



Report on the Emergency Urology Skills Course



18th November 2025
Mengo Hospital
Course Director: Dr Vincent Medeyi

Funded by: The BJU International



Acknowledgement

I would like to thank all trainers for their support in designing and facilitating the course. We could not have done without the excellent support from skills lab staff. I am also indebted to the Urolink Team from the UK, for their encouragement and support.

A special thanks to Ms. Gillian Wills for her considerable support in organising pre-course materials on the BJUIKnowledge platform. In addition, I would like to acknowledge excellent funding support from Ms. Sophia Anderton, Chief Executive, BJUI. I am also grateful to Medi Tech Trust (<https://meditechtrust.org/>) for providing 50 trays with instruments for skills training.

I would like to acknowledge support from Prof Daud Athanasius Dube, Director Unit of Urology, Urology Training Programme (UTP), Faculty of Medicine and Health Sciences (FMHS), Department of Surgical Sciences (DSS), University of Zimbabwe (UZ), Harare, Zimbabwe. Prof Dube joined us as a faculty and shared his knowledge with young trainees.

I would like to express sincere appreciation to Dr Simon Peter Nsingi, Executive Director, Mengo Hospital, Dr Annet Kugonza Khungi, Director of Clinical Service, and Mr Joel Oroni, Director of Administration, for their support. I could not have done without the excellent support from Sister Teopista Nakafu, Manager of the Nursing Skills Centre, Mengo Hospital and Sister Ritah Nabasajji, Mengo Hospital.



Summary

SWOT Analysis – Emergency Urology Skills Course (EUST), Mengo Hospital

Strengths

- High attendance and engagement, particularly notable for a first-time course at this centre, indicating strong local demand.
- Strong collaboration between UK (Leeds/Urolink) and local faculty, providing credibility, mentorship, and skills transfer.
- Hands-on, simulation-based training using animal tissue, directly addressing real-world emergency scenarios.
- Well-structured educational framework, including pre- and post-course MCQs, online learning resources, and training-the-trainer materials via BJUI Knowledge.
- Institutional support from Mengo Hospital leadership, facilitating smooth delivery and future service development.
- The course demonstrated a clear and measurable educational impact. Pre-course data confirmed a substantial unmet training need, with 88.2% of participants having had no recent urology skills training and 100% seeking improved confidence, technical skills, and transferable teaching ability.
- Baseline confidence was particularly low for complex emergency procedures, notably penile fracture management (12 respondents “not at all confident”) and ureteric anastomosis/reimplantation.
- Post-course assessment showed a 21.43% improvement in MCQ scores (mean score rising from 9.33 to 11.33), indicating effective knowledge transfer.
- 78.6% of delegates reported that course objectives were met, and qualitative feedback consistently highlighted the value of one-to-one, hands-on simulation, expert faculty presence, and structured practical sessions.

Weaknesses

- Delayed course start and suboptimal time management, reducing available training time. Having a webinar on the day and TURP training workshop during the week were not helpful.
- Venue accessibility and signage issues, which affected punctuality and attendance for some delegates.
- Limited involvement of local urologists as faculty, placing greater reliance on visiting trainers.
- Short course duration, with participants consistently requesting more time for practical skills.



- Pre-course communication gaps, including late access to learning materials for some participants.

Opportunities

- Expansion to a multi-day bootcamp, allowing deeper coverage of emergency and reconstructive topics. In addition, endourological skills.
- Greater mobilisation and development of local faculty, strengthening sustainability and ownership.
- Scaling the train-the-trainer model, enabling regional dissemination of skills.
- Positioning Mengo Hospital as a regional training hub for emergency urology in Uganda.

Threats

- Logistical and customs challenges, particularly around transporting equipment and simulation materials.
- Dependence on external funding and visiting faculty, which may affect long-term sustainability.
- Competing clinical commitments for local faculty, limiting their availability.
- Infrastructure and resource constraints, common to low-resource settings, which may restrict scalability.

Introduction

Building on the success of the Emergency Urology Skills Course in Hawassa, Addis Ababa, the **3rd course** was delivered at Mengo Hospital, Kampala, Uganda. **Dr Vincent Medeyi** observed the 2nd course in Addis Ababa prior to committing. The Emergency Urology Course was designed to provide a practical, hands-on learning experience for delegates, enabling them to develop critical surgical skills in managing urological emergencies. This landmark event aimed to address the critical need for enhanced emergency urological care in the region. Utilising bovine and caprine tissue, participants gained exposure to a wide range of emergency surgical techniques under the guidance of an experienced faculty.

A collaboration between local and international urology experts, the one-day course focused on equipping surgical residents and healthcare professionals with the skills and knowledge necessary to manage common urological emergencies effectively.



This initiative also underscored the importance of sustainable education models in resource-limited settings, where infrastructure and trained personnel are often lacking.

Pre-visit preparations

A WhatsApp group was created in September 2025. Shekhar Biyani and Steve Payne worked on the online resources after the Addis course in May 2025. The following learning resources were created and uploaded on the BJUIKnowledge (Appendix 1).

 The logo for Emergency Urology Simulation Training features a white square with a red kidney icon in the center. The background of the square is white, and it is set against a blue rectangular background. Below the square, the text "EMERGENCY UROLOGY" is written in bold, black, uppercase letters, with "SIMULATION TRAINING" in smaller, black, uppercase letters underneath. SIMULATION TRAINING Emergency Urology Simulation Training: Faculty Resource... Emergency urology simulation training has been evolved to allow delegates to learn about the principles of emergency urology and how to manage common urological emergencies. In progress	 The logo for Emergency Urology Simulation Training features a white square with a red kidney icon in the center. The background of the square is white, and it is set against a yellow rectangular background. Below the square, the text "EMERGENCY UROLOGY" is written in bold, black, uppercase letters, with "SIMULATION TRAINING" in smaller, black, uppercase letters underneath. SIMULATION TRAINING Emergency Urology Simulation Training: Delegate Resourc... Emergency urology simulation training (EUST) has been evolved to help you learn about the principles of emergency urology and how to manage common urological emergencies. In progress
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Resources for the COURSE ORGANISER:

- [EUST Organiser Checklist](#)
- [EUST Introduction Slide Pack](#)
- [EUST Logo for Flyers](#)
- [Pre-course delegate MCQ](#)
- [Post-course delegate MCQ](#)
- [Cost Calculation for EUST](#)
- [Report on EUST](#)



Supporting files (Online Training the Trainer resources)

- [Faculty TTT Assessment - narrated.pptx](#)
- [Faculty TTT Feedback - narrated.pptx](#)
- [Faculty TTT Teaching skills - narrated.pptx](#)

We started regular meetings with the UK Team on Zoom. A Google Form was created for delegates and faculty to register on the BJUIKnowledge platform to access the learning resources.

