

UROLINK VISITING SCHOLARSHIP

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I had the privilege of attending the 4th Urology Bootcamp which was held from the 8 to 12 October 2019 followed by a short observership from the 15 to 19 October at St James' University Hospital in Leeds, United Kingdom. This was after I had made an application through Urolink who gave me a travel grant of £1000 as well as the registration fee for the Bootcamp.

The Urolink representatives and the course directors were very prompt in helping me obtain supporting letters to accompany my visa application, and were there to answer any queries I had, thus making my travel arrangements much easier. The urology course coordinator in Zambia, Mr. Spasojevic was also very helpful in helping me obtain the necessary supporting documents for my travel. Mr. Biyani ensured that all my paperwork was in order for my observership before I arrived.

The five-day urology simulation Bootcamp is organised for UK urology trainees at ST3 level. However, in attendance this year were trainees from other countries such as Australia, Germany, Portugal, Denmark, Belgium and myself from Zambia, giving a total number of 48 candidates. We were split into eight groups of six and rotated through the eight modules over four days (two modules per day), with the last day reserved for a quality improvement session and final assessment. The eight modules covered were:

1. Bowel anastomosis, stoma formation, ureteric bladder re-implantation
2. Scrotal examination, testicular fixation, hydrocele, troubleshooting with catheterisation, penile fracture, priapism
3. Basic laparoscopic skills, access, lap trainer box, E-BLUS exercises, harmonic, basic robotic skills
4. TURP, TURBT, bladder washout, instruments; resectoscope/urethrotome
5. Emergency scenarios
6. Botox, urodynamics, urethral bulking simulation, female pelvic examination
7. Non-technical skills
8. URS/accessories, cystoscopy, stenting, instruments; cystoscopy, laser

A few weeks prior to the boot camp, we had to take an online pre-course test which consisted of multiple-choice questions and we were given access to BJUI Knowledge with a list of five topics which we had to go through in advance. These topics included:

1. Aetiopathogenesis of genitourinary infections and antibiotic resistance
2. Investigation of haematuria
3. Recurrent stones
4. Principles of hormonal therapy for prostate cancer
5. Is TURP still the gold standard for surgical management of BPO?

The boot camp started on a Monday at 07.15am with registration and refreshments followed by welcoming remarks from the course directors, Mr Shekhar Biyani and Mr Sunjay Jain. Thereafter, we were given a lecture on Paediatric Urology for the Adult Urologist by Professor David Thomas. The BJUI Knowledge multiple choice questions based on the five topics then followed and by 09.00 am we were ushered to our various modules.

The next two mornings featured lectures on various topics such as Admitting when Mistakes Happen by Mr.Ian Eardley, When Things Go Wrong by Mr Kevin Turner and Anti-bullying campaign - "Let's Remove it" by Mr Andy Myatt. These lectures were given between 08.00am and 09.00am; they were all very informative, and a great way to start the day. Thereafter, we would go to our various modules.

On Wednesday evening we had a group dinner at Aagrah-Kashmiri Restaurant which was really fun. It was nice to interact with the other trainees and faculty members in a more casual environment ,over great food and drinks.

Thursday morning started a little later than usual at 09.00am without a morning lecture and straight into modules.

On the last day we had a quality improvement session in the morning, which consisted of lectures and practical work which was done in groups. One of the practical scenarios was of a retained stent in which we learnt how to deal with the situation in a systematic manner, by trying to find probable cause for the problem as well as finding solutions in order to avoid it from happening again.



Group work during quality improvement session

After the quality improvement session, we had a final assessment which comprised of five practical test stations and post-course multiple choice questions to mark the end of the boot camp.

In all, a typical day would start at 07.45am and finish at 17.30pm, giving a total of thirty hours of technical skills and ten hours of non-technical skills.

During the bootcamp, I got to learn a lot of procedures that are not done at the hospital I work at such as intravesical Botox, urodynamics, laparoscopy, robotics etc. Even though most of the simulated procedures were new to me, and were procedures that I had only read about, the faculty members were very clear with explanations and the one-to-one guidance made it very easy for me to learn and practice these procedures. It was also good to practice procedures which I am a little more familiar with such as TURP, TURBT, scrotal surgery, bladder repair, ureteric reimplantation etc. I got to learn some new techniques to help me improve my surgical skills.



Ileal conduit simulation



TURP on a virtual reality model



TURP on a Samed Model



Simulated wardround

I was a little nervous about the non-technical skills modules (simulated ward round and emergency scenarios) because I had never done anything like that before. However, the set-up and actors used were very believable: it was almost like being in a real hospital setting! During the simulated ward round, each delegate had a turn to play the role of a Registrar and a Senior House Officer and, thereafter, a debriefing was done.

This module was very helpful in learning how to lead a ward round, by involving the junior doctors and nurses and developing a stepwise approach towards patient assessment, whilst having to deal with various distractions and yet still remaining professional.

During the emergency scenarios each delegate got to play the role of a registrar attending to an emergency on SimMan, the session was recorded and the other delegates got to watch from the next room. This, too, was followed by a debriefing and then on to the next delegate. The emergency scenarios were an excellent way to learn how to keep calm during emergency situations, when to call for help from seniors, and how to deliver orderly and precise patient summaries over the phone.

The debriefing, from both the ward round and emergency scenarios, involved all the delegates in the group, the actors and the module co-ordinators. The coordinators gave us pointers on what we did well and areas which needed improvement.

Through interactions with the other trainees during lunches and coffee breaks at the boot camp, I found out how the urology programme is run, as compared to the one in my country, as well as how their working hours are, how they do their on-calls and what their most commonly encountered cases are.

All the consultants on the various modules were very helpful and happy to answer any queries. It was particularly nice to have a one-to-one guidance through each module. My highlight of the boot camp was doing the exercises on the robot and getting to meet the chief executive of the hospital during his visit to the boot camp.



Meeting Mr Julian Harley, Chief Executive St James's University Hospital, Leeds

The following week I reported to St. James' University Hospital. After a short visit to the occupational health office for my final bits of paper work, I was officially ready to start my observership. This was very exciting! The hospital was very big and well organised, with excellent facilities and very welcoming staff. Mr Biyani had arranged for a different activity each day under various consultants.

On my first day, I spent the morning in clinic and, thereafter, attended a multidisciplinary team (MDT) meeting for stones and later went to observe some day-case surgery. I very much liked the MDT meeting as this is something that we do not do at the hospital I work at and I hope to introduce such a practice as it will be very beneficial for our patients. On the days that followed, I observed a ward round and I also got to observe many operations such as robotic prostatectomy, laparoscopic nephrectomies, PCNL, URS + laser, none of which are performed at the hospital I work at. I spent most of my time in theatre as there was a theatre list every day with many interesting cases. The Consultants explained the procedures as they operated and were happy to answer any of my questions during the procedures. I liked how team briefs were done at the beginning of each theatre list ensuring that all theatre staff were on the same page.

I got to spend an afternoon in the radiology department observing antegrade stenting and nephrostomies; this was very helpful as we don't have interventional radiologists and have to do these procedures ourselves.

I have gained a lot of knowledge from both the boot camp and observership, and I intend to implement what I have learnt into my practice, such as team briefs before theatre cases, patient information leaflets, MDT meeting and the management of different conditions that I observed. I believe that the experience I have acquired during my time in Leeds will make a huge improvement on my practice.

It is my hope that Urolink will continue such support in the future, to enable Zambian residents to have this mind-opening experience that I was fortunate to have. This will be very helpful during their training.

A big thank you to Urolink and the Urology department at the University Teaching Hospital in Zambia for enabling me to have this experience.