

2019

Urologists in Training

RESIDENTS AND FELLOWS IN THE UNITED STATES



American
Urological
Association

Advancing Urology™

American Urological Association

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American Urological Association, *Urologists in Training, Residents and Fellows in the United States 2019* Linthicum, Maryland, U.S.A., June, 2020.

Preface

The American Urological Association (AUA) has established a data platform to conduct its Annual Census of urologic care professionals, which serves as a vehicle to help understand the current and future urology workforce, identify workforce needs and prepare for the future urology workforce.

Since its initial launch in 2014, the data collected from the AUA Annual Census has been used to provide the urology community with continuous and reliable information to fill the knowledge gaps in urology. Annual participation further helps track and compare the career path of urologists over time. Such data provide an unparalleled opportunity to examine the current landscape, predict future supply and demand of care and plan appropriate training and certification programs.

The new report, *Urologists in Training - Residents and Fellows in the United States*, has been published through analyzing the 2019 Census responses of urology residents and fellows, comparing them to nationally representative samples of practicing urologists wherever appropriate. For the first time since the inception of the Census, this report presents a unique one-year snapshot of the demographics, professional interests, concerns, priorities, and educational experiences of residents and fellows. As a companion publication to the annual Census review, *The State of the Urology Workforce and Practice in the United States*, the report on residents and fellows offers a valuable perspective on the needs and mindset of contemporary trainees, the dynamic profile of the specialty, and the future of the urological workforce.

As the AUA Annual Census enters its seventh year of data collection, continued participation by the AUA community—and in particular by urology residents—will help to ensure that future editions of this report remain timely, representative, and relevant to researchers, educators, and policymakers. We encourage you to contribute to this important effort each year, and we invite you to review past Census reports available at AUAnet.org/Census.



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The American Urological Association would like to thank all members of the urologic community for their continued support of and participation in the AUA Annual Census.

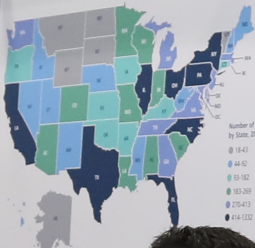
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AUA Annual Census

AQUA
AUA Quality Registry

Where do urologists practice in the United States?

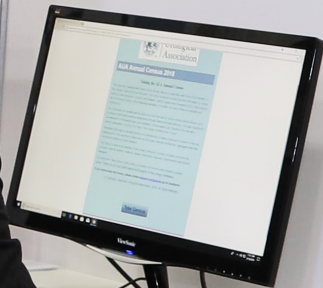


Number of Practicing Urologists by State

SUBSCRIPTION PRIVILEGES AND PRICING	SUBSCRIPTION LEVELS		
	Basic	Classic	Elite
AQUA Registry Dashboard	Partial	Full	Full
CMS QPP Measures	✓	✓	✓
Quality Measures Developed for Urology		✓	✓
AQUA Smart Reports for Performance Improvement		✓	✓
AQUA Registry Annual Reports		✓	✓
Improvement in Medical Practice Credit (formerly MOC)		✓	✓
Automate Measure Selection for Reporting			✓
Quality Measure Submission to CMS			✓
ACI Reporting and IA Attestation under MIPS			✓
Fees	Free	Level I	Level II

Subscription fees apply.

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AUA 2018
MAY 18-21 san francisco

AUA 2018
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EXECUTIVE SUMMARY

AUA 2018
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PURPOSE:

In preparation for the future urology workforce, the American Urological Association (AUA) conducted an Annual Census to understand and report urology workforce trends in the United States and across the globe. This publication reports on current urology residents and fellows in the United States to understand, characterize and compare their professional characteristics as well as the challenges they are facing today.

METHODS:

Data were collected through the 2019 AUA Annual Census. Urology residents and fellows answered questions related to their demographic characteristics, professional choices and challenges, and anticipated practice environments. Educational debt and professional burnout in residents and fellows were also assessed in this report for the first time.

FINDINGS:

Of the total respondents, 415 residents and 97 fellows in the United States completed the 2019 AUA Annual Census. Gender differences were observed in the areas of anticipated practice setting and associated factors that influence the choice of practice settings. Geographic location, personal time, and lifestyle are the most important in considering practice opportunities, while a salary with production bonuses is the most popular compensation model to residents. More than 50 percent of residents were unprepared to handle the “business side” of their medical careers, including employment contracts, compensation arrangements and other facets of employment. About two-thirds of residents had little or no knowledge at all about the requirements and resources of Continuing Medical Education (CME) and Life Long Learning (Formerly Maintenance of Certification [MOC]). Approximately one-quarter of residents do not plan to pursue fellowship training. Residents who grew up in rural or suburban areas are more likely to choose smaller communities to practice.

DISCUSSIONS:

The findings from this study provide descriptive accounts of the information on the characteristics of residents and fellows in the United States and help bridge knowledge gaps, inform urology workforce planning and training, and ultimately, improve urologic care and health across the globe.

About the American Urological Association (AUA)

THE ORGANIZATION

Founded in 1902, the AUA is a premier urologic association providing invaluable support to the urologic community.

AUA MISSION

The AUA mission is to promote the highest standards of urological clinical care through education, research and the formulation of health care policy.

AUA VISION

The AUA vision is to be the premier professional association for the advancement of professional urologic patient care.

