



SAU Taskforce Updates

Urology Residency Curriculum, 2030

SAU Executive Committee
SAU Task Force report

Task force Members: Mathew Sorensen (U Washington), Gary Faerber (U Utah), Lee Richstone (Northwell), Daniel Williams (Wisconsin), Kate Kraft (U Michigan), Humphrey Atiemo (Henry Ford), Manizheh Eghbali (Rochester)

Task Force charge: Urology Residency 2030

1) Review the commonly used, available training materials and guidelines for Urology residents

With universal agreement among the Task Force members, AUA University core curricula has served as the foundation for resident education with AUA guidelines serving as important supplemental materials. Campbell's urology and the AUA updates are used selectively, as they are often too detailed and inefficient. All programs have a journal club 6-8 times per year, and most programs include practice test questions such as SASP, QStream, or the Campbells supplement book questions.

Currently, curricula are lacking on technical skills simulation, wellness, practice management, fatigue mitigation, healthcare policy, quality improvement, patient safety and communication, though having effective curricula on these topics are highly desired.

2) Develop practical, generalizable and effectively measureable curriculum so that urology residents are training for the future of healthcare in the US to include concepts and training in quality improvement, patient safety, healthcare policy; wellness, alertness and fatigue management; clinical responsibility, life-long curiosity

The Task Force suggests that the SAU sponsor two Needs Assessment surveys. Ms. Eghbali volunteered to help with the development and distribution of these surveys.

1. Program Director survey to assess any additional topics that should be covered, and to determine the value of these new topics to help prioritize their creation.
2. Urology Resident survey to assess best methods of information delivery.
Educational materials should adjust to learner styles and the most effective style might change over time. Currently, in our experience, successful educational materials are engaging, video-based, include an assessment, and track completion. This information would help in the development of new materials and/or revision of existing curricula.

Urology resident didactic education would be vastly improved with further standardization and centralization. The AUA University and Victor Nitti have made huge strides in standardizing some of the core topics of urology. These efforts should continue to expand. A centralized curriculum, created by experts in the field, on resident wellness

and resiliency, fatigue mitigation, patient safety, healthcare policy, practice management and teambuilding/communication would be highly valuable. Ideally the core curriculum could progressively expand to include these topics and a schedule devised that moves topic-by-topic over a ~2 year curriculum that each program could subscribe so that curricula do not need to be reinvented by every program.

The Task Force also had universal consensus for a spaced learning, centralized and SAU/AUA approved program of SASP questions dissemination. Questions would be disseminated electronically 1-2 times per week for 6-9 months before the inservice exam.

The Task Force suggested the *best practice standard* for Residency educational curriculum implementation would be topic-based (several weeks covering prostate cancer entirely, then a several week block on reproductive and sexual, and so on), occur weekly, include videos and interaction when possible, include periodic assessments and practice questions, and cover all of the necessary material over a 2-year time period to allow repetition during training. All elements of the recommended SAU/AUA educational curricula should occur with completely protected time for the participating residents to maximize learning. This information might help guide the creation of new curricula.