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Title

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

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Simons, Efe Chantal Ghanney Diaz, Parris A Takele, Rebecca et al.

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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.

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155 (61.3) 5 (2.3) 5 (2.3) 5 (2.3) 5 (2.3) 5 (2.3) 10 (2.3.7) 10 (2.3.7	42 (60.0) 1 (7.4) 12 (16.0) 14 (20.0) 2 41 (58.6) 29 (41.4) 0 (0) 14 (20.0) 19 (27.1) 0 (0.0) 34 (46.6)	29 (42.6) 1 (1.5) 21 (20.9) 17 (25.0) 13 40 (56.6) 26 (38.2) 2 (2.9) 13	407 (66.7) 16 (2.6) 68 (11.1) 119 (19.5) 22 356 (58.3) 250 (40.9) 5 (0.8)	39 (50.0) 4 (5.1) 21 (26.9) 14 (17.9) 8	<.000
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33 (13.0) 10 148 (58.5) 101 (39.9) 4 (1.4) 10 60 (23.7) 79 (31.2) 0 (0.0) 29 (31.1) 7 (2.8) 10 20 21.2) 20 21.2) 22 23.12 24 27 28 27 28 29 20 20 20 20 20 20 20 20 20 20	14 (20.0) 2 41 (58.6) 29 (41.4) 0 (0) 3 14 (20.0) 19 (27.1) 0 (0.0) 34 (48.6)	17 (25.6) 13 40 (58.8) 26 (38.2) 2 (2.9) 13	119 (19.5) 22 356 (58.3) 250 (40.9) 5 (0.8)	14 (17.9) 8 45 (57.7)	<.000
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10 60 (23.7) 79 (21.2) 0 (0.0) 79 (21.2) 28 (11.1) 7 (2.4) 10	3 14 (20.0) 19 (27.1) 0 (0.0) 34 (48.6)	13 14 /20 60	250 (40.9) 5 (0.8) 21		
60 (23.7) 79 (31.2) 0 (0.0) 79 (21.2) 28 (11.1) 7 (2.8) 10	19 (27.1) 0 (0.0) 34 (48.6)	14/20/0	21	32 (41.0) T (1.3)	.8585
79 (31.2) 0 (0.0) 79 (31.2) 28 (11.1) 7 (2.4) 10	19 (27.1) 0 (0.0) 34 (48.6)		120,000.00		
28 (11.1) 7 (2.8) 10 72 (28.6)	34 (48.4)	15 (22.1) 11 (16.2)	176 (28.9) 159 (26.1) 0 (0.0)	13 (16.7) 17 (21.8)	
28 (11.1) 7 (2.8) 10 72 (28.6)				17 (21.8) 6 (7.7) 26 (33.3)	<.000
72 (26.5) 181 (71.5)	2 (2.9)	7 (10.3) 4 (5.9)	64 (10.5) 7 (1.1)	5 (6.4)	
72 (28.5) 181 (71.5)	3				
	16 (22.9) 54 (77.1)	16 (23.5) 52 (76.5)	90 (14.7) 521 (85.3)	25 (32.1) 53 (67.9)	<.000
70 (27.7) 183 (72.3)	19 (27.1)	18 (26.5) 50 (73.5)	84 (13.7) 527 (95.3)	25 (32.1) 53 (67.9)	<.000
58 (22.9)	14 (20.0)	21 (30.9)	105 (17.2) 506 (82.8)	22 (28.2)	.0144
10	3	13	21	8	
47.733 ti	22 (30 f)	16 (19 8)	204 (27.6)	W/W 2	
93 (35.4)	23 (31.5)	31 (38.3) 34 (42.0)	207 (32.8)	30 (34.9) 42 (48.8)	.0217
80.0 (31.08)	67.8 (25.03)	80.1 (32.20)	71.2 (26.43)	76.8 (32.06)	.0002
0, 169	14, 135	10, 140	0, 200	6, 219	
263	73	81	632	85	
14.0 (9.0, 17.0)	13.0 (8.0, 17.0)	12.0 (7.0, 16.0)	14.0 (10.0, 17.0)	13.0 (6.0, 17.0)	,0490
263 14.4 (8.62)	73 (6.65)	12.0 (6.77)	632 14.2 (8.22)	12.6 (9.05)	0687
15.0 (10.0, 18.0) 0, 107	0, 31	13.0 (7.0, 16.0)	14.0 (10.0, 18.0) 0, 143	13.5 (6.0, 18.0)	.0007
222 (84.4)	59 (80.8)	61 (75.3)	543 (95.9)	59 (68.6)	.0004
41 (15.6)	14 (19.2)	20 (24.7)	89 (14.1)	27 (21.4)	
142 (54.0)	47 (64.4)	43 (53.1)	380 (60.1)	39 (45.3)	.0350
	26 (35.6)	38 (46.9)			
219 (83.3)	59 (80.8)	61 (75.3)	537 (84.0)	59 (68.6)	.0041
72 (82.8)	15 (68.2) 7 (31.8)	14 (87.5)	180 (87.4)	12 (85.7)	,1850
					.2077
71 (85.5)	22 (78.6)	25 (73.5)	178 (81.3)	22 (52.4)	.000
11.0 (9.44)	7.2 (6.51)	8.7 (7.74)	9.5 (7.45)	7.6 (8.32)	.0124
8.0 (2.0, 17.0) 1, 51	5.0 (3.0, 9.0) 1, 34	7.0 (4.0, 13.0)	8.0 (4.0, 14.0) 1, 39	6.0 (2.0, 13.0) 1, 24	
219	59	61	537	59	
3.0 (1.0, 6.0)	2.8 (2.66) 2.0 (1.0, 4.0)	3.9 (3.33) 3.0 (1.0, 5.0)	2.0 (1.0, 5.0)	3.5 (3.31) 2.0 (1.0, 5.0)	.0118
1, 21 Microsop Rank, Superfere	f, f3	1,14	1, 20	1, 14	
		tools are considered non-	US for region however DO so	hools are Missing	
, 4th (86-142)	a program is missing.				
6-91), 4th (9-122 and un	ranked)				
s. "Missing"; 1 applicants	had "Other" selected.				
"Missing"; 0 applicants "Missing"; 2 applicants	had "Other" selected. had "Other" selected.				
as Thompson Spinet Real	A" in AUA data source				
	152 152 152 153 154 155 155 155 155 155 155 155 155 155	99 3 90 19 19 19 19 19 19 19 19 19 19 19 19 19	9 9 1 10 10 10 10 10 10 10 10 10 10 10 10 1	9	9

