In this Spring newsletter, I would like to acknowledge the passing of Dr. Charles E. Hawtrey (July 9, 1935 - December 29, 2020), who was with the Department of Urology for 53 years. Our first pediatric urologist, Dr. Hawtrey began at the University of Iowa as a medical student in 1957 then entered residency in 1962. After serving for 2 years in the U.S. Naval Hospital in Beaufort, South Carolina, Department Chair Rubin Flocks asked Dr. Hawtrey to return as a faculty member. Among his accomplishments, Dr. Hawtrey was instrumental in the College of Medicine formally recognizing the teaching of basic science research, and he convened an AUA panel to study and develop a treatment guideline for pediatric vesicoureteral reflex. Dr. Christopher Cooper, who was mentored by and later became a colleague of Dr. Hawtrey, writes a personal tribute in this issue.

I would also like to bid another kind of farewell to our fellows, residents, and students. Our fellows have been invaluable team members, mentors, and co-researchers: Our inaugural endourology fellow, Mo Said is headed to the University of Louisville in Kentucky, and GURS Fellow Kyle Gillis to Kaiser Permanente in Portland, Oregon. I thank our Chiefs for their hard work and dedication to learning the practice of urology: Kevin Flynn will remain at Iowa as our Genitourinary Reconstructive Surgery Fellow; Anthony Oberle will enter practice at The Urology Center, P.C. in Omaha, Nebraska; and Jeremy West will begin at the Texoma Medical Center in Denison, Texas. Our medical students were exemplary during this pandemic and the following placed in urology residencies this year: Maggie Gannon starts at the University of Chicago Medical Center, Chicago, Illinois; Austin Kazarian, University of Texas Southwestern Medical Center, Dallas, Texas; Rob Thinnes, University of Oklahoma College of Medicine, Oklahoma City, Oklahoma; and Tori Troesch, University of Texas Southwestern Medical Center, Dallas, Texas. Good luck in your new beginnings.

Events

- The Department of Urology’s third annual Pediatric Urology Visiting Professor program will be held on June 4, 2021 from 1:30-5 PM in the Urology Conference Room at the University of Iowa. Dr. Elizabeth Yerkes, MD from Ann and Robert H. Lurie Children’s Hospital of Chicago will be our esteemed guest speaker.

- Our 2021 Rubin H. Flocks Visiting Professor, Dr. Jerry Blaivas, will be with us June 24-25. Dr. Blaivas is a urologist and senior faculty at the Icahn School of Medicine at Mount Sinai in New York City. For schedule, registration, and CME info, please visit https://tinyurl.com/
I am pleased to write this piece about Dr. Charles ‘Chuck’ Hawtrey. Rather than recount the numerous achievements on his CV, I thought I would take this opportunity to offer a few personal reflections, observations, and insights on this remarkable man.

I first encountered Dr. Hawtrey in the 1989-90 academic year when I was a medical student rotating through the required 2-week urology clerkship. I was assigned to Dr. Richard Williams but got to see Dr. Hawtrey ‘in action’ during one of the small-group sessions each faculty held with the rotating students. Dr. Hawtrey was a teacher with a ‘unique style’ for that era, which incorporated an ‘in your face’ Socratic method combined with a flair for the dramatic that forced students to be engaged and to truly learn the lessons he was trying to impart. He also extended these methods to resident teaching in clinic and the operating room. Some students and residents thought he was the best teacher they ever encountered, and others did not have such a favorable opinion of his methods, but regardless certainly did learn from Dr. Hawtrey. It was not until a decade later when I was an attending myself that I really came to understand how extraordinary the additional efforts were that Dr. Hawtrey put into teaching students and residents. His dedication to the educational component of the academic mission is without question.

During residency, I worked with Dr. Hawtrey in his role as the state’s only pediatric urologist. His clinical and operative volume was constantly beyond the maximum capacity, yet he continued to make time to teach and never rushed patient care. He was quite compulsive when it came to in-patient care, wanting to know all of the patient details including vital signs, ins and outs (always in cc/kg/hour!), laboratory values, and frequently the abdominal girth measurements on those who had undergone major reconstructive operations. Dr. Hawtrey resisted the pressure for discharging his in-patients too early, making sure they were more than ready and willing to go home. Despite some of Dr. Hawtrey’s ‘old school’ ways, I was constantly impressed by his willingness to try new things including surgical techniques and technology. I believe he would have readily embraced the current operative robot into his pediatric urology practice. Interestingly, long before Epic came about, Dr. Hawtrey was already developing his own personal electronic medical record templates, which he used for certain patient conditions in clinic.

