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MP19-03 TRENDS IN RACE AND ETHNICITY AMONG APPLICANTS TO US UROLOGY RESIDENCY PROGRAMS

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of medical education is limited to an average of 5 hours. Multidisciplinary instruction is needed to equip medical students with foundational knowledge to provide high-quality, evidence-based care for patients with diverse sexual orientations, gender identities, and sex development. This study evaluates outcomes of an Advanced Training in Gender and Sexual Minority Health Care Certificate.

METHODS: The curriculum includes a 3-Night LGBTQIA training that provides introductory lectures and patient simulations for healthcare professionals. Students attend a series of five modules involving the following medical specialties: Primary Care, Psychiatry, Endocrinology, Reproduction/OBGYN, Plastic and Urological Surgery, and complete an independent Capstone project. Each module is comprised of a 1-hour lecture presented by a physician leader in the field. Questionnaires were administered after each lecture. Lectures contain information on epidemiology, basic science, research innovation, cultural sensitivity, and clinical best practices.

RESULTS: 67 unique data points were collected from Module 1: Primary and Preventative Care and Module 2: Reproduction and Reproductive Health. Student feedback was evaluated on a Likert scale of 1 to 5 in understanding needs of patients, comfort level, and foundation clinical knowledge to care for LGBTQIA patients (Figure 1). Comparison of average questionnaire scores before versus after lecture significantly increased in all categories for Module 1 and Module 2 (Table 1, $p < 0.001$).

CONCLUSIONS: Preliminary results presented in this study provide evidence that the Advanced Training in Gender and Sexual Minority Health Care Certificate may effectively supplement standardized undergraduate medical education on LGBTQIA topics.

Figure 1. Student questionnaire response outcomes following Modules 1 and 2

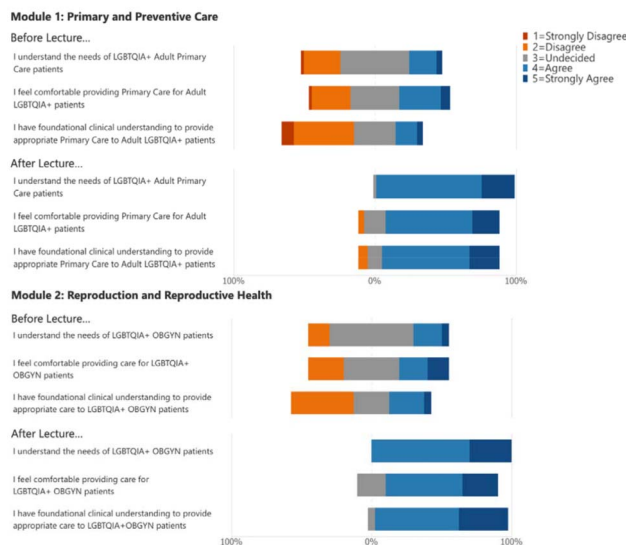


Table 1. Competency and Sentiment Questionnaire Outcomes Before and After Lectures

Primary and Preventative Care (n = 47)	Before	After Lecture	p
	Lecture (mean ± SD)	(mean ± SD)	
I understand the needs of LGBTQIA+ Adult Primary Care patients	3.0 ± 0.8	4.2 ± 0.5	<0.001
I feel comfortable providing Primary Care for Adult LGBTQIA+ patients	3.1 ± 1.0	4.0 ± 0.7	<0.001
I have foundational clinical understanding to provide appropriate Primary Care to Adult LGBTQIA+ patients	2.6 ± 1.0	4.0 ± 0.8	<0.001
Reproduction and Reproductive Health (n = 20)			
	Before	After Lecture	p
	Lecture (mean ± SD)	(mean ± SD)	
I understand the needs of LGBTQIA+ OBGYN patients	3.2 ± 0.7	4.3 ± 1.0	<0.001
I feel comfortable providing care for LGBTQIA+ OBGYN patients	3.25 ± 1.0	4.1 ± 0.7	<0.001
I have foundational clinical understanding to provide appropriate care to LGBTQIA+ OBGYN patients	2.9 ± 1.0	4.3 ± 0.6	<0.001

Source of Funding: None

MP19-03

TRENDS IN RACE AND ETHNICITY AMONG APPLICANTS TO US UROLOGY RESIDENCY PROGRAMS

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INTRODUCTION AND OBJECTIVE: Despite an increase in the racial and ethnic diversity of the US population over the past decade, the proportion of Under-Represented in Medicine (URiM) urologists has remained stagnant. This current work disaggregates urology residency applicant demographic data by race and ethnicity. Secondly, we determine if there are differences across race/ethnicity in outcome measures related to the Urology Match.

