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Perspective

Improving Confidence and Competency in Urinary Catheter Management

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DESCRIPTION

In the high-pressure environment of surgical training, confidence and competence are essential. First-year surgical residents often enter clinical practice with limited exposure to some of the most common yet essential skills, including urinary catheter insertion and management. Foley catheters are frequently used in postoperative care, yet many interns struggle with their placement and addressing patient discomfort associated with them. At our institution, we recognized a gap in training and took a proactive step: developing and integrating a focused, one-hour urinary catheter education session into the intern curriculum.

This targeted educational intervention was born out of a growing concern from both surgical and urology services. Too often, early-career residents lacked the knowledge or confidence to insert catheters, especially in anatomically difficult cases, leading to an overreliance on urology consultations for relatively routine issues. Furthermore, addressing catheter-associated discomfort-a common patient complaint-was frequently mishandled or overlooked. Recognizing this, we aimed to create a brief yet impactful module that addressed anatomy, troubleshooting, and patient comfort.

The education session was introduced during the 2023-2024 and 2024–2025 academic years as part of the surgical intern orientation. While the broader intern curriculum traditionally covered critical skills like ventilator settings, TPN, and nasogastric tube placement, urinary catheters had been largely neglected. This omission seemed increasingly unjustifiable considering how often catheters are used across surgical services. The new module filled that void by teaching key anatomical differences between male and female patients, reviewing catheter types, and emphasizing how to manage retention and discomfort.

The outcomes of this initiative were both promising and revealing. A total of 69 surgical interns attended the session over two years, and 31 completed both the pre- and post-session surveys. Among them, 24 were nonurology residents-a key focus of our effort. The data showed statistically significant improvements in self-reported confidence across several metrics. Confidence in placing routine Foley catheters rose from a mean of 3.04 to 3.92 on a 5-point scale. Notably, understanding of male urethral anatomy increased from 3.38 to 4.08, and female urethral anatomy knowledge improved from 3.29 to 3.83. Perhaps most encouraging was the sharp rise in confidence managing catheter-associated discomfort-from a concerningly low 2.08 to a far more competent 3.75.

Beyond the subjective surveys, we also observed a reduction in the number of catheter-related consultations to urology from surgical services in the six months following the session. While correlation doesn't imply causation, this trend may indicate that interns were increasingly able to manage straightforward catheter issues independently, without requiring specialist intervention. From a broader perspective, the success of this module highlights several important themes in surgical education. First, foundational skills must not be overlooked in favor of more advanced technical training. The insertion and management of urinary catheters might not be glamorous, but they are essential, and poor execution can lead to significant patient discomfort, delays in care, and preventable complications.

Second, early targeted interventions can shift both culture and practice. By prioritizing catheter education during intern orientation, we set a precedent that these skills matter and should be taken seriously. The increase in self-reported confidence suggests that even a short, focused session can have a meaningful impact, especially when structured around real clinical challenges that interns commonly face. Third, addressing discomfort and patient experience is a critical, often underemphasized, component of procedural education. Surgical residents are trained to think about technique and outcomes, but they must also learn to anticipate and manage the patient's perspective-especially in situations where discomfort is expected or avoidable. By including strategies to manage foley-associated discomfort in our module, we emphasized that technical competence and patient-centered care go hand in hand.

Of course, no educational intervention is perfect or universally effective. Only 44.9% of attendees completed both the pre- and postsurveys, and while the results from respondents were promising, the sample size remains modest. Moreover, while the decrease in consultations is encouraging, more rigorous and

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long-term data will be needed to confirm sustained impact on practice. Future iterations of the module could incorporate simulation, standardized patient feedback, or hands-on catheter placement training to deepen engagement and skill retention.

Additionally, it may be worthwhile to assess whether gains in confidence are accompanied by actual improvements in performance. For example, tracking error rates in catheter placements, patient complaints about catheter discomfort, or complications such as urinary tract infections could help paint a fuller picture of impact. Nonetheless, the results we've observed thus far are encouraging and affirm the value of incorporating this kind of focused procedural training into intern curricula.

CONCLUSION

In conclusion, the implementation of a urinary catheter education module for surgical interns has shown strong potential to fill a previously overlooked gap in surgical training. By improving residents' confidence in catheter placement, urethral anatomy, and discomfort management, we are not only equipping them with the tools they need to care for their patients effectively but also reducing unnecessary consultations and enhancing the overall efficiency of surgical care. As residency programs continue to evolve, initiatives like this-simple, targeted, and practical-should be embraced as models for elevating baseline clinical competence from the very start of training.