

Diverse, dynamic EAUN programme in Paris

Congress sessions to focus on various nursing issues and challenges



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look at tools which optimise nursing care in cancer patients.

We will have an interactive session on urodynamics on Saturday morning, February 25, and we expect that participants will find the programme very stimulating. And with the on-going development in the role of the nurses in urology, the EAUN recognises the need to put in place opportunities for professional development and education. Thus, we want to look at our research competition and see how we can encourage and help EAUN members submit their projects to this congress.

The board is also very excited regarding the progress of and plans for ESUN, an academically accredited urology course endorsed by the EAUN in collaboration with a third level institution. And to have definite gains in the process of endorsing or accrediting conferences, it is essential for the EAUN to develop good academic links. By this we mean to offer credible qualification criteria in Europe that will translate to good academic benefits in all countries.

We also hope to offer in the near future other training opportunities that will meet the needs of nurses already in advanced practice since many of our colleagues have opted for specialised higher level work. We are all aware of the trend in many health care systems in which nurses are performing tasks previously carried out by our medical colleagues.



During the congress, the board would also highlight our fellowship programme, so watch out for our informative session when a speaker from a host hospital will speak about their fellowship programme and where a fellow will share his or her experience regarding the fellowship award. This exchange of views and information is very critical as we gain more insights during these direct discussions and open forum.

Moreover, you will have the opportunity at this congress to network with colleagues and exchange views. We certainly look forward to meeting our French colleagues in their wonderful capital city and take this opportunity to thank them in advance. We are most grateful to the staff at Hospital Foch and Hospital Bichat-Claude Bernard for allowing us to organise site visits for our members.

Of course no congress would be complete without some social gatherings which will begin with the EAU Opening Ceremony on Friday, February 24, including light entertainment and refreshments. On Saturday evening the EAUN will have its welcome reception, kindly sponsored by Coloplast. We expect an exciting night at the Restaurant Au Bistrot de la Montagne, located at the Quartier Latin. On the closing night the EAU Evening promises to be a real treat with an authentic Parisian-style dinner event at La Grande Halle de la Vilette, so book your tickets on time.

Until February, and on behalf of the board and all our support staff, *à bientôt!*

On behalf of the board I would like to take this opportunity to welcome all our members to our 13th EAUN Meeting in Paris, for which the EAUN Board have worked hard in the last year to provide participants with a dynamic, diverse, and stimulating programme.

We do not only hope to cater to all nurses who are attending the congress in Paris, but to offer to every participant topics of interest to them. Moreover, we look forward to the launch of yet another scientific and evidence-based guideline on the topic "Catheterisation: indwelling catheters in adults both urethral and suprapubic," a guide which can prove useful to all nurses.

Our catheter management pre-congress workshop is aimed at reminding and informing us all about our need to always be aware of the basics and how we as nurses have the best knowledge on certain topics and that we also have much to share in terms of specialised expertise.

With the rapid changes in medical technology and healthcare becomes less hospital-based which lead to heightened expectations in primary care, we are now looking at how urology patients experience the transition into primary care. Our state-of-the-art lecture on February 26 will look at innovative interactive multimedia techniques in urology care, certainly an intriguing and relevant topic. The interactive marketplace session is also designed to



European Association of Urology Nurses



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www.eaun.uroweb.org

Urology nursing in New Zealand

Nursing specialists boost volunteer support network by providing skills training



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initiative where I used both my academic background and experience in urological nursing to deliver presentations to the public with confidence.

The Prostate Cancer Foundation of New Zealand has the support of men with prostate cancer and other male-specific cancers, and their families, as one of its core objectives. One of the ways the foundation achieves this objective is through the activities of the support volunteers. These men and women bring a wide range of experience to their interactions with those who have been newly diagnosed or who are undergoing treatment.

However, it has been acknowledged by the Foundation's Board that the volunteers possess a varying level of knowledge which may impact on their ability to practice safely. The knowledge deficits may pertain to effective communication across cultures, understanding grief and loss, and / or utilisation of effective listening skills. There is also a lack of consistency of knowledge about prostate cancer, including screening, diagnosis and treatment options, including living with side effects.

Training programme

In order to address these inconsistencies the Prostate Cancer Foundation of New Zealand introduced a training programme for volunteer supporters in October 2011. The diverse programme aims to ensure all attendees have the opportunity to acquire the skills required to be safe and confident in their support activities. The education sessions run over a weekend and will repeat three times in different New Zealand cities, to make it easy for both city dwellers and rural volunteers to attend. Travel and overnight accommodation is funded by the Foundation, with the aim of improving the opportunity for the attendees to network and share experiences at the end of the day when the formal teaching programme is over. The programme is facilitated by three trainers; a prostate

cancer survivor who is a trained intercultural communication facilitator, a qualified counsellor, and myself, a urology nurse practitioner with speciality in the care of men undergoing diagnosis and treatment for prostate cancer.

