

Reference #5911

Can you have it all? Parenting in Urology and Work-Life Balance Satisfaction

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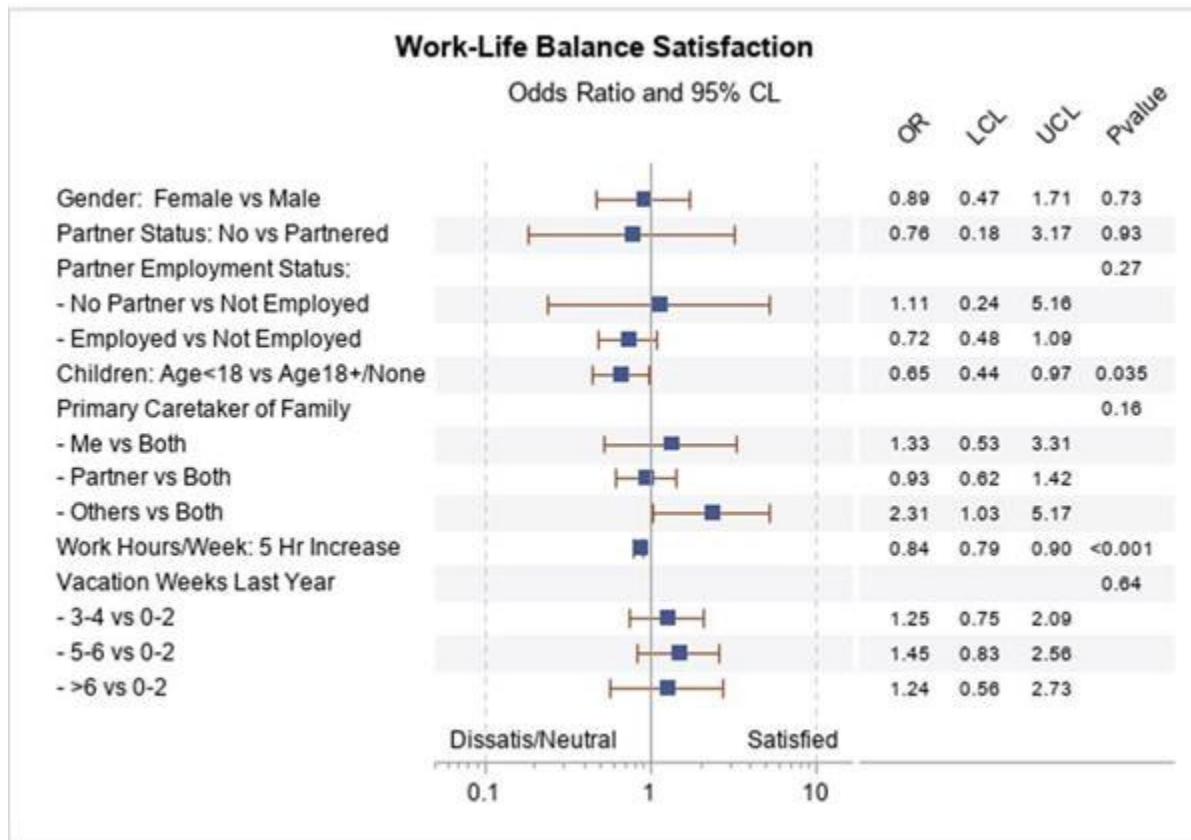
Objective: To evaluate the association between work-life balance satisfaction for practicing urologists who have children under the age of 18 years compared to those who do not have children or have children 18 years or older.

Methods: We analyzed 663 respondents who answered both 2018 and 2019 American Urological Association Annual (AUA) census data with post stratification adjustment methods. We then evaluated association between work-life balance satisfaction based on their partner status, employment status of their partner, child status, primary responsible party for family responsibilities, total work hours per week, and total vacation weeks per year.

Results: Of 663 respondents, 77 (9.0%) were female and 586 (91%) were male. Female urologists have a statistically significant difference in having an employed or self-employed domestic partner or spouse (79.5 +/- 9%) compared to male urologists (48.9 +/- 3.9%) ($p < 0.0001$). Male urologists have a statistically significant difference in having their partner be the primary responsible party for family responsibilities (50.3 +/- 3.9%) compared to females (26.5 +/- 10.2%) ($p < 0.0001$). There is no statistically significant difference in partner status, mean total hours per week, or mean total vacation weeks per year between male and female urologists.

When evaluating for association between these factors and work-life balance satisfaction, urologists with children less than 18 years old have odds ratio of 0.655 of reporting work-life balance satisfaction than those with older or no children ($p = 0.035$). For every five additional hours worked per week, there is 0.844 odds ratio of reporting work-life balance ($p < 0.0001$). However, there are no statistically significant associations between work-life balance satisfaction and gender, employment status of their partner, primary responsible party for family responsibilities, and total weeks of vacation per year.

Conclusion: According to recent AUA census data having children under the age of 18 years old is statistically significantly associated with lower work-life balance satisfaction. This highlights opportunities to support young parents, both male and female, in the workplace to prevent burnout and



