Memorandum

To: University Senate

From: Raymond A. Noe, Chair
Council on Academic Affairs

Date: May 26, 2006

A PROPOSAL FROM THE COUNCIL ON ACADEMIC AFFAIRS TO ESTABLISH THE DEPARTMENT OF UROLOGY

WHEREAS the creation of the Department will be an important affirmation of the importance of the science of urology at the University; and the transition to a department from a division will improve the unit’s visibility and dramatically increase its ability to attract academic urologists and physician scientists; and

WHEREAS over 75% of the Accreditation Council of Graduate Medical Education-accredited urological sciences training programs are departments; and

WHEREAS the proposal is an exception to Faculty Rule 3335-3-34 (C) 1, related to minimum faculty size, but an appropriate academic rationale and plan for development were provided; and

WHEREAS the Faculty Council reviewed and endorsed the proposal at its meeting on May 4, 2006; and

WHEREAS the proposal was then reviewed and approved by the full Council on Academic Affairs at its meeting on May 17, 2006.

NOW THEREFORE BE IT RESOLVED that the University Senate approve the proposal to establish the Department of Urology and respectfully request concurrence from the Board of Trustees.
Bob and Bob:

The proposal to establish a Department of Urology was approved by the Council on Academic Affairs at its meeting on May 17, 2006. Thank you for attending the meeting and responding to questions/comments.

This proposal will now be sent to the University Senate for action at its meeting on June 1, 2006 (Moritz College of Law: 3:30 - 5:00 pm.) Professor Raymond Noe, the Chair of the Council, will present the proposal on your behalf, but it is important that one or both of you be in attendance to respond to any detailed questions. Please let me know who will attend. Council actions are early on the Senate agenda, so you should only need to attend the first part of the meeting. If the proposal is approved by the Senate, it will be sent to the Board of Trustees for action at its meeting in July 2006.

Note that this message represents my formal communication with you about this action. You will not receive a separate letter from me. Please keep a copy of this message for your file(s) on the proposal and I will do the same for the file in the Office of Academic Affairs.

If you have any questions about this action, please contact Professor Noe (noe.22@osu.edu) or me.

Congratulations on the successful completion of this important stage of the review/approval process!

Randy

W. Randy Smith
Vice Provost
To: Ray Noe, Chair Council on Academic Affairs
From: Peg McMahon, Chair Subcommittee B, CAA
Subject: Proposal to create a Department of Urology

April 27, 2006

Ray, CAA subcommittee B met on April 26 to discuss the proposal to create a Department of Urology. After our discussion which included Drs. Robert Bahnson and Robert Bornstein, we voted to approve the proposal. The vote was 3 in favor and 1 absent.

Therefore, Subcommittee B makes the motion to CAA to approve the proposal.
March 3, 2006

To: Robert Bahnson and Robert Bornstein

From: Subcommittee B (Evans, Gunther, Halasek, McMahon)

Re: Proposal to Create a Department of Urology

CAA Subcommittee B met to discuss the proposal to create a Department of Urology.

After reviewing the proposal Sub B requests that you provide the following:

- Amplification in the rationale statement of the intellectual and academic benefits of the new department to OSU and the discipline.
- Description of how the loss of urology would affect the Department of Surgery.
- Description (added to Item 1 of the guidelines for establishment of a department in the current Academic Organization and Curriculum Handbook) of how the Department of Urology will be distinct from other OSU departments.
- Rationale for exemption from the minimum of 10 faculty needed for the establishment of a new department. Include in the description an explanation of how urology differs from the other Surgery divisions, especially those with more than 10 faculty, in its need for Department status.
- A 5 year estimated budget for the proposed department. Refer to Item 2 of the second set of guidelines on page 5 of the aforementioned Handbook.
- Statements addressing the 17 items on page 6 of the aforementioned Handbook.
April 24, 2006

Peg McMahon
Chair, CAA Subcommittee B

Dear Dr. McMahon:

Thank you for your email of March 3, 2006, detailing the requests for additional information regarding our proposal to create a Department of Urology.

We have amplified the intellectual and academic benefits of the new department to OSU and the discipline of urology in a new paragraph on Page 3 of the proposal.

We have described how the loss of urology will affect the Department of Surgery on Page 6.

We have described how the Department of Urology will be distinct from other OSU departments in the first paragraph, item 1, under “University Guidelines” on Page 6.

The rationale for exemption of 10 faculty needed for the establishment of a new department is given in the final paragraph of the “Rationale for the Department of Urology” on Page 4.

We have estimated our budgets for the new proposed department in the first paragraph on Page 9.

The request for statements addressing the seventeen items on Page 6 of the Academic Organization and Curriculum Handbook have been added to the proposal on Pages 9 and 10.

Page 2 Additional Information/Department of Urology 4/24/06

I look forward to discussing our proposal and answering your questions on Wednesday afternoon, April 26, 2006.

Yours very truly,

Robert R. Bahnson, MD, FACS
The Dave Longaberger Chair in Urology
Professor & Director
Division of Urology
4980 Crumblett Medical Clinic
456 W. 10th Avenue
Columbus, OH 43210-1228
PH: (614) 293-6608
FA: (614) 293-3565
E-mail: robert.bahnson.osu.edu
Rankin, Joyce

From: Smith, Randy
Sent: Wednesday, April 12, 2006 11:01 AM
To: 'Peg McMahon'
Cc: 'Noe, Raymond'; Rankin, Joyce; Smith, Randy
Subject: FW: data

Peg:

As we discussed, here is the response from the College of Medicine.

Note that two departments (Radiation Medicine and Neurological Surgery) were just recently approved and are still small, as expected. Neuroscience has developed considerably. Orthopedics remains small. Feel free to discuss this information with Professor Bornstein as you continue with your review.

Randy

From: Robert Bornstein [mailto:Robert.Bornstein@osumc.edu]
Sent: Monday, April 10, 2006 1:34 PM
To: Smith, Randy
Subject: RE: data

Randy:

As of March 2006 we have the following:

Radiation Medicine: 7 Tenure Track, 3 Regular Clinical
Neuroscience: 19 Tenure Track, 2 Research Track
Orthopaedics: 7 Tenure Track, 5 Regular Clinical
Neurological Surgery: 4 Tenure Track, 1 Research Track, 2 Clinical Track

As you will recall, Neurological Surgery started with a very low base, and this is the most difficult area to recruit. Several people have been recruited, and there is at least one additional faculty member who has signed a letter of offer, but will not join us until later this year.

B

Robert A. Bornstein, Ph.D.
Senior Associate Dean for Academic Affairs
The Ohio State University College of Medicine
Room 237 Mawell Hall
370 W. 9th Avenue
Columbus, Ohio 43210

phone: 614 292-1707
fax: 614 688-5461

From: Smith, Randy [mailto:Smith.70@osu.edu]
Sent: Friday, March 31, 2006 5:36 PM
To: Bornstein, Robert (.1)
Subject: data

4/13/2006
Bob:

As the CAA subcommittee reviews the urology proposal, it wants the data to see what has happened to faculty numbers in each of the other departments that has been created in your college in recent years:

Orthopedics
Neuroscience
Neurological Surgery
Radiation Medicine

All this relates to the idea that they were formed with small numbers, but with plans to grow.

From what I can see, the first two are now substantial in size, and the latter two have just got started, but it would help to be more specific.

Can you help me with this - if not, who can?

Thanks.

Randy
Memorandum

To: Council on Academic Affairs
   Subcommittee B

From: W. Randy Smith
       Vice Provost

Subject: Proposal to Establish a Department of Urology
         College of Medicine

Date: February 10, 2006

Enclosed is a proposal from the College of Medicine to establish a Department of Urology. This is the latest in a set of such new-department proposals from this College in recent years.

Please ensure that the proposal adheres to the Guidelines for the Consideration of the Establishment of Academic Departments, as outlined in the Academic Organization and Curriculum Handbook.

The contacts for this proposal are Professors Robert Bahnson (3-8155 or bahnson.1@osu.edu) and Robert Bornstein (3-4774 or bornstein.1@osu.edu).

Please review this proposal with the goal of bringing it to the full Council for action before the end of this academic year if at all possible.

If you have any questions, please contact me.
October 4, 2005

TO: Randy Smith, PhD
Vice Provost for Curriculum and Institutional Relations

FROM: Fred Sanfilippo, MD, PhD

RE: Proposal for Creation of a Department of Urology

Enclosed is a proposal to create a Department of Urology. This unit is currently a division in the Department of Surgery, and has undergone substantial growth in the last few years. The creation of a department will allow this program to continue to develop, and will facilitate the recruitment of strong faculty candidates. As described in the proposal, department status is the norm in the leading and benchmark institutions. This proposal has been unanimously supported by the Council of Chairs and the Faculty Council of the College of Medicine.

We would appreciate your bringing this proposal to CAA for evaluation and ultimately forward the recommendation to the Senate. Please feel free to contact Dr. Bahnson directly who is currently head of the division, and who will become chair of the new department when it is approved, or Dr. Bornstein for any additional information you may need.

Thank you for your assistance.

FS:sl

cc: Robert Bahnson, MD
Robert Bornstein, PhD
June 29, 2005

Fred Sanfilippo, M.D., Ph. D.  
Senior Vice President and Executive Dean for Health Sciences  
Dean, College of Medicine and Public Health  
CEO, OSU Medical Center  
370 West 9th Ave.; 200 Meiling Hall  
Columbus, OH 43210

Dear Dr. Sanfilippo:

We propose The Ohio State University, College of Medicine and Public Health establish a Department of Urology. The current Division of Urology has achieved sufficient growth and distinction to qualify for departmental status and this change would have significant benefits for our academic medical center and teaching hospitals.

We have enclosed an application which details the rationale for a Department of Urology and the potential system wide benefits of this change in status.

We look forward to answering any of your questions and to work with you on this important academic goal.

Sincerely,

E. Christopher Ellison, MD  
Associate VP for Health Sciences & Vice Dean of Clinical Affairs, COM&PH  
Robert Zollinger Professor and Chair Department of Surgery

Robert R. Bahnson, M.D.  
Professor and Director  
Dave Longaberger Chair in Urology  
Division of Urology

ECE:dts

c: Robert A. Bornstein, Ph.D.
September 1, 2005

Robert Bornstein, PhD
237 Melling Hall
370 W 9th Ave
Columbus OH 43210

Dear Dr. Bornstein:

I am writing to you concerning the faculty vote for the Department of Urology in the Department of Surgery. The consideration for developing a Department of Urology was discussed at the faculty meeting on August 2, 2005. The documents that Dr. Bahnson had prepared were distributed to the faculty both electronically and in hard copy. The faculty then had an opportunity to discuss this at the meeting. We then had additional opportunity for review of the material and an anonymous vote was cast through our office. The total for was 39, against 1, abstain 1, and no response from 16. I do not believe I can get a response from the other 16 for whatever reason do not wish to participate in the voting process. This would be a clear majority of the faculty voting for the creation of a Department of Urology even if the 16 voted against.

Thank you for your consideration. If I can help with the process of gaining approval from the Office of Academic Affairs and through the university process, please feel free to contact me.

Sincerely,

E. Christopher Ellison, M.D.
Associate VP for Health Sciences and
Vice Dean of Clinical Affairs
Robert M. Zollinger Professor and Chair
Department of Surgery

ECE/rl
June 30, 2005

E. Christopher Ellison, MD
Chair, Department of Surgery
327 Means Hall
1654 Upham Drive

Dr. Ellison:

The faculty in the Division of Urology took a vote regarding the division becoming a department. I am happy to report I received a unanimous vote fully supporting our efforts to become a department. Those queried were:

   Dr. Robert R. Bahnson
   Dr. Michael C. Gong
   Dr. Kamal S. Pohar
   Dr. Bodo E. Knudsen
   Dr. Stephen A. Koff
   Dr. Daniel L. Vodovotz

We appreciate your continued support while we move through the process to gain department status.

Sincerely,

[Signature]

Robert R. Bahnson, MD

RRB:res

cc Robert A. Bomstein, PhD
Proposal for the Establishment of a Department of Urology

The Ohio State University

College of Medicine and Public Health

APR 23 2006
Introductory Statement

This proposal requests the creation of a Department of Urology in the College of Medicine (COM). Urology is currently a division within the Department of Surgery. The Division of Urology includes a dedicated core faculty and staff to support this endeavor. This initiative will improve the environment for urology at The Ohio State University COM, The Ohio State University Hospitals, and the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. Furthermore, departmental status will markedly enhance our ability to improve urologic cancer research in the comprehensive cancer center.

The establishment of a Department of Urology is the next logical step in the commitment to further the discipline of urology here at Ohio State. The elevation of urology from division to department status will greatly facilitate our ability to recruit academic urologists and physician scientists. Such faculty will bring with them substantial research grants, which increases the breadth of the COMPH research portfolio. It will also help to raise the medical center’s national ranking. An increased core of academic urologists will attract more patients with specialty care needs and provide more training opportunities for students, residents, and fellows. These patients will also increase our accrual to clinical trials, which is an important mission of our medical center. Increased basic research will engender more opportunities for urology to partner with the business community and bring additional resources to the university.

Discipline of Urologic Surgery

Urologic surgery is a complex field with multiple domains which demand a broad range of faculty expertise. Research, teaching, and clinical activity encompass numerous specialty fields including pediatric urologic surgery, impotence and infertility (andrology), neurourolgy and voiding dysfunction (female urology/incontinence), endourology and stone disease, robotics, urologic oncology, trauma, and reconstructive urologic surgery. The breadth of urology is emphasized by post-residency training fellowships extant in the United States and Canada for pediatric urology, urologic oncology, endourology and stone disease, neurourolgy and voiding dysfunction, reconstructive urology, and andrology. Establishment of a Department of Urology would permit growth in all the domains of urology and provide training opportunities and research activity, which would enrich the quality of patient care, education, and research.

Recognition of Urology as a Surgical Specialty

Urologic surgery was founded as a specialty with the creation of the American Urological Association (AUA) at Johns Hopkins University School of Medicine in 1903. The specialty was ultimately recognized by the American Board of Medical Specialties in 1935. The American Board of Urology was founded in that year with representatives from the AUA, the American Association of Genitourinary Surgeons, the American College of Surgeons, the Society of University Urologists, the American Association of Clinical Urologists, and the American Academy of Pediatrics.

The Division of Urology at The Ohio State University was initiated in 1921, and William Neely Taylor, MD, was the director for nearly forty years. Dr. Taylor served as President of the North
Central Section of the American Urologic Association in 1932, as did his son, Dr. Jack Taylor, in 1971. During that time, Dr. John P. Smith became head of Pediatric Urology at Columbus Children's Hospital. In 1960, Chester C. Winter, MD, was appointed Professor and Director of the division. In 1975, Dr. Winter was appointed to the Louis Levy Professorship of Urology. Dr. Winter was succeeded by Henry A. Wise II, MD, in 1978, and Dr. Wise served in that position until 1986, when Dr. Joseph Drago was appointed as the Director of Urology. The division was in the process of being approved for departmental status when Dr. Drago left for private practice in 1993. The division was then directed by Dr. Robert Badalament and by Dr. Wise, as an Interim Director until 1996. In 1996, Robert R. Bahnson, MD, was appointed Professor and Director of the division and, in 1999, was instrumental in the OSU COM receiving a gift of $1.5 million for the establishment of the Dave Longaberger Chair in Urology.

Since its inception, the inclusion of urology in the Department of Surgery was reasonable because of the limited scope of the specialty. With the growth of urology as a discipline, the faculty in the Department of Surgery and the Division of Urology feel that future growth and development of urologic surgery requires the independence and dedication of departmental status. A Department of Urology will enhance collaborative research and educational efforts between basic science and clinical departments and will enhance the overall mission statement of the medical center.

Rationale for Urology as a Department

In the latter half of the 20th Century, medicine has become increasingly specialized. This specialization has led to a narrower focus of faculty involved in specialty surgical areas, such as urology. Expansion of the discipline of urologic surgery has meant that we have had less in common with academic pursuits that have traditionally been the focus of general surgery. The creation of an independent department of urology would improve faculty cohesion, as well as the programmatic function of the discipline of urologic surgery at Ohio State. As a stand-alone department, our faculty could increase their focus on teaching, research, and clinical care. Specifically, we could devote more effort toward the structure and function of our urology residency program, which is already independent. The urology residency has a separate residency review committee from the Accreditation Council on Graduate Medical Education and has a separate specialty board, the American Board of Urology. Further evidence of the maturation of the discipline of urology is the formation of a second specialty board in pediatric urology. Educational and research activities will no longer need to include general surgery and this provides an opportunity for greater emphasis on the science of urology. The medical school will benefit from the recognition of the growth of urology as a specialty and this will improve our competitive balance nationally with other academic medical centers.

Further development of the discipline of urologic surgery at The Ohio State University will be best achieved through creation of a stand-alone academic department. It is well documented that departmental status facilitates high caliber faculty recruitment with subsequent increases in the quantity and quality of research, numbers of publications, and educational capability. Increased expertise also leads to enhanced clinical revenue to support the mission of the institution. A greater diversity of clinical faculty will improve the delivery of urologic service and operating room utilization.
Today, over 75% of the Accreditation Council for Graduate Medical Education (ACGME) accredited urologic surgery training programs are departments. Furthermore, when one reviews the US News and World Report statistics, the top ten urology programs are nearly all departments. Many of the few remaining training programs with division status are small and weak, which places them at a competitive disadvantage in recruitment of qualified faculty.

Our academic plan emphasizes the importance of clinical, collaborative research. This will require interdisciplinary teams with qualified faculty.

Departmental status would allow urologic surgery more representation and interaction with hospital and COM leadership, which will enhance the health care delivery and urology product line.

Although we do not currently have the number of faculty required by university rule for creation of a department, we believe the mechanism is in place for recruitment of sufficient specialists and physician scientists to support a department that will immediately be productive and successful. Urology differs from other current divisions in the Department of Surgery because most urology units at successful academic medical centers are departments. There are no divisions within the Department of Surgery accent extant in 2006 other than General Surgery with 10 faculty members. General Surgery has recently been split into two divisions so this will no longer be true at the beginning of the next academic year. In addition, our division has eight auxiliary, clinical faculty who are heavily involved in the educational and clinical mission of our medical division and the OSU Medical Center.