To date we have facilitated two of the weekend meetings; one in Auckland and the other in Wellington. We have worked with 20 men and women, all enthusiastic about learning all they can to enhance the support they offer individuals living with a prostate cancer diagnosis. The meetings have received excellent feedback; a further programme is scheduled for February 2012 in our most southern city, Dunedin.

From a nursing viewpoint, it is exciting to have the opportunity to share my knowledge of both normal prostate anatomy and physiology, and the pathophysiology of prostate diseases with this group

of enthusiastic learners. The nursing role has always encompassed the delivery of patient and family education- it is an activity we believe in strongly, as we recognise its importance in helping people deal with their illness.

It has been a privilege to educate the groups and to hear the stories they share during the sessions. As individuals relate their experiences, their accounts often reflect the training I have shared, enhancing its relevance. Everyone seems to leave at the end of the weekend enriched by the experiences and I congratulate the Prostate Cancer Foundation of New Zealand on this initiative.

Meanwhile, I wish you a healthy winter season, with good food and good times shared with friends to keep you warm as the temperatures drop! We look forward to share our news and practice with you through this newsletter. Our best wishes!

Greetings to all from your New Zealand urology nursing colleagues, as we reflect on another year that has passed, and look forward to the rewards that summer brings. Some of you may have attended the British Association of Urological Nurses Conference in November, while others may be looking forward to the EAUN Conference in Paris in February 2012.

The educational and networking opportunities these meetings provide often revitalise our passion for our speciality and motivate us to keep looking for ways to improve our practice. They are also a welcome break from our daily working lives! On our side of the world we have two big urological educational events to look forward early this year. The Bladder & Kidney Cancer Symposium takes place from 9-11th February in Melbourne, Australia and, for the first time, has a nursing programme. The Australian and New Zealand Urological Nurses Society Annual Conference follows in April in Darwin, Australia. This meeting will run alongside the urologist's annual scientific meeting, providing delegates with a wide range of educational sessions.

These meetings, with their research-based presentations and consensus panel updates, ensure that advanced practitioners remain up-to-date with advances in our field. Recently I have had the opportunity to be involved in a community-based



Poster Presentation

EAUN online tool

September 2011

This educational tool for poster presenters is now online at:

<http://www.eauparis2012.org/13th-eaun-meeting/abstract-submission/>

Next Fellowship Application Deadline:

31 January 2012

Urological nursing in Portugal

Annual Portuguese meeting shows the value of collaboration



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The EAUN Board, through one of its members, participated at the 2nd Conference of Urological Nursing. Held on October 14 in Castelo Branco, Portugal, the one-day event covered a wide range of topics in urological nursing, and also reflected many key local community issues.

Although there is no national urological nursing association in Portugal at this time, the enthusiasm and commitment to urological nursing care that was shown by participants throughout the event would indeed make for a formidable association. Mr André Mendes and Mr Sergio Esteves, committed and dynamic individuals, organised the event with support from their colleagues and various partners in urological nursing and, equally important, from the local mayor of Vila Velha de Ródão, the location of the conference venue.

Representing the EAUN, and with the help of a translator, I presented the role of the EAUN, its activities and the importance of collaboration. I also

examined the role of nurses in managing patients with bone metastases and overall bone health in urology, an area of growing interest. The topic prompted enthusiastic discussion, and the EAUN lecture was well received by the audience.

"Catheters and urinary diversions - the hospital at home" was one of the key presentations of the day, which included the varying pathologies for urinary diversions, urostomy and care for both permanent and intermittent indwelling catheters. Local and international speakers were present to share their experiences and practices, reflecting a true multidisciplinary team approach. This particular area of interest was also echoed in the poster presentations at the meeting.



Table of Honour: from left: Francisco Henriques: Head Nurse of Urology; Dr João Fonseca: Director of the Urology Ward; Paula Sapeta: Director of the Nursing College; Manuel de Oliveira Member of the Nursing Bar; Maria do Carmo Sequeira; Mayor of Vila Velha de Ródão; Luis Correia: Presidente of the Hospital Council; Carlos Almeida Nursing Director; Lawrence Drudge-Coates: EAUN board member



Lively debate following the bone health presentation

Value of collaboration

The importance of nurses in the management of renal colic was another particularly informative subject, highlighting the issue and incidence of the disease in this region. Topics included the importance of pain management, stone prevention and management. This dynamic approach to the condition was made more apparent during a visit to the Urology Department of the ULS Castelo Branco, where an autonomous nurse-led lithotripsy service run by Mr André Mendes was shown.

