

SOCIETY FOR ACADEMIC UROLOGY · SPRING 2026

Advancing in the Clinical Track Through Education.

Educator → Medical Student Director → Residency Director

CHAD R. TRACY, MD

CLINICAL PROFESSOR OF UROLOGY

RESIDENCY PROGRAM DIRECTOR

UNIVERSITY OF IOWA HOSPITALS AND CLINICS





Disclosures

Don't Don't

✗ Don't Turnover the ball

✓ Protect the ball

✗ Don't Forget your coat

✓ Bring your coat

✗ Don't Laser the mucosa

✓ Laser the edge of the stone



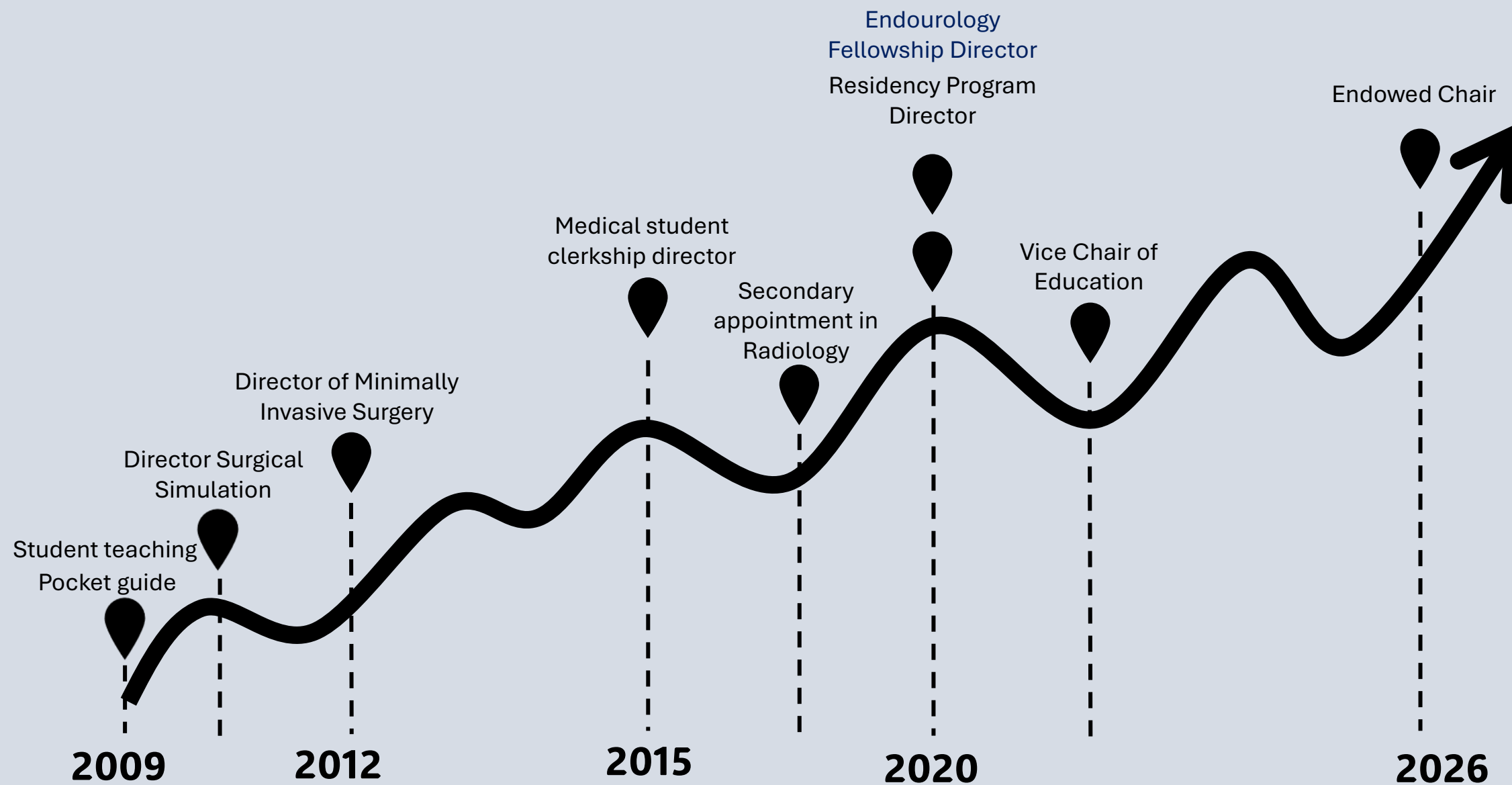
Beyond the Scalpel and Lab





**The toughest
nut to crack???**





Assistant Professor

Associate Professor

