

# Global Urology Survey

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Thank you for your interest in this study!

The purpose of this survey is to evaluate attitudes and experience among attending reconstructive urologists in global urology initiatives.

We hope to gain insights into the current extent and perceived importance of urologist participation in international trips, educational activities, and contributions to urology care in under-resourced regions.

The survey contains approximately 30 questions. It should take approximately 5-7 minutes to complete. Participation is completely voluntary. Participants should be limited to practicing attending urologists. Survey responses are completely anonymous.

Participants may be entered to win a New Apple Airpods Pro (\$250 value)!

By clicking "Next Page" you are consenting to participation in this study.

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1. What best describes your current role?

Practicing urologist  
 Resident  
 Fellow  
 Retired urologist

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2. What is your gender?

Female  
 Male  
 Non-Binary  
 Prefer not to answer

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3. How old are you?

25-34 years  
 35-44 years  
 45-54 years  
 55-64 years  
 65-74 years  
 >75 years

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4. What best describes your race/ethnicity?

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hispanic/Latino  
 Native Hawaiian or other Pacific Islander  
 Not hispanic/latino  
 White  
 Other  
 Prefer not to answer

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If other, please describe.

\_\_\_\_\_

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5. What year did you start practicing independently as a urologist?

\_\_\_\_\_

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Where is your primary location of practice?

United States  
 Canada  
 Mexico/Central America  
 Other

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If other, please describe:

\_\_\_\_\_

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6. What is your section of the AUA?

- Mid-Atlantic section
- New England section
- New York section
- North Central section
- Northeastern section (Canada)
- Northeastern section (US-based)
- South Central Section (Mexico/Central America)
- South Central section (US-based)
- Southeastern section
- Western Section (Canada)
- Western section (US-based)
- I work outside the US/Canada/Mexico/Central America
- I am not affiliated with a Section

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7. What best describes your subspecialty in urology?

- General Urology
- Andrology and Men's Health
- Endourology
- Female Pelvic and Reconstructive Urology
- Trauma and Reconstructive urology
- Pediatric
- Transplant Urology
- Urologic Oncology
- Other

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If other, please describe.

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8. Did you complete a fellowship?

- Yes
- No

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Which type of fellowship(s)?

- Andrology and Men's Health
- Endourology
- Female Pelvic and Reconstructive Urology
- Minimally Invasive Surgery
- Trauma and Reconstructive urology
- Pediatric
- Transplant Urology
- Urologic Oncology
- Other

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9. Of which of the following are you a member?

- American Urologic Association (AUA)
- Research on Calculus Kinetics Society (ROCK)
- Sexual Medicine Society of North America (SMSNA)
- Society of Academic Urologists (SAU)
- Society for Fetal Urology (SFU)
- Society of Genitourinary Reconstructive Surgeons (GURS)
- Society for Pediatric Urology (SPU)
- Society for the Study of Male Reproduction (SSMR)
- Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)
- Society of Urologic Oncology (SUO)
- Society of Women in Urology (SWIU)
- Urologic Society for Transplantation and Renal Surgery (USTRS)
- None

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10. Do you currently hold any of the following administrative positions?

- Chair / Chief
  - Vice Chair / Vice Chief
  - Program Director
  - Assistant Program Director
  - Other significant leadership role in Department / Division
  - None
- 

If other please describe.

---

How many years have you served in this administrative role at your current division/department?

- 0-5 years
  - 6-10 years
  - >10 years
- 

11. What best describes your primary practice setting?

- Academic (affiliated with a university hospital)
  - Non-academic (ie. private practice, employed, or other community based practice)
  - Government or military
- 

Is your primary practice setting affiliated with a urology residency training program?

- Yes
  - No
- 

12. Approximately how many urology faculty members do you have on staff in your division or department?

- 0-5
  - 6-10
  - 11-15
  - 16-20
  - >20
- 

13. Which of the following fellowships do you have at your institution?

- Andrology and Men's Health
  - Endourology
  - Female Pelvic and Reconstructive Urology
  - Trauma and Reconstructive Urology
  - Pediatric
  - Transplant Urology
  - Urologic Oncology
  - Other
  - None
- 

If other, please describe.

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14. On average, approximately how many weeks of vacation do you take per year?