METHODS: Urology residency applicant data for 2018-2019 to 2020-2021 was provided by the Society of Academic Urologists through the American Urological Association. The self-reported racial/ethnic groups examined were Asian, Black, Latinx, White and Multiple Race. Key dependent variables were (i) number of applications, interviews and programs on the applicant's rank list, (ii) being ranked to match i.e. in top 5 spot on program's rank list vs. ranked higher than the last matched person, and (iii) match status, applicant position on program's rank list and vice versa. Chi square and Wilcoxon Rank-Sum tests were performed to assess for differences across race/ethnicity for categorical and continuous variables.

RESULTS: Latinx applicants were least likely to be a senior when applying (Asian 70%, Black 71%, Latinx 58%, White 68% $P = .02$). Black applicants are least likely to be AOA members (Asian 30%, Black 19%, Latinx 28%, White 39% $P = .01$). URiM applicants are less likely to be DO students (Asian 7%, Black 6%, Latinx 4%, White 11% $P < .01$) and there is no difference across race for whether an applicant attends a medical school without an affiliated urology residency. White applicants are least likely to come from a top 25 medical school when ranked by US News & World Report, NIH-funding or Doximity Residency Reputation. URiM applicants have fewer of interviews (Mean: Asian 13.4, Black 12.6, Latinx 11.5, White 13.6 $P = .049$). While Black and Latinx applicants are the most and least likely to be ranked top 5 by a program (Asian 54%, Black 64%, Latinx

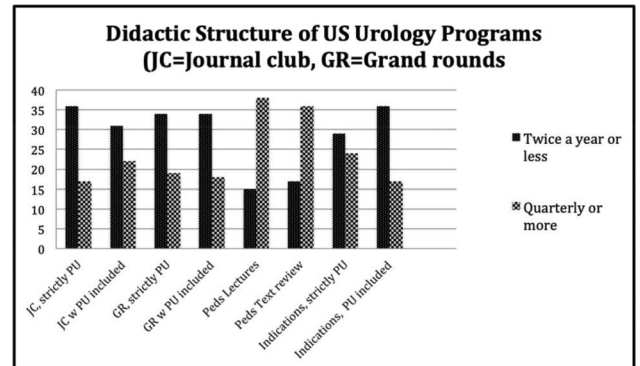
53% and White 60% $P = .04$), fewer URiM applicants are ranked higher than the last matched person (Asian 84%, Black 81%, Latinx 75% and White 86% $P < .001$), therefore fewer URiM successfully match (Asian 83%, Black 81%, Latinx 75% and White 84% $P < .001$).

CONCLUSIONS: Understanding the urology residency match population can provide the foundation for data-driven interventions to diversify the field of urology.

Program	2019-2020 (n=202)	2020-2021 (n=273)	2021-2022 (n=267)	2022-2023 (n=267)	2023-2024 (n=267)	2024-2025 (n=267)
Academic Performance						
Mean	80 (20.4)	84 (48.6)	84 (29.4)	83 (21.2)	84 (27.9)	84 (27.9)
Median	77 (24.3)	82 (29.7)	82 (30.3)	82 (30.3)	82 (30.3)	82 (30.3)
SD	11 (2.2)	12 (5.2)	12 (5.2)	12 (5.2)	12 (5.2)	12 (5.2)
Personal History						
Mean	246 (96.8)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)
Median	246 (96.8)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)
SD	3 (1.1)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)
Academic History						
Mean	80 (20.4)	84 (48.6)	84 (29.4)	83 (21.2)	84 (27.9)	84 (27.9)
Median	77 (24.3)	82 (29.7)	82 (30.3)	82 (30.3)	82 (30.3)	82 (30.3)
SD	11 (2.2)	12 (5.2)	12 (5.2)	12 (5.2)	12 (5.2)	12 (5.2)
Personal History						
Mean	246 (96.8)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)
Median	246 (96.8)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)
SD	3 (1.1)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)
Academic History						
Mean	80 (20.4)	84 (48.6)	84 (29.4)	83 (21.2)	84 (27.9)	84 (27.9)
Median	77 (24.3)	82 (29.7)	82 (30.3)	82 (30.3)	82 (30.3)	82 (30.3)
SD	11 (2.2)	12 (5.2)	12 (5.2)	12 (5.2)	12 (5.2)	12 (5.2)
Personal History						
Mean	246 (96.8)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)
Median	246 (96.8)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)	220 (80.2)
SD	3 (1.1)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)