Funding: n/a

Reference #5935

PELVIC OSTEOTOMY IN CLOACAL EXSTROPHY AND ITS VARIANTS: A CHANGING PERSPECTIVE

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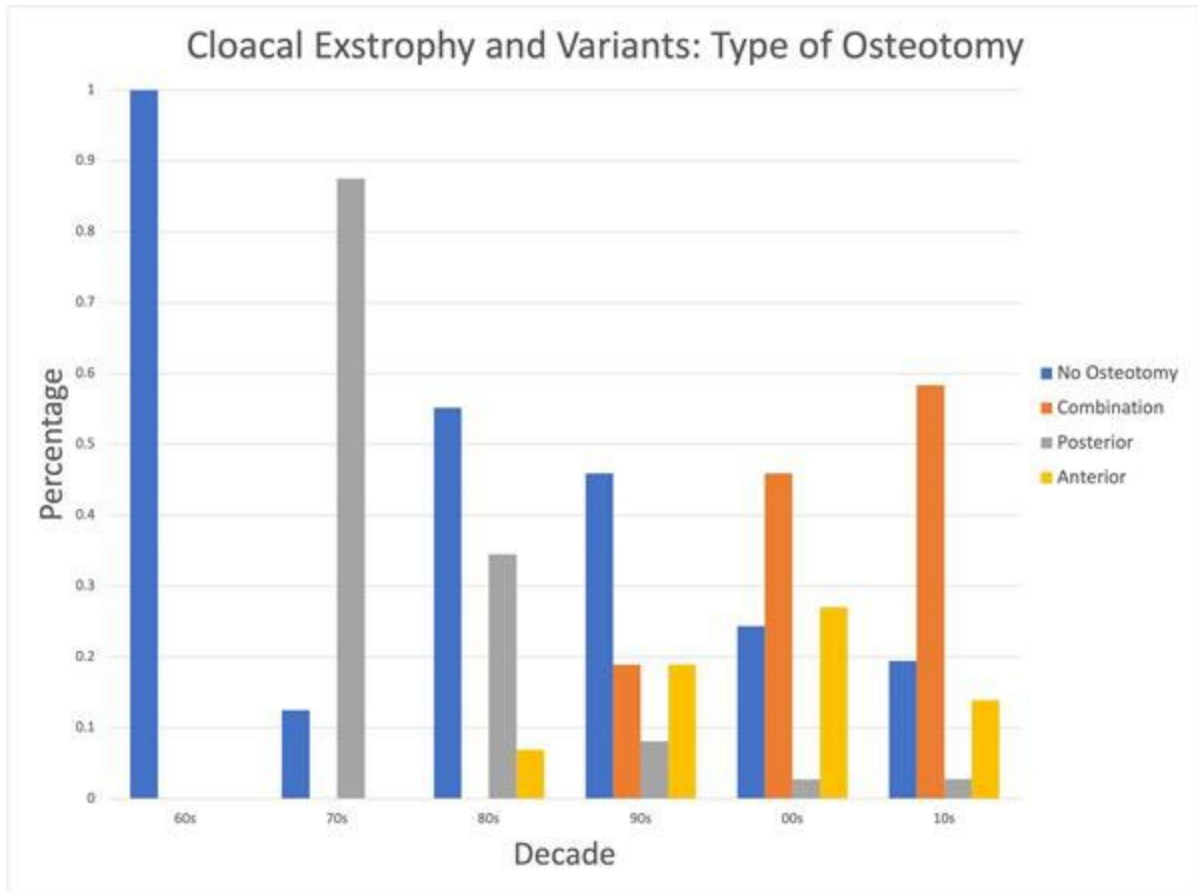
Johns Hopkins Hospital

Introduction and Objectives: Cloacal exstrophy (CE) is a severe congenital malformation with various anomalies involving the bladder, genitals, hindgut, limbs, and spinal cord. Historically, the surgical management of CE involved attempted closure in one step. Current practice has evolved to staged procedures which includes a reduction of the extreme diastasis associated with CE prior to attempting definitive closure. Previous studies demonstrated that the use of osteotomies was associated with higher likelihood of successful primary closure in patients with CE. However, the type of osteotomy is variable and its association with outcomes has yet to be examined.

Methods: A prospectively maintained IRB-approved database was reviewed for cloacal exstrophy patients and its variants. Patient demographics, performing institution, closure outcome, type of osteotomy, diastasis width, and post-operative complications were noted. Failure was defined as those needing reoperation secondary to bladder dehiscence, prolapse, outlet obstruction, or fistula. Orthopedic complications were described. Patients whose osteotomy type was not known were excluded. Analyses were performed using ARIMA time series analyses, one-way ANOVA, and Chi-square test when indicated ($P < 0.05$).

Results: A total of 150 patients with CE (124) and CE variants (26) were included. The results demonstrate that the use of any osteotomy increased over time. The type of osteotomy changed with a higher prevalence of a combination (anterior innominate and vertical iliac) approach being used in over 50% of CE patients from 2010 to 2020. The use of posterior osteotomy alone markedly decreased over time. In the last 20 years, the use of posterior osteotomy alone was only performed outside of the United States. In those who underwent combined anterior innominate and vertical iliac osteotomy, 94.9% had successful primary closure. In those with posterior osteotomy or anterior osteotomy alone, success rates were 78.3% and 66.7%, respectively. Orthopedic complications were uncommon and occurred in 3 patients. All 3 patients had unsuccessful primary closure. Two had infected pin sites and 1 had pin extrusion. One patient had a posterior osteotomy and the other two had anterior osteotomy.

Conclusions: Over the last several years, the management of osteotomy in the cloacal exstrophy spectrum has changed. The use of a staged approach with a combined anterior innominate and vertical iliac osteotomy followed by bladder closure after 2-3 weeks was associated with higher chances of success. Further research into the nature of the bony pelvis is underway by 3D MRI to determine optimal indications for specific osteotomy types in CE patients.