AUA ANNUAL CENSUS

The AUA's Annual Census (AUAnet.org/Census) is a systematically designed, specialty-wide survey of urology. The primary goal of the Census is to provide a definitive source of data surrounding the urologic community, such as providers' geographic distribution, demographic characteristics, education and training, and patterns of urology practice. The data collected assist in filling knowledge gaps and meeting research needs while, ultimately, improving patient care.

For more information about the AUA, please visit AUAnet.org.

Glossary

AUA	American Urological Association
CME	Continuing Medical Education
MOC	Maintenance of Certification
PGY	Post-Graduate Year
SD	Standard Deviation



| INTRODUCTION

Millions of individuals who are affected by urologic diseases and conditions, including urologic cancers, sexual function/infertility and urinary incontinence, seek the clinical care of urologists. As the population grows and ages, the demand for urologists has intensified. Urology residency is the most important training in the development of future urologists.

Residency is a time of intensive learning and incredible growth, both personally and professionally, where new urologists dedicate themselves to learning the skills and knowledge they will need to practice urology independently after graduation. Working conditions in urology residency are challenging as residents face long hours in emotionally-demanding and stressful environments, which may result in a significant imbalance of work and personal life, leading to burnout.

The fellowship stage is intensive training after residency, which allows urologists to subspecialize in a specific area of urology.

In order to prepare the future urology workforce, the American Urological Association (AUA) included current urology residents and fellows in the Annual Census to understand, characterize and compare urology residents and fellows in the United States.

Data and Methods

DATA SOURCES

Data used in the residents and fellows report were collected through the 2019 AUA Annual Census, a systematically designed annual survey of urology professionals. The 2019 AUA Census was launched during the 2019 AUA Annual Meeting in Chicago in May 2019 and remained online to both AUA members and non-members until September 30, 2019. Each respondent was assigned an identification number prior to the submission of responses to the Census questions. This step ensured no respondent could take the survey more than once. In this report, answers from 415 urology residents and 97 fellows in the United States were analyzed and reported.

DATA ELEMENTS

Data elements include demographics (age, gender, and race); education and training; geographical location; the level of educational debt; professional burnout; and anticipated practice locations, choices and compensation.

ASSESSMENT OF PROFESSIONAL BURNOUT

Physician burnout has been linked to decreased job performance, as well as increased medical errors, interpersonal conflicts and depression. The purpose of including burnout questions in the resident and fellow module of the 2019 AUA Census was to establish the prevalence of professional burnout among urologists in training and to compare the responses with the results of practicing urologists as reported in 2016. Maslach Burnout Inventory (MBI)^{1,2,3} questions, a validated and globally comparable questionnaire, were given to all residents and fellows who completed the Census. Burnout was defined as scoring high in either the emotional exhaustion (score ≥ 27) or depersonalization (score ≥ 10) categories.

DATA ANALYSIS

Descriptive analyses of data were performed using both IBM-SPSS 22.0 and MS Excel.

LIMITATIONS

Samples from urology residents were directly analyzed, and thus the findings in this report may not be generalizable. In addition, most data elements collected in the AUA Annual Census were self-reported and, therefore, are subject to recall bias.

1. Maslach C, Jackson SE (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, Vol. 2, 99-113

2. Maslach C, Leiter MP (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass.

3. Maslach C, Leiter, MO (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry* 15, 103-111



| PRIMARY OBSERVATIONS

KEY FINDINGS

- The average ages of residents and fellows sampled are 31 and 34, respectively (TABLE 1-1).
- The percentage of women in residency is nearly 30 percent (TABLE 1-2), which is significantly higher compared to 9.9 percent in practicing urologists.
- The workforce diversities in both residents and fellows in the United States are higher than in practicing urologists¹, implying a more diversified urologist population in the future (TABLE 1-3).
- Approximately 68 percent of residents and 80 percent of fellows are married or partnered (TABLE 1-5). In addition, nearly 25 percent of residents and close to half of fellows have children (TABLE 1-6).
- On average, women took 6.4-week maternity leave while men took 1.6-week paternity leave when a child was born during residency (TABLE 1-7).
- Residents (85.1 percent) and fellows (72.3 percent) commonly reported the availability of institution-paid maternity and/or paternity leave (TABLE 1-8).
- Nearly half of residents and three-fourths of fellows plan to practice in academic medical centers, more so in women than in men (TABLE 2-1, TABLE 2-2 and TABLE 2-3).
- The top factors influencing the choice of future practice settings for both residents and fellows are a satisfactory work and life balance (Family/Lifestyle/Call Schedule), geographical location and compensation (TABLE 2-4, TABLE 2-5 and TABLE 2-6).
- The vast majority of residents (96.9 percent) and fellows (98.8 percent) plan to practice in either urban or suburban areas (TABLE 3-1). Between urban and suburban areas, fellows are more likely to report choosing an urban community as their future practicing area (TABLE 3-2 and TABLE 3-3).
- Lobby for government-subsidized student loan forgiveness for urologists who establish a practice in rural areas, providing a rural urology rotation during residency and targeting recruitment of rural medical students for urology residency training were reported as the three most helpful strategies to encourage residents to establish a practice in rural locations (TABLE 3-6).
- More than 70 percent of both residents and fellows expected to make between \$250,001 and \$400,000 annually (TABLE 4-1); overall, male residents have higher compensation expectations than their female counterparts (TABLE 4-2).
- About 50 percent of residents and 44 percent of fellows currently carry an educational debt of more than \$150,000 (TABLE 5-1).
- Among residents, those with educational debt are more likely to report choosing private practices as their future practice setting (TABLE 5-4); no such association was seen among fellows (TABLE 5-5).
- Among residents, those with higher educational debt are more likely to report higher future compensation expectations (TABLE 5-6); no such association was seen among fellows (TABLE 5-7).
- The top benefits or resources that are believed to help improve well-being and work/life balance are meal plans, the ability to attend health appointments during work hours and paid Uber/taxi service when too fatigued to drive home after being on call (TABLE 6-1).
- It was reported that 57.2 percent of residents and 48.8 percent of fellows faced difficulty attending personal medical, mental or dental appointments (TABLE 6-2).
- Nearly 83 percent of residents and 93 percent of fellows would choose medicine as their career if given the opportunity again (TABLE 7-1). Among those who would choose medicine as their career again, a vast majority of them (95.9 percent in residents and 94.4 percent in fellows) would choose urology as their medical specialty (TABLE 7-4).
- Of the urologists in training, 52 percent considered revisiting their career or specialty choice at some point of residency, most likely during the second post-graduate year (PGY2) of residency (TABLE 7-7).
- The percentage of professional burnout is relatively higher in residents (47 percent) and lower in fellows (27.8 percent) (TABLE 8-4), compared to the 36.2 percent in practicing urologists as reported in 2016².
- The highest professional burnout rate in residents was seen during PGY2 of residency (65.2 percent) (TABLE 8-5).