Clinical Professor

Departmental teaching awards

GME and Medical school teaching

University teaching

What Gets Rewarded



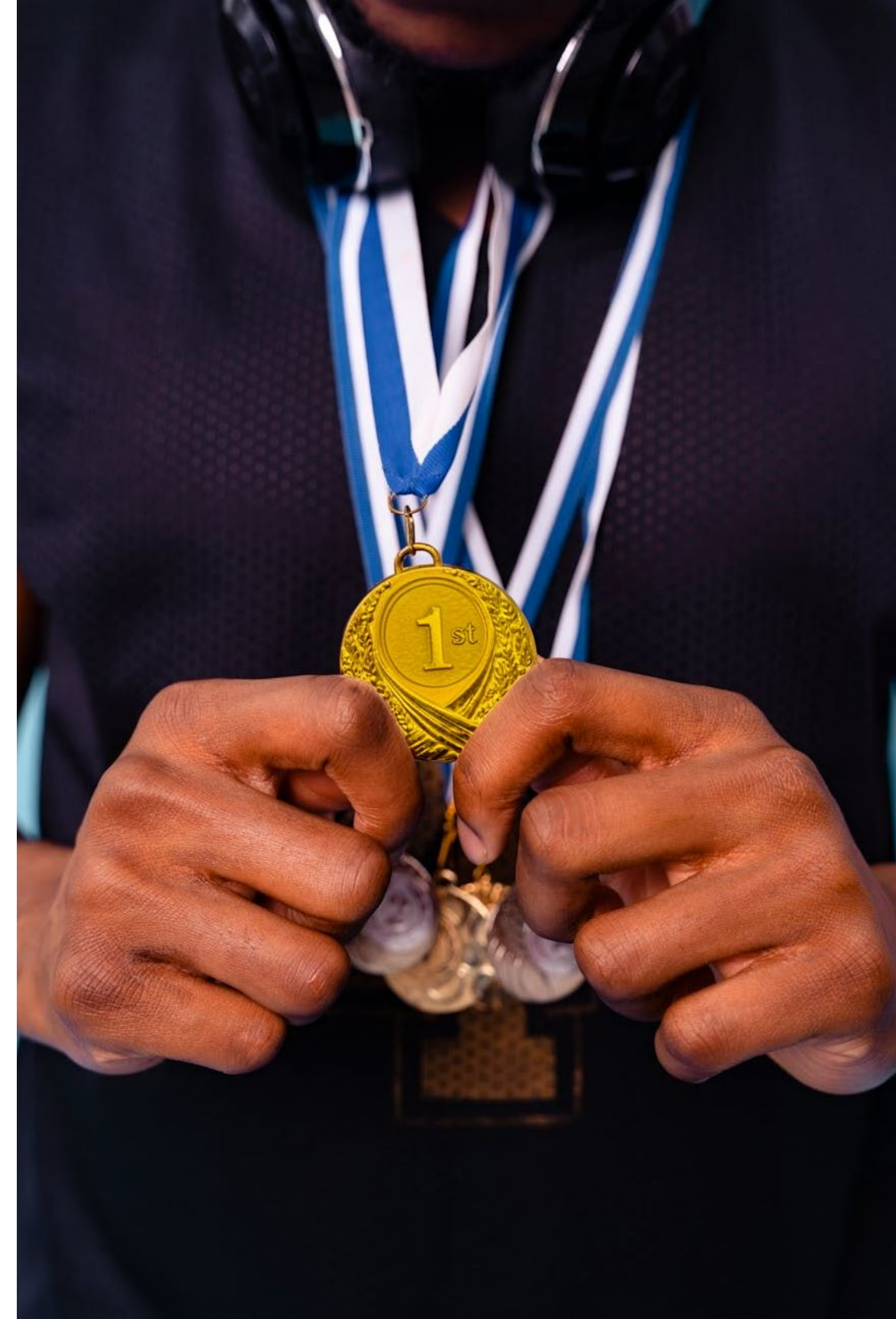
RVUs & Clinical Volume



Publications & Grants

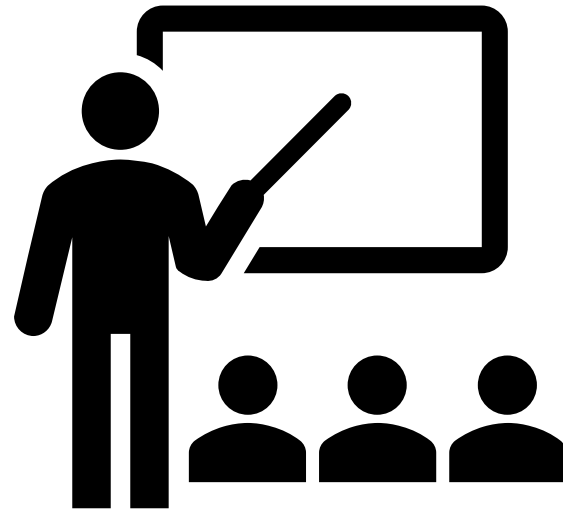


Medical Education





Programs



Mentees



Courses



Present Data with Clarity & Impact

Turn raw numbers into compelling stories.



TREAT TEACHING LIKE A RESEARCH PROJECT

Measure what you teach.

1

Design

Build a curriculum,
simulation, or program



2

Measure

Track scores, outcomes,
satisfaction data



3

Report

