



**2026 SAU
WINTER MEETING**
FEBRUARY 6-7
HOUSTON, TEXAS
Marriott Marquis Houston

TRAINING TOMORROW'S LEADERS: PREPARING RESIDENTS FOR LEADERSHIP AND BEYOND

Amanda Seyer, MD, MEd₁

1- Mayo Clinic, Rochester MN - Chief resident; Andrology fellow 2026-2027

DISCLOSURES

- No financial relationships to report.
- I will not be discussing unlabeled/investigational uses of medical devices or pharmaceuticals during this presentation.
- Study to be discussed was funded in part by a grant from the SAU

PROGRAM OUTLINE

- Medical trainees are expected to become leaders in their field. How do we best prepare Urology residents for leadership roles during and after training?
- Learning Objectives:
 - Discuss **strategies for fostering leadership skills** in Urology residents and modalities for formal or informal leadership curricula during training.
 - Elucidate what **characteristics embody an optimal leader** in the context of Urology training.
 - Address common **challenges** in training Urology resident leaders and strategies for improvement.

PROGRAM OUTLINE

- Introduction – perspective as trainee
- Study on leadership curricula for Chief Urology residents
- Examples of leadership curricula at Mayo Clinic Rochester MN

HOW DO WE PREPARE RESIDENTS FOR LEADERSHIP?

- Learning through osmosis; observation of other leaders and mentors
- Sequential responsibilities throughout residency – leading teams / teaching junior residents and medical students
- Formal or informal curricula
 - How Are We Preparing Our Chief Residents for Leadership Success?
Insights from Urology Program Directors – Koo et al
- Maybe we're not preparing residents for leadership well



PGY 5 Mohammed Ahmed leading
PGY2 Kahlen Morris through a PLND
Mayo Rochester MN

SURVEY STUDY

- **How Are We Preparing Our Chief Residents for Leadership Success? Insights from Urology Program Directors – Koo et al**
- Urology chief residents may have inconsistent preparation for “chief year” responsibilities – administrative tasks, leading a team, teaching junior residents
- A prior needs assessment indicated that about 2/3s of chief residents have no formal leadership development program, and 1/2 do not receive feedback on their leadership skills

SURGICAL EDUCATION

Leadership Training in Surgical Residency Programs: Needs Assessment of 2020 Urology Chief Residents

Koo, Kevin MD; Berrick, Elizabeth MD; Harris, Andrew MD; Knoedler, Margaret MD; Nakada, Stephen Y. MD, FACS; Matlaga, Brian MD

[Author Information](#)

Journal of the American College of Surgeons 233(5):p e170-e171, November 2021. | DOI: 10.1016/j.jamcollsurg.2021.08.461

- **Objective:** To characterize the following from the perspectives of Urology residency program directors through a survey:
 - **1. Desired leadership skills for a urology chief resident**
 - **2. Existing leadership development programs**
 - **3. Ideal format for future leadership training**

