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Nursing specialisations have now gained some ground and are well-established in 24 of the 28 member states of the European Union (EU) states. Yet, unfortunately, there is still no harmonisation for EU-wide regulation or standard. The situation is such that when the above-mentioned EU directive 2011/59 was published, it omitted to directly address these specialisations. In other words, unless work has started in earnest, by the time the directive comes into force nursing specialisation cannot be automatically recognised based on the standard of the proposed European Professional Card (EPC). This EPC project, under the updated Professional Qualifications Directive, is meant to facilitate the free movement of professionals in the EU. This new system should, in theory, simplify, administratively, the recognition procedure within the competent authorities of EU Member States.

Improving the gold standard

Important to us is informing professionals working in the relevant hospitals,” said Dr. Ralf Böttig, Head of the European Association of Urology Nurses (EAUN) who served as a basis for the lectures by five speakers from urology, nursing and the medical industry gathered in Lobbach, Germany, to discuss updates regarding intermittent catheterisation.

The guidelines, “Procedure and management of intermittent catheterisation in neurogenic bladder dysfunction” recently published by Deutsche Gesellschaft für Urologie (German Society for Urology) served as a basis for the lectures by five speakers from Germany and Switzerland.

“It is crucial to transfer knowledge and experience to the relevant hospitals,” said Dr. Ralf Böttig, Head of Neuro-Urology in Hamburg-Böbberg Hospital in Germany and co-author of the guidelines. “Equally important to us is informing professionals working in homecare and nursing so that a common standard can be created.

However, there seems to be no common practice for the actual catheterisation procedure – not even among professionals: “Everyone have their own way to do it, and some are simply unable to cope with the variety we have today,” said Walter Holzschuh, Head of neuro-urological nursing at the Swiss Paraplegiker-Zentrum in Nottwil, Switzerland. What’s missing is a common terminology and the means of re-examination and transparency. “We don’t want everyone doing the same thing; we want everyone achieving the same results.”

No out-of-the-box solutions

The first Uro Day offered a platform for a dynamic exchange and an overview of current recommendations in the management and execution of IC, as described, for example, in the new guidelines. The guidelines underscore that “IC never is a solution ‘out-of-the-box’, but remains an individual form of therapy for patients with neurological bladder dysfunction.” Principles which are generally accepted were highlighted in lectures focusing on indication, credentialing, urinary tract infection and ‘briefing the patient in IC’.

Urological therapy is interdisciplinary work

“We recognise a rethinking among professionals. Doctors, therapists, nurses and others understand that they may not be a ‘team’,” said Ellen Janschew-Podien, Head of Training in urological therapy in the clinic Linker der Weser in Bremen (DE). As “ambassador” for professional urological therapy she supports the current standards regarding applications.

Urological therapist

Maike König of the Zentralinstitut Bad Berka (DE) stressed the interdisciplinary nature of catheterisation. According to König, the individual procedure during catheterisation, for instance, is a question that should be discussed with neurologists as well as orthopaedic specialists.

Transfers must be supervised by physiotherapists and the adaptation of certain appliances by urologists. Social workers and psychologists should be consulted when dealing with questions regarding the patient’s living environment and freedom of privacy. Common to all these discussions was the shared goal to provide individual treatment for patients to ensure the best possible security, independence and full participation in social life.

By Nikola Hahn & Tanja Konrad,
Manfred-Sauer-Foundation, Lobbach, Germany

The Manfred-Sauer-Foundation in cooperation with the European Association of Urology Nurses (EAUN) held the first ‘Uro Day’ last July 4. Approximately 120 participants from urology, nursing and the medical industry gathered in Lobbach, Germany, to discuss updates regarding intermittent catheterisation.

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The European Specialist Nurse Organisation (ESNO) was quick to recognise this and addressed the issue with the EU Directorate as soon as it was published. The reply from Brussels came shortly afterwards and basically paved the way with the following statement:

...The modernised Professional Qualifications Directive introduces the possibility to set up ‘common training framework’ and ‘common training tests’, aimed at offering a new avenue for automatic recognition. A common training framework or test could be set up if the profession concerned or the education and training leading to that profession is regulated in at least one-third of Member States. Qualifications obtained under such common training frameworks should automatically be recognised in the other participating Member States. These new principles might be relevant for specialties of sectional professions, such as nurses.