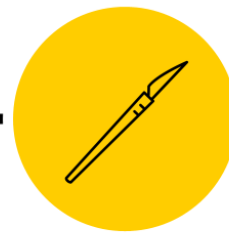
Publish it. Present it.
Make it count.



Pre-test



Didactic session



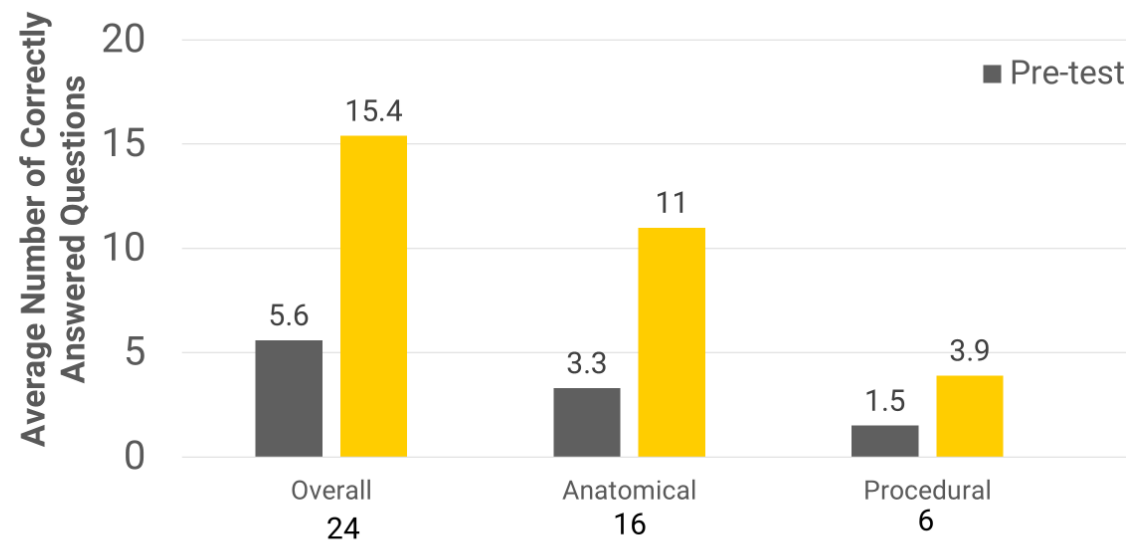
Cadaver lab

Mid-urethral sling
Fascial sling
SSLF
Sacrocolpopexy



Post-test

Average Number of Correctly Answered Questions Pre- and Post Training Session



The Effectiveness of a Paired Didactic Session and Cadaveric Simulation on Urology Residents' Knowledge of Female Pelvic Surgery

Mala Sharma BS¹, Elizabeth Takacs MD², Annah Vollstedt MD²

¹University of Iowa Carver College of Medicine, ²University of Iowa Hospitals & Clinics Department of Urology

