



Bureau 2022-2025

Collège Français des Enseignants d'Urologie

<https://www.urofrance.org/afu/ecosysteme-de-lafu/college-francais-des-enseignants-durologie-cfeu/>

[E. Lechevallier](#), [A. Masson-Lecomte](#), [J. Branchereau](#), [B. Pradere](#), [M. Roumiguié](#)

R2C

- fichier LiSA: <http://sides.uness.fr/lisa>
- banque TCS: M. Durand, F. Michel, I. Bentellis
- ECOS: A. Masson-Lecomte, S. Lebdai
- conseil scientifique: S. Drouin, J. Branchereau
- référentiel 6^{ème} édition: A. Descazeaud, T. Prudhomme (oct.2024)

R3C

- validation DJ 2017: 1^{ère} année
- validation DESC: 12-13 avril et 4-5 octobre 2024
- groupe simulation: B. Peyronnet, S. Lebdai
- portfolio UNES: T. Tricard, T. Prudhomme (CNPU)
- suivi R3C: simulation, FST
- MSU

Post-DES/FMC

- parcours Fellow: M. Roumiguié
- webinaires AFU/CFEU 1^{er} jeudi 18h30
- 2^{ème} DES/FST

Livrets « Pour l'interne » POD

- M. Roumiguié, J. Branchereau, J. Olivier
9 livrets (Urothelial, Fonctionnel, Lithiase – attente: cancer rein, HBP, pédiatrie)

MOOC CFEU

- J. Branchereau, T. Prudhomme
-néphrectomie partielle robot: M. Andréassian, MO Timsit
-fiduciaires prostatiques: H. Barrière, M. Baboudjian
-PBP périnéale: R. Corral, M. Baboudjian

Enseignement du Collège d'Urologie

- 3 modules Sausset-les-Pins
- <https://www.urofrance.org/lafu-academie/formation-du-college/enseignement-college-urologie-2021/>
- responsables
 - .urgences: G. Fiard
 - .transplantation: J. Branchereau
 - .fonctionnel: M-A. Perroin-Verbe
 - .lithiase: P. Bigot
 - .infectieux: F. Bruyère, F. Saint
 - .andrologie: N. Morel-Journal
 - .oncologie: F. Rozet

Plateforme et sites

- AFU: <https://www.urofrance.org>
- CNCM: <https://cncem.org/urologie/>
- UNES: <https://formation.uness.fr/3C/course/index.php?categoryid=121>

Enseignement distanciel 18h30

- A. Masson-Lecomte, M. Roumiguié, J. Branchereau, T. Prudhomme
- ECU on-line: 1^{er} mercredi mois
 - webinaire AFU/CFEU: 1^{er} jeudi mois

Webinaires CFEU

- banque nationale TCS – avril 2023
- DES Urologie/AFUF: 29 novembre 2023 – 18h

Réunions

- juin 2023: JOUM Strasbourg (hybride)
- novembre 2023: CFEU avec CNU
mercredi 22 novembre 12h-13h – salle 343
- 14 juin 2024: hybride JOUM**

Référentiel du Collège d'Urologie (6^{ème} édition)

- Relecture et corrections des différents items
 - Application du Programme de Connaissance du 2^{ème} cycle (Rang A et B)
- 'Harmonisation' de certains items avec autres Collèges
 - Néphrologie
 - Gynécologie
 - Infectiologie
- Objectif publication: Octobre 2024
- **Remerciements aux différents auteurs / relecteurs**

C | F | E | U

FMC

Parcours Fellow: M. Roumigué

- La demande:
 - effectuée par le chef de service ou le tuteur du fellow (email roumiguie_mathieu@yahoo.fr).
 - est une feuille de route du fellow (durée prévue, domaine d'activité, sujet de recherche envisagé et congrès ciblé)
- Les pré requis à la Certification CFEU sont:
 - Justification de l'activité clinique et opératoire dans le service
 - Participation à un des congrès majeurs d'Urologie dans son domaine d'activité
 - Suivre les cours régionaux du DES d'Urologie
 - Publication/ présentation d'un travail de recherche réalisé au cours de son séjour
- Une Audition (visio) par 2 membres CFEU en présence du chef de service et/ou tuteur sera réalisée pour confirmer la certification par le CFEU du séjour (6 mois ou 12 mois)

