First off, I would like to introduce myself. My name is Richard “Rico” Pasquarella, PA-C, incoming UAPA President, and I have been practicing urology since 2000. I’m currently working for the University of Minnesota Fairview System practicing urology/gynecology and some general surgery including robotics. Prior to urology, I practiced predominantly emergency medicine and continue to do so in the Air National Guard. Since the inception of the UAPA, all of the great individuals involved have accomplished great strides in researching and informing us of the previous, current and future demographics and potential opportunities in urology.

With all that, I’d like to take a bit of a detour from a more statistical message to one of relationships. We all have/need relationships; family, friends, colleagues, physician/PA. What do we do as PAs? We are providers, facilitators, mediators, protectors, lawyers... and the beat goes on. Our worldview is very broad, which gives us a perspective that most other medical professionals do not have, including physicians. Many of us are the structural skeletons of our practice. Patience (the virtue) is key in establishing our relationship with our physician colleague in order to build that structure and trust needed for PAs to lead the fight and challenges in caring for our/their patients (fellow humans) at a somewhat confusing time in health care.
President’s Report (con’t.)

In other words, go slow when you are invited into a new practice. For many urologists, this is new territory for them to get to understand why we’re here (again, do the demographic math) and how we can benefit the practice and its patients. For the past several years, I have received calls from PA colleagues asking, “How do I get more integrated into my practice and do procedures?” In most cases the answer is simple: patience (the virtue).

In my case, I started as a hospitalist for Metro Urology; rounding/discharges, consults, clinics. When not so busy, I would go to the operating room as often as I could with my docs and watch and watch procedures after hours, off duty (no pay). Eventually I would begin to scrub in on all cases, even those not needing an assistant, while all along building a relationship with my physicians with the eagerness to learn, and building my numbers of procedures (which would be needed in the future, as you apply for privileges at a hospital or clinic). What this time (hundreds or more hours) eventually became was really years of an OJT fellowship/residency. I’ll never forget the time when just before starting an open radical prostatectomy, my doc looked up at me and handed me the scalpel and said “Rico, it’s time for you to feel what it’s like to cut into a human’s body.”

That’s when I knew all that extra time had paid off. From then on I started doing many other procedures on my own and continue to do so. In my opinion, the time taken to build those relationships is priceless and imperative. I still work with one of my mentor physicians on a limited basis. In the past couple of years, the doc that handed me the scalpel years ago has, with my input, developed a formal PA/NP Fellowship at the VA hospital in Minneapolis. So, my point dear colleagues and friends, especially all of you new grads and even you oldsters beginning in urology, if you want it... go get it!

Next year’s UAPA 4th Annual Meeting in Austin, Texas, is building to be one of the best ever, starting with the adding of speakers of non-traditional cares, coding and physical therapy, along with the traditional content. Come join us and build relationships, connections and friends, all while obtaining excellent CME credit. If you haven’t already joined or renewed your membership in the UAPA, please do so soon and help support our profession. As you know, the need is here now and going to continue well into the future. Please get involved, complete the surveys and help to lead us there! Thank you so much and I look forward to seeing you all next March in Austin, Texas!

“We judge ourselves by what we feel capable of doing. While others judge us by what we have already done.”
-Longfellow on Ability

“Only those who dare to fail greatly can ever achieve greatly.”
-Robert F. Kennedy on Failure

Treasurer’s Report
James R. Kovarik III, PA-C

Financially, the UAPA continues on a solid foundation. Year-to-date we are operating with a surplus. As we approach our 2015 Annual Meeting, we are continuing to work with industry for financial support. Our relationship with WJ Weiser & Associates continues to prove beneficial as our organization grows. In the last six months, our membership continues to increase, which is an encouraging sign of growth and visibility within the urology & PA communities. Overall, our outlook remains strong and optimistic.

Secretary’s Report
Jessica Nelson, MPAS, PA-C

I hope everyone enjoyed their summer. While serving as the secretary, I am also serving as your Education Committee Chair. I am very excited about the plans that are underway for our Annual Meeting on March 27 – 29, 2015, in Austin, Texas. Many speakers, both PAs and MDs, have graciously and excitedly already accepted the opportunity to come give a lecture on their area of expertise. We plan to have a variety of topics and interactive breakout sessions. Many of the topics were chosen based on your interest from the survey after our most recent meeting. We will continue to actively plan the meeting and provide you with further details as they become available. It is always our goal to increase your knowledge base as a provider, as well as have a little fun along the way. Austin is also a lovely city for the foodies and the outdoor types alike. Please visit our website at www.uapanet.org for updates on next year’s meeting details as they become available.

