

YALE UROLOGY

2022



The Road Ahead

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Cover
Yale's Department of Urology— including the chair, attending physicians, APPs, fellows, research associates, and residents

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The Road Ahead: Becoming a Destination Urology Program

To know where you are going, you must first know where you've been.

At Yale Urology this means looking back more than a century to the first cystoscopy in New Haven performed by Yale physician John Churchman, MD. The groundbreaking procedure was followed by other noteworthy advancements: the birth of an accredited residency program to train the next generation of urologists—a collaboration that produced the first dialysis unit and kidney transplant in Connecticut—the formation of a pediatric urology program, and the creation of an active research laboratory.

Isaac Kim, MD, PhD, MBA, who became chair of the Department of Urology at Yale School of Medicine in September 2021, plans to build on this rich heritage and forge new paths to deliver state-of-the-art clinical care shaped by world-class faculty and trainees.

Isaac Y. Kim, MD, PhD, MBA

Robert M. Weiss, MD

Kim is proud of the recent efforts made by his colleagues to advance urologic health using artificial intelligence, focal therapy, robotic technology, and point-of-care clinical research. He is also gratified to see that 13 Yale Urology physicians were recognized by their peers in Connecticut Magazine’s 2022 “Top Doctors” edition, including Division Chiefs John Colberg, MD, Adam Hittelman, MD, PhD, and Dinesh Singh, MD, as well as Western Regional Director Catherine Alonzo, MD, and Vice Chair Piruz Motamedinia, MD.

Kim’s vision is clear. He sees Yale Urology becoming a “destination urology program for patients, urologists, residents, and fellows.” To this end, Kim believes that having a world-class faculty committed to excellence is a must. And he says the department plans to invest more in recruitment and research over the next five years.

“It starts with a faculty that is dedicated to delivering great clinical care,” says Kim. “That reputation brings patients to our department. Demand for Yale Urology care will then attract the best practitioners and trainees, who, in turn, will continue pushing the frontiers of modern urologic care. Here at Yale Urology, we have a unique social responsibility because of our legacy and history. We really have a special program, and I’m honored to be its next leader.”

To meet the challenge, a strong focus will be on translational research, or, as he says, “research directly relevant to our patients.” The depart-

ment will target developing and supporting clinical trials and strengthening existing collaborations that are built on Yale science. The objective is to establish a research culture and infrastructure that encourage and value *team* science. Kim intends to recruit a vice chair of research and a group of scientists investigating immunology, metabolomics, informatics, and data science.

In addition to focusing on translational research and team science, Kim is leading a new departmental structure with an organizational matrix of six clinical divisions, three regions, and five missions.

“As our clinical footprint continues to grow,” Kim says, “we must establish a governance structure that will permit the department to function cohesively as one team.” The new structure, insists Kim, will build on the collective expertise and experience of faculty to promote and foster greater collaboration across subspecialties, and empower individual leaders to drive change.

Divisions consist of groups of thematically aligned faculty who share common goals to advance the clinical, research, and education missions of the department and of Yale Medicine. Division chiefs generate and execute strategic priorities in close collaboration with the missions, particularly the Clinical Affairs and Faculty Affairs missions surrounding strategy for growth and faculty recruitment.

The Yale Urology divisions are: Clinical Urology, Pediatric Urology, Sexual Medicine and

Reproductive Health, Endourology, Urologic Oncology, and Lower Urinary Tract Dysfunction and Reconstruction.

The department, one of the largest in the nation for urology, consists of more than 33 faculty members. Patients receive care at 16 sites in Connecticut from a multidisciplinary team of urologists, physician associates, nurses, and other staff members who use advanced technologies and procedures to address all urologic pathologies across a wide spectrum. A 17th site—focused on pediatrics—is opening in New London in October 2022, with more expected to follow as Yale New Haven Health plans to expand in Meriden and western Connecticut.

“We have something special here at Yale, and we need to let the world know” says Kim, who specializes in the treatment, management, and prevention of prostate cancer, and has expertise in minimally invasive robotic surgery.

Kim thinks several factors will apply when it comes time to assessing the department’s success in meeting its goals: growth in the number of patients from outside the traditional Connecticut base, improvement in national rankings, and an increase in extramural research grants. While federal grants are important, “federal dollars alone are not sufficient to support our work, and endowment and donors are absolutely critical to meet our objectives,” says Kim. His objectives all zero in on Yale Urology becoming a destination urology program.

