

Stakeholder perspectives on undergraduate urology education in Canada: The roles of urology and surgery interest groups and the Canadian Urology Student Interest Group

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ABSTRACT

Introduction: Medical school interest groups (IGs) can provide exposure to specialties beyond formal curricula. The Canadian Urology Student Interest Group (CUSIG) is a novel, national model of IG aiming to advance Canadian urology education. To inform CUSIG's ongoing development and collaborations with the Canadian Undergraduate Urology Committee (CanUUC) and the Canadian Urological Association (CUA), Canadian urologists involved in education were surveyed on their perspectives on the role of urology/surgery IGs in undergraduate urology education.

Methods: A survey assessing demographics, perceptions of IGs and CUSIG, and involvement with IGs was developed, reviewed by Canadian urology educators, and distributed to CanUUC

KEY MESSAGES

- Stakeholders in Canadian urology education support urology/surgery interest groups (IGs) and the Canadian Urology Student Interest Group's (CUSIG) national IG model.
- Shadowing, mentorship, and research opportunities were priority IG initiatives.
- Barriers to staff involvement with IGs and CUSIG included lack of awareness and limited time.
- Our findings can inform CUSIG's ongoing collaborations with the Canadian Undergraduate Urology Committee (CanUUC) and the CUA to enhance Canadian undergraduate urology education.

members, urology program directors, and other staff urologists at Canadian medical schools. Data were summarized descriptively.

Results: Forty-three urologists responded. Shadowing (37/43, 86.0%), mentorship (29/43, 67.4%), and research opportunities (25/43, 58.1%) were believed to be the most effective initiatives. While 28/43 (65.1%) respondents were not previously aware of CUSIG, they believed CUSIG could help advance Canadian urology education (3.69±0.80). Key priorities highlighted for CUSIG were increasing exposure (37/43, 86.0%), student-resident-staff collaborations (27/43, 62.8%), and access to research (23/43, 53.5%). Barriers to staff involvement with IGs and CUSIG were lack of awareness (22/43, 51.2%) and time (17/43, 39.5%).

Conclusions: Canadian urology education stakeholders endorsed CUSIG's national IG model and identified clear priorities, including increasing clinical and research exposure, facilitating mentorship, raising staff awareness, and delivering feasible, low-burden initiatives. These findings can guide CUSIG's development and collaborations with CanUUC and the CUA to address gaps in Canadian undergraduate urology curricula.

INTRODUCTION

Specialty interest groups (IGs) in medical schools can provide students with exposure to specialties outside formal curricula and opportunities to engage with physicians and residents in those fields. Common IG initiatives include surgical skills and case workshops, lectures, webinars, networking events, and mentorship programs.¹⁻³ Previous studies suggest that IG participation can positively impact medical students across multiple specialties.^{4,5}

Urology, being a relatively small subspecialty, often occupies limited dedicated teaching time in undergraduate curricula. Previous studies have reported insufficient teaching of urology in medical schools.⁶⁻¹⁰ Given this gap in undergraduate urology education, urology/surgery IGs may serve as a supplementary channel for students to gain urology exposure and educational, research, and mentorship opportunities.¹¹ The Canadian Urology Student Interest Group (CUSIG) is a novel, national model of IG that was established in 2023 and has developed collaborations with, and received support from the Canadian Undergraduate Urology Committee (CanUUC) and the Canadian Urological Association (CUA). Examples of these collaborative efforts include funding from the CUA for the development of the CUSIG website and the planning of a CUSIG student-focused session at the annual CUA conference, promotion of CUA grants and opportunities to students nationwide through CUSIG, and discussion of CUSIG initiatives at annual CanUUC board meetings. The main objectives of CUSIG are to foster a community in urology across Canada at all levels, from student to staff, and provide opportunities for research, mentorship, and education in the national context.¹²

