

Fidelis Chiteka – elective period in Manchester, 2001-2002

My stay in Manchester has been immensely educative, enjoyable and has been an eye opener to me in terms of the dynamism of urology in the UK. I received a very warm welcome from Mr Rao and his team at Wythenshawe Hospital (they also provide cover at Trafford General Hospital). Since my arrival in November I have been involved in the day-to-day running of the unit; ward rounds, theatre sessions, on call, outpatient clinics, academic meetings and presentations, research programmes and attending SpR teaching sessions are some of the activities that I have taken part in.

I have found the daily work thoroughly stimulating and exciting particularly the wide resource availability, investigations, ancillary staff and the support the urologists have when dealing with their patients. I have been very impressed and encouraged by the positive attitude and willingness to help patients that the nurses, ward clerks, departmental secretaries cleaners, and even porters show. This teamwork evidently makes managing patients less of a burden and actually an enjoyable process to the doctors, who are always full of good humour. Their energies are thus directed to the important process of making the patients better. This is in stark contrast to my hospital which has made me realise the need of training staff in the hospitals to be patient centred and work as a team rather than have low motivation and a dislike for work. Interdepartmental cooperation is also very good, particularly the radiology and laboratory services. The availability of up to date technology for theatre has exposed me to urological procedures that I only had seen in books. The thrill and excitement I felt is of a magnitude that is impossible to express on paper.

The availability of small diameter actively deflectable ureteroscopes, and their accessories, as well as laser, electrohydraulic, pneumatic and ultrasound lithotripsy has impressed me. I have been even more impressed by the adept way Mr Downey and Mr Rao use them to deal with various problems presented by urinary stone disease. I have also enjoyed the laparoscopic nephrectomies and pelvic lymphadenectomies that I have observed. I come from a unit where we do a lot of open surgery, thus minimally invasive approaches, with the resultant reduction of morbidity and hospital stay, are absolutely amazing. There is hope that this technology will be available in Zimbabwe when the current turmoil in the country is over. There is a dual health delivery system, with the private sector enjoying facilities that are comparable to the latest, due to Medical Insurance Funding.

Other aspects that are taken seriously by the consultants and which impressed me are Audit and Research. I have attended the weekly departmental meetings, and in some of these the audits of Mr George's, Mr Lupton's, Mr Downey's and Mr Rao's practices have been presented. I have been impressed by the difference between audit and the more traditional Morbidity and Mortality meetings to which I am accustomed. Audit is definitely more informative and educational and has the ability of identifying specific problems which might be in the systems of managing patients. The recommendations arising from an audit appear to be implemented rapidly justifying the need for the effort involved in the audit process. The regional Audit Meeting, at Hope Hospital, showed how individual audits can be combined and can be used for comparisons of different hospital's practices with the aim of improving performance by peer review.

The analysis of individual cases in a prospective or retrospective fashion is tantamount to performing research. I observed the emphasis that the consultants put on research, both clinical and in the laboratory.

All the junior members of the team, including me, have a research project with full support and guidance from the consultants. There is a designated urology research laboratory with a full time scientist stationed there and the team has the ability to conduct experiments. I have enjoyed this thoroughly, for I have keen interest in research. In Zimbabwe the system is flooded with patients suffering from diverse pathology, yet we have inadequate data on the conditions they have with respect to our region. There is lack of documentation about the prevalence and incidence of urological disease in our population. Thus I have really been appreciative of the importance of the thrust in research for it lays groundwork for generations of urologists to come. I noticed also that the statistics department is always willing to help with the statisticians available for free consultation and assistance. I have taken advantage of this in analysing some of the data that I already had from work in Zimbabwe.

The Urology SpR teaching is also a highlight of my attachment, for I thoroughly enjoyed each session I attended, particularly the participation of the registrars themselves by them taking turns in chairing the sessions. They obviously all take great pains to be prepared and they are up to date in their reading. This makes the sessions more stimulating and exciting for the contributions from individuals are motivating and show a lot of insight.

There is a lot more, but more detail would be inappropriate for now. I am, however preparing a logbook of theatre cases where I was an observer or during those procedures at which I assisted. A journal, in which I enter various interesting cases and topics including collected literature from material that I have been offered, is in the making. I shall make a detailed report for my department at home and a copy of this will be posted to UROLINK.

Once again, thank you very much for enabling me to have this exposure in my urology training. I intend to maximize on my learning and also be able to teach in future thus you have helped not only me, but others as well. Since I was the first student ever to come here on such a programme, I hope that this will help and encourage some of my colleagues to do so in the future.