

Transferable skills: Lessons from Urolink's global health experience

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Abstract

Working in low- and lower-middle-income countries offers significant professional and personal benefits for urologists from high-income nations. These experiences foster valuable skills that can be brought back and applied within the UK healthcare system. Practising in resource-limited settings enhances communication across cultural boundaries, encourages adaptability in clinical decision-making, and promotes creative use of limited resources. In addition, the experience nurtures essential leadership qualities such as structured teaching, diplomatic collaboration, and a strong sense of ethical and global responsibility. These lessons cultivate humility, inclusivity, and accountability, qualities that enrich patient care and strengthen teamwork within the NHS.

Level of evidence: Not applicable

Keywords

Low- and low-middle-income environment, transferable skills, communication, adaptability, clarity in teaching, diplomacy in leadership, ethical and cultural awareness, responsibility, global citizenship

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Introduction

In a world where healthcare delivery is becoming increasingly global, the need for collaborative, cross-border learning has never been greater.^{1,2} Urolink, a section of the British Association of Urological Surgeons (BAUS), embodies this spirit by fostering sustainable partnerships between urologists in the United Kingdom and those in lower-resource settings. Established to support the development of urological services in low- or low-middle-income countries (LMICs) in sub-Saharan Africa, Urolink aims to improve patient outcomes through mentorship and education, predominantly physically out of the United Kingdom, but also virtually where applicable.

The benefits of Urolink's participation are bi-directional. UK professionals involved in its activities often return home enriched, not just by their experiences, but by the transferable skills they acquire; skills that are invaluable in a variety of clinical and non-clinical settings in their home environment. From improved communication and adaptability to enhanced leadership and ethical insight, Urolink provides a real-world training ground for holistic

professional growth. This article explores key lessons and transferable skills Urolink has learned and how they can be applied to a broader healthcare context in a high-income environment.

Communication across cultures

One of the most immediate challenges in all global health settings is communication. Within Urolink's partner sites, clinicians may speak different languages, come from vastly different medical cultures, and approach patient care in diverse ways. Learning to communicate clearly, respectfully, and effectively with partners in an LMIC becomes a vital skill.

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Figure 1. A ward round in Hawassa, Ethiopia. The need to communicate so that the patient, and the whole team, understands a management plan can be challenging and is very much dependent on the relationship with and confidence in the local hosts.

UK professionals working with Urolink often find themselves needing to explain complex medical procedures or treatment pathways, in simple terms, sometimes with the help of interpreters or through non-verbal cues (Figure 1). The challenge is not just linguistic, it's also cultural. Understanding how local beliefs and value systems influence patient care requires emotional intelligence, patience, and active listening.³

This cross-cultural communication skill translates directly into home practice. Back in the NHS or other domestic settings, clinicians are increasingly treating patients from a range of cultural and ethnic backgrounds. The ability to tailor communication, making patients feel heard and respected, improves trust and compliance and reduces the risk of misunderstandings. Interdisciplinary collaboration also benefits from these enhanced communication skills. Whether it's coordinating with nursing staff, hospital administrators, or patients' families, the ability to bridge communication gaps becomes a crucial, transferable asset.

Adaptability and problem-solving

Working in low-resource settings is an exercise in adaptability. Urolink participants often operate in environments where imaging tools are limited, basic medications may be in short supply, and surgical instrumentation is outdated or non-functional. Many surgical procedures still demand open surgery, often by technically adept surgeons, but with limited specialist skills in various areas.⁴ These conditions force healthcare professionals to think creatively and work with what is available when in a LMIC healthcare environment (Figure 2).