Patient Self Measurement: A Health Care Access Opportunity?



Jaime Cavallo, MD, MPH

Jaime Cavallo, MD, MPH, an assistant professor of Yale Urology since 2019, is working on something innovative.

Her latest endeavors include a telemedicine utilization project and a portable ultrasound device study. The telemedicine project explores the digital health equity of urology patients in Yale New Haven Health and Yale Medicine. At its highest level, the project is assessing access to care before and during the pandemic among patients experiencing voiding dysfunction and has implications for how such patients may be clinically monitored in the future.

“I have a strong interest in health services research, especially in looking at disparities in access to care, disparities in outcomes of care, and underrepresentation of minorities in medicine, specifically in urology,” says Cavallo, who is Director of Male Genitourinary Reconstructive Surgery and Vice Chair of Urology Quality Improvement and Patient Safety, and also chairs the Department of Urology’s Diversity, Equity, and Inclusion Committee.

Ever since Cavallo arrived at Yale, she has been building the practice and expanding on the clinical services and research opportunities provided for patients with genitourinary reconstructive needs. She is a member of the faculty at Yale School of Medicine with a dual appointment at Yale New Haven Hospital and the West Haven Veterans’ Affairs Medical Center and the first fellowship-trained male genitourinary reconstructive urologist in Connecticut.

“I’m always looking at ways to improve how we can make health care more accessible and more affordable for patients,” says Cavallo, who herself was a first generation, low-income college student.

One of those ways is utilizing technology to monitor patients remotely. Her most recent study focuses on patients with voiding dysfunction. The idea came after reflection on the time and costs such patients experience during the course of their care.

“Ordinarily, these patients must come in for visits to an outpatient clinic at certain intervals,” says Cavallo. “Once at the clinic, they undergo measurement of their rate of urination and a bladder ultrasound to assess the volume of urine remaining in their bladder after urination. This enables us to objectively demonstrate potential progression of obstruction to urinary flow.” The collected data are then used to inform the next steps in a patient’s treatment plan.

But what if patients didn’t need to travel to an outpatient setting? What if they could collect the data required by their health care providers in the privacy and comfort of their home?

“If patients could do at-home assessments and transmit the data securely to their health care providers for assessment without needing to come in for a visit, then access to care might be improved,” says Cavallo. “Burdens to receiving care on a regular basis, such as time and transportation expenses, could be significantly reduced or eliminated. The accuracy of the data we have for patients might also be improved because multiple collection points are better than a one-time interval assessment in a health care setting.”

Enter the Butterfly™ portable ultrasound device, which can attach to smart technology and is manufactured by the Butterfly Network, Inc., located in Guilford, Connecticut.

As she conceived her study, Cavallo was aware that portable ultrasound technology was in use

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—Isaac Y. Kim, MD, PhD, MBA

by health care professionals, but not yet approved for use by patients. After she contacted the manufacturer of the device and submitted a study protocol for consideration, the company agreed to collaborate and fund her research.

The study is the first of its kind to look at the feasibility, accuracy, and reliability of both patient self-measurement and remote health care provider monitoring of post-void residual bladder volume (PVR)—all using the Butterfly™ device.

In the first phase of the study, Cavallo, along with Yale Urology physicians Leslie Rickey, MD, MPH, and Harris Foster Jr., MD, is testing the current standard bladder scanner used in clinical settings against the Butterfly™ ultrasound to obtain baseline data on the accuracy and reliability of patient self-measurements of PVR. In the

second phase of the study, patients with voiding dysfunction under the care of Drs. Cavallo and Foster will be using the Butterfly™ device at home over a 12-month period. There will be an assessment of the 12 months before patients have the device, as well as the 12 months following, to see if there is improvement in the number of times patients need to be seen for evaluation and intervention. The assessment would be further quantified by the associated costs.

Ultimately, Cavallo is interested in answering the question: does having the ability to access a physician electronically improve access, care, and outcomes for patients? Before looking at any data, her experience tells her the answer is not as simple as it may seem.

“There are many variables to consider,” says Cavallo.

Not needing to travel outside the home for multiple outpatient clinic visits may be an improvement in terms of cost and convenience. But for those without access to high-speed internet or other technological advances at home, admits Cavallo, access to care through telemedicine and remote patient monitoring may prove more difficult. It may also be an extra challenge for patients who are not technologically adept.

Cavallo is eager to see the results of the study.