Abstract

Knowledge and application of surgical anatomy is a crucial component of urology residency. However, the AUA does not require a cadaver lab as a part of the residency curriculum. Moreover, the Anatomy section of the in-service examination is one of the lowest performing categories. The objective of this study was to determine the effectiveness of a didactic and cadaveric simulation training in increasing urology residents' anatomical, functional, and procedural knowledge of female pelvic surgery. A knowledge-based pretest was administered to trainees at one ACGME-accredited urology residency. The residents participated in a 30-minute didactic session led by a female pelvic medicine and reconstructive surgery (FPMRS) urologist. Residents worked with three FPMRS-trained surgeons in the cadaver lab, learning mid-urethral and fascial slings, sacrospinous ligament fixation, and sacrocolpopexy. Upon completion of laboratory session, a knowledge-based posttest and an evaluation of training session was administered. Paired t-tests were used to compare mean pre and posttest scores. Completed pre and posttest knowledge assessments were available for eight residents. There was an increase in number of total correct answers from the pretest to the posttest (5.6 to 15.4 out of 24, $p < 0.001$). The average number of correct answers pertaining to anatomical and procedural questions increased from 3.3 to 11 ($p = 0.001$) and 1.5 to 3.9 ($p = 0.005$), respectively. The average number of correct answers to functional questions did not improve in the posttest. Six residents completed the training session evaluation. All residents self-reported an increase in knowledge following the training session for all categories (general female pelvic anatomy, retropubic and transobturator sling, sacrocolpopexy, and sacrospinous ligament fixation). All residents agreed that the skills session added value to their education. Five out of six residents answered "extremely satisfied" with the training session and "extremely likely" to recommend a cadaver lab be included in future years. The combination of a dedicated didactic session and a cadaveric lab is an effective model for improving urology residents' anatomic and procedural knowledge of FPMRS urology. This model increases residents' anatomic and procedural knowledge. Residents show an objective increase in knowledge and self-reported confidence in the procedures. Overall, the paired didactic and cadaveric session was well received by residents.

Introduction

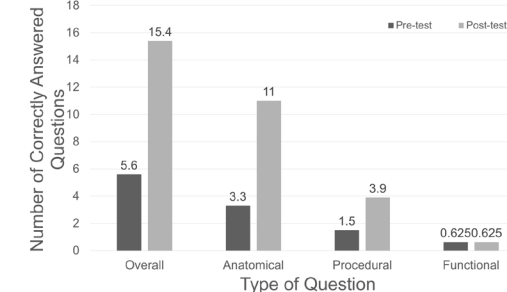
- 'Congenital Anomalies, Embryology, Anatomy' category is one of the lowest performed subjects on the AUA In-Service Exam¹
- Between the years 2000-2017, performance on the 'Congenital Anomalies, Embryology, Anatomy' category remained consistently low regardless of year in urology residency training¹
- Cadaveric dissection is not commonly used in residency training. A systematic review found that between the years of 2000-2009, 31% of cadaveric simulations were used for surgical training²
- Cadaveric hands-on training have shown to improve surgical skills, confidence, and operative time on retropubic mid-urethral sling procedures³

Materials and Methods

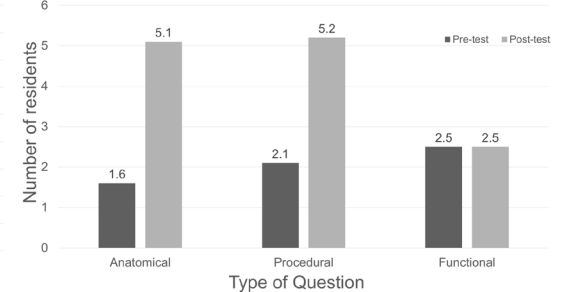
- A knowledge-based pre-test was administered to 17 urology residents at an ACGME-accredited urology residency
- The residents participated in a 30- minute didactic session lead by a female pelvic medicine and reconstructive surgery (FPMRS) urologist
- Next, residents worked with three FPMRS trained surgeons in the cadaver lab to learn mid-urethral and fascial slings, sacrospinous ligament fixation, and sacrocolpopexy
- Upon completion of practicing procedures, residents were able to do other pertinent genitourinary dissections such as nephrectomy
- A knowledge-based post-test and session evaluation was administered

Results

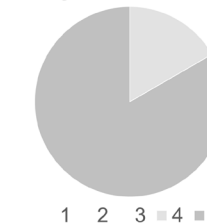
Number of Correctly Answered Questions by Type Pre- and Post Training Session



Number of Residents Answering Correctly Pre- and Post- Training Session



Training Session Assessment



Strengths:

"...lab brought home the anatomic points."
"...the lecture and reviewing anatomy."
"...nice to do hands on cadaver work."

Improvements:

"It could be an entire hour, very informative."
"Thoroughly enjoyed the lecture; wish we had more time."
"It was great, maybe more time needed, felt a little rushed."

