

Turkey's own 'ESRU'

Turkey's Resident Coordination Platform sees initial success



Figure 2: Turkey ESRU logo



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A social network for urology residents in Turkey was first initiated in 1996 under the auspices of the Union of Turkish Urology Residents. This union represented Turkey by sending two residents to the ESRU's NCO meetings. Aside from representing our country on international meetings, the union also presented reports to the Turkish Association of Urology on a regular basis.

In 2005, the European Association of Urology proposed that resident coordination boards be structured within the Turkish Urology Association. Through this the links between the resident coordination board and the ESRU would be much easier and more readily available. Following these moves, the national representatives played important roles in ESRU and initiated the development of a similar organisation in Turkey.

There are approximately 2,000 urology specialists and 500 urology residents in Turkey. With a relatively higher number of urology residents compared with other European countries (third in Europe), this necessitates a well-organised structure that represents residents and junior specialists.

In order to adapt the resident coordination platform which proved successful on the international level, we created a regulatory document (previously published) which covers the necessary accreditations. After presenting this regulatory document to the National Urology Association during an expanded executive committee meeting, the assembly of ESRU Turkey was approved in 16 April 2008.

It was accepted that ESRU Turkey was a structurally more detailed extension of the "Union of Turkish Urology Residents," and which could not work actively due to the lack of a regulatory document. After the approval, the regulatory issues, plans and missions of ESRU Turkey was presented to our European colleagues during the ESRU meetings.

With great pleasure and respect, we thank Dr. Tarık Esen, Dr. Bulent Cetinel, Dr. Ahmet Yaser Muslumanoglu (president, vice-president, head of resident coordination office of Turkish Association of Urology, respectively, 2006-2008), and all the members of the executive committee for their enthusiastic support and for making possible the creation of ESRU Turkey which will not only represent



Figure 1: Turkey ESRU Executive Committee- the first meeting in Ankara - Turkey ESRU Model (from left to right) - Cenik ACAR (Secretary), Ali Ersin Zümrüba (Database Manager), Sinharib Çiğec (Treasurer), Mustafa Sofikerim (Project Manager), Murat Binbay (Vice President), Emre HURI (President)

Turkey on every international platform, but also serve urology residents and recently graduated junior specialists.

ESRU Turkey goals

The ESRU Turkey board is composed of the founding executive committee (Figure 1) and clinic resident representatives. The executive committee consists of dedicated young urologists who have practiced in national and international centers. Clinic resident representatives, from 72 urology clinics nationwide, were enrolled in the ESRU Turkey board, which is still under development. ESRU Turkey Board is similar to ESRU in structure and planned facilities. Similar organisations in other European countries such as Italy (esruitalia), Germany (GeSRU), Greece (ESRU Greece) and Belgium (ESRU be) operate under the same structure as that of ESRU. Our mission on the national and international levels can be summarized as follows:

- To conduct broad-based nationwide research activities.
- To support and set standards for urology training in Turkey.
- To maintain a close relationship with the Turkish Association of Urology and Turkish Board of Urologic Competency (including organising representative offices).
- To adhere to the Turkish Association of Urology and the Turkish Board of Urologic Competency.
- To support international resident and specialist exchange programmes.
- To provide scholarships and free journal subscriptions.
- To arrange meetings/symposiums regarding urology education issues.
- To construct questionnaires on urology training in Turkey, present the results in national board meetings, and compare the results of these questionnaires with European data.
- To support educational organisations of national urology associations.
- To form a resident database and share this data with the Turkish Association of Urology and ESRU.
- To support academic and scientific facilities directed towards young urologists.

Vision

ESRU Turkey is more of a 'union' than an association. Residents in urology and young specialists at the beginning of their carrier represent our target population. Urology residents are automatically accepted as ESRU Turkey members. The membership of the residents is automatically extended without the need for payment of dues. ESRU Turkey works under the supervision and structural organisation of the Turkish Association of Urology.

However, ESRU Turkey exercises and implement decisions independently within an institutional setting. Our network covers a wide range, from medical graduates who are about to make a decision about their residency to recently graduated young specialists at the beginning of their carrier. ESRU Turkey also aims to support young urologists who have represented Turkey internationally. We also hope that eventually a dynamic transfer of our missions and visions to the following generations will become a reality.

