

# Danish, Dutch nursing specialists exchange best practices

## Århus team introduces Stoma Education Scale to Dutch colleagues



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With an EAUN fellowship grant, the Bladder Team at the Department of Urology, Århus University Hospital (AUH) in Denmark visited last November 20 to 23, 2011 the National Cancer Institute Antoni van Leeuwenhoek Hospital (NKI-AVL) in Amsterdam, the Netherlands.

The AUH is a highly specialised centre for bladder cancer which caters to a potential patient population of approximately two million out of the 5.5 million Danish population. The AUH performs an average 120 cystectomies annually. The multi-professional Bladder Team includes a nurse-led stoma care clinic and is specialised in advanced urology cancer care. The main focus areas in clinical practice are enhanced rehabilitation and patient involvement, aiming to improve recovery and reduce morbidity postoperatively following radical cystectomy.

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With the EAUN's goal to foster the highest standards of urological nursing care throughout Europe, by encouraging urology nursing research and the exchange of best practices, the fellowship is granted to specialised nursing groups. Our team submitted its fellowship application in January 2011 and in cooperation with the Urology Department at NKI-AVL in Amsterdam, the collaboration with the Danish Bladder Team became a reality.

The NKI-AVL is a top oncology centre treating cancer patients from all over the Netherlands. The care consists of highly sophisticated cancer treatment with the patients referred to the institute by specialists in other parts of the country. Thus, the NKI-AVL contributes to a unique synergy of scientific research

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and clinical practice supported by strong training and educational goals within a multidisciplinary setting.

### Stoma self-care

Stoma care has been a priority topic in the EAUN and we have developed focused and evidence-based standards and guidelines. With the publication of the EAUN Guidelines on Incontinent Urostomy, which have been recognised by the National Clearinghouse in the United States in 2009, it has been documented that no tool is available to monitor the status of stoma self-care among patients with bladder cancer who had cystectomy. In Denmark such a tool (the Stoma Education Scale) has been developed and tested in a pilot study. The results of the pilot study were presented at the 2011 EAUN Annual Meeting in Vienna, which showed the Stoma Education Scale to be generally convincing and robust in terms of content and construct validity. The research is a part of a Danish PhD study which is on-going at the AUH aiming to enhance rehabilitation in post-cystectomy patients.

With the EAUN's aim to foster links with other urology departments in Europe, the Bladder Team visited and observed the clinical practice of stoma care at the NKI-AVL, and to discuss the possibilities of implementing the AUH's Stoma Education Scale. Moreover, the Danish team aims to introduce to the Dutch stoma team the principles of a validation process and encourage them to start a pilot study that will validate the Stoma Education Scale in a Dutch population.

Our visit was carefully planned by clinical nurse specialist Mr. Willem De Blok and the Department of Urology in Amsterdam. The overall principles of stoma care were reiterated as indicated in the EAUN Guideline which provides the basis for a standardised and evidence-based stoma care. The Stoma Education Scale was translated into Dutch, with the translated text accepted or confirmed for accuracy by the Dutch stoma care nurses. Moreover, our team prepared detailed hands-on workshops on stoma care and presentations concerning how to measure stoma self-care in daily clinical practice and its relevance in patient pathways.

Arriving at the NKI-AVL we were welcomed by warm-hearted colleagues and staff leaders. We were immediately introduced to the activities of the NKI-AVL and the entire staff through a guided tour. Our Dutch colleagues also prepared lunch with Danish specialties and flags which made us feel more welcomed.



Our team carefully observed the daily clinical practice in the ward and the out-patient clinic. We also observed the Dutch approaches and followed the complete patient pathway related to cystectomy. The observations took place in the mornings and were followed up by lunch discussions with the Dutch staff regarding differences in clinical care, in general, and for stoma care in particular. With their careful preparation, we knew that the Dutch staff was highly motivated, impressing us with their enthusiasm and commitment to improve nursing care.



### A win-win situation

The afternoon sessions were dedicated to presentations and discussions on how to use the Stoma Education Scale. A Dutch working group, thoroughly briefed and informed in using the scale, led the introduction and training of the Dutch staff. And to make the workshops more realistic to daily practice the Danish Bladder Team performed several role-play scenarios. A team member acted as a patient with a stoma and another performed as a stoma care nurse during a session on changing a stoma appliance.

The working group observed the session and scored the status of stoma self-care using the Stoma Education Scale. After each session the team discussed disagreements in the scores. At the end of the workshop, the Dutch working group did their own role-play in Dutch. But despite the differences in

language and culture, it was evident that there is a commendable basis on stoma care. And for us it was surprising and encouraging to see how quickly the Dutch working group adapted or used the Stoma Education Scale.

