

## Urology Education and Urology Practice: Trend Topics and the Needs

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### EDITORIAL

Urology education starts with medical faculty and it is a life-long education. The first rule to be a successful urologist is to like urology as a medical branch and to stay updated. Today urology education differs in European and Non-European countries as they have their own core education programmes. Education in European countries is almost similar as national societies prefer to use educational programme of European Board of Urology. Urology education must be standart in all countries because incidence and prevalence rates are similar for especially urooncologic diseases. Patients also deserve to have standart urological care.

Unfortunately, after the urology education urologist do not have chance to have enough instruments and technologic devices in most of the hospitals to show their capabilities and their personal attributes. For this reason, quality of urological treatment and care decrease by time related with the personal motivation of urologists. In most of the European and Non-European countries, only university and research hospitals have standart devices to catch technologic standart care. For example, laparoscopic devices are missing in most of the peripheral hospitals and robot is only found in some big reference centers. This condition cause to be under the technologic and guideline standarts for the treatment of urologic diseases.

Also in most of the countries, urologists pay less attention to some of the subbranches of urology and as a result there is lack of subspecialists in these subbranches such as pediatric urology, andrology and female urology. Diseases of these branches are unfortunately the ones that urologists ignore and avoid to have detailed knowledge. This negative condition causes the decrease in standart care of the diseases that these subbranches cover. There are official educational programmes or rotations in most of the countries related these subbranches and this must motivate junior urologists to have tendency to these branhes from the beginning. It is also important for senior urologists to motivate junior urologists for these branches.

Trend topics of urology are always the urooncologic and endourologic diseases and interventions. Mainly most of the urologists likely to be involved in these subbranches to catch the trends and nearly all the urologists unfortunately define themselves as endourologists even the ones that only perform cystoscopy. Technologic improvements for these branches are charming the urologists.

Apart from these problems, urologists are lack of enough academic background because daily practice is taking most of the time and excessive work load causes tiredness. Most of the urologists are willing to deal with academic works but it is impossible for some reasons. This problem will lead bigger ones in the following time and there will not be enough academic urologists in the nearest future according to many studies.

These basic problems must be solved as soon as possible at least the main ones. Urologists must have enough facilities, enough time to deal with academic work and enough time for themselves. Solution of these main problems will also affect the quality of patient care and the mood of urologists. Better mood will result in better work and better careers.