Funding: The Kwok Family Foundation of Hong Kong

Reference #5942

WOMEN ARE UNDERREPRESENTED IN PRESTIGIOUS RECOGNITION AWARDS IN THE AMERICAN UROLOGICAL ASSOCIATION

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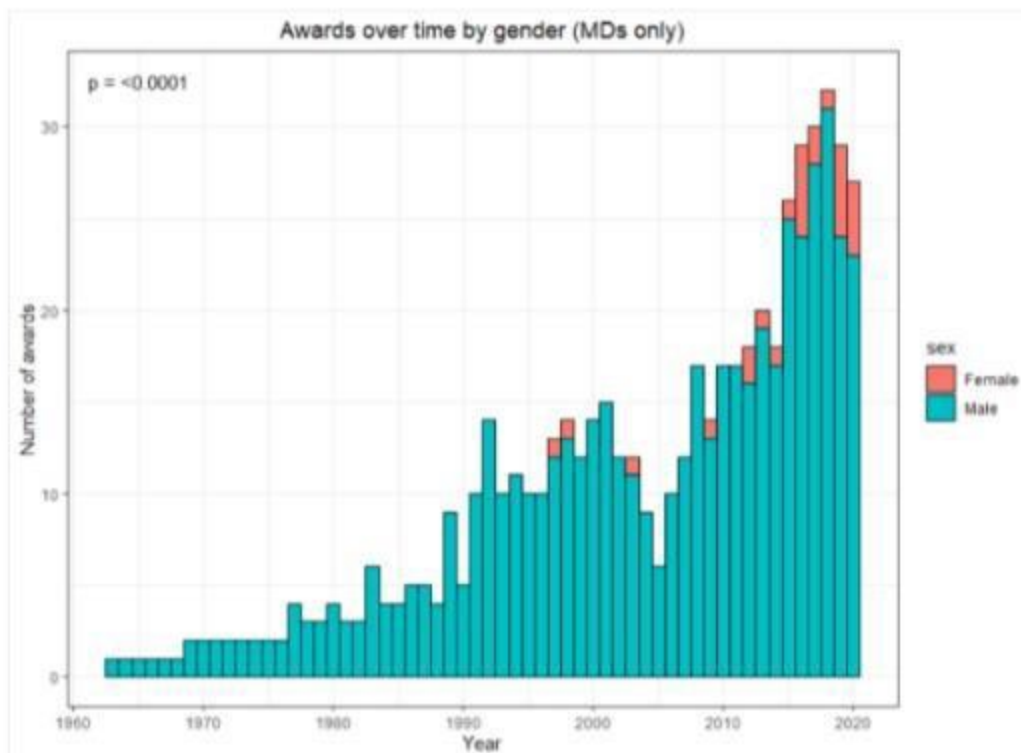
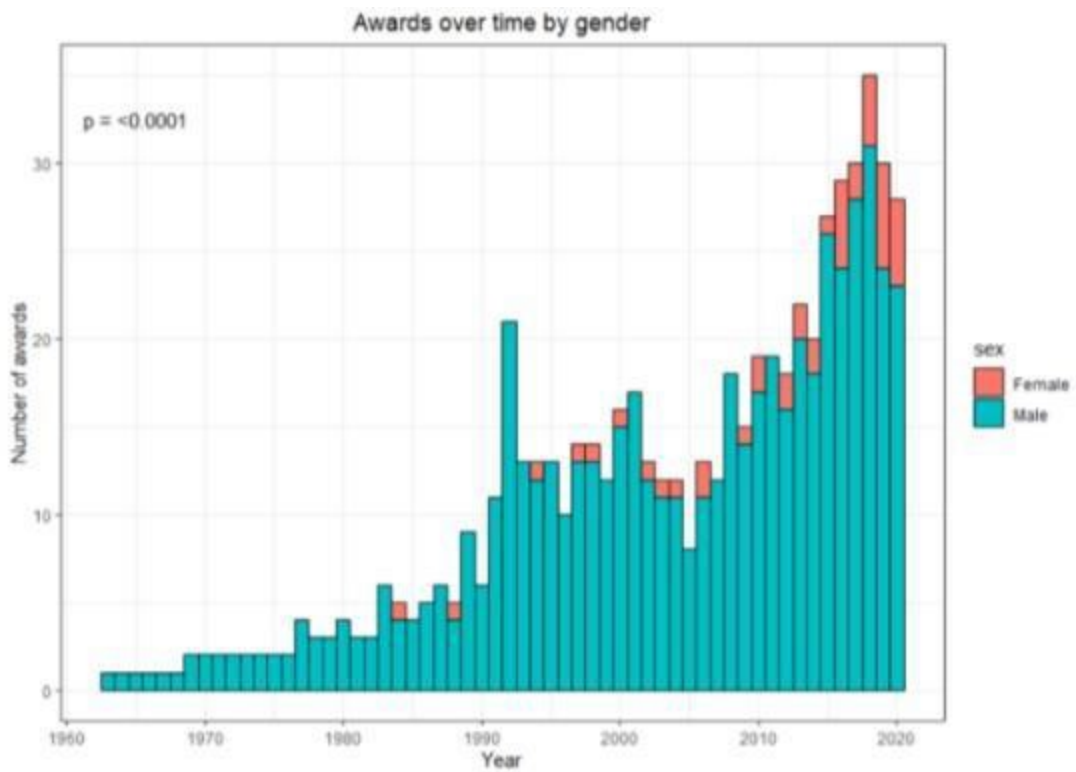
¹*Oregon Health Science University*, ²*Connecticut Children's*

Objectives: To determine the proportion of women who received awards from the American Urological Association (AUA) and evaluate whether this has changed over time as the proportion of practicing female urologists has increased.

Methods: A retrospective review of award recipients from the AUA website was performed. Gender of award recipient, type of award and year received were collected and the trend over time was compared with the AUA census.

Results: Of the 622 award recipients, 43 (6.9%) were women. There was a larger proportion of women who received early career awards (15/65; 23.1%) compared to women who received more prestigious mid (1/44; 2.3%) or senior (27/513; 5.3%) career awards. Additionally, 17/43 (39.5%) of female award recipients were not clinical urologists, compared to only 33/579 (5.7%) of male award recipients.

Conclusions: Despite increased representation by women in the field of urology, women remain underrepresented in awards given by the AUA. Although the proportion of women receiving awards over time has increased, it remains less than expected given the increased proportion of practicing female urologists. Strategic initiatives should be employed to help advance women in academic urology.



Funding: N/A

Reference #5953

Authorship in Urology: A Gender Reveal

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Introduction:

According to the American Urological Association (AUA) 2019 census, women comprise only 9.9% of practicing urologists in the United States making urology one of the least gender-diverse specialties recognized by the Accreditation Council for Graduate Medical Education.

The purpose of this study is to compare the proportion of female authorship in major urology journals to the proportion of female practicing urologists. We also aim to identify any significant differences in the types of studies authored by women as compared to men.

Methods:

A cross-sectional study was designed to analyze trends in women authorship of urology publications in 2019 compared to AUA 2019 census data. All studies published by authors from USA institutions between January and April of 2019 in *Journal of Urology*, *BJU International*, *Journal of Endourology*, *European Urology*, and *Prostate Cancer and Prostatic Diseases* were evaluated. The gender of first and senior authors were collected. Studies were categorized as basic science, clinical medicine, economics/practice management, review/meta-analysis, editorial, and case report/technique. Chi-squared test was used for statistical analyses and p values < 0.05 were considered statistically significant.