“If it is equally or more accurate and feasible for patients to gather the data at home and send it in secure electronic fashion to their medical record for their health care providers to interpret and advise them, then we should pursue it. We should be offering it if it advances the provision and quality of care,” says Cavallo.

“If patients could do at-home assessments and transmit the data securely to their health care providers for assessment without needing to come in for a visit, then access to care might be improved. Burdens to receiving care on a regular basis, such as time and transportation expenses, could be significantly reduced or eliminated.”

—Jaime Cavallo, MD, MPH

Taking Pediatric Urology to the Next Level



Adam Hittelman, MD, PhD

Through partnership with Yale New Haven Children’s Hospital and Yale Urology, Pediatric Urology at Yale has grown significantly since 2008 when Adam Hittelman, MD, PhD, joined the school.

“We started as a small group of two faculty serving children at the centrally located New Haven facility and quickly expanded to four faculty and three advanced practice providers (APPs) serving multiple locations in the state,” says Hittelman, who in 2019 was appointed section chief of Pediatric Urology for Yale New Haven Children’s Hospital and Yale Urology, as well as vice chair of education.

As the Children’s Hospital expanded, so did Pediatric Urology.

“We grew in parallel. We grew to cover all aspects of pediatric urology by adding multiple faculty, creating sub-specialty clinics, and developing programs where we can collaborate with other sub-specialists and provide multidisciplinary

care to our patients,” says Hittelman.

The division currently staffs all seven of Yale New Haven Health’s pediatric subspecialty clinics in New Haven, Greenwich, Norwalk, Trumbull, and Old Saybrook. An eighth site is opening in New London at Shaws Cove in the fall of 2022. Most surgeries are performed in the main Children’s Hospital, though some outpatient surgeries are performed at surgery centers in Trumbull and Guilford.

With the opening of more multidisciplinary centers and staff traveling to bring care into the community at those sites, the division has experienced a steady rise in patient volume over the past decade. Other contributing factors include the increase in referrals from the growth of the maternal fetal medicine clinic and fetal care program at Yale New Haven Health and increased use in prenatal cell-free DNA (cfDNA) screening.

Hittelman credits the strategic vision of his predecessors, hard work of his colleagues, and continued leadership of the Urology Department Chair, Isaac Kim, MD, PhD, MBA, for Pediatric Urology’s expansion and emphasis on “multidisciplinary programs designed to provide collaborative care to our patients.”

“Historically we were identifying children who may have issues that weren’t picked up until after delivery. We’re now seeing a lot of children diagnosed as a result of antenatal ultrasound and genetic testing,” says Hittelman, who performs reconstructive surgeries for children born with congenital anomalies, including hydronephrosis, primary vesicoureteral reflux, and differences of sexual development. He cares for children with kidney stones, hypospadias, hydroceles, and hernias, as well.

The advent and use of cfDNA screening over the last decade, initially performed for diagnosis of conditions like trisomy21, the most common form of Down syndrome, “has become so ubiquitous in all pregnancies that we’re catching many issues that otherwise may have gone undiagnosed,” says Hittelman. Common issues referred by the fetal care program for treatment with Pediatric Urology physicians include congenital anomalies of genitalia, genetic syndromes, and hydronephrosis (dilation of the kidney).

One of the most productive programs in the division that have evolved over the last seven or eight years, says Hittelman, is the Bladder and Continence Program, led by Israel Franco, MD, and staffed with several APPs.

“The program is a large umbrella for any child with urinary issues including children with complex neurologic issues, such as myelomeningocele, spina bifida, to the more common urinary tract infections or nocturnal enuresis,” explains Hittelman.

It has grown significantly and created a large referral base from within and out-of-state, says Hittelman, allowing the division to bring on more faculty and APPs over time. And the addition of APPs has enabled Pediatric Urology to expand its capacity to see more patients while maintaining a high standard of quality care.

“Our APPs have really developed an expertise in the management of children with bladder and bowel dysfunction and have become very sophisticated in the management of these patients, including medical management, behavioral therapies, and biofeedback. Diagnostic studies such as urodynamics and uroflow electromyography also helps to identify some of the sources of problems and plan treatment,” adds Hittelman.

“We grew to cover all aspects of pediatric urology by adding multiple faculty, creating sub-specialty clinics, and developing programs where we can collaborate with other sub-specialists and provide multidisciplinary care to our patients.”

