

Milan meeting elevates urological and supportive care

By Mrs. Jeannette Verkerk-Geelhoed, Mr. Mattia Boarin and Dr. Stefano Terzoni

Around 250 enthusiastic delegates from 30 countries all over the world convened at the 23rd International EAUN Meeting (EAUN23) from 11 to 13 March 2023 in Milan, Italy. Over 70 renowned experts, who comprised the meeting faculty, presented novel urological nursing research and technologies through 3 Plenary Sessions, 12 Thematic Sessions, 3 Poster Sessions, 2 Specialty Sessions, 2 ESU courses, and 10 State-of-the-art lectures. This report encapsulates some of the key takeaways from EAUN23.

Meeting the needs of the elderly population

EAUN23 kickstarted with Plenary Session 1: *Increasing urological care in an aging population* where Prof. Chris Chapple (GB) and Mr. Kevin Ancog (AU), Chair of ANZUNS (Australia and New Zealand Urological Nurses Society) presented vital viewpoints on the topic.

During Prof. Chapple's lecture "Influence of an aging population on the urological care", he discussed that the elderly population is increasing and along with this rise are more problems with bladder control and sexual function. As a consequence, this increase will influence the number of people seeking urological care. By 2050, about 30% of people in Europe will be older than 60 years of age; and access to healthcare will even be a bigger challenge.

Regarding functional urology, the lower urinary tract symptoms (LUTS) presenting in overactive bladder (OAB) was addressed. This can be caused by a change in bladder function when getting older; there is a change in the Pontine micturition centre.

Furthermore, incidences of urinary incontinence (UI) increases with age in women as in men. Often due to OAB symptoms, frail older people in particular have worse outcomes when it comes to surgery. One must take into account of the patient as a whole and not only his problem; for example, one could look into behavioural strategies such as frequency volume chart and lifestyle measures.

According to Prof. Chapple, UI is a common condition in older people that is usually multifactorial and a burden to the patient. Devices, aids, and technical solutions can have the potential to improve quality of care.



There was much interest to see the research of peers

Another aspect to consider in aging is brain health (i.e. getting older healthy). The expression "use it or lose it" points to the direction of lowering the risk of dementia through engagement in intellectual, social, and physical activities. In addition, social isolation and loneliness are factors to consider as well. Pet therapy can help against loneliness and can help in survival.

In the lecture "How to prepare to an increase of urological elderly patients", Mr. Ancog underscored that being prepared is crucial. He stated, "Are we prepared to the changes in healthcare now and in the near future? The elderly population is increasing faster every year. Moreover, helping the elderly patients prepare for appointments or hospital stays can be challenging. This is something we need to take into account as nurses."

According to Mr. Ancog, healthcare is not only about getting better, but also about maintaining the maximum functional capacity of patients which can improve overall health and well-being. "As nurses, we should be prepared because of the increase of urological conditions such as haematuria, UTI (urinary tract infections), LUTS, penile disorders, and sexual activity in > 60 years. Research shows, 90% of elderly people are sexually active.

Mr. Ancog also covered service mapping in his lecture. Service mapping is a method wherein the

availability of a specific healthcare is matched according to a nurse's area of responsibility and expertise. An example of this is upskilling the competencies of nurses to adapt the process of healthcare such as prostate biopsies in prostate cancer patients.

Mr. Ancog concluded that nurses have a critical role in responding to the health needs of elderly urological patients. He stated, "Since there is no ideal way of preparing services for the increase of elderly patients, we have to redesign our services, including upskilling of nurses to perform procedures that were traditionally done by doctors."

Care for patients with a urostomy

Thematic Session 2: *Supportive care and use of technology for patients with a urostomy* provided updates and important insights on self-care strategies, the use of technology, and the role of the psycho-oncologist in patients with an ostomy.

"...we have to redesign our services, including upskilling of nurses to perform procedures that were traditionally done by doctors."

The adaptation process to the new condition that requires different lifestyle and development of self-care skills, involves a great challenge on physical, psychological, and social levels. In her lecture "Self-care in ostomy patients - the experience of having a urostomy", Dr. Giulia Villa (IT) presented the latest literature on ostomy nursing care, which also included support for both patients and their families with a focus on the results of expert group opinion on urostomy care.

Self-care is considered essential in the maintenance of psychological stability and quality of life among patients with urostomy. Promoting effective self-care is extremely important for an optimal adjustment. It is influenced by some factors such as cognitive and functional abilities; social support; access to care; experience and ability; motivation; cultural beliefs and values; confidence in abilities and habits.

