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MP17-06 IMPACT OF SUBSEQUENT FELLOWSHIP ON CHIEF RESIDENT CASE LOG VOLUMES

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Table 1: Comparison of Chief Year and Attending Case Log Trends

Index Procedure	Chief Year Trends		Attending Trends	
	Slope	p-value	Slope	p-value
Endourology	-60.25 (-234.2, 113.72)	0.49	212.50 (116.80, 308.20)	<.001
General Urology	-106.3 (-381.6, 169.11)	0.44	617.00 (432.13, 801.87)	<.001
Oncology	10.50 (-286.2, 307.23)	0.94	45.67 (-13.34, 104.67)	0.13
Reconstructive Urology	-22.20 (-225.4, 180.98)	0.83	101.67 (-2.62, 205.96)	0.05

Source of Funding: NA

MP17-05

GENDER DIFFERENCES IN GRADUATING UROLOGY RESIDENT CASE VOLUMES: A 10-YEAR NATIONAL COHORT STUDY FROM 2012 TO 2022

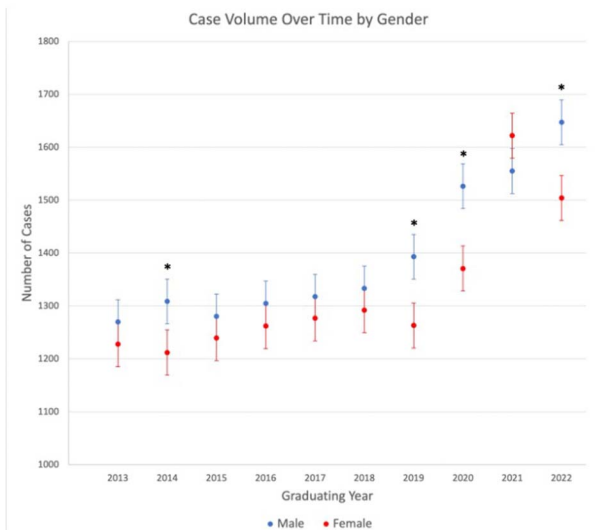
Jenna N. Bates*, Angeline Johnny, Wesley A. Mayer, Houston, TX; Yoon Soo Park, Chicago, IL; Gina M. Badalato, New York, NY; Kate H. Kraft, Ann Arbor, MI; Eric Holmboe, Chicago, IL

INTRODUCTION AND OBJECTIVE: Although studies in other specialties suggest gender differences in residency case log distribution, the relationship between gender and case volume in urology residency training has not been examined on the national scale. We hypothesize male urology residents log more cases than female residents.

METHODS: We performed a ten-year national retrospective review of a novel database provided by the Accreditation Council for Graduate Medical Education (ACGME) of cases logged by all graduating residents from ACGME-accredited urology residencies from graduating year 2013 through 2022. This is the first study using an ACGME database integrating trainee characteristics from multiple national data systems. Trends were examined using descriptive statistics. Bivariate comparisons and longitudinal analyses were conducted using t-tests and mixed-effects regression models in Stata 18 (College Station, TX).

RESULTS: The analysis included 142 urology programs and 2,986 residents over the 10-year study period. The number of programs increased by 18% from 118 to 139. The number of residents increased by 28% from 264 to 339. The percentage of female residents ranged from 21-27% and showed no significant increase over time (p=0.71). Total cases reported per resident significantly increased over time from an average of 1,259 (SD=18) in 2013 to 1,608 (SD=22) in 2022 (p<.001). However, across ten-years, females logged significantly fewer total cases (Mean=1,341 [SD=12]) compared to males (Mean=1,401 [SD=7]), p<.001. Females logged significantly fewer cases in 4 out of the 10 years, with 3 of those occurring in the past 4 years. There were no years in which females logged statistically more cases than males. Males logged significantly more general urology, endoscopy, oncology, and robotic cases than females, depending on the year. Only pediatrics and reconstruction cases were logged more by females in any year.

CONCLUSIONS: Despite efforts to improve female representation in urology, the number of female graduates is statistically unchanged over the past 10 years. Females logged significantly fewer cases than males, and this discrepancy is more prevalent in recent years. Given the evidence that surgeons' case volumes correlate with patient outcomes, it is essential to understand this apparent gender gap.