Growth of Urologic Surgery and Departmental Organization

The medical center leadership has agreed to a long-term plan to accelerate recruitment and growth of urology as a discipline. Dr. Robert Bahnsen has been appointed Director of Urologic Services for The Ohio State University Health System. Responsibilities for this position include oversight of urologic surgery services, quality assurance, assurance of access to urologic services, including out-patient visits and consultations, and the development of leading-edge research and treatment of urologic disease. Dr. Bahnsen has also recently been reappointed for a second, four-year term as the Dave Longaberger Chair in Urology. He will also continue to serve as the Program Director for the post-graduate training program in urology. The Ohio State University Medical Center has agreed to provide support for program development through June 30, 2010. This includes a physician assistant, patient care resource manager, and administrative assistant for a faculty member in endourology starting in 2005, Bodo E. Knudsen, MD, date of hire, 6/1/05; in voiding dysfunction beginning 2006, Jason P. Gilleran, MD, date of hire, 9/1/05; and in andrology beginning in fiscal year 2007. The hospital has also assigned quality improvement staff to facilitate the development of patient care clinical pathways for common urologic diseases. The medical center has also agreed to pay salary and benefits for two fellows in urology; a fellow in robotics and minimally invasive surgery to begin in July, 2005 or 2006, and a second fellow in either urologic oncology, endourology, or voiding dysfunction to begin in July, 2007. The medical center recognizes that with considerable growth in the division and movement to departmental status that additional space and facilities will be necessary for urology. The medical center has agreed to renovate clinical space, to relocate academic offices, and to assign priority in the master space
plan and assessment that is currently ongoing for the entire medical center. The OSU Medical Center anticipates assigning 5,000 square feet of space to meet the needs of the faculty in the Department of Urology. In order to establish academic growth and continued success in urology, the Medical Center and COMPH have agreed to assist with the development of three, endowed chairs appointed by the Dean and Senior Vice President to faculty members in the future Department of Urology. The chairs will be designated for a physician scientist in the treatment of genitourinary disease. Finally, as part of continued support of the transition from division to department status, the medical center has agreed to provide support for a department administrator and a program coordinator for the urology training program when departmental status is approved.

Impact of a Department of Urology

Education

A departmental organization of urologic surgery would permit an expanded educational opportunity. Faculty with requisite expertise in all of the domains of urology would provide the medical students who rotate through the urologic service an exposure to the full-breadth of urologic science. Third-year students would begin in an ambulatory setting to learn the fundamentals of diagnostic evaluation. Fourth-year electives would include a more focused one-month rotation with both in-patient and ambulatory exposure to the varied urologic disciplines. Additional faculty would also dramatically improve the quality of post-graduate resident education in urologic surgery. At the present time, we do not have faculty with sufficient expertise in andrology to provide the patients and educational experience that is typical of a top-tier urology program. Departmental status is essential for us to attract the physicians with academic interest in these areas. Finally, the support of the medical center for fellowships will improve our ability to provide educational services for medical students.

Research

Transition from divisional to departmental status will permit a more focused effort in areas of basic science and clinical research. Investment in a Department of Urology has already permitted protected time for Dr. Pohar to reserve 70% of his activity for basic science research. It is anticipated that as a transition to departmental status occurs, that a full-time director of urologic research will be recruited. This is an important aspect of the growth of our medical center. It is particularly important for us to maintain our designation as a comprehensive cancer center. On our last review, we were cited for a lack of basic science research in solid tumors in general, and prostate cancer in particular. Departmental status will substantially improve our ability to attract funded investigators to expand our level of basic research.

Clinical Services

The Department of Urology has a strong clinical mission and mandate. As the principal health care system for the university community, it is imperative that we have a comprehensive ability to provide urologic surgical expertise for colleagues, students, staff, and their families. These groups equal approximately 100,000 covered lives. The clinical activity of the Department of Urology at
OSU will encompass provision of these services seven days per week, 24 hours per day. Departmental status will enhance our ability to provide urologic surgery sub-specialization in the areas of impotence/infertility, incontinence, pediatric urology, reconstructive urology, and urologic oncology.

**Effect on the Department of Surgery**

The independence and importance of urology as a separate specialty from surgery has been accepted nationally and agreed upon locally. Prior to our submission of a request for departmental status, our application was voted on by the faculty from the Department of Surgery, who agreed unanimously to support this transition. The Surgical Department will gain some benefit from our departure. They will no longer need to focus on educational and clinical service needs for the Division of Urology and this will provide greater time for them to improve the academic endeavors of the Department of Surgery. Their faculty cohesion and programmatic functions will not be hindered by concerns about the function of a dependent, division urologic surgery. There should be no financial impact on the Department of Surgery as the division has functioned autonomously in the Department of Surgery from a financial standpoint since 1986.

**University Guidelines**

1. **The discipline should represent an identifiable body of knowledge and academic concern that is not duplicated in other departments of the Institution.**

Urologic surgery is a discipline of surgery. It includes the evaluation and management of all diseases of the genitourinary system in males and the urinary system in females. Urologic surgery is the only discipline that encompasses the surgical management of the urinary system in both sexes and the reproductive tract in males. There are no other departments in the College of Medicine at OSU that focus their activities on surgical diseases of the urinary tract in men and women and surgical diseases of the reproductive tract in men. Specifically, our department focuses exclusively on the evaluation and management of patients with urinary stones. We are solely responsible for evaluating and treating men with disorders of erectile function and infertility. We are heavily involved in the management of patients with voiding dysfunction, particularly patients with spinal cord injury. The division currently co-leads the medical center initiative to bring the advances of robotic and minimally invasive surgery to the university and to central Ohio.

2. **Potential academic programs at both graduate and undergraduate levels.**

Urologic surgery at The Ohio State University COMPH has a long history of medical education. This includes the instruction of medical students, as well as residents.
Undergraduate Education:

Dr. Bahnson has authored a treatise on renal physiology, which has been published in a textbook *Basic Science Review for Surgeons*. He and other faculty would have the ability to provide undergraduate education in the discipline of renal and genitourinary physiology.

Graduate Education:

Medical Student Education:

Medical students are able to spend a half day in our ambulatory facility as third-year students. They also have the option to pursue more intensive urologic education in their fourth year with month long rotations. The following are the statistics for the previous five years, and for 2005 - 2006:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-01</td>
<td>8</td>
</tr>
<tr>
<td>01-02</td>
<td>16</td>
</tr>
<tr>
<td>02-03</td>
<td>21</td>
</tr>
<tr>
<td>03-04</td>
<td>27</td>
</tr>
<tr>
<td>04-05</td>
<td>29</td>
</tr>
<tr>
<td>05-06</td>
<td>32</td>
</tr>
</tbody>
</table>

These rotations can be sub-internships where they rotate not only through ambulatory clinics, but also in the hospital and operating rooms. We also have an elective, which is purely ambulatory, particularly for those students who are most interested in careers in primary care. Urology is responsible for providing 8 lectures per year to medical students.

Post-Graduate Resident Education:

The Division of Urology is currently accredited by the ACGME for a five-year training program in a 1:4 configuration with two residents per year, for a total complement of 8 residents. The volume and variety of index cases for the residents completing training in the past two years have indicated that an increase in complement would be desirable. This will require a stronger commitment to resident education with faculty possessing expertise in the varied domains of surgery. The transition to a department will permit recruitment of these faculty members and should translate into an increase in our complement of urologic surgery residents.

The Division of Urology currently has eight full-time, board-certified or board-eligible urologic surgeons. They are:

Robert R. Bahnson, MD, Professor of Surgery
Stephen A. Koff, MD, Professor of Surgery
Jason P. Gilleran, MD, Assistant Professor of Surgery
Michael C. Gong, MD, PhD, Assistant Professor of Surgery
Bodo E. Knudsen, MD, Assistant Professor Surgery
Kamal S. Pohar, MD, Assistant Professor of Surgery
Vipul Patel, MD, Associate Professor of Clinical Surgery
Daniel L. Vodovotz, MD, Assistant Professor of Clinical Surgery
In addition, the division has eight auxiliary clinical faculty. They are:

David H. Brown, MD  
Michael F. Cunningham, MD  
V. Rama Jayanthi, MD  
John W. Peck II, MD  
Herbert W. Reimenschneider, MD  
William J. Somers, MD  
Eric S. Ward, MD  
Bruce E. Woodworth, MD

Auxiliary faculty holding dual faculty appointments include:

C.A. Tony Buffington, DVM, PhD, Veterinary Medicine  
Ching-Shih Chen, PhD, Department of Pharmacology  
Steven K. Clinton, MD, PhD, Department of Medicine, Division of Hematology and Oncology  
Subir Nag, MD, Department of Radiation Medicine  
Thomas J. Rosol, DVM, PhD, Veterinary Medicine  
John L. Wilson, MS, PhD, Comprehensive Cancer Center

Finally, the division has two emeritus professors of urology. They are:

Chester C. Winter, MD  
Henry A. Wise II, MD

A Department of Urology will increase the number of faculty in specialty domains of urology. High caliber faculty members will enhance our ability to provide academic work in the science of urology.

3. An area of academic concern which offers research and/or public service opportunities in addition to formal classroom teaching and has the potential for developing national or international recognition as an academic discipline.

Urologic surgery has a long history as an established academic discipline nationally and internationally. This is exemplified by the letters from current departmental chairs, which have been appended to this application. As mentioned previously, most all programs in urology in teaching institutions around the United States are departments and the overwhelming majority of the top-ranked programs have departmental status. We believe the establishment of a department will enhance our ability to attract qualified faculty and physician scientists who will do much to enhance our mission, as well as our national and international reputation.

4. An area of academic concern which either has or is in the process of developing a student clientele either for the purpose of major programs or as an important “service” discipline to other major programs.

Urologic surgery is a strong, professional, and post-professional academic program involving medical students and residents. On average, the urology service is consulted 500 times per year for in-patient consultations.
5. **The ability to assume primary fiscal responsibility**

The budget for Fiscal Year 2006, which ends June 30, 2006, estimates total revenues for the Division of Urology of $2.8 million. We currently estimate that our expenses will be approximately $2.6 million. We have recently completed our budgets for Fiscal Year 2007. We estimate total revenues of $3.2 million, with expenses of $2.8 million. Over the next five years, we anticipate adding between three and five faculty members. We, therefore, anticipate increases in both expenses and revenues, which should range from 50% to 75% over the estimates for our fiscal year, 2007, budget. The financial contribution of the College of Medicine Medical Center and OSU to this growth of urology has been previously detailed.

The Division of Urology currently benefits from the Dave Longaberger Chair in Urology. As previously outlined, Dr. Bahnson will begin an aggressive, philanthropic campaign to raise three endowed chairs in urology. These endowed chairs will be used to recruit physician scientists in consultation with the dean and vice-president for the health sciences. This will be primarily to recruit individuals who will bolster the research mission in urologic surgery.

**Additional Issues to Be Addressed In Proposals For New Academic Units**

*page 6: Academic Organization and Curriculum Handbook*

**Rationale**

1. The mission of the Department of Urology will be to provide clinical care, education, and research in the pathophysiology of genitourinary disease and its surgical and medical treatment.
2. The purpose of the Department of Urology will be to focus study on genitourinary disease and provide new and novel techniques for management of these disorders. It will seek to prepare medical students, residents, and fellows to practice the art and science of urology. There are no other academic units directly involved in the preparation of individuals capable of serving the public as urologic surgeons.
3. The role of the Department of Urology will be to support the administrative effort of the College of Medicine to improve the clinical care, education, and research in the health sciences.
4. Within Ohio, there are departments of urology at the Cleveland Clinic, the Medical College of Ohio, the Northeastern Ohio University College of Medicine, and Case Western Reserve. Within the Big Ten, there are departments of urology at the University of Iowa, the University of Minnesota, the University of Michigan, and the University of Indiana.
5. The Department of Urology will provide a residency training opportunity for individuals to satisfy the requirements for board certification by the American Board of Urology. We anticipate three residents per year in a five-year program. We also offer opportunities for advanced training and fellowship for minimally invasive and robotic surgery, as well as pediatric urology. The goal of all of these programs is to prepare individuals for ultimate board certification. The opportunities for graduates of these programs include academic positions at other major universities, as well as private practice opportunities.
(6) Individuals who are in training in urologic surgery in our proposed department will have the ability to attend conferences, as well as other didactic presentations to enrich their academic, educational experience. There are also countless opportunities for surgical volunteerism, both locally, nationally, and internationally.

(7) The Department of Urology has a great potential to develop both a national and international recognition as an academic discipline. We recently hosted a world symposium on robotic surgery here in Columbus, which was extremely well-attended and oversubscribed.

(8) The Division of Urology previously applied for departmental status in the early 1990's. The proposal was ultimately withdrawn owing to concerns about the academic integrity of the division director.

Demand

(1) We currently have more students who wish to spend elective time with us as four-year students than we have positions to offer. The demand for urologic residency training in approved ACGME urology residency training programs exceeds the number of slots that are available and this has been the case for the past fifteen years. It is currently estimated that there are more than ten job offerings for every finishing urology resident, nationally.

(2) The duration of the demand for experts in urologic surgery will be expanding for the next twenty years as the baby-boom generation begins to utilize health care. Work force surveys that have been performed suggest a dramatic shortfall urologic expertise in the next fifteen years.

(3) There are no other academic units that are able to prepare experts in urologic surgery.

Cost

(1) We currently anticipate approximately $200,000 of internal funding per year for the Department of Urology and the external funding potential will be estimated for Fiscal Year 2008 at $100,000 and Fiscal Year 2009 at $200,000.

(2) It is anticipated that three to five additional faculty will be recruited over the next five years. The incremental cost of adding a faculty member to the Department of Urology is approximately $300,000 per year.

(3) Urology currently occupies approximately 4,000 square feet in Cramblett Hall and utilizes ambulatory facilities in the Moorhouse Plaza, as well as The James Cancer Hospital. The faculty currently provides instruction in all of the academic domains of urology and we anticipate an expansion of urologic services to the OSU East Hospital within the next thirty-six months.

Other

(1) Letters from outside experts and advisors have been included within the body of the proposal. These letters are all attached and corroborate the importance of an independent Department of Urology at a major academic medical center.

(2) The proposed date for transition from division to department of urology is July 1, 2006.
Conclusion

The creation of a Department of Urology will be an important affirmation of the importance of the science of urology at The Ohio State University COM. Transition to a department will improve our visibility and dramatically increase our chances of attracting talented faculty and physician scientists. Establishment of an academic Department of Urology will have a profound and favorable impact on the ability of urology to meet the mission statement of the academic medical center.
US News and World Report Best Hospitals Statistics

Per the attached special report:

✓ 32 programs are departments
✓ 10 programs are divisions
✓ 8 are not affiliated with a residency program
✓ 21 of the top 25 programs are departments
UROLOGY

Where both impotence and prostate cancer get delicate treatment

<table>
<thead>
<tr>
<th>REGION</th>
<th>Northeast</th>
<th>South</th>
<th>West</th>
<th>Midwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>Hospital</td>
<td>U.S. News Score</td>
<td>Reputation (%)</td>
<td>Mortality Rate</td>
</tr>
<tr>
<td>1</td>
<td>Johns Hopkins Hospital, Baltimore</td>
<td>100.0</td>
<td>7.55</td>
<td>0.61</td>
</tr>
<tr>
<td>2</td>
<td>Cleveland Clinic</td>
<td>85.1</td>
<td>54.5</td>
<td>0.59</td>
</tr>
<tr>
<td>3</td>
<td>Mayo Clinic, Rochester, Minn.</td>
<td>65.8</td>
<td>30.5</td>
<td>0.70</td>
</tr>
<tr>
<td>4</td>
<td>UCLA Medical Center, Los Angeles</td>
<td>54.3</td>
<td>27.0</td>
<td>0.85</td>
</tr>
<tr>
<td>5</td>
<td>Barnes-Jewish Hospital, St. Louis</td>
<td>49.1</td>
<td>19.4</td>
<td>0.55</td>
</tr>
<tr>
<td>6</td>
<td>New York Presbyterian Hospital</td>
<td>45.3</td>
<td>18.8</td>
<td>1.16</td>
</tr>
<tr>
<td>7</td>
<td>Duke University Medical Center, Durham, N.C.</td>
<td>45.2</td>
<td>16.5</td>
<td>0.70</td>
</tr>
<tr>
<td>8</td>
<td>Massachusetts General Hospital, Boston</td>
<td>44.7</td>
<td>16.0</td>
<td>0.50</td>
</tr>
<tr>
<td>9</td>
<td>Memorial Sloan Kettering Cancer Center, New York</td>
<td>42.6</td>
<td>6.4</td>
<td>0.69</td>
</tr>
<tr>
<td>10</td>
<td>University of Texas, M.D. Anderson Cancer Center, Houston</td>
<td>41.2</td>
<td>13.3</td>
<td>0.61</td>
</tr>
<tr>
<td>11</td>
<td>University of California, San Francisco Medical Center</td>
<td>39.8</td>
<td>11.7</td>
<td>0.68</td>
</tr>
<tr>
<td>12</td>
<td>Stanford Hospital and Clinics, Stanford, Calif.</td>
<td>39.6</td>
<td>13.1</td>
<td>0.92</td>
</tr>
<tr>
<td>13</td>
<td>Methodist Hospital, Houston</td>
<td>38.3</td>
<td>10.8</td>
<td>1.01</td>
</tr>
<tr>
<td>14</td>
<td>University of Michigan Medical Center, Ann Arbor</td>
<td>36.8</td>
<td>5.8</td>
<td>0.38</td>
</tr>
<tr>
<td>15</td>
<td>Cleveland Health Partners (U &amp; M Andrologist Hosp.), Indianapolis</td>
<td>36.0</td>
<td>6.2</td>
<td>0.50</td>
</tr>
<tr>
<td>16</td>
<td>University of Iowa Hospitals and Clinics, Iowa City</td>
<td>35.8</td>
<td>5.3</td>
<td>0.68</td>
</tr>
<tr>
<td>17</td>
<td>Northwestern Memorial Hospital, Chicago</td>
<td>35.0</td>
<td>5.2</td>
<td>0.55</td>
</tr>
<tr>
<td>18</td>
<td>Lashley Clinic, Burlington, Mass.</td>
<td>34.7</td>
<td>4.9</td>
<td>0.30</td>
</tr>
<tr>
<td>19</td>
<td>University of Virginia Medical Center, Charlottesville</td>
<td>34.2</td>
<td>3.7</td>
<td>0.41</td>
</tr>
<tr>
<td>20</td>
<td>Hospital of the University of Pennsylvania, Philadelphia</td>
<td>34.1</td>
<td>7.1</td>
<td>1.15</td>
</tr>
<tr>
<td>21</td>
<td>Vanderbilt University Medical Center, Nashville</td>
<td>33.8</td>
<td>4.6</td>
<td>0.63</td>
</tr>
<tr>
<td>22</td>
<td>Johns Hopkins Hospital, Baltimore</td>
<td>32.9</td>
<td>2.8</td>
<td>0.62</td>
</tr>
<tr>
<td>23</td>
<td>William Beaumont Hospital, Royal Oak, Mich.</td>
<td>32.5</td>
<td>0.4</td>
<td>0.35</td>
</tr>
<tr>
<td>24</td>
<td>North Carolina Baptist Hospital, Winston-Salem</td>
<td>32.2</td>
<td>1.4</td>
<td>0.87</td>
</tr>
<tr>
<td>25</td>
<td>Brigham and Women's Hospital, Boston</td>
<td>31.9</td>
<td>4.6</td>
<td>1.00</td>
</tr>
<tr>
<td>26</td>
<td>Yale-New Haven Hospital, New Haven, Conn.</td>
<td>31.9</td>
<td>1.7</td>
<td>0.58</td>
</tr>
<tr>
<td>27</td>
<td>University of Washington Medical Center, Seattle</td>
<td>31.6</td>
<td>2.4</td>
<td>0.65</td>
</tr>
<tr>
<td>28</td>
<td>University of Minnesota Hospital and Clinics, Minneapolis</td>
<td>31.5</td>
<td>0.9</td>
<td>0.39</td>
</tr>
<tr>
<td>29</td>
<td>Lehigh Valley Hospital, Allentown, Pa.</td>
<td>31.5</td>
<td>0.4</td>
<td>0.58</td>
</tr>
<tr>
<td>30</td>
<td>University of Miami, Jackson Memorial Hospital</td>
<td>31.4</td>
<td>1.8</td>
<td>0.59</td>
</tr>
<tr>
<td>31</td>
<td>Pittsbugh University Hospital, Pittsburgh</td>
<td>31.4</td>
<td>2.6</td>
<td>0.87</td>
</tr>
<tr>
<td>32</td>
<td>University of Alabama Hospital at Birmingham</td>
<td>31.3</td>
<td>1.4</td>
<td>0.39</td>
</tr>
<tr>
<td>33</td>
<td>Sarasota Memorial Hospital, Sarasota, Fla.</td>
<td>31.1</td>
<td>0.0</td>
<td>0.39</td>
</tr>
<tr>
<td>34</td>
<td>Baylor University Medical Center, Dallas</td>
<td>30.9</td>
<td>0.9</td>
<td>0.38</td>
</tr>
<tr>
<td>35</td>
<td>University Hospitals of Cleveland</td>
<td>30.9</td>
<td>0.9</td>
<td>0.59</td>
</tr>
<tr>
<td>36</td>
<td>Cox Health Systems, Springfield, Mo.</td>
<td>30.8</td>
<td>0.0</td>
<td>0.56</td>
</tr>
<tr>
<td>37</td>
<td>Iowa Fairfield Hospital, Falls Church, Va.</td>
<td>30.7</td>
<td>0.5</td>
<td>0.85</td>
</tr>
<tr>
<td>38</td>
<td>Abbott Northwestern Hospital, Minneapolis</td>
<td>30.6</td>
<td>0.0</td>
<td>0.38</td>
</tr>
<tr>
<td>39</td>
<td>Dartmouth-Hitchcock Medical Center, Lebanon, N.H.</td>
<td>30.5</td>
<td>0.0</td>
<td>0.58</td>
</tr>
<tr>
<td>40</td>
<td>Emory University Hospital, Atlanta</td>
<td>30.4</td>
<td>2.3</td>
<td>0.65</td>
</tr>
<tr>
<td>41</td>
<td>University of Illinois Medical Center at Chicago</td>
<td>30.4</td>
<td>0.5</td>
<td>0.21</td>
</tr>
<tr>
<td>42</td>
<td>Henry Ford Hospital, Detroit</td>
<td>30.4</td>
<td>0.8</td>
<td>0.68</td>
</tr>
<tr>
<td>43</td>
<td>University of North Carolina Hospitals, Chapel Hill</td>
<td>30.3</td>
<td>0.9</td>
<td>0.65</td>
</tr>
<tr>
<td>44</td>
<td>Lafayette General Medical Center, Lafayette, La.</td>
<td>30.3</td>
<td>0.0</td>
<td>0.21</td>
</tr>
<tr>
<td>45</td>
<td>University Hospital, Cincinnati</td>
<td>30.3</td>
<td>0.0</td>
<td>0.41</td>
</tr>
<tr>
<td>46</td>
<td>Ohio State University Medical Center, Columbus</td>
<td>30.2</td>
<td>1.3</td>
<td>0.75</td>
</tr>
<tr>
<td>47</td>
<td>NYU Medical Center, New York</td>
<td>30.2</td>
<td>4.0</td>
<td>1.53</td>
</tr>
<tr>
<td>48</td>
<td>University of California, Davis Medical Center, Sacramento</td>
<td>30.2</td>
<td>0.0</td>
<td>0.67</td>
</tr>
<tr>
<td>49</td>
<td>Allegheny General Hospital, Pittsburgh</td>
<td>30.2</td>
<td>0.9</td>
<td>0.53</td>
</tr>
<tr>
<td>50</td>
<td>Rush Presbyterian St. Luke's Medical Center, Chicago</td>
<td>30.2</td>
<td>0.4</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Note: Rounding may produce apparent ties in U.S. News scores. Terms are explained on Page 28.