Also noteworthy was the high agreement in scores no matter whether one belonged to the Dutch or Danish group, which is a promising sign for a successful implementation of the Stoma Education Scale in Dutch clinical care. Thus, a Dutch pilot study was prepared to test the validity of the Dutch version of the Stoma Education Scale. The pilot study is still on-going.

We look forward to receive the results of the Dutch pilot study, hopefully making it possible to sustain the validity of the Stoma Education Scale, and which could lead to an extended cooperation between the Danish and Dutch teams.

At a time of scarce hospital resources, the idea of closer collaborative approaches in fellowship programmes is something that is very much welcomed by the involved departments. These fellowship links do not only provide an extraordinary opportunity to exchange clinical practices but also enable the participants to work with concrete tasks for development in clinical care. These close collaborative programmes have also shown how dedicated partnerships among departments can create the basis for a mutually beneficial cooperation.

We enthusiastically recommend this collaborative approach to our colleagues in other countries who are interested to apply for a fellowship. In our experience with our Dutch colleagues this fellowship has created a "win-win" situation. Thanks to EAUN support both departments have benefited from the fellowship, certainly a fine example showing that urological nursing is not limited by borders and cultures.

## EAUN around the world

The EAUN Board have been involved in or attended the following activities throughout the world recently:

June 2012	EAUN Board Meeting, Amsterdam, The Netherlands
June 2012	3rd Danish post-EAUN Meeting, Århus, Denmark

June 2012	Global Congress on Prostate Cancer, Brussels, Belgium
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Is your National Society organising a meeting and would you like the EAUN to be present? Contact our chair at [k.fitzpatrick@eaun.org](mailto:k.fitzpatrick@eaun.org)

# Dutch nurses hold successful second Post-EAUN Meeting

## 2nd Post-EAUN Meeting re-visits nursing issues discussed in Paris congress



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The Stichting Oncowijs organised last March 30 this year, in collaboration with the Dutch Association of Urology Nurses (VenVN Urology), the second Post-EAUN Meeting held in Ede, the Netherlands.

Although the Annual EAUN Conference held last February in Paris was well-attended, many Dutch nurses who were unable to attend are interested to learn in detail the topics that were discussed and the scope of the good scientific programme annually presented by the EAUN. The first meeting, which was also endorsed by the EAUN, was held in 2011 in Amsterdam following the Vienna congress of the same year.

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For nurses the financial costs to attend an international conference are often difficult to find. Thus, a selection of the topics presented in Paris was prepared, and six Dutch nurses and a colleague from Belgium presented these topics. The participating presenters have carefully studied the topics assigned to them, taking care that they present the issues in the same way that it was presented by the original speakers, while at the same time highlighting points that are of relevance to Dutch nursing practices.

Belgium, which also has a sizeable number of Dutch-speaking nurses, was represented by Ronny Pieters. The other faulty members were Bregje Dekkers, Hanny Cobussen, Natasha De Goey, Erik Van Muilekom and the author.

The topics covered ranged from the role of multimedia technology in hospital care to the prevention of urinary tract infection. All in all the meeting provided an ample and interesting coverage of the key contents of the scientific programme presented in Paris last February. Overall, the participants in Ede expressed satisfaction with the organisation and the content of the meeting, and they gave an average of 8.5 points (out of 10) in their assessment of the meeting!

For 20 clinical nurse specialists an advanced evening session was added to the programme. Dutch

radiologist Jelle Teertstra lectured on urological intervention radiology. His talk on the do's and don'ts regarding specialised urological interventions by a radiologist such as the placing of nephrostomies, dotter procedure of a ureter stenosis and radiofrequency ablation of kidney tumours, provided interesting insights into his daily practice.

Accredited by the Dutch Accreditation Board with four points for both nurses and clinical nurse specialists, this meeting is supported by the EAUN Board in line with its goal to encourage the organisation of post-EAUN meetings at the local or national level to

serve nurses who are unable to attend the annual conferences. The Post-EAUN Meeting in the Netherlands is one example which has generated enthusiastic responses from participants.

For nursing groups interested in organising a similar post-EAUN meeting, the EAUN board is ready to provide the necessary support. For more information, contact the EAUN Central Office in Arnhem, the Netherlands at [eaun@uroweb.org](mailto:eaun@uroweb.org)



2<sup>E</sup> POST EAUN MEETING  
30 MAART 2012