The visit highlighted not only the cohesive and forward-thinking approach of the department but also the need for and benefits of role diversity when available resources are limited. Moreover, the diversity of role was also highlighted in many other areas, including a home visit approach run by two nurses for patients in the local area

My attendance at this meeting really brought home the need and benefit of close collaboration for urology nurses in Europe and how the EAUN can help

facilitate this. The diversity in nurses' roles and the enthusiasm and experiences shared during the meeting highlighted what can be achieved, particularly in the current health economic climate.

For many urology nurses attendance at the EAUN's Annual Meeting is not a given and cannot be taken for granted. Thus, the EAUN is keen to address this issue, exploring various ways to meet educational needs. Although the multiplicity of languages in Europe remains a barrier, particularly in the smooth dissemination of educational and training objectives, the EAUN is exerting continued efforts to bridge these gaps.

I would like to take the opportunity to thank all the organisers of this meeting in Portugal for their very warm welcome and hospitality throughout the event.



Dr Alberto Benjamin & Urology Nursing colleagues discuss urinary diversions and key nursing care

European Association of Urology Nurses

Network training for urological nurses

Finland's experience with URHOKO training for urology nurses yields gains for public healthcare



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In Finland there are no urological nurses working in health centers even though there are asthma, diabetes, arthritis, and memory nurses who either work independently or with a doctor. Urological patients also deserve professional guidance that should be made readily available, a rationale that has led to the creation of URHOKO.

What is URHOKO?

URHOKO (URologisten HOitajien verkostoKOulutus, "network training of urological nurses") is supplementary education that is aimed at nurses, physiotherapists and midwives. The goal is to increase the number of urological nurses in primary health care, specialised health care and private health services. During the project, receptions for urological nurses are started in health centers, consultation practices of nurses are developed, and urological teaching material is produced.

There are three levels in the training and the most extensive is offered for 30 course credits. Participants in this extensive level are considered as comprising the 'core group.' The second level is offered with three course credits, and is for nurses who come from different units. There is also a diverse selection of refresher courses that do not merit course credits.

Members of the core group are trained in building and maintaining a network of experts.

The most extensive part of the training is developing urological nursing, which includes an exercise in development that is meant to improve their units' practises. The subject of the exercise is discussed in the participants units. Such exercises include, for example,

starting a reception of a urological nurse, or improving continence facility in institutional care. Medical studies are also an important part of the training. They address common urological diseases and their treatment, including prostate cancer, benign prostatic hyperplasia, urinary infections and incontinence.

Why URHOKO?

The project's goals include developing the availability and continuity of treatment, preventing urinary problems, and implementing treatment based on evidence. Urinary problems are common and occur more frequently over the years. In the future the number of aged people is expected to further increase, which means an increase in patients with urinary problems. A lot of urological nursing is performed outside the university and central hospitals in Finland, but at the moment urotherapists primarily work in specialised health care alongside urologists and gynecologists.

Nurse-doctor teamwork

In the new operations model, when a patient with urinary problems initially visits the health center in primary health care, they meet with a nurse who will inquire about the nature of the patient's urinary symptoms. The nurse will also offer guidance in keeping a bladder diary and filling out symptom and hindrance forms, and directs the patient to laboratory exams. The nurse measures the amount of residual urine either with ultra sound or using a disposable catheter.

An appointment with a doctor is made when all results are ready, so that the doctor can make a diagnosis and prescribe medication or send the patient to specialised health care to meet a urologist or a gynecologist. The patient can come to a control visit or call the nurse if necessary. The nurse can discuss the effectiveness of a chosen treatment together with the doctor. Naturally, the patient will immediately see a doctor in case the urinary problems are severe, or when the lab results seem very unusual (for example if there is evidence of high PSA, anuria, or macroscopic hematuria).

Self-care guidance and information about preventing urinary problems can be received when visiting urological nurse's receptions in health centers, where a patient also finds trained urological nurses. They teach clean intermittent catheterisation (CIC) to

patients and their family members or other assistants and take care of monitoring the treatment independently. The nurses can, however, consult the more experienced urotherapists in urological clinics if necessary.

When a patient with urinary problems is discharged from the central hospital, a urological nurse from a health center can continue the treatment together with a health center doctor. Urological nurses in health centers work with general practitioners in a similar way that urotherapists do with urologists in central and university hospitals.