Discussion and Conclusions

Cadaveric laboratory simulation preceded by a didactic session is an effective model for improving urology residents' knowledge of female pelvic surgical procedures. This model increases residents' anatomical and procedural knowledge; however, it was not effective in improving functional knowledge. Residents not only show an objective increase in knowledge but also show an increase in confidence of their knowledge. Qualitatively, the most often noted strength of the session was using the didactic portion to highlight relevant pelvic anatomy to practice in the cadaveric simulation. The most often noted area for improvement was the need for a longer training session. Overall, paired didactic and cadaveric sessions are well received by residents with all residents agreeing that the skills session added value to their education.

Knowledge and application of surgical anatomy is a crucial component of a urology resident. However, anatomy is one of the consistently lowest performed categories on the AUA In-Service Exam. Previous studies have shown a cadaveric hands-on training increases surgical skills and confidence. In our study, by pairing the hands-on cadaveric simulation with a preceding didactic session, we were able to teach relevant anatomy and re-enforce it within the session. Some limitations to the study include small participant size and uneven number of questions per type. Future studies should aim for homogeneity in number of questions in each category.

1. El-Arabi, Ahmad M et al. "Eighteen-Year Review of Resident Performance on the American Urological Association In-Service Examination." *Urology* vol. 137 (2020): 33-37. doi:10.1016/j.urology.2019.10.027
2. Mantica, Guglielmo et al. "The current use of human cadaveric models in urology: a systematic review." *Minerva urologica e nefrologica = The Italian journal of urology and nephrology* vol. 72,3 (2020): 313-320. doi:10.23736/S0393-2249.19.03558-6
3. Selçuk, İlker et al. "The effect of cadaveric hands-on training model on surgical skills and confidence for transobturator tape surgery." *Journal of the Turkish German Gynecological Association* vol. 20,4 (2019): 243-246. doi:10.4274/tjgga.galenos.2018.2018.0043



— INTERN BOOTCAMP

Building Residents
From Day One.

4 hrs

daily

5 days

per week

1 month

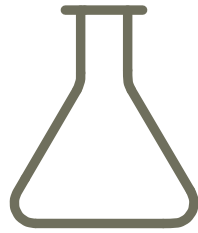
immersive

It works.

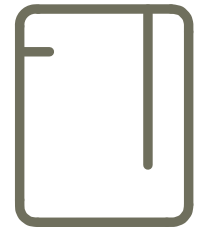
And we measured it.

60th to 92nd percentile

PGY-1 in-service scores after bootcamp launch



Find the Question



Write it up



Present it

My H-Index Doesn't Know I Run a Bootcamp

A Cross-Sectional Survey of Academic Urologists on Non-Traditional Contributions and Metrics Mismatch

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²Department of Urology, Pacific Northwest Medical Center, Seattle, WA, USA
³Department of Urology, Hillcrest Academic Medical Center, Cleveland, OH, USA
⁴Department of Urology, Gulf Coast University, Houston, TX, USA
⁵Center for Faculty Development and Well-Being, Lakeside University, Chicago, IL, USA

ABSTRACT

Purpose: Traditional academic metrics inadequately capture the diverse contributions of urologists, including educational innovation, community outreach, and wellness leadership. We surveyed academic urologists to evaluate the extent of this metrics mismatch and its impact on career satisfaction.

Materials and Methods: We conducted a cross-sectional online survey of academic urologists across the United States between January and March 2024. Participants reported time spent on non-traditional scholarly activities, perceived recognition, and career satisfaction. We assessed correlation between these activities and H-index.

Results: Of 402 respondents, 78% reported significant involvement in activities not well captured by traditional metrics (e.g., bootcamps, podcasts, social media education, mentorship programs). Higher H-index ($r = 0.08$, $p = 0.12$) but was associated with greater professional fulfillment ($r = 0.41$, $p < 0.001$). Sixty-six percent of respondents felt their non-traditional work was "minimally" or "not at all" recognized in promotion reviews.

Conclusions: A substantial mismatch exists between academic urologists' valued contributions and traditional bibliometric metrics. Recognition systems should evolve to include broader measures of impact that reflect the full scope of academic work.