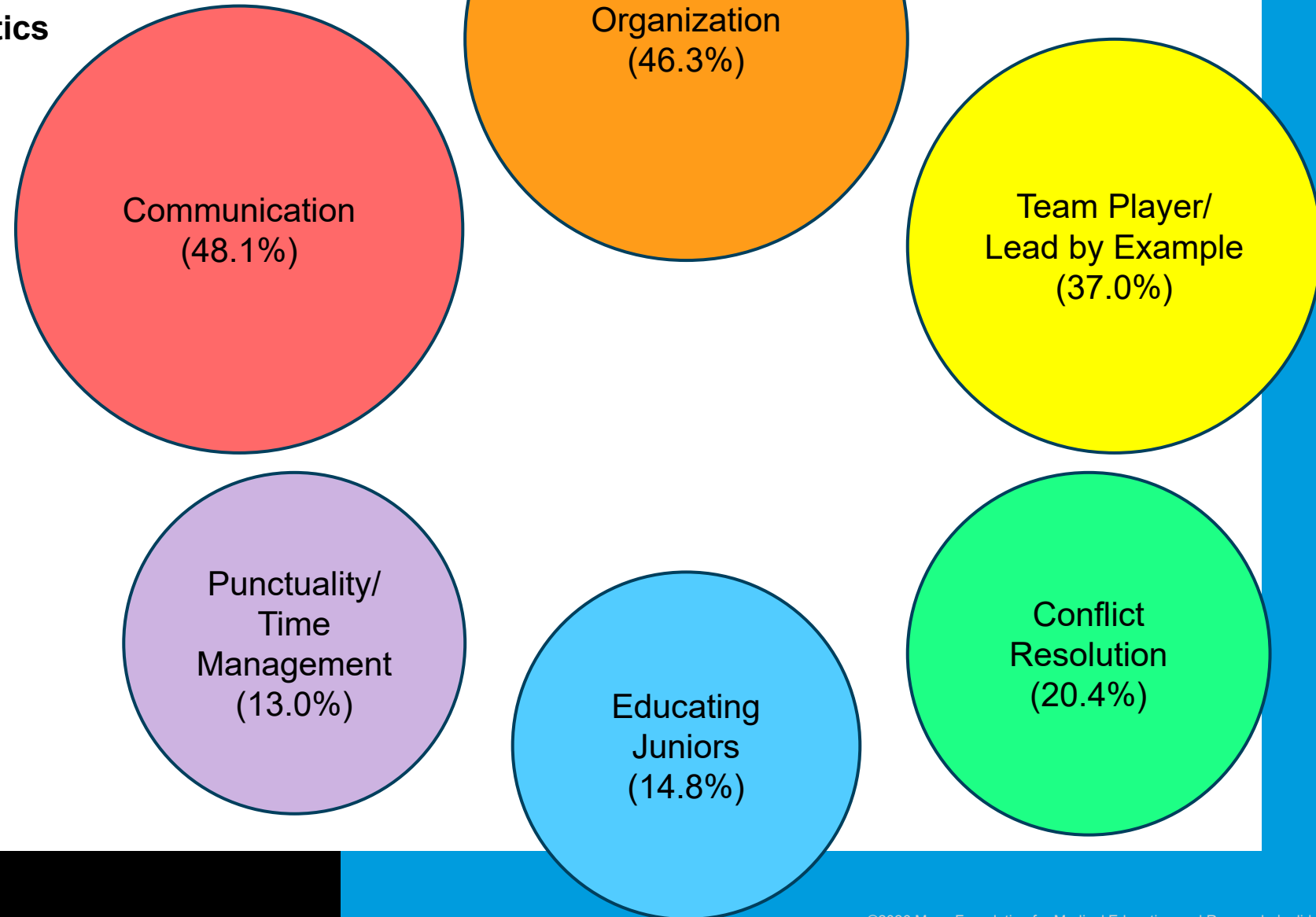
RESULTS

Table 1: Program Characteristics, Duties, & Leadership Training

	Survey Response Rate (%)	54/148 (35.6)
PD Demographics	Male	36/54 (66.7)
	Female	18/54 (33.3)
	Avg Years in Role (SD)	7.6 (5.5)
	Avg Years in Practice (SD)	15.8 (8.4)
Program Demographics	Avg Number of Residents per Class	2.6
Chief Urology Resident Duties	Scheduling: (%)	
	On-call	96.3
	Clinical	90.7
	Education	55.6
	Education: (%)	
	Didactics	63.0
	OR	55.6
	Management: (%)	
	Leading a service	79.6
	Feedback to juniors	74.1
Communication/resolving conflict	87.0	
Leadership Training	Any Program Offered to Chief Residents?	
	Yes (%)	53.7
	No (%)	46.3

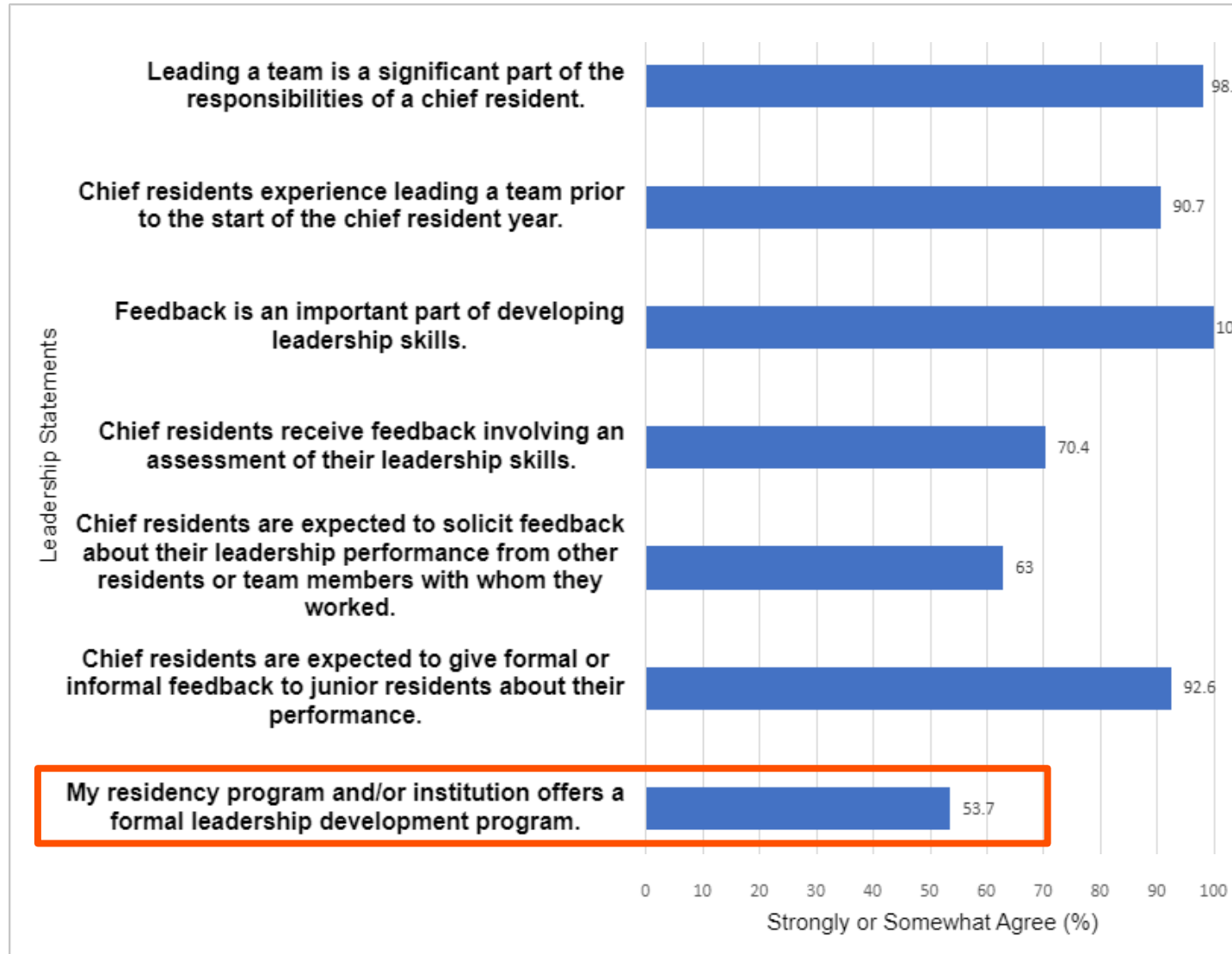
Figure 1:

