

# Urology training Down Under

Romanian urologist shares experience during USANZ Trainee Week



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**When asked how I would describe my participation at the USANZ Trainee Week in New Zealand, I would say that the first day (November 24) and the last day (November 28) were the most memorable since I enjoyed every single moment, and not because they were short days but because they were the most intense.**

Obviously I have to clarify what I mean. On the first day, I realised that well prepared trainees answered the questions from Pathology and CIM. Back in my home country we do not have particular final exams in those two areas. Thus, to me it became clear that to become a very effective medical professional, it is necessary to have an insightful knowledge of imaging procedures in areas such as CT and ultrasound, for example. I also noted and appreciated the fact that the examiners in the oral assessment session kept the interview well on-track, and helped the trainee at some points.

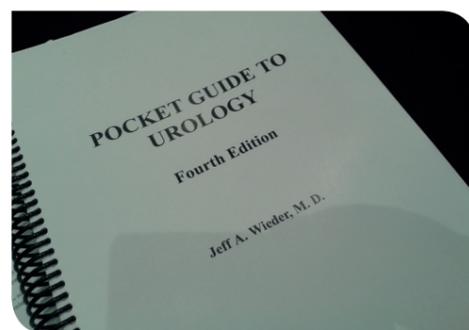
A major difference between the final exam (and oral exam) in Australia and New Zealand, compared with the practice in my own country is that we have a real patient to assess during the clinical examination. Afterwards we present the case to the examiners, while considering other types or options for investigations. The results of those investigations are later given to us during the exam. Basically, it's a

combination of the Structured Oral and CIM, with the difference that it concerns only one patient or a single case. Thus, I find it noteworthy that the exam in Australia and New Zealand does not test the clinical skills of the trainees in a real life situation.

The last day of the Trainee Week was also awesome because everyone got real insights and useful advice from the SET5 trainees besides the study materials and motivational speeches that were given to us. The idea of having small group case discussions facilitated by SET5 trainees was also very effective since it led to very dynamic and interactive discussions, and challenged the participants to leave their comfort zone, and pushed them to test their own knowledge.

*"A major difference between the final exam (and oral exam) in Australia and New Zealand, compared with the practice in my own country is that we have a real patient to assess during the clinical examination in Hungary..."*

Regretfully, though, they don't have this small group case discussions on a daily basis right at the



Study materials for the Trainee Week



A discussion session for a case study

beginning of the sessions, because they have the same effect as caffeine-- they woke us up to the challenges of the day! By having the group case discussion serving as a warm-up session and orientation point, it enabled me to be more focused on the presentations scheduled for the day. Ideally, the cases should be chosen from the topics to be presented in that day, and in this way, the trainee is motivated to pay more attention to the presentations.

It would have also been a much welcome addition if a session of step-by-step or detailed procedures was added to the programme. This session could take up open surgery, minimal invasive procedures, laparoscopic procedures, etc. Certainly, having this in the programme would be attractive and useful to all trainees. For instance, in the programme for EUREP we had many presentations led by experts and they were very much appreciated by the participants. Experts such as Dr. Noor Buchholz' discussed PCNL while Prof. Olivier Traxer's presented flexible ureteroscopy.

But this is not to compare the EUREP with the USANZ Trainee Week because EUREP is meant for final-year residents, and besides there are many differences in residency training among the European countries which is not the case for our counterparts in Australia and New Zealand.

Another session that I would recommend is to have some form of assessment discussion that would focus on how trainees can learn from their mistakes. In this session trainees would present some cases from their experience where procedures didn't end as expected. This would be an interesting session since I had a similar presentation back home with the title "Incidents and accidents in laparoscopic urology." My presentation was very well received, despite the misgivings of some people who said that it would be foolish to show one's own mistake to others.

Socially, I enjoyed the relaxed company among the trainees and the faculty members. Auckland, the host city, is also a remarkable place with a pleasant summer, and quite the opposite season now in Europe where the winter cold is just starting.

I thank the EAU for this wonderful opportunity and I am confident that my experience will have significantly contributed to the development of my career in urology.



The author in New Zealand