When a urological nurse works together with a doctor, the doctor has more time for other patients. Nurse's receptions have been established in many health centers, and different tasks have been transferred from doctors to nurses. Developing the distribution of work makes it possible to optimise the use of resources. Guidance and counselling are the most advantageous tasks for a nurse. The threshold to see a nurse might be lower than to see a doctor, especially since urinary problems may be seen as degrading, which could delay seeking treatment.

Desired financial results

No follow-up research has been done for the project, but its effectiveness could be measured by estimating patient and staff satisfaction. It could also be estimated by the number of people visiting the nurse's receptions, and the number of house calls a urological nurse makes. A more demanding assessment could be done by inspecting the number and content of urological referrals to specialised health care. The number of urinary tract infections, infections caused by a catheter, and the number of antimicrobials used in their treatment could provide information on the treatment of urinary tract infections. The expected query is: will the project affect the use and expenses of catheters and diapers?

Consequently, the project may also have an effect on national economy since nurse-doctor teamwork in the treatment of a patient with urinary problems could potentially mean reduced expenses. On the other hand, expenses may also rise if the nurse's receptions are frequently visited. The timely treatment and recognition of urinary problems is cost-effective, and controlled diaper and catheter treatment has the best ratio of benefits versus expenses.

Impact on people

It is expected that URHOKO will have a positive effect on individual health and well-being due to people gaining more knowledge about urinary problems and self-care. It is already evident that patients have better access to counselling when there is a nurse's reception in a health center, and the continuity of treatment is improved. A patient's quality of life can be greatly improved by treating their urinary problems.

The project is also expected to have a positive effect on the working community. Expertise increases a nurse's well-being at work and professional commitment. Consultations between a doctor and an expert-nurse support work distribution and collaboration.

Based on the experience we have gained from project URHOKO, the operations model could be put into practice nationally. Active collaboration between specialised health care, primary health care and private health services can have far-reaching effects on the efficiency, continuity, and quality of treatment.

Author's note: Päijät-Häme Social and Health Care Group is organising the project in collaboration with Lahti University of Applied Sciences. ELY Centre of Häme granted financial support for the project through the European Social Fund (ESF).



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PÄIJÄT-HÄME SOCIAL AND HEALTH CARE GROUP

13th International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 27th Annual EAU Congress

25-27 February 2012, Paris, France

For more information please check www.eauparis2012.org or contact Congress Consultants at info@congressconsultants.com

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European Association of Urology Nurses

Programme

Friday (pre-congress)

13.00 - 15.00 Hospital visits Foch Hospital and Hospital Bichat-Claude Bernard*

Saturday, 25 February 2012

08.30-10.30 **Pre-congress Workshop Urodynamics**
W. Schaefer, Pittsburg (US)
J. Groen, Berkel en Rodenrys (NL)
D.A.W. Janssen, Nijmegen (NL)

08.30-10.30 **Pre-congress Workshop Catheter management**
Chair: V. Geng, Lobbach (DE)

J. Mattelaer, Kortrijk (BE)
M. Vandewinkel, Malle (BE)
V. Geng, Lobbach (DE)
M. Gea-Sánchez, Lleida (ES)
S.V. Lauridsen, Copenhagen (DK)
S. Salomaa, Lahti (FI)

11.00-13.00 **Pre-congress Workshop Optimisation of peri-operative care in advanced bladder cancer surgery**
Chairs: S. Hieronymi, Frankfurt (DE)
B.T. Jensen, Århus (DK)

I. Søndergaard, Århus (DK)
M. Borre, Århus (DK)
P. Eriksen, Århus (DK)
B. Kiesbye, Risskov (DK)
K. Olsen, Hjørtshøj (DK)

11.00-13.00 **Pre-congress workshop Incontinent patients' transfer from hospital to home care and back**
A. Christensen, Taastrup (DK)
R. De Graaff, Heemstede (NL)
A. Vestermark, Hjørring (DK)
M. Power, Galway (IE)
R. Pieters, Ghent (BE)
D. Mair, Innsbruck (AT)

13.15-14.15 **Sponsored Symposium Optimising care for bladder cancer patients**
K. Chatterton, London (GB)
C.I. Bunce, Barnet, Hertfordshire (GB)
R.N. Knudsen, Århus (DK)
Sponsored by: IPSEN and PHOTOCURE

14.30-15.15 **Cystectomy and bladder reconstruction: The nurses' role in France**
A. Daif, Suresnes (FR)
N. Kouzmina, Suresnes (FR)

