Title Page:

Clinical fellows- Valuable or not? Opinions of Australian and New Zealand urology trainees and consultants

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Running Head: Survey regarding urology fellows.

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As subspecialized urology fellowship training becomes more commonplace in Australia and New Zealand (ANZ), there exists an imperative to study the impact of fellows in greater depth. Little is known about the beliefs and opinions of local trainees surrounding the integration of clinical fellows into urology departments, and how it relates to their own education. Previously stated benefits of fellows to their respective departments include: academic productivity, clinical service, teaching of more junior trainees, and increasing their reputation and expertise on a national and international scale.¹

A literature review by Plerhoples et al attempted to assess the impact of fellowships on surgical residents in several subspecialties.² Of 23 articles reviewed, one found positive impact on resident education, while nine found negative impact. The other 13 studies noted mixed results in six, with minimal to no impact in seven. It was noted by the authors that any conclusions were limited by the quality of the data in their analysis.²

A survey exploring the opinions of American orthopedic surgery faculty and trainees noted a majority of trainees expressed that the role of the fellow in the operating theatre as a major source of conflict, while 86% agreed that fellowship training is an important educational issue for residency programs.³ A minority of these same residents (29%) believed that their educational experience had been compromised.

Our aim is to survey ANZ urology trainees and consultants in order to gauge their beliefs on the issue of clinical urology fellows. We also aim to compare these opinions with previously published opinions of urology trainees in Canada.

With permission from the Urological Society of Australia and New Zealand (USANZ), hard-copy questionnaires were given to ANZ urology trainees in attendance at a mandatory meeting for those in training years 3-5. Questionnaires were modified based upon a previously published survey, with permission (Appendix 1).¹ Electronic surveys were emailed inviting consultant members of USANZ to participate, with a reminder sent two months after the first email. Responses were recorded using the 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). A two group unpaired t-test with equal variances was performed to evaluate differences between ANZ trainees and

consultants. The one-sample mean comparison t-test was used to compare ANZ trainees to Canadian urology trainees from a single institution (University of Toronto).¹ The previously published mean values were used as the comparator figure. All tests were two sided with significance set at 0.05. Analysis was performed using Stata v. 12.0 SE (College Station, TX, USA).

Overall response rate from registrars, and consultants was 47% (52/111), and 11% (48/420), respectively. Responses to survey questions posed to ANZ urology trainees and consultants are summarized in Table 1. Also demonstrated are associated p-values comparing responses between ANZ trainees/consultants and ANZ trainees/Canadian trainees for each question.

The most commonly mentioned “characteristics of a good clinical fellow” were being a “team player” (58.6%), “teaching” (43.7%), and being “collegial/supportive” (34.4%).

As the specialty of urology trends towards an increasing emphasis on sub-specialization, the presence of clinical fellows will likely continue to increase. Department heads, urology educational program directors, fellows, and trainees will

need to work in concert to strike an appropriate balance sharing learning opportunities, to maximize educational value for all parties.

As was seen in our survey, ANZ trainees felt less strongly than their previously questioned Canadian counterparts that fellows “steal” operative cases, though there was agreement that fellows add to the overall education of urology trainees in both countries. It does highlight the potential challenges in striking a balance in providing optimal educational opportunities for both trainees and fellows. Open communication, setting of roles/objectives for trainees and fellows, and good working relationships would likely be of great benefit in fostering an agreeable working environment and ensuring fair distribution of learning opportunities.

The top two most frequently cited desirable characteristic of a good clinical fellow were being a team player, and teaching. It underscores the importance of selecting for these attributes when advertising, and interviewing for potential fellows. The introduction of additional fellows should be done cautiously, so as to maintain the balance of educating local trainees while raising the profile of individual departments on the worldwide stage and attracting the best possible international fellows. It also may be of benefit for local urology units to clearly

define the roles of trainees and fellows to promote a more harmonious relationship between the two entities.

Several limitations to this study exist. The study was administered only to those in attendance at trainee session where the survey was distributed. The relatively low response rate by consultants represents another important limitation.

As urology fellowship opportunities continue to proliferate in ANZ, it remains of upmost importance to strive to maintain an optimal balance respecting the training needs of all parties. Maintaining communication between local urology departments and training coordinators is essential to ensure personnel is optimally assigned. When appropriate integration of trainees and fellows is achieved, the educational benefits towards enhancing trainee learning may be significant.

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Table Legend:

Table 1. Summary and comparison of opinions of Australian and New Zealand (ANZ) urology trainees and consultants, and between ANZ trainees and Canadian trainees previously surveyed.

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