Multiple studies examining medical student perceptions of IGs exist, including a prior study reporting that Canadian medical students found CUSIG to be beneficial.^{2,13-17} However,

studies exploring the perception of mentors are limited, especially in the context of national IGs.^{15,18,19} Understanding the perspectives of Canadian urology educators is essential to design IG initiatives that are of interest to both mentees and mentors, identify barriers to staff engagement, and optimize the contribution of IGs to undergraduate urology education. To inform the ongoing development of CUSIG as a national IG and strengthen CUSIG's collaborations with national education stakeholders and formal specialty organizations such as CanUUC and the CUA, we surveyed members of CanUUC, Canadian urology residency program directors (PDs), and other staff urologists at Canadian medical schools regarding the role of urology/surgery IGs in undergraduate urology education.

METHODS

Study design and survey distribution

Ethics approval for this study was obtained from the Dalhousie University Research Ethics Board (#2024-7452). A cross-sectional survey administered using Research Electronic Data Capture (REDCap) was emailed to members of CanUUC, Canadian urology residency PDs, and other staff urologists at Canadian medical schools from January to April 2025.²⁰ CanUUC members and PDs were directly contacted via email, while other staff urologists at Canadian medical schools were identified via convenience sampling, asking PDs and their program assistants to forward the invitation to staff urologists in their respective departments. The survey instrument included an informed consent form and was anonymous. No incentive was provided to respondents.

Survey development

After reviewing literature on medical school IGs and urology education and consulting two urology residents (SDL, DDN) with experience in medical education and IGs, the survey questionnaire was developed. The instrument was then piloted with three urology faculty members (KA, JYL, DLM) with extensive experience in urologic education, and revisions were made based on their feedback.

The survey collected non-identifying demographic information and examined respondents' perceptions of IGs and CUSIG, including their role and utility in urology education, impact on students, areas of improvement, and future directions. It also asked respondents about their past involvement in urology/surgery IGs as a medical student and their current involvement as staff. The survey included multiple-choice, short-answer, and five-point Likert scale questions. The final survey instrument is included in Supplementary Figure 1.

Statistical analysis

Survey data were summarized using descriptive statistics. Comparisons between subgroups were conducted using chi-square tests or Fisher's exact tests, as appropriate. All analyses were performed in R 4.0.4 (R Foundation for Statistical Computing, Vienna, Austria).

RESULTS

Fifty-two survey responses were obtained, of which 43 had complete responses and consented to survey completion and were included in the final analyses.

Demographic information

Respondents were relatively evenly distributed by years in practice, with 19/43 (44.2%) having practiced <10 years, 15/43 (34.9%) 10-20 years, and 9/43 (20.9%) >20 years. The majority of the respondents were male (33/43, 76.7%). Respondents were involved in clinical urology education at multiple training levels, including residency (34/43, 79.1%), fellowship (21/43, 48.8%), clerkship (26/43, 60.5%), and pre-clerkship (17/43, 39.5%). All 13 urology residency PDs across Canada responded to the survey (13/43, 30.2%). Six respondents were undergraduate education PDs (6/43, 14.0%). Other non-clinical educational roles included representative on CanUUC (7/43, 16.3%), representative on a local educational committee (17/43, 39.5%), member of a Royal College education committee (9/43, 20.9%), research mentorship (19/43, 44.2%), and continuing medical education (22/43, 51.2%). One respondent was both a residency PD and a member of CanUUC (1/43, 2.3%), while 24 respondents were not involved in either role (24/43, 55.8%). Additional demographics are reported in Table 1.

Perspectives on urology and surgery interest groups

Respondents reported that the undergraduate curriculum at their institutions was not sufficient for students during their pre-clinical years (2.20 ± 0.9 ; N=40; scale for all agreement questions: 1=Strongly disagree, 5=Strongly agree). The majority agreed that urology/surgery IGs can foster mentoring relationships (4.07 ± 0.60 ; N=42) and research collaborations (4.05 ± 0.71 ; N=41). Respondents agreed that involvement in urology/surgery IGs can be a useful indicator of specialty interest (3.84 ± 0.75 , N=43), that it can impact career choice for medical students (3.84 ± 0.75 , N=38), and IGs could have a role in promoting equity, diversity, and inclusion (EDI) within urology (3.43 ± 1.12 , N=35). The most useful initiatives for promoting urology education among students were shadowing opportunities (37/43, 86.0%), mentorship programs (29/43, 67.4%), and research opportunities/collaborations (25/43, 58.1%), whereas the least useful initiatives were social media engagement (8/43, 18.6%) and educational resources (e.g. podcasts, webinars) (15/43, 34.9%). Additional survey results are summarized in Supplementary Table 1.

