

# Adelaide hosts USANZ Trainee Week 2014

## Sharing training insights and expertise



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**My selection by the EAU to participate at the annual Trainee Week of the Urological Society of Australia and New Zealand (USANZ) in Adelaide, Australia (from November 23 to 27, 2014) was very significant to me since we recently marked the 100th anniversary of the start of the First World War with the outbreak of conflict in Gallipoli.**

Gallipoli marked the war between the Ottoman Empire and other countries, which involved thousands of Anzac people who fought on behalf of the United Kingdom for their freedom. Thus, there are shared experiences in history with Australia and New Zealand even though we live in different continents.



A monument to the heroism of the Anzac people

EAU International Relations Office

### An international programme

Urology residents from around the world participate in this annual training week which is compulsory for all urology surgical and education trainees (SET 2-5) in the host countries. Two trainees from the EAU, two from the Special Urologist Registrar Group from UK (SURG), two trainees from the Canadian Urological Association (CUA) and four trainees from the Urological Association of Asia (UAA) participated as part of a reciprocal arrangement. There were 85 trainees from Australia and New Zealand. Examination was done on the first day followed by educational sessions during four days. The social programme included the welcome BBQ, winery or a cruise tour, a dinner with the major sponsors on the third day and a farewell dinner.

The Trainee Week started with practice examinations (Oral and Written Examination). SET4 trainees were examined by a SET5 trainee together with a urologist. SET3 trainees and international registrars attended as observers. The exams covered the following; Anatomy and Operative Surgery, Pathology, Structure Oral and Clinical Investigation and Management. Each part takes about 30 minutes. Medical history and radiological imaging were presented on computer screens and the examiners asked questions about these cases. The questions were comprehensive such as BXO, retroperitoneal haemorrhage, emphysematous pyelonephritis, Bosniac Cyst Classification, invasive and metastatic bladder cancer, urethral injury etc..

### Comprehensive training

Written examinations were held after the oral examination for SET 3 and 5 trainees. Participants explain their opinion by writing. Approximately 90% of trainees in the first exam and 99% in the second exam succeed and pass one higher SET level.

Trainees who want to continue in urology must take general surgery, emergency and intensive care unit practice. After completing the first part of their education, they apply at a urology clinic for training. With rotations in various clinics, the trainees benefit



Oral examination session

since they can learn various practices and clinical approaches. They have to pass the exam at the end of each trainee year to get a higher SET level. In Turkey, we always train at the same clinic during five years, and this could be a disadvantage since it may lead to a lack of practice in areas such as endourology, open surgery, paediatric urology etc.. We also do not take any exams during traineeship, and this may lead to a very passive attitude and a lack of theoretical information.

In Australia, after five years, the residents apply at urology clinics for a fellowship which trains their surgical skills. This type of fellowship programme can be implemented in Turkey to enable trainees to develop adequate surgical skills.

The educational sessions were very comprehensive and interactive and SET 4, SET 5 and even SET 3 trainees play active roles in the programme. More than half of the trainees gave seminars on many topics, which hone their presentation skills. Debate, quiz and case discussion sessions were held in the final day. The debate involved two groups of three SET 5 trainees and the session was very stimulating and dynamic. The final session was an interactive case discussion. SET 5 trainees presented the cases and asked questions which ended in "take home messages."

There were 25 new urologists from Australia, and their participation reflected the high number of urologists particularly in Sidney and Melbourne where employment is very competitive. A new urologist, however, has more chances in other cities. In comparison, in Turkey we have a different patient demographic, and while our Australian colleagues perform less ureteroscopy, they do radical prostatectomy more often than urologists in Turkey. In my view, this could be the reason why Turkey is seen as an "epidemic stone country," while prostate cancer screening is a very common approach in Australia. For instance, I have seen a brochure regarding prostate cancer screening in an airport toilet, and this may explain why a uro-oncologic operation is more common in Australia.

### A friendly environment

For this very comprehensive and enlightening experience, I am grateful to the EAU particularly to its staff members Astrid Venhorst and Wendy Dennissen for their assistance in preparing for the trip, to Deborah Klein and Richard Grills of USANZ for their warm welcome, and to Amanda Chung for her kind assistance.



Information board and brochures about prostate cancer screening displayed in airport toilet

# USANZ Trainee Week 2014

## Challenging, comprehensive urology training in Australia



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**My incredible journey to South Australia began when the EAU accepted my application to join the Urological Society of Australia and New Zealand (USANZ) Trainee Week held last year from November 23 to 27 in Adelaide.**

This annual training is mandatory for the approximately 90 second to fifth-year urology residents of Australia and New Zealand and the programme venue changes every year. The training was held in collaboration with urologists from South and West Australia and the key person behind the Trainee Week is USANZ's Education and Training Manager Ms. Deborah Klein, whose organisational skills are unrivaled!