15.15-15.30 **EAUN Opening**
P-A. Abrahamsson, Malmö (SE)
K. Fitzpatrick, Dublin (IE)

15.30-15.45 **EAUN Guidelines introduction Catheterisation - Indwelling catheters in adults**
S.V. Lauridsen, Copenhagen (DK)

16.00-17.00 **Sponsored Symposium The practical and motivational side of teaching men intermittent catheterisation**
A. Vestermark, Hjørring (DK)
Sponsored by: COLOPLÅST AS

17.00-18.00 **Welcome Reception**

Sunday, 26 February 2012

08.30-10.30 **Sponsored Workshop - 1 Safety in urinary catheterisation - transurethral and suprapubic drainage**
Sponsored by: B. BRAUN

08.30-09.30 **Understanding principles, side effects and their management in targeted therapies for metastasised renal cell cancer (mRCC), a new challenge for urology nurses**
L. Wood, Cleveland (US)

09.30-10.00 **EAUN Fellowships - Everything you always wanted to know about fellowships**
Chair: S.V. Lauridsen, Copenhagen (DK)

S.J. Borg, St. Julians (MT)
11.00-13.30 **Nursing Tools Workshop Shopping for tools to optimise nursing care in cancer patients**
• Exercise
F. Dimeo, Berlin (DE)
• Erectile dysfunction in prostate cancer
W. Hurn, Bristol (GB)
• Spinal cord compression
H.A.M. Van Muilekom, Leiden (NL)
• The importance of nutrition
M. Borre, Århus (DK)

11.00-13.30 **ESU Course Writing an abstract, making a poster**
Chairs: N. Suardi, Milan (IT)
J.T. Marley, Portadown (IE)

14.00-16.30 **ESU Course Urinary infections**
Chairs: M. Çek, Istanbul (TR)
F.M.E. Wagenlehner, Giessen (DE)
M.E. Jacob, Dublin (IE)

14.00-14.30 **State-of-the art Lecture Innovative interactive multimedia techniques in urology care - a big step forward or still one step too far?**
M. Vesterby, Silkeborg (DK)

14.45-16.30 **Poster Session 1**
Chairs: S.Hieronymi, Frankfurt (DE)
V. Geng, Lobbach (DE)

16.30-17.30 **EAUN Nursing Research Competition**
Chair: R. Pieters, Ghent (BE)

E. Grainger, Århus (DK)
H.J. Mulder, Groningen (NL)
J.G.L. Cobussen-Boekhorst, Nijmegen (NL)

16.45-17.30 **State-of-the art lecture Assessment and management of osteonecrosis of the jaw**
T. Taylor, London (GB)

Monday, 27 February 2012

9.30-10.00 **Nursing solutions in difficult cases: Case studies**
Chair: S. Vahr Lauridsen, Copenhagen (DK)
M.J. Johansen, Copenhagen (DK)

10.15-11.15 **Sponsored symposium Indwelling vs. intermittent catheterisation in voiding difficulties: What does it mean for patients, caregivers and society?**
Chair: R. Peeker, Gothenburg (SE)

R. Peeker, Gothenburg (SE)
I. Eriandsson, Jönköping (SE)
Sponsored by: ASTRA TECH

11.30-12.00 **State-of-the-art lecture Ketamine-associated ulcerative cystitis, a new clinical entity**
P. Sau-Kwan, Hong Kong (HK)

12.30-12.45 **Urology Nursing Quiz**
Chair: U. Haase, Nieuwegein (NL)

12.45-13.15 **Focal cryo of prostate cancer**
S.Hieronymi, Frankfurt (DE)
H. Laws, Sunderland (GB)

13.15-13.45 **EAUN Annual General Meeting (AGM)**
Chair: K. Fitzpatrick, Dublin (IE)

14.00-15.45 **Poster Session 2**
Chairs: B.T. Jensen, Århus (DK)
L. Drudge-Coates, London (UK)

16.15-16.30 **Award Session**
Chair: K. Fitzpatrick, Dublin (IE)
Awards supported by unrestricted educational grants from AMGEN and FERRING PHARMACEUTICALS

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Kate Fitzpatrick Dublin (IE)
Bente Thoft Jensen, Århus (DK)
Willem De Blok, Amsterdam (NL)
Lawrence Drudge-Coates, London (UK)
Veronika Geng, Lobbach (DE)
Ulli Haase, Nieuwegein (NL)
Susanne Hieronymi, Frankfurt (DE)
Susanne Vahr, Copenhagen (DK)

Register before
1 February
to catch the
late online fee!

* Limited places are available and registration will be on a first-come, first served basis through the online system.