The UK team received a reasonable amount of support from the Medi Tech Trust and managed to carry basic instrument sets and sutures for the skills training.



The UK Team arrival

The UK Team (Steve Payne, Shekhar Biyani, Sunjay Jain, Mary Garthwaite, and Will Finch) arrived on 16th November 2025. Dr Medeyi along with the Mengo Hospital staff received the team. Unfortunately, 2 bags were confiscated by the custom department despite showing them all the relevant documents. Mr Mike Kimuli who had arrived a day earlier from the UK also joined the team.

Skills Lab set-up



We decided to deliver the course at the nursing simulation skills lab. Steve and Shekhar met with the Sister Teopista Nakafu and Sister Ritah Nabasajji on Monday evening. They spent nearly 3 hours to setting up the tables for training.



Objectives

The boot camp construct was utilised to achieve the following objectives:

1. To introduce surgical/urology residents to the fundamentals of managing urological emergencies.
2. To assess and improve participants' theoretical knowledge and practical skills.
3. To create a sustainable framework for emergency urology training in Uganda.

Pre-Course Assessment

A comprehensive pre-course survey was conducted to evaluate participants' baseline knowledge and prior experiences in managing urological emergencies.

Survey Findings:



Gender Distribution

The participant group is overwhelmingly male.

- **Male:** 85.7% (6 respondents)
- **Female:** 14.3% (1 respondent)

Professional Position

The group is highly senior and specialized, with nearly half being trained surgeons.

- **Trained surgeon:** 42.9% (3 respondents)
- **Urology Residents (Years 1, 2, & 3):** 42.9% (3 respondents, one from each year)
- **Medical Officer:** 14.3% (1 respondent)

Prior Training and Course Expectations

Prior Urology Skills Course Attendance

There is a **100% training gap** in the past year, indicating a critical need for the proposed course.

- **No:** 100% (7 respondents)
- **Yes:** 0%

Course Expectations

All respondents are unanimously focused on gaining practical skills and the ability to teach others.

- **Improved confidence in managing urological emergencies:** 100%
- **Improved technical skills in managing urological emergencies:** 100%
- **Skills that I can pass on to others:** 100%

Self-Rated Knowledge and Confidence

Procedures with the Highest Knowledge/Confidence (Strengths)

- **Troubleshooting during catheterisation:** Highest knowledge score (4 respondents chose "Very good").
- **Scrotal exploration:** High knowledge (2 "Very good," 3 "Good") and high confidence (2 "Very confident," 3 "Confident").
- **Bladder injury repair:** Balanced ratings, with no one rating their knowledge as "Poor" or "Little/no knowledge."



Procedures with the Lowest Knowledge/Confidence (Gaps)

The most significant gaps are in complex and less frequent procedures:

Procedure	Knowledge Gap (Lowest Ratings: Poor or Little/No Knowledge)	Confidence Gap (Lowest Ratings: Somewhat Confident or Not at All)
Ureteric reimplantation	5 out of 7 respondents	5 out of 7 respondents
End-to-end ureteric anastomosis	4 out of 7 respondents	4 out of 7 respondents
Penile fracture management	4 out of 7 respondents	4 out of 7 respondents (4 chose "Not at all Confident")
Renal injury	3 out of 7 respondents	3 out of 7 respondents

This comparison clearly shows that reconstructive and trauma management skills are the main perceived weakness for this group, with **Ureteric Reimplantation** and **Penile Fracture Management** showing the lowest confidence levels.

Conclusion

The survey confirms a high demand for the course, with a **100% training gap** among a specialized and senior group of surgeons and residents. The curriculum must focus on practical, hands-on training, ideally using **simulation**, to address the critically low knowledge and confidence scores observed in **ureteric reconstruction procedures**, **penile fracture management**, and **renal injury management**. The expectation for attendees to be able to **pass on skills to others** highlights the potential for the course to act as a train-the-trainer initiative.

What went well

1. Being the first the attendance was great
2. A lot of support from the Leeds team and local faculty
3. Had access to fresh materials

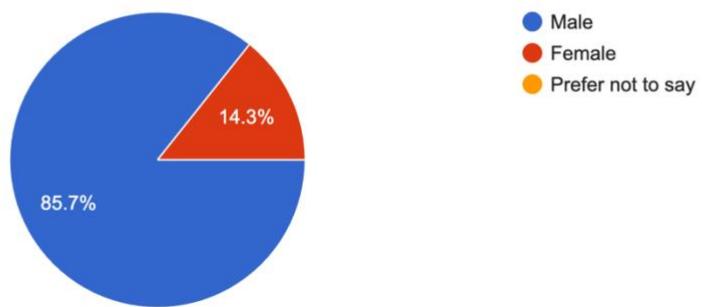
What would I do differently

1. Better time management. Especially the starting time
2. Make it easier to access the venue
3. Mobilise more local faculty especially urologists
4. Pre boot camp meetings with the local faculty to share topics and allow each one access information
5. Add more topics to the bootcamp



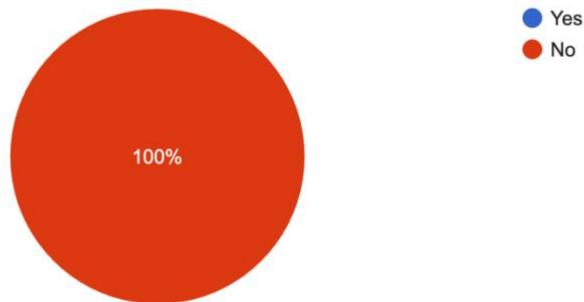
2. What best describes your gender?