Results:

184 publications were included in this study. The proportion of women first authors was significantly higher than expected based on population proportions, $\chi^2(1, N=178)=9.65$, $p=0.002$. There was no significant difference in proportion of women senior authors compared to expected, $\chi^2(1, N=165)=2.18$, $p=0.14$. The proportion of women with basic science publications was significantly higher than would be expected, $\chi^2(1, N=18)=6.45$, $p=0.011$. There were no differences in proportion of women compared to men in all other types of studies, including case report/technique, $\chi^2(1, N=14)=1.54$, $p=0.215$, clinical medicine, $\chi^2(1, N=178)=3.43$, $p=0.064$, economics/practice management, $\chi^2(1, N=40)=1.17$, $p=0.28$, editorial, $\chi^2(1, N=70)=0$, $p=0.978$, and review/meta-analysis, $\chi^2(1, N=42)=2.16$, $p=0.142$.

Conclusions:

A recent study showed that amongst physicians, women were less likely than men to be promoted in academic medicine. This gender gap exists despite the high productivity of women as first authors in this study. This may reflect the growing numbers of women in urology training programs. As one of the least gender-diverse specialties, it is imperative that urologic institutions not only encourage productivity amongst women trainees and urologists but ultimately take actions to promote the advancement of women urologists within the ranks of academic leadership.

Funding: N/A

Reference #5957

IMPACT OF URETERAL STENTS ON FACTORS CONTRIBUTING TO STRICTURE PATHOGENESIS

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Introduction: Ureteral stenting is common for the management of obstructive uropathy. While much research into complications associated with stents has been completed, none has focused on understanding the molecular response of the ureter to stents, which may drive pain and discomfort. Recent preliminary work suggests that stents trigger pre-fibrotic changes in ureteral tissues. To investigate this concept further, the objective of this work was to evaluate the impact of ureteral stents on pro-fibrogenic signaling associated with stricture pathogenesis.

Methods: Pigs (n=3) were stented unilaterally for 14 days with the unstented side serving as the control. Additional pig ureters (n=3) were stented for 14 days and then allowed to recover for 7 days (recovered group). Ureters were analyzed by RNAseq and proteomic analysis to evaluate the presents of pro-fibrotic factors.

Results: RNAseq demonstrated clustering of the different groups on hierarchical clustering (Figure 1). The stented ureter had increased transforming growth factor (TGF)- β 2, and TGF- β -receptor(R)-2 compared with the unstented ureter. Stenting altered collagen (Col) RNA levels compared to the unstented group. Compared to the stented group, the recovered group had alterations in TGF- β 2 and Col 4A2, 6A5, 1A2, and 3A1 RNA expression. Compared to the unstented group, the recovered group had increased expression of Col 12A1, 17A1 and 8A1 RNA and decreased Col 53A and 8A2. Proteomic analysis demonstrated that compared to the unstented group, the recovered group had increased Col 6A2, 6A3, and 7A1 and decreased Col6A6 and 5A3. The recovered group had few differences in protein expression and no changes in Col levels compared to the stented group.

Conclusion: Indwelling stents result in alterations in signaling pathways associated with stricture formation, an effect that has not been reported previously and may contribute to stent-associated ureteral dysfunction, pain, and discomfort. Some of these alterations revert to patterns similar to unstented ureters, while others remain aberrant 7 days after a stent has been removed. Studies investigating whether these changes revert to normal following stent removal or result in longer-lasting decreased ureteral function are warranted.

Funding: Boston Scientific Investigator Initiated Research Grant to Dirk Lange, PhD

Reference #5985

HOW OFTEN DOES CISPLATIN INELIGIBILITY PREVENT PATIENTS FROM RECEIVING ADJUVANT THERAPY FOLLOWING RADICAL NEPHROURETERECTOMY FOR UPPER TRACT UROTHELIAL CARCINOMA?

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The Ohio State University Department of Urology

Introduction

Cisplatin-based adjuvant chemotherapy following radical nephroureterectomy (RNU) for upper tract urothelial carcinoma (UTUC) is supported by high-level evidence. Despite this, many patients may be ineligible for cisplatin following RNU due to nephron loss. Neoadjuvant chemotherapy has been suggested to improve upon this limitation but supportive data remains more limited and may result in significant overtreatment. We conducted this study to understand how often patients who would benefit from adjuvant chemotherapy are not able to receive it due to renal function limitations.

Methods

A retrospective review at our tertiary center from 2012-2020 captured all patients undergoing RNU or distal ureterectomy for UTUC. Exclusion criteria included metastatic disease, surgery for other than urothelial cancer, preoperative chemotherapy and anephric patients. Demographics, staging, preoperative procedures, pathology, and operation details were collected. Preoperative and postoperative GFR >50 was used to define cisplatin eligibility. POUT study data was used to define adjuvant chemotherapy benefits in those with pT2-4Nany or pTanyN1-3 disease.

Results

280 patients were identified and 44 excluded (Figure 1). 11 underwent distal ureterectomy and were not used for GFR analysis. 155 of 221 patients were eligible for cisplatin preoperatively and 57 (37%) became cisplatin ineligible after RNU. Within 90 days of surgery, 98/155 (63%) remained eligible for cisplatin. Looking at those made cisplatin ineligible, 26 had tumor pathology that may have benefited from systemic chemotherapy. That means only 11% (26/221) of patients would not have received potentially indicated cisplatin chemotherapy in an adjuvant approach. Logistic regression was performed for prediction of cisplatin eligibility postoperatively and only age and GFR were significant with the model a good fit (Hosmer & Lemeshow Goodness-of-fit for adjusted model: $\chi^2(8) = 7.860$, $p=0.447$). Preoperative hydronephrosis was close to significance ($p=0.054$), and study may have been underpowered for detection. Logistic regression to assess predictors of final pathology did not show any significant variables and the model was not a good fit.

Conclusions

Our study supports the feasibility of adjuvant chemotherapy in UTUC (POUT). Tumor stage and benefit of cisplatin chemotherapy cannot be accurately predicted from preoperative variables; therefore adjuvant chemotherapy is more likely to avoid overtreatment. Neoadjuvant chemotherapy should be used very selectively as only 11% of patients undergoing nephroureterectomy would benefit from chemotherapy and become ineligible.