¹ The State of Urology Workforce and Practice in the United States in 2019

² The State of Urology Workforce and Practices in the United States in 2016

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RESULTS

As shown in the table below, a total of 415 residents and 97 fellows in the United States completed the 2019 AUA Annual Census.

Composition of Respondents

Level of Training	Urologists in Training	
	Number	Percent (%)
Residents	415	100.0
Surgery Intern	59	14.2
PGY2	69	16.6
PGY3	92	22.2
PGY4	120	28.9
Chief Resident	75	18.1
Fellows	97	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 1: Demographics and Family Relationships

PRIMARY OBSERVATIONS

- The average ages of residents and fellows sampled are 31 and 34, respectively (TABLE 1-1).
- The percentage of women in residency is nearly 30 percent (TABLE 1-2), which is significantly higher compared to 9.9 percent in practicing urologists.
- The workforce diversities in both residents and fellows in the United States are higher than in practicing urologists³, implying a more diversified urologist population in the future (TABLE 1-3).
- Approximately 68 percent of residents and 80 percent of fellows are married or partnered (TABLE 1-5). In addition, nearly 25 percent of residents and close to half of fellows have children (TABLE 1-6).
- On average, women took 6.4-week maternity leave while men took 1.6-week paternity leave when a child was born during residency (TABLE 1-7).
- Residents (85.1 percent) and fellows (72.3 percent) commonly reported the availability of institution-paid maternity and/or paternity leave (TABLE 1-8).

³ The State of Urology Workforce and Practice in the United States in 2019

TABLE 1-1
Age Distribution

Age Range	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
< 30	126	30.4	3	3.1
30-31	140	33.7	8	8.2
≥ 32	149	35.9	86	88.7
Total	415	100.0	97	100.0
	Mean	SD	Mean	SD
Mean Age	30.9	2.7	34.3	2.9

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-2
Gender

Gender	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Male	293	70.6	67	69.1
Female	122	29.4	30	30.9
Total	415	100.0	97	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-3
Race

Race	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
White	280	67.5	58	59.8
Asian	89	21.4	28	28.9
Black	13	3.1	6	6.2
Other Races	19	4.6	3	3.1
Multiple Races	14	3.4	2	2.1
Total	415	100.0	97	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-4
Hispanic Ethnicity

Ethnicity	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Not Hispanic	383	94.3	92	94.8
Hispanic	23	5.7	5	5.2
Total Reported	406	100.0	97	100.0
Not Reported	9		0	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-5
Relationship Status

Relationship Status	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Married or Partnered	279	68.4	76	80.0
Single	121	29.7	19	20.0
Divorced	8	1.9	0	
Total Reported	408	100.0	95	100.0
Not Reported	7		2	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-6
Parental Status

Parental Status	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
No	310	75.2	51	53.7
Yes	102	24.8	44	46.3
Total Reported	412	100.0	95	100.0
Not Reported	3		2	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-7
Number of Weeks Taken Off When a Child Was Born During Residency (by Gender)

Duration of Parental Leave	Urologists in Training	
	Female	Male
Median Number of Weeks	6.0	1.0
Mean Number of Weeks	6.4	1.6
Standard Deviation	2.5	1.6
Number of Urologists in Training with Child Birth During Residency	26	99
Number of Urologists in Training with Child Birth Outside Residency	8	13
Number of Urologists in Training with No Children/Unreported	118	248

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-8
Availability of Paid Maternity and Paternity Leave

