



# The Fellowship Fix: Are We Outsourcing Surgical Autonomy?

Winter Meeting 2026



# Panel

GURS

Jill Buckley MD MBA



Peds

Abby Taylor MD MPH



Andrology

William Berg MD



Are fellows coming into fellowship less prepared?

Respond at  
[pe.app/williamberg](https://pe.app/williamberg)

Poll Everywhere

At the completion of your residency program, how prepared do you think the average urology resident is for independent general urology practice?



Very well prepared, fellowship is not necessary for most 0%

Adequately prepared but would benefit from directed mentorship after graduation 0%

Marginally prepared, fellowship often needed to practice 0%

Not adequately prepared, fellowship is essential to practice 0%



+ Add Choice

When Presented  
Show Choices

Show Responses



Lock



Show Correctness





Respond at  
pe.app/williamberg



# Compared to 10-15 years ago, how has the baseline skill level of graduating residents/incoming fellows changed?

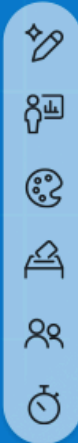


Improved 0%

Stayed the Same 0%

Declined Slightly 0%

Declined significantly 0%



+ Add Choice

When Presented

Show Choices



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Respond at  
pe.app/williamberg

Poll Everywhere

# What do you think is the primary reason urology residents pursue fellowship today?

0

- A 0% Desire/interest in the subspecialty field
- B 0% Lack of confidence in operative autonomy
- C 0% Job market expectations
- D 0% Lifestyle or financial considerations



+ Add Choice

When Presented

Show Choices



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Respond at  
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Poll Everywhere

Do you believe residency training should be restructured?  
Is fellowship training the de facto expectation now?



Residency length or style/type of training needs to increase  
to have residents more prepared to practice after graduation 0%

Fellowship should be expected, we can shorten residency and  
then provide more fellowships in different aspects of urology 0%

Fellowship should be only for those with a passion for a  
particular field of urology 0%

Keep everything the same as it is now 0%



+ Add Choice

When Presented

Show Choices



Show Responses



Lock



Show Correctness



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## Incoming fellows' abilities: real world

Have you/do you see variation in fellows' abilities?

As an FPD- how do you deal with a situation when the resident is clearly more skilled than the fellow?

How does it affect the resident training, how does it affect the fellow training?

How does it affect you?



# Dilemma



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## **Can you give us a global sense of the overall education of trainees today?**

How do NPs/PAs influence their daily activities? +/-

Shift to 5 years from 6 years, 2yrs—1/2 yr of GS training, night float .....

8<sup>th</sup> graders know less in 2025 than 2020 than 2015 ....is it the same for graduating residents?



# LOR for fellowship

Have you ever had an experience where a fellow does not match up to the glowing LOR?

Re: [REDACTED] MD

Dear Program Director,

My name is Dr. [REDACTED] and I am Chief of Urology at [REDACTED] Medical School and former Senior Associate Dean for Academic Affairs. I had the pleasure of working closely with Dr. [REDACTED] during her last 4 years as a urology resident.

[REDACTED]  
Urology. He is nearly fully trained in pediatric urology and has a passion for research and publication.

[REDACTED] is in the top 5% of all the residents I have trained over the last 25 years. Families love him and he comes in to see patients even when he is not on call. Most families call him Dr. [REDACTED]

[REDACTED] skills in the operating room have been honed after a year and a half on pediatrics. His operative skills in pediatric urology are at the fellowship level. When compared to other residents, his technical pediatric skills are far above his peers.

[REDACTED] an insatiable desire to learn, which he demonstrated throughout his residency. From a research perspective, he has been extremely productive as seen on his CV. He is a compassionate and gracious resident.

[REDACTED] will be an incredible fellow who understands the importance of execution, getting things done, and being accountable. It was a joy having [REDACTED] on pediatrics and I firmly believe [REDACTED] will become a future leader in pediatric urology.

[REDACTED] performance is beyond exemplary, and he has my complete support without any reservations.

Sincerely,

On a clinical level, [REDACTED] is *hard working, responsible, very efficient, reliable, timely and accurate in completing clinical and academic assignments*. You can always trust [REDACTED] to “do the right thing” and he will do it on time and very well. His *technical skills are solid*. He has *good anticipation and intuition*. On a personal level, [REDACTED] is a *pleasure to work with*. He is *very pleasant, respectful, and universally well-liked*. In summary, [REDACTED] possesses all the qualities and qualifications necessary to become a superstar in our field. I hope you consider his application to your pediatric urology program very seriously.

On a personal note, [REDACTED] *one of the most personable, outgoing, and funny individuals* I have had the pleasure of working with. He is *well-liked by everyone* and will be greatly missed when he graduates. We will all be excited to [REDACTED] his training.

In conclusion, [REDACTED] is *an absolute pleasure to work with*, and I offer him my strongest recommendation. He possesses all the qualities needed for a successful career in academic urology, and I am confident he will thrive in your fellowship program.

# What FPDs want in a Fellowship LOR

Technical Ability

Preparation- globally

Academic potential

Professionalism

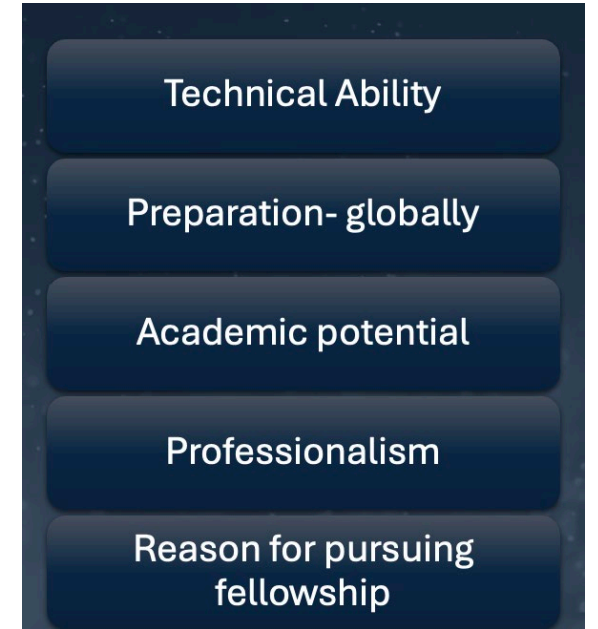
Reason for pursuing  
fellowship

# Considering fellowship

Excellent- Well Prepared

Solid – Need more training

Nervous- Need more training



**How do we align resident training & the fellowship mission?**