ESRU’s objectives in practice

The Belgian example

ESRU.be is the Belgian association of residents in urology. We have the same goals as the ESRU in Europe to help ensure optimal urological care in Belgium. To do this we organise courses and workshops to achieve a high standard of clinical care.

Members of the ESRU.be team carry out their responsibilities which are assigned to them during our first meeting of the year in July. Our chairman is responsible for leading the meetings and organising the Starter’s Package, an annual course on laparoscopy for fourth-year residents. He is assisted by the chairman-elect, who will become chairman the following year. The latter is responsible for organising the ‘ESRU.be Day’, a day-long scientific programme focusing on a particular subject in urology, and providing young doctors to meet their experienced colleagues.

We have a webmaster for our website (ESRU.be), another officer responsible for guiding the organisation in the right direction, a member looking after financial statements, a secretary and another member maintaining our database. Our PR officer maintains not only our Facebook page but also promotes our group to new residents. For instance, the PR officer has introduced the Monthly competition in our social media pages, in which every Belgian urology resident (male or female) can send their pictures wearing or sporting a mustache. The best picture wins a special poster during the poster session on our national conference in December.

ESRU.be has a representative in the ESRU. We try to divide these assignments to at least one representative of a university for us to reach many residents across the country.

Activities

Our dedicated team composes every year an expanded offer of courses, seminars and other workshops to enhance the quality and knowledge of future urologists. In our meetings, we discuss the gaps in our training and incorporate these into courses and updates. Every representative of a Belgian university has to organise a course every two years in order to have at least three to four national courses a year. This is illustrated with the Imaging Course held in Brussels, which is described later in this article.

Every year, we organise the Starters’ Package, a lecture and half-day held in close cooperation with the Belgian Laparoscopic Urology Group (BLUG) for the fourth-year residents. The course is spread in four modules over the year.

Annually, we hold in December the ESRU session during the Belgian congress (BAM congress). During this “How To” session, experts provide understandable explanations on how to do certain surgical procedures. The sessions end with the award for best poster. Belgian residents can send abstracts and posters of research or case studies. The prize aims to stimulate scientific work by residents and publish their clinical cases.

We end our academic year by organising the ESRU.be day. Led by the chairman-elect, we try not to repeat a topic and every year we choose various areas such as functional urology, paediatric urology, oncology and andrology. Professors and experts on each respective subject discussed the latest updates. We end the day with a reception and dinner, and invite the participating residents to a party.

Imaging course

On a Friday afternoon in September 2014, ESRU Belgium organised a four-hour imaging course in urology. All Belgian residents were invited to the University Hospital of Brussels (UZ Brussel), where around 33 or a third of residents attended the course.

The purpose of the course was to discuss the value of different imaging techniques for a certain disease. Prof. Brasen, a radiologist of UZ Brussels, discussed the indications of ultrasonography in diseases of the kidneys, bladder and prostate. He explained what urologists should be able to see and do with the grey scales images. Concerning ultrasound of bladder and kidneys, he described the steps on how to recognise masses, stones and explained how to place tubes in case of hydromephrosis or a full bladder.

For prostate diseases, the indications and applications of grey-scale ultrasound were explained. Transrectal grey scale ultrason is useful for BPH to measure the extent of the intravesical obstruction, which aids treatment decisions (medical or surgical). In prostate cancer it is the first test following DRE and PSA, since it allows a quick and useful evaluation of any induction in the prostate, providing a guide for biopsies in cases when PSA seems to be high for no clinically obvious reason. Doppler, contrast, elastography and HotScanning were also discussed during the sessions.

Dr. De Visschere, a radiologist of UZ Gent, highlighted the value of MRI in common prostate and kidney diseases. He outlined the diagnostic accuracy of raising the standard MRI for prostate cancer detection, and described the usefulness of MRI in characterising renal masses. He ended by evaluating this imaging technique in assessing Peyronie’s disease or urogenital fistula.

To raise the level of medical education in urology, residents must actively participate in discussing the main issues and in finding solutions for problems and needs of residents in Europe.

To do so and enable us to express our opinions, it is essential that we first organise ourselves through structured national societies that can help define the global position of residents in that country. With the increasing number of urology residents in Portugal and the wide distribution of centres, communication has become a challenge for residents, which affects the effective discussion of these issues.