Perspectives on CUSIG

The majority (28/43, 65.1%) of respondents were not aware of CUSIG before responding to this survey. Despite this, most respondents agreed that a national IG such as CUSIG has an important role in advancing urology education (3.69 ± 0.80 , N=39). Respondents emphasized that CUSIG should focus on expanding general exposure to urology for students (37/43, 86.0%), fostering collaboration between students, residents, and staff (27/43, 62.8%), and increasing access to urology research (23/43, 53.5%). Perceived challenges for CUSIG and national IGs included lack of awareness, engagement, or support from residents and staff (22/43, 51.2%) and from

students (16/43, 37.2%), and geographical and institutional barriers between schools across Canada (16/43, 37.2%). When responses were compared between respondents who were previously aware of CUSIG (15/43, 34.9%) vs. not (28/43, 65.1%), a greater proportion of respondents who were not previously aware identified lack of awareness, engagement, or support from residents and staff as a challenge for CUSIG and national IGs (64.3% vs 26.7%; $p = 0.027$). Additional survey results were reported in Table 2.

Involvement in urology and surgery interest groups as a mentor or staff

Fourteen respondents (14/43, 32.6%) reported there being both a urology and surgery-related IG at their institution, 12/43 (27.9%) reported only surgery-related IGs, and 3/43 (7.0%) reported only urology-specific IGs existing at their school. Five (5/43, 11.6%) reported there being no urology/surgery IG at their institution, and 9/43 (20.9%) reported not being sure. The most commonly reported initiatives held by IGs included shadowing programs and networking events (both 18/29, 62.1%), mentorship programs (17/29, 58.6%), academic lectures and research initiatives (both 10/29, 34.5%), and clinical skills workshops (9/29, 31.0%).

Twenty-two (22/43, 51.2%) respondents were personally involved in urology/surgery IGs in a mentor capacity and rated their extent of involvement as 3.14 ± 0.94 ($N=22$; 1=Not at all involved, 5=Extremely involved). Involvement came in the form of networking events (18/22, 81.8%), shadowing opportunities (16/22, 72.7%), lectures (14/22, 63.6%), guidance/mentorship and research supervision (both 12/22, 54.5%), clinical skills workshops (8/22, 36.4%), and supervision of non-research initiatives (4/22, 18.2%). Respondents rated their IG involvement as a generally positive experience (4.05 ± 0.49 ; $N=22$; 1=Extremely negative, 5=Extremely positive).

Half (11/22, 50.0%) of the respondents believed that the students participating in IG initiatives were already highly interested in pursuing surgery/urology hoping to learn and network, 5/22 (22.7%) believed students had some interest in surgery/urology and wanted to gain more knowledge about these specialties, none (0/22, 0%) believed these participating students were mostly undecided with little knowledge about surgery/urology and wanted to gain broad exposure, and 6/22 (27.3%) believed IG participants represented a mix of these aforementioned groups.

Respondents rated their agreement with the statement that urology/surgery IGs at their institution are sufficiently designed and active to be a 3.46 ± 0.88 ($N=24$). Their level of interest in further involvement with IGs was a 3.53 ± 0.83 ($N=43$; 1=Not at all interested, 5=Very interested). If not currently involved, the reasons for non-involvement included lack of time due to clinical/research obligations (17/43, 39.5%), lack of initiatives and/or student champions (4/43, 9.3%), and lack of urology/surgery IGs at their institution (5/43, 11.6%). Five (5/43, 11.6%) had no reason for their lack of involvement, and 10/43 (23.3%) chose “not applicable”, as they were interested or already involved. Additional survey results are summarized in Table 3.

