Title

MP66-04 THE APPLICANT'S PERSPECTIVE ON UROLOGY RESIDENCY INTERVIEWS

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MP66-03

UTILIZATION OF AMBULATORY SURGERY CENTER AND ACUTE MANAGEMENT PATHWAY TO IMPROVE STONE TREATMENT TIME

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INTRODUCTION AND OBJECTIVE: Emergency Department (ED) visits are common for patients with acute renal colic. These patients may have lengthy wait-times prior to being seen by a urologist, further delaying definitive treatment. Return visits for pain are inconvenient and costly; therefore, we have developed an acute management pathway, entitled, Acute Rapid Stone Treatment Pathway or AiRSTRiP, by taking advantage of an ambulatory surgery center (ASC) to address these delays within a large urology group practice.

METHODS: We reviewed our database of patients who presented to the ED with renal colic due to a unilateral stone and subsequently underwent lithotripsy or endoscopic procedures during an 8-month period after we gained access to an ASC from July 2016 to February 2017 using CPT codes. Midway through commencement of the study, we instituted AiRSTRiP to examine its efficacy in reducing time from initial emergency room presentation to office follow-up as well as to definitive stone treatment. Average times were compared using student t-test.

RESULTS: Out of 2075 procedures performed on 1485 patients, 228 patients qualified for our study, including 79 in our pre-pathway cohort and 149 in our post-pathway cohort. The average stone sizes for each cohort were 7.2 and 7.0 mm, respectively. Utilization of the ASC increased from 31.5% to 48% following implementation of the pathway. Wait-times from initial ED visits to office follow-up were reduced significantly from 6.4 to 4.3 days ($p = 0.032$), while ED to treatment time decreased significantly from 22.4 to 14.2 days ($p = 0.0018$).

CONCLUSIONS: We have demonstrated for the first time that implementation of a stone management pathway, combined with access to an ASC, can significantly reduce wait-time for follow-up visits and for definitive treatment for stone disease.

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MP66-04

THE APPLICANT'S PERSPECTIVE ON UROLOGY RESIDENCY INTERVIEWS: A QUALITATIVE ANALYSIS

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INTRODUCTION AND OBJECTIVE: While interviews are one of the main ways for applicants and programs to gain insight towards one another, there is little known about how applicants actually perceive the interview process. We conducted a large-scale analysis of anonymous online posts to better understand what applicants seek on interview day and what they care about in selecting a residency program.

METHODS: We collected three years (2016-2018) of comments from the Interview Impressions tab of the Urology Match Google Sheet (https://docs.google.com/spreadsheets/d/1qV5r88PEZ-bUIdLf2haGI2zp_xX0lbQHWbipdap17M4/edit#gid=902107043). Qualitative data analysis was performed using Grounded Theory Methodology as described by Charmaz. Two physicians (H.Z. and C.P.S.) independently coded the comments line by line. They generated and categorized preliminary themes based on similar codes and finally grouped the themes into categories.

RESULTS: There were a total of 33,351 words for 133 residency programs in the analysis. We identified six thematic categories (Table 1). Although research was only discussed for 44% of the programs, the other categories were discussed for 77-86% of the programs. In general, we found that applicants prefer personable, well-prepared interviews and efficient interview days. Applicants also care about working with young and diverse fellowship-trained faculty across a wide breadth of subspecialties. They were easily able to discern the program culture and level of collegiality between residents and faculty. Applicants wanted a balance of surgical training with a focus on robotics and surgical autonomy, as well as time in the clinic setting. Not all applicants were interested in research but those who were expressed appreciation of a strong support system. Finally, additional program benefits and the positives and negatives of the program's location were frequently discussed.

CONCLUSIONS: Analysis of anonymous social media posts can help improve the interview process for applicants and programs alike. Programs can identify areas of improvement to attract top candidates as we better understand what applicants look for in a residency. Our findings provide a step toward the ultimate goal of improving the match process.

Table 1: Representative Quotes for Each Thematic Category

Efficiency and Structure of Interview Day
• "Interviews well organized. fancy dinner night before and lots of great lunch and snacks out the whole day"
• "It was clear the faculty had read my application and asked specific questions from it."
• "6 interviews with faculty/most double up, done by 1pm. Pre-interview drinks and apps"
• "Horrendous interview and I was dreading each room coming up next. Didn't get to know us at all on a personal level…"
• "Terribly organized interview day where you sit in the room and they just pick you randomly. Will be waiting for hours on end to be called for your next interview. Lasts from 8AM - 4PM"
• "Post interview social, only a few residents showed up. Attendings came too, it was very awkward."
Diverse Fellowship Trained Faculty
• "Every specialty well represented."
• "New faculty joining every year, all subspecialties now covered"
• "Young and accomplished attendings who are eager to teach residents and start projects
• "Expanding faculty -- new recon, just hired a new onc"
• "Chair has brought in many young faculty who are very easy to work with and love to operate and teach. Almost all faculty are fellowship trained. "
• "Not a lot of fpmrs or infertility"
Program Culture and Collegiality
• "Residents are close knit and hang out a lot outside work.
• "Program feels like a family."
• "There is a palpable political divide between attendings and even though the residents are great to get along with, many of them are unhappy"
• "One resident called the program 'Traditional and hierarchical.'"
• "The residents barely speak up or ask questions"
Surgical and Clinical Training
• "Most of the faculty are pretty hands off to the point where chiefs do most of the robotic cases"
• "Not a ton of clinical experience (they just operate non-stop which is a plus or minus"
• "Very low robotic volume"
• "PGY2s spend A LOT of time in clinic"
• "Very early resident involvement on robotics, especially at VA which has high robotic volume"
• "Fellows do not poach cases"
Research
• "Research block can be more operative heavy if research not your thing."
• "Seems to be extremely weak on research. I brought up research and academics during my interview and the attendings did not seem interested at all."
• "Tons of research support (statisticians generate methods section and stats)"
• "Some residents have >10 first author pubs by the time they graduate"
• "Research very available but not forced upon you."
Program Benefits and Location
• A lot of driving as they cover 4-5 different hospitals"
• "…is a beautiful town with a low cost of living… many fun places within driving distance, great school districts, difficult town to be single in."
• "Currently have a PA to bedside in robotic cases, and hiring another PA for the floors."
• "Very expensive parking as resident,
• "No loupes"

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MP66-05

ACCEPTABILITY OF NO-FLIP SHANGRING MALE CIRCUMCISION IN A WHO MANDATED POPULATION FOR HIV PREVENTION

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INTRODUCTION AND OBJECTIVE: The World Health Organization's (WHO) mandate to reduce HIV transmission in sub-Saharan Africa has prompted the creation of a transmission preventative strategy. The scale up of male circumcision (MC) services, through the use of MC devices, has been suggested as a method to lower HIV incidence on a population-level. The ShangRing (SR) MC device is the only WHO-prequalified device currently in use for HIV prevention in the region. Given this notion, we aimed to determine the acceptability of the no-flip SR technique among Kenyan men and boys.

METHODS: Males aged 10-54 years were enrolled in a study of no-flip SR circumcision in Kenya. The procedure involved the insertion of the inner ring of the device under the foreskin, followed by secure clamping of the outer ring for hemostatic occlusion; the foreskin distal