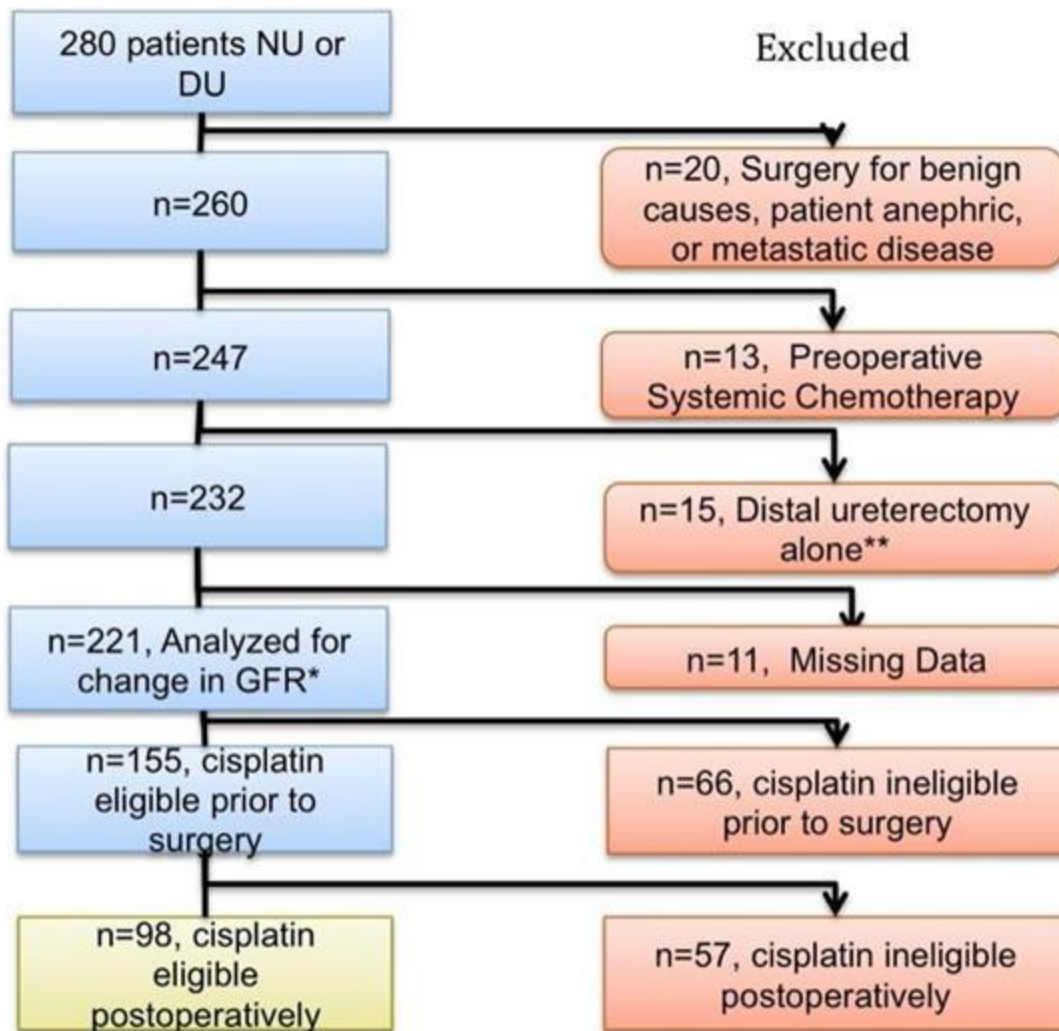


Figure 1: Patient Selection

*Used for GFR logistic regression; **Included in tumor stage logistic regression

Funding: N/A

Reference #5988**AN EXAMINATION OF SENSITIVE TOPICS DISCUSSED IN MEDICAL INTERVIEWS**

Kathleen Puttmann, MD, Hayat Mohammed, Alicia Scimeca, BS, Dinah Diab, BS, Frank Begun, MD, Tasha Posid, PhD

The Ohio State University Department of Urology

Introduction: Although the National Resident Matching Program has been established to regulate conduct amongst residency interview questions, the occurrence of ‘illegal’ questions during interviews is still prevalent. The objective of this study was to investigate whether inappropriate interview topics were still being asked in the 2019-2021 Urology match cycles, whether certain groups were asked these questions more than others, and whether these questions impacted the applicant’s perception of the program.

Methods: Urology applicants (N=75, final sample) were contacted at the completion of the Match process and were asked to complete a survey via REDCap. Respondents were asked to provide demographic information, as well as the prevalence of inappropriate topics they either volunteered themselves or were asked by interviewers directly.

Results: Compared to previous reports, the number of applicants asked about illegal topics has decreased: 96% to 59% for female applicants and 79% to 45% for male applicants; however, female applicants still report a significantly higher rate of these “illegal or coercive” questions ($p=.017$). Females reported that they were more likely to be asked about marital status/children (41%) and race/color/origin (27%), and disproportionately reported volunteering personal information (96%) compared to male applicants (86%). Applicants reported that if they volunteered the information, this did not cause them to rank the program differently and did not feel like their answer would impact how the program ranked them ($p>.1$). Applicants reported that interviewers asked illegal questions 51.0% of the time, and although this did not affect how applicants rated the program, they felt that this would impact how programs ranked them ($p=.002$). Illegal questions were overwhelmingly asked by Senior Faculty ($p<.001$).

Conclusion: Despite there being a code of conduct from the NRMP, “illegal” questions are still being asked, are disproportionately asked of female applicants, are disproportionately asked by Senior Faculty, and candidates feel they need to mention these topics, even if not explicitly asked. Applicants asked these questions felt that it impacted how the program would rank them. These results suggest concrete work is still needed to promote equity and diversity, as well as applicant comfort, during the Match process.

Funding: N/A

Reference #5990

Telemedicine in Urology: The Patient Experience

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Introduction and Objectives:

Due to COVID-19, telemedicine has become a common method of healthcare delivery. Our goal was to evaluate urology patient satisfaction with telemedicine and identify opportunities for improvement in telemedicine readiness, access, and quality of care, and to examine patient preferences.

Methods:

285 adult urology patients who completed at least one telemedicine visit from September to December 2020 were selected at random. A paper survey was disseminated by mail which could be returned electronically or via mail. Subjects received a \$15 gift card.

Results:

76 patients completed the survey (response rate 26.6%). Most common age bracket was 70-79 years (36.5%). 94.6% of respondents were white and 73.0% were males. 24.3% live >40 minutes away from the office. All respondents had health care insurance: 56.8% Medicare, 39.2% private insurance, and 2.7% Medicaid.

