

Stockholm meeting highlights new trends in nursing care

Gathering of allied healthcare professionals makes 15th EAUN meeting a success

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 330 delegates and members of 10 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 "Botox 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 behavioural 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, and the work of the EAUN with the EAU Robotic Urology Society (ERUS). Interestingly, Assistant Professor Khursid 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 lower number of prostate cancer cases being diagnosed in the US and, in turn, resulted to fewer robotic prostatectomies being done. Ghani, however, noted, that in Europe it would take longer for these effects to be seen.

On a positive note, the use of robotics in renal surgery is becoming increasingly popular in managing complex renal stones due to its reconstructive capabilities. Following on from this collaborative organisational approach, our now established EAUN-EONS session focused on the nursing role in new cancer developments and in targeted therapies, advanced nursing practice roles in oncology, and our roles vis-a-vis new surgical techniques and how they have expanded over the last 10 years. It raised important issues about accreditation, educational development and the nature of practice and



The set-up of the marketplace allowed for much interaction (left Dr. Petr Macek (CZ))



The topic of the evolution of urology nursing sparked a lively panel discussion

regulation and, most importantly, underscored the benefit of a nurse-led follow-up.

The workshops on penile and testicular cancers discussed care pathways, epidemiology and oncology treatment approaches and, importantly, how patients were followed up. From the Netherlands, Erik Van Muilekom discussed key quality-of-life issues for penile cancer patients, ongoing research in his unit and some of the functional issues following amputation due to urinary tract changes.



Dick Visser (NL) discussing acute pain with the delegates in the marketplace session

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 Lannie (GB) and Louisa Fleure's (GB) presentations focused on the important social and psychological aspects of cancer care in older people and how needs 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. New to this year's programme was the unmoderated 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. Boarin 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 warfare"?

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

Stockholm

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 cystectomised 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 Norming, 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 Motion," 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 (EORNA), 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.eaumadrid2015.org/eaun. We look forward to your submissions!



Kate Fitzpatrick welcoming the delegates at the Opening Session

EAUN Award winners

Best EAUN Nursing Research Project

B.R. Villumsen, Holstebro (DK)

"Xbox 360 Kinect exercise for men receiving androgen deprivation therapy for prostate cancer" Supported with an unrestricted educational grant from Ferring Pharmaceuticals

First Prize for the Best EAUN Poster

M. Boarin, R. Bisio, G. Villa (Milan, Italy)

"Postoperative pain assessment and management in radical prostatectomy: A literature review"

Second Prize for the Best EAUN Poster

P.H. Reynolds, M. Van Hemelrijck, J. Kinsella (London, United Kingdom)

"An audit to assess patient safety and acceptability in men having radiotherapy following prostatectomy for prostate cancer in Guy's and St Thomas' hospital"

Third Prize for the Best EAUN Poster

R. Willener, I. Bischofberger (Berne, Zurich, Switzerland)

"To get a grip on the bladder is work - specialized nursing guaranties effective self-management after cystectomy and neobladder"

3rd ERUS / EAUN Nursing Course in Amsterdam

Course on robotics to feature expert speakers



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During the 2012 annual meeting of the EAU Robotic Urology Section (ERUS) Janette 'Netty' Kinsella, took the initiative to organise the first nursing course on robotic surgery.

The course was very well-attended with visitors from the UK, New Zealand and from across Europe. With the high interest for the course, a team from the Karolinska Institute in Stockholm, Sweden organised the second nursing course on robotic surgery in 2013. Again the meeting was very well-attended and today the European Association of Urology Nurses (EAUN) is also involved in organising this course.

"...hands-on training on MIMIC training equipment will be offered."

The EAUN supports the local organising committee of the ERUS board in offering the nursing course, making it an annual feature in the ERUS event. This year, the ERUS meeting takes place from September 17 to 19 at the Beurs van Berlage in Amsterdam (NL), an architectural gem located right in the heart of downtown Amsterdam.