Keywords: H-index; academic metrics; faculty evaluation; bootcamp; education; professional fulfillment

INTRODUCTION

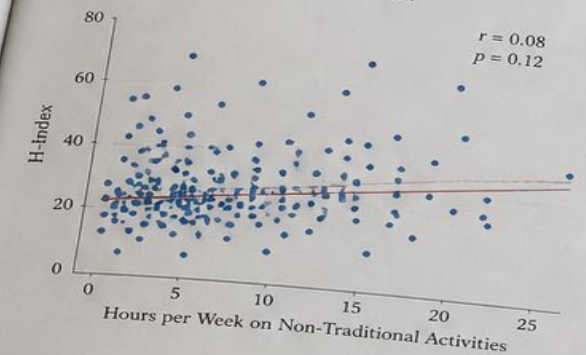
Reliance on bibliometric indicators such as the H-index continues to shape academic advancement in urology.¹⁻³ However, the academic landscape has evolved. Urologists now contribute through innovative educational programs, digital platforms,

and community-focused initiatives that may not yield traditional citations but have meaningful impact.⁴⁻⁶ This study explores the disconnect between what urologists do and what is measured.

Table 1. Respondent Characteristics (N = 402)

Characteristic	Value
Age, years, mean (SD)	46.1 (8.7)
Female, n (%)	118 (29.4)
Years since fellowship, mean (SD)	12.4 (7.1)
Academic rank, n (%)	
Assistant Professor	162 (40.3)
Associate Professor	148 (36.8)
Professor	92 (22.9)
H-index, median (IQR)	12 (6-21)
>5 hr/week on non-traditional activities, n (%)	314 (78.1)

Figure 1. Relationship Between Weekly Time Spent on Non-Traditional Activities and H-Index



DISCUSSION

Our findings highlight a significant disconnect between non-traditional contributions and traditional academic metrics. Despite investing substantial time in educational innovation and learner engagement—such as running bootcamps—these efforts do not correlate with higher H-index scores. However, these activities are associated with greater fulfillment.

Academic urology should recognize and reward scholarly impact beyond citations to support a more inclusive and accurate representation of faculty contributions.



Urology-Specific

- Journal of Urology
- Gold Journal's Education Section
- AUA University (Video-based surgical education)
- AUA Quality (AQUA) Registry
- Urology Practice (QI projects)
- AUA Update Series
- Urologic Clinics

Surgery

- Journal of Surgical Education
- Annals of Surgery
- Simulation in Healthcare
- Journal of Laparoscopic & Advanced Surgical Techniques (JLAST)

General Medical Education

- Academic Medicine (Journal of the AAMC)
- Medical Education
- BMC Medical Education
- MedEdPORTAL (AAMC)

- Quality Improvement Symposium
- GME Medical Education Days

Target the right platform to reach the appropriate audience and maximize its impact



Grow the culture

→ Mentor Intentionally

- Guide others
- Early involvement in educational administration
- Support them from behind.

→ Celebrate success

- Nominate (all) people for awards!

→ Don't Underestimate Your Impact

- Educational leadership changes departments

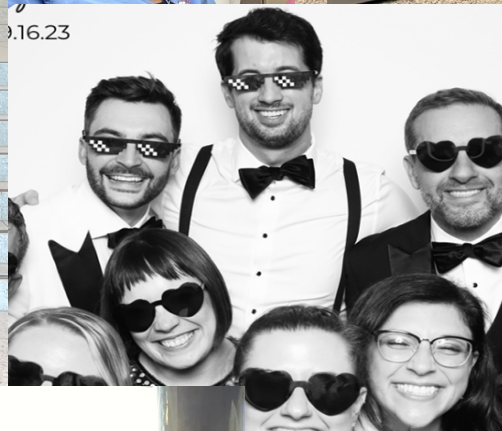
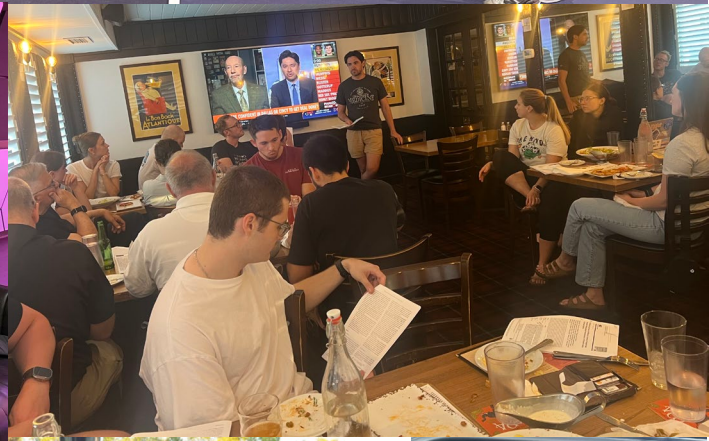
CULTURE OF TEACHING