Readiness:

To prepare for the visit, many patients (49.1%) read the provided instructions and 10.5% downloaded platform software. 91.3% of patients thought they were adequately prepared. 81.7% were either satisfied or very satisfied with the ease of setup.

Access:

Most respondents (84.3%) did not have difficulty accessing the visit. Those who reported a difficulty attributed it to the provider having difficulties and lack of familiarity with the technology. Types of visits included established patients (71.4%), new patient visits (17.1%), and post-operative visits (8.6%).

Quality of care:

Wait times were short: 45.8% waited 0-5 minutes. All respondents were satisfied or better with the length of visit, and 89.8% were satisfied or very satisfied with the overall experience.

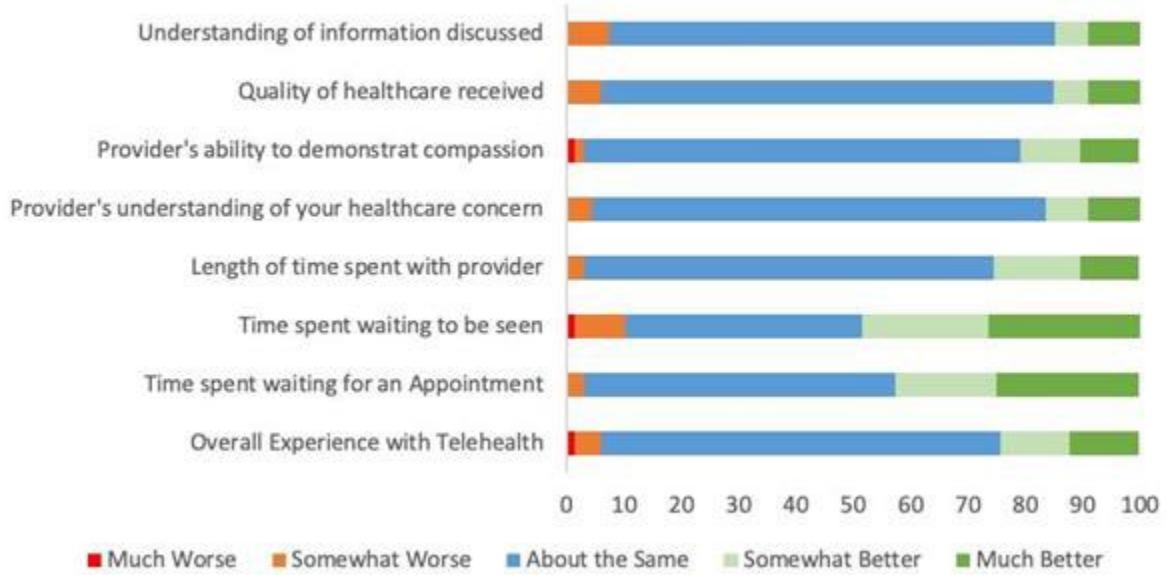
Patient Preferences:

Compared to office visits, most patients find telemedicine equal or superior in several areas (Figure 1). Despite the positive experience, 35.1% would prefer to see a provider in person. This would be dependent on the nature of the complaint, length of drive and the patient's schedule. Patients' preference for in-person visits is driven by the perception that they would receive higher quality of care and were able to be examined.

Conclusions:

Patients report high levels of satisfaction and a willingness to engage with telemedicine visits. Despite the positive experience many patients still prefer in-patient visits.

Comparison of telemedicine experience to in-person visits



Funding: URMU Urology Department

Reference #5995

Patient-Centered Care: Factors associated with reporting a positive experience at United States fertility clinics –The male experience

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Introduction and Objective

Male factor infertility has a detrimental impact on physical and emotional health and quality of life. There is a paucity of literature regarding the male experience in infertility clinics. We sought to determine factors associated with a positive patient experience (PPE) at fertility clinics among male patients.

Methods

The FertilityIQ questionnaire (<https://www.fertilityiq.com/survey-intro>) is a publicly available resource for individuals pursuing fertility treatment to provide feedback on their treatments, doctors, clinics, and personal preferences regarding their experience. We analyzed de-identified data from men who completed the Fertility IQ questionnaire between June 2015 to August 2020. A PPE was defined as a score of 9/10 or 10/10 to the question, “Would you recommend this fertility clinic to a best friend?” Multiple imputation was used for missing variables and logistic regression was used to calculate adjusted odds ratios (ORs) for factors associated with PPE. Multivariate analysis was performed using pre-selected variables.

Results

Of the 657 men included in the study, 60.9% reported a PPE. The mean age at time of fertility treatment was 35.2 +/- 6.7. Men who felt their doctor was a good communicator (OR 30.2, 95% CI 15.4–59.4), was trustworthy (OR 77.7, 95% CI 21.3 – 241.5), and showed compassion (OR 26.9, 95% CI 14.1 – 51.6), were more likely to have a PPE than those who felt negatively about their patient-physician relationship. Those who reported a pregnancy as a result of treatment were more likely to report a PPE (OR 2.4, 95% CI 1.7–3.5). A clinic with well-run administration, such as no wait time to speak to a provider, greater ease of seeing a physician that day, and a direct line of communication to a physician, were all significantly associated with a PPE. On multivariate analysis, accessibility of same-day appointments with a physician, ease of scheduling appointments, and satisfaction with the billing department were associated with a positive experience (CI 1.7-14.7, 1.7-10.6, CI 2.4-8.3), while clinical errors were inversely associated with a PPE (CI 0.1-0.4).

Conclusion

Physician and clinic characteristics, particularly in regard to accessibility and communication, were highly predictive of PPE reported by men in infertility clinics. Identifying factors that are associated with a PPE may help optimize the patient experience and improve the quality of care delivered by infertility clinics.

Funding: N/A

Reference #6002

NEEDS AND EXPERIENCES OF U.S. FEMALE UROLOGY RESIDENTS

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Intro and objectives:

Urology remains a disproportionately male-physician dominated field, with women physicians comprising only 10% of all practicing urologists and 27% of current urology residents. Understanding the needs and experiences of women residents is essential for developing strategies to recruit and retain more women urologists in independent practice. The primary objective of this study was to identify factors influencing residency training program selection by women residents in urology. The secondary objective was to evaluate the residents' gender-based experiences during training.

