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First of all I would like to thank the European Association of Urology Nurses (EAUN) for providing me the opportunity to attend the EAUN Conference in Munich through a grant. It was an extraordinary, inspiring event and my first conference since I have become an EAUN member three years ago.

Becoming an EAUN member helped me engage in urology practice and international conferences such those organised by the EAUN facilitate the exchange of knowledge and clinical expertise.

The EAUN meeting was professionally organised, informative and interesting and gave me the opportunity to broaden my knowledge particularly in uro-oncology, my area of interest. As a charge nurse working at a urology ward in Malta for the last five years, I coordinate the intravesical therapy for bladder cancer patients and the administration of zoledronic acid treatment for patients with prostate cancer and bone metastasis. The conference was an inspiring experience and boosted my motivation to work in the field of uro-oncology.

Take home messages

The meeting also gave the opportunity to evaluate current nursing practices, assess the standards we have and how we can achieve a more evidence-based practice. I also reflected on my leadership skills after I

met nurses from other countries who have specific roles such as nurse clinician, advanced practice nurse or a chairperson of a multidisciplinary team. They all make a difference in the care of the urological cancer patients by providing information and support during the decision-making process and after hospital discharge.

"Urology Nurses are like icebergs, you only see a fifth of what they do."

In Malta, urology nursing is still not acknowledged as a speciality and while I was reflecting on our practices it is evident that we do give the physical care that the patient requires while in hospital but unfortunately we do not provide the necessary support to patients who were diagnosed with a cancer (renal, bladder, penile or prostate) or after they underwent a major operation such as cystectomy and were discharged from hospital. This might be due to work overload and shortage of staff. This was shown by L. Drudge Coates (Saturday, 12th) when he said that 'Urology Nurses are like iceberg, you only see a fifth of what they do.' His statement described our work in the urology wards in Malta. We are competent in dealing with all sorts of complexities, ranging from difficult catheterisation to the instillation of intravesical therapy. Yet I believe that we regard the patient as someone which requires "repairing" and less as a person who needs the full support of our health care system. I believe that an important element is missing: that besides the individualised care given to the patient, we also have the crucial role to act as a link between the patient and the doctor.

Throughout the conference the role of the nurse as a direct link to patients within a multi-disciplinary team has been stressed. The urology nurse can have a pivotal and active role in the care pathway of the patients from active surveillance to nurse-led clinics. In these settings, the patient can have direct contact

with the nurse to discuss concerns related to his illness, enabling cancer patients to make informed decisions with regards the treatment pathway and ensure their compliance.

Again, to quote Drudge-Coates during his talk in the opening plenary session: "Urology nurses' practice needs a change as society is changing and we need to keep up with changing demands of society. If you don't change, you die." It is our goal in Malta that we will move towards a more specialised role in urology by means of education, research and evidence-based practice.

On a positive note, after having attended the EAUN-ESU course on instillations in NMIBC on Saturday 12, I am proud to say that in my clinic we comply with the guidelines on Intravesical Instillation (EAUN, 2015). There are some changes that are required such as the use of luer lock connected to the catheter during instillation and to flush the catheter with saline to avoid any spillages after instillation. Additionally, I will initiate staff education to reinforce such guidelines which are related to health and safety, and using the resources available on the website of the conference.

Research as a pillar

Research is one of the pillars of the EAUN strategies and the professionally created posters presented during the conference confirmed this. One of the



Mr. Drudge-Coates speaking at the Plenary Session

posters illustrating a research conducted by nurses from Israel titled 'Choice and insertion of the urinary catheter comparison of urologic vs. internal medicine department nurses' (Balin & Yakir) inspired me because as an infection control nurse, our team in Malta is planning to carry out a similar study. The Israeli study made me realise that despite the difficulty of carry out such a research due to the lack of time, our experience in Malta share something in common with the findings of the Israel study and this inspires me to proceed with our own study.

To conclude, my thanks to all the organisers for such a dynamic meeting which do not only inspire but also gave a very welcome to all and for providing the chance to meet other nurses who share the same goals. My gratitude also to Ms. Hanneke Lurvink for her hard work as EAUN Coordinator and for helping me with the arrangements and approval of the grant. I do hope I can join the next EAUN conference in London 2017. I am also looking forward to my EAUN fellowship this September at the Antoni Van Leeuwenhoek Netherlands Cancer Institute.

