

AUA Annual Census – Residents and Fellows Module

Fellowship, Education, and Practice Setting Questions	2014	2015	2016	2017
Please indicate the 4- digit year when you completed or expect to complete the following: Medical school		✓	✓	✓
Please indicate the 4- digit year when you completed or expect to complete the following: Residency		✓	✓	✓
Please indicate the 4- digit year when you completed or expect to complete the following: initial full certification		✓	✓	✓
What is your current level of training as of_____?	✓	✓	✓	✓
What practice setting do you plan to pursue?	✓	✓	✓	✓
Rank the factors influencing your choice of practice. (Select all that apply)	✓			
Select all the factors that influence your choice of practice. (Select all that apply)		✓	✓	✓
What is important to you as you consider practice opportunities? (Select all that apply)		✓	✓	✓
What are your plans regarding a fellowship?	✓	✓	✓	✓
What is the most important factor influencing which fellowship to pursue?			✓	✓
Please identify your subspecialty choice for your fellowship training:	✓	✓	✓	✓
Please identify your subspecialty choice for your fellowship training:	✓	✓	✓	✓
Debt, Salary, and Future workforce Questions	2014	2015	2016	2017
Does the current status of healthcare reform efforts impact your choice of practice setting?	✓			
How would payment of your educational loans influence your decision to accept a practice opportunity offer?		✓	✓	✓
What is your total current educational debt?	✓	✓	✓	✓
What level of compensation do you anticipate achieving in your first professional practice?			✓	✓
How prepared are you to handle the “business side” of your medical career, including employment contracts, compensation arrangements, and other facets of employment?			✓	✓
Based on population, in what size community would you most like to practice?		✓	✓	✓
Does the current status of healthcare reform efforts impact your decision about participation in a fellowship program?	✓			
How knowledgeable do you believe you are about the requirements and resources of continuing medical education (CME) and maintenance of certification (MOC)?	✓	✓	✓	✓
Which of the following types of compensation would you prefer at the start of your first professional practice? (Select all that apply)		✓	✓	✓



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Current Practice and Work Questions	2014	2015	2016	2017
Number of patient visits/encounters you have in a typical week:		✓	✓	✓
Percent of patient visits/encounter by female patients:		✓	✓	✓
Number of work hours spent on clinical activities in a typical week:		✓	✓	✓
Number of work hours spent on Nonclinical activities in a typical week:		✓	✓	✓
Which of the following best describes the area in which you grew up?		✓	✓	✓
What causes you the most concern as you enter your first professional practice?			✓	✓
Please indicate how you perform or assist in any of the following procedures:			✓	✓
Please specify the percentage of time that you spend on each of the following areas:			✓	✓
Which of the following types of compensation would you prefer at the start of your first professional practice? (Select all that apply)		✓	✓	✓
Demographic Questions	2014	2015	2016	2017
Please enter your 4-digit year of birth:	✓	✓	✓	✓
Are you of Hispanic origin?	✓	✓	✓	✓
What is your race?	✓	✓	✓	✓
What is your country of origin?	✓	✓	✓	✓
Please enter the age at which you fully retired or plan to fully retire from practice:	✓	✓	✓	✓

CONTACT

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for more information.



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