More information at www.usnews.com
Comprehensive Listing of Urology-Related Journals

1. Aging male
2. Andrologia
3. Archives of Andrology
4. BJU International
5. BMC Nephrology
6. Brazilian Journal of Urology
7. Canadian Journal of Urology
8. Chronicle of Urology & Sexual Medicine
9. Contemporary Urology
10. Contraception
11. Current Opinion in Urology
12. Current Sexual Health Reports
13. Current Urology Reports
14. Digital Urology Journal
15. European Urology
16. European Urology Today
17. Fertility and Sterility
18. Geriatric Nephrology and Urology
19. International Journal of Andrology
20. International Journal of Impotence Research
22. International Urogynecology Journal
23. International Urology and Nephrology
24. Internet Journal of Urology
25. Journal of Endourology
26. Journal of Lower Genital Tract Disease
27. Journal of Urology
28. Kidney
29. Kidney International
30. Neurourology and Urodynamics
31. Philippine Journal of Urology
32. Prostate
33. Prostate Cancer and Prostatic Diseases
34. Scandinavian Journal of Urology and Nephrology
35. Sexually Transmitted Infections
36. Urologe A
37. Urologe B
38. Urologia Internationalis
39. Urologic Clinics of North America
40. Urologic Nursing Journal Urologic Oncology
41. Urologic Oncology: Seminars and Original Investigations
42. Urological Research
43. Urology
44. Urology & Nephrology
45. Urology Times
46. Uroloji
47. UroOncology
48. Uroreviews
49. World Journal of Urology
September 30, 2004

Robert R. Bahnson, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
The Ohio State University Medical Center
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Bob:

Thanks for your letter. I am currently in the process of finalizing a strategic proposal requesting Department status for the Section of Urology at the University of Chicago. I would be glad to share this information with you and also write a letter of support. Please give me another three weeks to finalize this, and I shall get back in touch with you then. Best regards.

Sincerely yours,

Charles B. Brendler, M.D.

CBB/js
December 8, 2004

Robert R. Bahnson, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
The Ohio State University Medical Center
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Bob:

I have enclosed a copy of the proposal for Department status which I presented to our Dean on Friday, December 3, 2004. I have also enclosed a copy of our annual report. I hope that you find this information helpful in preparing your own request for Department status at Ohio State. Please give me a call if I can be of further assistance in any way.

Best wishes to you and your family for a very Merry Christmas and Happy and Healthy New Year.

Sincerely yours,

Charles B. Brendler, M.D.

CBB/js

Enclosures

FOY FOR BENT APPLICATION

26
CONFIDENTIAL

December 3, 2004

James L. Madara, M.D.
Vice President of Health Affairs
Dean, Biological Sciences Division and
Pritzker School of Medicine
University of Chicago, MC 1000

Dear Jim:

As you are aware, I believe the Section of Urology at the University of Chicago has reached a stage in its evolution at which, in order to achieve our full potential and best represent and contribute to the University of Chicago, Urology should be recognized as a full, independent Department.

Department status has become the norm for Urology programs nationally. Of 120 Urology programs in the U.S., 96 are now independent Departments, including the other four urology programs in Chicago with which we are competing. Furthermore, of the top 15 programs as ranked in U.S. News & World Report, 14 are full Departments and the 15th, Duke University, will be applying for Department status soon.

There have been common criteria for Urology programs to acquire Department status:

- Urology should encompass a unique, separate and distinct body of knowledge.
- There should be a history of vigorous and innovative clinical and research programs.
- Urology must be independently financially viable and efficient at managing and delivering services.
- The proposed Department should be clearly able to enhance the reputation of the Institution.

We believe we currently meet or exceed these criteria.

In every instance in which Urology has become a full Department, there have also been common benefits:

- Improved financial performance.
- Clinical, academic and research programs have been enhanced and broadened.
- Highly qualified people have become easier to attract and retain.
The Department has become an integral contributor to the development and implementation of a unified plan for the Institution.

We believe we can achieve these benefits also — for the new Department, the Institution and, not least, the good of our patients.

Our analysis and proposal has been prepared using a logical and realistic "bottom up" approach. As a result, we fully appreciate our challenges, understand our resources and know what we have to do to be successful as a Department.

It is true that we can continue to do a superb job as a Section within Surgery; but we have also reached a point where every aspect of growth and expansion will be much more likely, achieved sooner, and more comprehensively, with the independence and prestige of Department status.

I know you have a concern about the implications resulting from Urology being independent of Surgery and reporting directly to you. In all our reviews of the experiences at other Institutions, the results were positive for all concerned, including the Department of Surgery. In many cases, this was a pleasant surprise. We believe the same outcome is possible at the University of Chicago. The Chairs of Surgery at both the University of Michigan and UCLA Medical Center have expressed a willingness to speak with you directly about this issue.

Our Proposal is in three sections.

1. A summary of our qualifications for Department status.
2. A summary and details of what we will achieve by leveraging our new status including specific goals.
3. A letter from Dr. James F. Glenn, former Professor and Chief of Urology at Duke University Medical Center; three letters from Chairmen of Urology at institutions in which Urology has recently achieved Department status; and a letter from Dr. Ralph R. Weichselbaum, Professor and Chairman of Radiation and Cellular Oncology at the University of Chicago.

Not included here, but available, the copious data we reviewed to establish our absolute and relative situations as a potential Department of Urology. It provided the sound base for our development of a realistic assessment and pragmatic plans.

I look forward to your support, comments and recommendations.

Sincerely yours,

Charles B. Brendler, M.D.
Ms. Ann Schwind  
Associate Dean and Chief Financial Officer  
The University of Chicago Biological Sciences Division  
AMB S-106, MC 1000

Mr. Kenneth Sharigian  
Associate Dean and Chief Operating Officer  
The University of Chicago Biological Sciences Division  
AMB S-115, MC 1000
September 27, 2004

Robert R. Bahnson, M.D.
Professor and Director
Division of Urology
Ohio State University Medical Center
456 West 10th Street
Columbus, OH 43210-1228

Dear Bob:

I applaud and endorse your efforts to achieve departmental designation for urology at your medical center. Such designation is certainly a national trend and is the organizational structure among the leading urology centers.

This is not simply a cosmetic realignment. Departmental status allows a functional independence which facilitates clinical care, teaching, and research. Medicine and surgery certainly have matured to the point wherein the various surgical subspecialties are not simply disciplines within General Surgery. They are sufficiently distinct that the traditional method of categorization and grouping is no longer reasonable. This is already recognized at the training level wherein most urology programs include one year of a surgical residency but the remaining years are all spent within urology.

Again, I wholeheartedly endorse your effort. Departmental classification will help you advance even further the mission of your department and enhance further the reputation for excellence of the Ohio State University Medical Center.

Sincerely,

Joseph A. Smith, Jr., M.D.
William L. Bray Professor and Chairman
October 11, 2004

Robert R. Bahnson, MD
The Dave Longaberger Chair in Urology
Professor and Director
Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

I am sorry for the delay in response, but I was sick for a few days and unable to get back to you.

As a summary statement, I can say that Departmental status has made a world of difference for Urology at UCLA, and I will try to list some of the reasons.

Financial Management

Since we are able to manage our own finances and be responsible directly to the Dean, we have become much more financially stable. Our bottom line has improved for multiple reasons including the avoidance of a surgery department tax as well as control over our expenses and ability to improve our clinical resources and clinical revenue.

Interdepartmental Relations

I was not really aware of the importance of “having a seat at the table.” Being able to interact with other Chairs has not only been valuable to us, but has opened up many new lines of communication, action, and collaboration with Departments and Divisions all over the Medical School. As an example, we were able to develop our successful SPORE Grant in Prostate Cancer as a campus-wide program involving multiple components of the Medical School and other campus entities. We would never have been able to develop those lines of communication and collaboration as a Division. I know because I have tried in the past.

Grants

When we were a Division, we had approximately $2 million in competitive grants. We now have roughly a total of $35 million and $14 million more has
been submitted for funding. In addition, we have approximately $2 million in industry contracts and a State contract for delivery of prostate cancer to the underserved California population.

**Faculty /Resident Recruitment**

As a Division we had a faculty of 12 members. We now have 26 faculty members, with 22 MD’s and 4 PhD’s. Also, I must emphasize that at least 70% of the funded research is done by clinician/scientists who are urologist and have clinical practices. As a Department, I am able to make true and binding commitments to new faculty and control the strategic imperatives of the Department. As far as resident recruitment is concerned, it is a distinctive advantage when a resident knows that he or she is talking to the Chairman of a Department rather than to a Division Chief who has to answer to a Surgery Chair and whose authority, within the Institution, and ability to make commitments is limited.

**Philanthropy**

I have found it much easier to build an endowment and to get needed discretionary funds speaking as Chair of a Department. I was rather surprised at how savvy donors are in this respect. They really are less enthusiastic about donating to Divisions when they feel that utilization of the funds may not be under the direct control of the person to whom they are rendering them.

**Institutional Contributions**

I know that our Dean would confirm that we have made enormous contribution to the Institution. Our clinical revenues have increased, thereby, increasing Dean’s Tax Revenues. The huge increase in grants has increased indirect costs, a significant portion of which remains in the Dean’s Office. We now have three endowed Chairs named and one more not yet filled. As a Division, we had one. Our Institutional contributions extend beyond the School of Medicine. We have developed a successful research relationship with the School of Engineering and the new Nanotechnology Institute. Our faculty members are the PI’s of a $6 million grant in collaboration with those groups, and we have two large grants submitted. Also, we have developed a very large Outcomes and Quality of Life program, which incorporates not only Urology, but also the School of Public Health and the Rand Institute. I can assure you, that these things would have not have been feasible functioning as a Division.

Also, you may know that I currently serve as Senior Associate Dean for Clinical Operations (and I hope I will not serve too much longer). I have responsibility for our 14
clinical departments, and I can assure you that we have no problem dealing with multiple Chairs. It is far better to give a specialty the opportunity to grow and develop than to confine them to clusters, which were appropriate a generation ago.

I hope this is some help to you, and I wish you all the best in your endeavors.

Best personal regards,

Jean B. deKernion, MD
The Fran and Ray Stark Professor of Urology
Chairman, Department of Urology
October 13, 2004

VIA FACSIMILE 614-293-5363

Robert R. Bahnson, M.D.
Professor and Director
Division of Urology
The Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

I am writing in response to your request to document why a dedicated Department of Urology (rather than a Division) can better fulfill the academic mission of the College of Medicine and Public Health and the University.

I believe that a major advantage to the Chairman of a Department is the direct access to those in positions of authority to assess the value of programs in the various Departments and allocate resources according to Institutional priorities. Leaders of divisions must work through their Department Head and may not obtain sufficient access to communicate the unique needs of their specialty for directed programmatic development. Even though there may be support for divisional programmatic development by the Chairperson of a particular Department, priorities within a Department among its various Divisions may not reflect priorities that would be of benefit to the Institution as a whole. Furthermore, transmission of information in support of programmatic development within an individual Division may be compromised by bias, misunderstanding or reluctance within a Department to proceed in one or another direction, even though such developments may be to the benefit of the Institution.

Although the mission and objectives of a Division are similar to those of a Department, the fulfillment of these (in clinical work, research and teaching) is more readily accomplished if they are pursued in the organizational context of a Department rather than that of a Division. This extends beyond the opportunity to discuss the need for resources to accomplish those missions directly with those charged with prioritizing institutional objectives. Indeed, the Departmental structure
encourages cross discipline and multi-disciplinary activities because of the access that the leaders of a Department have to leaders in other Departments, a degree of access not provided if the leaders of a specialty simply are chiefs of a Division within a Department. This becomes particularly important when considering the specialty of Urology. Urology encompasses the assessment and management of conditions and diseases that affect large numbers of the population of both genders and in adult, pediatric and geriatric age groups. The opportunity to create multi-disciplinary programs in addressing the various issues in Urology can be greatly enhanced through the Departmental foundation. In taking advantage of the opportunities for programmatic development in an area such as urology, designation of this specialty for Departmental status seems more in keeping with attempts to fulfill Institutional goals.

The separation of Urology as a Division from the Department of Surgery can actually be viewed as an enhancement of both. There are numerous areas in which resources for General Surgery can readily be shared with those from Urology, as in the evolution of both specialties towards laparoscopic surgery, endoscopic surgery and robotics. Such opportunities could be pursued while respecting the distinctions that would allow Urology to grow programatically while still maintaining the integrity of General Surgery. On the other hand, Departmental status would be helpful to both in facilitating recruitment of high caliber faculty, in establishing the value and need of meaningful research, in the teaching of house staff and medical students, and in addressing the health needs of the Medical Center's community directly. The pursuit of each of these through an independent Departmental structure, but with shared objectives, would in effect create a synergy in fulfilling Institutional objectives in these areas.

Taking all of these issues into account, the benefit of allowing Urology to achieve Departmental status would be of major benefit Institutionally and neither hamper nor compromise the ability of General Surgery to fulfill it's own parallel and unique missions.

I would be pleased to discuss any of these issues further and appreciate the opportunity of communicating some of my ideas on this subject.

Sincerely yours,

Michael J. Droller, M.D.
22 September 2004

Dr. Robert Bahnson
Dave Longaberg Chair in Urology
Professor and Director, Division of Urology
Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Dr. Bahnson:

This letter is to strongly support your desire to establish departmental status in urology at Ohio State University Medical Center. I am familiar with the process having taken urology at USC from Divisional status to Departmental status seven years after I came to USC. There is in addition considerable national precedence for this process as more than 50% of urology sections currently enjoy departmental status, up from the approximately 33% when we received departmental status in 1987. Nearly all of the recognized top 20 urology training programs enjoy departmental status. There are considerable benefits to departmental status – specifically being able to control your resources of revenue, control expenses, expand as your resources allow, and develop an independent research program with direct and independent access to the Dean.

I enclose a graphic depicting USC Department of Urology Development from my arrival in 1980 to our current status. Departmental status was critical to our development and we currently have more NIH grants, NIH directed research funds, and better endowment than our Department of Surgery. If I can provide you with any additional assistance, please let me know.