Healthcare professionals have a key role in supporting adaptation by encouraging patients to be directly involved in stoma care, and creating the best conditions to promote an effective self-management. Dr. Villa presented a study that investigated the most important factors in predisposing high level of self-care: female gender, high educational level, high levels of information received, autonomy in stoma management, and high self-efficacy.

Qualitative literature showed that the first challenge seems to be the decision-making about urinary diversion. During her presentation, Dr. Villa spoke about the patients' experience after radical cystectomy with urostomy. The literature results showed that a urostomy brings important changes in all possible personal aspects, resulting in the need for a relational support system. The literature also stated that characteristics of self-care levels and the experience were similar to intestinal ostomy patients. Therefore, it is fundamental to support patients particularly in shared decision-making and self-management of their urinary diversion.



Meeting colleagues at the EAUN booth or at the stands of the exhibitors next to the booth was an important part of the experience

The clinical nurse specialist is vital in the educational and emotional support for patients. When patients receive sufficient information, it can help reduce their emotional stress, as well as increase communication skills.

Mrs. Danila Maculotti (IT), presented a telemedicine implementation experience in ostomy patients. The digital health revolution in recent years has huge potential benefits but has increased risks concerning personal sensitive data and privacy. The Smart Ostomy Support (SOS) represents an innovative model to offer remote assistance to ostomy and incontinent patients, based on a telemedicine app.

To find support and help, patients would generally rely on internet searches and use non-secure tools that may fail to protect privacy and uphold confidentiality. The main goal of the SOS project is discourage potentially dangerous self-treatment and increase a safe ostomy management. The SOS project could decrease the environmental impact by helping patients with reduced mobility to receive a nursing or medical consultation without leaving the house. This technological support can reduce costs for the healthcare system, and prevent inappropriate emergency departments admissions.

The final lecture of the Thematic Session was by Dr. Alex King (GB), who discussed the psycho-oncologist's support and role, ranging from the diversion's choice of urinary diversion to ostomy post-discharge daily management.

Therapeutic relationship between nurses and patients

On behalf of Italian National Association of Urology Nurses (AIURO), State-of-the-art Lecture 1 *AIURO keynote lecture: Italian research on measurable outcomes of the nurse-patient therapeutic relationship* covered the clinical and human value of spending time in a therapeutic relationship during pelvic floor rehabilitation.

At present, there are more patients who suffer from UI and access rehabilitation services compared to more than a decade ago. Rehabilitation is not a linear process and similar to stock market performance, there are improvement, relapse, and plateau. Success depends half on the rehabilitation personnel and half on the patient. Is there a way to assess the contribution of the therapeutic nursing relationship to the achievement of therapeutic objectives?

The characteristics of the nurse-patient therapeutic relationship was investigated from the point of view of adults living with UI during a conservative rehabilitation pathway. A monocentric, descriptive, mixed-method study was conducted in the nurse-led continence clinic of a teaching hospital in Milan on a sample of consecutive patients of both genders with non-neurogenic UI. Birthmothers and neurogenic LUTS were excluded, as the clinic does manage these types of patients.

A semi-structured interview, the Short Form 12 questionnaire, and a modified Mishel Uncertainty in Illness Scale (MUIS) questionnaire were administered. The rehabilitation programme was led by a nurse specialist using pelvic floor muscle training (PFMT), Functional Electric Stimulation, and Transcutaneous Tibial Nerve Stimulation according to EAU Guidelines and ICS (International Continence Society)



Dr. Stefano Terzoni represented the Italian nurses with a study on the nurse-patient therapeutic relationship

indications [1-3]. The interview was conducted as part of standard practice. Thematic and phenomenological analysis was conducted (interview guide available upon request) [4]. Regarding uncertainty, the theoretical framework was maintained and adapted the inventory based on Mishel's theory created for oncologic patients. The result is the MUIS-Pelvic Floor questionnaire, which we validated.