—Adam Hittelman, MD, PhD

Yale Urology Pediatric Division

Under the leadership of Sarah Lambert, MD, via the Quality Initiative Program for Children, Pediatric Urology has created a more efficient clinical pathway to assess and manage testicular torsion. This is a congenital issue related to the way the testicle has developed, making it susceptible to twisting on its blood supply and restricting blood flow to the testes, which needs to be remedied within a short window of time, usually between four and six hours.

“The program has been highly effective in reducing the door-to-operating-room time, which is important because the longer the testicle has restricted blood flow, the greater the risk of testicular injury or loss,” says Hittelman.

Another program led by Lambert is the Futures Program, which is geared towards preserving fertility in children who are at risk of having fertility problems in the future, due to clinical issues or treatments they may face in their youth. Such problems may be related to oncologic pro-

cesses, like chemotherapy, or can arise among transgender patients who wish to preserve their fertility options.

Hittelman notes that multidisciplinary collaboration to facilitate care for these patients is an important focus for the division now and in the future, in large part due to the complex issues faced by many Pediatric Urology patients.

One of the more recent collaborations has led to the addition of a Bowel-Bladder Program at the Greenwich site, extending the services of the Bladder and Continence Program that Dr. Franco leads. The division’s Transitional Care Program is an additional collaborative activity advancing the continuity of multidisciplinary care for aging children with complex urologic needs who transition from their pediatric care givers. Franco also directs this program along with Yale Urology’s Harris Foster Jr., MD. It provides multidisciplinary care to patients with neuromuscular disorders and associated bladder and

bowel dysfunction. “Children with complex needs, especially children with spina bifida as they grow, start losing access to their care,” says Hittelman. “One of the benefits of being a children’s hospital within a hospital is that we can maintain continuity of care.”

The Spina Bifida Program, which addresses urologic issues of children with neurologic problems such as myelomeningocele, sacral anomalies, and tethered cord is expanding. “We are now enlarging that work to include additional children who may have neurologic bladder disease due to other neurologic or muscular issues which has compromised their ability to urinate,” Hittelman says. The program draws on specialties in neurosurgery, neurology, urology, orthopaedics, and social work to provide the most complete care possible for patients.

In the ongoing effort to serve as many families as possible, a consortium was also created between Yale New Haven Children’s Hospital

and Connecticut Children’s Medical Center. The two institutions are working together to provide better care for children with complex bladder and cloacal exstrophy, a disorder of the bladder and/or intestines which do not fully develop and are open at the body wall. These patients have complex reconstructive surgical needs. Because such cases are relatively rare, says Hittelman, Pediatric Urology is trying to collaborate with other institutions to advance knowledge and experience in such patients, as well as to expand the field’s collective knowledge. Hittelman is hopeful the collaborations will grow throughout New England.

Furthermore, the multidisciplinary Differences in Sexual Development program (DSD) at Yale New Haven Children’s Hospital recently joined a multi-institutional, national program called the DSD-TRN (Differences in Sexual Development – Translational Research Network), a coalition of institutions trying to col-

laborate, research, and coordinate care for children with congenital anomalies. It is anticipated that working collaboratively with other institutions will lead to better assessment of outcomes and the development of clinical pathways for the care of the DSD population, who are about 1% of the overall population according to the DSD-TRN website. Many psychosocial issues can accompany the physical complexities of children who experience disruption of development and these children and their families can benefit from psychological counseling, says Hittelman. He emphasizes that under the multidisciplinary care model, such patients have access to psychology and social work professionals, as well as pediatric endocrinology, pediatric urology, adolescent gynecology, genetics, and radiology specialists.

Hittelman says the academic work that is happening in the division is also noteworthy. Associate professor Angela Arlen, MD, who specializes in all aspects of Pediatric Urology with a

special interest in minimally invasive surgery and reconstructive urology, is garnering national attention in her research for children with vesicoureteral reflux. Furthermore, Arlen has been collaborating with pediatric anesthesia to develop an Enhanced Recovery After Surgery (ERAS) program. Its goal is to optimize surgical care and recovery for patients undergoing complex reconstructive surgery, in order to improve post-operative pain, minimize narcotic use, and decrease hospital stays.

Looking ahead, Pediatric Urology is “moving to the next phase of growth that will be focused on academics and research,” says Hittelman. “Plans are underway to recruit two more faculty members, including a surgeon-scientist, to increase our academic productivity and grow our national reputation.”

Less Is More at Patient-centered Yale Urology, Greenwich Hospital



Catherine Alonzo, MD



Gerald Portman, MD



Nicholas Stroumbakis, MD

The old days of big incisions and procedures are no more, says Nicholas Stroumbakis, MD, a 26-year veteran urologist with a special interest in cancer prevention and treatments.