Availability of Parental Leave	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Both Maternity and Paternity Leave	186	71.3	25	53.2
Maternity Leave Only	36	13.8	9	19.1
Neither	39	14.9	13	27.7
Total Reported	261	100.0	47	100.0
Not Reported	154		50	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-9
Availability of Paid Maternity and Paternity Leave in Residents (by Gender)

Availability of Parental Leave	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Both Maternity and Paternity Leave	139	72.8	47	67.1
Maternity Leave Only	25	13.1	11	15.7
Neither	27	14.1	12	17.1
Total Reported	191	100.0	70	100.0
Not Reported	102		52	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 1-10**Availability of Paid Maternity and Paternity Leave in Fellows (by Gender)**

Availability of Parental Leave	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Both Maternity and Paternity Leave	16	55.2	9	50.0
Maternity Leave Only	5	17.2	4	22.2
Neither	8	27.6	5	27.8
Total Reported	29	100.0	18	100.0
Not Reported	38		12	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 2: Anticipated Professional Choices

PRIMARY OBSERVATIONS

- Nearly half of residents and three-fourths of fellows plan to practice in academic medical centers, more so in women than in men (TABLE 2-1, TABLE 2-2 and TABLE 2-3).
- The top factors influencing the choice of future practice settings for both residents and fellows are a satisfactory work and life balance (Family/Lifestyle/Call Schedule), geographical location and compensation (TABLE 2-4, TABLE 2-5 and TABLE 2-6).

TABLE 2-1
Anticipated Future Practice Settings

Future Practice Settings	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Academic Medical Centers	152	49.7	60	73.2
Private Practices	107	35.0	8	9.8
Hospitals	20	6.5	8	9.8
Military	20	6.5	3	3.7
Other	7	2.3	3	3.7
Total Decided	306	100.0	82	100.0
Undecided	109		15	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 2-2
Gender Differences in Considering Future Practice Settings Among Residents

Future Practice Settings	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Academic Medical Centers	106	47.3	46	56.1
Private Practices	88	39.3	19	23.2
Hospitals	13	5.8	7	8.5
Military	11	4.9	9	11.0
Other	6	2.7	1	1.2
Total Decided	224	100.0	82	100.0
Undecided	69		40	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 2-3
Gender Differences in Considering Future Practice Settings Among Fellows

Future Practice Settings	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Academic Medical Centers	40	67.8	20	87.0
Private Practices	8	13.6	0	0.0
Hospitals	5	8.5	3	13.0
Military	3	5.1	0	0.0
Other	3	5.1	0	0.0
Total Decided	59	100.0	23	100.0
Undecided	8		7	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 2-4
Factors Influencing Future Practice Settings

Influencing Factors	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Family/Lifestyle/Call Schedule	357	86.0	77	79.4
Geographic Location	349	84.1	77	79.4
Compensation	309	74.5	68	70.1
Academic Setting	182	43.9	62	63.9
Local Urologist Supply	136	32.8	40	41.2
Contractual Obligations	126	30.4	26	26.8
Malpractice Climate	73	17.6	13	13.4
Quality of Research	101	24.3	5	5.2
Other	12	2.9	3	3.1

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Respondents could select more than one answer, so the total number of counts may differ from the total number of residents and fellows.

TABLE 2-5
Gender-Specific Factors Influencing Future Practice Settings Among Residents

Influencing Factors	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Family/Lifestyle/Call Schedule	250	85.3	107	87.7
Geographic Location	249	85.0	100	82.0
Compensation	227	77.5	82	67.2
Academic Setting	120	41.0	62	50.8
Local Urologist Supply	102	34.8	34	27.9
Contractual Obligations	88	30.0	38	31.1
Malpractice Climate	62	21.2	11	9.0
Quality of Research	60	20.5	41	33.6
Other	9	3.1	3	2.5

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Respondents could select more than one answer, so the total number of counts may differ from the total number of residents and fellows.

TABLE 2-6
Gender-Specific Factors Influencing Future Practice Settings Among Fellows

Influencing Factors	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Family/Lifestyle/Call Schedule	49	73.1	28	93.3
Geographic Location	49	73.1	28	93.3
Compensation	48	71.6	20	66.7
Academic Setting	43	64.2	19	63.3
Local Urologist Supply	30	44.8	10	33.3
Contractual Obligations	18	26.9	8	26.7
Malpractice Climate	9	13.4	4	13.3
Quality of Research	3	4.5	2	6.7
Other	3	4.5	0	0.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Respondents could select more than one answer, so the total number of counts may differ from the total number of residents and fellows.

TABLE 2-7
Age of Planned Retirement

Age Range	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
≤ 59	29	7.0	11	11.3
60-64	65	15.7	17	17.5
65-69	176	42.4	41	42.3
70-74	105	25.3	17	17.5
≥ 75	40	9.6	11	11.3
Total	415	100.0	97	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 2-8
Gender Differences in Age of Planned Retirement Among Residents

Age range	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
≤ 59	25	8.5	4	3.2
60-64	44	15.0	21	17.2
65-69	118	40.3	58	47.5
70-74	77	26.3	28	23.0
≥ 75	29	9.9	11	9.0
Total	293	100.0	122	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 2-9
Gender Differences in Age of Planned Retirement Among Fellows

Age Range	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
≤ 59	5	7.5	6	20.0
60-64	10	14.9	7	23.3
65-69	29	43.3	12	40.0
70-74	13	19.4	4	13.3
≥ 75	10	14.9	1	3.3
Total	67	100.0	30	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 3: Desired Community Setting and Rural Practice

PRIMARY OBSERVATIONS

- The vast majority of residents (96.9 percent) and fellows (98.8 percent) plan to practice in either urban or suburban areas (TABLE 3-1). Between urban and suburban areas, fellows are more likely to report choosing an urban community as their future practicing area (TABLE 3-2 and TABLE 3-3).
- Lobby for government-subsidized student loan forgiveness for urologists who establish a practice in rural areas, providing a rural urology rotation during residency and targeting recruitment of rural medical students for urology residency training were reported as the three most helpful strategies to encourage residents to establish a practice in rural locations (TABLE 3-6).

