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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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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.

Table 1. Association of Urology Residency Applicants and Match Outcomes by Applicant Characteristics for 2021-2022 and 2020-2021						
	2021-2022 (n=123)	2020-2021 (n=173)	2021-2022 (n=123)	2020-2021 (n=173)	2021-2022 (n=123)	2020-2021 (n=173)
Applicant Characteristics						
Gender						
Male	80 (65.1%)	34 (48.6%)	34 (28.4%)	139 (80.2%)	24 (27.8%)	.0009
Female	43 (34.9%)	39 (51.4%)	89 (71.6%)	43 (25.0%)	66 (72.2%)	
Primary Residency						
Non-US (Citizen or Permanent Resident)	266 (98.6%)	72 (98.0%)	79 (99.4%)	622 (98.0%)	14 (24.7%)	<.0001
US (Citizen or Permanent Resident)	3 (1.4%)	1 (1.4%)	2 (1.6%)	10 (1.6%)	43 (75.3%)	
Specialty						
Urology	80 (65.1%)	21 (28.6%)	34 (42.3%)	201 (81.6%)	42 (46.8%)	.0002
Other	43 (34.9%)	52 (71.4%)	89 (71.6%)	43 (25.0%)	66 (72.2%)	
Applicant Status						
Matched	231 (118)	14 (15)	17 (21)	417 (81)	11 (24)	.0003
Not Matched	171 (142)	39 (53)	53 (65)	219 (102)	37 (76)	
Applicant Education						
MD	43 (34.9%)	32 (43)	37 (46)	189 (81)	12 (24)	
DO	80 (65.1%)	40 (57)	40 (54)	174 (81)	40 (76)	
Applicant Residency						
US (Allegiant medical school (MD-granting))	229 (98.5%)	64 (92.3%)	61 (89.5%)	531 (87.8%)	72 (92.3%)	.0011
US (Disaffiliated medical school (DO-granting))	17 (14.6%)	17 (23.1%)	17 (21.5%)	92 (45.9%)	1 (1.3%)	
Non-US (Citizen or Permanent Resident)	14 (11.5%)	1 (1.4%)	2 (2.6%)	11 (5.4%)	8 (10.7%)	
Applicant Residency Match						
Matched with affiliated Urology Residency	222 (87.7%)	58 (80.6%)	52 (76.5%)	498 (81.6%)	64 (86.2%)	.1238
Matched with non-affiliated Urology Residency	9 (7.3%)	12 (16.4%)	15 (19.2%)	112 (54.6%)	14 (19.2%)	
Not Matched	42 (34.9%)	10 (13.7%)	56 (71.5%)	119 (53.6%)	14 (19.2%)	
Applicant Residency Program						
Urology (Matched)	158 (87.3%)	42 (57.5%)	29 (42.3%)	407 (81.6%)	39 (53.0%)	
Other	24 (19.5%)	17 (23.1%)	21 (28.5%)	119 (53.6%)	24 (32.5%)	
Matched	33 (13.0%)	14 (19.2%)	17 (23.1%)	119 (53.6%)	14 (19.2%)	<.0001
Not Matched	11 (8.6%)	3 (4.1%)	4 (5.6%)	60 (28.0%)	10 (13.4%)	
Applicant Residency Program						
Urology (Matched)	144 (58.4%)	41 (56.1%)	40 (54.0%)	308 (58.2%)	40 (53.7%)	
Other	101 (79.3%)	29 (40.1%)	28 (38.5%)	230 (46.0%)	25 (33.5%)	.0001
Matched	4 (3.1%)	1 (1.4%)	2 (2.6%)	20 (9.8%)	2 (2.6%)	
Not Matched	97 (76.9%)	28 (38.7%)	26 (35.9%)	218 (43.8%)	23 (30.7%)	
Applicant Residency Program						
Urology (Matched)	80 (65.1%)	14 (19.2%)	14 (18.4%)	119 (53.6%)	11 (14.6%)	
Other	79 (62.7%)	16 (21.9%)	15 (20.1%)	139 (66.4%)	17 (22.8%)	
Matched	79 (62.7%)	34 (46.5%)	17 (23.1%)	203 (81.6%)	6 (8.1%)	<.0001
Not Matched	11 (8.6%)	2 (2.7%)	4 (5.6%)	44 (17.0%)	11 (14.6%)	
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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.

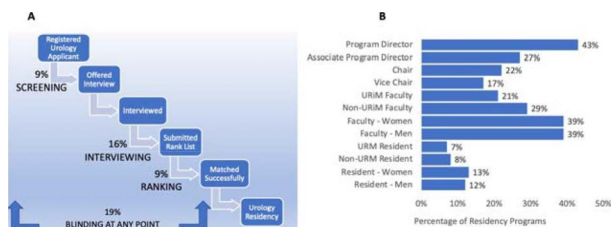


Figure 1: (A) Stepwise schematic of the typical path of a Urology Residency Applicant demonstrating percentage of residency programs blinding applications to academic performance metrics crucial steps of the urology residency match process during the 2020-2021 cycle. **(B)** Bar chart demonstrating percentage of urology residency programs with each of these faculty or residents screening urology applicants to offer interviews during 2020-2021 interview cycle. *Percentage totals may not add up to 100 due to rounding and participant non-response.

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.

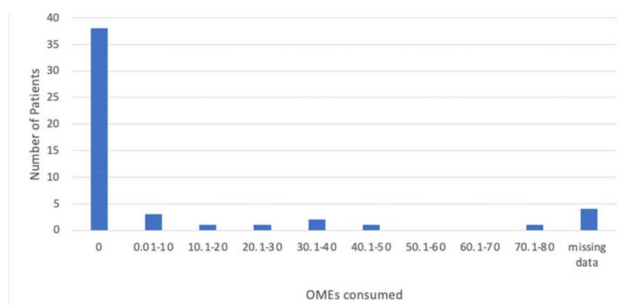


Figure 1. Patterns of opioid consumption (OME – oral morphine equivalents)

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.