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## Expectations of participants attending urological workshops and scientific conferences

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### Abstract

**Background:** Workshop and scientific conference offer opportunities for participants to meet and share knowledge, skills as well as for social interactions. There is a growing trend of emphasis on minimally invasive, endoscopic, laparoscopic and robotic interventions at such gatherings for treatment of urological diseases. But facilities for these forms of therapy oftentimes are still not widely available in our environment. This study aims to review expectations of potential participants attending urological workshops and scientific conferences with a view of guiding the host institution on planning.

**Methods:** A cross-sectional survey of participants who attended the 23rd annual general meeting and scientific conference of Nigerian association of urological surgeons in the year 2017, which was held in Benin-city, Edo state, Nigeria was conducted using semi-structured questionnaires. The data obtained was analyzed using SPSS 20 version.

**Results:** Fifty-five respondents completed the questionnaires. The mean age of respondents was  $40.82 \pm 8.22$  years and age range of 29-67 years. The male to female ratio was 26.5:1. Majority of respondents 26 (47.3%) were senior registrar and a large proportion 35 (63.6%) were based in the southern part of the country. Forty-three respondents (78.2%) indicated interest in attending the next annual urological workshop and conferences. Practice location of urologists greatly influenced the decision to attend the next urological meeting. The most preferred workshop format was live event while topics of choice in the next workshop were urethral reconstruction 26(45.6%) and percutaneous nephrolithotomy (PCNL) 24(42.1%).

**Conclusions:** Practice location of urologists greatly influenced the decision to attend the next urological meeting. Urethral reconstruction and percutaneous nephrolithotomy are the most favoured topics of interest to the potential participants attending the next urological workshop and scientific conference in our environment.

**Keywords:** workshop, conference, urethral reconstruction, percutaneous nephrolithotomy, Nigeria

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### Introduction

Workshops and scientific conferences form an integral part of the life career and development of urologists during or after training. While the former is a brief intensive educational program for a relatively small group of people that focuses especially on techniques and skills in a particular field [1, 2, 3]. The later refers to a formal meeting in which many people gather in order to talk about ideas or problems related to a particular topic (such as medicine) usually for several days [2, 3, 4]. They are different forms of urological gathering or meeting in which participants often times with common interest, utilize for the purpose of sharing and updating knowledge, skills as well as opportunity for social interaction [5, 6, 7]. Additional benefits of these meetings may include but not limited to networking among participants and facilitators or intellectual giants, provision of opportunity for individual or institutional collaboration, receiving feedbacks on trending issues in one's specialty and visit to important tourist sites [5, 8]. Because of these benefits, the participants' expectations are high at these gatherings and may influence the number of attendance by participants.

In our environment, the national association, an umbrella body that brings urologists together like her peers across the globe has lived up to expectation of teeming members by organizing annual

academic workshops and scientific conferences over many years. The national association beyond skills and knowledge sharing utilizes it to foster national cohesion amongst the urologists practicing in different geopolitical regions of the country through institutional zoning of hosting of these meetings. The planning and organization of urological meetings is a herculean task bedeviled with challenges and previous host institutions of these events have better testimonies. Assemblage of people for these events is occasionally faced by significant challenge to the organizers and participants one of which precludes coming together of people as is witnessed during pandemic crisis. Even though this may be overcome by virtual conference meeting and virtual workshop to a large extent, the live workshops which allow the trainers and trainees to come together and offer participants hands-on skills transfer may be hampered significantly [9].

Currently, the trend at these events is to centre discussions and skill acquisition on minimally invasive, endoscopic, laparoscopic and robotic interventions for treatment of urological diseases. While this may appeal to some participants, others may think differently due to the peculiarities faced at various practice locations. Furthermore, the facilities for these forms of therapy

oftentimes are still not widely available in some environments. Therefore, a cross-sectional survey of potential participants attending this gathering may go a long way in successful future hosting and participation. This study is aimed at reviewing expectations of participants attending annual urological workshops and conferences with a view to guide the future host institution on planning.