Ninety-one interviews and 91 SF-12 questionnaires were obtained (54M, 37F). The mean age was 67±4 years, and medial initial leakage was 245 grams/day, IQR[90;370], with 79% of the patients gaining continence after a median of 12 weeks. The patients had stress (n=63, 69.23%), urge (n=18, 19.78%) and mixed UI (n=10, 10.09%), similarly distributed in both genders (p=0.13). Eighteen persons (10M, 8F) required electric stimulation other than PFMT. The results were the following:

- The physical scores showed everyday activities requiring moderate effort (p<0.001), working ability (p=0.002) and limitation in everyday life (p<0.001).
- Psychological scores demonstrated emotional situation generated by UI (p=0.015), ability to concentrate (p=0.0145), perception of serenity (p=0.003), feeling of discouragement (p<0.001) and interference of UI with social activities (p<0.001).
- The psychological scores were higher at six weeks among patients explicitly reporting effective support from nurses (p=0.03).
- The MUIS-PF proved reliable (alpha=0.93) and valid (loadings range [0.62-0.95], KMO=0.937, Bartlett p<0.001).

Four domains emerged from the questionnaires and the interviews: ambiguity, incongruence, complexity, and unpredictability.

The supportive relationship (SR) aims to develop and foster the person's ability to understand the meaning of their situation and form a cognitive-behavioural scheme. The study was the first on rehabilitation nurses to have investigated in-depth the contribution of nurses' SR to adherence and patients' well-being.

Therapeutic success requires dedication, education, and spending time understanding the challenges faced by patients. As the Italian code of nursing ethics says, "The time spent in therapeutic relationship is caring time."

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Access EAUN23 content

Webcasts are available of the presentations given at EAUN23. View the presentations in full, as well as abstracts, poster and video presentations. Visit www.eaun23.org and browse the scientific programme or the EAUN23 Resource Centre. Access is free if you attended EAUN23, or can be purchased separately. (<https://resource-centre.uroweb.org/resource-centre/eaun23>).

We look forward to seeing you in Paris for EAUN24!

Educational Framework for Urological Nursing

Update April 2023: Where are we and where are we going



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From the outset, the EAUN determined to always keep you, the members, updated on the development of the Educational Framework for Urological Nursing (EFUN). During the recent 23rd International EAUN Meeting in Milan, an EAUN presentation and discussion session was held wherein EFUN information and plans were shared. This article largely summarises the key issues presented.

Recent actions

In the latter portion of 2022, seven sub-groups gathered to consider the seven draft areas of EFUN which have been previously reported. These groups were composed of core members of the three associations EAUN, ANZUNS and BAUN, as well as invited expert partners.

The seven groups were tasked with devising outlining of the "learning outcomes" for the seven draft areas. These learning outcomes could loosely be described as the things that the subgroups thought that urology nurses should know, be, and do in each area. Once refined and agreed, the learning outcomes would then direct the educational offering within each area allowing national societies, educational institutions and others to understanding precisely the educational direction intended by EFUN.

When the work of the seven groups was received and analysed, it quickly became clear that only six sections were actually required as the original

seventh area, *Nursing Responses to Patient-Centred Urological Health Needs*, could be found throughout the remaining six areas. The six remaining areas are as follows:

1. Communication in Urology Care
2. Challenges in Leading and Managing Urology Care
3. Understanding and Applying Evidence and Research in Urology Nursing
4. Foundational Anatomy, Physiology and Pathophysiology in Urological Disease and Disorders
5. Fundamental issues in Benign Urology
6. Fundamental Issues in Urological Oncology

The learning outcomes received from the subgroups were sent, largely unaltered, to the boards of the three associations. The reason for this was simple and reflects the fact that EFUN is essentially an initiative of each board. It is they who must not only agree on the final EFUN, but it is the associations who will drive EFUN into the future through their education provision.

Current position

With an end date of the 31 January 2023, each board was required to discuss the EFUN learning outcomes and provide feedback to the steering group. This feedback would kickstart an intensive phase of learning outcome revision so that a second version of EFUN could be written. This version will be ready in early summer of 2023 and will be shared formally with the members of the three associations, the wider global urology nursing community, and other collaborators. At the end of this short consultation period, a definitive version of EFUN will be launched formally.

The board members of the three associations were asked to discuss the proposal that the original version of EFUN, which became known as EFUN Core, would essentially be the benchmark which all urology nurses should aim for no matter their location. In addition, the learning outcomes should



Some members of the EFUN Project Team. From left: Jerome Marley (EAUN), Sarah Hillery (BAUN), Paula Allchorne (EAUN), Kevin Ancog (ANZUNS), Julia Taylor (BAUN)

be demonstrated by all urology nurses. It was further proposed that as the learning outcomes for Advanced Practice in urology nursing are an extension of the EFUN Core, the work on Advanced Practice should be undertaken after EFUN Core is complete. In principle, both of these proposals have been agreed.