First 11 years

5x *Teacher of the year*

Since becoming Program Director in 2020

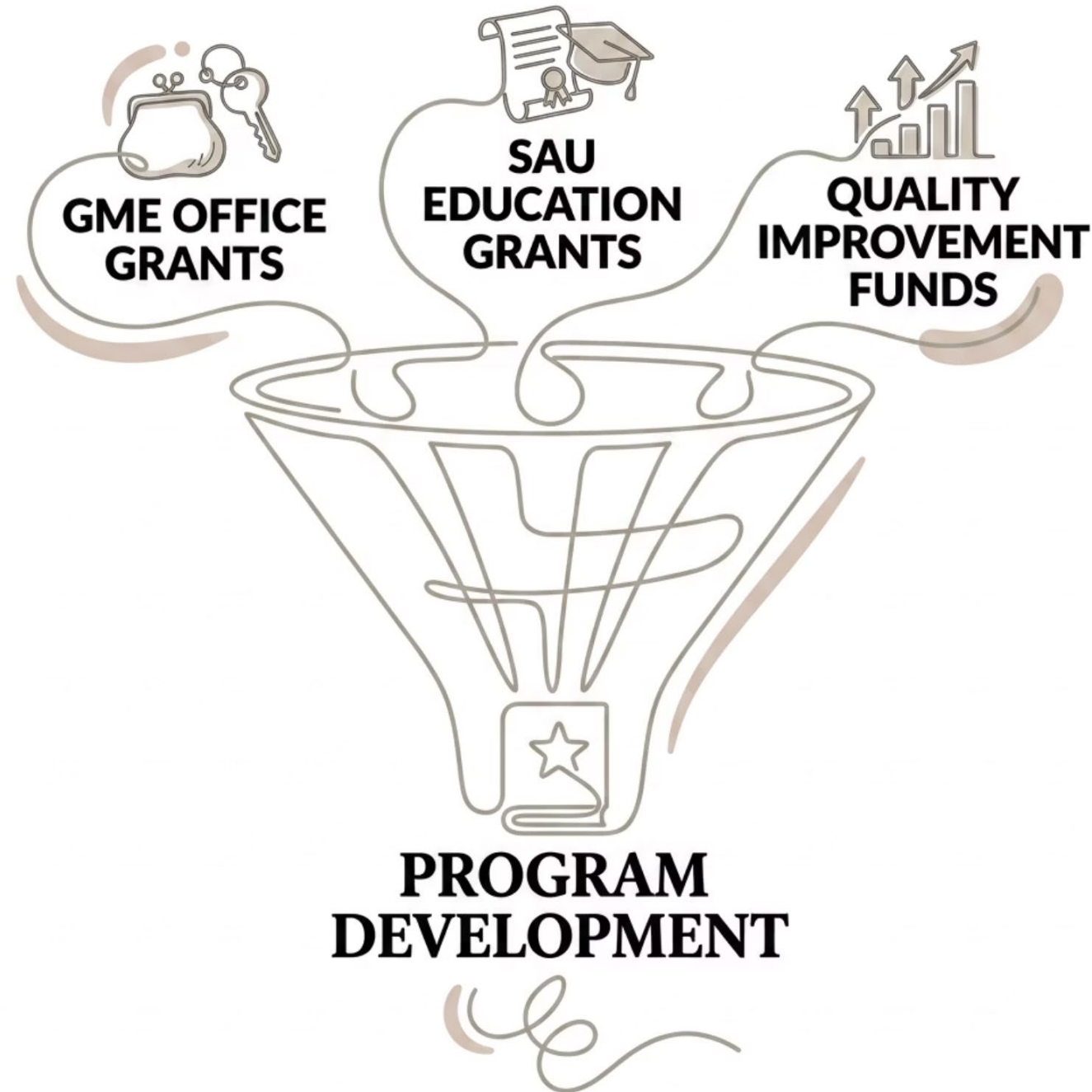
0 **Resident teaching awards**



YOUR MOVE.

**Education
builds programs,
careers,
and legacy.**

Education Can Be Funded!