7 responses



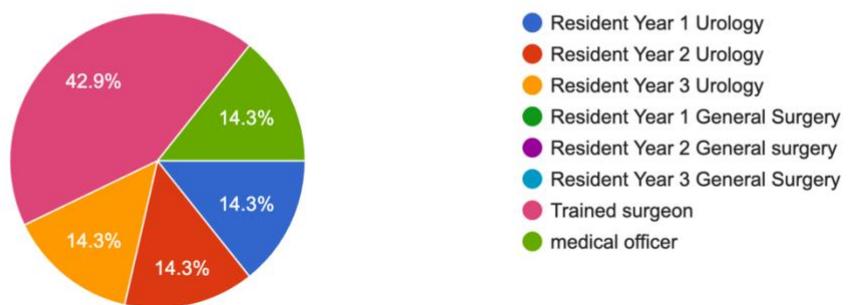
5. Have you attended any urology skills course in the last 12 months?

7 responses



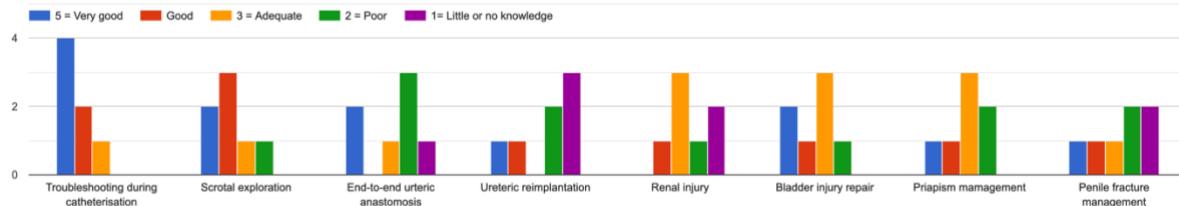
7. Your position

7 responses

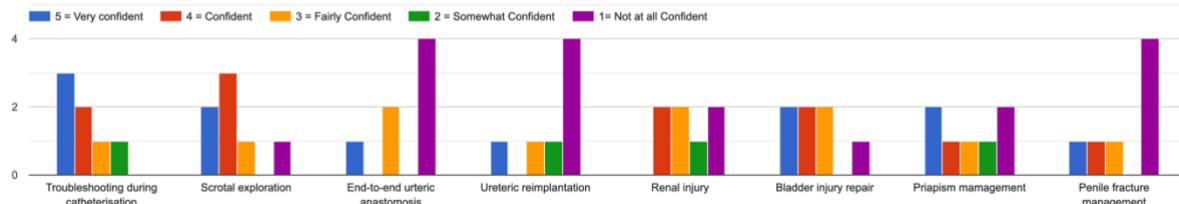




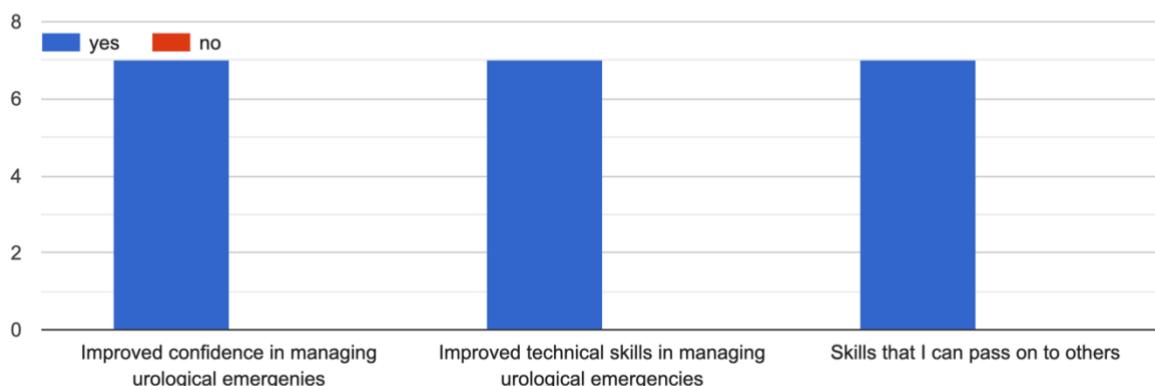
8. How would you rate your knowledge about the following procedures?



9. How would you rate your level of confidence for the following procedures?



10. What do you expect to get out of the course?



11. Comments 7 responses

I look forward to gaining the skills
 I'm looking forward to a fruitful engagement
 Hoping to see how you simulate some of these conditions
 Ready to learn
 HOPING TO GET THE BEST OUT OF THE SESSIONS.
 Looking forward to learning from others



I hope to learn a lot and acquire skills in managing Urological Emergencies



Course Outline

The course was structured around two main modules, with six trainees and 4-6 tutors per module. Each module included skill stations, allowing personalised, interactive training. Dr Medeyi provided the outline of the course.

The start was delayed due to various factors (lack of signage for the skills centre and suboptimal communication with delegates and faculty).



Dr Medeyi outlining the timetable for the day

- **Registration and Pre-Course Assessment:**
 - Delegates registered from 9 am, followed by an introduction by Dr Medeyi and pre-course MCQ.



- **Timetable:**

Due to the late start, it was decided to deliver talks for both modules only once. This would allow more time for hands-on training. Mr Steve Payne shared his experience with management of ureteric injuries. Prof Dabanya Henry discussed renal trauma. Mr Finch reviewed the management of acute scrotum.

By 11:30 all talks were over and hands on training was commenced. All delegates first used the goat's bowel as ureter and bladder to learning basic procedures to manage ureteric injuries. Cow's kidneys were used to practice renorraphy. The second half of the practical session focused on the scrotal exploration and penile fracture management.

Dr Simon Peter Nsingi, Executive Director, Dr Annet Kugonza Khungi, Director of Clinical Service, and Mr Joel Oroni, Director Administration visited the course and spoke to trainees.

