EAUN Fellowship report

Learning the importance of specialised nurses at the University College London Hospital, 25-29 October 2010



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In spring 2010 I was fortunate enough to partake in the EAUN's fellowship programme. I have worked in the field of urology for 9 years as a Senior nurse of the ward at the Urological Department of Århus University Hospital, Skejby.

Over the years, the department has worked to develop and refine the urological specialty and to offer some rare and highly specific urological treatments and surgery. The department therefore receives patients from all over the region.

After the Danish government imposed treatment guarantee regarding cancer treatment, the number of patients with a urological cancer has increased in the department. Surgery and treatment of these patients now dominate and take up the largest part of the activities.

We continually restructure the department to adapt to new requirements and approaches in the care and treatment of patients, and with regards to the financial resources we have available. In line with the changes, we have increased staff qualifications through training and instruction to meet new care and treatment requirements.

I therefore was interested in getting an insight into new ways of dealing with urological patients. The aim for the visit was to achieve insight in and knowledge of:

- Development of nursing qualifications
- The organisation of the training of the student nurses
- The organisation of daily work and care in the patient's ward
- The organisation of the stay of the variety of natients

I wanted to visit an English hospital because British nurses have been specially trained for many years. This development was initiated in light of a former doctor shortage in the country. Nurses were educated and trained to perform medical areas of treatment.

The stoma care nurse of our department, Berit Kiesbye, participated in writing the EAUN guideline "Incontinent Urostomy". Berit had a pleasurable experience cooperating with one of the other authors, clinical nurse specialist in urinary diversions Sharon Fillingham from the University College Hospital London. I contacted Sharon Fillingham and she has been extraordinarily helpful in planning the visit for me.

It was a fortunate that Berit Kiesbye also got the opportunity to participate in visiting the University College Hospital London and Sharon Fillingham, thanks to a local scholarship at our department. It has been a great advantage to be travelling together as a team. We have been able to discuss all the new impressions, evaluate the days and help each other out.



From left: Berit Kiesbye, Sue Fell, Sharon Fillingham, Lone Aarvig

The University College Hospital London

University College Hospital London was founded in 1834. In 2005 the Hospital moved to new buildings containing 655 beds and all-new equipment.

My host, Clinic Nurse Specialist (CNS) Sharon Fillingham works at the department of Urology. Sharon works as a CNS nurse for patients undergoing surgery resulting in different urinary diversions. The programme for the week:

Sunday 24 October

- Meeting with Sharon at the hotel
- Visiting the Hospital and the CNS nurses' office at the Euston road house
- Visiting the Florence Nightingale museum
- · Introduction to the program for the week

Monday 25 October

- Introduction to the department of urology
- Ward Clinic at the Urinary Diversion with Sharon Fillingham
- Outdoor Clinic for Prostate patients with CNS nurse Jane Coe and Radiology meeting.

Tuesday 26 October

- Meeting with Ward sister Georgina Turnbull, urological ward of long-term stay
- Meeting with Lecturer Practitioner of Urology care,
 Rachel Leaver
- Meeting with Ward sister, Paula O`Brien, urological ward of short-term stay
- Intravesical Clinic (BCG) with CNS nurse Rachel Leaver
- Acupuncture Clinic with CNS nurse Julie Jenks

Wednesday 27 October

- Robotics Theatre with CNS Gilly Basnett
- Continence Advisors CNS Claire Nicholls

Thursday 28 October

Urinary Diversion in patients with CNS Sue Fell

The Ward and education of nurses

The ward has 60 beds with a mixture of urological and orthopaedic patients. The reason for this mixture was a matter of organisation and sharing staff. The mixture of patients was fairly new, the ward had earlier been accustomed to be only urological.

The ward is divided in two, with 30 female beds and 30 male beds. Beds are placed in groups of four to five, with curtains between them, and there are only a few one person rooms. This is very unusual to us coming from a culture where patients are put in two to four-bed rooms with walls and doors!

The ward sister gave me the impression that the ward was very big (too big) and that the mixture of the two different specialties posed challenges to knowledge and skills of the staff. The organisation required enormous flexibility in the management of the staff.

Introduction and training of new staff was undertaken by experienced staff along with some classes by the Lecturer Practitioner nurse. There was a training programme covering both urology and orthopaedics. The education regarding the management of medicine was more thorough than the procedure that I'm familiar with in Denmark. New nurses must go through a form of practical examination before they may handle medicine in the department.

