

MP02-08: Are Urologists Used Differently in Private versus Academic Hospitals?

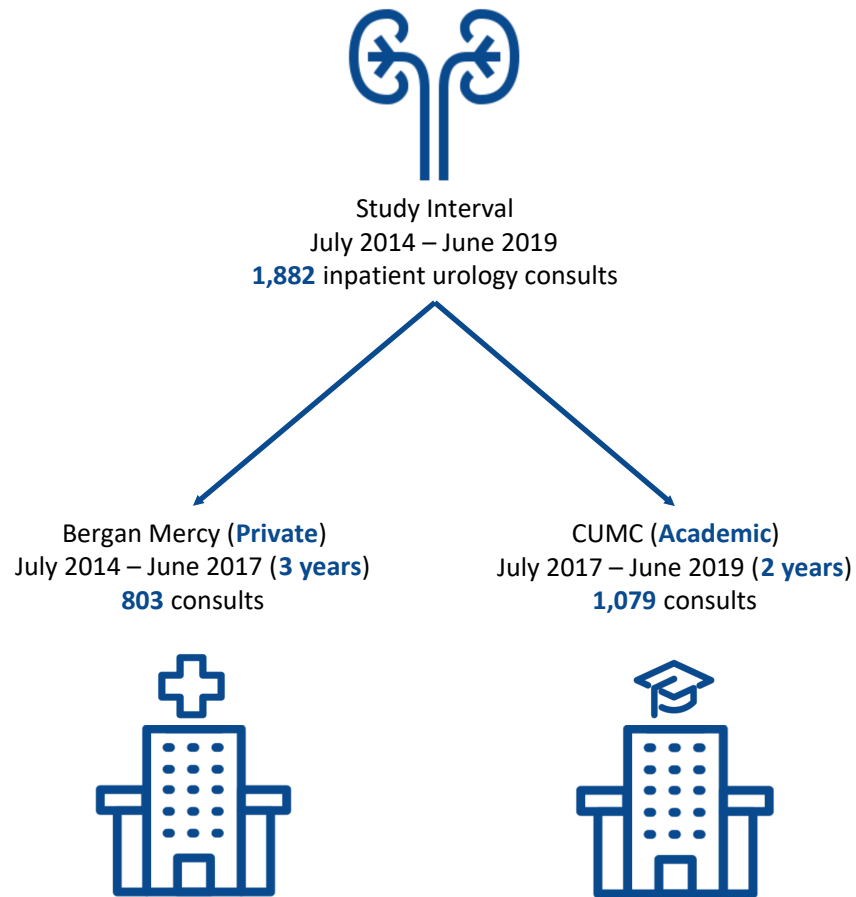
A Comparison of Urologic Consultations in the Transition from a Nonteaching to Teaching Hospital.

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INTRODUCTION

- Of all US residencies, urology has the highest rate of physician burnout.¹
- After training, urology burnout rates are comparable to other specialties.²
- One driver may be the inpatient consult burden in academic hospitals.
- Bergan Mercy Medical Center—a private hospital—transitioned to an academic hospital when it became Creighton University Medical Center – Bergan Mercy (CUMC) in July 2017.

RESULTS

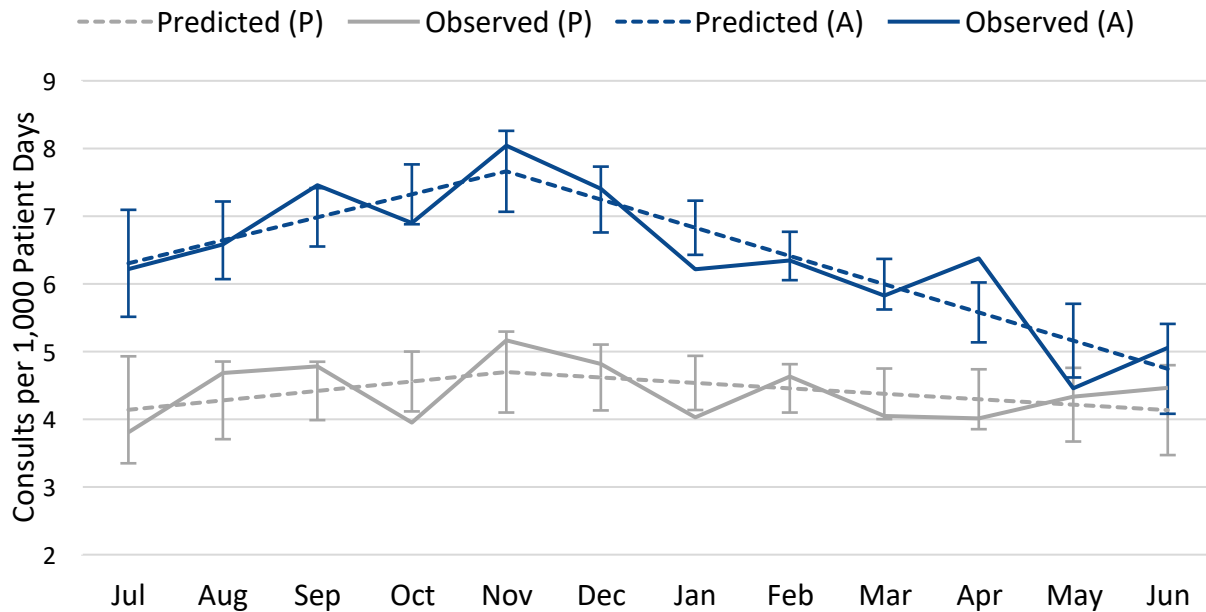


METHODS

- A retrospective chart review was performed on all inpatient urology consults placed from July 2014 to June 2019.
- To calculate the consult rate and account for variation in hospital census, all consults were weighted using patient days.

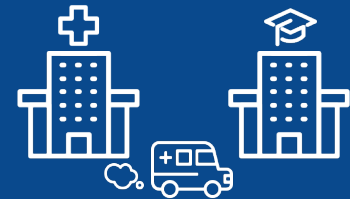
1. Dyrbye LN et al. JAMA. 2018;320(11):1114–30.

2. Shanafelt TD et al. Mayo Clin Proc. 2019;94(9):1681–94.



CONCLUSIONS

- Inpatient urology consults were ordered more frequently in the setting of an academic hospital compared to a private hospital.
- The academic consult rate displayed an interesting and consistent trend, year-to-year.
- Recognizing and understanding these practice patterns may have far-reaching implications in medical education, high value care and physician burnout.



Inpatient urology consults are placed more frequently in academic hospitals than private hospitals. This difference disappears in June, coinciding with the end of the academic year.

RESULTS (continued)

- The inpatient urology consult rate was significantly higher in the academic setting until June when the private and academic rates statistically equalized.
- The rate of private inpatient urology consults was constant throughout the year.
- The rate of academic inpatient urology consults rose from July to November and then steadily fell until matching the private rate at the end of the academic year.