Let me share one of the inspiring slides from the conference during the session 'The pivotal role of the nurse in managing mCRPC: collaborating to improve patient care', which I am sure will help me work towards improving both the clinical care and educational development for both staff and patients.

If you want to change your role

- You need further education
- You need support of your colleagues, doctors, management and other health professionals.
- You have to be self-confident and believe in yourself
- You have to act professionally
- You have to network
- You have to work hard for your role

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Win a grant for your Nursing Research Project



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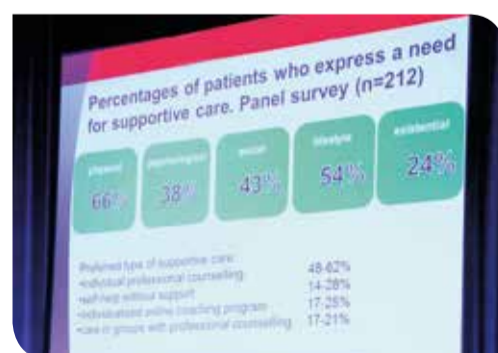
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urology nursing care. The winner of the EAUN Research Project Competition will receive a grant of € 2,500. Research project plans can only be submitted by e-mail before 1 September 2016.

For interested nurses, you can access and view previously submitted plans at the EAUN website. For more information please contact the EAUN (eaun@uroweb.org).

For detailed information please visit the Useful Resources section at www.eaun.uroweb.org

Wellspect supports this EAUN Nursing Research Competition with an educational grant.



Do you have a good idea for a research project to improve nursing care? Join the EAUN Research Project Competition and contribute to international efforts to boost urological nursing.

The EAUN recognises the importance of achieving evidence-based health care. With urology nurses expected to play a key role in high-quality health services, it is crucial for nurses to explore patients' perspectives and the impact of nursing interventions through innovative research projects.

With the research competition, the EAUN provides the opportunity for nurses to improve the quality of

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Application open for EAUN17 Travel Grant

The Annual EAUN Travel Grant allows nurses based in Europe to participate in the EAUN Meeting by providing €500 towards the cost of travel, registration and accommodation (provided the receipts have been submitted). Candidates will be required to be working in urology and be current members of the EAUN. Non-members can apply for the grant providing they have submitted a paid membership application.

Submission deadline: 1 November 2016

For detailed information please visit www.eaun17.org

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EAUN-sponsored project on continence topics

Dutch studies on self-catheterisation offer insights on patient experience



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Co-authors of the project: Edith van Wijlick, Joke Beekman

In 2012 we presented a study project at the EAUN congress titled 'Which factors make clean intermittent (self) catheterisation successful?' which won us the research grant for the Best Nursing Research Project!

For the quantitative study, a prospective multicentre study was conducted in a university hospital, a general hospital and a rehabilitation centre in Nijmegen, The Netherlands, from March 2012 to March 2013 with a one year follow-up. Patients with a variety of diagnoses referred to the outpatient clinic, who were ≥18 years, performed catheterisation at least once a day for three months or longer were included. During the study period, 302 patients were referred for intermittent catheterisation. Of these, 129 were included.

Of the 129 (72 male) patients, mean age 62 (22-86) years, seven died and 63 stopped, 32/63 (50%) due to recovered bladder function. Fifty-nine (47%) continued to perform catheterisation after one year. Forty-seven (86%) patients reported catheterisation had become part of their life or had a positive effect on their life.

Related to the hypothesis that specific causes can influence the adherence negatively, we only found a

weak correlation between increasing age and cessation of catheterisation. However, we feel this correlation is not strong enough and we think that the possibility of offering intermittent catheterisation as an option for older patients should be discussed.

The hypothesis that if catheterisation was beneficial for the patient, it would influence adherence to the regime positively was not confirmed. Surprisingly we found that of the patients that discontinued intermittent catheterisation in 50% of respondents, this was due to a recovery of bladder function, and as far as we know this has never been reported before.

Further prospective studies on the long-term adherence of intermittent catheterisation in larger groups are needed. Definition of intermittent catheterisation, patient's education, catheter use, frequency and follow-up care must be better documented to compare results. The project group advised next to the quantitative study also to perform a qualitative study.