- 0-1 weeks
  - 2-3 weeks
  - 4-5 weeks
  - 6 or more weeks
  - I don't know
- 

15. How many times have you participated in a trip to provide urology care to patients in an under-resourced country?

- Never
  - Once
  - Twice
  - >3 times
- 

16. What countries did you volunteer in? Please list.

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17. What organization(s) have you traveled with?

- Global Surgical Expedition
- Independently
- International Organization for Women and Development
- IVUMed
- Other

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If other, please describe.

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18. How were the volunteer trips funded?

- By the organization I traveled with
- My urology division/department
- Not sure
- Self-pay

---

19. How would you rate the impact you had on training local provider(s) during these trips?

- 0 - Negative Impact
- 1 - No Impact
- 2 - Minimal Positive Impact
- 3 - Moderate Positive Impact
- 4 - Significantly Positive Impact
- 5- Very significantly Positive Impact

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20. How would you rate the impact you had on patient care during these trips?

- 0 - Negative Impact
- 1 - No Impact
- 2 - Minimal Positive Impact
- 3 - Moderate Positive Impact
- 4 - Significantly Positive Impact
- 5- Very significantly Positive Impact

**21. How can urologists make the biggest impact in under-resourced countries?****Drag to rank from most impactful to least impactful.**

	Most impactful					Least impactful
Financial contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trips to operate on patients in greatest need (ie. patients with pathology that local urologists do not have the skills and/or equipment to treat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment/instrument donation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Virtual education conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trips to teach local urologists discrete surgical techniques and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing assistance with local research endeavors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Rate the importance of urologists helping to educate and build surgical capacity in under-resourced countries

- 1 - Very unimportant
- 2 - Unimportant
- 3 - Neutral
- 4 - Important
- 5 - Very important

**Why do you think it is NOT important for urologists to participate in global urology initiatives?  
Rank the reasons why you feel this way.**

**(If you think it IS important, you were led to this page in error. Please click back and change your response to the last question)**

	1 - #1 Reason	2	3	4	5 - #5 Reason
There is a huge unmet need for urology care in high-income countries (like the US) and we should focus our efforts here instead of abroad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are significant safety concerns in traveling to other countries such as crime, political turmoil, and health risks (ie. HIV exposure during surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not the responsibility of urologists from high-income countries to train international surgeons, countries should provide their own training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Global surgery programs rarely have any long-lasting impact in the countries where they work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International medical volunteerism can cause harm to local medical ecosystems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Rate the importance of urologists from high-income countries supporting urologists in under-resourced countries in producing academic research

- 1 - Very unimportant  
 2 - Unimportant  
 3 - Neutral  
 4 - Important  
 5 - Very important

24. Rate the importance of urologic trainees (residents/fellows) being involved in global urology work.

- 1 - Very unimportant  
 2 - Unimportant  
 3 - Neutral  
 4 - Important  
 5 - Very important

**Why is it important for trainees to participate? Drag to rank the reasons below.**

	1- #1 Reason	2	3	4	5	6	7 - # 7 Reason
Learning about need and access to surgery across the globe is an essential part of surgical residency training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To perform high volume surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To see advanced pathology that may not be encountered in typical training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To learn to operate with limited resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To increase exposure to open surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To train local urologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To build professional relationships across borders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Why is it NOT important for trainees to participate? Drag to rank the reasons below.**

	1 - #1 Reason	2	3	4	5	6 - #6 Reason
There is adequate exposure in the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International work is expensive and there is limited funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We should focus on improving access to local under-resourced populations before international	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trainees off-site would detract from our own patients' care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiences abroad have limited local applicability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trainees on global surgery trips may detract from the goal of teaching local surgeons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Rate your interest in participating in international volunteer trips to perform surgery in under-resourced countries in the future

- 1 - Very uninterested  
 2 - Not interested  
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26. Rate your interest in participating in international volunteer trips to teach surgery in under-resourced countries in the future

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27. Rate your interest in participating in a 1-hour virtual education conferences every 6-8 weeks with local urologists working in an under-resourced country

- 1 - Very uninterested  
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28. Should participation in organized international trips to provide urologic care and/or operative teaching in under-resourced countries be counted towards any type of "service" for faculty members pursuing promotion?

- Academic service  
 Clinical service  
 Neither, it is volunteer work separate from academics  
 I am not sure

29. Faculty members who do international medical volunteer should do it during their:

- Vacation time  
 Academic time  
 Paid clinical time  
 I am not sure  
 Never

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30. How many weeks per year is it reasonable for a faculty member to spend doing this work on non-vacation time?