Involvement in urology and surgery interest groups of respondents as a medical student

Eighteen (18/43, 41.9%) respondents were involved in IGs as medical students. Eleven (11/18, 61.1%) were involved in a urology-specific IG, 10/18 (55.6%) were involved in a combined surgical IG, 4/18 (22.2%) were involved in a Women in Surgery IG, and 3/18 (16.7%) were involved in an IG of another specific surgical specialty (e.g. neurosurgery, cardiac surgery). Staff rated their level of involvement in IGs when they were medical students as a 2.41 ± 1.00 (N=17; 1=Not at all involved, 5=Extremely involved) and rated the influence of their involvement on their decision to pursue urology as a 2.47 ± 1.19 (N=15; 1=Not at all influential, 5=Extremely influential). Additional survey results are displayed in Supplementary Table 2.

DISCUSSION

In this survey of members of CanUUC, Canadian urology residency PDs, and other staff urologists at Canadian medical schools, we identified valuable insights to guide CUSIG's development and its collaborations with CanUUC and the CUA. Respondents believed that shadowing, mentorship, and research programs were the most effective IG initiatives, and that CUSIG should prioritize expanding general exposure to urology, fostering student-resident-staff collaborations, and easing student access to research. Main barriers to staff involvement were lack of awareness of local IGs and CUSIG, and lack of time due to other clinical and research obligations. Although lack of time was identified as a significant barrier to engagement, many respondents nevertheless completed this survey, suggesting a potential baseline level of interest in IG initiatives among stakeholders of Canadian urology education. Based on these findings, actionable next steps for the CUSIG-CanUUC-CUA partnerships include improving alignment of CUSIG initiatives with educational objectives from CanUUC, designing practical and low-burden initiatives that are feasible for mentors, and improving visibility of CUSIG and recruitment of mentors through CanUUC's communication channels and CUA's national platform.

The educational priorities for urology/surgery IGs and CUSIG highlighted by Canadian urology education stakeholders were reflected in studies within other specialty contexts as well. In surveys of physician mentors involved with orthopedic surgery, psychiatry, and pathology IGs, commonly reported initiatives that were valued by physicians included shadowing and exposure to clinical practice in diverse settings, general faculty mentorship, and research involvement.^{18,19,21} This highlights that direct clinical exposure, mentorship, and research participation for students are important priorities for educators across specialties. This finding underscores the potential role of local and national IGs to coordinate these opportunities and collaborations between students and mentors.

To date, CUSIG has organized several initiatives, including a virtual seminar series with resident and staff speakers discussing navigating urology electives, residency application processes, fellowship training, and career pathways. Other completed initiatives include the development of a CUSIG website, dissemination of student-facing opportunities and resources (e.g. conferences, abstract deadlines, grants), and participation of CUSIG representatives at

annual CanUUC board meetings. Future initiatives currently under development include mentorship matching programs connecting students with staff urologists for shadowing and research opportunities, as well as a dedicated medical student educational session at the annual CUA conference.

Several actionable steps may help align CUSIG's future initiatives with the priorities identified in this study. Respondents emphasized increasing general exposure to urology for medical students as a priority for CUSIG. This includes not only students already interested in urology, but also those who have not yet considered it as a potential career. Half of the respondents believed that the majority of students attending urology/surgery IG events were already highly interested in these fields. While CUSIG events are open to all medical students, many participants are senior students who may have already developed a strong interest in urology. As such, national IGs such as CUSIG may benefit from expanding outreach efforts to entire medical school cohorts, rather than primarily engaging students who have already expressed interest in the specialty. One strategy to facilitate outreach to a broader audience is establishing national IG student representatives at each medical school. CUSIG currently has representatives from 6/18 accredited Canadian medical schools, highlighting a gap in national representation. Expanding representation across all schools may improve equitable engagement and awareness. Another strategy is hosting events on topics relevant to all medical students, such as specialty decision-making or foundational urology knowledge for clerkship. Furthermore, continued collaborations between CUSIG and CanUUC can provide valuable feedback to ensure initiatives remain aligned with national undergraduate urology education priorities. Examples may include involving CUSIG in national discussions on undergraduate urology education to ensure medical student perspectives are represented, and jointly developing educational resources (e.g. CanUUC medical student curriculum, educational podcasts or apps) that CUSIG can more directly disseminate to students. The CUA may further complement these efforts by continuing to promote CUSIG through its national channels, supporting student-facing opportunities such as research grants and conference programming, and facilitating ongoing dialogue regarding future student initiatives.

