

assumed would be perceived as favorable. Furthermore, the survey was also administered during the application period and although it was an anonymous survey their responses may reflect a desire to please a prospective residency program. In addition, classical designations of academic and private practice urology are in a state of evolution and they are not exclusive of each other. This fluidity and overlap may not have been understood by applicants with little exposure to the practice of urology and have influenced their responses.

Future urologists have projected career tracks focusing on academics, subspecialty fellowship, practicing in urban settings, and decreased night call that may not align with the urological needs of our aging population. An interdisciplinary approach with general practitioners along with optimizing advanced care practitioners may help lessen the strain on the workforce shortage. Telemedicine is also another potential tool to improve efficiency and accessibility however it is currently only utilized by a minority of urologists (8.5%) and there are technical, regulatory, and culture barriers hindering its widespread embracement.¹⁶ Further compounding the shortfall in the workforce are challenges urology graduate medical education faces including lack of funding, work hour restrictions, and adopting new techniques to properly teach the millennial generation.

CONCLUSION

Current urology applicants belong to the millennial generation and they desire to work in academics, pursue subspecialty fellowship training, and work in an urban setting. What contemporary urology applicants consider acceptable regarding work hours, call schedule, and financial compensation appear to be generally compatible with the current practice of urology. It is important to be aware of the desires and expectations of future urologists and take those into consideration when making comprehensive and creative efforts to address the anticipated urologic workforce shortage.

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EDITORIAL COMMENT



The authors present a thought-provoking snapshot in time examining the attitudes and expectations of current generation urology applicants to a single residency training program. Several aspects of the study stand out to me. First, the high percentage of candidates who express a desire to pursue a career in academic medicine, with nearly half of the surveyed candidates interested in pursuing an academic career with nearly another 35% interested in having an academic affiliation associated with a private practice position. Recent AUA survey data cited in the study indicates that 34.4% of females and 24.3% of male practicing urologist work in academics. Therefore, it appears that interest in academics may wane during residency and it would be very interesting to resurvey this group at the completion of residency to determine if this pattern persists. My own observations have been that external forces such as debt burden as well as spousal and family pressures are often a factor that pulls trainees away from an academic career and pursuing fellowship training. With future workforce shortages in urology predicted, it will put additional pressure on academic medical centers to make employment attractive to graduating trainees.

The second aspect that intrigues me is the candidate's perspective of reasonable oncall commitments. Surveyed candidates most commonly reported that two to four nights per month was reasonable, yet this is lower than the call night volume for self-employed urologists which is about five to eight nights per month. While historically being oncall at high frequency may have been considered “part of the job”, this perception is changing as reflected by

the candidate's response. As the current millennial generation begins to permeate important leadership and decision-making positions in the future, I expect a paradigm shift may occur in how urologists practice. How exactly this will be shaped I am not certain, but I would not be surprised if it included greater shift work, night float, and increased paid oncall services.

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