Source of Funding: None

MP17-06

IMPACT OF SUBSEQUENT FELLOWSHIP ON CHIEF RESIDENT CASE LOG VOLUMES

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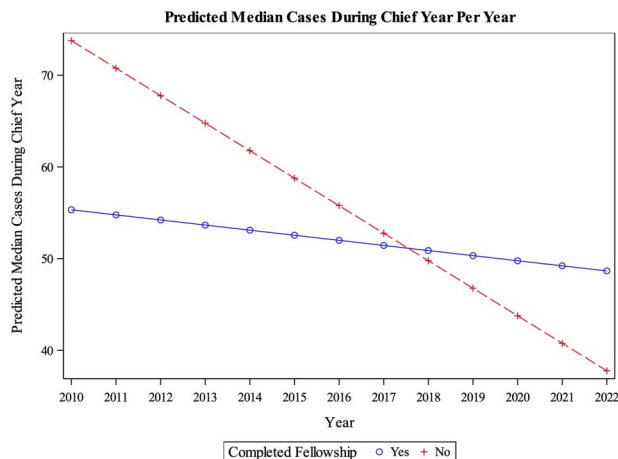
INTRODUCTION AND OBJECTIVE: Sub-specialties have increasingly evolved in Urology. As such, trainees may elect to pursue a fellowship to enhance expertise in these domains. The impact of this subsequent fellowship on resident case log experience throughout their residency and specifically chief year are incompletely defined. Therefore, we review a large multi-institutional experience to better characterize this relationship.

METHODS: Urology resident case logs from 2010-2022 were obtained from 13 different institutions for total residency and chief years. Five categorized index procedures were included for analysis: (1) General Urology; (2) Endourology; (3) Reconstructive Urology; (4) Urologic Oncology; and (5) Pediatric Urology. Subsequent fellowship data (yes/no and type) were available for 338 residents who formed the cohort of interest. Regression models on median number of cases per year analyzed the interaction of case log volumes and subsequent fellowship.

RESULTS: Of the 338 residents, 197 (58%) completed a fellowship including 53 oncology, 44 reconstruction, 43 endourology, 29 pediatric, and 28 other. A total of 419,353 cases were logged, including 125,319 (30%) during the chief resident year. Over the study years, the median number of total cases completed per resident increased irrespective of subsequent fellowship. Conversely, median number of total cases completed during chief year declined with the slope of decline being significant in those residents not completing a fellowship [slope = -2.44, CI: (-4.66, -0.23), p-value=0.031] (Figure 1). Additionally, as highlighted in Table 1, temporal trends demonstrate that absence of subsequent fellowship was associated with decrease in chief resident cases across all index domains. The specific type of fellowship, however, had no association with chief year trends.

CONCLUSIONS: The median number of chief resident cases has declined over time most significantly in those trainees not pursuing a fellowship. This may reflect a focus for these residents on non-

operative urology encounters which are not captured as index cases on ACGME logs.



Index Procedure	No Fellowship Slope (CI) p-value	Fellowship matching Index Procedure Slope (CI) p-value	Fellowship outside of Index Procedure Slope (CI) p-value
Oncology	-3.00 (-4.65, 1.35) <0.001	-0.50 (-2.70, 1.70) 0.295	-1.00 (-2.87, 0.87) 0.656
Pediatrics	-2.88 (-4.47, -1.28) <0.001	-1.33 (-4.94, 2.27) 0.468	-0.43 (-1.88, 1.02) 0.562
Endourology	-2.90 (-4.50, -1.29) <.001	-0.07 (-3.46, 3.32) 0.968	-1.00 (-2.51, 0.51) 0.194
Reconstructive	-3.00 (-4.61, -1.39) <0.001	-1.88 (-5.50, 1.75) 0.311	-0.50 (-1.77, 0.77) 0.440

Source of Funding: Penn State Department of Urology Education and Research Fund

MP17-07
FIVE YEARS OF COMPETENCY-BASED MEDICAL EDUCATION IN CANADIAN UROLOGY: A NATIONAL SURVEY OF RESIDENT AND FACULTY SATISFACTION AND PERSPECTIVES

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INTRODUCTION AND OBJECTIVE: In 2018, the Royal College of Physicians and Surgeons of Canada introduced Competency-Based Medical Education (CBME) into the curriculum of Canadian urology residency programs, aligning with the global trend seen in several other countries. This research endeavors to delve into the perspectives of program directors and senior residents within the 13 Canadian urology residency programs regarding their experiences and perceptions of CBME.