We then conducted an additional qualitative study using semi structured in-depth interviews about the experiences of 11 patients from the quantitative study. The aim of this study was to get insight in underlying barriers and facilitators for patients dealing with intermittent catheterisation in everyday life. Patients were asked about the initial use of intermittent catheterisation, its use in everyday life, the perceived progress after receiving instruction and guidance, the cause of the bladder problem and the motivation to start intermittent catheterisation.

Eleven interviews were performed (six males/five females). All patients described the instruction and follow-up care as positive. Among the barriers were the preparation before the handling, which is more difficult than the catheterisation itself, and the fact that patients felt constrained by the need to plan convenient times to catheterise themselves. Both studies were recently published in the Journal of Clinical Nursing, and the publication details are as follows:

- Hanny Cobussen-Boekhorst, Joke Beekman, Edith van Wijlick, Judith Schaafstra, Dirk van Kuppevelt and John Heesakkers. *Which factors make clean intermittent (self) catheterisation successful?* Journal of Clinical Nursing, 2016 doi: 10.1111/jocn.13187
- Hanny Cobussen-Boekhorst, Erna Hermeling, John Heesakkers and Betsie van Gaal.

Patients' experience with intermittent catheterisation in everyday life. Journal of Clinical Nursing, 2016 doi: 10.1111/jocn.13146

To conclude, these study projects were a great experience, involved a lot of work but gave us the opportunity to work multicentre with very motivated continence nurses. Moreover, this was made possible by the EAUN!

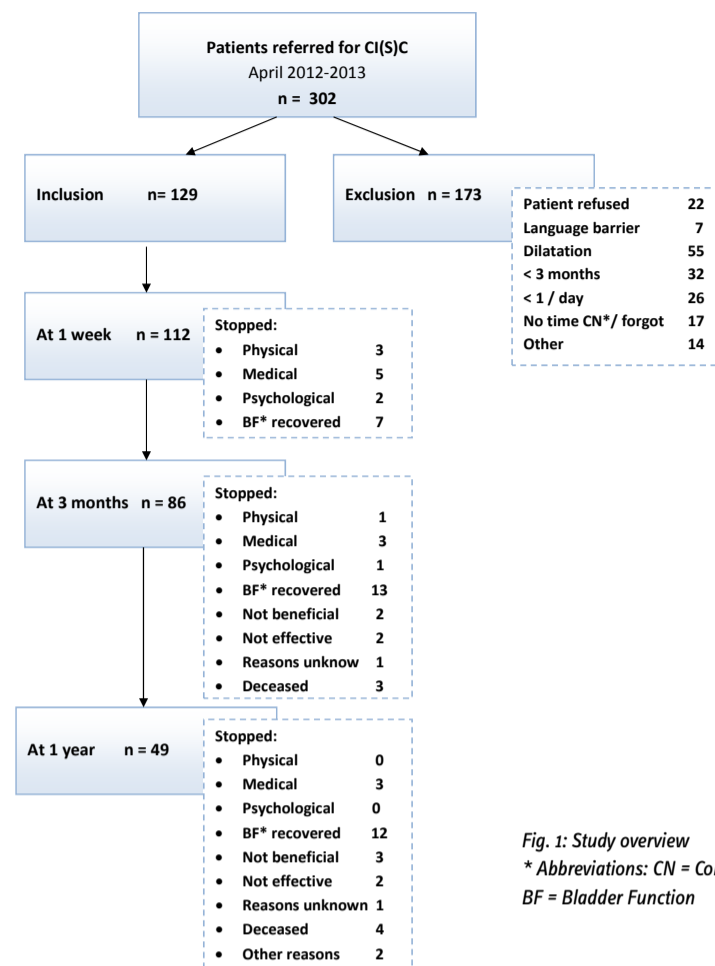


Fig. 1: Study overview
* Abbreviations: CN = Continence Nurse; BF = Bladder Function

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Compassion in urological healthcare

Reflecting on the role of compassionate care in holistic healing



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My workplace has four core values that guide our healthcare practices and one of these values is compassion. This overarching philosophy of 'delivering care with compassion' drives us to do everything we can to relieve the suffering of those in our care.

I recently watched a short video prepared by our District Health Board as part of a Patient Experience Week. Titled 'In My Shoes,' the video invokes the feeling of compassion which comes in the moment we allow ourselves to see the world through another person's eyes.

