

Residents & Fellows

Fellowship, Education, and Practice Setting Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Please indicate the 4- digit year when you completed or expect to complete the following: Medical school		X	X	X	X					
Please indicate the 4- digit year when you completed or expect to complete the following: Residency		X	X	X	X					
Please indicate the 4- digit year when you completed or expect to complete the following: initial full certification		X	X	X	X					
What is your current level of training as of ?	X	X	X	X	X	X	X	X	X	X
What practice setting do you plan to pursue?	X	X	X	X	X	X	X	X	X	X
Rank the factors influencing your choice of practice. (Select all that apply)	X									
Select all the factors that influence your choice of practice. (Select all that apply)		X	X	X	X	X	X	X	X	
What is important to you as you consider practice opportunities? (Select all that apply)		X	X	X	X					
Where did you receive your medical training?							X			
What are your plans regarding a fellowship?	X	X	X	X	X					
What is the most important factor influencing which fellowship to pursue?			X	X	X					
Please identify your subspecialty choice for your fellowship training:	X	X	X	X	X					
Please identify your subspecialty choice for your fellowship training:	X	X	X	X						
If you have ever considered revisiting your career or specialty choice in the past, during what year of residency did you consider this most frequently or strongly?						X	X	X		
If given the opportunity again, would you choose medicine as your career?						X	X	X		
If given the opportunity again, would you choose urology as your medical specialty?						X	X	X		
Do you have a urology mentor?									X	
In which of the following areas does your mentor assist you?									X	

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Please describe how your clinical mentor/mentee relationship was established.									X	
Please select the position/role that best describes your mentor.									X	
How satisfied are you with your current mentorship environment in terms of clinical guidance?									X	
Which primary mentorship model does your residency program utilize?									X	
How is determined when mentor and resident meet?									X	
What factors are used to determine mentor/mentee pairs? (Select all that apply)									X	
Do mentors formally evaluate the resident they are mentoring?									X	
Do residents formally evaluate the mentoring program at some point in training?									X	
Do residents formally evaluate the mentor?									X	
Do you believe providing mentorship training to mentors would be beneficial to establishing a successful mentorship program/relationship?									X	
Is there a formal curriculum of topics for discussion within the mentorship program for mentees (i.e., career development, research, teaching, clinical practice)?									X	
What are the major barriers to a successful mentorship at your institution? (Select all that apply)									X	
How much more mentorship do you need to succeed in your residency?									X	
How much mentorship is needed to succeed after residency as a fellow or junior urologist?									X	
At which PGY levels do you think a mentorship program would be valuable? (Select all that apply)									X	

Debt, Salary, and Future Workforce Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Does the current status of healthcare reform efforts impact your choice of practice setting?	X									
How would payment of your educational loans influence your decision to accept a practice opportunity offer?		X	X	X	X					

Debt, Salary, and Future Workforce Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
What is your total current educational debt?	X	X	X	X		X	X	X	X	
Are you concerned about educational loan repayment/forgiveness?							X			
What level of compensation do you anticipate achieving in your first professional practice?			X	X		X	X	X	X	
How prepared are you to handle the “business side” of your medical career, including employment contracts, compensation arrangements, and other facets of employment?			X	X	X					
Is there a rural rotation or exposure to urology practice for rural patients during your residency?						X	X			
Would exposure to rural urology practice during residency make you more likely to consider a job in a rural setting?						X	X			
Which strategies do you feel helpful to encourage more residents to establish a practice in rural locations? (Select all that apply)						X	X			
Based on population, in what size community would you most like to practice?		X	X	X	X	X	X	X	X	
Was your choice in selecting a residency or fellowship program in urology influenced by diversity (e.g., presence of other trainees of same race/ethnicity, same gender, same religion, and/or same sexual orientation)?								X		
Does the current status of healthcare reform efforts impact your decision about participation in a fellowship program?	X									
How knowledgeable do you believe you are about the requirements and resources of continuing medical education (CME) and maintenance of certification (MOC)?	X	X	X	X						
Which of the following types of compensation would you prefer at the start of your first professional practice? (Select all that apply)		X	X	X						

Current Practice and Work Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of patient visits/encounters you have in a typical week:		X	X	X	X	X	X	X	X	X
Percent of patient visits/encounter by female patients:		X	X	X	X	X	X	X	X	X
Number of work hours spent on clinical activities in a typical week:		X	X	X	X	X	X	X	X	X

Current Practice and Work Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Number of work hours spent on Nonclinical activities in a typical week:		X	X	X	X	X	X	X	X	X
Which of the following best describes the area in which you grew up?		X	X	X	X					
What causes you the most concern as you enter your first professional practice?			X	X						
Please indicate how you perform or assist in any of the following procedures:			X	X	X					
Please specify the percentage of time that you spend on each of the following areas:			X	X	X					
Which of the following types of compensation would you prefer at the start of your first professional practice? (Select all that apply)		X	X	X						
Among the following benefits or resources that may be provided to residents to improve well-being and work/life balance, which is/are currently provided to you by your program or institution? (Select all that apply)						X	X	X		
Among the following benefits or resources that may be provided to residents to improve well-being and work/life balance, please rank the relative importance of them.						X	X	X		
Do you have access to a urology-specific call room at all of your hospital sites where you take calls (i.e., university hospital, community hospital, Veteran Affairs hospital, etc.)?						X	X	X		
Does your residency program or institution offer you paid maternity or paternity leave?							X	X		
How much contact have you had with job recruiters during your residency?							X			
Select all areas in which you experienced (negative) differential treatment during residency. (Select all that apply)								X		