Modules and Content

Emergency Renal and Ureteric Surgery

Practical Skills Taught:

1. **Ureteric Procedures:**

- End-to-end ureteric anastomosis
- Ureteric reimplantation

2. **Bladder Procedures:**

- Bladder repair
- Boari flap

3. **Renal Procedures:**

- Renorrhaphy



Acute Scrotum, Andrology, and Catheterisation





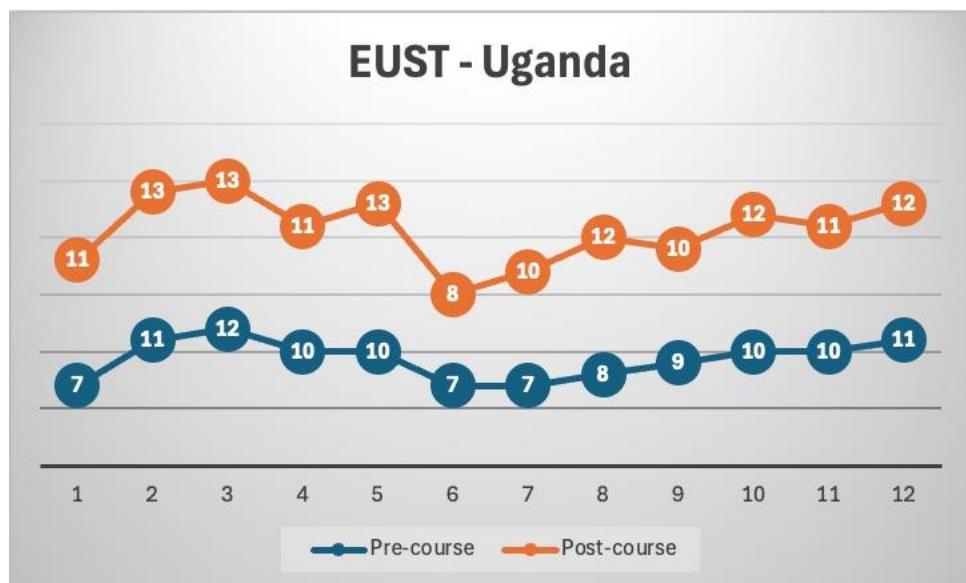
Practical Skills Taught:

Scrotal and Andrology Procedures:

- Scrotal exploration and testicular fixation
- Priapism management
- Penile fracture repair

Post-Course Assessment

A post-course MCQ was conducted to evaluate the knowledge gained by participants.





Results:

1. Improved Scores:

- The average pre-course MCQ score was [9.33%], while the post-course average rose significantly to [11.33%], reflecting a [21.43%] improvement in knowledge. (% improvement = new value-old value/old value x 100)
- This indicates a **positive impact of the training or educational activity** on participants' knowledge.

2. Participant Feedback:

- 78.6% (Strongly agree) of attendees reported that their course objectives were met.
- Many participants noted the practical workshops as the most valuable aspect of the program.

Key Achievements

1. Enhanced Knowledge and Confidence:

- All participants reported improved confidence in handling emergencies such as urinary retention and acute scrotum.

2. Skill Development:

- Hands-on workshops provided critical skills that attendees could immediately apply in clinical settings.

3. Transferability:

- Successful delivery of the course has confirmed its transferability.

Post-course feedback

What went well?

1. Excellent attendance, which was especially encouraging for a first-time course.
2. Strong support from both the Leeds team and local faculty, contributing to smooth delivery.
3. Access to fresh and high-quality training materials, which enhanced the hands-on learning experience.

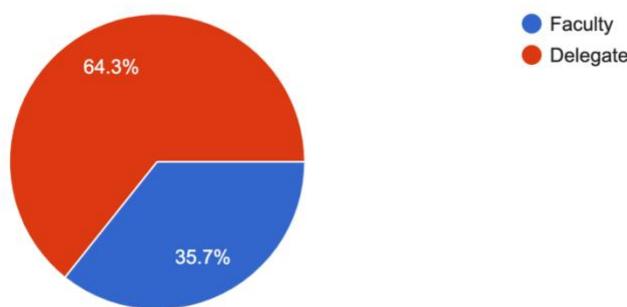


What will I do differently now I've delivered the course?

1. Improve time management, particularly ensuring the course starts promptly.
2. Make the venue easier to locate, with clearer directions and communication in advance.
3. Engage and mobilise more local faculty, especially urologists, to strengthen teaching capacity.
4. Hold pre-bootcamp meetings with local faculty to allocate topics, align expectations, and provide access to training materials ahead of time.
5. Expand the range of topics covered in future bootcamps to address additional learning needs.