The programme began on Sunday with the "oral vivas," or practice exams taken by fourth and fifth-year residents who will be sitting their final exams in the following year. Observing these practice exams was very interesting as it gave visiting participants an idea about the extremely high level of knowledge that final-year residents must have to pass their exam. The welcome BBQ on the first evening was also a great and relaxed way to get to know the other participants.

EAU International Relations Office

On Monday the actual training programme kicked off. The first day covered oncology and infections, including a great radiology session where the trainees' radiology skills were tested. Tuesday morning was dedicated to LUTS and a stellar pathology session, where residents learned to differentiate between various kidney tumours and to recognise different Gleason grade patterns in prostate cancer – no mean feat! The rest of the day was free and a big group headed off to a winery tour at McLaren Vale, a wine region 35 km south of Adelaide.

Tuesday night's dinner, hosted by Trainee Week's sponsors from the medical industry, was also a great chance to share experiences. Wednesday's topics included urethroplasties and statistics, ending with microteaching – an intense teaching session where trainees were given six minutes each to present a given subject in urology – a perfect way to review for the exams! Wednesday ended with a wonderful final dinner, an evening of good food, wine and thank-you speeches.

After dinner, the party continued until the wee hours with the perfect send-off – great music and dancing!

### PCa issues

The last day, dedicated to prostate cancer, was a mix of serious and hilarious sessions, ending Trainee



Group discussions

Week on a high note. The most anticipated session was a debate on the controversial question "Is Gleason 6 really a cancer?" The issue was debated by teams of hand-picked fifth-year trainees and the debate itself was a hysterical mix of bogus news clips, slandering the opposition, theatrics, operetta singing, and, astonishingly, even email correspondence from the late Dr. Gleason from heaven!

At the end of the debate, the audience, still howling with laughter, got to vote. The outcome was that 67% of the participants still considered Gleason 6 to be cancer, ending the need to further discuss this controversial topic. The programme then continued with high-risk prostate cancer and a medico-legal discussion, and followed by the Section vs Section Quiz where teams from different states (and of course a team from New Zealand, "Ball Blacks") competed against each other answering mostly urological trivia. The teams were judged on their names and costumes as well, with Mr. Nathan Lawrentschuk serving as judge.

After all the merriment, the last session was a small-group discussion with clinical scenarios, after which it was time for good-byes, exchanging phone numbers and relaxing by the hotel pool to recover from all the intense training.

What did I learn in Australia, besides that the people are extremely friendly and hospitable? First, urology is practised similarly in Europe and Australia, which is reassuring. The same recent, high-powered studies are read and referenced at both sides of the world and I was surprised to learn that USANZ follows both AUA and EAU guidelines.

Regarding resident training, I find remarkable the level of knowledge and skills that urologists in Australia and New Zealand possess by the time they finish their residency. The trainees work very hard during their residency, perfecting their clinical skills and studying hard, in line with the expectations of their consultants and professors. The trainees also



Making a case for renaming Gleason 6 prostate cancer as a "Prostatic Epithelial Neoplasm of Indeterminate Significance", or P.E.N.I.S.!

played a very big role at Trainee Week, with about a third of the presentations given by the trainees. The fifth-year residents also actively helped their younger colleagues in preparing for their final exams.

To continue with their training, residents must pass exams within certain timeframes, otherwise their training may be terminated. Even to get into the urology training programme, the trainees are required to pass exams and interviews and have good references. On the other hand, the number of applicants that get chosen each year is regulated and are based on calculations on how many urologists will actually be needed; thus over-recruitment and unemployment are avoided.

Urology is quite a competitive field, with many young specialists hoping to work in the big cities and leading hospitals. To gain extra experience, skills and further boost their career plans, most residents will apply for fellowships, preferably overseas, with the most sought-after positions often found in the USA, Canada and Great Britain. Nevertheless, despite the competition, I found a friendly and sociable atmosphere amongst the trainees, with many of them providing mutual support.

I am very grateful to the EAU and USANZ for the chance to participate in USANZ Trainee Week, as it was an incredible and highly enjoyable training. I warmly recommend to participants of the 13th EUREP in Prague in 2015 to also apply for the USANZ Trainee Week – it was certainly an unforgettable experience!