UROLOGY RESIDENT GRADUATE SURVEY 2009

1. Year graduated from Urology residency.
   1970 – 2009 = 35 (Average 1990)

2. Moved/changed practice or changed your practice since your first position after graduation?
   # Participating = 35
   # Yes = 7 or 20%
   # No = 28 or 80%

3. How many times you have changed since graduation
   Number who moved: 6/35 (Range: 1-3)

4. How long did you practice in your first position?
   Of the 6 who moved, the average is: 5.583 years

5. Predominant type of practice:
   Private = 25 or 71%
   Other = 10 or 29%

6. # of Urologists in group:
   Average: 11.229 (Range 1-34)

7. Do you work with residents?
   # Participating = 35
   # Yes = 10

8. % of time with residents:
   Of these 10, 5% = 3; 10% = 3; 25% = 1; 80% = 1; 100% = 2

9. Do you consider yourself as practicing as:
   Full time = 99%
   Part time = 1%

10. Average # of patients seen in one week: (Range 1-200)
    Average of all: 98.343

11. Do you use electronic medical records?
    # Participating = 35
    # Yes = 20 or 57.14%
    # No = 15 or 42.86%

12. Do you have hospital privileges?
    # Participating = 35
    # Yes = 35 or 100%

13. How many inpatients do you care for in an average week? (Range 1-50)
    # Participating = 35
    Average # of patients seen: 9.867

14. Do hospitalists practice at any hospital(s) where you admit patients?
    # Participating = 35
    # Yes = 32 or 91.43%
    # No = 3 or 8.57%

15. During work week, how many days spent in:
Clinic/office: Average = 3.514
OR: Average = 2.507
Day Surgery: Average = 1.200
Other: Average = 0.086

16. Does your practice currently include special expertise in: (N=35)
a. Robotic surgery = 18
b. Bladder reconstruction, = 14
c. RPLND = 15
d. PCNL = 22
e. Female incontinence and prolapse repair = 3
f. HOLEP = 6
g. Urolithiasis = 1
h. Incontinence = 1
i. TUMT = 2
j. Female urology = 2
k. Pediatric urology = 3
l. Infertility = 2
m. IPP = 1
n. Lap partial = 1
o. Vaginal reconstruction = 1
p. Lap pyeloplasty = 1
q. PVP = 1
r. Major cancer = 2

17. Perform PCNL's? Who helps with percutaneous access? (Range 1-22)
# Participating = 35
Yes = 22
Of the 22, 5 used an interventional radiologist
Of the 22, 1 obtained own access

18. During last year, how many of the following surgeries have you performed?
Participating = 35

Procedure	# of Urologists Performing this Surgery	Average # Performed in 1 Year
Open nephrectomy	29	8.24
Radical cystectomy	23	7.43
Ileal Conduit	24	5.25
CUR/Neobladder	16	4.50
Open radical prostatectomy	20	17.35
PCNL	22	9.09
Lap nephrectomy	14	12.57
Other lap surgery	6	5.67
Robotic prostatectomy	14	74.14
Robotic partial nephrectomy	8	5.62
Other robotic surgery: Pyeloplasty = 12 Sacrocolopexy = 10	6	4.67

19. % of total income from urology: (Range 1-35)
    # Participating = 35
    Number with 100% from urology: 11 (31.4%)
    Number with < 100%: 24

20. % of total income is from ancillary services: (Range 1-22)
    # Participating = 22
    Average: = 19.4%

21. Practice's interest in ancillary services:
    a. ESWL = 15
    b. CT = 5
    c. Surgery center = 9
    d. Lab = 8
    e. IMRT = 3
    f. Pathology = 8
    g. MRT = 2

22. Certified by ABU:
    # Participating = 35
    # Yes = 34 or 97.14%
    # No = 1 or 2.86%

23. Do we need to include more (or less) learning opportunities on the following topics in our program? 5 = much more; 4 = more; 3 = no change needed; 2 = less; 1 = much less

    Pediatric urology (Range 1-4) - Average = 3
    Obstruction, calculus disease (Range 1-4) – Average = 1
    Impotence, infertility and infection (Range 2-5) – Average = 3
    Laparoscopy and robotics (Range 3-5) – Average = 4
    Oncology and urinary diversion (Range 2-5) – Average = 3
    Trauma (Range 3-4) – Average = 3
    Incontinence and voiding dysfunction (Range 3-5) – Average = 4

24. Did your residency training prepare you adequately for practice? (Excellent 5, Poor 1)
    # Participating = 35
    31/35 = 5
    3/35 = 4
    1/35 = 3

25. Other suggestions for program?
    a. Better communication to referring physician
    b. Practice management strategies, small business administration
    c. Increase training in research/academic methodology
    d. Future of surgery is minimally invasive techniques so continue to expand this as radical open surgery
    e. Well balanced in 1980. Now most residents go on to fellowships. This diminishes the experience of the senior resident.
    f. More supervised clinic time especially pediatrics
    g. Female urology
    h. IU Department of Urology with its leadership and faculty are FIRST CLASS! One of the best departments and training programs in the country! I am proud to be an alumnus.

i. Increase number of residency positions. Very difficult to recruit new partners due to low number of urologists going into practice.
j. Increasing resident participation in other hospitals/clinics
k. The newly trained graduates who I've interviewed or come into contact impress me with how much they know but seem to be short on how to do it. They are too slow. I think that laparoscopic and robotics has negatively impacted their understanding that prolonged cases of any nature aren't good for patients.
l. More didactic teaching
m. Future of surgery is minimally invasive techniques so continue to expand this as radical open surgery
n. More female urology
o. F/U of oncology – prostate, bladder, kidney
p. More focus on female urology, incontinence, cryotherapy (renal), voiding dysfunction

26. What percent of patients fall into the following insurance groups?
    a. Commercial/private – Average = 44.16%
    b. Medicaid – Average = 6.58%
    c. Medicare – Average = 39.20%
    d. No insurance/self pay – Average = 12.61%