The video provides a glimpse into many of the typical experiences individuals have when entering a hospital environment. Interestingly, it captures not only 'moments' of patients and families, but also those of healthcare professionals. The video subtitles give perspective to the images shown, but the only voices you hear are at the end of the 2.5-minute video. At that point individual patients ask "if you could sit in this chair," "if you could lie in this bed," "if you could stand in my shoes," "if you could feel what I feel," would you do anything different? They asked these questions of healthcare professionals from whom they received care. The commentary was a powerful reminder that by putting ourselves in the shoes of others we are best able to treat them with compassion and empathy.

For me this video was a sensitive prompt. As a urology nurse I deliver care to adults suffering from a wide range of urological diagnoses. Some diagnoses result in physical symptoms that significantly impact quality of life, while others may be outwardly invisible with seemingly minimal physical impacts. All of the conditions, however, have the ability to affect an individual's confidence, well-being and relationships with their friends and families. In a time-pressured workplace environment it is possible to lose sight of this perspective, and the video reminded me that when I allow myself to acknowledge a patient's 'lived experience' of their diagnosis, I deliver the most compassionate and holistic care.



Within days of watching the 'In My Shoes' I attended a lecture by Prof. Ron Paterson, New Zealand's Health and Disability Commissioner from 2000 to 2010. He spoke on "Compassion in Healthcare" and addressed the growing concern regarding the 'absence' of compassion in modern healthcare. He urged everyone in the healthcare sector to reflect on their practice and made constructive suggestions on how to affect positive change. One of the ideas that resounded most with me was the importance of access to education that focussed on teaching (or reminding) us not only of the 'nature of suffering' but of the value that patients place on 'empathy, kindness and compassion.' Another was the value of healthcare practitioners modelling the delivery of compassionate care to our colleagues.

Essayist Anatole Broyard reminded us of the importance of compassion in his writings. When facing metastatic prostate cancer he wrote: "Just as he orders blood tests and bone scans of my body I'd like my doctor to scan me, to grope for my spirit as well as my prostate. Without some recognition I am nothing but my illness."

Centuries earlier Jewish philosopher and physician Maimonides reflected on the need for compassion when he prayed "May I never forget that the patient is a fellow creature in pain. May I never consider him merely a vessel of disease."

I find both quotes very powerful. As nursing practice advances, we are often giving diagnoses, ordering investigations and educating patients on treatment choices. We may be delivering this care on a daily basis and eventually develop a 'thick skin' that enable us to do our routine tasks. We may cultivate a measure of objectivity

and distance in our practice to avoid burnout. I believe, however, that the moments we let it show that we care, do not have to be exhausting exchanges filled with strong emotions towards patients or their situations.

Sensitivity to an individual's or their family's needs, and a caring manner may be all that is needed to convey compassion. This should be achievable if our healthcare leaders create an 'environment of caring' for us to practice in. We need to practice in well-resourced environments where we feel trusted and valued. We also need the support of working within respectful and knowledgeable teams to invigorate us. Such supports will enable us to focus on what matters most to the patients we work with in the outpatient clinics, wards and operating theatres.

I consider access to thought-provoking presentations such as the lecture delivered by Prof. Paterson and the 'In My Shoes' video' as reflective of the goal to support healthcare workers to deliver compassionate care. Each reminds us that it is often the smallest things we do for patients that make the biggest difference. I believe that all nurses have compassion and I hope that as you read this column it will be a gentle prompt for you to also reflect on the question: 'If you could stand in your patient's shoes just for a moment, would you do anything any different?'

References

- Broyard, A. (1992). *Intoxicated by my illness and other writings on Life and Death.* Clarkson Potters, New York.
- Paterson, R (2011). Can we mandate Compassion? Hastings Center Report 41(2) p.20-23.
- Maslen, H. (2013). Is compassion a necessary component of healthcare? Practical Ethics, University of Oxford. <http://blog.practicaethics.ox.ac.uk/2013/09/is-compassion-a-necessary-component-of-healthcare/> accessed 26/4/2016.
- Smajdor, A. (2013). Compassion is not the answer to the failings of the NHS. The Guardian. <http://www.theguardian.com/healthcare-network/2013/sep/19/compassion-failings-nhs> . Accessed 26/4/2016.