Sincerely yours,

[Signature]

Donald G. Skinner, M.D.
<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Endowment (USC)</th>
<th>NIH Direct Research Funds</th>
<th>NIH Research Grants</th>
<th>Private Patient Clinical Income</th>
<th>USC Non-CPSA Support (OA)</th>
<th>Research PhD's</th>
<th>Clinical MD's</th>
</tr>
</thead>
</table>
September 28, 2004

Robert R. Bahnson, M.D.
The Ohio State University Hospitals
Division of Urology
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Bob:

It has come to my attention that the Division of Urology at Ohio State University is seeking Departmental status within the Medical School organization. I certainly cannot agree with you more and therefore support your plan enthusiastically.

As you know, I trained at the University of Michigan under Jack Lapides and at that time the Urology Program was one of the Divisions of the Department of Surgery under Dr. Childs and later under Dr. Turcotte. I believe that the only thing that kept the Urology program strong, despite being a division, were the strong will and persona of Dr. Nesbitt and later Dr. Lapides. It is not that the Department of Surgery was obstructing progress but administrative ideas and programs take time to get approved and implemented. I know first hand, as a member of the faculty for 14 years at the University of Michigan, how difficult it is to keep our faculty and focus on our research programs. Likewise, the medical educational rotation program was very dependent on the program of the Department of Surgery, which makes it difficult to control the flow of our medical students. The modern day economic and budgetary constraints make it even more problematic for divisions to survive without being more independent and at the same time more directly responsible for your actions and decisions. As you know, just recently the University of Michigan granted its Division of Urology departmental status.

When I moved from a full time faculty position from the University of Michigan to William Beaumont Hospital as Chairman of the Department of Urology, I sympathized with the faculties I left at Michigan because I could immediately sense and experience many advantages of running a Department. Although William Beaumont is a large private medical center and not a university, running a residency program and a large clinical practice is very similar to that of the University setting.
As Chairman of the Department, I am more efficient. Going directly to the Medical Director (equivalent to the Dean) and obtaining immediate feedback to my proposed programs saves a lot of time. Solutions to problems are quickly identified and solved rather than going through a circuitous route of departmental chairman and then to the Dean. Likewise, negotiations with faculty recruits are accomplished with ease as my word is final once I get the blessing of my Medical Director. Implementation of programs is therefore quicker.

In a similar fashion, research programs and funding is my responsibility without having to go through the departmental research committees. My department negotiates directly with private and public agencies with only the Hospital Research Institute as our responsible agency. It is true that you will have no one else to depend on but your Department for funding, but I find it easier to control my research budget and the direction of research.

Clinical and educational programs are developed and implemented directly from my department. Again, we do not have to have the approval of several committees within the department nor do we need approval from other divisions who may have totally different interests and issues. Especially when time is of the essence, you can move quickly and decisively.

I truly believe that the specialty of Urology is unique and, although we consider ourselves surgeons, we also deal heavily with medical non-surgical issues, such that surgical domain only covers a portion of our daily activities. To be a leader not only in the community, but also for the entire nation, you must be able to independently lead your group. As a Department, you will have the ability to implement your vision in a quicker and more effective way. As such, the ultimate winners are the people we serve and the community at large. Any success you bring to your department is ultimately reflected on the institution you represent. I believe that is what has happened to the Department of Urology at William Beaumont Hospital. When I started as Chairman of the Department in 1984, we were unknown. We are now ranked #23 by US News & World Report. To a great extent, it is because our departmental status helped me to successfully lobby to the administration and aggressively implement my vision for the Department and the Hospital. I know that as a Department you can reach greater heights than it can currently holds.

Sincerely,

Ananias C. Diokno, M.D., F.A.C.S.
Chairman, Department of Urology

ACD/amw
October 8, 2004

E. Christopher Ellison, M.D.
Chairman, Department of Surgery
Ohio State University Medical Center
456 West Tenth Avenue
Columbus, OH 43210-1228

Dear Dr. Ellison:

It is my pleasure to respond to a letter from Dr. Bahnsen regarding the establishment of a Department of Urology at Ohio State University. I have been parts of both Divisions of Urology and Departments since my career started in urology.

I was a graduate of the University of Texas Southwestern Medical School when the Urology Department was a division under the skilled leadership of Paul C. Peters, M.D. Dr. Peters was at the end of his career and told me one time, "I did not want to fight that battle," and left us as a division until his retirement. The first demand by the incoming Chairman, Dr. John McConnell, was departmental status within three years. John had seen the economic damage done to the division through the years and felt like Urology should control its own destiny and be responsible for itself. I use that as an example, as it had a profound impact on my decision to leave Southwestern and go to Baylor College of Medicine. Our Division at Parkland was well respected around the country, but we felt that our hands were tied most of the time to make the kind of advances with recruitment and program development that were necessary to be a cutting-edge program.

In contrast, the program at Baylor College of Medicine had been a Department of Urology for over twenty years. The original Division was headed by Russell Scott, M.D., under Michael DeBakey, M.D., and Gene Carlton assumed leadership and departmental status shortly after being named Chairman. The Department grew significantly over the next twenty years and increased its endowment to over $30 million. In addition, we have been able to create eleven Chairs in the Department and have outstanding programs in infertility and prostate cancer. My reporting is directly to the President of the College and, as long as I keep my Department in the black and contribute to the mission of the School, we are both happy. I can tell you firsthand that departmental status has given me the flexibilities to succeed. By the same token, I am held responsible for failures, and they are mine alone to correct. This has been an excellent opportunity for me to grow my academic career, and I do not think it would have been possible with Division status. For these reasons, I would highly recommend your consideration of transitioning the Division of Urology at Ohio State to departmental status. I think it is good for the institution and certainly much better for the faculty members in the Division of Urology.
E. Christopher Ellison, M.D.
October 8, 2004
Page Two

If I can be of further assistance, please feel free to contact me at 713-798-4637.

Sincerely,

[Signature]

Timothy B. Boone, M.D., Ph.D.
Russell and Mary Hugh Scott Chair
Professor and Chairman
Department of Urology

cc: Robert R. Bahnson, M.D.
Dave Longaberger Chair in Neurology
Professor and Director, Division of Urology
Ohio State University Medical Center
456 West Tenth Avenue
Columbus, OH 43210-1228
October 8, 2004

Dr. Fred Sanfilippo
Dean of COMPH
Ohio State University Medical Center
456 West Tenth Avenue
Columbus, OH 43210-1228

Dear Dr. Sanfilippo:

It is my pleasure to respond to a letter from Dr. Bahnsen regarding the establishment of a Department of Urology at Ohio State University. I have been parts of both Divisions of Urology and Departments since my career started in urology.

I was a graduate of the University of Texas Southwestern Medical School when the Urology Department was a division under the skilled leadership of Paul C. Peters, M.D. Dr. Peters was at the end of his career and told me one time, "I did not want to fight that battle," and left us as a division until his retirement. The first demand by the incoming Chairman, Dr. John McConnell, was departmental status within three years. John had seen the economic damage done to the division through the years and felt like Urology should control its own destiny and be responsible for itself. I use that as an example, as it had a profound impact on my decision to leave Southwestern and go to Baylor College of Medicine. Our Division at Parkland was well respected around the country, but we felt that our hands were tied most of the time to make the kind of advances with recruitment and program development that were necessary to be a cutting-edge program.

In contrast, the program at Baylor College of Medicine had been a Department of Urology for over twenty years. The original Division was headed by Russell Scott, M.D., under Michael DeBakey, M.D., and Gene Carlton assumed leadership and departmental status shortly after being named Chairman. The Department grew significantly over the next twenty years and increased its endowment to over $30 million. In addition, we have been able to create eleven Chairs in the Department and have outstanding programs in infertility and prostate cancer. My reporting is directly to the President of the College and, as long as I keep my Department in the black and contribute to the mission of the School, we are both happy. I can tell you firsthand that departmental status has given me the flexibilities to succeed. By the same token, I am held responsible for failures, and they are mine alone to correct. This has been an excellent opportunity for me to grow my academic career, and I do not think it would have been possible with Division status. For these reasons, I would highly recommend your consideration of transitioning the Division of Urology at Ohio State to departmental status. I think it is good for the institution and certainly much better for the faculty members in the Division of Urology.
If I can be of further assistance, please feel free to contact me at 713-798-4637.

Sincerely,

[Signature]

Timothy B. Boone, M.D., Ph.D.
Russell and Mary Hugh Scott Chair
Professor and Chairman
Department of Urology

cc: Robert R. Bahnson, M.D.
    Dave Longaberger Chair in Neurology
    Professor and Director, Division of Urology
    Ohio State University Medical Center
    456 West Tenth Avenue
    Columbus, OH 43210-1228
October 6, 2004

Robert Bahnson, M.D.
Professor and Director, Division of Urology
Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

It is with great pleasure that I support the establishment of a Department of Urology at Ohio State. I can relay to you some of our experiences from recent events which have transpired at the University of Michigan.

Department status has been extremely important for the growth of our Department for both clinical and research activity. Our overall faculty level has increased from 8 to 18 MD's, and 2 to 4 PhD's between 2000 and 2004. The total of faculty members are now 22. The number of FTE's funded off research grants increased from 8 in 2000 to 32 in 2004. We have moved up to a ranking of 6th in the country in NIH funding for Urology Departments. The Department has two NIDDK training grants, an O'Brien Center Grant, and a newly awarded Program Project Grant in Prostate Cancer Bone Metastases. Our faculty office and research space has doubled in the last four years. Philanthropy to the department has averaged $1.4 M in the last few years. We were able to be prominent supporters for an outpatient surgery center which transformed a hospital venture losing $1M/year to a financially successful proposition with a $1M profit annually. Urology was the largest single contributor of cases.

There is no doubt in my mind that the premier programs in Urology in the country will have Departmental status. It is not feasible to successfully compete as a Section or Division within Surgery. Urology is an entirely separate specialty, distinct from Surgery, in all clinical and academic aspects.

If any other information is needed, I would be happy to discuss this with you or anyone from the institution.

Best wishes,

James E. Montie, M.D.
Chairman, Department of Urology
Valassis Professor of Urologic Oncology

JEM/tld
October 4, 2004

Robert R. Bahnson, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
Division of Urology
Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

This letter is written in enthusiastic support of your application to have Urology become a Department at Ohio State University. As you know, the Department of Urology at Cornell was formed a little over ten years ago. Conversion of a Division to a Department of Urology is critical to allow specialized development of the Urology group. As with other surgical subspecialties, Urology has become so specialized that the research needs, academic direction, and recruitment efforts in Urology cannot be effectively performed by a Department of Surgery. In distinction to some other surgical subspecialties, the best Urology groups in the country are now independent departments within their medical school. The development of a Department is a reflection of the faculty members, research interests, and breadth of interest within the urology section.

When considering conversion of a Division to a Department, Cornell University examined the number and breadth of interest of the faculty in different subspecialty areas, research and academic activities, and the standing of the Urology group within the University and Hospital. Your planned extensive recruitment of individuals in pediatric urology, andrology, and voiding dysfunction will build nicely on the strengths in urologic oncology that are already present in the Department. Your ongoing studies of cancer prevention for both prostate and bladder cancers are critical reflections of the breadth and activity of your Urology section. In addition, your studies of signal transduction and examination of nerve damage after pelvic surgery with external peer-reviewed funding support the recognition of the urology section at Ohio State as a department.
Indeed, it is difficult if not impossible to reliably build a Urology unit and recruit the best individuals if you are not a department. Even in periods of transition, we have been able to recruit the best available urologists for our academic positions because we are a Department. The Medical Schools that have Urology Divisions within the Department of Surgery are viewed as being less stable and, in my experience, have greater difficulty recruiting top-notch academic urologists.

In summary, recognition of your Urology Division as a Department is critical to the ongoing growth of Ohio State Urology, in my opinion. Based on the work that you have done in ongoing recruitment, it is my belief that Ohio State Urology is now in a position where it should be considered as a Department. I hope that the Dean of the College of Medicine and Public Health as well as Ohio State University Hospitals will consider your application similarly.

If I can provide additional information regarding this transition, please feel free to contact me directly.

Sincerely,

Peter N. Schlegel, M.D.
Professor and Chairman
Department of Urology
PNS:KV
September 28, 2004

Robert R. Bahnsen, M.D.
The Dave Lonaberger Chair in Urology
Professor and Director
Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

I received your letter of September 17th and I am happy to do anything I can to support your move to full departmental status. Let me start off by saying that ours now is fully a department, but when I arrived, 9 years ago, while we held departmental status in the School of Medicine, in Strong Memorial Hospital (our University hospital) we were a division within the Department of Surgery. I requested, prior to arriving, full departmental status and I have been quite happy that I was granted this. Let me add that my reason at that time for wanting to be a department was simply because the then Chairman of Surgery was expecting to retire within a few years. I was concerned with being represented by someone I did not know. As it turns out I was very fortunate to have made that request and to have had it granted.

Realistically, the advantages of becoming a department are primarily focused on your ability to plan, budget, and have direct access to the powerful figures in your Medical Center’s administration, without going through a surrogate (Chairman of the Department of Surgery) who, may or may not understand your needs and plans, and may or may not have your best interests at heart. While very positive and negative examples of the relationships between division chiefs and department chairmen exist, the fundamental issue is that as leader of your department, you should have the best idea of Urology’s position in the Medical Center, both in terms of its academic potential and performance, and its role as a clinical player in the community, region, and on the national stage. It would be very difficult even for the wisest and most fair-minded Surgery chair to invariably be your advocate when he has other constituencies demanding his attention, at times diverting it from your needs.

The evolution of “turf wars” (e.g. pediatric surgery vs. pediatric urology; renal transplantation (transplant surgery vs. Urology); female urology vs. urogynecology, to name a few), or new initiatives (e.g. developing a “prostate center”) are items that even the wisest Surgery chair may view quite differently than you do.
That Urology is now-a-days one of the most successful programs within Surgery (in terms of clinical volumes and attractiveness to resident applicants), only causes more conflict of interest issues for the Chairmen of Surgery when he decides how strongly he needs to support you. As an example of this type of requirement for sponsorship vs. the capacity to be your own advocate, we need not look any further than modern technology in Urology. A contemporary example includes advocacy for your institution to purchase a DaVinci robot – even when Urology is (as it is in many institutions, such as our own), the sole service which really uses or benefits from its presence.

There are additional reasons to consider becoming a department. For example, at least at our institution, R-2 residents are no longer educated as well by General Surgery as they formerly were, in large part because of 80 hour work rules and the need to staff ICUs and other high tech and nonoperative (at least for Junior residents) services. Taking over their education in the R-2 year has been much easier for us, since we are a separate department than if we were part of Surgery. Another area is fund raising. Urology is one area which has access to many elderly patients who are quite grateful for services you’ve performed. While gifts and contributions can be directed towards a specific cause or individual, there are added complexities when they are donated to a division within a department rather than to a separate department.

In summary, while local circumstances do vary, in general, as Tip O’Neal said, “All politics is local” and you are going to be the individual most interested and responsible for Urology’s future at your institution.

As I mentioned at the beginning of my letter, I was very glad that I was a department rather than a division within Surgery. For a variety of reasons there have been three chairmen of the Department of Surgery since I arrived and, for nearly 4.5 years out of the nine years I’ve been here the impact of being leaderless has been felt by the divisions in Surgery who did not have their initiatives backed.

Thus, for the reasons mentioned above, I certainly urge your board of Trustees to look favorably upon your request to become a department. While this will perhaps give additional responsibility and burden to the administration who now has to listen to another voice, in general it has to be a plus for you because that voice that has to be listened to is yours.

Again good luck in your quest. I think it is the right one.

Very truly yours,

Edward M. Messing, M.D., F.A.C.S.
W.W. Scott Professor
Chairman, Department of Urology
Professor of Oncology and Pathology
Deputy Director for the James P. Wilmot Cancer Center
October 18, 2004

Robert R. Bahnson, MD
The Dave Longaberger Chair in Urology
Professor and Director
The Ohio State University Medical Center
Division of Urology
456 West 10th Avenue
Columbus, OH 43210-1228

RE: Departmental Status for the Division of Urology at
Ohio State University Medical School

Dear Dr. Bahnson:

The Division of Urology in the Department of Surgery at the Medical College of Ohio was
granted departmental status in 1991. Since establishment of the Division of Urology in
the Department of Surgery in 1971, the division developed programs in resident and
student education and research programs which were unique, and which influenced the
Board of Trustees at the Medical College of Ohio to grant departmental status to the

What criteria should distinguish a discipline as a department? I believe the following
criteria should be considered:

1. The discipline should represent an identifiable body of knowledge that is not
duplicated in other departments or divisions in the institution. It should
represent a body of knowledge which is commonly accepted or identified as
being something apart; something which does not logically fit into another
department. This body of knowledge or discipline is frequently described as
transcending established department boundaries.

2. The discipline should be large enough to be viable, although size is probably
not the most important criteria which qualifies a service for departmental
status. It is apparent that the service must be sufficiently large that it may be
as vigorous as other departments within the medical school. This would
mean that the service must provide an effective educational program for
medical students and house staff, that a sufficient volume of patients are
treated in an inpatient and outpatient setting, and that research programs are
underway to enhance the academic environment and push forward the
frontiers of medicine.
3. There should be a well organized graduate educational program, and the discipline should be recognized nationally as an identifiable specialty with a separate specialty board designation. The quality of the graduate education program is an indication of the vigor and effectiveness of the service, and board designation indicates a nationally recognized body of knowledge and discipline that is unique.

4. The discipline must be strong enough to have innovative ideas, programs and plans. Innovations may be in basic research, clinical research, education, or delivery of patient services. These innovations again indicate the vigor and strength of the service, and its potential contribution to the medical school.

5. There should be a demonstrated need for direct input of the discipline into the formulation of policies and long range plans of the institution. It should be demonstrated that this direct input would be of value to the institution as well as to the future growth of the discipline.

It is my opinion that the Division of Urology, in the Department of Surgery, at the Ohio State University Medical Center, fulfills all of the above criteria listed.

Urology is a medical specialty that includes investigation, prevention, and correction of congenital and/or acquired abnormalities of the genitourinary system by medical and surgical means. Although surgery is an important therapeutic modality for the urologist, a relatively small proportion of the problems encountered in the specialty require surgical intervention. Medical and/or preventative measures are utilized in a large majority of the patients. There is, in reality, almost as much overlap of interest with medicine and pediatrics as there is with surgery. The surgical techniques employed by urology are peculiar to the specialty, requiring close collaboration with specially trained allied health personnel and the utilization of specifically designated facilities and instrumentation.

Because of the diversity of problems that affect the genitourinary system, urology has become one of the broadest of the medical disciplines. It would strengthen the institution if there was an administrative structure providing more direct participation of this discipline in development of policies and plans relating to the education of medical students, and the delivery of health services.

On a personal matter, you have brought national and international recognition to the Division of Urology through clinical, educational and research interests of yours at the Ohio State University Medical Center. You have gained local, regional, and national recognition for your leadership skills which bring great status to your division.

