II trauma center. Its medical staff consists of more than 750 physicians, and is certified in over 50 medical specialties and sub-specialties. Centers of excellence include heart, stroke care and neurosciences, and paediatrics. Mission Hospital, the system’s flagship hospital, is licensed for 730 beds and is the busiest surgical hospital in North Carolina. Other Mission hospitals include Blue Ridge Regional Hospital in Spruce Pine, McDowell Hospital in Marion, and Mission Children’s Hospital in Asheville. With approximately 8,800 employees and 700 volunteers, Mission Health is dedicated solely to serving and improving the health and wellness of the people of western North Carolina.

About Western NC & Asheville
Western North Carolina is uniquely nestled in the heart of the Blue Ridge Mountains. Here you’ll find the perfect balance of welcoming, vibrant towns alive with the arts, and some of America’s most celebrated destinations for pursuing a wide range of outdoor activities and enjoying the surrounding beauty. Outdoor adventures include river rafting, hiking, mountain biking, golfing, fly fishing, skiing and more. Nearby excursions include Chimney Rock State Park and Lake Lure to the south. To the west, there is Great Smoky National Park, and to the east, Mount Mitchell, the highest peak east of the Rockies. Blowing Rock and Grandfather Mountain sit to the north and are filled with natural wonders.

While Asheville retains the charm and friendliness of a medium-sized city, it boasts the amenities of a much larger city. Theater, live music, festivals, excellent restaurants, diverse populations, art galleries, cultural diversions and museums abound. Eclectic art galleries, micro-breweries and cozy cafes can be found at every turn. A food lover’s paradise, culinary offerings range from traditional southern comfort food to four-star cuisine. Asheville is also home to America’s largest privately-owned home, the Biltmore Estate, and the historic Grove Park Inn. Downtown Asheville is pedestrian-friendly and dog-friendly, and the city’s unique skyline of art-deco style buildings are surrounded by the beautiful Blue Ridge Mountains. The Asheville Urban Trail, a 1.7 mile, self-guided tour stops at over 30 stations throughout the downtown area and is a great way to learn about Asheville’s history.

For additional information, contact:
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