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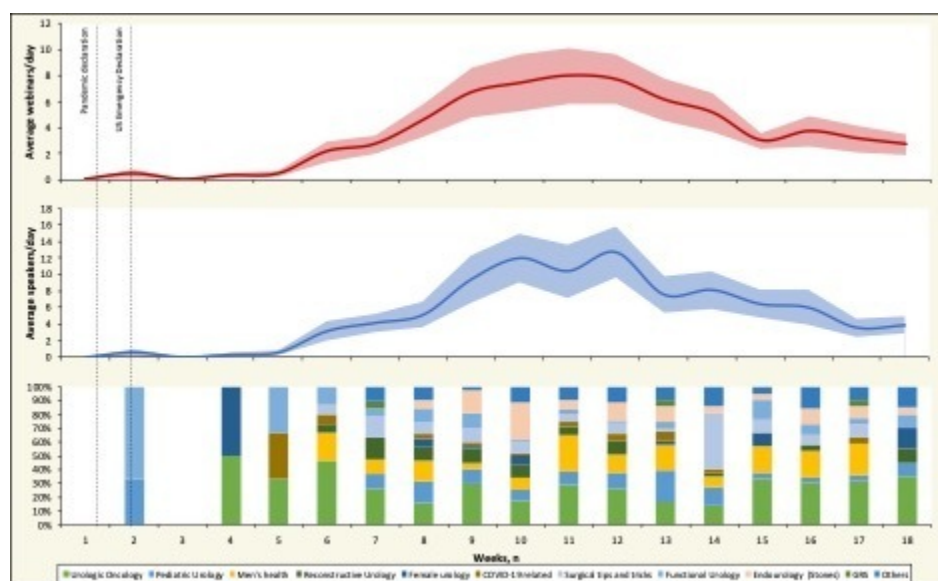
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Introduction & Objectives: The COVID-19 pandemic and social distancing requirements had a dramatic impact on resident didactic education. The urologic community overcame this challenge, demonstrating adaptability and resilience, quickly converting in-person education to webinar events. In this study, we analyzed the trends of urology webinars over time since the declaration of the COVID-19 pandemic.

Materials & Methods: Our team systematically reviewed the official social media feeds for all AUA-registered urology residency and urologic-oncology fellowship programs and recorded data on webinar listings. Inclusion criteria for the webinars was that they must be free, available to the greater urologic community, and posted between January 1, 2020 and June 1, 2020. Recorded data for each webinar listing included the date of delivery, topic of discussion, and number of speakers. We analyzed temporal trends with join-point regression modelling.

Results: In the initial 18 weeks following the pandemic declaration, a total of 450 webinars were offered with 629 speakers from 96 academic institutions involved in at least one webinar. The average webinar lasted for 58.7 minutes. During the height of the “webinar frenzy,” a mean of 7.1 webinars/day were offered with 12.7 speakers/day involved. We observed a significant increase in urologic webinar availability from weeks 1 to 9 and non-significant decrease in availability from weeks 10 to 18. The most commonly addressed sub-specialty was urologic-oncology, representing 113 (25.1%) separate lectures and 151 speakers. Urologic-oncology increased in interest significantly over weeks 1 to 9 (AWPC: 110.7%; $p<0.001$) with a stable trend (AWPC -5.5, $p=0.3$) from weeks 10 to 18. The most discussed genitourinary cancer was prostate cancer (33.9%), followed by bladder cancer (29.5%), kidney cancer (12.5%), testis cancer (8%), upper urinary tract cancer (7.2%) and penile cancer (3.5%).



Conclusions: In summary, our analysis demonstrates impressive and immediate reaction of the academic urologic community to continuing medical education amidst a pandemic. Despite the inherent limitations of webinars, they have the opportunity to increase educational access across geographical and financial barriers. Time will tell if webinars are a permanent fixture in medical education or if we have experienced the rise and fall of a “webin-era.”