Activities of ESRU Turkey

The first executive committee meeting was held in Ankara last 12 July 2008. Based on the plans and decisions made during this meeting, considerable progress has been achieved and is anticipated in both national and international platforms:

National platform

- The official web-site of ESRU Turkey (www.turkiyeesru.org) was constructed with an unrestricted support from the Turkish Association of Urology. Although still under development, we expect more young urologists to browse and visit our web-site.

- We constructed a logo for ESRU Turkey that convey the group's aim to synthesize both national and international missions (Figure 2).
- The questionnaire originally

developed by ESRU (Evaluation of urology residencies in Europe) was translated to Turkish. Two questionnaire surveys (Evaluation of residency programmes in Turkey and Evaluation of urology clinics in Turkey) based on the European counterpart were conducted nationwide. Results are currently under evaluation.

- The national resident database was updated and clinic resident representatives were appointed.
- ESRU Turkey has organised meetings and symposiums (topic: Animal Models in Urology) directed toward residents and young specialists. One of the residents who attended our meetings was rewarded a full sponsorship to attend the annual EAU congress held in Stockholm.
- We decided to expand the availability of the resident education meetings of the national association which are currently being held only in Ankara and Istanbul.
- We planned to announce and maximise the attendance to scholarship programmes.
- We decided to support national scientific and academic facilities.
- Posters and brochures with information about ESRU Turkey (Figure 3) were sent to urology clinics nationwide.
- To increase the attendance rate to the Turkish Board of Urologic Competency exam, we planned to reach and communicate with every young urology specialist.
- We initiated the concept of junior membership to the Turkish Association of Urology.
- A ESRU Turkey stand was built and hosted visitors during the National Urology Congress held in Antalya in November 2008.



Figure 3: The poster showing the activity of Turkey ESRU for Turkish urology residents in the National Urology Congress

International Platform

- Two residents will be selected as NCO will represent Turkey and ESRU Turkey in ESRU meetings. Hence, activities of ESRU Turkey will complement or coordinated with those of ESRU.
- We aimed to give information about the current status of urology training in Turkey to our European colleagues.
- By maintaining a close relationship with ESRU, we would like to share information about activities organised by the EAU and other European organisations.
- We will observe the activities of similar unions in other European countries.
- We planned to announce international scholarship programmes and provide information about "Centres of Excellence" to young urologists.
- We will be regularly updating the activities of ESRU Turkey.

Activities for new urology graduates

Currently, young urologists in Turkey have to perform obligatory practice after completing a residency programme. ESRU Turkey aims to communicate with residents who have participated in scientific projects during their residency, who are experienced or willing to apply for an international short-term or long-term visit, who have passed or are preparing for the national and international board exams.

From our database, there are a total of 181 urologists who have finished their obligatory practice in Eastern and Southeastern Turkey. We are planning to share information (available equipment, monthly income, social activities) about the conditions of obligatory practice in these regions with the residents in training. These information will be presented in our web-site.

Support for young urologists

Our main aim is to assist in enabling young urologists to effectively work and avail of opportunities in both scientific and academic fields. To do so, we will regularly carry out feasibility studies in order to standardise current urology practice. Moreover, we will optimise the profile of Turkish urology residents in international meetings. In the near future, we expect ESRU Turkey to grow with the support and supervision of the Turkish Association of Urology and, hopefully, clinics in Turkey will actively participate in our activities.

References

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2. Huri E: Urology training in Turkey and the activities of Turkish Urological Society of Residents (TÜAB). European Urology Today 2005;Dec:6



Test your knowledge!

The EBU offers three MCQs to test your knowledge. Challenge your memory by answering the following questions:

1. A patient presents with a paraneoplastic abscess caused by an infection with *Staphylococcus aureus*. The treatment of choice consists of:
 - a. A percutaneous puncture of the abscess
 - b. An appropriate treatment with antibiotics
 - c. Treatment with antibiotics, incision, drainage
 - d. None of the above
2. Prenatally detected multicystic dysplastic kidneys:
 - a. Invariably enlarge in post natal life
 - b. Have been observed to involute in utero
 - c. Usually give rise to clinical symptoms in the neonatal period
 - d. Can only be detected ultrasonically in the third trimester of gestation
3. In a complete duplex system, the position of the ureteric orifice of the upper moiety in relation
 - a. Below and lateral
 - b. Above and lateral
 - c. Below and medial
 - d. Above and medial



To check out the correct answers, visit:
www.ebu.com/Examinations/StudyMaterial

European Board of Urology