The organizational status of urology services in medical schools and hospitals in the United States has been a source of serious concern over the past several decades.
When urologists predominantly performed surgery in their practice, they were appropriately considered a specialty within the department of surgery. It is eminently apparent that urology is not strictly a surgical specialty. The difficulties of administering urology in surgical departments have created problems of such magnitude that the move for urologic departmental status has become almost a national movement. Not only is the breadth and scope of urology a factor in posing difficulties in administrating the service within a department of surgery, because such a large percentage of the patients requiring urologic care do not require surgical procedures.

Long range plans for an institution require that major disciplines be represented and given departmental status. The continued reliance upon the chairman of the department of surgery to pass on to policy making boards the innovations, needs and suggestions of a specialty as broad as urology as well as the needs of the specialty of general surgery is unrealistic, and necessitates making appropriate changes in the administrative structure to provide urology the mechanisms for direct input.

I am convinced that the creation of the Department of Urology at the Ohio State University Medical School will be of great future benefit, not only to the Division of Urology, but to the medical school's future. I strongly support your request for departmental status.

Very truly yours,

[Signature]

Kenneth A. Kropp, M.D.
Chairman, Department of Urology
Professor of Urology and Pediatrics

KAK/liz
October 7, 2004

Robert R. Bahnsen, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
The Ohio State University
University Medical Center
Division of Urology
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Dr. Bahnsen:

I would like to thank you for the opportunity to express my opinion regarding the importance of urology receiving departmental status at your university.

Over the last several decades, urology has emerged as a defined group of subspecialties. The overwhelming majority of individuals pursuing careers in academic urology have subspecialty training and focused clinical interests. I believe that urology departments now have the critical mass of subspecialties to function as independent departments. I also believe urological sciences have evolved to be quite distinct from general surgery. All these factors support independent departmental status for urology.

The trend across the country is for divisions of urology to be granted departmental status. I personally feel that there is no better person to articulate the needs of the urology faculty than a Department Chair.

Ten years ago I was offered two opportunities to serve as a Division Chief of Urology. I turned down both of these opportunities. One year later I was offered the opportunity to serve as the Chairman of Urology at NYU School of Medicine. At the time of my recruitment, there were no full time academically committed members of the urology faculty, there was no ongoing clinical research, and there was no extramural funding. At the present time, our department now is comprised of 11 full time academically committed urologists. We enjoy the ranking of number eight for NIH funding amongst all urology departments in the country. We have a robust clinical research program. I am absolutely convinced that urology at our institution would never have risen to this level of accomplishment if we were a division of surgery.

I believe it's time for your institution to define its commitment and vision for urology. If they desire a strong urology program, I would strongly encourage them to grant urology departmental status.

With warmest regards,
Herbert Lepor, M.D.
October 15, 2004

Robert R. Bahnsen, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Bob:

I wholeheartedly support your request documenting the rationale for the establishment of a Department of Urology at the Ohio State University. My obvious bias is that a Department status is best because it provides a stronger platform for training, patient care, and faculty development. Lastly, given the ruthless urologic environment in Columbus, Departmental status would help gain the fiscal independence needed to compete effectively.

The majority of the top 25 programs rated in the U.S. News and World Report are Departments not Divisions. The majority of top ten urology programs based on NIH grant support are Departments. Given the challenges in academic medicine with regard to research space allocation, competition with the private sector, and flexibility for recruitment, a Department offers a better hierarchical scheme for focused and rapid decision making.

While there have been political benefits in being Division of Surgery, the financial concerns in academic medicine far outweigh this argument. I have never heard a compelling argument for Division status. UHC data for faculty compensation (2001-2) reveals that private universities exceed state universities for mean compensation and that salaries in Departments exceed those in Divisions in most cases. In the area of fundamental research, one may argue that a Surgery Department can acquire greater lab space. However, given scientific cooperation with centers, it is more likely that an affiliation between a Center and Department is more reasonable.

For resident education there could be some advantage for working within the Surgery Department. Indeed some Division os Urology benefit from a strong affiliation with transplant surgeons. Since you now head the RRC in Urology you would be better able to assess these arguments.
Robert Bahnson, M.D.
Page 2

Even more crucial than academic recognition may be the ability to compete with private practice urologists in the Columbus community. The national shortage of urologists, the entrepreneurial nature of private practices, and ability to collect ancillary revenue place you at a distinct disadvantage for recruitment and retention of faculty and patients. From personal experience, the ability to put together recruitment/retention packages for faculty as well as rapidly make decisions and enact business plans to counter the loss of insured patients to private urologists can be best made as a Department Chair. Other issues such as investment in new technology and improving office environment are also more efficient as a Chair. I am well aware of the ability of the strong private sector in Columbus and the tentacles of nearby Cleveland Clinic to attract paying patients and faculty. You have done a great job building the department in this environment but the clinical operation can be further improved as a Department.

Another aspect of being a department deserves mention. The ability to attract donors and use this endowment to grow urology is least encumbered as a Department. You have established wonderful relationships with donors but your efforts may be directed to other Departments or Centers without the strength of Departmental status.

Your efforts at Ohio State University to elevate the reputation and status of your Division as documented by your ranking in U.S. News and World Report and reputation among colleagues deserve the transition to Department status especially given the history of your program prior to your arrival. To reach the next tier of academic and clinical excellence, substantial gains can only occur with the financial, administrative, and organizational scheme provided by Departmental status. Your outstanding dedication, reputation for integrity, and leadership at Ohio State warrant this level of independence. As a recent Chester Winter Visiting Professor I was extremely impressed with the quality of residents, faculty and staff. Your facilities are not commensurate with such excellence which usually derives from being a second cousin in a Department of Surgery. I wholeheartedly support your request to become a Department and should you leave OSU, any replacement would make the requirement to take your position.

Sincerely,

[Signature]

William D. Steers, M.D.
Chairman and Hovey Dabney Professor of Urology
University of Virginia School of Medicine

WDS/pbe
October 5, 2004

Dr. Robert Bahnson
Professor and Director of Urology
456 W. 10th Ave.
Columbus, OH 43210-1228

Dear Bob,

It is my pleasure to write a letter of support in your quest for departmental status at Ohio State University. The Department of Urology at Indiana University School of Medicine has been a department for several decades. I certainly would not have considered this chairmanship if we had divisional status. In order to recruit qualified faculty and maintain those faculty, I need the authority to handle funding on my own and not have the approval of a department chief. In my current capacity, I report directly to the Dean and I am given tremendous leeway in how I work the finances of our department. This has allowed me to recruit excellent young faculty and build a very respectable research program with significant external peer reviewed funding. From my faculty’s standpoint, their requests for support can be met by myself directly without the need to go to a higher source of authority. This allows me to be very direct and supportive of their needs.

Our faculty has grown from seven faculty when I assumed this position six and a half years ago to fifteen faculty today. This includes three full time researchers. We have six faculty that have significant research interests in the laboratory, three of which are part-time researchers and part-time clinicians. These faculty cannot survive in the laboratory without a significant commitment of departmental resources. My faculty, in turn, has responded to this level of support by approximately $700,000 in extramural funding annually. Our school has certainly benefited by this endeavor.

We remain a very thriving and financially stable department. I believe we will continue to grow in the future and succeed in all aspects including academics, education and finances. I think it is unlikely that we would have made many of these achievements if we had divisional status and we were beholden to a Department of Surgery to support us in these needs.

Sincerely,

Michael O. Koch, M.D.
Professor and Chairman
Department of Urology

MOK/bb
October 25, 2004

Robert R. Bahnsen, MD
Professor and Director
Division of Urology, Department of Surgery
Ohio State University Medical Center
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Bob,

I am responding to your request for the concept of establishing the Division of Urology at Ohio State as a free-standing Department within the Medical School. As you elucidated in your letter, I fully concur with you that the current state of affairs in academic medicine is to acknowledge that departmental status in our specialty is becoming increasingly important as a recruiting and retention tool. There are more and more divisions of urology becoming independent departments for a variety of reasons. While the specialty and practice of urology is closely allied with sound training in general surgery, the breadth of contemporary urology practice and the focus of most academic departments are changing rapidly. Urology training requires emphasis on minimally invasive and outpatient technologies that are not often a priority of general surgery programs. Further the opportunity for a Chair to directly interact with the Dean and control the fate of his faculty research and clinical domains is a priority in the competitive and changing medical marketplace. Although, there will always be a need to closely interact with our general surgical colleagues, the ability of a Departmental Chair to attract top clinical candidates and research funding is becoming critical.

As Chairman of a long-standing department, I can state emphatically that the ability to interact with the Dean and the Senior Administration has done much to promote the overall success of our department and allowed us to establish critical priorities that are essential for the specialty of Urology. I do not have to fight against my various Division Chiefs for resources.

I fully support the concept of developing an independent Department of Urology of any institution including Ohio State. I believe that the overall mission of the school will be enhanced by allowing you and the rest of the faculty members to move in this direction.
Thanks for requesting this input and I would be happy to discuss this matter further with you and any of your colleagues.

Sincerely,

[Signature]

Leonard G. Gomella, MD
The Bernard W. Godwin, Jr. Professor of Prostate Cancer
Chairman, Department of Urology
Director of Urologic Oncology, Kimmel Cancer Center

LGG/cab
October 25, 2004

Robert R. Bahnson, M.D.
Dave Longaberger Chair in Urology
Division of Urology
Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210

Dear Dr. Bahnson:

Thank you for your letter of September 17th concerning the issue of departmental status for Urology at Ohio State University Medical Center.

The majority of urological programs in the United States have achieved departmental status. Although individual university circumstances may vary, there are significant advantages to having Urology as a department rather than a division. The ability to recruit high-caliber faculty, including the chairman, is essential. The majority of programs that have been Divisions of Urology are finding that they need to change to departmental status in order to recruit a new chairman. Furthermore, departmental status allows better control of generated funds as well as a stronger position at the table for issues such as space clinically, laboratory, and recruitment and retention of high-quality faculty.

Given the excellent caliber of your productivity and the stellar reputation of Ohio State University Medical Center, I believe that both entities would be strongly enhanced by bestowing departmental status on Urology. This would allow Urology to increase its position at the forefront of urologic research as well as delivery of excellence in urological clinical care.

Best regards.

Sincerely,

Jerome P. Richie, M.D.
Elliott Cutler Professor of Surgery,
Harvard Medical School

JPR:km
September 30, 2004

Robert R. Bahnson, MD
The Dave Longaberger Chair in Urology
Professor and Director
Division of Urology
456 West 10th Avenue
Columbus, OH 43210-1228

Re: Establishment of a Department of Urology at the Ohio State University.

Dear Bob:

Thank you for the opportunity to support the efforts to establish a Department of Urology at the Ohio State University. I feel strongly the field of urology is substantially differentiated from the field of surgery and should be considered a separate discipline meriting Departmental status. The expansion of science has moved disciplines, such as surgery and urology, into separate spheres. Although there are core biological processes, most surgeons have very little understanding of urological sciences or clinical care. We are simply not in the same boat anymore. Urology should be on its own.

The recognition that urology is a discipline independent from surgery was first recognized by William S. Halsted at Johns Hopkins University School of Medicine, when, as detailed in the autobiography of the first Director, Hugh Hampton Young,

"One day in October, 1897, I was walking rapidly down the long corridor of the hospital. As I turned the corner, I ran into Dr. Halsted with great force and almost knocked him down. I caught him just before he hit the floor and began to apologize profusely. Dr. Halsted, still out of breath, said: 'Don't apologize, Young. I was looking for you, to tell you we want you to take charge of the Department of Genito-Urinary Surgery.' I thanked him and said: This is a great surprise. I know nothing about genitourinary surgery. Whereupon Dr. Halsted replied, 'Welch and I said you didn't know anything about it, but we believe you could learn.'"

As one who was the first choice of the recent search committee at Johns Hopkins to be the fourth chair of that Department, I am keenly aware of the legacy and excellence of that Department. Unencumbered and focused efforts are exemplified by the Departmental structure. As one considers the institutions known for innovative and progressive urology programs, one finds Departments.
Five years ago, I accepted the Chairmanship of the new Department of Urology at the University of Pittsburgh. Fundamental to that recruitment was a commitment--codified by Departmental status--to create the finest clinical and research programs in urology. Departmental status has allowed direct access to the institutional leadership, an ability to direct our trajectory without limitations, and, perhaps, most importantly, recruit clinical and research faculty. When speaking with young, enthusiastic physician scientists, it is much easier to assure their success when they understand their destiny rests with us, not someone else. Basic urological researchers are largely part of Departments, given their ability to establish meaningful research programs.

I would strongly encourage the leadership of your institution to consider the significant benefits to granting urology Departmental status. Rather than holding to historic and, now, outdated academic structures, the University should provide the discipline of urology the opportunity to flourish and make meaningful contributions to the academic mission of the institution. With rare exceptions, world-class Universities have Departments of Urology.

I am happy to speak with anyone at your institution to expand on these thoughts. I expect, however, the benefits of granting Departmental status to be overwhelming and the wisdom of that decision to be obvious.

Sincerely,

Joel B. Nelson, MD
Frederic N. Schwentker Professor and Chairman
Department of Urology
October 1, 2004

Dear Dr. Bahnson:

It is my understanding that your division is actively pursuing departmental status at your Institution. Given that my department has, within the last year, implemented this very change I thought I would share with you the consequences of that change as they have affected the department and institution.

Let me begin by saying that it is my belief that not only has departmental status been beneficial to Urology, but that it has had a net positive impact on the Institution as a whole. Urologic departmental status has facilitated multiple institutional missions including increasing our national prominence, improving faculty development and retention, and improving graduate medical education. While there has been a net benefit to the organization, the greatest benefit has been to Urology. In the following paragraphs I will outline specifically how this change in stature has benefited our program.

One of the most significant benefits of departmental status has been in the area of financial management. These benefits have occurred on both the costs and revenue sides of the equation. As a division Urology incurred costs which in many instances were duplicative relative to the benefit obtained. As an example, Urology as a consequence of its independent residency and board supported the components of a Urology residency program. Included in this were a Program Director and a Program Coordinator. Despite this, a portion of our departmental tax was clearly contributing to the support of graduate medical education within the department of surgery unrelated to Urology. Additional areas of duplicate costs were in the area of research development, the clinical trials program and our information technology system. In each of these areas, urology supported its unique needs through its revenue and in addition was required to provide support for separate and unrelated functions overseen by the Department of Surgery.

On the revenue side of the equation, the change to departmental status has dramatically improved our bottom line. Historically, billing services were
administered centrally within the Department of Surgery. Urology, as you know, is quite distinct from general surgery predicated upon a large volume of outpatient activity and a propensity to perform a high volume of small procedures relative to general surgery. This resulted in a large number of bills of a relatively small dollar amount. As we evaluated the billing resource allocation it became apparent that on a “bill volume” basis, Urology was significantly under-resourced as a division. As a department we have been able to hire our own reimbursement manager and have assumed responsibility for the front end portion of the billing process. These individuals are physically located within our department and work closely with the billing physicians on a daily basis to optimize our reimbursement. The net consequence of this is that we have doubled our profitability within the past year. This represents an increase from $350,000 profit in FY’03 to approximately $750,000 in profit in FY ’04.

Beyond the positive impact on our bottom line, departmental status has had a palpable effect on our stature within the academic urologic community. Two-thirds of urology programs in this country are currently departments. The past five years have seen a trend towards departmentalization of the programs remaining as divisions. As a division we were handicapped in our ability to compete for the best residents and faculty. In the course of many recruitment efforts I repeatedly encountered concerns by the candidate, often elicited as a consequence of prior discussions with competing departments, regarding the impact of being a division vs. a department. It is clear that departmental status is being leveraged by those who currently have it as a means of recruiting and retaining the best faculty and staff. In the area of faculty retention departmental status affords my faculty a much clearer understanding of lines of authority, accountability, and responsibility. No longer is their a need to be concerned with what were at times conflicting messages received from the departmental chair vs. the division chief as it related to career development.

Improved revenue, improved national stature, together with a more robust and stable faculty have established a strong foundation for significant progress in other areas. Greater reserves afford us the opportunity for additional growth of our research program. Faculty retention, improved faculty happiness, greater productivity, together with access to development office resources affords us a greater opportunity for pursuit of philanthropy.

One of the greatest benefits of Urology departmental status has been at the Institutional level. Urologic diseases pose as significant problems for our aging population. Shifting demographics in the context of the scope of urologic practice predict a critical importance for urologists in the coming years. This fact, coupled with the increasing role of urology as the primary “male physician”, mandates that urology have a seat at the table for institutional policy development. Under-representation of Urology’s concerns risks adverse consequences for both direct as well as opportunity costs.

In summary, departmental status for Urology at the Medical College of Wisconsin has had a dramatic and positive impact on our program. This positive impact has been transcendent across the multiple missions of our department. Beyond the immediate benefits of this change I firmly believe our current status as a department is a critical component of our future growth and success. Urology programs that remain as divisions of General Surgery are significantly disadvantaged in today’s environment. This outdated organizational model limits the ability of
Urology programs and institutions to realize their full potential, and constrains organizational efficiency within both Urology and General Surgery. I would strongly encourage your Dean and Board to grant Urology at the Ohio State University departmental status.

Sincerely,

[Signature]

William A. See, M.D.
Professor and Chairman
Department of Urology
Medical College of Wisconsin

WAS/csz
October 4, 2004

Robert R. Bahnson, MD
The Dave Longaberger Chair in Urology
Professor and Director
The Ohio State University Medical Center
Division of Urology
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

I fully support the establishment of a Department of Urology at The Ohio State University Medical Center. I agree with your comments that Department status is critical for recruitment of high-caliber faculty, establishing meaningful research and promoting urologic health in the surrounding community. I enclose for your review our letter to the Dean requesting departmental status on February 14, 2003. With that, I have included a break down of the reasons why I felt we had grown to the point of warranting departmental status. Some of the finances that were included were left out for obvious reasons but I would hope that the letter and its format could provide you a template. I used Jim Montie’s request in his letter to the Provost as a template for our letter. At my last count, approximately 20% of programs in Urology remain sections or divisions. This makes it difficult to recruit and maintain high caliber faculty and compete with peer-medical centers throughout the country. Departmental status was granted for us this year and we feel that it is a tremendous step in the right direction. If I can provide you any further information or any further help, please don’t hesitate to contact me.

With warm personal regards,

J. Brantley Thrasher, MD
Professor and William L. Valk Chair
Department of Urology

JBT:bg
February 14, 2003

Dean Barbara F. Atkinson, MD
Dean of the School of Medicine
University of Kansas
3015 Murphy Administration Bldg.
3901 Rainbow Blvd
Kansas City KS 66160-7390

Re: Departmental Status for Urology

Dear Dr. Atkinson:

This communication stems from an increasing interest in the past 15 years in the evolution of Urology into a separate Department. Departmental status has been discussed in the past with several Deans and in speaking with Dr. Mebus who preceded me, very detailed discussions occurred on at least two separate occasions under Dr. Mebus. This document will briefly summarize the rationale for an enhanced status for Urology based on: 1. The positive strides in all facets of urology performance, including resident training, academic productivity, fiscal growth and health; 2. Status of peer institutions nationally; 3. Difficulties recruiting and maintaining quality faculty and resident applicants in our present status.