Surgical and diagnostic pathways must be adjusted according to the local context, and this requires not only flexibility but also humility. For example, performing

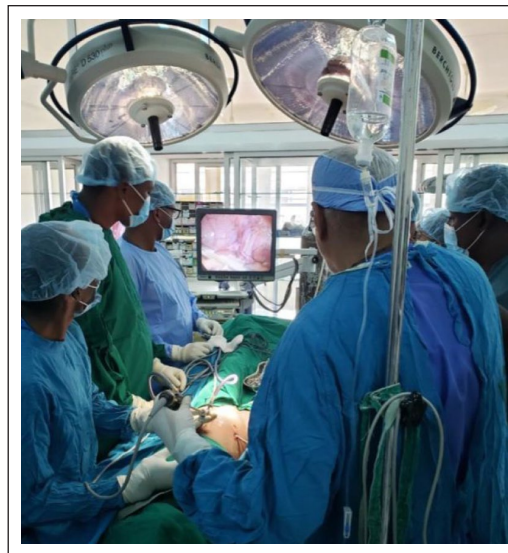


Figure 2. Mentorship during a diagnostic laparoscopy at KCMC in Moshi, Tanzania. No laparoscope was available to the paediatric urologists to help manage a case of ambiguous gender; one was borrowed from the gynaecologists! Items we would consider disposable, such as ports, guidewires, and stone baskets, will be sterilised and used again and again until unserviceable.

endoscopic or laparoscopic procedures without the latest equipment, or improvising ways to sterilise instruments safely, fosters a mindset of resilience and lateral thinking.^{5,6}

These problem-solving skills are directly relevant to home settings. Even in high-resource environments like the NHS, professionals encounter constraints, be it staffing shortages, budget limitations, or systemic inefficiencies. The ability to remain calm under pressure, think critically, and adapt to evolving circumstances dynamically is a hallmark of an effective clinician or healthcare leader.

Importantly, the need to improvise abroad can inspire innovative thinking back home, particularly in patient triage models, service redesign, and digital health solutions.

Teaching and mentorship

Capacity building is a cornerstone of Urolink's mission. UK urologists are not simply treating patients' clinical needs; they're teaching local doctors, nurses, and trainees to deliver care sustainably in their home environment and utilising the resources that are available to them there. This educational role demands a specific skill set, especially when resources are limited and training needs are high.

Teaching in such environments hones the ability to break down complex concepts into digestible information that is easily transmitted and understood. Demonstrating a surgical technique without modern simulation tools or high-tech visual props requires clarity, creativity, and patience in the development of appropriate educative material. It also demands adaptability in teaching styles, as



Figure 3. Transrectal prostatic biopsy is being taught at UTH Lusaka, Zambia. Both real-life and simulation-based training have been used to tremendous advantage in the LMIC environment.

local learning preferences and expectations may differ from Western norms (Figure 3).

These teaching skills are transferable to any academic or mentorship setting.⁷ Whether it's training junior doctors, delivering continuing professional development (CPD) sessions, or supervising medical students, professionals who have taught through Urolink often bring a more thoughtful, immersive, and inclusive approach to their educative style. They are often more attuned to differences in learning needs and more resourceful in their methods of teaching.^{8,9} Furthermore, the act of teaching reinforces the professional's own understanding, making them more reflective and articulate practitioners overall.

Leadership and teamwork

Working with Urolink often places UK professionals in clinical leadership roles, not only in terms of clinical decision-making but also in organising training camps, developing service strategies in an LMIC, or liaising with hospital leadership in host countries.^{10,11} These experiences develop a nuanced form of leadership that balances initiative with collaboration and respect.

Leading a multicultural multidisciplinary team requires diplomacy, humility, and an understanding of achievable shared goals. Urolink veterans frequently mention the value of learning to lead without dominating, listening before acting, and aligning strategies with local priorities.

These leadership lessons are directly applicable to home institutions. In the NHS and similar systems, healthcare professionals must lead across boundaries, coordinating between departments, advocating for change, or mentoring junior staff. The ability to galvanise a team, manage conflict, and foster collective ownership is greatly enhanced through Urolink's collaborative model.

Teamwork, too, is reinforced in a powerful way. Urolink projects succeed because of the joint efforts of clinicians, logisticians, administrators, and community health workers. Professionals learn the importance of every role, and this deepens their appreciation for team dynamics in their own organisations.

Ethical awareness and global citizenship

Perhaps the most profound takeaway from Urolink experiences is a heightened sense of ethical responsibility and global awareness. Working in settings where access to basic surgical care is limited or where patients face significant barriers to treatment forces a re-evaluation of what is considered essential, fair, and humane in healthcare.¹¹ It also reinforces the need for stewardship of resources and consideration of providing the best care in the most environmentally appropriate way.

