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# Title

PD30-02 ASSESSING THE PERCEIVED IMPORTANCE OF SELECTION CRITERIA FOR UROLOGY RESIDENCY BY UNDER-REPRESENTED IN MEDICINE APPLICANTS

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## Authors

Simons, Efe Chantal Ghanney Diaz, Parris A Takele, Rebecca <u>et al.</u>

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**Education Research III** 

Podium 30

Saturday, May 14, 2022

1:00 PM-3:00 PM

#### PD30-01 OBSERVED DIFFERENCES IN UROLOGY RESIDENT OPERATIVE AUTONOMY ASSOCIATED WITH PATIENT RACE

Anh Nguyen\*, Jacob Veliky, John Fastenau, Newark, NJ; Devashish Anjaria, Joseph Oliver, Anastasia Kunac, Hossein Sadeghi-Nejad, East Orange, NJ

INTRODUCTION AND OBJECTIVE: Surgical resident operative autonomy is a topic of interest due to findings of decreased confidence and preparedness of graduates. It has been observed that autonomy afforded to general surgery residents is not equal across patient races. This study seeks to determine if there are differences in urology resident operative autonomy associated with patient race.

METHODS: The VA Surgical Quality Improvement Program (VASQIP) was queried for the top five urologic procedures between 2004 to 2019 at teaching VA hospitals. The most common resident performed cases within the database were transurethral resection of prostate, transurethral resection (small, medium, or large tumor), GreenLight laser of prostate, hydrocelectomy, and ureteral stent placement. The cases were stratified by attending supervision: attending as primary surgeon (AP), attending and resident (AR), resident as primary surgeon with the attending not scrubbed (RP). We compared patient demographic data including age, BMI, and race between resident supervision levels utilizing Anova for continuous data and Chi Squared for categorical data.

RESULTS: 127,757 urology cases were identified from 2004 to 2019. The above procedures accounted for 76.5% of all urologic cases performed at the VA. All demographics were significantly different (p<0.001) There was a lower percentage of white patients in the RP and AR categories compared to AP (69% vs 68% vs 75%) and nearly double the percentage of black patients (13% vs 13% vs 6%). (Table 1).

CONCLUSIONS: Urology residents were significantly more likely to be afforded operative autonomy on minority patients, while white patients were significantly more likely to have an attending surgeon as the primary surgeon. This observation is similar to that seen in general surgery and requires in depth analysis to assess if this is due to bias versus an observed difference secondary to geographical differences in patient demographics at high volume VA medical centers.

	AP (N=43012)	AR (N=51860)	RP (N=32885)	p-value
Males	99% (n=42793)	99% (n=51520)	99% (n=32699)	
Age (SD)	67.9 (11.1)	65.8 (10.7)	68.4 (10.8)	< 0.001
BMI (SD)	28.7 (5.6)	28.8 (5.9)	28.6 (5.8)	< 0.001
Race				
White	75% (n=32025)	68% (n=35039)	69% (n=22595)	< 0.001
Black	6% (n=2684)	13% (n=6717)	13% (n=4464)	
Hispanic	3% (n=1419)	4% (n=2299)	5% (n= 1664)	
Other	16% (n=6884)	15% (n=7805)	13% (n=4162)	

Table 1. Total cases categorized by patient demographics and lead surgeon

Source of Funding: none

#### PD30-02

#### ASSESSING THE PERCEIVED IMPORTANCE OF SELECTION CRITERIA FOR UROLOGY RESIDENCY BY UNDER-REPRESENTED IN MEDICINE APPLICANTS

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,

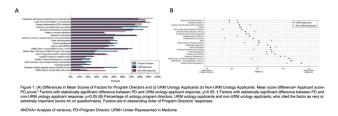
CA INTRODUCTION AND OBJECTIVE: Applicants' awareness of factors influencing a urology program director's (PD) decision to select an applicant has not been elucidated. We aimed to assess the extent of concordance between the perceived importance of factors by urology PDs versus by applicants and to examine differences in Under-

Represented in Medicine (URM) urology applicant and their non-URM

peers' perception of importance of various factors. METHODS: A survey was disseminated to all urology residency applicants in the 2020-2021 cycle. A separate survey was sent to PDs and Associate PDs of accredited US urology residency programs. Both surveys were disseminated via the Society of Academic Urologist listserve. Both PDs and applicants were asked to rate 20 factors using a Likert scale from 1 (not at all important) to 5 (extremely important). Participants were considered URM if they identified as Black, Latinx, American Indian/Native Alaskan, Native Hawaiian/Pacific Islander. Variables were compared across race/ethnicity. ANOVA and Welch's t-test were used to compare differences in PD, URM and non-URM urology applicant response.

RESULTS: Of 166 PDs, 97 (68%) responded and 362 (69%) of the 523 urology applicants responded. 103 (28%) of the 362 applicants were URM. There was a statistically significant discordance between the PDs' ratings of level of importance and that of urology applicants for 10 of 20 factors, notably, evidence of professionalism/ethics (Applicant mean 3.77, SD 1.10, vs. PD mean 4.10, SD 0.87, P=.01), USMLE Step 1 scores (Applicant mean 3.86, SD 1.10, vs. PD mean 3.20, SD 1.09, P<.001), and research publications (Applicant mean 4.03, SD 0.96, vs. PD mean 3.52, SD 0.79 P<.001). Unlike their non-URM peers, URM applicants report importance scores different from the importance scores of PDs for urology sub-internship performance at the PD's urology training program and Step 2 CK score. Unlike their URM peers, non-URM applicants rate LOR by urologists higher than PDs but rate evidence of professionalism lower than PDs.

CONCLUSIONS: Applicants and PDs have different perceptions of what factors are important in the urology match. This discordance also exists for URM applicants and may contribute to the low representation of URM in urology.



**Source of Funding:** Office of the Vice Dean for Education and the Executive Director of the DGSOM AntiRacism Roadmap

#### PD30-03

#### TOTAL FINANCIAL BURDEN OF INCREASING UROLOGY RESIDENCY APPLICATIONS ON APPLICANTS AND PROGRAMS

Kevin Koo\*, Elizabeth Bearrick, Bridget Findlay, Candace Granberg, Rochester, MN

INTRODUCTION AND OBJECTIVE: The annual volume of urology residency applications continues to rise. Previous studies have assessed applicants' expenses without accounting for the time cost