TABLE 3-1
Choice of Future Community Settings

Community Settings	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Urban	170	48.3	65	73.0
Suburban	171	48.6	23	25.8
Rural	11	3.1	1	1.1
Total Reported	352	100.0	89	100.0
Unsure	63		8	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 3-2
Gender Differences in Considering Future Community Settings Among Residents

Community Settings	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Urban	112	44.3	58	58.6
Suburban	134	53.0	37	37.4
Rural	7	2.8	4	4.0
Total Reported	253	100.0	99	100.0
Unsure	40		23	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 3-3**Gender Differences in Considering Future Community Settings Among Fellows**

Community Settings	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Urban	45	75.0	20	69.0
Suburban	14	23.3	9	31.0
Rural	1	1.7	0	0.0
Total Reported	60	100.0	29	100.0
Unsure	7		1	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 3-4**Is There a Rotation or Exposure to Rural Urology Practice During Residency?**

Rotation or Exposure to Rural Urology Practice	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Yes	81	20.2	17	18.7
No	320	79.8	74	81.3
Total Reported	401	100.0	91	100.0
Not Reported	14		6	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 3-5**Would Exposure to Rural Urology Practice During Residency Make You More Likely to Consider a Job in a Rural Setting?**

Increased Likelihood of Considering Rural Urology Practice	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Yes	30	55.6	4	40.0
No	24	44.4	6	60.0
Total Reported	54	100.0	10	100.0
Not Reported	27		7	
Total	81		17	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Reported respondents are those who had a rural rotation or exposure to urology practice for rural patients during their residency.

TABLE 3-6
Helpful Strategies to Encourage Residents to Establish a Practice in Rural Locations

Helpful Strategies	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Lobby for Government-Subsidized Student Loan Forgiveness for Urologists Who Establish a Practice in Rural Areas	295	71.1	66	68.0
Provide a Rural Urology Rotation During Residency	258	62.2	56	57.7
Target Recruitment of Rural Medical Students for Urology Residency Training	175	42.2	47	48.5
Establish Urology Residency Programs in Rural Areas	141	34.0	37	38.1
Other	9	2.2	3	3.1

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Respondents could select more than one answer, so the total number of counts may differ from the total number of residents and fellows.

Section 4: Expected Annual Compensation

PRIMARY OBSERVATIONS

- More than 70 percent of both residents and fellows expected to make between \$250,001 and \$400,000 annually (TABLE 4-1); overall, male residents have higher compensation expectations than their female counterparts (TABLE 4-2).

TABLE 4-1
Expected Annual Compensation

Expected Annual Compensation	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
≤ \$250,000	42	11.3	14	16.5
\$250,001-\$300,000	64	17.2	21	24.7
\$300,001-\$350,000	122	32.7	23	27.0
\$350,001-\$400,000	82	22.0	20	23.5
> \$400,000	63	16.9	7	8.2
Total Reported	373	100.0	85	100.0
Not Reported	42		12	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 4-2
Gender Differences in Expected Annual Compensation Expectations Among Residents

Expected Annual Compensation	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
≤ \$250,000	27	10.1	15	14.3
\$250,001-\$350,000	130	48.5	56	53.3
\$350,001-\$400,000	60	22.4	22	21.0
> \$400,000	51	19.0	12	11.4
Total Reported	268	100.0	105	100.0
Not Reported	25		17	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 4-3**Gender Differences in Expected Annual Compensation Expectations Among Fellows**

Expected Annual Compensation	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
≤ \$250,000	11	19.3	3	10.7
\$250,001-\$350,000	26	45.6	18	64.3
\$350,001-\$400,000	15	26.3	5	17.9
> \$400,000	5	8.8	2	7.1
Total Reported	57	100.0	28	100.0
Not Reported	10		2	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 5: Educational Debt

PRIMARY OBSERVATIONS

- About 50 percent of residents and 44 percent of fellows currently carry an educational debt of more than \$150,000 (TABLE 5-1).
- Among residents, those with educational debt are more likely to report choosing private practices as their future practice setting (TABLE 5-4); no such association was seen among fellows (TABLE 5-5).
- Among residents, those with higher educational debt are more likely to report higher compensation expectations (TABLE 5-6); no such association was seen among fellows (TABLE 5-7).