Demographic Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Please enter your 4-digit year of birth:	X	X	X	X	X	X	X	X	X	X
Are you of Hispanic origin?	X	X	X	X	X	X	X	X	X	X
What is your race? (Select all that apply)	X	X	X	X	X	X	X	X	X	X
What is your country of origin?	X	X	X	X	X					
Please enter the age at which you fully retired or plan to fully retire from practice:	X	X	X	X	X	X	X	X	X	X
Please indicate your gender	X	X	X	X	X	X	X	X	X	X

Demographic Questions	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Please select your current country of residence						X			X	X
Please enter your state/province and zip code/postal code						X			X	
Which of the following best represents how you identify yourself? (Select all that apply)									X	X
What is your current relationship status?						X			X	

Work/Life Balance	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
I feel emotionally drained by my work.						X		X		
Working with people all day long requires a great deal of effort.						X		X		
I feel like my work is breaking me down.						X		X		
I feel frustrated by my work.						X		X		
I feel I work too hard at my job.						X		X		
It stresses me too much to work in direct contact with people.						X		X		
I feel like I'm at the end of my rope.						X		X		
I feel I look after certain patients/clients impersonally, as if they are objects.						X		X		
I feel tired when I get up in the morning and have to face another day at work.						X		X		
I have the impression that my patients/clients make me responsible for some of their problems.						X		X		
I am at the end of my patience at the end of my work day.						X		X		
I really don't care what happens to some of my patients/clients.						X		X		
I have become more insensitive to people since I've been working.						X		X		
I'm afraid that this job is making me uncaring.						X				
I accomplish many worthwhile things in this job.						X				
I feel full of energy.						X				
I am easily able to understand what my patients/clients feel.						X				
I look after my patients/clients problems very calmly.						X				

Work/Life Balance	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Through my work, I feel that I have a positive influence on people.						X				
I am easily able to create a relaxed atmosphere with my patients/clients.						X				
I feel refreshed when I have been close to my patients/clients.						X				
Do you have difficulty attending medical/mental/dental appointments for your own health issues during working hours?						X	X	X		
Do you have any children born during your residency?						X	X	X		
How many weeks did you take off of work when your children were born? (Please report the average number of weeks if more than one child was born during residency)						X	X	X		
What are your primary childcare arrangements?								X		
Since the COVID-19 pandemic began, have you had difficulty with childcare arrangements?								X		
Do or did you feel that your co-residents are/ were supportive of you having children?								X		
Do or did you feel that your residence director is/was supportive of having children during residency?								X		
Does your institution have a formal policy on finding time to pump/store breast milk during the workday?								X		
Does your institution have lactation facilities?								X		X
Do you have difficulty finding time to pump/ store breast milk during the workday?								X		
Do or did you feel that your residence program is/was supportive of having children during residency?								X		
How many weeks did you take off of work when your children were born? (Please report the average number of weeks if more than one child was born during residency)						X	X	X		X
Have you taken parental leave during the past 24 months?										X

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The American Board of Medical Specialties updated its policy in 2021 on parental leave (minimum of 6 weeks and supported by the American Board of Urology). Since the policy was updated, have you taken or do you plan to take parental leave during residency?										X
If you took parental leave during residency, were you required to make up your call days?								X		
At the time of your residency match, did you have a significant other in medicine that was simultaneously applying for medical residency programs?										X
If desired, did you and your partner successfully match into residency programs geographically close together?										X
Did you ever consider not applying for residency in urology because there is no formal match process for couples?										X
Is the current AUA early match timeline helpful to couples applying for residency programs?										X
Would you be willing to match on a later timeline in order to match with your significant other?										X
Would you like to see the AUA match incorporate a "couples match" component, similar to the current NRMP couples match?										X
How many miles apart are you and your current significant other?										X
Do you think geographic proximity to your significant other is important during residency?										X
Do you think a couple's match option would have been beneficial to your sense of support during your residency?										X
Have you had any musculoskeletal symptoms (pain, weakness, numbness, etc.) that you would attribute to operating or performing procedures?										X
Have you ever had to make work modifications (missed days at work, decreased operative load, changed procedures performed) as a result of your pain symptoms?										X
Over the course of your residency, how many days of work have you missed due to musculoskeletal symptoms or injuries?										X
Have you ever had any formal ergonomics teaching or training?										X

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Would you like to see ergonomics teaching/training be incorporated into your residency training?										X
Have you experienced any forms of discrimination and/or harassment at the hands of patients or their families in the past year?										X
How often did you experience any of the following forms of discrimination and/or harassment aimed at healthcare professionals at the hands of patients or their families?										X
In which of the following settings have you experienced discrimination or harassment? (Select all that apply)										X
Did you witness any forms of discrimination and/or harassment at the hands of patients or their families in the past year?										X
How often did you witness the following forms of discrimination or harassment aimed at healthcare professionals at the hands of patients and their families?										X
In which of the following settings have you witnessed discrimination or harassment? (Select all that apply)										X
Does your primary practice have a formal process for reporting a discrimination or harassment incidents instigated by patients or their families?										X
Do you know if patients, accused of discrimination or harassment towards staff at your primary practice, are formally notified of the accusations?										X
Which of the following actions is taken if a patient is formally notified that they have been accused of discriminating against or harassing staff at your primary practice? (Select all that apply)										X
Who has the responsibility in your primary practice for notifying patients of the accusations made against them? (Select all that apply)										X