**Methods**

This was a questionnaire-based study that was used to obtain data from participants that attended the 23rd Annual General Meeting and Scientific conference of the Nigerian Association of Urological Surgeons (NAUS) conference 2018 which was held at Benin-city, Edo state, South-southern, Nigeria. Data obtained included demographic variables, rank of the respondents, willingness to attend the next urological workshop and scientific conference, the reasons why respondents' were not attending, event of interest and workshop format among other variables. The main outcome measure is to determine the relationship between practice locations of urologists and willingness to attend the next annual urological workshop and scientific conference. The data obtained was electronically captured using Excel and then exported to SPSS version 20 for analysis. Fisher's exact test was used as appropriate. Statistical significance was set at  $p < 0.05$ . The results were descriptively presented using tables, charts and proportions.

**Results**

The survey response rate was 47.0% with 76 questionnaires collected amongst the 117 participants who verbally consented to this study, 55 of which had adequate data for analysis. Of the fifty-five respondents, 53 (96.4%) were males while 2 (3.6%) were female with a male to female ratio of 26.5:1. The mean age of respondents was 40.82 and standard deviation of 8.22 with age range of 29 - 67 years. Majority of the respondents 26 (47.3%) were senior registrars followed by consultants, 22 (40.0%) as shown in Table 1. Most of the respondents 36 (65.5 %) practiced in the southern part of the country as shown in Figure 1. The affiliation of respondents was to public and private health facilities in 41 (74.5%) and 9 (16.4%) respectively while 5 (9.1%) respondents did not specify their affiliated facility. Large proportion of the respondents 43 (78.2%) were willing to attend the next urological meeting in Sokoto city, Northwestern, Nigeria as shown in Figure 2. The willingness to attend the next urological meeting compared to the practice location of the urologist was statistically significant ( $p = 0.04$ ) as shown in Table 2.

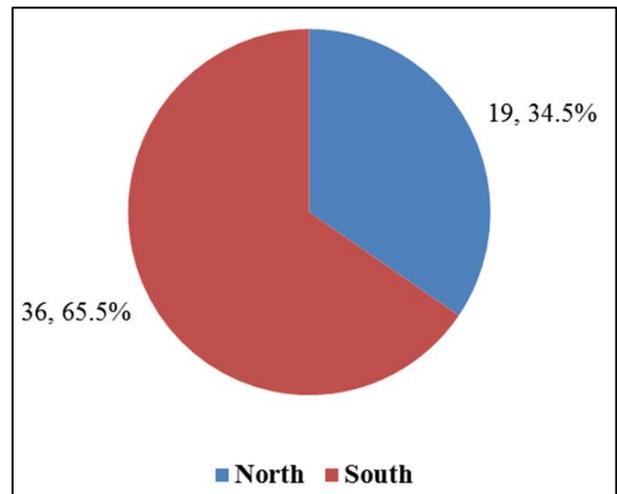
Conference was chosen by most respondents' 45.5% as the event of choice in the next Urological meeting as shown in Figure 3. However, the majority 63.2% of northern urologists chose to attend both workshop and conference while 52.8% of the southern urologists selected only conference as their next urological meeting event as shown in Figure 4. Forty-five (81.8%) of respondents favoured live workshop format. This was also chosen by 89.5% and 77.8% of respondents from northern and southern parts respectively as shown in Figure 5.

The respondents next workshop topics of choice in preferential order were urethral reconstruction 26(45.6%), percutaneous nephrolithotomy (PCNL) 24(42.1%), Paediatric reconstruction

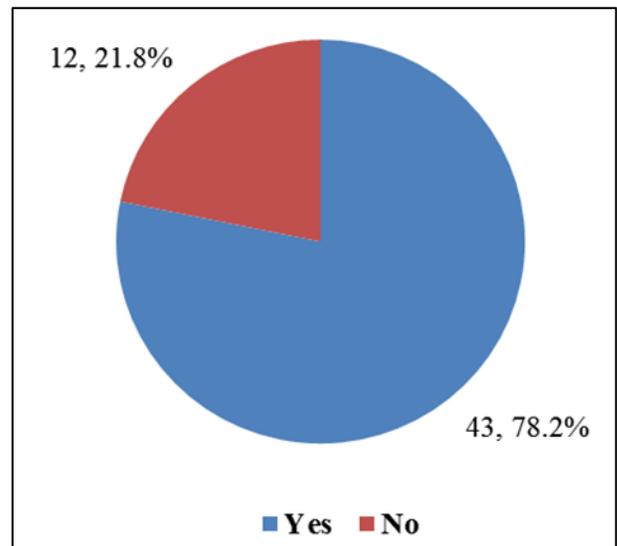
23(40.4%) retrograde intrarenal surgery (RIRS) 16(28.1%), laparoscopy 17(29.8%), lower tract endoscopy 12(21.1%), and genital reconstruction 9(15.8%). The reasons stated by respondents' not attending the next Urological meeting were the long distance of their practice location to the next host institution, high transportation cost and multiple connecting flights as well as overseas engagements. The other topics suggested by respondents for consideration in future workshops were ureteral injuries, metastatic adenocarcinoma of prostate, update on benign prostatic hyperplasia management, male factor infertility, transplantation/ molecular biology of urological diseases, and erectile dysfunction.

