

# ASSESSMENT OF SURGICAL SKILLS OF UROLOGY RESIDENT APPLICANTS: FOUR-YEAR EXPERIENCE

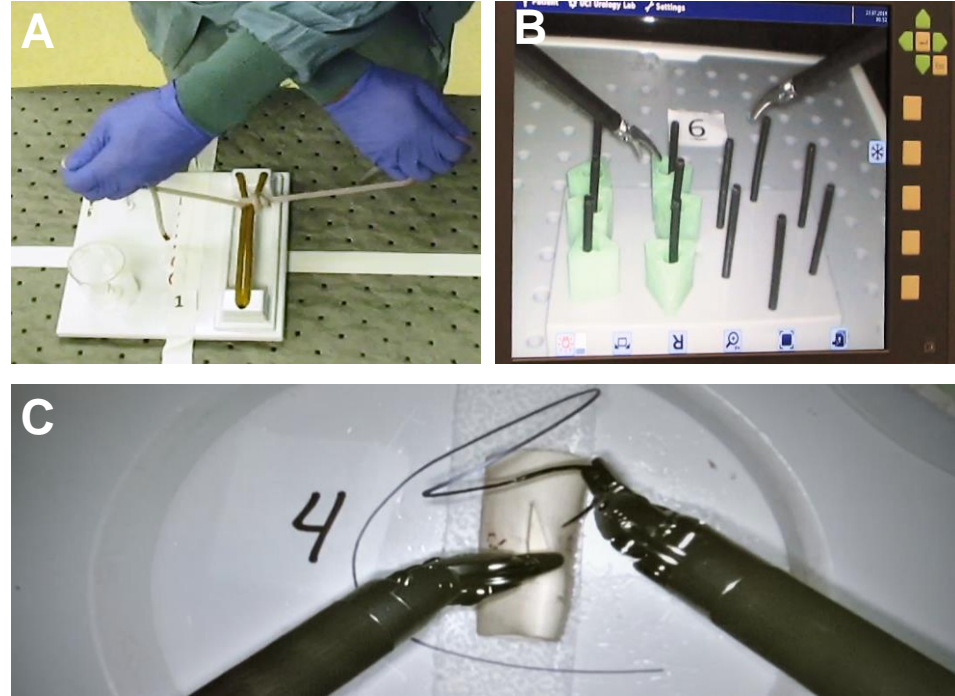
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# Methods

- 94 urology residency interviewees over 4 years performed knot tying, laparoscopic peg transfer, and robotic suturing skills testing.
- Videos of each task were evaluated by Crowd-Sourced Assessment of Technical Skills (C-SATS) and 2 faculty urologists.
- USMLE Step 1 scores, interview scores, and match rank were recorded and analyzed for correlation to skills testing scores.



**Figure. A)** Open knot tying **B)** Laparoscopic peg transfer  
**C)** Robotic suturing

## Agreement Between C-SATS and Faculty Scores

	Mean	Cronbach Alpha Agreement
Open Knot Tying – Crowd	16.7 ± 1.0	<b>0.32</b>
Open Knot Tying – Faculty	12.3 ± 3.8	
Laparoscopic Peg Transfer – Crowd	10.8 ± 2.9	<b>0.88</b>
Laparoscopic Peg Transfer – Faculty	11.4 ± 3.8	
Robotic Suturing – Crowd	15.5 ± 1.7	<b>0.66</b>
Robotic Suturing – Faculty	11.6 ± 4.8	
Average Score for all 3 Tasks – Crowd	13.3 ± 1.4	<b>0.73</b>
Average Score for all 3 Tasks – Faculty	11.0 ± 2.9	

Cronbach alpha scale of agreement: >0.9 = excellent; 0.899-0.7 = good; 0.699-0.5 = fair; <0.5 = poor

# Results

- Interview score most closely correlated with final match rank ( $r = -0.72$ ,  $p < 0.001$ ).
- Laparoscopic peg transfer scored by faculty and interview performance were the only metrics predictive of final match rank.

# Conclusions

- Expert faculty, but not crowd-sourced, assessment of surgical skills among urology resident applicants aids in determining match rank.
- Interview performance and faculty scored laparoscopic peg transfer are associated with higher match rank.