The 15th International EAUN Meeting in Stockholm ended in gathering a much broader group of allied healthcare professionals, which demonstrated the intrinsic links and benefits of a multi-disciplinary approach to urology care.

Over three days the EAUN delivered a comprehensive, exciting and a demanding programme, featuring workshops, panel discussions, state-of-the-art lectures, symposia, interactive case discussions and poster sessions, attended by over 250 delegates and members of at national urological nursing societies.

In his opening remarks, EAU Secretary General Prof. Per-Anders Abrahamsson, who very much set the theme of the congress, reaffirmed the benefits of a multi-professional approach to urology care and highlighted the positive impact of his department’s nurse-led “Botte team” and the importance of multi-disciplinary research.

Courses and workshops

The EAUN ESU courses and workshops, as always, proved popular and delivered up-to-date and focused education on key urological topic areas, including bladder cancer management, urinary tract obstruction, how to close the gap between research and practice, making sense of clinical articles and the Marketplace Session. This year examined issues around the topic of pain management.

In the session on neurogenic bladder dysfunction, Stefano Terzoni (IT) provided an in-depth overview of the treatment options offered by nurses and how this work was integrated as part of a multi-professional approach, including behavioral therapy, use of catheters, electrical neuromodulation and stimulation of the pelvic floor muscles. The key take home messages were patient education, and the need for nurses to take charge in order to improve patient outcomes.

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The nursing in robotics session very much highlighted the technological advances in urological care, the increasing role played by nurses in the work of the EAUN with the EAU Robotic Urology Society (ERUS). Interestingly, Assistant Professor Khurshid Ghani (US) suggested that “robotic prostatectomy was a dying procedure,” an opinion primarily based on the recent US Preventative Services Task Force statement, which recommended no more PSA screening which led to a US Preventative Services Task Force statement, which recommended no more PSA screening which led to a

While innovations in practice were very much a key component of the meeting, there was also a need to reflect on disease chronicity and the necessity for earlier palliative care intervention in urological cancers. Antonia Lane (GB) and Louisa Fleur’s (GB) presentations focused on the important social and psychological aspects of cancer care in older people and how needful fluctuate based on “changing disease pathway” new treatment developments and the subsequent uncertainties.

Poster abstract session

The increasing number of abstract submissions led to a broad cross-section of topics for presentation, demonstrating urology nursing expertise and the significant impact of autonomous nursing practice as part of a team approach. Presentations ranged from nurse-led extracorporeal shock wave therapy for chronic pelvic pain syndrome, patient safety and acceptability in men who have undergone radiotherapy following prostatectomy to the incidence of urinary infections associated with the use of long-term bladder catheters.

The clear message was how nurses were improving patient care through integration of evidence-based approaches. Now to this year’s programme was the unmediated poster session allowing presenters not selected for formal presentation to showcase their work. The session was highly successful and will be a permanent feature of the congress. The first prize went to M. Baarin and colleagues with their study titled “Post-operative pain assessment and management in radical prostatectomy: a literature review.”

The nursing research project award went to B.R. Villumsen for the study “Xbox 360 Kinect exercise for men receiving androgen deprivation therapy for prostate cancer,” whose final results I am very much looking forward to. Maybe there is more than meets the eye in playing “Plants versus Zombies, garden warfront”?

Symposium

The theme for the two sponsored sessions very much focused on the changing paradigm of treatment for advanced prostate cancer, the extension and improvement in quality of life afforded by new treatment developments and our greater understanding of disease biology. In both sessions, there was a multi-professional focus which again reinforced the key roles of nurses. Both sessions proved to be very dynamic with a lot of discussion, questions and debate.

Difficult cases

As always, the session on difficult cases proved to be very popular and interactive. This session acknowledges that all nurses encounter problems in daily nursing practice, and while some find their own solutions, others don’t. Thus, this session provides the opportunity to discuss such issues with our peers. An interesting case presented by critical care nurse Donna Pierre (UK) discussed the management of an intensive care patient with Gitelman Syndrome, an autosomal recessive kidney disorder characterised by hypokalemic metabolic alkalosis with hypocalciuria. Other cases included patient care after penile amputation and meeting the nursing needs of the complex cytotoxicised patient.