Methods:

An anonymous, 15-item web-based electronic survey was distributed between May-July 2021 via social media platforms and institutional email addresses, targeted to all 461 current U.S. female urology residents. Both quantitative and qualitative data was collected and analyzed using descriptive statistical methods and thematic analysis, respectively.

Results:

147 complete responses were received from women residents representing each of the 8 AUA sections. When asked to rank a series of factors influencing their decision about residency training program selection, 37% of respondents chose geographic location/setting as the most important factor, followed by 27% who selected institutional reputation. Surprisingly, only 3.4% ranked number of female faculty and 0% ranked number of female residents as most important factor in their decision. Only 20% of respondents indicated having 2 or more female faculty currently in leadership positions. When asked how their current programs can better foster clinical and academic growth of female residents, the most common responses were increased presence of female faculty and mentorship (36%), increased awareness and elimination of gender bias/harassment in the workplace (33%), and improved family support/maternity leave policies (15%).

When asked about challenges in the workplace, 73.5% of respondents reported experiencing stereotyping of female doctors and 18% reported experiencing problems with maternity leave. When asked about interactions with patients, 97% reported not being recognized as a doctor, 84% reported stereotyping of female doctors, and 78% reported experiencing inappropriate treatment/harassment from male patients.

Conclusions:

Geographic setting and institutional reputation were the most important factors for residency program selection by women urology residents. Women residents face extremely high rates of gender bias and

harassment in the workplace. Although overlooked as a priority during the initial application process, current female urology residents seek increased female faculty presence, leadership and mentorship during residency to foster clinical and academic growth. Addressing these factors is essential in order to achieve equality and equity for women interested in entering this field.

Funding: N/A

Reference #6127

DETERMINING THE PREVALENCE OF INAPPROPRIATE PATIENT BEHAVIOR IN THE OUTPATIENT UROLOGY CLINIC

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Introduction:

Harassment in the workplace has been long recognized as a violation of Title VII of the Civil Rights Act. While many studies focus on harassment between employees, several healthcare harassment studies have found patients to be frequent offenders. The prevalence of inappropriate patient interactions in urology has not been thoroughly studied, especially among non-physician medical employees, such as nurses, medical assistants, and phone triage personnel. Our primary objective was to determine frequency and types of inappropriate patient behavior towards staff, frequency of reporting these behaviors, and barriers to reporting.

Materials/Methods:

After IRB-approval, an electronic survey was created to capture employee demographics and responses to multiple choice and free text questions regarding abusive patient interactions. A Survey Monkey link was emailed to all staff within the department of urology at a single institution. We excluded employees who did not interact with patients, and those who worked only in an inpatient setting. SAS version 9.4 was used for statistical analysis and subgroup comparisons were performed with Fisher's exact test.

Results:

Of 103 surveys distributed, 71 employees responded, a response rate of 69.6%. Responders included 21 physicians (29.6%), 18 nurses (25.3%), eight medical assistants (11.3%), seven Nurse Practitioners or Physicians Assistants (9.9%), and 17 other employees (23.9%). 83.1% of employees reported verbal abuse by patients, 74.6% witnessed abusive interactions towards others, 59.2% reported sexual harassment, and 14.1% reported racial/ethnic abuse. Non-white employees were more likely to experience racial/ethnic discrimination and less likely to experience sexual harassment compared to white employees ($p < 0.05$). No significant differences were observed between male and female employees, or between physicians and non-physicians. 66.7% of respondents did not report an abusive encounter, most commonly because "it was not a big deal" (35.2%) or fear of "damaging the patient-provider relationship" (15.5%)

Conclusion:

Inappropriate patient behaviors are prevalent in the outpatient urology setting. In a subspecialty where genital examination and discussion of sexual function are commonplace, increased awareness and vigilance are required to promote a safe work environment, especially for at-risk populations. Future directions include collaborative studies with other institutions to validate our findings, studies within other medical specialties, and elucidation of effective interventions to minimize negative encounters.