European Association of Urology Nurses

Nursing in Motion

A video session with a difference



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example of how this issue can be addressed. This well prepared video was presented by D. Kisslig (Berne) and underscored the projected demand for nursing services in Switzerland which is expected to increase by up to 13% by year 2020. The video covered various nursing perspectives and emphasised the high level of competence and job satisfaction. In its concluding minutes, questions were asked on what recruitment impact data such as this video had since its launch.

The second presentation titled "Robotic surgery and Nurse, a good mix," inevitably covered a topic that seems to always find its way into any conversation on urology- DaVinci robot. However, instead of looking at the clinician's perspective and work, we were offered an insight on the role of nursing which is rarely examined. DaVinci surgery is an exercise in combined competencies and nursing is part of this emerging specialised service. The video was well presented by C. Tillier (Amsterdam), a fellow EAUN board member who, incidentally, is not a DaVinci team member. In her own words, she explained that putting this video together exposed her to a specialised nursing perspective and a role that she was not fully aware of. During the open forum, it turned out that some in the audience also shared her observation.

The video showed very clearly the high level of competence and responsibility showed by the DaVinci nursing team members during a very complex surgery. The video also reflects on the point that nursing is a profession that is able to embrace new technology-driven care and assert its role in new developments. During the discussion, however, many expressed their concern that this development may bring nursing into other areas traditionally held by other healthcare professionals. This notion was quickly dismissed by Tillier when she pointed out that robotic surgery was science fiction just over a decade ago and basically new opportunities of practice are made accessible for nurses which form an integral part of such combined team approaches.

Some good things need to be re-invented for it to remain current, dynamic and relevant.

This year's EAUN 2016 Munich video session was indeed a video session with a difference. In the past, we provided a small window for nurses to look onto a urologist's work not normally accessible to many. This time round, we opened a door for nurses to share their experience and particular competencies gained with other fellow nurses.

Since this was the first video session organised at a relatively short notice, the EAUN Board accepted some concessions in the submission process. Presenters were allowed to present and narrate more than one video submission. Furthermore, up to two video submissions with the same subject matter would be accepted provided they gave a different perspective to the topic. Lastly, besides videos one could also submit a collection of photos put together to present a particular experience. Due to time constraints, we chose the following four presentations.

We kicked off the session with a nursing recruitment video put together by the Department of Urology at the University Hospital Berne in Switzerland. Since nursing recruitment is a world-wide issue, we saw it fit to start with this presentation to provide an

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The third submission, also with DaVinci as topic, was also well narrated by B. Keil (Heilbronn) and briefly looked into the history of robotics, describing the various components that make up this system and the nursing role. She also highlighted the issue of competence acquisition that nurses must achieve within such a specialised surgical team. To the trained eye, this video managed to show that although it is the same hardware and techniques employed worldwide, the role of nursing is slightly different from place to place. This testifies that this surgical specialisation is yet to reach a level of harmonised nursing training and that up to now the service provider still determines the parameters of nursing practice and training pathways. It may well be the case that this issue should be addressed on an EU level rather than left to individual institutions. An enthusiastic debate also followed regarding the benefits of robotic surgery and the discrepancies of patient discharge timeframes reported by hospitals.

The last presentation, also by B. Keil, addressed a noble aspect of the nursing profession, regarding knowledge-sharing opportunities particularly with nurses who may not have benefitted from advanced facilities. Keil discussed her experience as part of an International Laparoscopic Course team member who travelled to Khartoum, Sudan in 2015.

The presentation went through the team's experience in a country that does not have the same high level of facilities and amenities that are common in Europe. During the Q&A, Keil was asked if she had any data to show regarding the impact or improvements brought about by this knowledge-sharing project. She mentioned that a follow-up visit is being planned to identify if any benefits were gained.

The EAUN certainly looks forward to its annual meeting in London next year for another dynamic video session. As the saying goes- "Trouble shared is trouble halved, joy shared is joy doubled." What an excellent opportunity it will be to share the joys and challenges experienced by our urological nursing colleagues.

Submit your own video

The EAUN17 meeting in London also features a video session "Nursing in motion".

Instructions for video submission can be found on the meeting website, www.eaun17.org. It starts with submitting an abstract on the content

of your video (preferably together with an upload of the (preliminary) video) before the deadline of 1 December 2016. Should the video take more time to prepare, then it can be submitted later in time if agreed with the EAUN Office. For all questions concerning video submission please send an e-mail to eaun@uroweb.org.



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