significant relationship noted. Image 1 demonstrates differences in didactic curriculum. PU-focused didactics do not appear to occur often, other than journal club and text review.

CONCLUSIONS: While there is expected variability of experience from urology residency program to program, our survey demonstrates broad differences amongst programs in regards to a resident's PU exposure and experience. We identify very favorable resident PU experiences, the opportunity to rotate as a senior resident, and more than one dedicated PU rotation as significant influences for pursuit of a PU fellowship.



Source of Funding: None

MP19-05 LANDSCAPE ANALYSIS OF THE USE OF HOLISTIC REVIEW IN THE UROLOGY RESIDENCY MATCH PROCESS

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INTRODUCTION AND OBJECTIVE: The Association of American Medical Colleges calls on residency program leadership to adopt Holistic Review in the selection of applicants when screening, interviewing and creating rank order lists however the method of implementation is at the discretion of individual programs. Other specialties have employed blinding recruiters to standardized and increasing the diversity of their recruitment teams. In this work, we aimed to first describe the use of blinding of academic performance metrics at each stage of the urology match process and second, to describe the diversity of individuals involved in the screening of applicants to invite for interview during the Urology Residency Match process.

METHODS: A cross-sectional survey of program leadership at the 144 accredited urology residency programs in the US was distributed January 29, 2021 to March 4, 2021 via the Society of Academic Urologists mailing list. Descriptive statistics were performed to determine the proportion of urology residency programs blinding academic performance metrics including USMLE Step 1 and 2 scores, GPA, class rank, honors during screening, interviewing and ranking of urology applicants.

RESULTS: We received responses from 130 urology (associate) program directors representing 112 programs (112/144 = 78%). In the 2020-2021 urology residency application cycle, 9%, 16% and 9% of urology residency programs blinded their recruitment team to academic performance metrics at the screening, interviewing and ranking steps respectively. An equal proportion of programs report having a female faculty screen applications as those that report having male faculty (39%). Fewer programs report having Under-Represented in Medicine (URiM) faculty screen applications (21%) vs those that report non-URiM faculty involvement in screening (27%). Few

Source of Funding: None

MP19-04 PEDIATRIC UROLOGY ACROSS US RESIDENCY PROGRAMS: A SURVEY OF RESIDENCY PROGRAM DIRECTORS TO IDENTIFY DIFFERENCES IN EDUCATION

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INTRODUCTION AND OBJECTIVE: Though all urologic training programs in the United States adhere to baseline thresholds of training, each program is able to offer different training experiences to their residents and trainees. In this study, we seek to determine differences in pediatric urology (PU) training amongst US residencies and their impact on influencing career choice.

METHODS: Our survey was designed based on similar surveys sent to program directors of other specialties. The survey was sent by e-mail to the 142 AUA residency program directors.

RESULTS: The response rate was 37% (53/142). Residents from 42 (79%) programs pursued PU fellowships within the last five years. All PU experiences were described as either favorable (29, 55%) or very favorable (24, 45%). Programs with very favorable experiences ($p = 0.0187$), whose PU rotations were as U3 or U4 year ($p = 0.0465$), or whose residents had more than 1 PU rotation ($p = 0.0481$) were more likely to have residents pursue PU fellowship than those with favorable program experiences, non-senior rotations, or who had 1 or less dedicated PU rotation. There was no statistically significant relationship between favorability and either rotating at a children's hospital or the presence of a PU fellow on rotation. While there was considerable variability in didactic criteria, there was no statistically