METHODS: Two online surveys were developed based on a scoping review of CBME literature and reviewed by urology medical education experts. The first survey, comprising 41 questions, was for residents, while the second, with 43 questions, was for program directors/faculty. These surveys included both qualitative and quantitative questions, exploring various aspects of CBME, such as critical activities, early outcomes, unintended consequences, overall satisfaction, and ongoing challenges. The surveys were distributed to Canadian urology residency program directors, faculty members, Post-Graduate Year 4 (PGY-4), and PGY-5 residents from January to April 2023. Respondents anonymously rated their agreement or disagreement with statements using a five-point Likert Scale, where scores ranged from 1 (strongly disagree/very dissatisfied) to 5 (strongly agree/very satisfied). Descriptive analyses considered scores of 4 or 5 as agreement/satisfaction and scores of 1 or 2 as disagreement/dissatisfaction.

RESULTS: Twenty-nine faculty members (including 10/13 [77%] program directors) and 33/63 (53%) of senior residents. Among all respondents, 73% are dissatisfied with CBME (70% of faculty members and 75% of senior residents). Most respondents have experienced anxiety and/or fatigue associated with CBD (88% of faculty members and 70% of senior residents). CBD is burdensome for residents who overwhelmingly trigger assessment requests (90% of residents) while faculty members are overwhelmed by the number of assessments requested (80% of faculty). Both faculty members (80%) and residents (95%) find that CBD is time-consuming. A majority (>70%) of respondents find that CBD has failed to de-emphasize time-based learning, individualize pathways of progression, identify struggling fashion in a timelier fashion, and enhance the quality of feedback provided. However, most respondents (>60%) find that CBD has established clear learning expectations and training stages for trainees and increased the quantity of feedback while not compromising patient care. Senior residents favored a return to a time-based model (58%), whereas faculty members were divided between improving CBME or returning to a time-based model, while program directors leaned towards improving CBME (70%).

CONCLUSIONS: There is a prevailing sense of dissatisfaction with CBME within Canadian urology, as perceived by senior residents and faculty members. CBME adversely impacts the well-being of both faculty and residents, leading to increased stress and fatigue, while falling short of delivering personalized medical education. CBME has positively impacted medical education by providing a structured and transparent framework for trainee advancement. This valuable insight calls for informed decisions and continuous efforts to enhance CBME in urology.

Source of Funding: None

MP17-08
PROGRAM DIRECTORS' SELECTION CRITERIA FOR UROLOGY RESIDENCY MATCH IN A USMLE STEP 1 PASS/FAIL ERA

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INTRODUCTION AND OBJECTIVE: Program directors (PD) of urology residencies have historically heavily relied on the United States Medical Licensing Examination (USMLE) Step 1 to select interview candidates during the urology match process. In January 2022, USMLE Step 1 scoring was transitioned to pass/fail-only in order to reduce the burden of exam preparation and create a more holistic resident selection process, thereby abolishing a cornerstone of objective criteria. Its effect on the application process is unknown. In this study, we seek to understand the criteria PDs are now using to evaluate urology candidates in light of this change.

METHODS: A validated survey was distributed nationally via email to PDs of the 150 Accreditation Council for Graduate Medical Education (ACGME)-accredited urology residency programs. The questionnaire included four components which PDs rated on a scale of 1-10 (no importance to most important) for selecting applicants to interview: (1) academic factors, (2) extracurricular factors, (3) virtual etiquette, and (4) applicant diversity.

RESULTS: A total of 46 PDs completed the survey, for a total response rate of 30.67%. The top five factors (highest average scores across all four survey components) were (1) urology letters of recommendation (average score ±SD, 8.58±1.57), (2) signaling (8.56±1.69), (3) professionalism in virtual meetings (7.33±2.71), (4) completion of a urology sub-internship at the PD's program (7.22±2.20), and (5) having their camera on during virtual meetings (7.04±2.75). Interestingly, a USMLE Step 2 score ≥250 (5.84±2.45) ranked 6th of 9 academic factors. Free text responses highlighted additional factors PDs considered in their evaluation that were not mentioned in the four survey components.

CONCLUSIONS: The omission of USMLE Step 1 scores has impacted how PDs select applicants for urology match and, in turn, the manner in which medical students must prepare their applications. Based on our results, USMLE Step 2 scores did not appear to substitute for USMLE Step 1 scores as a filter for candidates. In fact, the transition