Hospital visit

Congress participants were also given a unique chance to visit the host hospital and look at urology care. This year participants visited the Södersjukhuset (Stockholm South General Hospital) which has the largest Emergency Care Unit in the Nordic region. They were met by Prof. Ulf Harning, head of the Urology Department. The urological clinic primarily cares for patients suffering from one of the urological tumour-related diseases, non-malignant enlargement of the prostate or stones in the urinary tract.

Video abstract session

Following the success last year of the video abstract session in Milan, “Inside the Body-Surgery in Motions,” drew positive feedback from the participants who found this session very informative and interesting. This year we were delighted to have Sandra Morton from the European Operating Room Nurses Association (EDRNA), an organisation which represents the influential voice of perioperative nurses in Europe. Morton jointly chaired the session, highlighting the role diversity amongst our members and the importance of linking and collaborating with important nursing organisations.

Madrid meeting

The 16th International EAUN meeting in 2015 will be held in Madrid from March 21 to 23 next year. The deadline for abstracts, difficult cases and nursing research project plans will again be on December 1, 2014. For details, check the updates at the congress website at www.eau madrid2015.org/eaun. We look forward to your submissions!
Improving the coordination of prostate cancer care

New Zealand’s new advanced practice nursing roles pursue quality care for PCA patients

Sue Osborne
Urology Nurse Practitioner
Waitemata District Health Board
Dept. of Urology
Auckland (NZ)
Sue.osborne@ waitmedahlth.govt.nz

Kia Ora! I’ve been thinking of the EAUN over the last few days as you gathered with EAU colleagues in Stockholm to examine the latest in evidence-based urological practice. As you read this I am sure you will be reflecting on another high quality meeting and looking forward to another year of aiming for excellence in urology nursing care.

I know of only one New Zealand urology nurse who joined the EAUN Meeting, but there may be others who might have also attended the congress. As always we look forward to the key messages from this congress through forums such as this publication, always intent on examining how new developments might fit into our local practice environment. In this context I share a recent advancement in the way we deliver cancer care in New Zealand.

In 2012 the New Zealand Ministry of Health created a Prostate Cancer Taskforce charged with producing concise, actionable recommendations that would inform the development of a prostate cancer quality improvement programme. This process required task force members to assimilate a vast quantity of local and international data, using the evidence to inform their recommendations.

Throughout this process it was a challenge for all of the disciplines represented on the taskforce to balance setting the bar high for what the membership hoped to achieve for men and their families, whilst considering the realities of budgetary, manpower and geographical constraints. In advocating equal access and improved / consistent quality standards, it was interesting to continually think both ‘rationally’ and ‘locally’ about how the guidelines might be implemented.

The prostate cancer taskforce recognised the potential advanced practice nurse roles to enhance the care of men and their families at the time of prostate cancer diagnosis, before, during and after treatment and throughout the follow-up period. Despite this, it noted that prostate cancer nurse roles were few and far between in New Zealand, potentially reducing the outcomes and effectiveness. At present, these nurses are met in the best way possible. The relevant nurses are working with them to ensure their healthcare needs are met in the best way possible. The relevant nurses contact details are given to individuals as they receive a cancer diagnosis or sometimes as they begin investigations when they are referred with a symptom highly suspicious of cancer. The patient is then able to easily contact the nurses to receive support or information related to all aspects of their care.

The nurses ensure co-ordinated, timely, culturally sensitive care for patients, linking all services and allied health care professionals involved and who attend multidisciplinary meetings and work with service schedulers to ensure cancer diagnosis and treatment timeframe targets are met.

The impact of the cancer care coordinators will be evaluated once the roles are fully established. A wide range of data is being collected to evaluate their outcomes and effectiveness. At present, these nurses are only available to men accessing their healthcare through New Zealand’s public healthcare system. It may be that a national telephone service with expert prostate cancer nurses is still required to support men and families receiving care in the private sector.