When I assumed the position of Chief of the Section of Urology in September 1998, clinical productivity, academic productivity, and the overall national status of the program had been in a serious decline. Faculty had been forced to take a very significant salary cut and clinical productivity had been declining since 1994. I found that I had assumed command of a Section that had a deficit of approximately $200,000 and almost all full-time faculty left except for me and Dr. Weigel with Dr. Mebus leaving shortly after. The last five years have seen tremendous growth from Urology and we now have 42 faculty, residents, and ancillary staff in our organization. Dr. Weigel has continued performing General Urology, Dr. Jeff Holzbeierlein joined us from Memorial Sloan Kettering with fellowship training in Oncology, Dr. Paul Pietrow joined us from Duke University with fellowship training in Minimally Invasive Techniques and Endourology, Dr. Tomas Griebling has now been with us for over three years and had been an AFUD Fellow at the University of Iowa and performs our Incontinence, Gerontology, and Neuourology, Dr. Patrick Murphy and Dr. John Gatti are both fellowship trained in Pediatric Urology, Dr. Cecil
Letter to Dean Barbara Atkinson
February 17, 2003
Page 2

Bromfield if full-time at the VA Medical Center and practices in General Urology, Dr. Benyi Li is an
MD/PhD who oversees our basic science laboratory research effort, and Dr. Bob Liao joined us from
the University of Minnesota as a Post-Doctoral Fellow in the Research Lab. We also have a full-time
clinical research assistant and help fund a database manager for our serum and tissue repository.
We hire our own nurses and have 4 in the urology clinic. We have one full-time billing person and
six office personnel. We have 4 team members in the OR. Additionally, we have fifteen residents
and are in the process of hiring two more technicians for our laboratory.

Our clinical productivity has grown at an outstanding pace. When I took over in 1998 our OR
utilization with 9 starts per week had dropped to 38% or lower. We now have been given 10 starts
per week and utilize 94% of our OR time and this number continues to grow. Additionally, we are
the second busiest single OR service in the hospital. Orthopedics performs 22% of all OR cases,
General Surgery, Transplant and Vascular Surgery perform 20%, and Urology performs 14% of the
OR cases. (See Attachment 1) Clinic visits have increased by approximately 25%, and the gross
revenue of the Section of Urology has increased from 2.9 million in 1997 to 6 million in 2003 (we are
on track to have this gross revenue). In 2002 our gross revenue was 5.6 million. As can be seen
from the attached financial sheet (Table 1), our gross revenue growth since 1994 has been
15%/year in spite of continued pressures from a downward trend from Medicare reimbursement.

Academic productivity has been no less significant. In October of 1998 we had no federal funding
for our research, no clinical research assistant, no PhD for laboratory research and only one IRB
approved protocol. We now have 31 clinical IRB approved protocols, and grant funding which was
virtually 0 in 1998 that has grown to $440,000 in 2003 with one R21 submission, and a RO1
submission planned for this year along with one more DOD grant submission. As you know, Dr.
Benyi Li received a DOD grant this year and only 19% of these grants were funded across the
country. Additionally, he received a Hope Foundation Grant from the Southwest Oncology Group
with our institution and the University of Michigan being the only two to receive these grants. Both
Dr. Holzbjerlein and Dr. Li received Bridging Grants from the Research Institute this year. With the
addition of technical support to Dr. Holzbjerlein’s lab we hope to obtain federal funding for him this
year. The number of peer-reviewed publications for the last three years is 40 with 24 book chapters.
We have used the William L. Valk Chair to help fund the research effort and within 18 months will
have finished raising the John W. Weigel Endowment and with matching funds from the state this
should equal an equivalent of approximately $1 million dollars. This money will again be used to
help recruit distinguished faculty and maintain those faculty in their research efforts. In my
discussions with Chancellor prior to Dr. Powell’s departure, he voiced his support of our raising at
least two more endowed professorships to aid in our recruitment and research efforts. With your
blessing, we believe that we can be successful as we have raised $300,000 for the Weigel
Campaign in a very short period of time. Total monies in endowment and activity funds had grown
to approximately 1.5 million dollars. Presently the number of federally funded grants that we either
collaborate on or run by our lab is 5 (Table 2). The success of our prostate cancer research
program is a prime example of program development within the institution and as can be seen from
our collaborations with Epidemiology, Medical Oncology, and other researchers at other institutions,
we’ve committed to future program development. Other programs such as Female Urology,
Minimally Invasive Disease, and Infertility are our principle areas of focus for the future. We are
advertising for one more faculty member in impotence and Infertility and in the next two years we will
certainly need one more in Female Urology and one more in Minimally Invasive Surgery to split
Laparoscopy and Endourology. Dr. Pietrow has become extremely busy very quickly.
Finally, every resident in our program is presently working on at least one research project. This past year we presented 11 papers at the South Central Section of the American Urological Association and won the resident competition in spite of excellent papers given from the Southwestern program, the Houston program, the Baylor program, the Oklahoma program, the Nebraska program, and the Denver program. We have had 10 papers accepted this year for our national meeting and 6 of the faculty with 5 residents will be moderating sessions or presenting at that meeting.

There is considerable interest to enhance the national perception of the University of Kansas, its programs and departments. In a recent review of the top 50 urology programs listed in U. S. News and World Report, greater than 95% were independent departments within their institution. (See Attachment 2) In fact, very few urology sections or divisions remain and most of these are second or third tier. I have spoken to four separate Chairs across the country and the University of Michigan has recently changed to departmental status, the University of Wisconsin in Milwaukee, and submission has recently been placed to request department status at the University of Texas in San Antonio and Duke University. At last count less than 30 programs remain which are divisions or sections. With this pervasive attitude throughout the country, it is very difficult for us to recruit and maintain outstanding faculty. Dr. Duke Herrell recently left to go to Vanderbilt and, at least in part, one serious consideration was their departmental status and the perception that this was a stronger program. He mentioned on more than one occasion that departmental status meant a lot for him and the security that he felt at the academic institution. There are now serious manpower issues in Urology with 10 jobs available for every graduating urology resident. This puts added pressure on academia in recruiting faculty and maintaining them since our salaries do not meet those of the community standard. Added pressure is placed upon those that do not have departmental status. The external pressures have been well-summarized in a letter to Dr. Jim Montie the University of Michigan by Jean B. deKernion, M. D., Professor and Chairman of the Department of Urology at UCLA. "We strove for departmental status because we felt that modern urology is extremely diversified and has as much identification with many disciplines as it does with surgery. We also felt that it was no longer appropriate for the future of urology at our institution to be in the hands of someone other than the urologists. In addition, it was clear that the vast majority of the best programs in the country were free-standing departments. Since we have achieved departmental status, the wisdom has been fully appreciated by everyone. It has enabled us to expand and prosper and realize success far beyond what would have been possible as a smaller unit within the Department of Surgery. I'm sure that our provost-Dean, Dr. Gerald Levy, would testify to the wisdom of the move...... In the past I felt differently but now I am absolutely convinced that each good urology program should have separate departmental status. In fact, I am unwilling to make recommendations to potential good candidates to head programs that do not have departmental status since I feel it puts them at an immediate disadvantage."

The original search for a replacement for Dr. Mebst to head the Section of Urology at KU was almost fraught with disaster. Serious consideration was given by Dr. Cheung to eliminate Urology and allow it to be run by the clinical urologists in the community. This would have been a significant disaster for the School of Medicine and certainly for the hospital.
Furthermore, on multiple occasions our resident applicant pool has voiced concerns about our section and its ability to sustain growth without departmental status. Several excellent candidates have been reluctant to place us high on their match list for this very reason. This year we matched number 1, 2 and 3 on our list and two of the residents rotated at our program and understood how strong we were but other excellent candidates again expressed concerns. As Dr. Holzbeierlein mentioned on his second interview with us, “I was originally very concerned about Section status and had interviewed at several programs throughout the country but after speaking with you many of my concerns abated. However, I do see it as a significant deterrent to our future growth”. We believe collaboration with other surgical groups within the institution is important and valuable for strategic planning, administrative decisions, and cross-fertilization. Nevertheless, the current structure does not maximize the opportunity for Urology to continue to evolve into the dynamic program for which we are all striving. I am happy and I believe that I speak for my faculty in saying that they are happy with nothing less than being a top-tier, world-class, Urology program. Urology has major endowment opportunities in the future and the long-term strategic direction of Urology is dependent upon the ability to recruit and maintain the best people that we can, to move in unique directions as presented by the changing medical climate, and to continue to enhance our academic and clinical productivity.
UROLOGY 2003

Urology Residency Education Program

Introduction

Urology has been a premier training program for several decades. Under the direction of Dr. William Valk, Urology at the University of Kansas had one of the top three programs in the country. At that time we were rivaled only by the UCLA program and the University of Iowa program. The section boasts changing from a procedure of open prostatectomy with a mortality rate of 8% to an endoscopic approach with TURP that resulted in a reduction to a .4% mortality and changed the face of Urology forever. This resulted principally from a publication of 4,000 TURPs under Dr. Valk’s supervision in the 1960s and 70s. Frankly, the status of the training program has eroded until recent years and when I assumed control of the residency program we were using a 2/3 format. After one year I could see the wisdom of changing to a one year of surgery and four years of Urology format given the fact that only 8 programs in the country remained at the 2/3 format. This has significantly strengthened our program and our pediatric experience which was one of the principal concerns of the site visit six years ago. We currently have approximately 150 applicants for our residency program, interview approximately 50 and accept three. In the past two years all accepted residents have been AOA with board scores averaging approximately 250. Our residents routinely score some of the highest Urology In-Service exam scores in the country.

Urology Financial Operations

Urology growth in the last 5 years has been substantial as seen in the previously noted attachment. In spite of two billing transitions in my tenure alone, our financial solvency and growth has continued and our incentive plan is strong. An extremely strong budget is proposed for fiscal year 2003. Urology has reserves of over one million in endowment (closer to two million within 18 months) and approximately $600,000 in cash reserves.

Urology Academic Activities

The academic productivity of the urology group is significant. As mentioned previously, there were 64 publications, 132 presentations, and an incredible growth of basic science research in the last 3 years. We now have 31 clinical protocols, 12 basic science protocols, and laboratory projects and suspect that we will need at least one more PhD in two years.

Urology and Department of Surgery Resource Issues

We believe current relations in the Department of Surgery are extremely cordial, mutually respectful and valuable counsel is frequently obtained. Nevertheless, Urology supports some services and funds in the department that are not cost-effective for Urology. When I was first hired to head the Section, Dr. Cheung and I discussed potential Department status for Urology in our future and he had separate discussions with Dr. Duke Herrell before he was hired. I have spoken recently to Dr. Cheung regarding the issue of becoming our own department and he felt that Urology breaking off from the Department of Surgery would not place a significant strain on the Department of Surgery and he stated that he could not see a significant downside to the move but it would require some adjusting of his overhead in the clinic and the office.
Summary

We believe that Urology meets requirements for departmental status.

- Urology is a unique academic discipline with educational, research and clinical content that is distinct from other surgical disciplines.

- Urology is recognized as a primary specialty board by the American Board of Medical Specialties Societies, has its own residency review committee, and offers subspecialty certificates in pediatric urology and now urologic oncology.

- Graduate education in urology is independent of other disciplines. There is a requirement for one year of general surgery training with a strong emphasis on critical care. Urologic surgeons are distinct from other surgical specialties and no resident from any other surgical specialty spends any time on Urology during their training program.

- Departmental status for Urology is the overwhelming norm in peer medical schools with urology residency programs.

- In terms of the number of faculty, staff, trainees, financial resources, endowments, and academic productivity, Urology at the University of Kansas has grown to a size and caliber that warrants the establishment of a separate administrative unit and is presently larger than many services and busier than many services here with departmental status.

- It is critical to the growth and success of Urology at the University of Kansas to obtain greater administrative and academic autonomy.

- Given the significant manpower problems across the country in Urology it is becoming increasingly difficult to recruit and maintain outstanding faculty and resident applicants. A move toward the norm across the country of Urology services being provided as a separate departmental unit should greatly enhance our ability to recruit and maintain outstanding faculty and ultimately help create a world-class urology program.

Sincerely,

J. Brantley Thrasher, MD
William L. Valk Professor and Chair
Section of Urology
University of Kansas Medical Center
YEAR 2002
SURGICAL CASES

There were 12,182 second-floor Operating Room cases performed in the 12-month period January-December, 2002. Breakdown for the surgical divisions were:

<table>
<thead>
<tr>
<th>Division</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia Pain Control</td>
<td>0.4%</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>6.2%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>10.8%</td>
</tr>
<tr>
<td>Gynecology</td>
<td>6.6%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2.7%</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>0.7%</td>
</tr>
<tr>
<td>General/Vascular</td>
<td>22.2%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>7.2%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>20.3%</td>
</tr>
<tr>
<td>Plastic/Burns</td>
<td>6.8%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>1.8%</td>
</tr>
<tr>
<td>Urology</td>
<td>14.1%</td>
</tr>
<tr>
<td></td>
<td>KUMC Operating Room Hours Used Per Week:</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%90%</td>
</tr>
<tr>
<td></td>
<td>%86%</td>
</tr>
<tr>
<td></td>
<td>%84%</td>
</tr>
<tr>
<td></td>
<td>%89%</td>
</tr>
<tr>
<td></td>
<td>%76%</td>
</tr>
<tr>
<td></td>
<td>%70%</td>
</tr>
<tr>
<td></td>
<td>%77%</td>
</tr>
<tr>
<td></td>
<td>%82%</td>
</tr>
<tr>
<td></td>
<td>%93%</td>
</tr>
<tr>
<td></td>
<td>%96%</td>
</tr>
<tr>
<td></td>
<td>%94%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td>122</td>
</tr>
<tr>
<td></td>
<td>120</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operating Room Utilization</td>
</tr>
<tr>
<td></td>
<td>Allocated</td>
</tr>
<tr>
<td></td>
<td>% Utilization</td>
</tr>
<tr>
<td></td>
<td>KUMC</td>
</tr>
<tr>
<td></td>
<td>% Utilization</td>
</tr>
<tr>
<td></td>
<td>KUMC</td>
</tr>
<tr>
<td></td>
<td>KUMC</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>July - December 2002</td>
</tr>
</tbody>
</table>

**Operating Room Utilization**
These figures include all cases, which begin between the hours of 8:30 am and 6:00 pm. Include the initial arrival of patient into OR suite until departure of patient from OR suite.

|-------|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|

**OPERATING ROOM UTILIZATION (Average Hours OR Use/Week)**
### Operating Room Utilization (Average Hours OR Use/Wk)

| Week | 0:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 3    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 4    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 5    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 6    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 7    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 8    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 9    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 10   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 11   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 12   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 13   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 14   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |

---

**Note:** These figures include all cases (elective, emergent) which begin between the hours of 6:30 am and 6:00 pm and include the initial arrival of patient into OR suite until departure of patient.
June 3, 2002

James D. Kindscher, M.D.
Director, Operating Room
KUMC

Dear Jim:

As per our conversation, I would like to request a second start for Friday morning for the Urology Service. Our OR utilization continues to increase and is second only to Orthopedics. Additionally, when you review the number of services that have more starts than we do, such as CTS and ENT, we have more staff than CTS and although we have fewer staff than ENT, we certainly have better OR utilization. Additionally, I noticed that Neurosurgery has the same number of starts that we do and when our two new faculty come on board, they will have half the number of faculty that we do. Therefore, we are formally requesting a second start on Friday that would bring us up to 10 starts. Friday has certainly been a more reasonable day and not one of your busier days in the Operating Room and would give us an opportunity to have a start for Dr. Paul Pietrow. Additionally, we are trying to change some of our clinic schedules to allow Dr. Griebing to better utilize KU MedWest on Thursdays. We will make every attempt to use KU MedWest to the best of our ability.

Thank you for your consideration of this matter, and I look forward to hearing from you in the near future.