- 0    1    2    3  
 4    5    6    > 6

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31. Does your department/division have access to funding for global surgery work?

- Yes  
 No  
 I don't know

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32. What regions do you think would benefit the most from global urology support?

- Central Africa  
 Central America  
 Central Asia  
 East Africa  
 East Asia  
 North America  
 Polynesia  
 South America  
 South Africa  
 South Asia  
 Southeast Asia  
 West Africa  
 No where

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Did you previously complete this survey when it was distributed via SAU or your program coordinator earlier this year?

- Yes  
 No  
 I am not sure

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3. How old are you?

25-34 years  
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 Prefer not to answer

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If other, please describe.

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5. What year did you start practicing independently as a urologist?

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6. What is your section of the AUA?

- Mid-Atlantic section
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7. What best describes your subspecialty in urology?

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- Transplant Urology
- Urologic Oncology
- Other

If other, please describe.

\_\_\_\_\_

8. Did you complete a fellowship?

- Yes
- No

Which type of fellowship(s)?

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- Chair / Chief
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  - Program Director
  - Assistant Program Director
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If other please describe.

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How many years have you served in this administrative role at your current division/department?

- 0-5 years
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11. What best describes your primary practice setting?

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Is your primary practice setting affiliated with a urology residency training program?

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If other, please describe.

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16. What countries did you volunteer in? Please list.

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17. What organization(s) have you traveled with?

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**21. How can US-based urologists make the biggest impact in under-resourced countries?****Drag to rank from most impactful to least impactful.**

	Most impactful					Least impactful
Financial contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trips to operate on patients in greatest need (ie. patients with pathology that local urologists do not have the skills and/or equipment to treat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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22. Rate the importance of US-based urologists helping to educate and build surgical capacity in under-resourced countries

- 1 - Very unimportant
- 2 - Unimportant
- 3 - Neutral
- 4 - Important
- 5 - Very important

**Why do you think it is NOT important for US-based urologists to participate in global urology initiatives?**

**Rank the reasons why you feel this way.**

**(If you think it IS important, you were led to this page in error. Please click back and change your response to the last question)**

	1 - #1 Reason	2	3	4	5 - #5 Reason
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There are significant safety concerns in traveling to other countries such as crime, political turmoil, and health risks (ie. HIV exposure during surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not the responsibility of US-based urologists to train international surgeons, countries should provide their own training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Global surgery programs rarely have any long-lasting impact in the countries where they work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International medical volunteerism can cause harm to local medical ecosystems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Rate the importance of US-based urologists supporting urologists in under-resourced countries in producing academic research

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24. Rate the importance of urologic trainees (residents/fellows) being involved in global urology work.

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**Why is it important for trainees to participate? Drag to rank the reasons below.**

	1- #1 Reason	3	4	5	6	7 - # 7 Reason
Learning about need and access to surgery across the globe is an essential part of surgical residency training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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To learn to operate with limited resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To increase exposure to open surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To train local urologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To build professional relationships across borders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Why is it NOT important for trainees to participate? Drag to rank the reasons below.**

	1 - #1 Reason	2	3	4	5	6 - #6 Reason
There is adequate exposure in the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International work is expensive and there is limited funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We should focus on improving access to local under-resourced populations before international	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trainees off-site would detract from our own patients' care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiences abroad have limited local applicability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trainees on global surgery trips may detract from the goal of teaching local surgeons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Rate your interest in participating in international volunteer trips to perform surgery in under-resourced countries in the future

- 1 - Very uninterested  
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29. Faculty members who do international medical volunteer should do it during their:

- Vacation time  
 Academic time  
 Paid clinical time  
 I am not sure  
 Never

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30. How many weeks per year is it reasonable for a faculty member to spend doing this work on non-vacation time?

- 0    1    2    3  
 4    5    6    > 6

---

31. Does your department/division have access to funding for global surgery work?

- Yes  
 No  
 I don't know

---

32. What regions do you think would benefit the most from global urology support?

- Central Africa  
 Central America  
 Central Asia  
 East Africa  
 East Asia  
 North America  
 Polynesia  
 South America  
 South Africa  
 South Asia  
 Southeast Asia  
 West Africa  
 No where