We started by gathering residents from various parts of our country which were motivated to contribute to the creation of the society. After a couple of meetings to discuss on how to proceed, our first step was to create an updated database of our residents so that we could make official announcements and bring more people into the project.

Even if it seems easy to create this database, our experience in ESRU is that most of the countries, with or without a resident’s society, still don’t have a global and updated list of all residents. To reiterate, if one can’t reach people, then all the other objectives one may want to achieve will be out of your reach.

Thereafter, we created our own internal regulations. Although it is a time-consuming process, it helps to carefully think about the real purpose of the society and to remind all members of the main objectives, including those who are members of the Executive Committee.

All residents are aware of these internal rules and were invited to present a list of five candidate members, including a chairman and a secretary. The aim was to have an adequate nationwide representation of our Portuguese trainees (nowadays slightly over 60) while maintaining a good level of functionality.

The Executive Committee mandate was for a two-year period. Elections were scheduled so every resident could vote and choose one of the lists during an annual resident’s dinner. By doing this we had a democratic selection of the committee in an informal way, while at the same time we had the opportunity to exchange ideas and improve social links among us.

Full support

The support that the Portuguese Urology Association is providing us is essential not only for the success of our society but also for its future activities. Thus, the national resident’s society within the national association may be an advantage since we can learn from the obstacles they have faced and deal with them, enabling us to focus on essential processes. Moreover, being recognised as part of the National Urology Association allows an open and active debate that includes various viewpoints from consultants, young urologists and residents.

Our Resident’s Society aims to be a consultative group within the Portuguese Urology Association, with the main goal of raising awareness regarding specific national problems. Thus, we can help contribute in raising the standards of urological education in our country. We can also assign ESRU National Communication Officers who can participate in the discussions with other European residents.

The Portuguese National Association of Urology has also given us a time slot for a plenary session during their National Annual Congress. This year, we selected post-residency career options as the main theme and invited young urologists to speak about academic and non-academic career moves, as well as private practice and working overseas. These are priority issues for us due to the growing number of specialists in Portugal.

Those who are participating in our project to create a new Portuguese Resident’s Society have found it to be an amazing experience since they came in touch with residents all over the country, allowing an exchange of essential information.

We strongly encourage countries that still haven’t created their own national residents society to consider the benefits and take the first steps. ESRU members can certainly provide support by sharing lessons from their own experience. And for countries which already have urology resident’s societies, actively recruiting active members and involving them in current and future projects should be a priority.

Even though it is a daunting task, it is worth the effort. Involvement and commitment are certainly important. Knowing who we are and what we think can inspire residents to have an active voice in the debate of how urological education can be further improved based on the needs and concerns of the residents themselves.

Young Urologists/Residents Corner

The New Portuguese Residents Society

What should be the role of national societies?

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From 2015 European participants in EUREP will no longer have their travel costs reimbursed. This means that all selected participants must pay for their travel to and from Prague.

The EAU/ESU will continue to cover the cost of accommodation for European residents in a shared room as well as the cost of the course (incl. lunches, coffee breaks).

20 over kidney diseases that can be diagnosed by CT were depicted in detail by Dr. De Brucker, a radiologist of UZ Brussels. He summarised the causative and pathophysiology of diseases and described how to recognise them. By describing interesting cases, the audience learned about the value of CT in assessing patients with recurrent urinary tract infections, renal trauma, congenital anomalies and suspicious lesions of the kidney on MRI or ultrasonography.

Finally, Dr. Puttemans, a radiologist of Saint Pierre University Hospital, Brussels, shared his expertise on scrotal ultrasonography, and discussed how to interpret small testicular masses by looking at the position (center versus periphery), the vascularity, the size and the amount of lesions.

After the theoretical part, all participants tested their skills in ultrasonography on urological patients (see photo). Diseases to be recognised were renal tumours, kidney stones, spermatoceles and small hypoechoic testicular lesions. In one patient, a computer-aided ultrasonography was performed to detect a prostate cancer of about 0.3 ml.

Interested in our activities or an inspiration for your own society? Visit our website for additional information at ESRU.be

ESRU 2015 - Important information for applicants!

As European Urology Today's resident's society article, we have included a specially written article on EUREP 2015 for our Young Urologists/Residents Corner. The article has been written by Dr. Ricardo Pereira and Dr. Luciana Silva, members of the New Portuguese Residents Society. The article provides an overview of the courses and workshops offered during EUREP 2015, as well as information on how to apply for participation.

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