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MP19-04

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

Daniel Tennenbaum*, Brooklyn, NY; Lane Palmer, New Hyde Park, NY

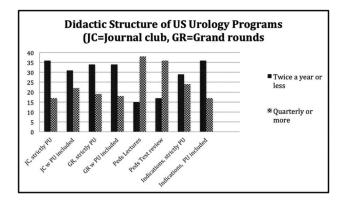
INTRODUCTION AND OBJECTIVE: Though all urologic training programs in the United States adhere to baseline thresholds of training, each program is able to offer different training experiences to their residents and trainees. In this study, we seek to determine differences in pediatric urology (PU) training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

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.



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MP19-05

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

Efe Chantal Ghanney Simons*, Parris A. Diaz, Los Angeles, CA; Rebecca Takele, Blacksburg, VA; Serena Does, Utrecht, Netherlands; Nicholas J. Jackson, Los Angeles, CA; Samuel L. Washington III, San Francisco, CA; Benjamin N. Breyer, San Francisco, CA; Tracy M. Downs, Charlottesville, VA; Christopher Saigal, Los Angeles,

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

programs report having resident involvement in screening and only 7% of programs include URiM residents.

CONCLUSIONS: A minority of urology residency programs currently employ blinding of scores as part of Holistic review. Fewer programs involve URiM faculty or URiM residents in the screening process. An understanding of the current practices of residency programs can inform strategies for optimizing equity, diversity and inclusion in the urology match process.

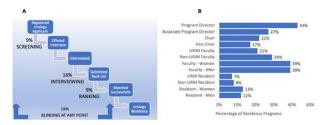


Figure 1. (A) Stepwise schematic of the typical path of a Urology Residency Applicand demonstrating percentage of residency programs binding applications to scadenic performance metrics crucial steps of the urology residency match process during the 2020/20/21 (city, 6) Bit archard termonstrating percentage of urology residency programs with each of these faculty or residents screening urology applicants to offer interviews during 2020-2021 interview cycle.

Source of Funding: None

MP19-06

PROSPECTIVE EVALUATION OF POSTOPERATIVE PAIN AND OPIOID USE AFTER MINOR UROLOGIC SURGERY

Bonnie Liu*, Kevin Feng, Jeffrey Campbell, London, Canada

INTRODUCTION AND OBJECTIVE: Filling an opioid prescription after a minor urologic procedure increases patient risk of overdose and misuse. Strategies to reduce the number of opioids reaching the community are critical. This study evaluates the opioid utilization after minor urologic procedures at a Canadian academic center and guide future prescribing recommendations.