Previous studies have reported on the positive impact of IGs on medical students across multiple subspecialty contexts.^{2,13–17} Despite this, there is limited evidence capturing the perception of faculty mentors on IGs. To the best of our knowledge, no such study exists in the field of urology. This is a significant gap, as IGs fundamentally depend on the support and engagement provided by faculty mentors. As such, it is essential to understand their beliefs about the utility, strengths, and limitations of IGs to guide their future design and effective implementation.

Respondents had generally positive experiences engaging with IGs, expressed further interest in involvement, and believed that student involvement in IGs can be a useful indicator of interest in urology and may impact career choice. While limited, previous studies capturing opinions of faculty mentors in other specialty contexts have agreed with our findings, as a survey

of orthopedic surgery IG faculty advisors in the U.S. demonstrated that respondents believed student involvement in IGs was an important component in residency applications,¹⁹ and a survey of U.S. psychiatry residency PDs highlighted their willingness to engage in psychiatry IG activities.¹⁸ Additionally, another survey of radiation oncologists in the U.S. showed that most respondents (83%) have previously given a talk to an oncology/radiation oncology IG.²² As was the case in our study, staff across diverse specialties believed IGs can have a positive impact on the education and careers of medical students, with most reporting prior involvement or interest in future IG initiatives.

Local medical school IGs have been established and discussed in medical education literature since the 1990s.^{23–25} A nationwide student body, such as CUSIG, however, is a relatively novel model of IG. In recent years, multiple national IGs have been conceived in Canada and the U.S. in specialties such as ophthalmology, geriatric medicine, radiology, neurology, and psychology.^{12,15–17,26–28} While most respondents believed that a national IG such as CUSIG can advance urology education, the majority (65.1%) of respondents were not previously aware of CUSIG. When responses were compared between respondents previously aware of CUSIG and those who were not, those not previously aware were more likely to identify lack of awareness, engagement, or support from residents and staff as a challenge to national IGs such as CUSIG. However, there were no differences between groups in their belief that CUSIG can advance urology education or in their views on what its primary goals should be. This suggests that although stakeholders recognize the potential value of national IGs such as CUSIG, greater awareness of and engagement with these initiatives may be necessary to fully realize their educational potential.

Previous publications summarizing early experiences of national IGs such as CUSIG, the Canadian Ophthalmology Student Interest Group (COSIG), and the Radiology Student Interest Group (RadSIG), report positive reactions from medical students and highlight unique initiatives not feasible with local IGs, including nationwide virtual connections between programs and students, centralized promotion of opportunities for education, research, and advocacy, and fostering communities of students with shared interests across institutions.^{12,15,26} Our study adds to the literature by demonstrating that Canadian undergraduate urology education stakeholders also hold a positive perception of IGs and endorse CUSIG initiatives, further reinforcing the important role that national IGs can play in undergraduate education, in both urology and other specialties.

