

Current Urology Views on Desirable Characteristics for First-Time Employment

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Abstract

Introduction: Urological practices vie for a small number of graduating urology residents every year. In this study we determine the most desirable characteristics that current urology residents seek upon first-time employment.

Methods: A 19-question survey was created and e-mailed to all 124 ACGME (Accreditation Council for Graduate Medical Education) accredited urology residencies in the United States. This link was forwarded to the urology residents for the 2013-2014 academic year.

Results: A total of 232 responses were obtained, comprised of 187 from male residents (80.6%) and 43 from female residents (18.5%). Residents were primarily interested in practicing in a large urban area (153 of 232, 65.9%) or suburban setting (140, 60.3%), and 24 considered a rural location (10.3%). Female respondents were significantly more likely to consider a rural environment ($p = 0.02$). The most important choices when choosing a practice were geographic location (116 of 232, 50%) and proximity to family (51, 21.9%). The majority were very interested in part-time or full-time use of a physician assistant or nurse practitioner (188 of 232, 81%), and only 1 was not interested (0.4%). Overall 136 residents (58.6%) stated that they would use them for clinic and office procedures.

Conclusions: Most residents seek an urban or suburban setting in a group private practice. They prefer to work 40 to 60 hours per week close to their family or in a specific geographic region. Enticing residents to a rural setting may be difficult. The use of nurse practitioners or physician assistants is extremely desirable to current residents.

Key Words: employment, urology, internship and residency

Abbreviations and Acronyms

APP = advanced practice provider

PGY = postgraduate year

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institutional animal care and use committee approval; all human subjects provided written informed consent with guarantees of confidentiality; IRB approved protocol number; animal approved project number.

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A shortage of physicians, including urologists, has become cause for concern. Since 1986 there has been a steady decline in the number of urologists compared with the U.S. population.¹ In 1986 there were 3.5 urologists per 100,000 U.S. citizens. By 2006 this ratio had decreased to 3.17 per 100,000. This decrease does not reflect a decreased need but rather decreased availability.

The need for urologists has increased in recent years and will continue to do so for the foreseeable future due to the increase in life expectancy and the aging of the baby boom generation. This generation is the fastest growing segment of the population and is the primary population that requires urological services.²

Although predictions about the demand for urological services vary, they consistently suggest a drastic increase in demand. One source predicts a 35% increase in surgical work for urologists by 2020.² Another source predicts that by 2030, 12,048 urologists will be needed but only 8,164 will be in practice, meaning a 32% deficit.³ One area in particular need of urologists is the rural setting. While an estimated 19.7% of the U.S. population is located in rural areas only 12% of urologists practice in rural areas, and 63% of counties in the U.S. have no practicing urologists.^{1,4}

The aging of urologists as a group is also a factor. The average age of practicing urologists is 52.5 years, the second oldest among all groups of physicians and compared to all surgical specialties (50.9 years).¹ Pruthi et al published data in 2013 showing that 44% of practicing urologists were more than 55 years old in 2009 and that more than 7% were older than age 70.¹ These figures are in stark comparison to 1981, when only 24.6% of urologists were older than 55 years. As the urology workforce ages, it is possible that more providers will be cutting back the scope and hours of their practices and then eventually retiring.

While there has been a slow and steady increase in the number of available urology resident positions in the U.S. during the last several years, there continues to be a small number of graduating urology residents on a yearly basis compared to the overall need.⁵ From academic to urban private practice, many practices may struggle with effectively recruiting a new urologist who has so many job opportunities available.

Therefore, in this study we define current urology residents' plans for employment upon completion of their residency. In addition, we examine the factors that might entice residents to a particular job, including the underserved rural setting. The survey also evaluated the current resident opinion of using nonphysician providers to fill this physician shortage.

Materials and Methods

A 19-question multiple choice survey was created on www.surveymonkey.com (see Appendix). A link to this survey was sent to all of the residency program coordinators or program directors for each of the 124 ACGME accredited urology residency programs in the U.S. The program was asked to forward the link to all of their current residents from PGY 1-6 for the 2013-2014 academic year. Statistical analysis of predetermined questions was completed using Fisher's exact test.

Results

A total of 232 responses were obtained. From January 2009 to January 2013, 1,360 urology positions were available and of these positions 1,340 were filled.⁵ This corresponds to the number of PGY 1-5 residents during the 2013-2014 academic year. Based on these figures a response rate of 15.9% was obtained for PGY 1-5 (213 responses per 1,340 filled positions). No data could be found for the total number of PGY-6 positions during this academic period.

Of the respondents 187 were male (80.6%), 43 were female (18.5%) and 2 preferred not to give their gender (0.9%). Based on PGY there were 27 PGY-1 (11.6%), 50 PGY-2 (21.6%), 44 PGY-3 (18.9%), 43 PGY-4 (18.5%), 49 PGY-5 (21.2%) and 19 PGY-6 (8.2%) responses. Participants were from 30 states and Washington, D.C., and most respondents were from New York (37, 16%), Ohio (33, 14.2%), California (18, 7.8%), Massachusetts (15, 6.5%) and North Carolina (12, 5.2%). There were 12 states with no responders. The table shows responses by state and American Urological Association section. Supplementary tables 1 to 3 (<http://urologypracticejournal.com/>) show survey comparisons by urban/suburban vs rural, junior vs senior resident and male vs female respondents. In supplementary table 1 there is some degree of overlap in the comparison as residents could choose more than 1 potential area of interest.

Overall residents were interested in practicing in a large urban area (153 of 232, 65.9%) and/or suburban practice (140, 60.3%). Only 24 considered a rural setting (10.3%). Looking further at the data, residents wanting to work more than 60 hours per week preferred an urban setting compared to those who want to work 40 to 60 hours per week (46 of 53, 86.8% vs 105 of 172, 61.1%). Also, female respondents were significantly more likely to be interested in working in a rural environment compared to their male counterparts (9 of 43, 20.9% vs 15 of 187, 8%; $p = 0.02$). No significant difference existed between junior vs senior residents in

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