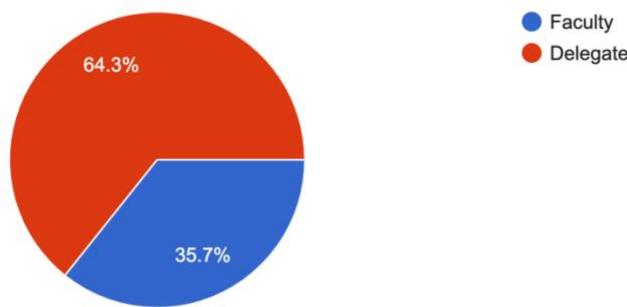
5. Are you

14 responses



5. Are you

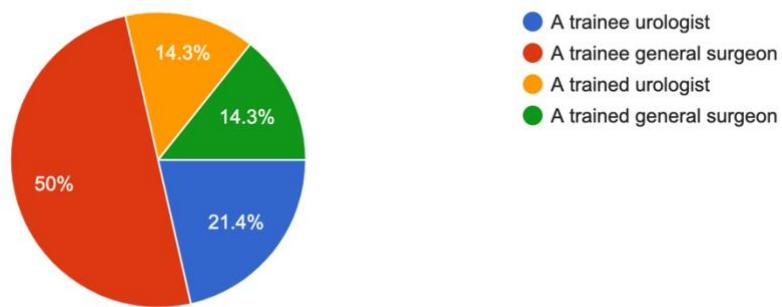
14 responses





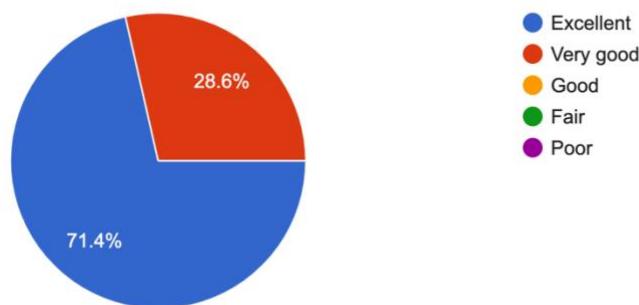
6. Are you

14 responses



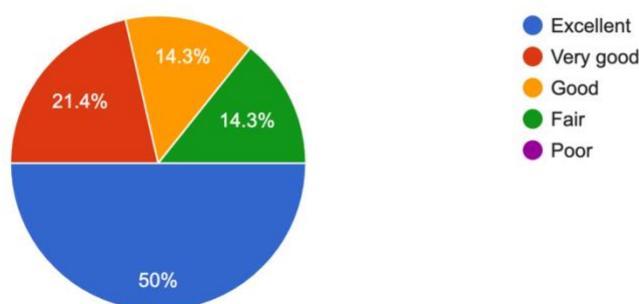
7. Course organisation was

14 responses



8. Communication about the course

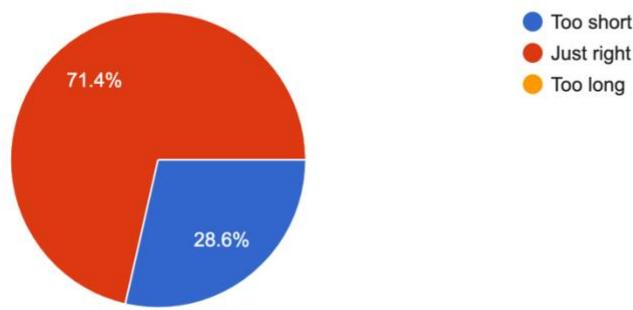
14 responses





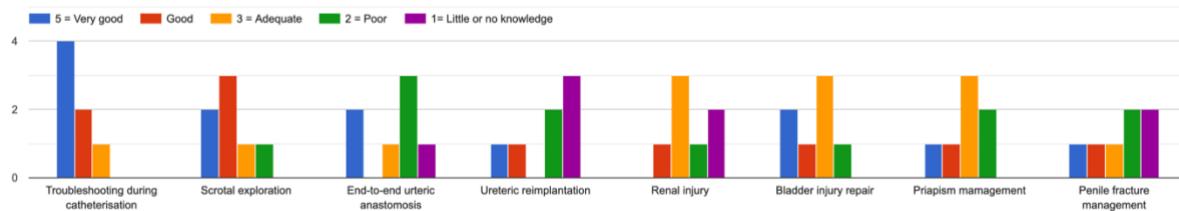
9. Length of the course

14 responses



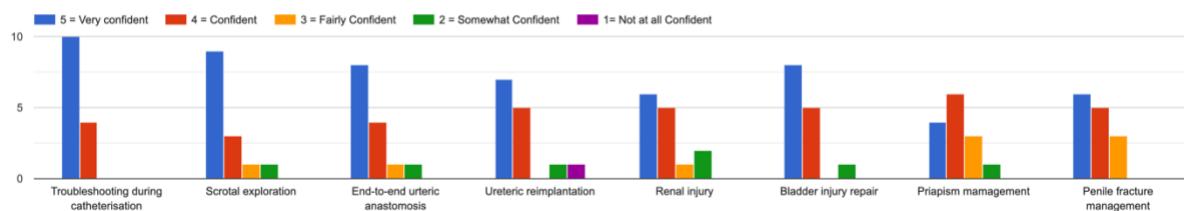
8. How would you rate your knowledge about the following procedures?

Pre-training



10. How would you rate your knowledge about the following procedures? (Post-training)

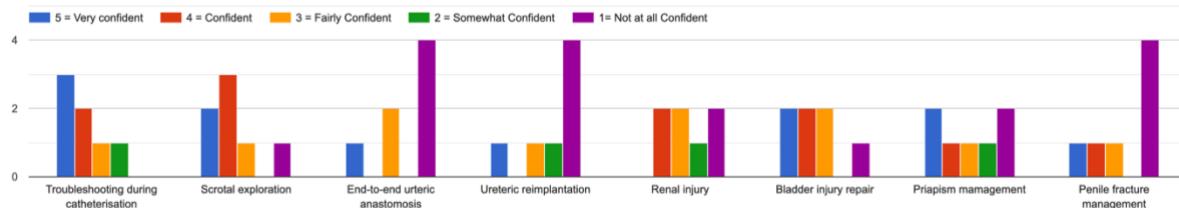
Post-training





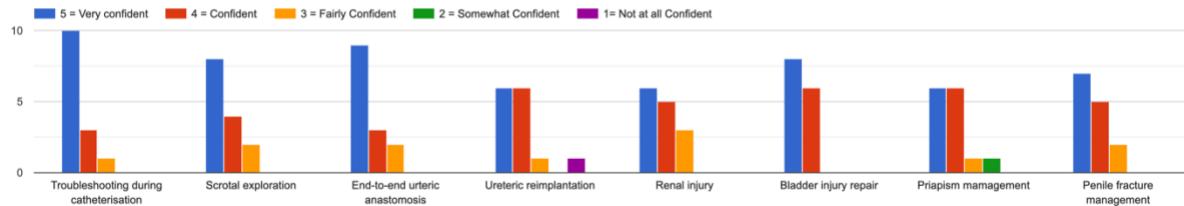
9. How would you rate your level of confidence for the following procedures?