On Wednesday, September 17, the EAUN programme will present a line-up of expert speakers who will

present topics covering urological robotic surgical procedures for OR and ward nurses, and clinical nurse specialists (CNS). Kinsella will chair the day's programme and Linda Soderkvist (Stockholm, SE) will chair the breakout sessions for the OR nurses. Soderkvist will also present findings from her centre which performs five robot-assisted prostatectomies a day.

Among others, speakers include recovery room nurse Leonie Thompson-Ritfeld (NL), OR nurse/educator Marloes Landsbergen (NL), and renowned urologists such as Charles-Henry Rochat (Geneva, CH) and Henk Van Der Poel (Amsterdam, NL).

In the afternoon programme and during the breaks, hands-on training on MIMIC training equipment will be offered. Details on this very interesting programme can be found at <http://erus2014.uroweb.org>.

Accreditation

Accreditation for OR nurses and clinical nurse specialists are under consideration with the Dutch Nurse Accreditation Board and EORNA.



<http://erus2014.uroweb.org>

ERUS2014

11th Meeting of the
EAU Robotic Urology Section

17-19 September 2014
Amsterdam, The Netherlands

Special EAUN
Nursing
Programme

#ERUS14

Special EAUN Nursing Programme

The 11th edition of the ERUS meeting will take place from 17-19 September 2014, at the Beurs van Berlage in downtown Amsterdam.

The meeting on the latest in urological robotic surgery will be preceded by a special, day-long EAUN Programme for urology nurses interested in robotic urology on September 17th. The EAUN Programme will provide an overview of the technology and current practices, with specialised sessions for ward and OR nurses. QoL and the patient's perspective, as well as the advent of online technologies are a main part of the day. More details of the full scientific programme as they become available can be found at <http://erus.uroweb.org>



The goal of the ERUS Meeting is to educate the urological community on robotic surgical techniques, with the ultimate goal of improving the level of patient care. The focus of the meeting will be on practical instructions on robotic surgery with live-surgery sessions, courses, and symposia. The highly interactive format of the meeting invites fruitful discussions.

We look forward to welcoming you in Amsterdam!

Best regards,
Lawrence Drudge-Coates
EAUN Chair

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Improving the coordination of prostate cancer care **eaun**

New Zealand's new advanced practice nursing roles pursue quality care for PCa patients



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Kia Ora! I have 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 equity of access and improved / consistent quality standards, it was interesting to continually think both 'nationally' and 'locally' about how the guidelines might be implemented.

The prostate cancer taskforce recognised the potential advanced practice nurses have 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 opportunities for men to have information about their diagnosis enhanced or clarified in a timely manner. Men without access to specialised nurses were also felt to receive less support as they navigate both the health system and their treatment options.

Thus, the taskforce recommended the development of a national nurse-led telephone information service to offer men and their families' quality education and support. A telephone service was seen as a 'good place to start' to improve access to quality information. It was also deemed to be achievable even in a fiscally constrained environment. One year on, this recommendation has yet to be realised, but significant progress has occurred that aligns with the telephone services goals. Interestingly, this has occurred in a format not foreseen by the taskforce membership.

A separate Ministry of Health initiative aligned to the Faster Cancer Treatment Programme has provided District Health Board Hospitals with additional funding to enable the establishment of advanced practice nursing roles to support all individuals and families on a cancer related journey. These specialist nurses will act as a single point of contact across different parts of the health service, to support and guide patients and keep them fully informed about their care.

My workplace has used this funding to establish cancer coordination nursing roles, linked either to 'tumour streams' (e.g urological cancer, gastrointestinal cancer, lung cancer) or ethnicity (e.g. Maori, Asian, Pacific peoples). This means a patient will have either one or two cancer coordinators 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 their 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.

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EAUN identifies priorities, pursues long-term plans



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to develop a common pathway for the training of specialist nurses and allow the movement of the nursing workforce in Europe.

The EAUN also strongly believes that we need to strengthen urology nursing as a specialty whilst having a critical standpoint in the discussion on how 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. Thankfully, we have committed board members who are keenly intent to see the implementation of every project and their outcomes. 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 Bilt (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).

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!



EAUN Scientific Committee

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16th International EAUN Meeting

21-23 March 2015, Madrid, Spain



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