Techniques chirurgicales avec le CFEU

- Néphrectomie partielle robot: M. Andréassian, MO Timsit
- Fiduciales prostatiques: H. Barrière, M. Baboudjian
- PBP périnéale: R. Corral, M. Baboudjian

➤ **Projet ouvert à tous les centres**

ECU 2024

Calendrier des sessions 2024		
Dates	Module	Groupe
7 & 8 mars	AMS	ENC 2020 G1
11 & 12 avril		ENC 2020 G2
5 mars PM et 6 mars	Infectieux	ENC 2020 G1
9 avril PM et 10 avril		ENC 2020 G2
4 mars et 5 mars AM	Lithiase	ENC 2020 G1
8 avril et 9 avril AM		ENC 2020 G2
9-13 septembre	Onco-urologie	ENC 2020 G1
7-11 octobre		ENC 2020 G2
26 janvier	Situations d'urgences	ENC 2020 G2
20 décembre		ENC 2021 G1
25 janvier	Transplantation	ENC 2020 G2
19 décembre		ENC 2021 G1
22, 23 & 24 janvier	Uro-fonctionnelle	ENC 2020 G2
16, 17 & 18 décembre		ENC 2021 G1

ECU 2025

Calendrier des sessions 2025		
Dates	Module	Groupe
6 & 7 mars	AMS	ENC 2021 G1
10 & 11 avril		ENC 2021 G2
4 mars PM et 5 mars	Infectieux	ENC 2021 G1
8 avril PM et 9 avril		ENC 2021 G2
3 mars et 4 mars AM	Lithiase	ENC 2021 G1
7 avril et 8 avril AM		ENC 2021 G2
8-12 septembre	Onco-urologie	ENC 2021 G1
6-10 octobre		ENC 2021 G2
23 janvier	Situations d'urgences	ENC 2021 G2
24 janvier	Transplantation	ENC 2021 G2
20, 21 & 22 janvier	Uro-fonctionnelle	ENC 2021 G2



1^{er} janvier – 17 octobre 2023

- ECU on-line (vues)
 - HAV: 832 – calcul enclavé: 783 – hormonothérapie: 659
- Webinaire AFU-CFEU (vues)
 - BUD: 1025 – biopsie prostate: 753 – fibroscopes UU: 613
- Techniques chirurgicales (vues)
 - N. partielle robot: 775 – énucléation HBP: 757 – transplantation: 402
- Livrets pour l'Interne
 - 3424 vues

- DAR 2022

- 2017-2018-2019: 20 DAR/188 internes (11%)
- 2019-2020 : 25/32 subdivisions: 17 DAR/104 internes (16% - S: 10 –E: 7)
 - 2019: 11 DAR/51 internes (22%) – S : 8 – E : 3
 - 2020 : 6 DAR/53 internes (12%) – S : 2 – E : 4

- FST 2022

- 2017-2018-2019: 69 FST/188 internes (37%) (cancérologie- MBDRA – catastrophe)
- 2020-2022: 13 subdivisions: 38 FST/106 internes (36% - [0-60%])
- cancérologie : 2020: 18 – 2021: 13 - 2022: 4
- MBDRA: 2019: 13 – 2022: 7 (depuis 2019: 40 internes)
- catastrophe: depuis 2017: 1-2/an (=7 internes)

ECOS nationaux 2024

(ECOS tests 11-13 mars 2024)

X Circuits de 50 étudiants

PREPARATION

5 stations: 1 à 5

Lundi 27/5

X Circuits de 50 étudiants

5 stations: 1 à 5

Mardi 28/5

X Circuits de 50 étudiants

5 stations: 5 à 10

Merc 29/5

X Circuits de 50 étudiants

SECOURS

Stations selon besoin

Jeudi 30/5



UNESS formation : <https://formation.uness.fr/formation/course/view.php?id=20081>

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Research Letter

Sexual and Moral Harassment of French Urologists in Training and Barriers to Reporting: Results from a National Survey