In New Zealand the private sector is often an environment where advanced practice nurses are not readily available for education and support as the time spent undertaking these activities is not reimbursed by health insurance companies. I hope that this article will prompt readers to ponder how this differs or aligns with your healthcare environment.
EAUN: Going forward with a dynamic membership

EAUN identifies priorities, pursues long-term plans

Although the European Association of Urology Nurses (EAUN) continues to boost its efforts in promoting urological nursing across Europe and beyond, its goal remains essentially the same.

A part of our core mission is to represent our members, to function as a progressive organisation by providing an open platform of communication and to share and disseminate information and expertise amongst members and stakeholders.

The EAUN also respects the diversity of urological nurses and the many approaches to urological nursing across Europe. In this regard, we maintain strong links with our fellow colleagues who lead or are members of National Societies, not with the intention to define the role of these societies, but to act as a conduit or resource for information.

Moreover, with the EAUN’s commitment to advance urology nursing in the region we constantly assess our progress and take stock on how we can efficiently fulﬁl our tasks. Thus, we intend to deal with the working conditions of nurses will progress in the coming years.

Education plans and directions

We are developing a plan to organise an extra study day for urological nurses that will not be offered as part of a big congress in a European capital, so that this study day can be more locally accessible, enabling the attendance of many nurses who are unable to attend the bigger international conferences.

...liaising with the European Specialist Nurses Organisations (ESNO), a group working with the European Parliament in order to develop a common pathway for the training of specialist nurses...

Another item in our agenda is to improve our website and create an education link that will “open the door” for more learning. Currently, we are involved with the EAU Robotic Urology Section (ERUS) to support a study day that features a theme on robotic surgery, which will be held in Amsterdam, the Netherlands in this year. This collaboration reﬂects that our partners and other medical disciplines recognise the input of nursing in urological developments.

We also prioritise, in a consistent manner, our Guidelines Group to ensure that we have the best evidence-based guidelines that will inform our practice. We work with the EAU and the industry to look at creative ways to support our meetings and fellowships in these financially challenging times. Having developed stronger links with EAU, we now have one of our board meetings at the same day and venue as the EAU, allowing for a more dynamic exchange of ideas with EAU ofﬁcials and members.

Over the years, we have seen the EAUN’s organic growth and how it faces up to challenges. Apparently, with our busy professional lives, giving our 100-percent attention is not always possible due to time restrictions, our priorities or simply the lack of a proven benefit of a particular project.

To meet some of our needs, we now have a stand-alone Scientiﬁc Committee who is tasked with planning the programme for the annual congress in Madrid next year. The committee consist of: Stefano Terzoni (Chair, IT), Bente Thoft Jensen (DK), Lisette Van De Bill (NL), Jerome Marley (IE), Rita Willener (CH) and held their ﬁrst meeting in May 2014. This will free up an enormous amount of board meeting time, allowing us to concentrate on other aspects.

To further streamline our meeting activities, we now have a “mentorship template” where the incoming Chair and Past Chair can provide support to each other, thereby reducing the learning curve for the new chairperson.

We hope our Special Interest Groups (Bladder, Guidelines, Education and, hopefully, Incontinence) will be able to present in Madrid, a feature that will be a new departure from our traditional congress programme.

The EAUN board will always count on the resources that previous board members will provide. But we also need new talent and recruits and in Stockholm two new members were proposed (additional information on new members can be accessed in the EAUN website).

Another thing we are currently liaising with the European Specialist Nurses Organisations (ESNO), a group working with the European Parliament in order to develop a common pathway for the training of specialist nurses.

Certainly, the EAUN intends to go forward as a respected urological nursing organisation, whilst maintaining high standards and actively pursuing growth strategies. This can only be made possible if we work closely with our members, by collecting your feedback and input and, more signiﬁcantly, by receiving the continued support of all our members.

Your comments, questions and suggestions are welcome at eaun@uroweb.org.

Let’s keep working together for the future of urological nursing in Europe!