Pre-training

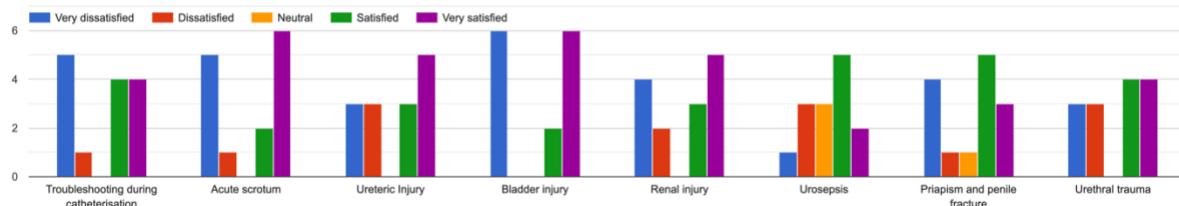


11. How would you rate your level of confidence for the following procedures? (Post-training)

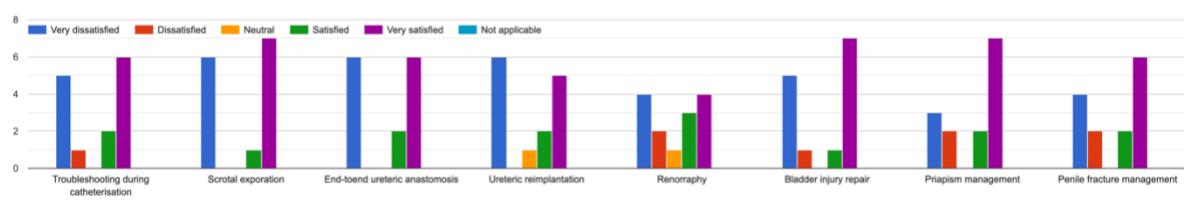
Post-training



12. How satisfied are you with what you learnt on the following urological emergencies and skills? (THEORETICAL PART)

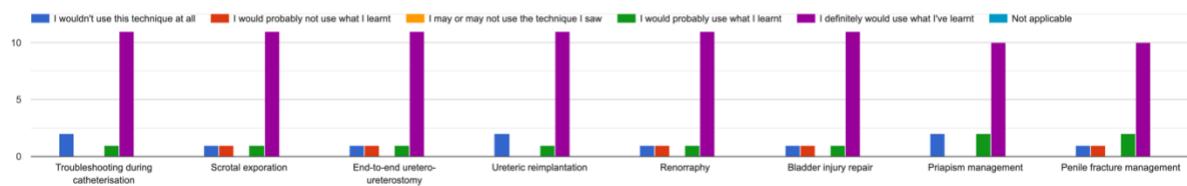


13. How satisfied are you with that you learned on the following urological emergencies and skills? (PRACTICAL PART)

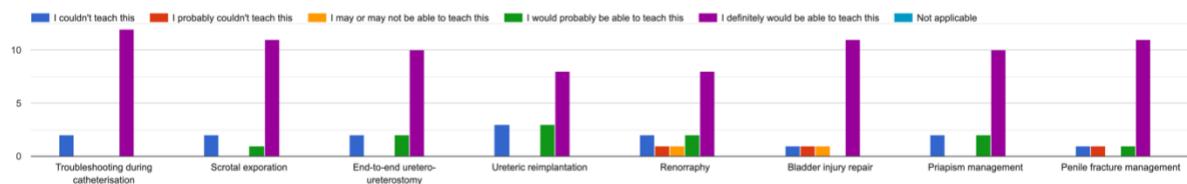




14. What will you take back and utilise in your everyday management of urological patients?

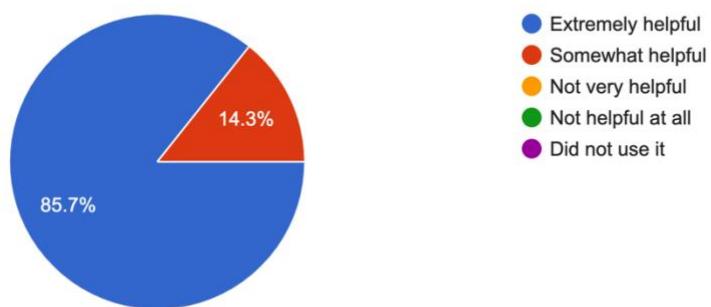


15. What do you think you could teach other trainee colleagues when you are back at your home institution?



17. How helpful was the pre-training course book?

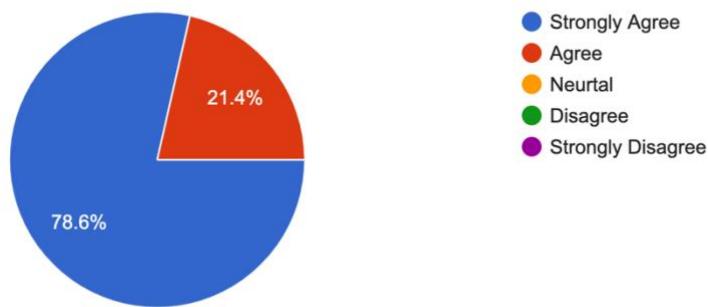
14 responses





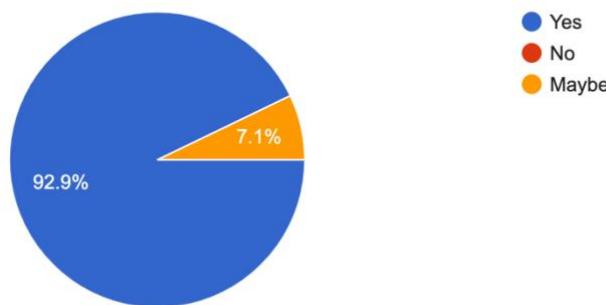
18. Did the training meet your learning objectives?

14 responses



19. Do you think this training needs an additional follow-up training session?

14 responses



20. On the Course - What did you think was very good? 14 responses

Everything

Skills transfer from the faculty

Well detailed content

The organization, lectures and the hands on was good

The practical session

Hands on experience/simulation

Scrotal exploration

Organisation and the scope

Animal tissue demos

Very knowledgeable and experienced facilitators Study materials adequate

Ureteric injury management

The topic selection is of cases common in our setting



The tutors were excellent

Practical skills

21. On the Course - What do you think could be better?

More days

More trainees should be brought on board

It met my expectations

May organise this course for 2 or 3 days

More time for practical course

Prior communication and sharing of material

Ureteric repair

More topics need to be added especially those common in our settings

More time/days

Getting the study materials early enough.

