

# *Data driven education*

Richard J. Macchia, MD

Glickman Urological and Kidney Institute, Cleveland Clinic Florida, Weston, Florida, USA

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We must hold all those involved in medical education to the same data driven standards which we demand from our basic and clinical scientists. My remarks may apply only to the educational system in the United States. In my country the vast majority of manual bladder washouts (MBWs) are performed by urology staff, residents, and nurses or emergency room physicians and nurses. In 40 years of training residents, 30 as an Accreditation Council for Graduate Medical Education (ACGME) program director, I have never received a written evaluation or a verbal complaint involving incompetence in MBW. Our medical school and residency curricula are already overwhelmed.

Dungerwalla et al<sup>1</sup> argue for “A plan of teaching...” I oppose the imposition of any and all mandated training unless it is driven by data, not principles, perceptions, intuition, or good intentions. That data must demonstrate need and also document improvement in clinical outcomes, not merely improvement in training. All proposed mandated training must be accompanied by cost and time utilization analyses as well. The authors make no claim of acquisition of data via clinical trial regarding technique. Data collection is limited to training and self perception of competence and knowledge. Unfortunately, the article does make many statements

and claims not supported by data. For example, in the Introduction it states “...leading to inappropriate or ineffective MBWs”, but only anecdotal material is cited. The article states that it “...seeks to define the technique...”, but in fact presents no data in support of that goal. While the suggestion for a clinical trial may sound reasonable the number of variables would make such a trial difficult to design and complete. The paper argues that “...inadequate teaching has contributed to variable self-reported competency...” I argue that lack of experience is the more likely cause. □

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### References

1. Dungerwalla M, Davies N, Perera M, Papa N, Lawrentschuk N. Manual bladder washouts for urinary clot retention: a survey of knowledge among healthcare workers. *Can J Urol* 2015;22(6): 8093-8098.

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Address correspondence to Dr. Richard J. Macchia, Cleveland Clinic Florida, 2950 Cleveland Clinic Blvd, Weston, FL 33331 USA