TABLE 5-1
Current Educational Debt

Educational Debt	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
None	110	27.1	32	34.8
< \$50,000	27	6.7	6	6.5
\$50,000-\$100,000	29	7.1	8	8.7
\$100,001-\$150,000	36	8.9	6	6.5
\$150,001-\$200,000	43	10.6	12	13.0
\$200,001-\$250,000	49	12.1	9	9.8
> \$250,000	112	27.6	19	20.7
Total Reported	406	100.0	92	100.0
Not Reported	9		5	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 5-2
Gender Differences in Current Educational Debt Among Residents

Educational Debt	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
None	84	29.3	26	21.8
< \$50,000	18	6.3	9	7.6
\$50,000-\$100,000	15	5.2	14	11.8
\$100,001-\$150,000	25	8.7	11	9.2
\$150,001-\$200,000	26	9.1	17	14.3
\$200,001-\$250,000	38	13.2	11	9.2
> \$250,000	81	28.2	31	26.1
Total Reported	287	100.0	119	100.0
Not Reported	6		3	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 5-3
Gender Differences in Current Educational Debt Among Fellows

Educational Debt	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
None	24	38.7	8	26.7
< \$50,000	4	6.5	2	6.7
\$50,000-\$100,000	6	9.7	2	6.7
\$100,001-\$150,000	4	6.5	2	6.7
\$150,001-\$200,000	7	11.3	5	16.7
\$200,001-\$250,000	6	9.7	3	10.0
> \$250,000	11	17.7	8	26.7
Total Reported	62	100.0	30	100.0
Not Reported	5		0	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 5-4**Current Educational Debt and Choice of Future Practice Settings Among Residents**

Choice of Future Practice Settings	Educational Debt Among Residents							
	None		≤ \$250,000		> \$250,000		Total Reported	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Academic Medical Centers	42	51.2	70	49.6	39	48.8	151	49.8
Private Practices	22	26.8	53	37.6	31	38.8	106	35.0
Hospitals	3	3.7	10	7.1	6	7.5	19	6.3
Military	14	17.1	5	3.5	1	1.3	20	6.6
Other	1	1.2	3	2.1	3	3.8	7	2.3
Total Reported	82	100.0	141	100.0	80	100.0	303	100.0
Unsure	28		43		32		103	
Total	110		184		112		406	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

The results shown represent the 406 respondents who answered the question.

TABLE 5-5**Current Educational Debt and Choice of Future Practice Settings Among Fellows**

Choice of Future Practice Settings	Educational Debt Among Fellows							
	None		≤ \$250,000		> \$250,000		Total Reported	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Academic Medical Centers	24	85.7	23	63.9	12	85.7	59	75.6
Private Practices	2	7.1	4	11.1	1	7.1	7	9.0
Hospitals	0	0.0	6	16.7	1	7.1	7	9.0
Military	1	3.6	1	2.8	0	0.0	2	2.6
Other	1	3.6	2	5.6	0	0.0	3	3.8
Total Reported	28	100.0	36	100.0	14	100.0	78	100.0
Unsure	4		5		5		14	
Total	32		41		19		92	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

The results shown represent the 92 respondents who answered the question.

TABLE 5-6

Current Educational Debt and Annual Compensation Expectations Among Residents

Expected Annual Compensation	Educational Debt							
	None		≤ \$150,000		\$150,001-\$250,000		> \$250,000	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
≤ \$250,000	28	28.0	2	2.8	11	11.6	2	2.0
\$250,001-\$300,000	18	18.0	14	19.4	17	17.9	15	14.9
\$300,001-\$350,000	26	26.0	30	41.7	31	32.6	32	31.7
\$350,001-\$400,000	15	15.0	13	18.1	22	23.2	31	30.7
> \$400,000	13	13.0	13	18.1	14	14.7	21	20.8
Total Reported	100	100.0	72	100.0	95	100.0	101	100.0
Not Reported	10		14		5		11	
Total	110		86		100		112	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 5-7

Association Between Current Educational Debt and Annual Compensation Expectations Among Fellows

Expected Annual Compensation	Educational Debt							
	None		≤ \$150,000		\$150,001-\$250,000		> \$250,000	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
≤ \$250,000	4	14.8	6	31.6	1	5.3	1	5.6
\$250,001-\$300,000	7	25.9	5	26.3	6	31.6	3	16.7
\$300,001-\$350,000	6	22.2	2	10.5	5	26.3	10	55.6
\$350,001-\$400,000	8	29.6	4	21.1	5	26.3	3	16.7
> \$400,000	2	7.4	2	10.5	2	10.5	1	5.6
Total Reported	27	100.0	19	100.0	19	100.0	18	100.0
Not Reported	5		1		2		1	
Total	32		20		21		19	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 6: Important Benefits, Resources and Needs for Urologists in Training

PRIMARY OBSERVATIONS

- The top benefits or resources that are believed to help improve well-being and work/life balance are meal plans, the ability to attend health appointments during work hours and paid Uber/taxi service when too fatigued to drive home after being on call (TABLE 6-1).
- It was reported that 57.2 percent of residents and 48.8 percent of fellows faced difficulty attending personal medical, mental or dental appointments (TABLE 6-2).