METHODS: We prospectively evaluated patients over 18 years old undergoing minor urologic procedures (penile, scrotal, urethral, etc.) from September 2020 to October 2021. Consenting participants were given a pain diary and post-operative pain questionnaire. Patients on chronic pain medications or had major surgery within 6 months were excluded. Response rate, pain on visual analog scale, pain control satisfaction, quantity of opioids prescribed, and consumption of opioid and non-opioid medication were collected and analyzed.

RESULTS: Eighty-four patients met the inclusion criteria. The mean age was 61.3 years (range:20-87 years) and 97% of patients identify as male. The response rate for the opioid diary and pain questionnaire was 61%. Thirty-nine patients (76%) were offered an opioid prescription following their surgery, but only thirteen of those patients (33%) filled and consumed any opioids analgesics. Forty patients (78%) used no post-operative opioids, and the mean oral morphine equivalents (OME) consumed was 5 (standard deviation 14.6). There were 89 unused opioid tablets from post-procedure prescriptions. The mean overall pain score for patients who did and did not fill opioid prescriptions were 3.5/10 and 1.8/10 (p=0.053), respectively, with mean overall pain management satisfaction score of 8.2/10 and 8.8/10 (p=0.432), respectively.

CONCLUSIONS: Most patients undergoing minor urologic procedures do not require opioids to manage post-operative pain. Based on our data, we suggest that a prescription for 35 OMEs would adequately treat post-operative pain in 95% of patients undergoing minor urologic procedures. Education around pain management with non-narcotic modalities is imperative, and practice changes are warranted to address the opioid crisis within our specialty.

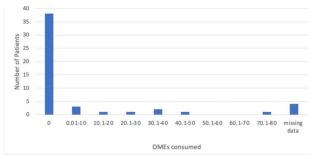


Figure 1. Patterns of opioid consumption (OME - oral morphine equivalents)

Source of Funding: Department of Surgery, University of Western Ontario, Internal research fund

MP19-07 CHARACTERIZING THE USE OF TWITTER AMONGST ACADEMIC

UROLOGISTS

Alberto Castro Bigalli*, Philadelphia, PA; Clara Sun, Ilaha Isali, Cleveland, OH; Andrew Gianakopoulos, Justin Dubin, Chicago, IL; Seyed Behzad Jazayeri, Jacksonville, FL; Mohit Sindhani, New Delhi, India; Laura Bukavina, Philadelphia, PA

INTRODUCTION AND OBJECTIVE: The dramatic reduction of clinical and research activities within medicine during COVID-19, coupled with virtual electives and conferences, have all posed important implications within academics. Given the heavy reliance on virtual interaction during the pandemic and the active role that social media (SoMe) has, our study aims to characterize the state of SoMe use among current academic urology faculty.

METHODS: We identified residency programs utilizing the American Urological Association (AUA) website. All MD/DO faculty information including gender, program location, and subspecialty training was recorded. After the designation of all faculty and their Twitter handles, Twitter Development API was set up with required authorizations and tokens. Python and R were used as the supporting language and setup using Anaconda Navigator.

RESULTS: We identified 143 residency programs with a total of 2,377 faculty (1,975 males and 402 females). Among all faculty, 945 (39.75%) had registered Twitter accounts with the majority being male [760 (80.40%) vs 185 (19.60%)] (Figure 1a). Proportionately, female urologists were more likely to have a registered Twitter account (Figure 1a). Differences among specialty and SoMe use were also evident, with oncology (48%) and endourology (47.24%) among male faculty representing the highest registered user accounts (Figure 1b). When assessing registered accounts by gender across all faculty, there was no notable change during COVID (2019-2020), with peak for male faculty in 2014 (10.05% of all accounts registered) and peak for female faculty in 2015 (Figure 1c). The top five hashtags by occurrence were #prostatecancer, #urology, #bladdercancer, #covid19, and #aua19 among males, female faculty extending #sexmed as an additional common hashtag. When assessing faculty representation on Twitter, The University of Colorado (69.57%), Mayo Clinic Rochester (67.86%), and Case Western Reserve (65.22%) had the most represented faculty on SoMe proportional to the size of their program (Figure 1d).

CONCLUSIONS: There is a steady increase in Twitter representation among academic urology, largely unaffected by COVID. While the majority of Twitter representation is largely skewed toward male faculty, there has been a steady increase in female faculty representation across all subspecialties over the last 16 years.

