

What does a Urolink Workshop bring to a consultant of 10 years?

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I worked as a teacher in Tanzania in 1995 in a government secondary school, living in a village as part of the community. I always hoped that one day, medicine and my eventual chosen specialty would allow me to contribute again to educating, and supporting, Africa's communities. Having just passed the 10-year mark as a consultant endourologist in Norwich, I was aware of, but had just watched Urolink's activities very much from the sidelines.

Curious as to what their trips involved, I was always in awe of the very capable, experienced, UK urologists who gave up their time, taking their skills, and experience, to Africa. As an endourologist, I never really thought my skills would be needed in the African setting. I always had the perception that stone disease was not really a problem for the continent, so what use was a surgeon who performs operations that are technology and equipment heavy? How wrong I have been in those assumptions.

Shekhar Biyani (Leeds), and Steve Payne (Manchester), asked me to join them, with Graham Watson (Eastbourne) and Matt Trail (Edinburgh), on a trip to run an operative PCNL workshop in Hawassa, Ethiopia. The intention was to also get involved with a 1-day emergency urology bootcamp for surgical residents at Hawassa University Comprehensive Specialist Hospital (HUCSH), a Urolink centre. Humbled to be asked, and incredibly excited, leave was booked, flights secured, and disposable resources accumulated. As the trip approached, nervousness was mixed with a feeling of deep responsibility. Did I have the breadth of experience or surgical expertise that was required to be effective in Africa? How would I broach moral dilemmas, denying patients treatment and complex surgical decision making with limited resource around me? I had a genuine concern that I had perhaps committed to more than I may be able to deliver. I had full-on imposter syndrome.

I quickly discovered that the Urolink model for providing overseas workshops and mentoring, tried and tested over many years, is robust, safe and supportive for both UK and local urologists, and the wider team. Matt and I led the "hands on" operative input, alternating between cases to assist and guide the local HUCSH urologists, Drs Getch, Tilana and Tizazu. We were supported with advice, and years of experience, from the incredible accompanying Urolink team, who were both astute to the operative

challenges as well as the trials posed by working in a limited resource environment and urology in a low, low-middle income country (LMIC).

Careful pre-workshop planning, with CT images exchanged between Matt, I, and the local team meant we were prepared for the week ahead of us. This enabled us to have confidence that the cases being selected were achievable, and so that the skill set, and techniques, being developed were appropriate to the local urologists as they established their ureteroscopy and PCNL programmes. The wider theatre, and ward, teams were fantastic in supporting this endeavour, allowing us to successfully complete 11 PCNLs in the 4 days operating we had with the Hawassa team. We were joined by other Urologists from Addis Ababa, and the surrounding region, who were also keen to benefit from the experience the Urolink partnership had facilitated.

So, I could not have been more incorrect in my previous beliefs. !0 years in the job, I now realise I have lots to give in resource poor settings, and much to my surprise, my skill set is much in demand. I realise that Urolink's experience in linking and building relationships with centres abroad provides a supported, safe, and most importantly, a thoroughly enjoyable experience. I would recommend this to anyone thinking of dipping their toe in the water at the same stage in their career as mine. I will certainly be reliving the experience!

Hawassa, Ethiopia.
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