Emilien Seizilles de Mazancourt^{a,*}, Juliette Cotte^b, Caroline Plassais^c, Ugo Pinar^b, Anna Coujon^d, Fayek Taha^e, Denis Segulier^f, Truong An Nguyen^g, Francois Lannes^h, Claire Deleuzeⁱ, Florian Bardet^j, Kevin Kaulanjan^k

Sexual harassment is experienced more often by women in medicine than in engineering or science [1]. Sexual harassment has been reported for both male and female attending surgeons and trainee surgeons in the USA [2]. It appears that urology residents are not spared from harassment [3]. Our objective was to determine the prevalence, causes, and agents of moral and sexual harassment of urologists in training and the barriers to reporting.

The French Association of Urologists in training (AFUF) conducted a cross-sectional online survey between August and September 2022. A self-administered anonymous online survey was sent via e-mail to all the members of the association, with three reminders. Questions included demographic information and questions on harassment from the Sexual Experiences Questionnaire-Department of Defense (SEQ-DoD) [4]. Participation was anonymous.

Sexual harassment includes unwanted flirtation, sexist jokes, unwanted physical contact, display of unwanted sexual pictures or unwanted exhibition, and repeated demands for dates. Moral harassment includes being screamed at, insulted, inappropriate jokes, and physical aggression. Moral and sexual harassment were defined as at least one occurrence reported. Comparisons between male and female respondents were made using χ^2 and Fisher's exact tests.

There were 153 respondents from the 427 members of the AFUF (36%), comprising 75 women (49%) and 78 men (51%). The results are shown in Table 1. Fifty-six women (75%) and 24 men (31%) had experienced at least one sexual harassment incident ($p < 0.0001$). Sixty-three women (84%) and 60 men (77%) had experienced at least one moral harassment incident ($p = 0.37$). Comments on the respon-

dent's physical appearance were more frequent for female urologists than for their male counterparts (60% vs 21%; $p < 0.0001$), as well as comments on their dress style (52% vs 32%; $p = 0.02$).

Some 76% of the respondents did not know how to report harassment. Of the 12% who had already reported harassment, reporting stopped the misconduct for less than one-third of cases. The most frequent barrier to reporting was fear of repercussion (54%). Among the factors that could explain harassment, the most frequently identified by respondents were the hierarchy in the medical system (84%), followed by the absence of consequences for perpetrators (67%), tolerance by institutions (61%), and long hours (61%). More than 30% of the urologists have thought at least once of giving up their career because of harassment. The most frequent perpetrators of harassment were attending surgeons (46%), followed by fellows (29%) and patients (16%).

Our study results reveal that sexual and moral harassment of trainees in urology is frequent. This harassment is under-reported because of fear of repercussions and the belief that there would be no favorable outcome. Perpetrators were more often senior surgeons and fellows, explained in part by the hierarchical system and the male predominance. Many trainees have already considered giving up their training because of harassment. A change in culture is necessary, starting with education of surgeons and the eradication of tolerance and complacency at the institutional level.

Conflicts of interest: The authors have nothing to disclose.

<https://doi.org/10.1016/j.eururo.2023.10.020>
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Please cite this article as: E. Seizilles de Mazancourt, J. Cotte, C. Plassais et al., Sexual and Moral Harassment of French Urologists in Training and Barriers to Reporting: Results from a National Survey, *Eur Urol* (2023), <https://doi.org/10.1016/j.eururo.2023.10.020>