These experiences cultivate empathy and a deepened commitment to equity.¹² Witnessing disparities in access, treatments, and care first and often drives professionals to advocate for more inclusive practices, both locally and globally.¹³ Resource utilisation in an LMIC makes one question the effectiveness of one's practice back in the United Kingdom, which can inform policy work, quality improvement projects, and even decisions around resource allocation back home.

Most importantly, Urolink instils a sense of global citizenship with their colleagues abroad and in the United Kingdom. Professionals return with a broader understanding of health as a human right and of their role not just as local practitioners but as members of a global medical community. This worldview fosters solidarity, self-effacement, and a lifelong commitment to service.

Urolink's work in global urology over the last 35 years has been transformative, not just for the patients and professionals in partner countries, but for the UK-based clinicians who participate in their exchanges.¹⁴ The skills developed via Urolink are wide-ranging and deeply transferable: nuanced communication, resourceful problem-solving, adaptive teaching, effective leadership, and a strengthened ethical compass.

These competencies enrich healthcare delivery at home, making professionals more responsive, collaborative, and compassionate.¹⁵ They also shape the kind of leadership that is needed in modern medicine, one that is globally informed, ethically grounded, and deeply human.

As global health continues to intersect with every facet of medical practice, initiatives like Urolink are more than charitable endeavours; they are essential platforms for professional development and mutual learning. For those considering engagement in global surgery or international

Table 1. Urolink's overseas activity since visits resumed after the 2020 global pandemic in mid-2022.

Country	Location	Activity	UK visitors travelling	
			Consultants	Trainees
Ethiopia	Addis Ababa	Emergency urology simulation bootcamp	3	
	Hawassa	PCNL and reconstruction workshops	4	
Malawi	Lilongwe	Urogynaecology workshop	3	2
	Lilongwe	Paediatric urology workshop	1	
Zimbabwe	Harare	COSECSA FCS exams	3	
Tanzania	Moshi	Reconstructive workshop	2	
Ethiopia	Hawassa	Emergency urology simulation bootcamp	5	
	Hawassa	PCNL workshop	4	
Ghana	Accra	Laparoscopy course	3	1
Tanzania	Moshi	PCNL workshop	4	
Malawi	Lilongwe	Urogynaecology workshop	3	2
Tanzania	Moshi	Teaching fellowship	1	2
Ethiopia	Addis Ababa	COSECSA FCS exams	2	
Tanzania	Moshi	Reconstructive workshop	5	1
Tanzania	Moshi	Teaching fellowship		1
Uganda	Kisiizi	TURP workshop	2	1
Liberia	Monrovia	Endoscopic surgery workshop	1	
Malawi	Lilongwe	Paediatric urology workshop	2	
Ethiopia	Hawassa	Reconstructive workshop	3	
Zambia	Lusaka	TPBx workshop		1
Namibia	Windhoek	COSECSA FCS exams	1	
Malawi	Lilongwe	Reconstructive workshop	3	

This list is not exhaustive and does not include scoping visits to centres to assess their viability for linking, and other, informal visits by Urolink-affiliated colleagues.

partnerships, the message is clear: the learning you'll bring home is every bit as important as that which you deliver abroad.

Where has and how does Urolink disseminate help on the global stage?

Urolink has worked in over 50 LMIC countries supporting the development of care for urological patients. Its paradigm has been the mentoring of skills pertinent to local need, which can be delivered sustainably in resource-limited environments. Its work is totally dependent upon a strong clinical lead in the host country, and this has enabled substantial developments in link centres' know-how,

which is then disseminated out across a wider domain. The centres visited since the end of 2022, and the expertise Urolink teams have helped develop, are shown in Table 1. As can be seen, there are still plenty of opportunities for UK-based trainees to participate in Urolink's activities with substantial potential benefits to them when they return to the United Kingdom. Any out-of-programme activity requires significant planning but brings durable rewards to those who reach out into a foreign healthcare system. Visit the Urolink website (https://www.baus.org.uk/professionals/urolink/urolink_home.aspx) if you want to know more; this will lead you to means of contacting us if you are interested in participating in any aspect of Urolink's work in the future.

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Consent for publication

Suzie Venn and Steve Payne give consent for publication.

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Suzie Venn: Conception, author, final review.

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