Most sincerely,

J. Brantley Thrasher, M.D.
The William L. Valk Chair of Urology

JBT:db
## Best Hospitals

### Urology
Treating prostate cancer, incontinence, and sexual difficulties

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital</th>
<th>U.S. News Index</th>
<th>Reputational Score</th>
<th>Mortality Ratio</th>
<th>Discharges</th>
<th>R.N.'s to Beds</th>
<th>Tech Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Johns Hopkins Hospital, Baltimore</td>
<td>100.0</td>
<td>74.1%</td>
<td>0.92</td>
<td>1,199</td>
<td>1.70</td>
<td>7.0</td>
</tr>
<tr>
<td>2</td>
<td>Cleveland Clinic</td>
<td>77.8</td>
<td>51.4%</td>
<td>0.60</td>
<td>1,690</td>
<td>2.14</td>
<td>8.0</td>
</tr>
<tr>
<td>3</td>
<td>Mayo Clinic, Rochester, Minn.</td>
<td>88.8</td>
<td>41.5%</td>
<td>0.53</td>
<td>3,742</td>
<td>1.47</td>
<td>8.0</td>
</tr>
<tr>
<td>4</td>
<td>UCLA Medical Center, Los Angeles</td>
<td>53.1</td>
<td>29.0%</td>
<td>1.47</td>
<td>1,383</td>
<td>1.70</td>
<td>8.0</td>
</tr>
<tr>
<td>5</td>
<td>Memorial Sloan-Kettering Cancer Center, New York*</td>
<td>46.9</td>
<td>20.0%</td>
<td>0.48</td>
<td>1,075</td>
<td>2.04</td>
<td>7.0</td>
</tr>
<tr>
<td>6</td>
<td>Barnes-Jewish Hospital, St. Louis</td>
<td>45.7</td>
<td>18.8%</td>
<td>0.92</td>
<td>1,658</td>
<td>1.50</td>
<td>8.0</td>
</tr>
<tr>
<td>7</td>
<td>Massachusetts General Hospital, Boston</td>
<td>43.8</td>
<td>16.3%</td>
<td>0.84</td>
<td>1,318</td>
<td>1.70</td>
<td>8.0</td>
</tr>
<tr>
<td>8</td>
<td>New York Presbyterian Hospital</td>
<td>42.7</td>
<td>15.6%</td>
<td>0.82</td>
<td>3,519</td>
<td>1.36</td>
<td>8.0</td>
</tr>
<tr>
<td>9</td>
<td>Duke University Medical Center, Durham, N.C.</td>
<td>41.5</td>
<td>15.0%</td>
<td>0.99</td>
<td>1,607</td>
<td>2.19</td>
<td>8.0</td>
</tr>
<tr>
<td>10</td>
<td>University of California, San Francisco Medical Center</td>
<td>38.8</td>
<td>12.7%</td>
<td>0.61</td>
<td>743</td>
<td>1.75</td>
<td>8.0</td>
</tr>
<tr>
<td>11</td>
<td>Methodist Hospital, Houston</td>
<td>38.4</td>
<td>13.8%</td>
<td>0.84</td>
<td>1,362</td>
<td>1.14</td>
<td>7.0</td>
</tr>
<tr>
<td>12</td>
<td>University of Texas, M.D. Anderson Cancer Center, Houston</td>
<td>35.2</td>
<td>11.9%</td>
<td>1.09</td>
<td>754</td>
<td>2.93</td>
<td>7.0</td>
</tr>
<tr>
<td>13</td>
<td>Clarian Health Partners (IU and Methodist Hospitals), Indianapolis</td>
<td>35.1</td>
<td>7.3%</td>
<td>0.72</td>
<td>1,560</td>
<td>1.48</td>
<td>8.0</td>
</tr>
<tr>
<td>14</td>
<td>University of Michigan Medical Center, Ann Arbor</td>
<td>34.7</td>
<td>6.8%</td>
<td>0.78</td>
<td>1,292</td>
<td>1.70</td>
<td>8.0</td>
</tr>
<tr>
<td>15</td>
<td>Stanford University Hospital, Stanford, Calif.</td>
<td>34.6</td>
<td>12.5%</td>
<td>1.28</td>
<td>844</td>
<td>1.50</td>
<td>5.0</td>
</tr>
<tr>
<td>16</td>
<td>Vanderbilt University Hospital and Clinic, Nashville</td>
<td>34.3</td>
<td>5.6%</td>
<td>0.51</td>
<td>893</td>
<td>2.23</td>
<td>7.0</td>
</tr>
<tr>
<td>17</td>
<td>Hospital of the University of Pennsylvania, Philadelphia</td>
<td>32.2</td>
<td>3.6%</td>
<td>0.59</td>
<td>1,164</td>
<td>1.63</td>
<td>8.0</td>
</tr>
<tr>
<td>18</td>
<td>Lahey Clinic, Burlington, Mass.</td>
<td>32.1</td>
<td>3.5%</td>
<td>0.46</td>
<td>858</td>
<td>1.79</td>
<td>7.0</td>
</tr>
<tr>
<td>19</td>
<td>Northwestern Memorial Hospital, Chicago</td>
<td>31.5</td>
<td>2.3%</td>
<td>0.48</td>
<td>1,100</td>
<td>1.93</td>
<td>8.0</td>
</tr>
<tr>
<td>20</td>
<td>University of Virginia Health Sciences Center, Charlottesville</td>
<td>31.0</td>
<td>2.8%</td>
<td>0.52</td>
<td>712</td>
<td>2.58</td>
<td>8.0</td>
</tr>
<tr>
<td>21</td>
<td>Shands Hospital at the University of Florida, Gainesville</td>
<td>30.0</td>
<td>1.8%</td>
<td>0.60</td>
<td>973</td>
<td>1.61</td>
<td>7.0</td>
</tr>
<tr>
<td>22</td>
<td>Florida Hospital Medical Center, Orlando, Fla.</td>
<td>29.7</td>
<td>0.8%</td>
<td>0.51</td>
<td>1,622</td>
<td>1.62</td>
<td>8.0</td>
</tr>
<tr>
<td>23</td>
<td>Henry Ford Hospital, Detroit</td>
<td>29.7</td>
<td>0.5%</td>
<td>0.39</td>
<td>1,028</td>
<td>1.82</td>
<td>7.0</td>
</tr>
<tr>
<td>24</td>
<td>North Carolina Baptist Hospital, Winston-Salem</td>
<td>29.6</td>
<td>2.7%</td>
<td>0.95</td>
<td>941</td>
<td>1.71</td>
<td>8.0</td>
</tr>
</tbody>
</table>


2/14/2003
<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name &amp; Location</th>
<th>Index</th>
<th>3-Year % Change</th>
<th>Index Points</th>
<th>Total Points</th>
<th>Honor Roll</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>University of Iowa Hospitals and Clinics, Iowa City</td>
<td>29.3</td>
<td>3.4%</td>
<td>0.67</td>
<td>702</td>
<td>1.31</td>
</tr>
<tr>
<td>26</td>
<td>Carolinas Medical Center, Charlotte, N.C.</td>
<td>29.2</td>
<td>0.0%</td>
<td>0.45</td>
<td>963</td>
<td>1.67</td>
</tr>
<tr>
<td>27</td>
<td>Columbia Wesley Medical Center, Wichita, Kan.</td>
<td>29.1</td>
<td>0.0%</td>
<td>0.24</td>
<td>786</td>
<td>1.48</td>
</tr>
<tr>
<td>28</td>
<td>University of Wisconsin Hospital and Clinics, Madison</td>
<td>28.9</td>
<td>0.5%</td>
<td>0.56</td>
<td>1,129</td>
<td>1.34</td>
</tr>
<tr>
<td>29</td>
<td>William Beaumont Hospital, Royal Oak, Mich.</td>
<td>28.8</td>
<td>0.0%</td>
<td>0.57</td>
<td>1,880</td>
<td>1.90</td>
</tr>
<tr>
<td>30</td>
<td>Loma Linda University Medical Center, Loma Linda, Calif.</td>
<td>28.7</td>
<td>0.4%</td>
<td>0.28</td>
<td>878</td>
<td>1.87</td>
</tr>
<tr>
<td>31</td>
<td>Brigham and Women's Hospital, Boston</td>
<td>28.7</td>
<td>5.9%</td>
<td>1.50</td>
<td>636</td>
<td>1.55</td>
</tr>
<tr>
<td>32</td>
<td>University of Washington Medical Center, Seattle</td>
<td>28.8</td>
<td>1.8%</td>
<td>0.00</td>
<td>591</td>
<td>1.32</td>
</tr>
<tr>
<td>33</td>
<td>Yale-New Haven Hospital, New Haven, Conn.</td>
<td>28.8</td>
<td>0.7%</td>
<td>0.70</td>
<td>879</td>
<td>1.55</td>
</tr>
<tr>
<td>34</td>
<td>Catherine McAuley Health System, Ann Arbor, Mich.</td>
<td>28.8</td>
<td>0.0%</td>
<td>0.00</td>
<td>868</td>
<td>1.30</td>
</tr>
<tr>
<td>35</td>
<td>Emory University Hospital, Atlanta</td>
<td>28.8</td>
<td>2.8%</td>
<td>0.71</td>
<td>1,092</td>
<td>1.40</td>
</tr>
<tr>
<td>36</td>
<td>Abbott Northwestern Hospital, Minneapolis</td>
<td>28.5</td>
<td>0.0%</td>
<td>0.46</td>
<td>868</td>
<td>1.25</td>
</tr>
<tr>
<td>37</td>
<td>University Hospitals of Cleveland</td>
<td>28.4</td>
<td>0.3%</td>
<td>0.55</td>
<td>718</td>
<td>1.59</td>
</tr>
<tr>
<td>38</td>
<td>University of Chicago Hospitals</td>
<td>28.3</td>
<td>2.5%</td>
<td>1.02</td>
<td>728</td>
<td>1.90</td>
</tr>
<tr>
<td>39</td>
<td>Washington Hospital Center, Washington, D.C.</td>
<td>28.3</td>
<td>0.0%</td>
<td>0.48</td>
<td>922</td>
<td>1.56</td>
</tr>
<tr>
<td>40</td>
<td>Thomas Jefferson University Hospital, Philadelphia</td>
<td>28.2</td>
<td>1.4%</td>
<td>0.77</td>
<td>969</td>
<td>1.24</td>
</tr>
<tr>
<td>41</td>
<td>Lancaster General Hospital, Lancaster, Pa.</td>
<td>28.1</td>
<td>0.0%</td>
<td>0.33</td>
<td>807</td>
<td>1.08</td>
</tr>
<tr>
<td>42</td>
<td>Parkland Memorial Hospital, Dallas</td>
<td>28.0</td>
<td>4.8%</td>
<td>1.13</td>
<td>281</td>
<td>1.71</td>
</tr>
<tr>
<td>43</td>
<td>Mayo Clinic, Jacksonville, Fla.</td>
<td>27.8</td>
<td>0.0%</td>
<td>0.24</td>
<td>891</td>
<td>1.42</td>
</tr>
<tr>
<td>44</td>
<td>F.G. McCaw Hospital at Loyola University, Maywood, Ill.</td>
<td>27.7</td>
<td>1.8%</td>
<td>1.06</td>
<td>921</td>
<td>1.87</td>
</tr>
<tr>
<td>45</td>
<td>University Hospital, Denver</td>
<td>27.6</td>
<td>0.7%</td>
<td>0.40</td>
<td>341</td>
<td>2.25</td>
</tr>
<tr>
<td>46</td>
<td>Froedtert Memorial Lutheran Hospital, Milwaukee</td>
<td>27.5</td>
<td>0.0%</td>
<td>0.49</td>
<td>718</td>
<td>1.44</td>
</tr>
<tr>
<td>47</td>
<td>St. John's Regional Health Center, Springfield, Mo.</td>
<td>27.5</td>
<td>0.0%</td>
<td>0.53</td>
<td>1,022</td>
<td>0.92</td>
</tr>
<tr>
<td>48</td>
<td>St. Joseph's Hospital, Tampa, Fla.</td>
<td>27.5</td>
<td>0.0%</td>
<td>0.56</td>
<td>566</td>
<td>1.50</td>
</tr>
<tr>
<td>49</td>
<td>University of California, Davis Medical Center, Sacramento.</td>
<td>27.4</td>
<td>0.4%</td>
<td>0.56</td>
<td>443</td>
<td>2.69</td>
</tr>
<tr>
<td>50</td>
<td>Georgetown University Hospital, Washington, D.C.</td>
<td>27.4</td>
<td>1.8%</td>
<td>0.44</td>
<td>350</td>
<td>1.52</td>
</tr>
</tbody>
</table>

* Did not respond to American Hospital Association 2000 survey. Data in red are from prior surveys.

Note: Rounding may produce apparent ties in U.S. News Index scores; terms explained here.
October 1, 2004

Robert R. Bahnsen, M.D.
Professor and Director
Division of Urology
Ohio State University
456 W. 10th Avenue
Columbus, OH 43210-1228

Dear Bob:

Thank you for your recent note. I wholeheartedly support your concept of becoming a Department of Urology. In every major center in the country, becoming a department has greatly enhanced the program and allows the program the flexibility necessary to recruit high-caliber faculty, advance urological research and promote urological health in the local community. I believe that this would certainly benefit Ohio State as well.

If anyone at a higher level wishes to speak to me about this, I would be delighted to talk to them. My best regards for your continued success.

Sincerely,

Barry A. Kogan, M.D.
Falk Chair in Urology
Professor, Surgery and Pediatrics
Albany Medical College

BAK/gms
October 1, 2004

Robert Bahnson, MD
Chairman
Division of Urology
456 W 10th Ave
Columbus, OH 43210

Dear Dr. Bahnson:

I enthusiastically support your endeavor to transition the Division of Urology to departmental status. I believe patient care would improve if this action were taken, and I also believe the university would benefit financially if this transition were accomplished.

Patient care would improve because you will be able to attract and retain premier faculty and residents if you are a department rather than a division. In recruitment efforts, it is vital that potential candidates believe that they will receive the support they require to succeed. That support includes financial, technical and intellectual. An applicant needs to feel secure in his/her choice to come to the College of Medicine at Ohio State University and that security can be achieved only with the autonomy that comes with department status—eliminating the complex climb through the bureaucracy for critical resources.

Urology is a distinct surgical specialty with unique challenges and opportunities which are frequently unappreciated by General Surgery. The aging population insures an ever-increasing need for the expertise provided by urologists. Hospital admissions and procedures for urologic patients are growing segments of the health care industry. Successful institutions will be the ones that adequately serve this population with state of the art urologic surgical facilities and professionals trained in the most current procedures. Division directors do not have the access to the Dean and hospital administrators that is available to a Chairperson of Surgery. Within a Department of Surgery that encompasses several Divisions, the department agenda will relegate Urology to an unacceptably low priority status. Therefore, the assets, equipment requirements, and specific challenges unique to urology are potentially overlooked in institutions with Divisions rather than Departments of Urology. Any medical center that does not serve the urologic patient to its full potential will lose valuable revenue and community support.
Dr. Bahnson, you have brought national and international recognition to the Division of Urology at the Ohio State University College of Medicine. With your continued role as Chairman, the Department of Urology at Ohio State University will continue to lead in the evolution of Urology through basic and clinical research, teaching, and service.

If I can be of further service to you in this matter please do not hesitate to contact me.

Sincerely your,

James F Donovan, Jr, MD
Director, Division of Urology
Professor of Surgery

JFD/pjw
E. Christopher Ellison, M.D.
Chairperson, Department of Surgery
The Ohio State University
University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Dr. Ellison:

Bob Bahnsen asked for my support of your efforts to elevate the Division of Urology to a department status within the university. I have known Bob since his residency days at Northwestern and have visited your excellent institution several years ago. Clearly, he and you are doing an outstanding job and I believe the efforts to elevate the program would be greatly facilitated by converting the Division to a Department of Urology.

Virtually all of the top 20 urology programs in the country enjoy departmental status. We have been a Department at Northwestern since 1950 but have continually enjoyed a strong relationship with all departments, and particularly surgery. Drs. John Beal, Dave Nahrwold, and now Dick Bell and I have always collaborated on surgical issues and shared common goals. We feel that surgery is more strongly represented at the bargaining table when there are more departments involved because many chairs provide a variety of opinions. Most importantly, the department status helps to attract the best residents and faculty because they know that their efforts will be directly linked to resource deployment and utilization. Lastly, I think department status would make it possible to build a strong research-oriented program because basic scientists in both dry and wet bench research will look forward to joining the department but might be less inclined to participate in a division. Our department currently has the second-highest ranked research department at the NIH in urology and I know for a fact that many of our recent recruits concur with the importance of departmental appointments and joint appointments with other basic science departments.

In summary, I most wholly support your and Bob’s efforts to confer departmental status on the Division of Urology at The Ohio State University. I think this will significantly benefit all parties concerned and allow you and Bob to raise the urology program to the next highest level.

With best regards,

Sincerely,

Anthony J. Schaeffer, M.D.

AJS: jm

The Joseph and Bessie Feinberg Foundation is endowed by Bernard, Louis, Reuben, and Samuel H. Feinberg

The McGaw Medical Center of Northwestern University
September 27, 2004

Robert R. Bhanson, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
The Ohio State University
University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Dr. Bhanson:

I read your letter indicating that you are hoping to convert your division at Ohio State University into a department. I wholeheartedly support the notion for several specific reasons. The history of academic organized urology in the United States has demonstrated, that for an academic urology unit to become a regional or national leader, it requires a departmental status. Departmental status carries considerable and important influence both on campus and off site. As I have learned in my few years as Chairman here at UT Southwestern, faculty recruitment is significantly enhanced by departmental status compared to the status of a division. Quite simply, the greater freedom in terms of controlling one's own finances oftentimes allows more flexibility in terms of faculty recruitment and retention efforts compared to a divisional status.

Also, I have found that a departmental status allows for a successful recruitment of a Ph.D. into a clinical department. As you know, it is very difficult to recruit high quality Ph.D.s into a clinical department anyway, but if one is a division in a surgical department, this is even more difficult.

There are certainly many reasons why the status of your department is important, and to be attractive to students applying for a residency in urology, is perhaps only one of many, however, an important one. After all, it is the quality of the students we recruit and train as residents and future urologists that make a reputation of our departments nationally.

I wholeheartedly support your desire to become a department, and I would be happy to field any phone calls or queries from the institution. I wish you the best of luck, and remain most

Sincerely yours,

Claus G. Roehrborn, M.D.

CGR:keh
November 15, 2004

Robert R. Bahnsen, MD
The Dave Longaberger Chair in Urology
Division of Urology
The Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Dr. Bahnsen:

As the Chairman of the Division of Urology at the University of Wisconsin-Madison, I am most happy to write a strong letter of support for establishment of a Department of Urology at The Ohio State University. I believe you are strongly positioned to do this with the support of Dr. Ellison, the Chairperson of the Department of Surgery, and your Dean of the College of Medicine and Public Health, Dr. Fred Sanfilippo.

It is critical to a University program in Urology to have departmental status. While at this time we have the strong support of our department chairman, certainly in order to attract high caliber faculty and establish a long-standing research program, autonomy with regards to financial and health related decision-making is critical. In particular, in the coming decade urologic health is becoming a larger and larger area of interest, particularly with prostate cancer and erectile dysfunction, and certainly most urology departments are highly profitable and ultimately serve as vital educators for the medical school and university campus. In addition, research initiatives including the hiring of tenured faculty members and tenured research scientists require departmental support at most universities. Without adequate research a Urology Department is not able to insure both the success of the academic mission and the clinical mission.

I am most confident that with you as the Chairperson in Urology and with the support of your institution that you will see fit at The Ohio State University Medical Center to make Urology a department.

I would be happy to speak to you about this further. Please do not hesitate to contact me.

Sincerely,

[Signature]

Stephen Y. Nakada, M.D., F.A.C.S.
Associate Professor of Surgery and Chairman of Urology
The David Theodore Uehling Professor of Urology
nakada@surgery.wisc.edu
November 10, 2004

The Board of Trustees
Office of Administration
The Ohio State University Medical Center
456 West 10th Avenue
Columbus, OH 43210

To Whom It May Concern:

I received a letter from Robert R. Bahnsen, M.D., The Dave Longaberger Chair in the Division of Urology, requesting that I write a letter supporting his efforts to attain departmental status for Urology at your institution. This is a major assignment and hopefully, I will be able to express how important this goal is to your University and the College.

It cannot be emphasized too strongly how essential it is to have a strong dedicated department representing the academic mission of the College of Medicine and Public Health and the University of Ohio. The connotation of being a section/division of the Department of Surgery does not induce potential faculty members who seek to advance their teaching careers to relocate to a position with a layered chain of command nor does it encourage established nationally recognized individuals to consider a career move. Many academic urologists today are seeking a strong, progressive position which provides affirmative support for basic research and eventual national grant support within a well-known and respected department. It is my experience that having the overall responsibility for the faculty within a departmental structure has sharpened my knowledge of their day-to-day activities and academic endeavors and strengthened my awareness of our total presentation to the academic world and to the public. A department chair is directly responsible for his/her faculty and can make decisions within the framework of a university’s policy which enhance and encourage their individual strengths resulting in a beneficial outcome for the entire medical center and those patients who depend upon us for state-of-the-art care. The training and guidance of residents and students is also a critical focus point in this fast-developing specialty, for everyone associated with an academic institution and hospital.

Urology is no longer a sub-specialty, it is a nationally recognized surgical service. The development of an outstanding Urology Department within the University/Medical Center could be a major resource in seeking endowments and advancing academic achievements within the medical center. It makes a strong statement to the public and to the academic world that there is genuine trust by the University in the abilities of their faculty and staff. I urge you to give vigorous consideration to this request by Dr. Bahnsen.