Early Traps

Attack one thing at a time

Scope without focus is noise

Look for things people want to change

Solutions without listening are waste

Find people to help you

Solo effort doesn't scale — and it burns out

Build Your Team



You Cannot Scale Alone

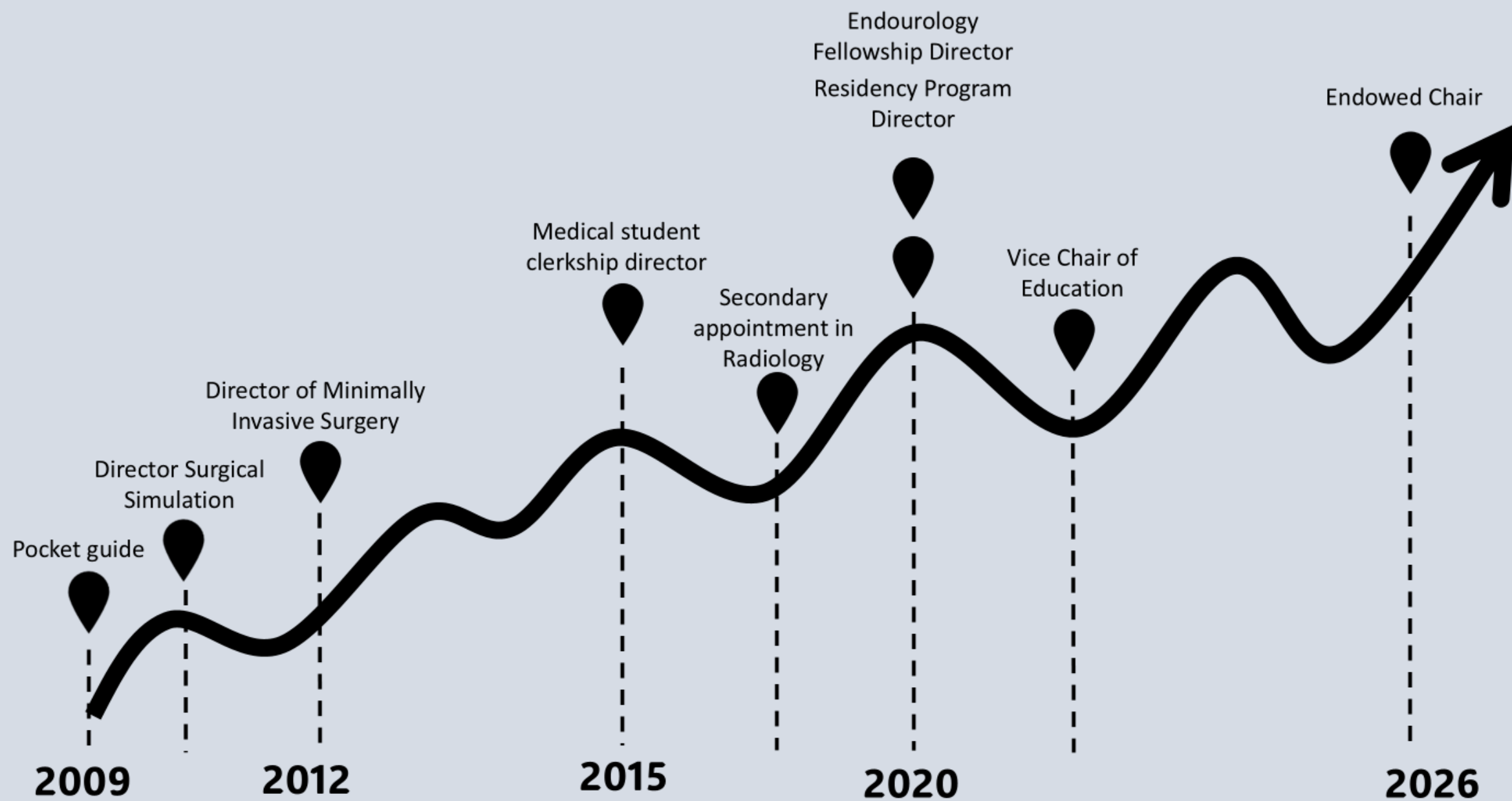
The most effective program directors are multipliers — they build systems and people, not just curricula. Invest in your team as intentionally as your program.

Program Coordinators

Invest in the relationship. Value their institutional knowledge — they are the operational backbone of everything you build.

Associate Program Directors

Collaborate, don't just delegate. Two minds generate better solutions. Foster ownership and shared vision.



Assistant Professor

Associate Professor

Clinical Professor

Departmental teaching awards

GME and Medical school teaching awards

University teaching Award



Celebrate Educators

Make Excellence Visible

→ **Departmental awards**

Honor strong teaching within your department

→ **GME awards**

- Clinical coaching
- Program Director of the year

→ **College of Medicine**

- Outstanding Educator” Award
- Collegiate teaching award

→ **University Awards**

President and Provost Teaching Award

→ **National Awards**

- Society of Academic Urology Faculty Educator Award
- AUA Residents and Fellows Committee Teaching Award