Report on the AUA
Ken Mitchell, MPAS, PA-C

AUA Annual Meeting 2014
The American Urological Association APN/PA Education and Membership Committees have been very busy over the past several months. At this year’s Annual Meeting in Orlando, Florida, there were several presentations focused on the utilization of physician assistants and nurse practitioners within a urology practice. Brad Hornberger, PA-C, et al, taught a specific course outlining the various ways PAs and NPs can be utilized within a urology practice. Lou Koncz, PA-C was co-chair of a symposium dedicated to specific urologic disease states presented by physicians, physician assistants and nurse practitioners. The focus of the symposium was to outline and demonstrate the clinical expertise and roles of physician assistants and nurse practitioners delivering care for specific urological diseases.

Links to these presentations are available on the AUA website at no charge.
APN/PA Education Committee
The education committee has produced several learning modules for APNs and PAs providing core knowledge of specific urologic diseases at no charge. Selected topics include:
- Spotlight on overactive bladder
- Spotlight on urologic oncology
- Spotlight on male sexual dysfunction

There is also an AAPA endorsed urology Self-Assessment Study Program (SASP) for physician assistants that will satisfy the new requirements for certification maintenance. This module is available in print and online. There is a fee associated with this learning module.

All of the learning modules provide category 1 CME credits.

APN/PA Membership Committee
The APN/PA Membership Committee has produced an issue brief outlining the practice of physician assistants and nurse practitioners in the field of urology. The document is geared towards physicians, physician assistants and nurse practitioners who want an accurate overview of the training and utilization of physician assistants and nurse practitioners within a urologic practice. The document will also hopefully encourage graduating physician assistant students to consider a career in urology.

The AUA will also be releasing a comprehensive consensus statement regarding the utilization of Advanced Practice Providers (APP). Tim Irizarry, PA-C (Immediate Past President of UAPA), Lou Koncz, PA-C and Ken Mitchell, MPAS, PA-C served on the work group producing this document. Further updates on the completion of this document will be provided as well as the announcement of the official release of the document in the coming months. This document will represent the most thorough publication to date regarding the practice of Advanced Practice Providers in the field of urology.

Stay tuned for further developments and reports on the contributions of your UAPA members in the development of AUA educational programs and publications.

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Report on the AAPA
Wanda C. Hancock, MPAS, PA-C

The House of Delegates convened on May 24, 2014. A portion of the Standing Rules were suspended because of the reference to the Alternate Delegates. Secondary to the Articles of Incorporation for AAPA, it appears that some of the power of the operation of AAPA can be adjudicated to the Delegates of the AAPA HOD; however, with this, those seated delegates in essence become just like the board of directors. Their actions and rulings are subject to the same responsibilities as those of the board of directors. As such, in order for the delegates to serve as “directors” of the AAPA, they must be “elected” by their constituent organizations. While most of the affiliate organizations do elect the delegates, quite often the alternate delegates are appointed rather than elected. This means that some of those alternate delegates seated in the HOD this year were not “elected.” In the end, it was decided that this section of the Standing Rules will be referred to committee and returned.
to the HOD next year for approval. This will give COs of AAPA the opportunity to be certain that those who are alternate delegates are in fact qualified and elected. Once the alternate is credentialed and enters the HOD, they are in fact a delegate of the HOD and an officer of the AAPA. I recommend that our documents (bylaws and/or policies & procedures) are reviewed and corrected proactively to allow for the appropriate election of not only the delegate, but any alternate delegate. As long as we state that following the election, the person with the highest votes will be the delegate and the others will be alternate delegates in the order of votes received. It would then be the decision of the board to determine if funding or partial funding for the alternate will be provided.