Multiple prior studies have demonstrated both Canadian urology education stakeholders and medical students reporting insufficient exposure to urology through formal medical school curricula.^{6,7,11} As a smaller subspecialty, urology often receives limited curricular time. Simply increasing curricular time for urology may be challenging due to competing curricular demands. Local IG and CUSIG initiatives, with the support of CanUUC and the CUA, may be able to bridge this gap by providing supplementary opportunities for urology exposure outside of formal curricular time. While not always in the format of a nationwide student IG, collaborative efforts

between national specialty organizations and student working groups have been implemented in recent years in other geographical and specialty contexts, including the American Urological Association (AUA) and their Medical Student Membership Workgroup, College of Family Physicians of Canada (CFPC) and their Section of Medical Student (SOMS) council, and the Canadian Association of Emergency Physicians (CAEP) and their medical student section.^{29–31} This demonstrates that formal partnerships between national IGs and specialty organizations are feasible and may improve undergraduate medical education.

Our study has limitations. First, the relatively small sample size and convenience sampling methodology utilized in our study may limit the generalizability of our findings and introduce a response bias. Respondents who completed the survey may have been more likely to already be invested in education. Additionally, due to our convenience sampling method of survey dissemination (i.e. asking PDs and program assistants to forward the invitation to staff urologists in their departments), the exact number of surveys distributed is difficult to determine. Second, this survey did not characterize the opinions of Canadian urology residents, who are also key mentors to medical students. Finally, as site-specific respondent data (i.e. province or medical school of respondent) were not collected, we were unable to evaluate whether responses were overrepresented or underrepresented from specific residency program sites. Nonetheless, this study was still able to capture perspectives of key stakeholders engaged in undergraduate urology education, including all 13/13 residency PDs, members of the CanUUC, and staff urologists at Canadian medical schools.

CONCLUSIONS

Stakeholders in Canadian undergraduate urology education supported CUSIG's role in urology education and identified clear educational priorities for urology/surgery IGs and CUSIG. They identified shadowing, mentorship, and research programs as the most effective initiatives and emphasized that CUSIG should prioritize increasing student exposure to urology, facilitating student-resident-staff collaborations, and improving student access to research. While most respondents reported a positive experience with IGs and expressed further interest in involvement with IG activities, barriers to engagement from staff included lack of awareness of CUSIG and time constraints due to clinical and research obligations. These findings provide valuable insight to inform CUSIG's development and collaborations with CanUUC and the CUA to enhance undergraduate urology education nationally. Future studies should evaluate the implementation and impact of the national IG model and its partnerships with education stakeholders and specialty organizations across other specialties and geographical contexts.

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Conflicts of interest: Hyunwoong Harry Chae is a member of CUSIG. Dr. David-Dan Nguyen is a member of CanUUC and co-founder of CUSIG. Dr. Stacy de Lima is a member of CanUUC and co-founder of CUSIG. Dr. David Bouhadana is a co-founder of CUSIG. Dr. Dawn L. MacLellan is the Chair of the CanUUC. These roles were unpaid. The authors declare no financial conflicts of interest. All other authors declare no competing interests.

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FIGURES AND TABLES

Table 1. Demographic information	
Questions	n (%)
Number of years in practice?	
<10 years	19/43 (44.2%)
10–20 years	15/43 (34.9%)
>20 years	9/43 (20.9%)
Prefer not to say	0/43 (0.0%)
Gender identity of respondent?	
Male	33/43 (76.7%)
Female	9/43 (20.9%)
Non-binary	0/43 (0.0%)
Prefer to self-describe (describe below):	0/43 (0.0%)
Prefer not to say	1/43 (2.3%)
In what specific educator role(s), and/or in what capacity/stage of training, have you been involved in urology education? (Check all that apply)	
None	2/43 (4.7%)
Postgraduate training program director	13/43 (30.2%)
Undergraduate education program director	6/43 (14.0%)
University representative on national education committee (e.g., Canadian Undergraduate Urology Committee [CanUUC])	7/43 (16.3%)
University representative on a local education committee	17/43 (39.5%)
Member of Royal College Education Committee	9/43 (20.9%)
Pre-clerkship	17/43 (39.5%)
Clerkship	26/43 (60.5%)
Residency	34/43 (79.1%)
Fellowship	21/43 (48.8%)
Continuing medical education	22/43 (51.2%)
Research mentorship	19/43 (44.2%)
Other (describe below):	1/43 (2.3%)

