

July 4, 2024

Ryan P. Smith, MD  
Program Director, Urology Residency

Meghan Rover  
Program Coordinator

Dear Dr. Smith and Ms. Rover,

On June 5, 2024, the GME Annual Oversight Committee (AOC) reviewed the progress of your program over the past year, including your accreditation status, the ACGME Letter of Notification and any citations or Areas for Improvement, the ACGME annual Faculty and Trainee Surveys, and your Annual Program Evaluation (APE).

**The Committee appreciates your efforts in resident education and detailed action plans in the Annual Program Evaluation (APE). While the ACGME Letter of Notification dated 3/28/2024 does not have any citations, the Review Committee noted Areas for Improvement (AFI) in the learning and working environment, specifically in “additional responsibilities after 24 consecutive hours of work,” “resident work hours exceed 28 consecutive hours,” and “Increasing patient care responsibilities granted based on residents’ training and ability.”**

While the ACGME’s concern on resident learning and working environment was based on the 2023 Residency Survey responses, the new Resident Survey report released in May 2024 again highlights the following metrics with a significantly lower compliance rate than the specialty means.

- Increasing patient care responsibilities granted based on residents’ training and ability
- 80-hour week (averaged over a four-week period)

In addition, there are several metrics (e.g., professionalism, faculty teaching and supervision, work hours) that showed lower compliance means than last year and lower than this year’s specialty means.

To gather additional feedback from the residents, the Oversight Committee surveyed the residents, focusing on these domains between June 7 and 21, 2024.

Given the zero-tolerance policy on unprofessionalism and learner mistreatment and the ACGME Program requirement on Faculty members’ roles in graduate medical education, the program is advised to develop action plans to address learner mistreatment by the residency faculty members reported in the survey (see the appendix for recommendations). The Oversight Committee requests the program director's progress report outlining these action plans. Please send your progress report to Sarah Oh, PhD, in the GME Office by July 31, 2024.

The ACGME expects that the “Major Changes” section of your upcoming Annual Update in the Accreditation Data System (ADS) will be used to describe the efforts that you have taken to address the AFIs and issues identified in your Resident and Faculty surveys. This information entered into the

**Major Changes section of your ACGME WebAds Annual Update, will be reviewed in advance by the DIO prior to your submission.**

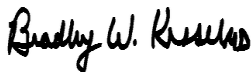
**The Committee also noticed that your Program Evaluation Committee (PEC) listing on your APE reporting does not include a resident representative. Following the ACGME program requirements, we request that your PEC include at least one resident member.**

The GMEC Oversight Committee reminds the program of the institution's goal and new Common Program Requirement, which is to increase diversity among our faculty and GME trainees. The Committee also asks that you continue to support your underrepresented minority (URM) trainees. To track your progress, we provide the current number of URM faculty and trainees in your program. The institutional database shows fewer than 5, but not zero URM/11 trainees and fewer than 5, but not zero URM/19 faculty for the 2023-2024 academic year. Please see the footnote for information about how those data were derived.

The Graduate Medical Education Committee reviewed the Committee's report at its June 26, 2024 meeting.

If you have any questions, please feel free to contact us.

Best regards,



Bradley W. Kesser, MD  
Associate DIO and Chair of AOC



Monica G. Lawrence, MD  
DIO and Chair of GMEC

CC: Kirsten Greene, MD, Chair, Department of Urology

Underrepresented Minorities (URM) include American Indian and Native Americans; Black or African American; Hispanic or Latino; Hawaiian Native or Other Pacific Islander; and one or more combinations of these ethnicities. The total count of URM faculty and trainees by the program was based on the faculty and trainees' self-identification and provided by the School of Medicine Data Analytics team and New Innovations, respectively. The University Data Sharing Policy dictates that the actual number of URM faculty or trainees is not specified when the number of URM faculty is fewer than 5, but not zero. This means the numbers are anywhere between 1 and 4 URM faculty or trainees that have been included.