The nurses work 37.5 hours a week but in 12-hour shifts, and many of the nurses are studying alongside their work to get a degree in urology nursing. I was very impressed by their work. Rachel Leaver (the lecturer practitioner) informed me that the government wishes for and encourages all nurses to get a degree. It takes about three years to complete a degree while also working. The nurses are doing some of the study time at work and some they have to do in their spare time. With a degree, a nurse enjoys a

higher salary, and also has more opportunities and responsibilities.

The ward was a very busy, but also very attractive place to work in, because the staff got good training, lots of opportunities, the ward has a good reputation, and the hospital is located in central London.

The CNS nurses

The CNS (Clinic Nurse Specialists) consists of nurses with a large amount of experience of urology nursing, as well as a degree in that field. Some of the CNS nurses have a Master's education as well, and they are all expected to achieve a Master's degree while working as a CNS.

The CNS nurses work with both treatment and caring. The nurses work with patients in the ward, in the clinic, at the outpatient clinic, in theatres at the urology department and in other departments where their expertise is called for.

The CNS nurses share an office in a building next to the hospital, which gives the nurses a fair bit of running between the buildings. Still, the office was an important place for the nurses to work with tasks like getting in contact with the community and home care nurses, and answering questions from and keeping follow-up appointments with patients. Many patients phone in to get advice and help from the CNS nurses. I got the impression that the CNS nurses are highly important in securing a professional and correct treatment of the patients because of their special knowledge and skills.

CNS nurses have specialised in:

 Urinary Diversion: Nurses work in the wards every day and pay all patients with urinary diversions a visit and help them out if needed. They ensure that the patient is given the right aid, teach them to care for their urinary diversion, ensure that skin and stoma are alright, and give counselling about life with a urinary diversion after being dismissed from hospital.

The nurses not only ensure that the patient receives professional care regarding their urinary diversion while staying in hospital, but they also contact the home care nurses to establish further care after the patient is dismissed and they order the products that the patients needs for their urinary diversion. Patients can always get an appointment with their urinary diversion nurse when they experience problems of any kind regarding their urinary diversion: even after dismissed from hospital.

They also see patients before their surgery to give information about the surgery and prepare them to a life with a urinary diversion- a very important talk that clearly made the patients feel much better and much more secure.

The CNS nurses also teach and educate not only nurses and students in the ward but also outside at conferences and meetings.

- Acupuncture: CNS nurses in acupuncture treat
 patients with bladder disorders in the outpatient
 clinic. The nurse has a degree in nursing which
 gives the possibility to treat patients in the ward.
- CNS regarding prostate cancer patients: The CNS
 has its own outpatient clinic. The nurse examines
 the patient, listens to heart and lungs, provides



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information and advice about the disease and writes a full medical chart. The nurse was responsible for the patient's progress through treatment, and the patient could always call the nurse and get advice and guidance. The nurse cooperated closely with the doctors.

- CNS robotic surgery: The nurse was responsible for teaching the surgery team the procedure for robotic surgery. The nurse was educated in surgery and performed the initial intervention while she educated a new doctor. The nurse had a close cooperation with the doctor in charge of the surgery.
- Continence advisors: The continence advisors work all over the hospital with patients who need their advice and knowledge. The ward or outpatient clinic helps the patients to get an appointment with continence advisor. The continence nurse also does urodynamic examinations in the outpatient clinic.
- CNS nurses in the Intravesical clinic: Nurses treat patients with bladder cancer with Bacillus Calmette-Guérin (BCG) injections.

What to learn

I've seen nurses with specialised knowledge and skills that work with great enthusiasm and professionalism on a very high level. It's been a great pleasure to meet nurses who work with such great pride in their profession and are so dedicated to their patients. Although they were very busy and work hard for long hours, I experienced their catching enthusiasm for their subjects and their abilities.

It has also been a great pleasure to speak with nurses about nursing and discuss our common practice. I experienced great openness for this among the nurses who have shown great interest and willingness to show us their practice and also wanting to learn something from our practice.

Educating clinical nurse specialists is an investment that makes nurses stay in the job for many years and experience more satisfaction through their work. This can only be beneficial for the patients.

However, I suppose that it is important to constantly keep in mind that not all nurses should be expert nurses. It is important that nurses who work in the ward feel valued and achieve a good level of qualifications, so that patients always have skilled staff around them.

Thank you to the CNS nurses at the University College London Hospital for a very nice week. Special thanks to Sharon Fillingham.

Edited by Berit Kiesbye

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