**Table 1:** Rank of respondents

Rank	Number of respondents	Percentage (%)
Consultant	22	40.0
Senior registrar	26	47.3
Senior medical officer	2	3.6
Unspecified	5	9.1
Total	55	100



**Fig 1:** Practice location of respondents

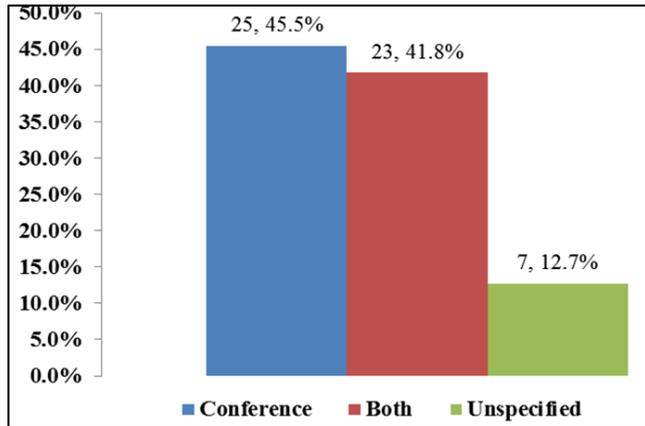


**Fig 2:** Respondents attending next urological meeting

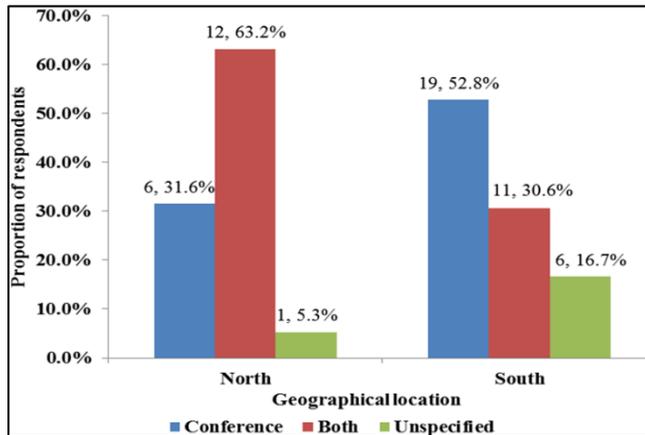
**Table 2:** Willingness to attend next urological meeting by geographical location

Geographical location	Willingness to attend next meeting		
	Yes (%)	No (%)	Total (%)
North	18 (41.9)	1 (8.3)	19 (34.5)
South	25 (58.1)	11 (91.7)	36 (65.5)
Total	43 (100.0)	12 (100.0)	55 (100.0)

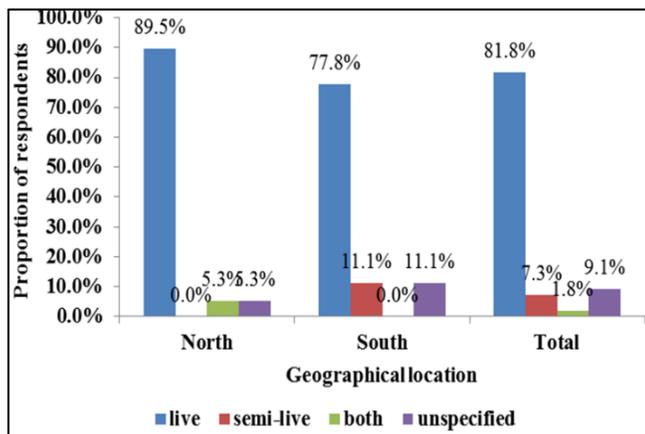
P=0.041\*, Significant, Fisher exact test



