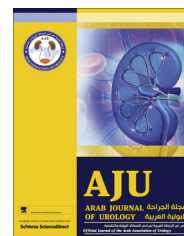




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MINI-REVIEW

## Academic development for urologists in the Kurdistan region of Iraq



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### ABBREVIATIONS

KRG, Kurdistan Regional Government;  
KRI, Kurdistan region of Iraq;  
AAU, Arab Association of Urology;  
EAU, European Association of Urology;  
HCDP, Human Capacity Development Program;  
AMR, antimicrobial resistance;  
ESBL, extended spectrum  $\beta$ -lactamase

**Abstract Objectives:** Continuous education is mandatory for all urologists, and undertaking cooperative research is a very effective means for this. We describe the experience and possibilities for continuing education for urologists in the Kurdistan region of Iraq. We hope to provide a framework for stimulating urological education and research in other countries where urologists face the same obstacles.

**Methods:** Data were obtained from the perspective of two academics who cooperate with urologists from Iraq, and from the perspective of two officials from the Ministry of Higher education of the Kurdistan Regional Government who are responsible for stimulating continuous education.

**Results:** Based on a co-operative and supportive attitude of both Government and Academics, urologists in the Kurdistan region of Iraq have brought the standards of education and cooperative research to an internationally competitive level.

**Conclusion:** The authors hope that the examples given here can stimulate urologists from Arab countries to fully engage in new urological developments, despite the obstacles that they perceive.

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## Introduction

There are two aims of this report, to describe to urologists from Arab countries how they can develop their professional and academic skills, and to encourage them to engage in research. The paper is drawn from personal experience and from data provided by the Ministry of Higher education of the Kurdistan Regional Government (KRG) on the efforts that they undertake to support such initiatives. Although the data on funding opportunities and research experience are specific for the Kurdistan region of Iraq (KRI), the general approach described here, the problems that can be encountered, and the ways of solving these problems, are relevant also for other countries.

## Continuous academic training

Continuous education is mandatory for all urologists, and involves keeping up with the relevant literature, attending relevant international symposia/workshops and courses, joining an (international) urological society, attending and possibly even organising workshops/courses inside the country, obtaining feedback from outside experts, both from a distance and on-site, and following hands-on training (preferably in the local setting). To what extent is this all possible in the KRI?

## Opportunities for continuous academic training available to KRI urologists

### *Keeping abreast of the literature*

The usual problems with this are the overwhelming number of journals, limited time and limited access. Universities in Kurdistan have limited subscriptions to research journals. Obviously, what is actually required is access to literature that is relevant to the clinician. An efficient way of filtering out relevant information and gaining access to it is to join a urological organisation like the Arab Association of Urology (AAU, [www.araburo.net](http://www.araburo.net)), the European Association of Urology (EAU, [www.uroweb.org](http://www.uroweb.org)) and the AUA ([www.aau-net.org](http://www.aau-net.org)). Their journals provide a general view of developments in urology. They also provide electronic material for continuing education, information on scheduled relevant symposia/workshops/courses and access to specific courses. It is also possible to use a specialised medical information service like <http://f1000.com> or <http://www.biomedexperts.com>. These provide expert opinions on current clinical and research developments, and opportunities for networking.

Attending meetings is arguably the most time-efficient way of gathering new information. It also allows for hands-on training in new clinical approaches and meeting experts in the field. The KRG stimulates such

visits within the Human Capacity Development Program (HCDP, see below). When a new technique is encountered, how is it implemented in your particular clinic?

## Local courses

The first step is to organize a course in the local setting, supported by experts. This will have two benefits, i.e. it exposes the whole team to the new information or technique, and it allows an analysis of how it can be implemented in the specific setting. This is not a theoretical dream, but it requires the time of local organizers, funding and finding experts willing to participate. The EAU and AUA support such efforts by providing content in the form of speakers on request, and stages in between, up to complete courses. The KRG financially supports such initiatives. What remains is to form a group of local organizers who recognize an opportunity to improve their daily practice and are willing to make the required effort. In 2012, 10 courses were thus organized in the KRI, including one on a urological subject described below.

### **A 2-day workshop on urolithiasis, Sulaimania, 2012**

This workshop was organized by the departments of Urology from Hawler University (Dr. Bahzad Koyeb) and Sulaimania University (Dr. Ismael Aghaways) in cooperation with members of EULIS (the section for Urolithiasis of the EAU, Dr. N. Buchholz, Dr. J. Reis-Santos, Dr. C. Seitz and Dr. D.J. Kok) and co-funded by the KRG Ministry of Higher Education. The reason for organizing this workshop was the need felt by urologists in Iraq to better deal with the growing number of patients with urolithiasis. The workshop provided presentations on the mechanisms that lead to urolithiasis, on medical and lifestyle management for preventing urolithiasis, on the specific problems associated with setting up a stone clinic in a region like the KRI, on the newest approaches using ureteroscopy and percutaneous nephrolithotomy for stone removal, and live surgery sessions where these techniques were undertaken by the local team and EULIS members. The workshop was attended by about a third (50) of all urologists working in Iraq. It was judged to be extremely useful by all attendants. Most importantly, the participants saw at first-hand how these approaches can be used in their daily practice, highlighting existing problems of the infrastructure and ways for surmounting these problems.

The final step remains the actual implementation in the local clinics. The individual urologist must now begin to accumulate experience. This must be supported by return visits of the external experts and by additional hands-on training during an exchange programme (sab-

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