I completed my fellowship at Children’s Hospital of Philadelphia and returned in 1999 to the University of Iowa and began working with Dr. Hawtrey as his partner in pediatric urology. We literally worked side-by-side for three years in a small, closet-sized work-room in the pediatric specialty clinic. Despite being the new kid on the block, Dr. Hawtrey was welcoming and very supportive of me and my career at multiple levels. He was a very reassuring mentor, and at some point in our developing partnership and friendship, he stopped being Dr. Hawtrey and became ‘Chuck.’ After three years of working together as fellow faculty members, Chuck retired from clinical practice the day before Dr. Chris Austin returned to UIHC as a pediatric urologist. Although it is tempting to blame this on Dr. Austin, in reality, Chuck had been postponing his retirement for years in an effort to support me until I had another partner.

Chuck was an excellent role model for sharing information about his personal life as well as being genuinely interested in the life of others. He was very proud of his children and grandchildren and kept us updated on their lives and accomplishments as well. Chuck loved history and worked hard on tracking and recording his own family genealogy. In addition, he authored a comprehensive review of the history of Iowa Urology including the stories of its people. He was an avid reader and lover of classical music and enjoyed cross country skiing and biking. Chuck remained very loyal to the institutions that participated in his own education including Grinnell, the University of Iowa College of Medicine, and the Department of Urology.

I miss Chuck and am grateful to him for the impact he had on my life and career, and I appreciate the chance to share some of these reflections with you.

*Christopher S. Cooper, MD* is Director of Pediatric Urology and Senior Associate Dean for Medical Education
Ultrasound Training for Urologists, Ryan L. Steinberg, MD

The value of simulation-based education, particularly in the acquisition of transferrable surgical skills, has become well accepted over the past 20 years. This has been particularly important with the implementation of work hours restrictions and greater trainee oversight during residency. Yet, most skills remain acquired by trainees through the classic apprenticeship model of observation and repetition or are self-taught. This is been particularly apparent with point-of-care imaging. Urologists have long been familiar with the use of ultrasound, but this mostly has centered around transrectal prostate biopsy. With improved image quality over the past 40 years, ultrasound can now be used in many more ways, both diagnostic and as a procedural adjunct.

Most recently, with the development of smaller probes and smartphone and cloud-based technology, the notion of bringing ultrasound truly to the bedside is upon us. With this in mind, Drs. Ryan Steinberg, Chad Tracy, and Elizabeth Takacs are currently working to develop a dedicated ultrasound curriculum for the urology residency program. The team has received a $5,000 innovation grant from the Graduate Medical Education office to perform a needs assessment for dedicated ultrasound training amongst current urologists and trainees, as well as support for faculty training during curriculum development. The initial curriculum is tentatively planned to begin in late 2021.

Ryan L. Steinberg is a Clinical Assistant Professor of Urology

As the times are changing, so is our curriculum, Liana Meffert, Pombie Silverman, Amy Pearlman, MD

As part of a Carver College of Medicine initiative to address healthcare disparities within the medical school curriculum, medical students Liana Meffert, Pombie Silverman, Rob Thinnes, and physician assistant student Terry Hayes worked with Dr. Amy Pearlman to create a new curriculum for students completing the two-week urology selective. This revised curriculum includes references to publications addressing disparities related to benign prostatic hyperplasia, LGBTQ+ access, genitourinary cancers, and urological surgical outcomes. Furthermore, this curriculum encourages students to take note of healthcare disparities and biases observed during the rotation and reflect or report on any aspects of healthcare disparity they notice through an anonymous submission to Dr. Pearlman for a later group discussion. Students are also asked to address the role that healthcare disparities play during each of their ten-minute lectures on a urologic topic of their choosing (e.g., How do race, gender, genetics, or socioeconomic status influence X disease?). Lastly, the curriculum includes a 30-minute role playing activity with Dr. Pearlman where students can practice providing appropriate, culturally empathetic care for a variety of sensitive patient concerns (e.g., gender, weight, cancer, substance use).

Liana Meffert is in her 3rd year of medical school and will be applying to urology residencies this fall
Pombie Silverman is in her 2nd year of medical school
Amy Pearlman is a Clinical Assistant Professor of Urology

Teaching Award

Resident Charlie Paul is the recipient of an Excellence in Clinical Teaching Award from Graduate Medical Education (GME) at the University of Iowa. The award honors physician-educators as nominated by medical students, faculty, fellows, and resident peers. Congratualtions, Dr. Paul!