Stroumbakis and colleagues, Catherine Alonzo, MD, and Gerald Portman, MD, have clinical locations in Greenwich and perform surgery at Greenwich Hospital.

Advancements in screening, diagnostics, and minimally-invasive surgical procedures, and greater therapeutic options have all given rise to

decreased hospital stays, shortened recovery times, and less pain for patients during the healing process, says Stroumbakis. As the field of urology progresses, patient experiences are improving.

Stroumbakis and Alonzo previously served patients together in private practice. Stroumbakis says their expertise has been enhanced by the affiliation with Yale School of Medicine through access to clinical trials, evidence-based research, and institutional knowledge-sharing.

The Yale affiliation also provides residents of lower Fairfield County with two local facilities equipped with the latest robotic equipment, adds Portman. Portman has been in practice for five years and shares a similar urologic oncology focus with Stroumbakis. The ability to perform minimally invasive surgical techniques means patients no longer need to travel to New York City or New Haven to receive high-tech care. A wide range of innovative treatments and surgical interventions exists at Yale Urology locations to treat conditions like benign prostatic hyperplasia (BPH) and more.

Alonzo recognizes that patient-centered care is also vitally important to Yale Urology's work. While many urological symptoms are quality of life conditions, those left untreated can turn life threatening. As a clinical urologist practicing for nearly 12 years, Alonzo treats patients with stone disease and prostatic diseases, as well as female urology disorders including voiding dysfunctions, urinary incontinence, and interstitial cystitis.

Urological conditions can be easy to miss, especially when patients think their symptoms are just a normal part of aging, resist diagnostic exams, or may be embarrassed to talk about urological symptoms in the first place.

Being vigilant in the discovery process to catch disease as early as possible is crucial for high-quality care, says Alonzo. It takes a fierce commitment to continually manage patient expectations, determine the best and safest options for each patient with quality of life in mind, and collaboratively develop treatment goals.

The ability to perform minimally
invasive surgical techniques
means patients no longer need to
travel to New York City or
New Haven to receive high-tech care.

Building a Premier Center for Urological Care



Joseph Renzulli II, MD



Franklin Leddy, MD



Erik Enquist, MD

Eastern Connecticut and western Rhode Island residents are benefitting from a concerted, careful buildup of experienced Yale Urology physicians and advanced technology.

"We have become a regional center for excellent urological care," says Joseph Renzulli II, MD, associate professor of urology at Yale School of Medicine, the eastern regional director of urology for Yale Medicine, and chief of urology at both Lawrence + Memorial and Westerly Hospitals. The two hospitals became part of the Yale New Haven Health system in 2016.

Renzulli's Westerly colleagues agree the growing collaboration has a direct impact and draw for many of their patients.

Erik Enquist, MD, gives a recent example of a man living with bladder cancer who was reluctant to have surgery due to his caregiving responsibilities for his wife.

"My patient wanted to stay in Westerly and because of our merged team, we were able to make that possible without compromising the quality of his care," explains Enquist, who treats voiding dysfunction in men and women, kidney stones, urologic cancers, male infertility, erectile dysfunction, and benign prostatic hyperplasia (BPH). "I literally walked him down the hall and introduced him to Dr. Renzulli as the surgeon who would 'take care of his bladder' at our facility."

Enquist and Franklin Leddy, MD, both clinical urologists, joined Yale in 2019 after spending nearly two decades building a stable urology practice together in the Westerly region.

"Since our system merged with Yale, the sig-

nificant technology and equipment available to use for our patients has improved tremendously," says Leddy, the former president of medical staff and chief of surgery at Westerly Hospital.

One of the "game changers" includes micro-ultrasound imaging.

"We have the only ExactVu ultrasound micro-biopsy in New England, which means our patients don't have to travel out of their local community for state-of-the-art technology anymore," adds Renzulli, a urology oncologist.

"It's three times the power of a traditional ultrasound, which allows visualization at a superior level. You can see lesions in the prostate which can be targeted for treatment as opposed to performing random biopsies," emphasizes Renzulli.

There are other advantages, too. "It can be less costly, less noisy, and less time consuming, and doesn't provoke anxiety for patients who are uncomfortable in small, enclosed spaces," says Renzulli.

For urology patients seeking treatment for cancers of the prostate, kidney, bladder, and testes and who may have already had an MRI, the micro-ultrasound technology adds another level of detail.