## Appendix: Urology Internal Resident Survey Report

### Overview

In the 2024 ACGME resident survey, several areas of concern arose regarding professionalism, communication with faculty, and teaching/feedback provided to residents. The ACGME Survey does not solicit the source, frequency, or location of unprofessional behaviors, which challenges programs to identify the root cause and develop specific action plans. The program was also interested in gathering residents' feedback on reporting unprofessional behaviors and their satisfaction with the program's efforts on faculty teaching and feedback, as well as their well-being and efforts for program improvement.

To that end, the program partnered with the GMEC Annual Oversight Committee (AOC) to evaluate these concerns further through an internal survey, which was deployed to the residents on June 7 and open for two weeks. The program has a total of 10 residents, and the AOC received 12 responses. It is possible that one or more residents opened the survey from more than one computer, which was counted as separate responses in the system. Resident responses are aggregated below to protect the respondents' anonymity.

### Findings

1. **Witnessed or experienced unprofessional behaviors**  
Between 30% and 41.7% of the residents indicated that they personally experienced or witnessed unprofessional behaviors from Urology faculty members and patients more than twice over the course of the 2023-2024 academic year. The types of unprofessional behavior reported included mistreatment, abuse, discrimination, and coercion (in the order of the most to least frequent). The incidents of unprofessional behaviors from the faculty members included several examples of learner mistreatment outlined in the GMEC Policy 25: Learner Mistreatment, linked [here](#).
2. **Reporting of unprofessional behaviors**  
Regarding the residents' comfort level with bringing up or discussing issues and problems with the program leadership (program director and/or the department chair), residents' responses were evenly split between "I do not feel comfortable" and "I feel comfortable." While the report of unprofessional behaviors to the program leadership was indicated, more residents responded that they did not report unprofessional behaviors due to the lack of anonymity, given the program has only 10 residents and that they want better education on where to report unprofessional behaviors outside the department.
3. **Resident satisfaction with faculty teaching and supervision**  
Across all clinical settings, between 50% and 66.7% of the residents indicated their satisfaction with faculty timely and helpful feedback on their performance, as well as their didactic education. Other residents indicated that they are somewhat satisfied, but the program can improve faculty members' feedback in a more consistent manner.
4. **Resident satisfaction with the program's improvement effort**  
Between 50 and 67% of the respondents expressed their satisfaction with 1) the balance between education and patient care, 2) the program's ability to foster a supportive learning environment, and 3) the program's effort to improve based on residents' feedback to the program.
5. **Resident satisfaction with the program's efforts to promote resident well-being.**  
Between 50 and 67% of the residents are satisfied with the program's effort in addressing fatigue mitigation and monitoring residents' clinical and educational work hours. Other residents indicated

that there is room for improvement in work-hour monitoring and fatigue mitigation to ensure their well-being during residency training.

### **Recommendations**

Given the zero-tolerance policy on unprofessionalism and learner mistreatment and the ACGME Program requirement on Faculty members' roles in graduate medical education, the program is advised to develop action plans to address learner mistreatment by the residency faculty members reported in the survey.

*ACGME Program Requirements II. B.*

*Faculty members are a foundational element of graduate medical education and provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning.*

- 1) We recommend department-wide faculty development, in collaboration with Wisdom and Wellbeing, to raise awareness and recognition of unprofessional behaviors from the faculty members in clinical and educational learning environments. This faculty development should be structured and sustained throughout the academic year. A Stepping in for Respect seminar may also be helpful.
- 2) We recommend improving resident education on how to report unprofessional behaviors to the program leadership and outside of the department, including but not limited to the institutional leadership (DIO, Associate DIO, GME Hotline) and/or Be Safe without fear of intimidation or retaliation. When a report of learner mistreatment and/or a negative learning environment involving resident(s) or witnessed by resident(s) occurs, multiple avenues must be provided for both direct and anonymous reporting, given the sensitive nature of complaints and the perceived power differential in lodging complaints. The PD could also develop an anonymous online suggestion box or reporting mechanism that may also allow residents to feel safe reporting unprofessional behavior.