

Hawassa Urolink Workshop November 2024:

My experience as an early-years Consultant – Matt Trail



Will Finch and I were invited to join members the Urolink group - Shekhar Biyani, Steve Payne and Graham Watson - in delivering a PCNL workshop in Hawassa University Comprehensive Specialist Hospital, Ethiopia in November 2024, as part of a three-year BJUI-supported project to establish PCNL surgery in this unit. This was to be my first Urolink trip as a consultant.

As a trainee, I was fortunate enough to embark on two overseas trips to experience healthcare in Low Middle-Income Country (LMIC) environments.

I had travelled to Dakar, Senegal as part of faculty for a laparoscopic nephrectomy workshop and in the final months of my training I undertook a short in-programme fellowship supported by The Urology Foundation to the renowned Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania to deliver an undergraduate and postgraduate teaching workshop. As I embarked on my consultant career in August 2023, whilst I maintained ambitions to continue working with the Urolink group, amid developing a busy consultant practice and with a young family, I was unsure as to how feasible this would be.

When the opportunity for me to join a group with such a wealth of experience came along, I was both enticed and uncertain about the prospect. I was delighted to be travelling alongside Will, a consultant colleague of 10 years' experience, with an infectious enthusiasm for delivering high quality training and patient care. However, I cannot deny the trepidation which I felt prior to the trip. As an early-years consultant, "imposter syndrome" is rife, and I doubted my expertise and capabilities to travel to a LIC environment and train talented surgeons in their home environment. Whilst my previous experience of LMIC healthcare did equip me with some knowledge and experience as to what to expect, this was my first trip as a consultant and with that I felt a far greater sense of responsibility. Travelling with experienced colleagues is essential, and as a group we spent several evenings leading up to the visit planning the workshop.

These sessions were invaluable to me – not only for operative planning but also in navigating the many logistical challenges involved in preparing to travel to LMIC environments. The pearls of wisdom from Shekhar and Steve were especially useful.

The workshop itself was a resounding success – with the host team successfully undertaking eleven PCNLs in four days and we made plans to deliver a further workshop in November 2025, by which time the host team hoped to have acquired their own C-arm and other specialist equipment within a dedicated renovated Urology theatre. We concluded the week by delivering the first national Ethiopian Emergency Urology Course, attended by surgical residents from Hawassa and nearby medical institutions sharing foundational knowledge and skills to manage urological emergencies. This was a landmark course of its kind and will serve as a model for future initiatives throughout sub-Saharan Africa.

The challenges of operating – and training – in LMIC healthcare environments cannot be understated.

- Far from the sterile, well-stocked and protocol-driven operating theatres we are accustomed to in the NHS, one must exhibit resilience and resourcefulness to overcome the barriers and achieve both an effective training experience and an optimal outcome for patients.
- Our host team - Dr Getch, Dr Tilanhe and Dr Tizazu – welcomed us with open arms both into their work and home environments, and I was privileged to spend the week with them.
- I amassed an enormous amount of knowledge and expertise from my fellow Urolink colleagues over the course of the week and left the workshop feeling a more rounded and equipped surgeon.

These visits always reinvigorate my passion for our profession and appreciation for the environment we are fortunate to work in within the UK, and it was a privilege to spend time with members of the Urolink group who had dedicated large proportions of their working lives to advancing Urological care in sub-Saharan Africa. I am grateful for this opportunity and wholeheartedly recommend such trips to colleagues of all levels and interests.

To any new consultants with reservations about embarking on any Urolink activity, I encourage you to grasp the opportunity with both hands and soak up the experience – it will enhance your appreciation for your working environment and undoubtedly will enrich your career.