TABLE 6-1

The Relative Importance of Benefits or Resources That May Be Provided to Residents to Improve Well-Being and Work/Life Balance

Important Benefits or Resources	Top Benefits or Resources Selected by Residents					
	1st Choice		2nd Choice		3rd Choice	
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Meal Plan	146	35.2	87	21.0	85	20.5
Dedicated Call Rooms	81	19.5	97	23.4	85	20.5
Ability to Attend Health Appointments During Work Hours	74	17.8	91	21.9	94	22.7
Paid Family Leave	67	16.1	64	15.4	61	14.7
Resident Retreat	23	5.5	43	10.4	46	11.1
Paid Uber/Taxi Service When Too Fatigued to Drive Home After Call	21	5.1	30	7.2	41	9.9

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Respondents could select more than one answer, so the total number of counts may differ from the total number of residents and fellows.

TABLE 6-2

Difficulty Attending Medical/Mental/Dental Appointments Faced by Urologists in Training

Difficulty Attending Medical/Mental/Dental Appointments	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Yes	210	57.2	42	48.8
No	157	42.8	44	51.2
Total Reported	367	100.0	86	100.0
Not Reported	48		11	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 6-3**Residents with Difficulty Attending Medical/Mental/Dental Appointments (by Gender)**

Difficulty Attending Medical/ Mental/Dental Appointments	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	138	52.9	72	67.9
No	123	47.1	34	32.1
Total Reported	261	100.0	106	100.0
Not Reported	32		16	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 6-4**Fellows with Difficulty Attending Medical/Mental/Dental Appointments (by Gender)**

Difficulty Attending Medical/ Mental/Dental Appointments	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	28	49.1	14	48.3
No	29	50.9	15	51.7
Total Reported	57	100.0	29	100.0
Not Reported	10		1	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 6-5**Access to Urology-Specific Call Rooms at All Hospital Sites Available to Urologists in Training**

Access to Urology- Specific Call Rooms	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Yes	280	69.3	50	69.4
No	124	30.7	22	30.6
Total Reported	404	100.0	72	100.0
Not Applicable	11		25	
Total	415		97	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 6-6

Access to Urology-Specific Call Rooms at All Hospital Sites Available to Residents (by Gender)

Access to Urology-Specific Call Rooms	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	205	71.4	75	64.1
No	82	28.6	42	35.9
Total Reported	287	100.0	117	100.0
Not Applicable	6		5	
Total	293		122	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 6-7

Access to Urology-Specific Call Rooms at All Hospital Sites Available to Fellows (by Gender)

Access to Urology-Specific Call Rooms	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	38	74.5	12	57.1
No	13	25.5	9	42.9
Total Reported	51	100.0	21	100.0
Not Applicable	16		9	
Total	67		30	

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 7: Revisiting Career Choices

PRIMARY OBSERVATIONS

- Nearly 83 percent of residents and 93 percent of fellows would choose medicine as their career if given the opportunity again (TABLE 7-1). Among those who would choose medicine as their career again, a vast majority of them (95.9 percent in residents and 94.4 percent in fellows) would choose urology as their medical specialty (TABLE 7-4).
- Of the urologists in training, 52 percent considered revisiting their career or specialty choice at some point of residency, most likely during the second post-graduate year (PGY2) of residency (TABLE 7-7).

TABLE 7-1
Choosing Medicine Again as a Career

Choosing Medicine Again as a Career	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Yes	344	82.9	90	92.8
No	71	17.1	7	7.2
Total	415	100.0	97	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 7-2
Residents Who Would Choose Medicine Again as Their Career (by Gender)

Choosing Medicine Again as a Career	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	248	84.6	96	78.7
No	45	15.4	26	21.3
Total	293	100.0	122	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 7-3
Fellows Who Would Choose Medicine Again as Their Career (by Gender)

Choosing Medicine Again as a Career	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	63	94.0	27	90.0
No	4	6.0	3	10.0
Total	67	100.0	30	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 7-4**Would Choose Urology Again as Their Medical Specialty[^]**

Choosing Urology Again as Medical Specialty	Urologists in Training			
	Residents		Fellows	
	Number	Percent (%)	Number	Percent (%)
Yes	330	95.9	85	94.4
No	14	4.1	5	5.6
Total	344	100.0	90	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

[^]Reported respondents are those who reported they would choose medicine as their career again if given the opportunity.

TABLE 7-5**Residents Who Would Choose Urology Again as Their Medical Specialty (by Gender)[^]**

Choosing Urology Again as Medical Specialty	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	240	96.8	90	93.8
No	8	3.2	6	6.3
Total	248	100.0	96	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

[^]Reported respondents are those who reported they would choose medicine as their career again if given the opportunity.

TABLE 7-6**Fellows Who Would Choose Urology Again as Their Medical Specialty (by Gender)[^]**

Choosing Urology Again as Medical Specialty	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Yes	61	96.8	24	100.0
No	2	3.2	0	0.0
Total	63	100.0	27	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

[^]Reported respondents are those who reported they would choose medicine as their career again if given the opportunity.

TABLE 7-7

During Which Year of Residency Did Urologists in Training Most Frequently or Strongly Consider Revisiting Their Career or Specialty Choice?

Year of Residency	Urologists in Training	
	Number	Percent (%)
Never Considered During Residency or Unknown	246	48.0
Ever Considered at Some Point of Residency	266	52.0
PGY1 (Surgery Intern)	61	11.9
PGY2	145	28.3
PGY3	43	8.4
PGY4	13	2.5
Chief Resident	4	1.0
Total	512	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 7-8

During Which Year of Residency Did Residents Most Frequently or Strongly Consider Revisiting Their Career or Specialty Choice (by Gender)?