Penile fracture simulation

Needs more days

Probably have more workshops

Maybe more time given to the practical skills in which the course could have more days allocated

22. What would you want to learn more about in future?

Renal injuries

Reconstructive urology

More techniques of Renal trauma repairs

More on the common urological emergencies in our setting

Pediatric urology cases

Technology in urology

Partial nephrectomy

Priapism

More on urological emergencies, and comparison of modern advancements in urology

Priapism management

23. Other comments about Course organisation, content, pace of the training, length or delivery.

Excellent organisation, very good content, very good delivery

N/A

More time needed for practical session

Need about two days



More time

Thanks for the initiative

Clear communication in advance regarding time and venue of training. Some colleagues failed to make it because of such factors.

Very insightful

The length could be increased

Faculty

1. Dr. Ssewanyana Yasin
2. Dr Mbaga Kigongo
3. Dr Dabanya Henry
4. Dr Namugenyi Josephine
5. Mike Kimuli
6. Steve Payne
7. Shekhar Biyani
8. Sunjay Jain
9. Mary Garthwaite
10. Will Finch
11. John Dalton
12. Prof A Dube
13. Dr Luwesi Henry
14. Dr Masereka Robert

Delegates

1. Dr Rajab Idris
2. Dr Opifeni Jesse
3. Dr Blick Benjamin
4. Dr Watima Sheila
5. Dr Kirabo



6. Dr Komodo
7. Dr Odongo James
8. Dr Edemaga
9. Dr Atwine
10. Dr Kamyuka
11. Dr Kasalirwe
12. Dr Mutesasira
13. Dr Kwagalala
14. Dr Wabwire
15. Dr Wabuna David

Appendix 1



Faculty questionnaire 1: Pre receipt of manual
To help us improve the course, please complete this questionnaire *before* reading the EUST faculty manual. You can use the QR code or select **Open** to access.

● Not started

Open **Details**

EUST Faculty Manual

● Completed

Open **Details**

Faculty questionnaire 2: Post receipt of manual
Please complete this questionnaire *after* reading the EUST faculty manual and additional resources. You can use the QR code or select **Open** to access.

● Not started

Open **Details**

Faculty EUST Module 1 Ureteric Injury

● Not started

Open **Details**

Faculty EUST Module 1 Ureteric Injury (narrated)

● Not started

Open **Details**



	Faculty EUST Module 1 Renal, Bladder and Urethral Trauma (Narrated)	Not started	Open	Details
	Cognitive Task Analysis - Module 1	Completed	Open	Details
	Faculty EUST Module 2 Acute Scrotum (narrated)	Not started	Open	Details
	Faculty EUST Module 2 Penile Injury	Not started	Open	Details



Cognitive Task Analysis - Module 2



Not started

Open **Details**

Faculty questionnaire 3: Post-course feedback
Please complete this feedback form *after* the EUST course. You can use the QR code or select **Open** to access.



Not started

Open **Details**

EUST course feedback
Please complete this feedback form after the EUST course. You can use the QR code or select **Open** to access the form.



Not started

Open **Details**



Delegate form 1: Pre-course experience
Please complete this form *before* reading the EUST manual and attending the course. You can use the QR code or select **Open** to access.

Not started

Open **Details**

EUST Delegate Manual



Completed

Open **Details**

Faculty EUST Module 1 Ureteric Injury



Not started

Open **Details**

Faculty EUST Module 1 Renal, Bladder and Urethral Trauma



Not started

Open **Details**

Faculty EUST Module 2 Penile Injury



Not started

Open **Details**

EUST course feedback
Please complete this feedback form after the EUST course. You can use the QR code or select **Open** to access the form.



Not started

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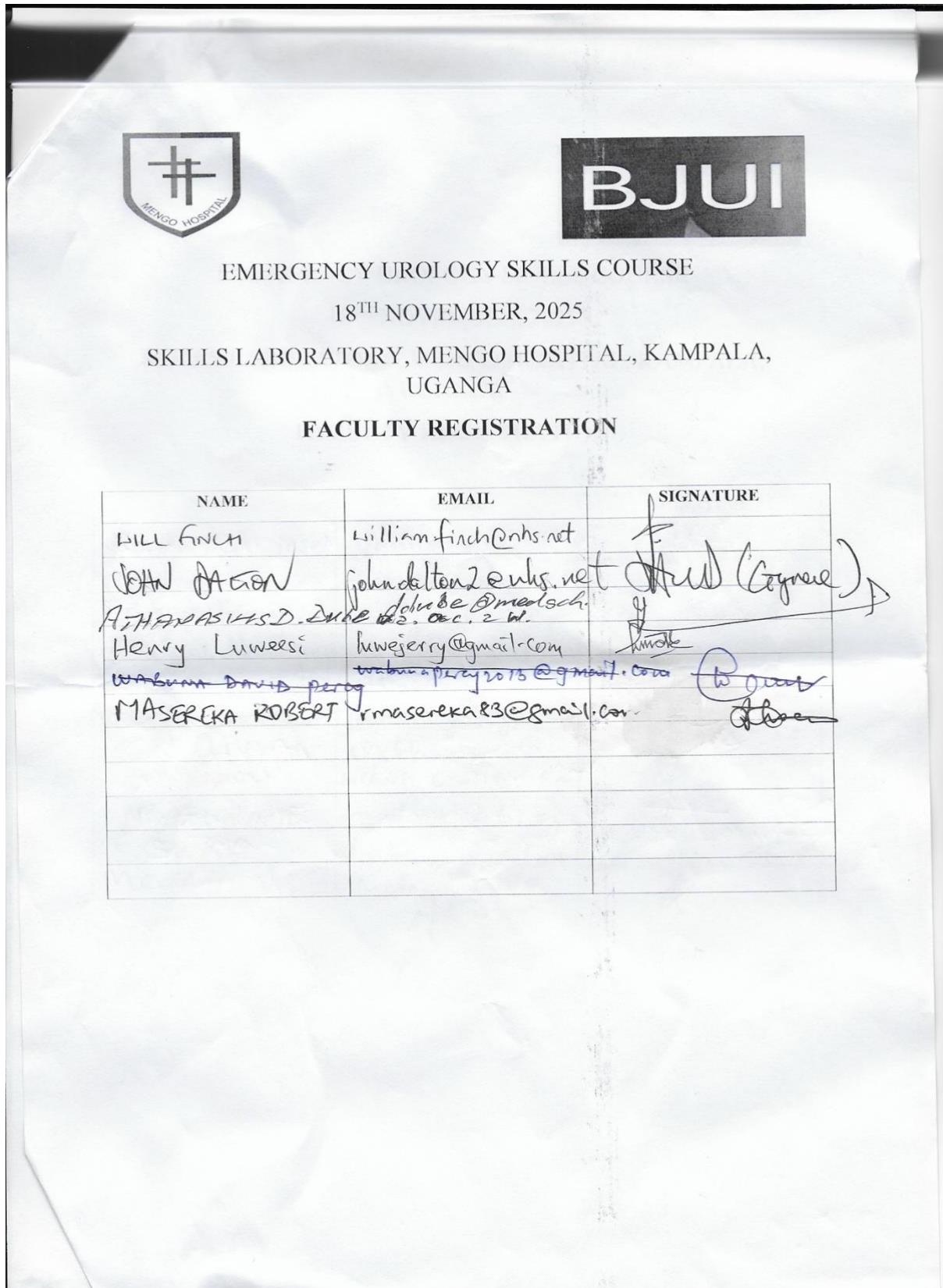
Appendix 2