**Fig 3:** Respondents' choice of next urological meeting events



**Fig 4:** Respondents' choice of next urological meeting events by geographical location



**Fig 5:** Respondents' choice of next urological meeting workshop format by geographical location

**Discussion**

Urologists at global, continental, regional and national levels are known to form fraternity through which they advance common purpose. This system of relationship enhances organization of annual urological meetings in the form of workshops and conferences. Our country has large expanse of land with total land mass of 923,769 square kilometers and projected population of 187 million people in the year 2015 [10]. It has six geopolitical zones with three zones located in each of the northern and southern parts. Her urologists are widely spread across these zones. Despite this, the national urological association, the umbrella body of all urologists is still able to attract her teeming members to the annually organized scientific workshops and conferences.

In this study, we observed preponderance of male over female respondents. The same observation was earlier noted in a study on use of oral mucosa graft by Nigerian urologist conducted at the same setting [11]. This gives credence to the general perception and description of surgery of which urology is a part of as a male dominated specialty. The paucity of female surgeons has been buttressed in a study on the evolving trends of women in surgery in our environment [12]. Also, male urologists have dominated the national urological association for many decades until the last decade when a handful of female urologists came on board. Similar trends have also been observed in a number earlier studies [13,14]. In the United States for instance, despite the steady increase in the number of female urologists from year 2015 to 2019, the urologic workforce is still dominated by males because the number of male and female practicing urologists in the year 2019 stood at 90.1% and 9.9% respectively [15].

The attendance of urological meetings involves urologists of different ranks from the trainees to more senior urologists and trainers with many years of practice. Majority of the respondents in this study were senior registrars who were the trainee urologist accounting for 47.3% followed by consultant urologist with a proportion of 40% and non-urologists forming a small percentage of respondents. Although this finding was in contrast to earlier survey conducted at the same setting where most of the respondents were consultant urologists [11]. The reason for this variation is unclear. However, the findings may indicate that urological gathering is attended majorly by urologists because of their shared common interest in the activities that feature at such events. The higher number of trainee urologists may be borne out of their passion to tap from the wealth of knowledge and experience of the senior ones. Also, because of the prohibitive cost of attending international workshops and conferences, most trainee urologists may settle for local workshops and conferences due to their poor economic status compared to the relatively well established senior urologist economically. In addition, such a forum can expose trainee urologists to paper presentations as a first experience outside their training institutions, meeting of heroes in their specialty as well as networking with local and invited international urological giants.

At the year 2016, there were a total number of 130 urologist in Nigeria [16], most of whom practiced in the southern part of the country. In this study, Sixty two percent and 34% of respondents had their urological practice located in the southern and northern parts of the country respectively. This observation may be partly due to the higher number of practicing urologists in southern

Nigeria and partly because of the location of conference host institutions in the southern part of the country where this study was conducted. This offers preferential advantage of proximity to the practice locations of most urologists in the southern part of the country. In addition the southern urologists can access the venue of the meeting by road transportation within a few hours which is cheaper than air transportation thus reducing overall cost of workshop and conference expenditure. The northern urologist on the other hand may be compelled to travel by air due to far distance coupled with the need to avoid technical challenges of long hours of travel along poor road networks. The inconvenience arising from cost of transportation and poor road networks challenge may be enough reason why some northern urologists could not attend and hence fewer respondents. More so, that the sponsorship to these events is often times from out-of-pocket of the intending participants. High cost of conference attendance and lack of sponsorship have been recognized factors in earlier study that can negatively influence attendance of conference [3].

It was noted in this study that 74.5% of respondents were affiliated to public health facilities while only 16.4% had affiliation to private health facilities. Currently in Nigeria, urological training is predominantly conducted in public or government owned health facilities fully accredited by the postgraduate National and West African Colleges. Also, the advent of well-equipped private health facility with the state of art modern equipments dedicated to urological services with capacity to hire specialist urologist is only recently gaining popularity. More so, urological services offered by the few private health facilities are subspecialty focused such as renal transplantation, endourology, and are not opened to wide variety of urological interventions as seen in public hospitals with many urologists and varying areas of practice interest. These account for the high concentration of trainers and trainee urologists in the public health facilities compare to the private health facilities.

