**Email**: chferrer@med.umich.edu

**Primary Author First Name**: Charles

**Primary Author Last Name**: Ferreri

**Primary Author Email Address**: chferrer@med.umich.edu

**Primary Author School Affiliation**: University of Michigan Medical School/ Department of Urology, Michigan Medicine

**Primary Author Contact Phone**: (810)-610-9501

**Is primary author a current or former interprofessional Leadership (IPL) fellow**: No

Is the primary author a current student in one of the University of Michigan Health Sciences Schools: Yes

**Additional Authors**: Charles A. Ferreri, Emma C. Bethel, Kathryn A. Marchetti, Stephanie Daignault-Newton, Suzanne Merrill, Thomas Guzzo, Adam Klausner, Richard Lee, John Lynch, Jay D Raman, Adam Reese, Patrick Shenot, R Houston Thompson, Stanley Zaslau, Kate H. Kraft

Additional Author Email Addresses:

[emmacb@med.umich.edu](mailto:emmacb@med.umich.edu)

[kamarche@med.umich.edu](mailto:kamarche@med.umich.edu)

[kraftk@med.umich.edu](mailto:kraftk@med.umich.edu)

[sfaruzzi@med.umich.edu](mailto:sfaruzzi@med.umich.edu)

[Thomas.guzzo@pennmedicine.upenn.edu](mailto:Thomas.guzzo@pennmedicine.upenn.edu)

[adam.klausner@vcuhealth.org](mailto:adam.klausner@vcuhealth.org)

[ril9010@med.cornell.edu](mailto:ril9010@med.cornell.edu)

[john.lynch@medstar.net](mailto:john.lynch@medstar.net)

[jraman@pennstatehealth.psu.edu](mailto:jraman@pennstatehealth.psu.edu)

[adam.reese@tuhs.temple.edu](mailto:adam.reese@tuhs.temple.edu)

[patrick.shenot@jefferson.edu](mailto:patrick.shenot@jefferson.edu)

[Thompson.robert@mayo.edu](mailto:Thompson.robert@mayo.edu)

[szaslau@hsc.wvu.edu](mailto:szaslau@hsc.wvu.edu)

[biehn7680@gmail.com](mailto:biehn7680@gmail.com)

**Category for Abstract Submission**: Contributing HPE Topics (Other Related)

**Did the activity you are submitting target learners from two or more health professions**: No

**Abstract title**:

Longitudinal Comparison of Surgical Case Logs Between Female and Male Urology Residents

**Background**:

Gender inequity exists within medicine1. For example, per American Urological Association census data, a higher percentage of female residents pursue fellowship trainingfollowing residency—58.3% - 64.9% for female residents, 30.3% - 54.6% for male residents2. Surgical case logs are a critical component in assessing the quality of training and trainee preparedness for independent practice.

**Actions, Methods or intervention**:

Accreditation Council for Graduate Medical Education (ACGME) surgical case logs were collected from 12 urology residency programs from 2010 to 2020. The number and type of cases (general, endourology, reconstructive, oncology, pediatric, radiological, cystoscopy) of each graduate were collected. This was correlated with resident year in training, year of graduation, and gender. Residents with incomplete data logs were excluded in addition to data from 2007 to 2010 given incomplete case logs. The median, and 25th and 75th percentile number of cases were calculated by gender, and then compared between female and male residents using Wilcoxon rank sum test.

**Results**:

378 residents were included in the study, 71 (19%) were female (Table 1). Female residents completed a median total of 2081 cases during residency, compared to a median total of 2209 cases completed by their male peers (p=0.17). Female residents completed on average 23 to 43 fewer cases per year than male residents (p=0.18–0.25, per year) (Figure 1). There was no significant difference between female and male trainees in the median total number of cases across case types, including general urology, endourology, reconstructive surgery, oncology, pediatrics, radiology, and cystoscopy.

**Lessons Learned**:

There is no significant difference in the number of cases that female and male urology residents complete. Although this implies equality amongst residents in the studied training environments, it is important to recognize other ways that inquietly may manifest.

**Future Application and Next Steps**:

We hope to incorporate data from additional urology residency programs to further expand our data set, as the current set represents less than 10% of urology programs. Additionally, we aim to analyze markers of self-perceived competency to see if this is related to gender.

**Acknowledgements:**

Colorado Urology Associates, VCUHealth, Weill Cornell Medicine, MedStar Georgetown University Hospital, PennState Health, Temple Health, Jefferson Health, the Mayo Clinic, West Virginia University

**Sources**:

1. Halpern JA, Lee UJ, Wolff EM, et al. Women in Urology Residency, 1978-2013: A Critical Look at Gender Representation in Our Specialty. Urology. 2016;92:20-25. doi:10.1016/j.urology.2015.12.092
2. Association AU. The State of the Urology Workforce and Practice in the United States 2019. 2019. https://www.auanet.org/common/pdf/ research/census/State-Urology-Workforce-Practice-US.pdf.

**Figure:**

Chart

Description automatically generated

A picture containing graphical user interface

Description automatically generated

Chart, line chart

Description automatically generated

Table

Description automatically generated