**Most Cited Leadership Characteristics
Desired in Chief Residents**



RESULTS

Figure 2: Importance of Leadership Skills in Chief Residents



RESULTS

- Most useful resources for chief resident leadership development:
 - Facilitated online training course (ie online 'bootcamp'): 36/54 (66.7%)
 - In-person training course with internal faculty: 31/54 (57.4%)
 - Leadership manual/handbook: 30/54 (55.6%)
 - Online training modules: 30/54 (55.6%)
 - In-person training course with external faculty: 28/54 (51.9%)

BARRIERS

- *Resources are scarce such as clinical support; resident man power issues*
- *Lack of time due to clinical responsibilities*
- *We assume they have these skills by the PGY6 year... some do not*
- *Many [residents] have a false belief that leadership skills are not needed as a community based urologist*
- *Sometimes the chief doesn't want to do it*
- *Have not sent a resident there yet – more designed for full year medicine chiefs*

CONCLUSIONS

- Almost all PDs (98%) report leading a team is a significant responsibility
 - Many have experience with this prior to chief year
 - Half (53.7%) have a formal leadership training program, but were not typically specific to surgical or urology chief residents and many do not attend
- Discrepancy with previous research surveying chief urology residents:
 - 51% reported assessment of leadership skills (vs 70.4% PDs reported that chiefs receive routine feedback on leadership)
 - 49% reported feedback was not easily obtained

MY EXPERIENCE – JUNIOR RESIDENT CURRICULUM

- PGY 1 – 2s have required in-person leadership modules q monthly for 2 hours with internal faculty
- Examples of session themes:
 - Giving feedback
 - “Deliberate practice: How to become the best in the world at anything”
 - “Life is a team sport”

The Urology Education Committee has introduced a Leadership and Professional Development curriculum for our PGY 1 and 2 residents. This program was originally developed by our Orthopedic Surgery colleagues and has been highly successful within their department, receiving excellent feedback from both faculty and residents. The Urology sessions will be held monthly, between 8:00–10:00 AM, and will be facilitated by a designated *on-call* faculty member. **Each session is expected to last 1–2 hours** and will be structured as an open dialogue. **Residents will be assigned a brief reading and/or video in advance (listed below), and discussions will be guided by open-ended questions provided for each topic.** It is imperative—and expected—that participants come prepared to engage fully in these conversations.

PGY-1 residents will be released from clinical duties to attend. While the curriculum is targeted toward junior residents, all residents are welcome to join if their schedules allow.

MY EXPERIENCE- SENIOR RESIDENT CURRICULUM

- “Leadership academy” – interdisciplinary program for 1 Chief resident / specialty who had been identified as a future leader in their field
- Q monthly all day interactive sessions (total 9) with key note speakers (Ex- CEOs, chairs of departments, Anthony Fauci MD)
 - Most via Zoom
- Examples of session themes:
 - Negotiation
 - Communication
 - \$ in medicine – supply chain logistics, financial planning

CONCLUSIONS

- Leadership is a learned behavior. We do a better job of teaching, assessing, and remediating knowledge and skills compared to behavior.
- Leadership is not just for future AUA presidents, department chairs, and hospital CEOs.
- Urology residents already have many of these skills – “phenotype” of a high performing medical professional.
- Leadership is like any other skill. It improves with deliberate practice and deteriorates with neglect.
- Formal longitudinal curricula during training can help lay the foundation for accumulating and improving upon leadership skills.
- No one wants to do more online modules.

THANK YOU!

 @AmandaSeyer