What's New April 29, 2016

Division of Endourology and Stone Disease

Urology Department Faculty and Staff

9 Items, 1 Attachment, 12 Minutes

The Division of Endourology is undergoing a unique evolution, simultaneously saying farewell to great faculty while welcoming promising newcomers into the fold. This transition includes the transfer of Division Chief duties from the outgoing Dr. Stuart Wolf to Dr. Will Roberts, who is contributing his thoughts for today's edition of What's New. Below, Dr. Roberts presents detailed and thorough thoughts on the Division's past, present and future. This acute foresight, along with the continued support and expertise of the entire Endo team, suggest the Division will continue to lead and succeed in the years to come. So now, without further ado, let's hear from Dr. Will Roberts.

Eric Anderson,
Marketing and Communications Specialist

This What's New from the Division of Endourology and Stone Disease is focused on faculty transitions and future plans.

1. After a lengthy period of stability and steady growth, our Division has experienced the departure of Dr. Faerber (February) and is preparing for the departure of Dr. Wolf (August). This summer, Drs. Ambani and Dauw will join Drs. Roberts, Hollingsworth, Kraft, and Ghani as Endourology division
2. Management of these multiple changes in rapid succession is challenging but also represents an opportunity to adjust established patterns and experiment with new ideas. We expect that what we learn now as we are forced to rapidly adapt to changing circumstances will inform our divisional strategy and future vision. When Dr. Roberts started his tenure as division chief, an initial goal was to define our “core business” and determine its alignment with our mission. Down the road, this exercise will also be performed for other aspects of divisional business (education, research, and professional service).

3. Stated Mission: Fortunately, as a result of the encouragement from Dr. Bloom and the wisdom of Dr. Wolf, we had developed a divisional mission several years ago. Briefly, we aim to be role models and exemplary members of the Department and University communities. We will excel in all four aspects of academic medical practice: clinical care, research, education, and professional service. While more detailed and specific objectives for each academic realm can be found on our webpage, a distillation of these reveals two central themes. We strive to be:
   a. Providers of excellent clinical care (urinary stones and endourology)
   b. Leaders in innovation

4. If the process of creating and refining a divisional mission represents a top-down summation of what should be prioritized, then determination of the “core-business” can be viewed as the complementary bottom-up perspective, i.e. what is actually accomplished and produced. In FY2015, our division performed 1425 OR cases and conducted 4234 clinic visits. Ureteroscopy, SWL, and PCNL accounted for 68% (970 cases) of the total. Hence our divisional “core-business” can be defined as treating patients with URS, SWL, and PCNL for urinary stones and is currently aligned with our stated mission.
5. Short term strategy: As Drs. Faerber and Wolf accounted for 63% of divisional case volume and 51% of "core" case volume in FY15, our immediate objective needs to be preservation of our "core business". Although we are losing two predominantly clinical faculty and gaining two clinical faculty, we are losing 47 years of combined experience. From a strictly clinical productivity perspective, to make up the case volume our current divisional members have increased their clinical volumes and we have sought additional efficiencies in the OR including enhanced use of the shared case model at Livonia for URS and SWL and blocktime in OR26 (which thus far appears successful with > 90% utilization of endourology blocktime over the past three months). Additionally, Sue Parsell, NP has increased the number of independent clinic visits she sees. As a division we are enhancing standardization of clinic notes and patient algorithms and are increasingly utilizing Anna Silvenis, our clinical care NP coordinator, as a common contact for our perioperative patients.

6. In addition to our "core business", our division has established considerable areas of endourological expertise beyond stones which we also prioritize and will also strive to maintain. Specifically, Dr. Faerber handled a considerable volume of ureteral reconstruction which will be one area of emphasis for Dr. Ambani as well as the upper tract laparoscopy (including pyeloplasty, SRM and donor nephrectomy) practice cultivated by Dr. Wolf. In addition to a primary focus on PCNL, Dr. Dauw will also develop a HOLEP practice for BPH in collaboration with Dr. Wei. Both Drs. Ambani and Dauw will resume offering endoscopic upper tract urothelial cancer management, which the Oncology Division has generously assumed for a few months while we are in transition. Another area of emphasis is our ongoing multidisciplinary shared stone clinic spearheaded by Dr. Hollingsworth in collaboration with nephrology.

7. Future Growth and Recruitment: At this point it is premature to lay out an extensive future vision. However, it is fairly clear that we will need one
additional faculty member in 2017/18. Beyond this, our future recruitment and growth strategy will likely incorporate the following themes:

a. Financial stability and success of our division is necessary for continued growth.

b. New faculty will have a substantial clinical focus on our “core business” of urinary stones.

c. Expectation that our divisional footprint will grow preferentially at sites beyond the main University campus.

In the fall, once Drs. Ambani and Dauw have settled in and we have absorbed the clinical volume from Dr. Wolf’s practice, we will convene a divisional retreat to assess our status at that point and lay out our future plans.

8. Followup from D.U.S.T. course: On April 14-15, our Division hosted the second “Developments in Ureteroscopic Stone Treatment (D.U.S.T.)” course, a one-day high impact hands-on course for urologists and other O.R. team members focusing on innovations in the Dusting technique. “Dusting” during ureteroscopy utilizes the capabilities of high-power holmium lasers using settings of high-frequency and low-pulse energy, to pulverize stones into fine powder. Held in the Clinical Simulation Center, with access to the training O.R. rooms at Old Mott, advances in Dusting technique were explored through practical demonstrations in bench models. Didactic lectures, including roundtable discussion of cases, and review of procedural videos by our experienced Endourology faculty, with tips and tricks, provided a comprehensive learning experience in the minimally invasive management of kidney stones using high-power holmium lasers.

D.U.S.T. is the only course in the United States where participants are taught the science, rationale and technique of the Dusting approach to endoscopic laser stone surgery. In recognition of the unique teaching offered, we were awarded a CME Innovation Grant from the Medical School. We hosted over 50 participants from throughout the country, as well as one visitor from the United Arab Emirates! Attendees performed Dusting exercises using the brand new single use digital ureteroscope – the first time that urologists were able to road test this device for laser stone surgery. We also had a superb visiting professor—Dr. Bodo Knudsen, Associate Professor of Urology at Ohio State University—a renowned endourologist
with considerable research experience on laser stone surgery including laser fiber efficacy.

9. EUS Meeting at AUA: This year’s Engineering & Urology Meeting will be held on May 7 in the Marina Ballroom D,E at the Marriot Marquis San Diego. Dr. Roberts is this year’s program chair and has assembled an exciting program with experts from around the world highlighting new endourological technologies in imaging, robotics, and therapeutic acoustics. Additionally, new this year as a part of the meeting, is the “Idea to Clinical Impact Workshop” led by staff from the UM Medical Innovation program. This condensed, highly interactive session will outline the commercialization pathway and provide tools to facilitate customer discovery, develop a business model, and create a pitch for your idea. Come join us at the EUS meeting. The program is attached and registration is free for those attending the AUA meeting.

Have a great weekend!