Table 1 - Sexual and moral harassment among French trainees in urology

Have you experienced:	Respondents, n (%)			p value
	Overall (n = 153)	Female (n = 75)	Male (n = 78)	
At least one occurrence of sexual Harassment	80 (52)	56 (75)	24 (31)	<0.0001
At least one occurrence of moral Harassment	123 (80)	63 (84)	60 (77)	0.37
Sexist joke or inappropriate surname	107 (70)	51 (68)	56 (72)	0.73
Comments on physical appearance	61 (40)	45 (60)	16 (21)	<0.0001
Comments on dress style	64 (42)	39 (52)	25 (32)	0.02
Unwanted Flirtation	23 (15)	21 (28)	2 (3)	<0.0001
Unwanted physical contact	24 (16)	20 (27)	4 (5)	0.0005
Homophobic comment	16 (10)	7 (9)	9 (12)	0.86
Display of unwanted sexual pictures	4 (3)	3 (4)	1 (1)	0.36
Inappropriate exhibition	2 (1)	0	2 (3)	0.50
Repeated demands for a date	5 (3)	5 (7)	0	0.03
Physical assault	6 (4)	6 (8)	0	0.01
Do you know how to report harassment?				
Yes	37 (24)	15 (20)	22 (28)	0.3192
Have you already reported harassment?				
Yes	19 (12)	12 (16)	7 (9)	0.2837
What were the consequences of the reporting?				
The harassment ended	6 (4)	4 (5)	2 (3)	0.4362
No change	2 (1)	2 (3)	0	0.2386
Change of workplace	6 (4)	5 (7)	1 (1)	0.1118
Do you feel barriers to reporting harassment?				
Loss of time	26 (17)	13 (17)	13 (17)	1
Fear of being identified as a victim	39 (25)	23 (31)	16 (21)	0.2094
Fear of repercussions	83 (54)	45 (60)	38 (49)	0.2157
Nothing to hope from reporting	52 (34)	24 (32)	28 (36)	0.7353
Harassment perceived as innocent	37 (24)	22 (29)	15 (19)	0.2041
Uncertainty whether situations are considered to be harassment	62 (41)	33 (44)	29 (37)	0.4875
No one to report to	33 (22)	14 (19)	19 (24)	0.5098
What factors do you think are responsible for harassment?				
Long hours	93 (61)	46 (61)	47 (60)	1
Hierarchy	128 (84)	62 (83)	66 (85)	0.9146
Male predominance	67 (44)	43 (57)	24 (31)	0.001645
Tolerance by institutions	93 (61)	46 (61)	47 (60)	1
Absence of consequence for perpetrators	103 (67)	51 (68)	52 (67)	0.9973
Proximity in the surgery unit	49 (32)	29 (39)	20 (26)	0.1204
Have you already considered stopping your career because of harassment?				
Never	100 (69)	48 (64)	52 (67)	0.8598
Rarely	22 (14)	13 (17)	9 (12)	0.4291
Sometimes	22 (14)	10 (13)	12 (15)	0.8957
Frequently	9 (6)	4 (5)	5 (6)	1
To whom would you feel confident to report harassment?				
Surgeon head of department	36 (24)	15 (20)	21 (27)	0.413
Association guaranteeing anonymity	81 (53)	41 (55)	40 (51)	0.7969
Co-resident or co-fellow	75 (49)	38 (51)	37 (47)	0.812
Human resources or justice department	20 (13)	10 (13)	10 (13)	1

References

- [1] Drauz VJ, Johnson PA. Ending sexual harassment in academic medicine. *N Engl J Med* 2018;379:1589-91. <https://doi.org/10.1056/NEJMp1809846>.
- [2] Ganakos AL, Freischlag JA, Mercurio AM, et al. Bullying, discrimination, harassment, sexual harassment, and the fear of retaliation during surgical residency training: a systematic review. *World J Surg* 2022;46:1587-99. <https://doi.org/10.1007/s00268-021-06432-6>.
- [3] Ortiz-Zablah AM, Roa AFQ, Fuente BS, Tobar-Roa V. Perception of harassment or discrimination during urology residency in Colombia. *Rev Urol Colomb* 2021;30:e184-8. <https://doi.org/10.1055/s-0041-1735787>.
- [4] Stark S, Chernyshenko OS, Lancaster AR, Drasgow F, Fitzgerald LF. Toward standardized measurement of sexual harassment: shortening the SEQ-DoD using item response theory. *Mil Psychol* 2002;14:49-72. https://doi.org/10.1207/s15327876MP1401_03.

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Please cite this article as: E. Seizilles de Mazancourt, J. Cotte, C. Plassais et al., Sexual and Moral Harassment of French Urologists in Training and Barriers to Reporting: Results from a National Survey, *Eur Urol* (2023), <https://doi.org/10.1016/j.eururo.2023.10.020>