The above statement says it all. In short, we must have at least “one third of Member States” that follow the same pathway of common training and testing framework in order to have such nursing specialisation recognised across the EU automatically.

Blasenfunktionsstörungen_2014-05.pdf
May 2014:1-22. AWMF-Register Nr. 043/048 Klasse: Pflege der Deutschsprachigen Medizinischen Arbeitskreis Neuro-Urologie und den Arbeitskreis Blasenfunktionsstörungen (2014): "The modernised Professional Qualifications Directive introduces the possibility to set up ‘common training framework’ and ‘common training tests’, aimed at offering a new avenue for automatic recognition. A common training framework or test could be set up if the profession concerned or the education and training leading to that profession is regulated in at least one-third of Member States. Qualifications obtained under such common training frameworks should automatically be recognised in the other participating Member States. These new principles might be relevant for specialties of sectional professions, such as nurses.

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I have been working as a nurse in different hospitals since 1997. In May 2013, I completed my MSc in primary health care and have been working for the Department of Urology at Køge Kommunes Hospital. Healthcare in Greece has its roots in ancient Greek civilization. Although provided by health insurers, recent austerity measures have unfortunately resulted in citizens themselves directly contributing to the cost of their medications.

Our hospital is located in the capital city of Athens, one of the world’s oldest cities with a recorded history that spanned more than 3,400 years. It is a 400-bed hospital and employs more than 1,000 workers. The Urology Department has 24 beds with about 800 admissions every year. The Department consists of an outpatient clinic, a urology ward for adults, two operating rooms, a stone treatment centre and an emergency room.

The hospital employs eight urology professors and serves as a training centre for six residents in urology. The specific fields of interest of the professors include prostate, bladder, renal and testicular cancers and stone treatment of the urinary tract. Among the department’s major surgical procedures are radical prostatectomy, suprapubic prostatectomy, radical nephrectomy, partial nephrectomy, pyelolithotomy, ureteroscopy, TUR-BT and TUR-P. The nursing team, led by a senior urology nurse and a ward manager, consists of three RNs and eight assistants with each member responsible for several care programmes.

In the outpatient clinic, more than 3,500 patients are examined every year. The activities are subdivided in various procedures such as follow-up care in prostate cancer, BPH, bladder cancer, catheter management and endoscopic examination of the bladder. Also noteworthy is hospital’s Emergency Room department with provision of all typical emergencies 24 hours a day. Committed to providing high-quality care, the hospital also serves as a training hospital for medical and nursing students.

The ward
The ward nurses specialize in different fields such as prostate team, prostate cancer team, bladder cancer team etc. With high-quality nursing care as their goal, it was really important to keep the patients in the hospital in a short period as possible. After the first day of hospitalization, they cooperated with the doctors, where very severe cases were treated, as well as home nurses who serve the patients who were discharged from hospital.

The ward nurses helped me a great deal, patiently explaining their routine procedures and how they organize patients’ care. They are responsible for two to four patients and they are closely involved in the details and special needs of the patients, which is in sharp contrast with my experience in Greece. There are fewer nurses in Greek wards for every shift, and the patient’s family is closely involved in patient care, and this is partly due to the closer bonds in a typical Greek family.

All in all, my visit to Aarhus Hospital was fulfilling, educational and definitely has influenced the way I think about the role of technology and nursing care, and their impact on patients. There are big differences between the working environment in Denmark and Greece. It is optimistic that the quality of medical care in Greece will one day improve and measure up to these high standards.

I am thankful to the EAUN for the chance to have a well-organized fellowship in another European urology department. My thanks also to all I have met in the department and who provided assistance, including Bente Thøft Jensen, Erik Grainger, Tina Schwennesen, Annette Hijler, Ingrid Søndergaard andb Rena Chistou El-Zeinab.

Fellowship programme
I have applied for the EAUN fellowship due to various reasons, one of which is to continuously educate myself through congresses, seminars and special courses. This programme was the perfect opportunity to personally observe how an organised healthcare system in Northern Europe works. Moreover, during the last three years, Greece is reforming and updating its healthcare system, a development that is considered as one of the most extensive in the world.