EMERGENCY UROLOGY SKILLS COURSE
18TH NOVEMBER, 2025
SKILLS LABORATORY, MENGO HOSPITAL, KAMPALA,
UGANDA

FACULTY REGISTRATION

NAME	EMAIL	SIGNATURE
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Mbaaga Kigongo	mbaaga.kigongo@gmail.com	
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Odongo James	jamesodongo@gmail.com	
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M. GARTHWAITE	mgarthwaite@doctors.org.uk	
S. PAYNE	Steve.payne.uro@btconnect.com	
Medley, Vince	Vince.medley.vincent@plus.com	





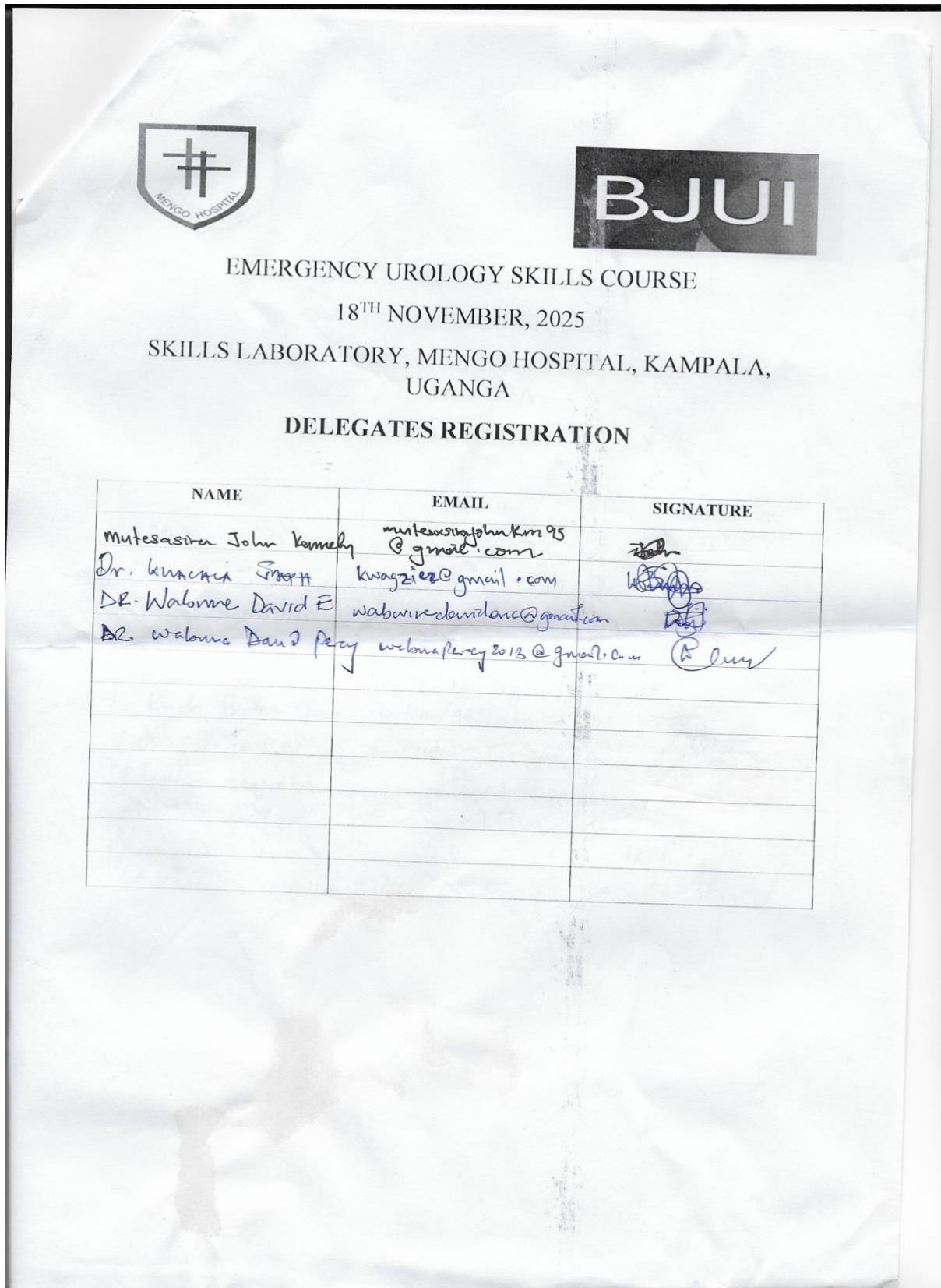
EMERGENCY UROLOGY SKILLS COURSE

18TH NOVEMBER, 2025

SKILLS LABORATORY, MENGO HOSPITAL, KAMPALA,
UGANDA

DELEGATES REGISTRATION

NAME	EMAIL	SIGNATURE
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