"Like tracing paper, the two images can overlay," Renzulli explains.

The added detail and accuracy are an important tool to assist in the detection of disease, facilitate diagnoses, and monitor treatment for patients in Yale urology's eastern region.

"Having access to a group of physicians and their teams, with diverse talents and training, has also made the ability to care for patients that much more efficient," noted Leddy, who has been practicing adult and pediatric urology in Westerly since 1989 and specializes in the care of patients with voiding dysfunctions, urologic cancers, kidney stones, infertility, and issues of the prostate.

"Being part of Yale has resulted in our gaining access to great supportive care, from the registered nurses to physician associates to administrative staff. They all help to get patients in and out quickly," adds Enquist. "It's been a big plus in terms of the overall quality of care we can provide to our patients."

Another advantage to our being part of the Yale New Haven Health network is access to grand rounds, morbidity and mortality conferences, and tumor boards, notes Renzulli. Furthermore, he says, work is being done to incorporate clinical trials and there are plans to hire a clinical coordinator to help with research.

"When we all work together," insists Renzulli, "it creates a synergistic boost to the success of our program."

Urology's Advanced Practice Providers: Reliable, Professional, and Hardworking Patient Advocates



Debra King, PhD, PA, MPH, BSN, RN

As Yale Urology has expanded over the past several years, so too has Debra King's enthusiasm for the team of advanced practice providers (APPs) she manages for the department. These medical professionals are an integral component to realizing Yale Urology's clinical missions of exceptional, high quality, and accessible care.

Yale New Haven Health is the largest employer of APPs in Connecticut, and urology has 21—nurse practitioners (NP) and physician associates (PA)—who work in both inpatient and outpatient Yale facilities across a wide geographic area.

"It has been an exciting challenge to create and manage the workflow structure," says King, who spent three decades as a surgical PA at medical centers across New York and Connecticut before becoming the department's APP manager in 2019. King holds a doctorate in health care administration and credits a large part of her practical skills to the time she spent as chief PA in the Department of Cardiothoracic Surgery at Saint Vincent's Hospital in Manhattan.

Drawing on her years of experience, King knows how important continual communication and professional development are to providing exceptional patient care. To that end, she is in daily communication with APPs who service both adult and pediatric patients. Once a month, she hosts a full team meeting and invites various Yale faculty to speak on different topics.

"APPs are respected and trusted medical professionals who work hand in hand with Yale physicians," says King. "Each is expected to further their skill sets and practice at the top of their license. There are many opportunities for them to expand their depth and breadth of knowledge. We have committees that foster continuous growth in knowledge and patient capabilities and exposure."

This is in line with Department Chair Dr. Isaac Kim's vision of care team models, which have been established

for the Divisions of Clinical Urology, Pediatrics, Sexual Medicine and Reproductive Health, Endourology, Urologic Oncology, and Lower Urinary Tract Dysfunction and Reconstruction.

As licensed health care providers, APPs diagnose and treat conditions, prescribe medications, and perform or assist with procedures.

"APPs play a significant role in long-term relationship building and providing personalized, high-quality care. They apply a necessary broad skill set in the midst of a highly specialized academic center," says Piruz Motamedinia, MD, who treats patients and is Yale Urology's vice chair of clinical affairs.

Yale uses a hybrid model that rotates APPs to fit the needs of the department, says King. In the

same week, an APP can work two days at inpatient facilities followed by two days working in outpatient settings.

"There's overlap, and that's good for the continuity of care," says King, referring to the variety of experiences that produce a versatile APP. A well-rounded practitioner in King's view is one who can adapt quickly and step into any situation that may arise. Motamedinia adds that they function as an extension of the physician in expediting and advancing patient care.

Motamedinia says APPs have long been part of a community clinic or private practice, but now are more integrated in the academic setting, as well.

"They are a consistent presence which makes

them a reliable resource for attending physicians as well as good trainers of our residents," he explains. Topics taught by APPs have included surgical bedside skills, inpatient consultations, and navigating the health care system.

With further plans for expansion in the region, King looks forward to an APP staffing level that continues to ensure proper support for Yale Urology divisions. Meanwhile, she has no doubt of ongoing collaboration producing the best care possible.

"I'm most proud of how our APPs have galvanized as a very welcoming, cohesive group," says King. "They are reliable, professional, and hardworking."



Piruz Motamedinia, MD, and some of Yale Urology's APP team



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