Table 2. Perspectives on CUSIG				
Questions	Previously aware of CUSIG (n=15)	Not previously aware of CUSIG (n=28)	Total (n=43)	p
Do you believe that a national interest group such as CUSIG has an important role in advancing urology education in Canada?				
1) Strongly disagree	0/15 (0.0%)	1/28 (3.6%)	1/43 (2.3%)	0.129
2) Disagree	1/15 (6.7%)	0/28 (0.0%)	1/43 (2.3%)	
3) Neutral	1/15 (6.7%)	10/28 (35.7%)	11/43 (25.6%)	
4) Agree	10/15 (66.7%)	12/28 (42.9%)	22/43 (51.2%)	
5) Strongly agree	2/15 (13.3%)	2/28 (7.1%)	4/43 (9.3%)	
I am not sure/not applicable	1/15 (6.7%)	3/28 (10.7%)	4/43 (9.3%)	
Mean ± SD	3.93±0.73 (n=14)	3.56±0.82 (n=25)	3.69±0.80 (n=39)	
What do you believe should be the main goals/focus of a national interest group such as CUSIG? (Check all that apply)				
Expanding general exposure to urology for students	13/15 (86.7%)	24/28 (85.7%)	37/43 (86.0%)	1
Increasing education on specific urological topics	7/15 (46.7%)	9/28 (32.1%)	16/43 (37.2%)	0.509
Increasing access to research in urology	9/15 (60.0%)	14/28 (50.0%)	23/43 (53.5%)	0.749
Fostering collaborations between students, residents, and staff	9/15 (60.0%)	18/28 (64.3%)	27/43 (62.8%)	1
Promoting equity, diversity and inclusivity within the field of urology	8/15 (53.3%)	9/28 (32.1%)	17/43 (39.5%)	0.206
Other (describe below)	0/15 (0.0%)	1/28 (3.6%)	1/43 (2.3%)	1

I am not sure/not applicable	2/15 (13.3%)	2/28 (7.1%)	4/43 (9.3%)	0.602
Do you have any concerns or perceived challenges about the establishment of a national specialty interest group such as CUSIG? (Check all that apply)				
None	5/15 (33.3%)	4/28 (14.3%)	9/43 (20.9%)	0.238
Maintaining continuity- inconsistent transition/handover to new executives	4/15 (26.7%)	11/28 (39.3%)	15/43 (34.9%)	0.512
Lack of awareness or engagement from students	3/15 (20.0%)	13/28 (46.4%)	16/43 (37.2%)	0.11
Lack of awareness, engagement, or support from residents and staff	4/15 (26.7%)	18/28 (64.3%)	22/43 (51.2%)	0.027
Geographical and institutional barriers- difficulty coordinating between medical schools	5/15 (33.3%)	11/28 (39.3%)	16/43 (37.2%)	0.752
Equity, diversity and inclusivity - ensuring representation of diverse student backgrounds, ensuring events are welcoming and inclusive	1/15 (6.7%)	2/28 (7.1%)	3/43 (7.0%)	1
Other (describe below):	1/15 (6.7%)	1/28 (3.6%)	2/43 (4.7%)	1
I am not sure/not applicable	2/15 (13.3%)	4/28 (14.3%)	6/43 (14.0%)	1

Table 3. Involvement in urology and surgery interest groups as a mentor or staff

Questions	n (%)
Are there currently any urology or surgery-related interest groups at your institution?	
No	5/43 (11.6%)
Yes - Urology-specific	3/43 (7.0%)
Yes - Surgery-related	12/43 (27.9%)
Yes - Both	14/43 (32.6%)
I am not sure/not applicable	9/43 (20.9%)
What kind of events/initiatives have they held? (Check all that apply)	
None	0/29 (0.0%)
Academic lectures	10/29 (34.5%)