A probe of the respondents irrespective of the geographical locations on willingness to attend next urological meeting which was to be hosted by a training institution located in the northern part of the country revealed affirmation in 78.2% of respondents and only 21.8% respondents were unwilling to attend. This can reflect the belief, confidence and conviction by respondents on the immense benefits obtainable from attendance of urological meetings. Furthermore, a comparative evaluation of respondents of northern and southern extraction on willingness to attend next urological meeting was statistically significant ( $p = 0.04$ ). The reasons for this finding can be as a result of proximity of the next host institution to the practice locations of northern respondents and possibly a better understanding by northern respondents of the insecurity dynamics prevalent in the north at the time of conduct of this study compared to their colleagues in the southern part of the country.

Most respondents' choice of event to be attended at the next urological meeting was conference in 45.5% while 41.8% respondents indicated interest in attending both workshop and conference. This may be because some respondents may want to attend only an event, which means a single registration, few days of stay at the event location and less expenses. Also, most senior urologists with vast experience in the event or workshop topic to be discussed or demonstrated may not deem it necessary to attend or participate. Furthermore, we observed that the majority, 63.2%

of northern respondents elected to attend both workshop and conference while 52.8% of the southern respondents preferred conference as their next urological meeting event to attend. The same reason of proximity to the next hosting institution to northern respondents and cheaper overall cost of attendance may be a likely reason for this observation.

Overall, 81.8% respondents chose the live workshop format. The live workshop format was chosen by 89.5% and 77.8% of respondents from northern and southern parts respectively. The live workshop format was preferred irrespective of the geographical location of respondents. The advantage of live workshop format over semi live events is that it enables resource persons or facilitators at the workshop to have hands on skill transfer. Its drawback is that it may not be practicable during a pandemic crisis. But semi live workshop format can be presented as a virtual workshop which precludes contact between facilitators and the participants [9].

The respondents workshop topics of choice in preferential order were urethral reconstruction 26(45.6%), percutaneous nephrolithotomy (PCNL) 24(42.1%), Paediatric reconstruction 23(40.4%) retrograde intrarenal surgery (RIRS) 16(28.1%), laparoscopy 17(29.8%), lower tract endoscopy 12(21.1%), and genital reconstruction 9(15.8%). Urethral reconstruction may be considered the most preferred next urological meeting workshop topic because urethral stricture of both post-inflammatory and post-traumatic aetiology still constitutes a significant burden of urological diseases in our environment. It has been found in an earlier study to be the second leading cause of inpatient admission in the northwest, Nigeria [17]. Mbibu *et al.* observed that urethral stricture was the second cause of lower urinary tract obstruction after benign prostatic hyperplasia from urology outpatient clinic visit record [18]. In addition, Urologists with few years of experience may want to learn the tips and tricks on how some urethral stricture patients who present with altered disease course as a result of repeated previous failed interventions which worsen the rate of recurrence will be managed by highly experienced urologists.

The reasons stated by respondents unwilling to attend the next Urological meeting were mainly long distance from the next host institution, high transportation cost and multiple connecting flights as well as overseas engagements. These reasons may have a link with the poor socio-economic reality and challenges being faced by urologists practicing in our environment. There is need for the national urological association to embrace virtual urological meetings. Recently the umbrella bodies of urologist have conducted virtual congress successfully [19, 20, 21]. Since sponsorship to urological meetings is predominantly being catered for by the participants. Often times, there is little or no support from the public or private sector which will ease the financial burden on the participant. Therefore, there is a need for the government and non-governmental organizations to support their urology workforce to attend this important annual urological meeting to enhance their staff capacity building.

## Conclusions

Urological workshops and scientific conferences over the years have become well established and accepted by urologists in our environment because of the immense benefit derived from its attendance. The distance of practice location of urologists from

host institutions of urological gathering greatly influences their decision to attend future urological meetings. Urethral reconstruction and percutaneous nephrolithotomy were the most preferred workshops topics of interest to the potential participants attending the next urological meeting from this study. Therefore, there is a need for private and public sector organizations to sponsor urologists willing to attend these meetings. The increasing utilization and successes recorded from recent hosting of virtual meetings for workshops and scientific conferences across the globe may be an alternative way of easing challenges faced by intending workshops and scientific conferences participants. We therefore recommend that next host institutions consider these workshop topics, use of virtual meeting when applicable, and to conduct a similar survey of potential participants prior to the time of hosting future urological meetings for proper guidance on areas of need of the participants.

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