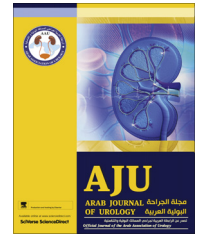




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**EDITORIAL**

**The Consultant urological surgeon: Surviving the first few years**



**Introduction**

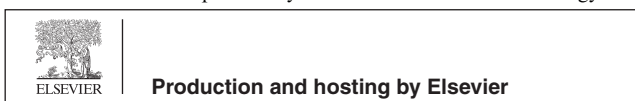
*'Look at a day when you are supremely satisfied at the end. It is not a day when you lounge around doing nothing; it is a day you have had everything to do and you have done it'.* As I reflect on my first 3 years of being a Consultant I find this quote to be very appropriate. I will try not to use the word 'challenge' too much in this article, but making the transition from trainee to Consultant, leader and trainer is a challenge. The aim of the following text is to provide a 'survival guide' for a newly appointed Consultant based on my experience, albeit limited!

**Choose your post wisely!**

My first piece of advice might be too late for many newly appointed Consultants, as it relates to the decision process involved in identifying which post you would apply for; I was told never to apply for a position you would not accept at an interview. I think the three most important factors in deciding which job to go for, in no particular order, are location, colleagues and speciality.

In terms of location we sat down as a family and identified which parts of the country we would be happy to live in, and only considered posts in those areas. With respect to your colleagues, they are vital to your happiness and well-being! This statement sounds as if it has been lifted from a marriage counselling book, but I think if you look closely, you may well find that you spend more time with some of your colleagues than your spouse! You will need their support and guidance when things do not quite go to plan. Finally, what sub-specialty? We have to obtain training in all urology subspecialties, so when choosing yours try and think to the future, and decide whether you can see yourself doing what you do now in 30 years. As I am writing this, the prospect of pelvic oncology as a man in his 60s makes me feel a little tired already.

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**Organisation**

It is vital to be organised! Now this might seem obvious, but how do you achieve it? I am very lucky in that I have excellent secretarial support. You need someone who can field problems and troubleshoot when it is not possible for you to sort things out personally. I would suggest that the benefits of a good secretary cannot be overstated. What about juggling operating, clinics, ward rounds and meetings, and fitting them into the working week. I use Google™ calendar; it allows several different people access to your diary, enabling them to add, remove or alter appointments. In addition it sends me alerts for certain commitments closer to the time, which as I get older and my cognitive function declines, I find invaluable.

**Complications and case mix**

I am an open and robotic surgeon and pelvic uro-oncologist. Whilst training as a Fellow I relished the extremely complex cases in which I was involved. However, the difference when becoming a Consultant is that when complications occur you remain responsible. I think it is vital to face them directly and be honest. It is extremely hard to tell a patient or relative that something has not gone quite to plan, but they will appreciate it in the long term. Complications never get any easier to deal with, so it is possible that the most straightforward case can go wrong, and it is something unique to our vocation. When I reflect on complications I always ask 'could I have done anything differently', and if the answer is 'yes' then I learn from it, and if the answer is 'no' then it does not remove the worry and angst but does help a little. However, there will be times when you feel like going into a dark room and placing a cold flannel on your forehead, and it is at these times that support from more senior colleagues is indispensable. They will have no doubt seen it before and quite possibly have stories of worse outcomes. Use their experience to guide you to manage these situations, and remember the 'pearls of wisdom' when a more junior colleague seeks your advice.

You will quite possibly start your Consultant career having been extremely well trained in your field. With the many stresses of starting Consultant life, I have heard the suggestion that

you should steer away from complex cases initially rather than jump in head first. I would suggest something in between; do not overload yourself with operating lists full of complex cases but I would suggest that a sensible balance is the correct approach. This will allow you to maintain and develop your skills, and allow your surgical team members learn your unique idiosyncrasies.

#### **Just say no! – indirect clinical care**

As I write this section I am the educational lead for the department, the lead for urology in the organising of theatres in our new hospital, and surgical directorate lead for all aspects of patient care administration. However, I would suggest on starting out that you respectfully decline flattering offers of organisational duties and concentrate on getting your direct clinical service working efficiently. It is vital to have a real understanding of how the department functions, who the real decision makers are, and an appreciation of the external pressures, to be successful in such roles. However, this process does not need to take years and relatively new Consultants can and should be in these roles. I hope there will be several future chiefs of departments, chairmen/women or surgical directors reading this article, because departments, hospitals and health-care systems should not be robbed of the benefit of youth.

#### **Remain grounded**

No matter what healthcare system you work in people will look up to you as a Consultant. You might feel undervalued and powerless at times but no-one will ever take away the fact that we have the duty of caring for patients and families when they are at their most vulnerable. Your junior staff and nursing staff on the ward and in theatre will look to you for leadership, training and support. This is an enormous responsibility; keep

your feet on the ground! Military leaders are taught that a huge number of people are required for a soldier to function on the battlefield. Although it might not be as dramatic as this, there are some similarities. The domestic staff keep the hospital clean, the auxiliary staff admit your patients for surgery, support staff on reception book patients into your clinics and prepare your notes, your juniors along with the nursing staff look after your patients; communicate with everyone with respect.

It has no bearing on my political ideals but the first quote was from Margaret Thatcher, whom no matter what you thought of her beliefs, was no slouch! I thought I would leave you with this from William Somerset Maugham, a British playwright *'It's a very funny thing about life; if you refuse to accept anything but the best, you very often get it'*.

Good luck!

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None.

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