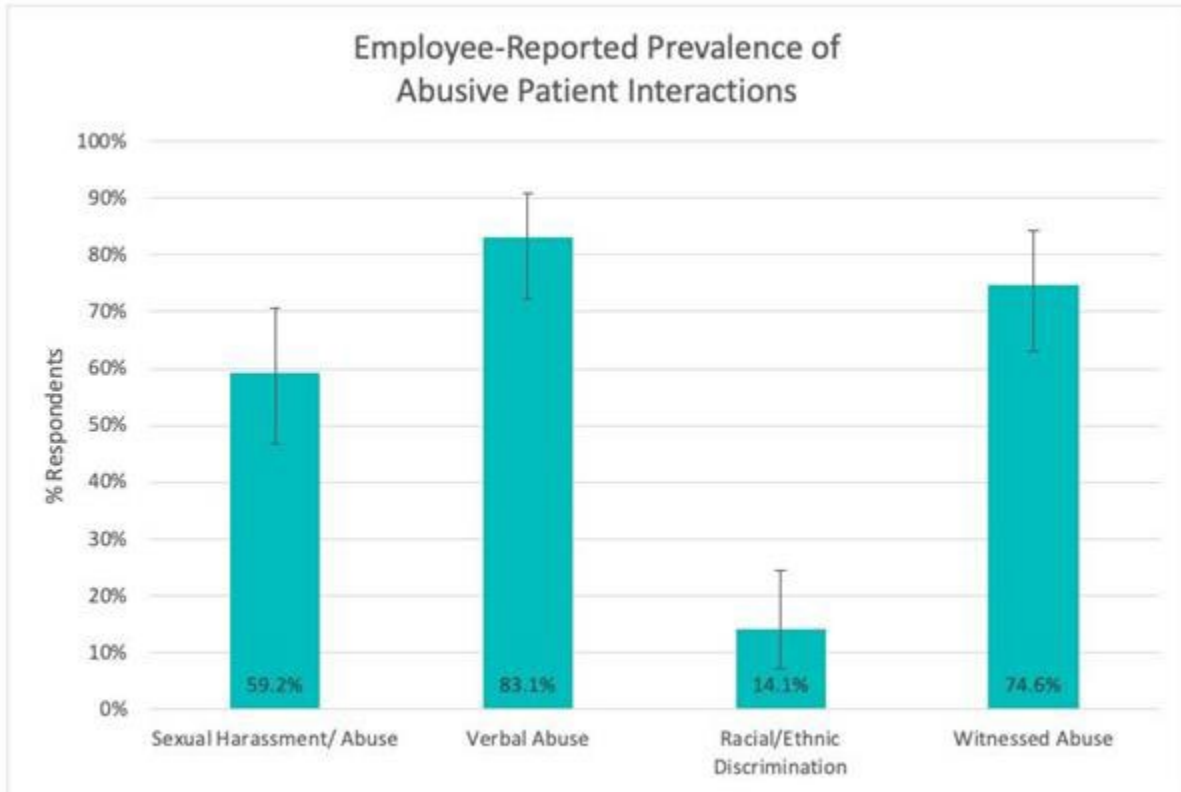


Figure 1: Employee responses to questions assessing prevalence of different types of abusive patient behavior

Funding: N/A

Reference #6274**ASSESSMENT OF PATIENT UNDERSTANDING PRIOR TO UROLOGICAL SURGERIES TO IMPROVE PATIENT EDUCATION QUALITY OF CARE**

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Introduction/Objectives:

Numerous studies have shown that patients lack an adequate understanding of procedures they are undergoing along with its potential risks, alternatives and benefits (R/B/A). The teachback method is the most effective method to evaluate and reinforce patient understanding. We aimed to evaluate whether patients undergoing elective urological procedures at our institution had adequate understanding of their procedures using the teachback method.

Methods:

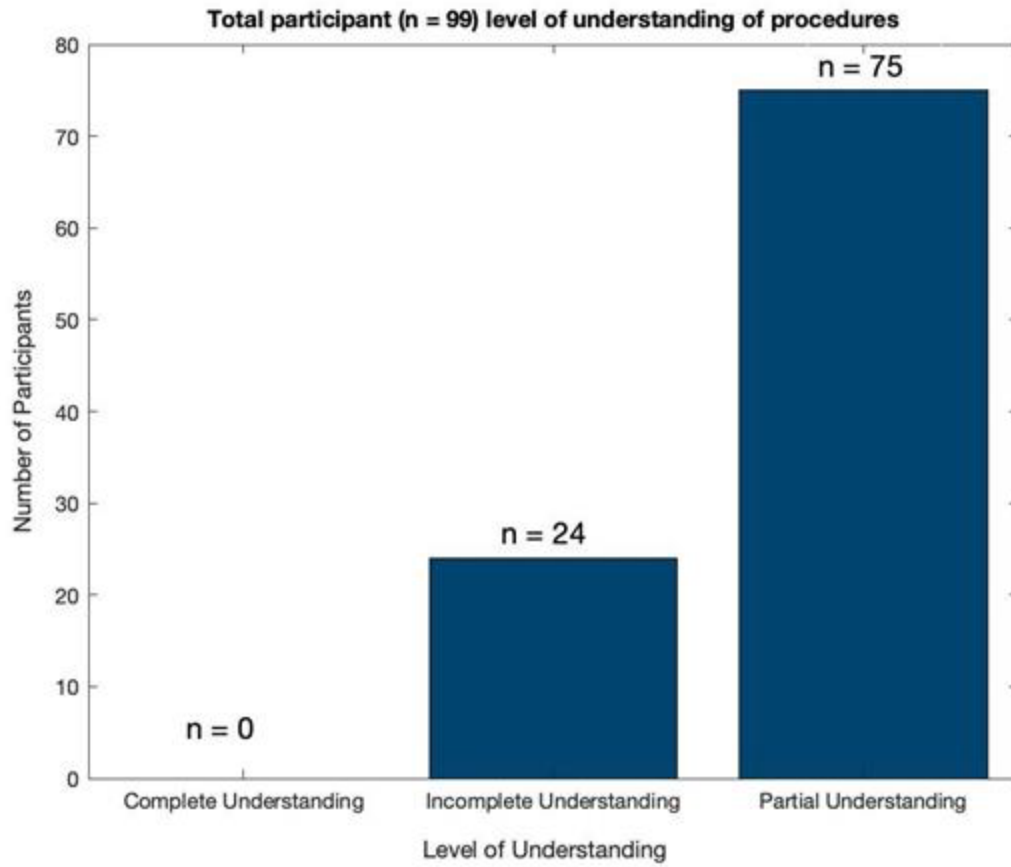
This was a prospective study of patients undergoing elective urological procedures from June –August 2021. A research assistant conducted a brief phone interview one week prior to a scheduled surgery or office procedure. Standardized questions using the teachback method were utilized with patients asked to recall general knowledge and R/B/A of the procedure. A scoring system comparing responses to a standardized list of R/B/A formulated prior to study initiation was utilized to analyze the level of understanding, graded as incomplete (<25%), partial (25-75%), or complete understanding (>75%). Further education was provided if understanding was incomplete or partial. At the end of the interview, patients were queried regarding their satisfaction with their level of understanding.

Results:

One hundred patients were interviewed with 99 included in the analysis. The patient population was 50% female, primarily Hispanic and African American, and with average age 64 years. Seven operations were included: intravesical botulinum toxin injection, prostate biopsy, ureteroscopy, transurethral resection prostate (TURP), transurethral resection bladder tumor (TURBT), sling, and colposcleisis. The average percent of R, B, A identified across all procedures was 12%, 63%, and 35% respectively. No patients had complete understanding but most had partial (5/7 procedures). Patients were found to have significantly higher levels of understanding if they were female compared to male ($p = 0.023$), had the same surgery previously or any surgery within a year ($p = 0.002$, $p = 0.023$), and were undergoing in-office procedures compared to procedures in the operating room ($p = 0.025$). At the end of the interview, most patients (90%, $n = 87$) reported satisfaction with their level of knowledge.

Conclusions:

Patient understanding prior to a procedure was alarmingly incomplete in our cohort. We noted substantial benefit in non-clinical personnel conducting a pre-operative phone interview utilizing the teachback method, with 90% of patients satisfied with their procedural understanding by the end of the interview. Our findings highlight the need for improvement in patient education prior to surgery and offers a potential solution using a telephone interview based on the teachback method.



Funding: N/A