Sincerely yours,

Anthony Atala, M.D.

AA/cm
11/5/04

Robert R. Bahnson, M.D.
Professor and Chair
Division of Urology
Ohio State University
College of Medicine and Public Health
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Dr. Bahnson,

I write in response to your letter of September 17, seeking my impressions of how important a dedicated Department of Urology is to the academic mission of a forward thinking school of medicine. As you know, I have been a proponent of departmental status for Urology in all institutions, as I believe that the best interests of the University are not served when Urology is an appendage of the Department of Surgery. Having spent now almost 25 years in academic surgery, I can speak from both personal experience as junior faculty and now as a Chair myself in this regard.

Quite simply, the essence of the matter is that of resource allocation. As a Department, Urology can better develop and enable its younger academicians to grow and succeed. The Chair is empowered to realize his or her vision for Urology as determined by discussions directly with the Dean of the Medical School. When I was an assistant professor at the University of Minnesota, I watched as Elwin Fraley successfully brought the division into full departmental status. At that point, resources heretofore unavailable become plentiful. For me in particular, it enabled the commitment of time and funds necessary to nurture the earliest growth of endourology. Capital was available to conduct laboratory pilot studies, create instructional films, and bankroll the very first minimally invasive Urology courses. When I subsequently spent time in divisions of Urology at Southwestern Medical School in Dallas and at Washington University, similar resources were not forthcoming. Indeed, at the University of Minnesota was where I learned that the fastest way to cripple the creative impulse within junior faculty is the absence of department generated seed money.
At this point in my career, as a Chair, I am now on the inside, looking out. At the University of California, Urology has been granted Departmental status. In truth, this was part of my recruitment package. Indeed, I would not have accepted the position as Chair at UCI without departmental status. As a Department, over the past two and a half years, Urology at UCI has grown significantly. We have been able to attract two highly respected and productive academic urologists to UCI and have been able to initiate a credible laboratory effort with the recruitment of two PhD researchers. Federal and industrial grants totaling more than three million dollars have come into the Department. The residency program has been expanded from six to eight residents. Applications for the Urology residency program at UCI have risen sharply; we are interviewing 20 candidates out of over 130 applicants for our two positions. In addition, our clinical volume has grown sharply. There has been a 30% increase in outpatient visits and a 100% increase for inpatient surgeries. All of this has occurred over the past few years of Departmental status.

Why is this so? Departmental status empowers the Chair to move ahead with confidence knowing that the Dean of the Medical School is firmly behind his or her vision. The Chair is unfettered by the laborious process of having to “clear” everything through the Chief of Surgery who is then expected to bring the Urology Chair’s concerns intact to the Dean if need be. Departmental status sends a clear message to resident and faculty applicants that the program is respected within the medical center. To be sure, these are my biases; however, I have yet to meet a division Chair in Urology who did not fervently, and in most cases rightly, believe that his/her efforts were being hobbled or at the very least slowed by divisional status. I believe firmly that each Chair at a University needs to be fiscally responsible for his or her own shop. If they fail in this regard, then it should be up to the Dean to decide whether they continue. By the same token, if they succeed, then there is no reason why the funds they have generated should be tithed by the Chair of Surgery. Invariably, I have seen time and again, Urology-generated resources usurped to prop up other failing divisions within Surgery. I think both the giver and the recipient are diminished by this process.

Joe Louis once said, “I been rich, I been poor … rich is better”. From my standpoint “I been in a division, I been in a department…department is better”. I feel strongly enough about this matter, that I have refused to supply the names of any potential candidates for
Chair of Urology to a program at which Urology is a division, believing that the best and brightest of our young academicians will be far more successful if they chair a department. I wish you every success in your departmental quest. To be sure, the Ohio State College of Medicine is so very fortunate to have as Chair of Urology someone of your caliber and commitment. Kind regards.

Sincerely,

[Signature]

Ralph V. Clayman, M.D.
October 19, 2004

Robert R. Bahnson
The Dave Longaberger Chair in Urology
Professor and Director
456 W, 10th Avenue
Columbus, OH 432101228

Dear Dr. Bahnson:

As per your letter of September 17, 2004, I am very happy to be extremely supportive of your concept of creating a department of urology at Ohio State University. I will just briefly relate to you my own personal experience since coming to Loyola some 18 years ago where there was a question as to whether or not our department should remain a department given its very poor financial and academic track record versus becoming a division of surgery.

Although I had an excellent relationships with the Chairman of Surgery at that time, I decided to maintain the departmental status. This was clearly the best decision that I could have made because it allowed us to use the resources of urology to help build the urology program. It also allowed for successful recruitment of a wonderful faculty, creation of fellowship programs, creation of research programs both in the clinical and basic science arena, and led to national and international recognition for the institution.

I believe that a department is also better suited to promote the health of the public through advancements in the areas of special surgery, for example, laparoscopic or female pelvic medicine and cancer.

For all the above-mentioned reasons, I am extremely supportive of the concept of your division becoming a department at Ohio State. I know that your national and international reputation as well as your hard work will make this endeavor a tremendously successful one for Ohio State University.

If there is anything else I can do, or if there is anyone else you would like me to talk to personally, I would be very happy to do so. Best of luck.
Sincerely,

[Signature]

Robert C. Flanigan, MD
Professor and Albert J. Speh, Jr.,
and Claire R. Speh
Chair in Urology

RCF/klg
October 27, 2004

Robert R. Bahnson, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
Ohio State University Medical Center
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Dr. Bahnson:

I fully support the establishment of the Department of Urology at the Ohio State University Medical Center. When the Ochsner Clinic was founded in the 1940's, departmental status was given to Urology. This designation has enabled our department to grow our practice. We have been leaders in the development of profitable areas in the hospital and outpatient clinic facility.

The most historic note was the merger of our freestanding residency training program with that of the LSU Health Science Center Program in 1989. Working directly with the Chairman of the Department of Urology at LSU, we were able to develop a joint program. This enabled both institutions to recruit faculty and establish significant amount of research. The residency training program has been enriched since the merger and we attract outstanding applicants annually.

I fully support the establishment of a Department of Urology at your Medical Center.

Sincerely yours,

Harold A. Fuselier, Jr., M.D.
Chairman Emeritus

HAFJr/ten
October 19, 2004

Robert R. Bahnsen, M.D.
The Dave Longaberger Chair in Urology
Professor and Director
Ohio State University Medical Center
456 West 10th Ave.
Columbus, OH 43210

Dear Bob:

You asked me to write a letter of support for establishing your Division of Urology into a Department. Let me tell you at the onset that I very much agree that academic urology groups, when of sufficient size and character, should be a department and I will try briefly to document my reasons for this.

Let me tell you that in my own experience I have seen both sides. I matriculated at Duke where the department continues to be a division, went to the University of Minnesota where it is a department and am now Chairman at the University of Washington where we are also a department, I have spent a great deal of time talking to a variety of chairmen around the country who either are, or are not departments. I also remember when I was interviewing for various urology head positions at the consternation of many Deans of having to deal with subspecialty departments rather than one head of surgery and I realized the conflicting emotions in this regard. In addition I have on several occasions talked to several surgery chairmen and know from them and from my general observation that many of them depend on the income of urology to function appropriately.

Nonetheless, there is no question that at a local level, being a department increases prestige, ability to get things done (i.e. direct access to the Dean), and of course has it’s own vulnerability (if you start to go into the tank, you have no one to protect you). There are of course more personal reasons that had existed at many different institutions fort aspiring to department status including the feeling of exploitation by departments of surgery, personality conflicts, etc. but I will not get into those issues which are obvious and parochial.

Let me also say that being a department adds to the ability to recruit and also to national prestige. Recruitment is primarily at the advanced level. In my tenure as Chairman over the last 16 years, I have had many occasions, had I not been a department I would have had severe difficulty in recruiting. Many people at the senior and now junior faculty level wanted to know if we are a department and seem to be reassured that we were. With certain exceptions (Duke and Barnes) all of the academic urology groups which are in the top rung, are departments. That status certainly adds to prestige and I think the ability to achieve nationally recognized status. The situation at Barnes Hospital you know well and is so complicated that it is not worth documenting. At Duke, I know for a fact that it
has been a very unique situation but my reading of the "tea leaves" is that it will be a department in the very near future with the new recruitment.

I hope these somewhat disjointed ruminations are of use to you in your efforts to become a department and I wish you success in that regard.

Sincerely,

[Signature]

Paul H. Lange, M.D., F.A.C.S.
Nelson Chair in Urology
Professor and Chairman

PHL:dmcg
September 28, 2004

Robert R. Bahnson, MD
The Dave Longaberger Chair in Urology
Professor and Director
Ohio State University – University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Re: Urology Departmental Status

Dear Dr. Bahnson:

I am writing in response to your letter of September 17, 2004 regarding the establishment of a department of urology at Ohio State University Medical Center. When considering this change, I believe it is important to recognize that the past two decades have witnessed unprecedented growth of surgical sub-specialties and with this growth has been expanded activities in both clinical and laboratory research and the development of innovative clinical programs. With these changes, there has been a gradual but increasing interaction of these sub-specialties with other departments within schools of medicine and universities and though these interactions continue to exist with the department of surgery, increasing activities continue to evolve independent of this relationship. This pattern has occurred nationally as reflected in changes in the composition of the department of surgery in many institutions.

Most certainly your status and the status of your division at Ohio State is nationally and in some respects internationally recognized. It seems most reasonable that for the continued growth of your division and your continued interaction within the medical center and university, departmental status is a natural evolution.

I might also add that guidelines have been developed at our institution for the establishment of future departments and these include: 1) the aspiring department is represented by independent body of knowledge, 2) the group which comprises the proposed department should perform a significant teaching function particularly in the area of undergraduate medical education for which a school of medicine has a direct responsibility, 3) recruitment efforts are enhanced by departmental status due to national climate, 4) the financial viability and hospital space requirements of any projected department should be carefully examined to impact on existing departments, and 5) the discipline represented by the new department reflects the principle interests and missions of the medical school as a whole and the caliber of the current division should present its achievements, research productivity and clinical indispensability.
Robert Bahnson, MD
September 28, 2004
Page 2

I am very familiar with the division of urology and under your leadership, it has certainly achieved a national stature. Your activities and interactions meet the requirements that are noted above and I have no doubt that your evolution to departmental status will assist in the recruitment of high-caliber faculty, continued research endeavors and also will likely promote urologic health in the community. Through these activities, there will be much interaction with other departments and both the medical center and university will benefit.

I strongly believe this is an important time for the division of urology at Ohio State and it is natural and for it to move to the next plateau. It is well deserved.

If I can provide any further information, please feel free to let me know.

With best wishes, I remain

Sincerely yours,

[Signature]

Martin I. Resnick, M.D.
Lester Persky Professor of Urology
Chairman, Department of Urology

MIR/sh
September 29, 2004

Robert R. Bahnson
Division of Urology
University Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

Dear Dr. Bahnson:

I wanted to give you my experience and thoughts on the benefits of a urology department versus a urology division. There’s no question in my mind that the Department of Urology enhances the ability to recruit exceptional faculty. I think everyone would agree that what makes a good department is good staff. All else being equal, faculty will not go to a division of urology if there is an equivalent opportunity in a department. This is because there is more self control of funds and ideas within a department. I really think it is as simple as that. Interestingly, many divisions of urology have switched to departments, such as The Medical College of Wisconsin, University of Michigan, University of Kansas, and I am sure the list goes on. I suspect there are very few divisions of urology left. I would be happy to discuss with you, your dean or other university personnel the advantages of becoming a Department of Urology. I strongly support this effort, and think the entire medical school and university and community as a whole will benefit from the change to a department. I wish you the best of luck in these endeavors.

Sincerely,

Jon L. Pryor, MD
Professor and Chair
Department of Urologic Surgery
September 29, 2004

To the Board of Trustees  
The Ohio State University Medical Center  
456 West 10th Avenue  
Columbus, OH 43210-1228

To the Members of the Board of Trustees:

I am writing this letter to the leadership of The Ohio State University Medical Center to support the efforts to establish a Department of Urology. Although most urology departments in the nation are small in terms of numbers, the clinical activity and surgical volumes as well as residency programs play a major role in the surgical practices at these institutions. That is the case at the Mayo Clinic in Rochester, Minnesota, where a Department of Urology, as opposed to a division within General Surgery, has allowed us to expand our educational and research activities.

The Division of Urology at The Ohio State University Medical Center has established itself as a premier academic and research presence nationally. Urology continues to be a strongly competitive specialty in terms of residency programs and research activity. In order to enhance the stature of urology at The Ohio State University, the development of a Department of Urology is critical in consolidating the clinical, academic, and research activities of the Department. This change is necessary to ensure that Ohio State University Urology remains a leader in these areas. This will make recruitment of faculty and residents more competitive. I support this endeavor.

If there is any additional information I can provide as the Chairman of the Department of Urology at the Mayo Clinic, please do not hesitate to contact me.

Best personal regards,

Michael L. Blute, M.D.
Chair, Department of Urology
Anson L. Clark Professor of Urology

MLB:sms

cc: Robert R. Bahnson, M.D.
Dr. Robert R. Bahnson  
The Dave Longaberger Chair in Urology  
The Ohio State University Med. Ctr.  
456 West 10th Ave.  
Columbus, OH 43210-1228

Dear Bob,  

I'm writing to review the issue of Departmental vs. Divisional status for urology in an university academic setting. Historically, urology has been one of the surgical subspecialties and has been usually represented as a division of the department of surgery. In fact, general surgery has become splintered so much that orthopedics, neurosurgery, urology and other subspecialties are frequently independent departments. Even divisions aligned with general surgery in the past, such as cardiac, have sometimes separated from the department of general surgery as well.

This wish for department status can be readily understood. Departmental status allows the department to negotiate directly with the dean and administration of the institution. Access to the administration is not inhibited by a divisional status. Information regarding the entire institution is more readily obtained. There are frequently fewer “taxes” when there is a departmental rather than divisional status. There may be situations in which being part of general surgery provides an element of administrative support but most urologists view continued incorporation within the department of general surgery as an impediment to further expansion of urology's needs and interests.

For all those reasons a departmental rather than a divisional status is typically preferred.

Sincerely,

Fray F. Marshall, MD  
Professor and Chair

FFM:III
24 September 2004

Board of Trustees
The Ohio State University
Medical Center
456 West 10th Avenue
Columbus, OH 43210-1228

RE: Administrative Structure Revision – Division of Urology to Department of Urology

To Whom It May Concern:

I am providing this letter as evidence of my enthusiastic support for your consideration for change in the administrative structure of the Department of Surgery at your institution. As Chairman of the Department of Urology at Louisiana State University Health Sciences Center – Shreveport, an academic medical center of similar size and complexity to The Ohio State University Medical Center, I can attest to the many advantages of having departmental status granted to Urology.

Increasing budgetary size and complexity, subspecialty clinical and translational basic research faculty recruitment demands, improvement in the competitiveness for extramural funding and Urology resident applicant attraction are all enhanced by “departmental status” designation. Such designation also reflects a trend that is increasingly common among university health sciences centers throughout the United States. Departmental designation also recognizes the valuable input and overall contributions to the mission of the institution-at-large, which are provided by the leadership of Urology. I trust you will give careful consideration to the many advantages of the proposed administrative structure revision – and grant departmental status to the current Division of Urology.

Sincerely,

[Signature]

Dennis D. Venable, MD
Professor and Chairman of Urology
Robert R. Bahnson, MD
The Dave Longaberger Chair in Urology
Professor and Director
Division of Urology
456 West 10th Avenue
Columbus, Ohio 43210-1228

Dear Bob:

It is a pleasure writing this letter in support of your request for establishment of a Department of Urology at Ohio State University. I am very strongly in favor of this change in administrative structure. By being in control of your own destiny, you will be able to foster the field of urology and its interactions with other departments in a way that was not possible previously. In doing so this should have no adverse impact on the Department of Surgery.

I have witnessed this change at a number of institutions. It occurred at Hopkins when I came in 1974. At that time, Urology, Otolaryngology, Neurosurgery, and Orthopaedics were made separate departments. This had an enormous impact on the growth of these specialties with a positive impact on research programs, interactions with other departments, improvement in patient care, and a feeling of self-esteem. All of this occurred without any adverse effect on the Department of Surgery.

Times have changed. Many years ago it was possible to have a few large departments: Medicine, Surgery, Pediatrics. However, today with the expansion of specialties this no longer makes sense. By developing a self-standing Department of Urology you will have a much better chance of recruiting outstanding faculty, developing meaningful research relationships with other departments, and increasing the visibility of the field both at your academic medical center and in the community.
Today there are only a few outstanding institutions where urology is still a division of surgery. In many of these centers urology is weak and is unable to support itself. I would argue that if urology were able to stand alone, these institutions and the field of urology would be stronger.

You are very lucky to have Fred Sanfilippo at your institution. I'm sure that he can provide additional evidence for how independent surgical specialty departments at Hopkins were able to thrive.

If I can provide further information please let me know. Good luck. I hope these comments will be helpful. Best wishes.

Sincerely yours,

Patrick C. Walsh, M.D.
Urologist-in-Chief

PCW:bd
Robert R. Bahnson, MD  
Chairman, Department of Urology  
Professor and Director  
Ohio State University Medical Center  
456 West 10th Avenue  
Columbus, OH 43210

Dear Dr. Bahnson:

I apologize for not having responded sooner to your letter of September 17, 2004 requesting my views on the establishment of a Department of Urology as contrasted to a Division of Urology within a larger Department of Surgery. I feel particularly well qualified to comment on this since I am currently Chair of the Department of Urology, University at Buffalo, and prior to that was a member of the Division of Urology at Washington University in St. Louis.

The discipline of urology and urologic sciences has undergone extraordinary growth in the last 25 years through the dedicated efforts of many clinical and research leaders, and the field of urology is responsible for addressing many important health care challenges in both adult and pediatric populations. The size of Urology departments has grown at all universities and typically includes clinical faculty support staff and research personnel.

During my tenure in the Division of Urology at Washington University in St. Louis, I observed that although the Chair of the Division was extraordinarily successful and well regarded, his ability to lead the division and to expand its' scientific and clinical base was to a great extent hampered by the divisional status of urology. Departmental status encourages a more coherent and less hierarchical governance structure while facilitating the ability of the Chairperson to bring a department to its' highest level of academic development. Indeed it is for persuasive and convincing academic and clinical reasons that at most all American universities urology exists as a separate Department and not as a Division of Surgery. It is my conclusion moreover that Departmental as contrasted to Divisional status has played a major role in the growth of Urology.
Robert R. Bahnson, MD
December 2, 2004
Page 2 –

In summary, I cannot emphasize too strongly the importance of achieving Departmental, in contrast to Divisional status, for the urologic enterprise and would be pleased to provide any additional information as appropriate.

Very truly yours,

Gerald Sufrin, MD

GS: cmb