Clinical skills workshop	9/29 (31.0%)
Networking events	18/29 (62.1%)
Mentorship opportunities/programs	17/29 (58.6%)
Research initiatives/collaborations	10/29 (34.5%)
Shadowing opportunities/programs	18/29 (62.1%)
Other (describe below)	0/29 (0.0%)
I am not sure/not applicable	5/29 (17.2%)
Have you ever been personally involved in a urology or surgery-related interest group as a mentor? (i.e., resident, fellow, staff)	
No	19/43 (44.2%)
Yes	22/43 (51.2%)
I am not sure/not applicable	2/43 (4.7%)
As a mentor, on a scale of 1-5, how actively were you involved?	
1) Not at all involved	0/22 (0.0%)
2) Slightly involved	6/22 (27.3%)
3) Moderately involved	9/22 (40.9%)
4) Very involved	5/22 (22.7%)
5) Extremely involved	2/22 (9.1%)
I am not sure/not applicable	0/22 (0.0%)
Mean $\pm$ SD	3.14 $\pm$ 0.94 (n=22)
If you were personally involved, which activities were you involved in? (Check all that apply)	
None	0/22 (0.0%)
Gave lectures	14/22 (63.6%)
Taught a clinical skills workshop	8/22 (36.4%)
Participated in networking events	18/22 (81.8%)
Guided/mentored interest group members	12/22 (54.5%)
Supervised research projects (stemmed from or related to interest group students/events)	12/22 (54.5%)
Supervised non-research initiatives	4/22 (18.2%)
Provided shadowing opportunities (stemmed from or related to interest group students/events)	16/22 (72.7%)
Other (describe below)	0/22 (0.0%)
I am not sure/not applicable	0/22 (0.0%)
Please rate your experience(s) on a scale of 1–5	
1) Extremely negative	0/22 (0.0%)
2) Negative	0/22 (0.0%)
3) Neutral	2/22 (9.1%)

4) Positive	17/22 (77.3%)
5) Extremely positive	3/22 (13.6%)
I am not sure/not applicable	0/22 (0.0%)
Mean $\pm$ SD	4.05 $\pm$ 0.49 (n=22)
In your interactions in these events, what best describes the majority of students who participate in these interest group activities?	
Students who are undecided/have very little knowledge about surgery/urology and want to gain broad exposure	0/22 (0.0%)
Students who have some interest in surgery/urology and want to gain more knowledge about these specialties	5/22 (22.7%)
Students who are already highly interested in pursuing surgery/urology, and want to learn from and network with staff and residents	11/22 (50.0%)
Mix of multiple groups mentioned above OR Other (please describe further below:)	6/22 (27.3%)
I am not sure/not applicable	0/22 (0.0%)
Do you believe that the current urology/surgery interest groups at your institution are sufficiently designed and active?	
1) Strongly disagree	0/29 (0.0%)
2) Disagree	4/29 (13.8%)
3) Neutral	7/29 (24.1%)
4) Agree	11/29 (37.9%)
5) Strongly agree	2/29 (6.9%)
I am not sure/not applicable	5/29 (17.2%)
Mean $\pm$ SD	3.46 $\pm$ 0.88 (n=24)
On a scale of 1–5, what is your level of interest in being involved in urology or surgery-related interest groups?	
1) Not at all interested	1/43 (2.3%)
2) Not very interested	3/43 (7.0%)
3) Neutral	14/43 (32.6%)
4) Interested	22/43 (51.2%)
5) Very interested	3/43 (7.0%)
I am not sure/not applicable	0/43 (0.0%)
Mean $\pm$ SD	3.53 $\pm$ 0.83 (n=43)
If you are not currently involved, what are the reasons? (Check all that apply)	
No reason	5/43 (11.6%)

No interest group at home institution	5/43 (11.6%)
Interest groups exist, but lack of initiatives or student champions/organizers	4/43 (9.3%)
Lack of time due to clinical/research obligations	17/43 (39.5%)
Not applicable- I am involved and/or interested	10/43 (23.3%)
Other (describe below):	3/43 (7.0%)

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