Dr. Paul has shown himself to be an incredible educator who has a knack for teaching both his peers and medical students. He has demonstrated his skill for teaching in a number of environments from the clinic to the operating room and has had a profound effect on his ability to teach and mentor students with his excellent communication skills and ability to boil down complex subject matter into easily digestible information for learners of all levels. Students consistently remark on his ability to provide effective and focused feedback for them to help improve their skills and knowledge.
AUA Residents and Fellows Essay Contest

Fifth-year resident Courtney Yong won the American Urological Association’s Residents and Fellows Essay contest. Dr. Yong’s essay, published with an introduction by Dr. Michael Ernst in the June issue of the Journal of Urology, responded to this year’s theme “medical idioms.” We are so proud of Dr. Yong. Her essay, “Do the right thing,” is reprinted below:

“Do the right thing.”

Hearing this for the first time as an intern, fresh with enthusiasm and naivété, this statement seemed like a no-brainer. I’m a doctor now! Of course I’ll do the right thing! Since then, I’ve learned that doing the “right thing” isn’t always so easy, for many reasons. Sometimes the situation isn’t black and white, right and wrong. Sometimes doing the right thing means doing the difficult thing. Or sometimes, doing the right thing means sacrificing your self-interests. During my second year of residency, I experienced firsthand the conflict between doing the right thing and preserving self-interest. Primary call is, among other things, an ethical test.

During one of my call shifts, I saw an elderly patient in the ER with an obstructing ureteral stone, high fevers, and a urinalysis consistent with infection. She was hemodynamically stable. I called my attending and presented the patient. It was around midnight; my call had clearly woken him. His sleep-muddled voice was familiar: I knew the heart-pounding disorientation of waking up to a pager, the deep dread of dragging my body out of bed, the calculations of how many minutes – hours, if I’m lucky – of sleep I’ll be able to steal before the next day starts, and the fear of disappointing a world that expects excellence during the day despite a sleepless night. With these thoughts in my mind, I said, “I think she needs a stent. We can either do it tonight or first thing tomorrow morning.”

My attending’s silence on the phone yawned for a few seconds. Then he said, “Does she need the stent?”

“Yes,” I replied.

“Then why would we do it in the morning?”

He was right. Why would we do it in the morning? It was indicated. Although the patient was not horribly ill, she could easily become unstable. A stent would help to prevent her from getting to that point. Instead, I was thinking about whether it was convenient for me and my attending. I was on primary call for 24 hours, but I had a post-call day ahead of me. My attending, on the other hand, would be on call for many more hours after I was. Yet when I gave him the choice, he chose to do the right thing.

When I was an intern, I understood “do the right thing” as an instruction, an externally imposed expectation of me as a physician. It was something someone else said to me. Thanks to the wisdom of my mentors and experiences like this one, the proverb’s meaning has changed. As a senior resident, I see it as an internal answer to a question. When I question my clinical judgement – what should I do? How can I help this patient? – this proverb has the answer: do the right thing. The proverb now comes from within and has become my personal standard. And I’ve found throughout the years that doing the right thing helps me sleep a little better, too.

Updates

- Research: Dr. Ryan Steinberg has established an IRB-approved kidney stone biorepository to collect samples for dissolution analyses of novel agents. Kidney stones remain an increasingly common disease process affecting approximately 10% of the population based on the most recent estimates. While surgical technologies have greatly evolved over the past 40 years with the development of shock wave lithotripsy, flexible ureteroscopy in the 1990s, and high-powered holmium and thulium lasers in the 2010s, nearly all developments have continued to focus on ways to fracture or disintegrate stones through energy delivery. However, little has been investigated regarding novel means of stone dissolution, and Dr. Steinberg’s work will help explore this topic.

- This year’s Nathaniel G. Alcock Award recipient is Tori Troesch. This award is given to a medical student for contributions to Urology. Tori set a great example for how a medical student can take a research idea, create and edit a proposal, carry out the research study, and write and then submit a well-written manuscript efficiently and with great attention to detail. Soon-to-be Dr. Troesch will be starting her residency at University of Texas Southwestern Urology in the fall.

- The following have matched into our Urology residency program and will start July 2021: Joanna Orzel, Georgetown University School of Medicine; Russell Owens, Pennsylvania State University College of Medicine; and Reid Stubbee, Chicago Medical School at Rosalind Franklin University of Medicine & Science. Congratulations to these new doctors!