Year of Residency	Residents			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Never Considered During Residency or Unknown	146	49.8	51	41.8
Ever Considered at Some Point of Residency	147	50.2	71	58.2
PGY1 (Surgery Intern)	44	15.0	12	9.8
PGY2	69	23.5	48	39.3
PGY3	24	8.2	10	8.2
PGY4	7	2.4	1	0.8
Chief Resident	3	1.0	0	0.0
Total	293	100.0	122	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

TABLE 7-9

During Which Year of Residency Did Fellows Most Frequently or Strongly Consider Revisiting Their Career or Specialty Choice (by Gender)?

Year of Residency	Fellows			
	Male		Female	
	Number	Percent (%)	Number	Percent (%)
Never Considered During Residency or Unknown	40	46.3	9	30.0
Ever Considered at Some Point of Residency	27	53.7	21	70.0
PGY1 (Surgery Intern)	4	6.0	1	3.3
PGY2	17	25.4	11	36.7
PGY3	2	3.0	7	23.3
PGY4	4	6.0	1	3.3
Chief Resident	0	0.0	1	3.3
Total	67	100.0	30	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

Section 8: Professional Burnout

PRIMARY OBSERVATIONS

- The percentage of professional burnout is relatively higher in residents (47 percent) and lower in fellows (27.8 percent) (TABLE 8-4), compared to the 36.2 percent in practicing urologists as reported in 2016.⁴
- The highest professional burnout rate in residents was seen during PGY2 of residency (65.2 percent) (TABLE 8-5).

Physician burnout has been linked to decreased job performance as well as increased medical errors, interpersonal conflicts and depression. The purpose of including burnout questions in the resident and fellow module of the 2019 AUA Census was to establish the prevalence of professional burnout among urologists in training and to compare the responses with the results of practicing urologists as reported in 2016.

Maslach Burnout Inventory (MBI) questions, a validated and globally comparable questionnaire were given to all residents and fellows who completed the Census. The MBI Surveys address three general scales: Emotional exhaustion measures feelings of being emotionally overextended and exhausted by one's work; Depersonalization measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction; Personal accomplishment measures feelings of competence and successful achievement in one's work. The overall burnout was defined as scoring high in either the emotional exhaustion (score ≥ 27) or depersonalization (score ≥ 10) categories.

PROFESSIONAL BURNOUT IN RESIDENTS AND FELLOWS

TABLE 8-1
Aggregated Burnout Score – Section A: Emotional Exhaustion

Level of Emotional Exhaustion	Urologists in Training				Practicing Urologists [^]	
	Residents		Fellows		Number	Percent (%)
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Low	288	69.4	76	78.4	8,318	68.3
Medium	98	23.6	17	17.5	1,863	15.3
High	29	7.0	4	4.1	2,005	16.5
Total	415	100.0	97	100.0	12,186	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

[^]The burnout rate for practicing urologists was reported in the 2016 AUA Census report based on weighted population representative samples.

TABLE 8-2
Aggregated Burnout Score – Section B: Depersonalization

Level of Depersonalization	Urologists in Training				Practicing Urologists [^]	
	Residents		Fellows		Number	Percent (%)
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Low	119	28.7	39	40.2	5,280	43.3
Medium	101	24.3	31	32.0	2,688	22.1
High	195	47.0	27	27.8	4,218	34.6
Total	415	100.0	97	100.0	12,186	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

[^]The burnout rate for practicing urologists was reported in the 2016 AUA Census report based on weighted population representative samples.

⁴ The State of Urology Workforce and Practice in the United States 2016

TABLE 8-3
Aggregated Burnout Score – Section C: Personal Achievement

Level of Personal Achievement	Urologists in Training				Practicing Urologists [^]	
	Residents		Fellows		Number	Percent (%)
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Low	249	60.0	64	66.0	9,272	76.1
Medium	104	25.1	18	18.6	1,866	15.3
High	62	14.9	15	15.5	1,048	8.6
Total	415	100.0	97	100.0	12,186	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

[^]The burnout rate for practicing urologists was reported in the 2016 AUA Census report based on weighted population representative samples.

TABLE 8-4
Overall Professional Burnout*

Professional Burnout	Urologists in Training				Practicing Urologists [^]	
	Residents		Fellows		Number	Percent (%)
	Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Yes	195	47.0	27	27.8	4,414	36.2
No	220	53.0	70	72.2	7,772	63.8
Total	415	100.0	97	100.0	12,186	100.0

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

*Overall professional burnout is defined as high if reported high in either emotional exhaustion or depersonalization. [^]The burnout rate for practicing urologists was reported in the 2016 AUA Census report based on weighted population representative samples.

TABLE 8-5
Burnout at Different Levels of Training

Level of Training	Burnout				
	Yes		No		Total
	Number	Percent (%)	Number	Percent (%)	Number
Residents	195	47.0	220	53.0	415
Surgery Intern	25	42.4	34	57.6	59
PGY2	45	65.2	24	34.8	69
PGY3	41	44.6	51	55.4	92
PGY4	54	45.0	66	55.0	120
Chief Resident	30	40.0	45	60.0	75
Fellows	27	27.8	70	72.2	97

(Data source: The 2019 AUA Annual Census – unweighted samples from the residents and fellows module.)

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