EDITORIAL

What residents need

Things were simpler for residents finishing their training a generation ago. Virtually all urologists found a job, usually in a place they wanted to live. Debt was unusual; patient volume (and reimbursement) was assured; and dramatic changes in urologic practice did not seem to be looming on the horizon.

Much has changed. Jobs are a function of hospital resources, and as these have been reduced some newly qualified urologists have not been able to find positions. Residents commonly stagger under a substantial debt load at the end of their training. Most strikingly, our field is in a state of rapid transition. Time honored surgical techniques have been or are in the process of being abandoned (open stone surgery in the late 80's; open radical nephrectomy more recently, to cite 2 examples). MIS techniques are being rapidly embraced, but many urology teachers lack the requisite expertise to implement, much instruct residents in these procedures. Some opinion leaders have concluded that urology should develop 2 training streams; one geared to the practice of office urology, and one which would be surgically oriented.

Residents find these shifts confusing, and are unsure how to position themselves.

Urology teachers in residency programs similarly grapple with what to teach and how best to do it. Where should the emphasis be? On basic science or clinical urology; on surgical technique or communication skills; on book learning or critical thinking?

The provocative study reported by Morrison et al in this issue is a shot across the bow for urologists involved in residency training. The authors asked urologists in practice in British Columbia how well their residency prepared them for practice. The message was clear; they were well trained for the clinical problems of practice, but inadequately prepared for the administrative side. In particular, 93% felt unprepared for office practice; 64% unprepared for delivering care in a resource constrained environment; and 28% felt unprepared in the area of ethical decision making. There is every reason to believe that these opinions are largely generalizable to Canada as a whole. Not surprisingly, these are areas that often receive little explicit attention in training programs (particularly the administrative skills).

Effective administrative skills can be learned. Once acquired, they enhance effectiveness and productivity. Urologists involved in training programs should seriously consider addressing the deficits identified by BC urologists in this survey. How this should best be done is another story.

As always, the CJU welcomes readers' input on the controversies raised in its articles.

Laurence H. Klotz
Editor-in-Chief