Healthcare in Greece has its roots in ancient Greek civilization. Although provided by health insurers, recent austerity measures have unfortunately resulted in citizens themselves directly contributing to the cost of their medications.
We had the opportunity to visit the Söderjukhuset, a leading hospital in Stockholm, which is also known as the “Pearl of Stockholm.”

We always make use of the opportunity to visit during an EUA or EAU congress. It is very interesting to see how other urology nurses and urology departments function, and compare the differences and similarities. Our visit was auspicious considering that the hospital has the largest available on which to build. This is quite a feat considering that the hospital was built outside the city. The Islands and the hospital was built outside the city. Stockholm occupies four islands and the hospital was built outside the city. Today, with the city expanding beyond its former limits, the hospital is now practically situated in the middle of the city and there is no more any adjacent land available on which to build. This is quite a feat considering that the hospital has the largest emergency department in northern Europe and has more than 4,000 employees.

After introductions and a presentation in the urology department we toured the operating theatre, outpatient department and urology ward. At the urology operating theatre, we all dressed up in gowns and caps. Our guide showed us an operating room where all the transurethral bladder and prostate resections, vasectomies, orchidectomies, lithotripsies and FCNLs are done. In another well-equipped and impressive theatre complex, all the nephrectomies, cystectomies and prostatectomies are performed. The operating staff employs a very large digital, colour-coded display panel where they keep track of what is happening in each operating theatre.

Urology Outpatients Department

The next stop was the urology outpatient department where all the cystoscopies, urodynamics investigations, Flows, transrectal biopsies and ultrasounds of the prostate are done. Aside from the nurses, nursing and doctor assistants which provide support to the urologists, there is a nurse-led clinic managed by a nurse practitioner who is responsible for the uro-urology patients. The nurses’ tasks include the cleaning, disinfection and maintenance of the cystoscopes and instruments. In the near future, everything will go to a central sterilization department, which is currently being built. The nurses welcome this development since they invest a lot of time in the cleaning, disinfection and maintenance of equipment. Among the topics that we enthusiastically discussed were the use of disposable biopsy guns and which cystoscopes are commonly used in many urology departments.

We were also very impressed with their digital telephone system. If a patient phones and indicates that it’s an emergency, they are immediately put through to a urology nurse who can take the call. If it’s just a question about a urological procedure, the patient can ask the question and will be informed that a urological nurse will phone back between 14:00 and 15:00. On the computer screen the urological nurse can see who phoned, at what time and the questions that were asked. There are also set times, during the week, that the patients can phone and speak to a urology nurse in the out-patients department.

The urology outpatient department is staffed by urology nurses and doctor assistants, and many of them work four to five days a week. Part-time jobs are very few and far between and only if they have young children. The staff members, however, are entitled to a six-week holiday per year. In comparison, nurses in the Netherlands have many possibilities to hold part-time jobs. In spite of the long hours and hard work one cannot but notice the motivation and job satisfaction of our Swedish colleagues.

Clockwork efficiency

Our last stop was the urology ward which has 23 beds, which are for urology only. Half of the ward has been renovated, and composed of four-bed wards and some single-bed rooms. The rooms are well-equipped, but they are small compared to the one-bed rooms in our hospital.

But despite the limited space, everything was efficiently done with each room having its own bathroom/shower on suite, and equipped with a bedpan/urinal washer! Above the bed is a lift, which makes it a lot easier to mobilize the patient. What a luxury! For the patients, there is also a lounge area with an amazing view of Stockholm.

The urology nurses are paired with a staff nurse/doctors assistant and the team is made up of six members each day during a work week for a 23-bed ward. With such a compact team it can, indeed, be very busy and demanding. The hospital is very environment-friendly, and anything and everything that can be recycled is recycled. They even have competitions among the nurses and staff nurses/director assistants in nearby hospitals, such as the best ward or department in recycling or hard hygiene, with the winners rewarded with exciting prizes.

After our tour we were treated to a great lunch and had souvenir pictures with our hosts. We were sent our way with a goody bag, hearty handshakes and invitations for another hospital visit! My heartfelt thanks to our hosts for the warm welcome we received and a very interesting and enjoyable tour of their urology department.

The participants of the visit together with their hosts, Prof. Ulf Norming, Head (back left) and some nurses of the Urology department.

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