Other resolutions of Reference Committee A were related to election of the officers and board members of AAPA. None of these resolutions passed in the end; however, there was a lively discussion. In addition, another resolution (A-05) limiting the number of student delegates and the apportionment of student delegates was approved so that there will be one delegate for each 850 student members up to a limit of 12 student delegates. A-04 was passed by the House to require an annual meeting with at least 30 day notice and any special meetings would require at least a five day notice. This resolution brought the management of the HOD in line with the laws of NC Articles of Incorporation and allows AAPA to move toward a 365 day house. Of particular interest to the UAPA, resolution A-08 was approved, which will allow constituent organizations such as ours to obtain emails for the purpose of membership recruitment. Another resolution addressed AAPA Board or Directors holding positions on other boards (i.e. Chapter officers). This was approved as amended. A-09 was approved identifying that the AAPA would continue support of a full time Director of Physician Assistant Services in the VA Central Office. The AAPA roster of members shall show a member list of those running for office at least 15 days prior to the election, according to A-12—which was approved. Resolution A-16 was approved and specifies the composition and duties of the Credentialing Committee.

Reference Committee B included seven resolutions. There was discussion concerning B-1 that the references to PAs would be in regards to collaboration rather than supervision. This eventually failed. Another resolution that was defeated was the one that would have allowed PAs who were certified prior to 1991 to be grandfathered in and not have to take the PANRE in the future. The rest of the resolutions were passed and pertained to limitation on four attempts at PANRE, awarding credit for precepting students, concepts of continuing professional development and recognition that PAs are licensed or credentialed health care professionals as “collaborating” with physicians.

Reference Committee C resolutions included a number of resolutions that referenced firearms and gun control. In the end, C-01 was approved as amended. AAPA will actively try to reduce homicide/suicide was removed prior to passage. In a house that is largely military based in origin, this was not surprising. C-03 – C-07 were all rejected. Resolutions concerning childhood obesity, obesity, PAs serving as expert witness and direct consumer advertising were all approved on consent agenda. Policies concerning PAs serving as expert witness are included in a white paper referenced in HP-3700.1.5. If you are planning on serving in this capacity, it is highly recommended that you use this as a reference.

House of Delegates elections were as follows: Gail Curtis – Speaker, David Jackson – 1st Vice Speaker, William Reynolds – 2nd Vice Speaker, and nominations work group are Theresa Gavula and Pamela Lucas. Other events attended were Veterans Caucus Memorial Day ceremony and HOD reception. The Exhibit Hall opened on Monday. The UAPA booth was set up on Sunday night and I was present in the booth most of the time on Monday and Tuesday. There was some interest in our presence and many who said they were not aware of our existence. We got at least one member to join during the conference.

Q: What is your biggest accomplishment since you have become a PA?
A: I feel that my ability to be involved in leadership positions at the Texas Academy of Physician Assistants & Urological Association of Physician Assistants, while being able to balance work and an active home life with a young family has been my biggest accomplishment.

Q: How has the field changed since you first entered it?
A: Urology as a specialty continues to evolve; that’s part of what makes it great. With advancements in medical therapies, new procedures and minimally invasive treatments for urologic diseases, many treatment options are available today that weren’t even considered when I first started in urology.

The UAPA features one member for each edition in the newsletter. We hope members enjoy this addition to the newsletter, as well as learn more about their fellow members and their practice.

Q: What first sparked your interest in becoming a urology PA?
A: I find that my story is similar to other PAs, I kind of fell into it. While in PA school I knew I wanted to work in a surgical subspecialty. During PA school, I had the opportunity to do a rotation in the department of urology at UT Southwestern Medical Center and after that, I knew that urology was for me. For me the variety of medicine, surgery, oncology and procedures are what makes this specialty great.
Q: How do you see the role of the PA in urology changing in the future?
A: I see the role as continuing to evolve as there becomes more awareness and acceptance of the need for team-based urology practices. This model will prove to be best for our patients and medical practices now and in the future.

Q: What is the most satisfying part of your job?
A: The most satisfying part of my job continues to evolve as my role evolves in the department of urology. Of course, the patients and office staff make every day at work great. I enjoy the variety first assisting in the operating room, as well as seeing patients in the clinic and doing procedures. I also enjoy lecturing to PA and NP students and mentoring the other PAs in our department.

Q: When did you start at your current practice?
A: 2003

Q: What do you like most about your practice?
A: I enjoy the collegial environment shared between the PAs, faculty physicians, residents/fellows, nurses and all of the staff in the department. It truly is a family.

Q: What is the background and history of your practice?
A: I was the first PA hired by the department of urology in 2003 and since that time, we have grown tremendously. In addition to growth in the number of our faculty physicians, residents and fellows, we now have five physician assistants. We also have a one year postgraduate training program for PAs in urology.