Future plans

It has long been recognised that the creation of a set of learning outcomes is the easy part of this process. The more difficult challenge lies in supporting nurses with educational input that is targeted, available, and accessible to all. More difficulties also lie ahead, and the EFUN co-leads, myself and Julia Taylor, have already started to draw together some proposals that will be discussed with the EAUN, BAUN and ANZUNS looking at a range of issues that are essential to making EFUN a real live force in urology nursing. In particular, recognising that within EAUN, much work has already been done on important matters such as accreditation. EFUN will also need to walk step-by-step with this work and that is the intention.

EFUN seeks to allow urology nurses to attain and demonstrate their knowledge and competence in urology nursing care, and to be recognised for their

achievement through a system that is understood by all and accepted by all. Naturally for this to occur, issues such as formal educational programmes, ongoing professional development, accreditation, and potentially the creation of a system of registration of attainment are all being discussed. Any developments along these lines will be agreed with the three associations so that actions have the greatest impact across the world.

As part of its outreach, the EAUN Chair, Paula Allchorne, has been in close contact with urology nursing associations throughout the world to ensure that the EFUN process is understood by them and to continue the process of consolidating urology nursing in a very challenging post-pandemic period. This important work sits alongside the aspirations of the EFUN Project Team to ensure that eventually, EFUN is the accepted process for developing our practice in the years ahead.

EAUN will continue to ensure that you, the members, are fully updated as plans unfold.

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EAUN23 awards

Best EAUN Nursing Research Project Plan Presentation
G. Villa, S. Trapani, S. Gnecci, A. Poliani, D.F. Manara, Milan, Italy

With the research project plan: *"Female urge urinary incontinence in an Italian tertiary referral university and research hospital: A prevalence study"*

Best Practice development-oriented Poster Presentation
First prize
C. Oliveira, S. Ross, C. Gkika, C. Molokwu, Bradford, United Kingdom

With the poster: *"Prediction of missed clinically significant prostate cancer after adoption of new prostate specific antigen (in mcg/L) referral guidelines"*
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Best Science-oriented Poster Presentation
First prize
C. Cassells, C. Semple, S. Bingham, Dundonald, Jordanstown, Antrim, United Kingdom

With the poster: *"Maximising sexual wellbeing | cancer care e-Learning resource: Healthcare professionals' views on acceptability, utility and recommendations for implementation"*

Second prize
R. Dalton, R. McConkey, T. Kelly, G. Rooney, M. Healy, L. Murphy, M. O'Loughlin, M. Dowling, Galway, Roscommon, Limerick, Ireland

With the poster: *"Establishing a journal and research club to support urology nursing research culture"*
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For photos please visit the [EAUN Award Gallery](#) or [Resource Centre](#)

The EAUN is listening to you!

Educational needs and opportunities in the spotlight in Milan



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I opened the 23rd International EAUN Meeting (EAUN23) in Milan this year with a strong message to all our EAUN members, "The EAUN is listening to you". Of course, not everybody is fortunate enough to attend the meeting in person so I thought I should follow-up my presentation with a written update.

Nurses are often asked to take part in reflective practice. Organisations or board members of an organisation should do the same. From your much appreciated feedback we have reflected on the needs of our EAUN members. As a result of that the board has gone through a restructure so we can improve our delivery to you as members on what you want from us as an organisation, and to ensure we implement our long term strategy. (See www.nurses.uroweb.org/nurses/about-eaun/the-aims-and-strategy/.)

Nine different national societies met last year at the annual EAUN meeting in Amsterdam to discuss what the EAUN could do for everyone. A key theme everyone wanted was 'educational support'. The restructure of the EAUN has allowed us to achieve this, by focusing on the 'Special Interest Groups (SIGs)'. The SIGs (prostate cancer, bladder cancer, continence and endourology) have all increased their membership and are now delivering regular webinars, taking turns to run yearly ESUN (European School of Urology Nursing) courses and have started to review guidelines that are related to their areas of interest. This year's National Societies Meeting was represented by 11 different countries. Based on the feedback from last year's National Societies Meeting, we discussed three key areas to help with future collaboration.

1. Accreditation

We have launched our collaboration with the EU-ACME/ACNE accreditation of CME/CNE programme in urology. This means educators can apply for accreditation on an educational course if it meets the required standards. If your country runs a webinar, activity or event that is educational, you can gain accreditation which allows individuals who attend the session to gain credits, add them to an individual's educational profile to demonstrate continued professional development, and track all

further educational events they attend and any credits gained.

- Individuals get their own account/portfolio showing all the courses they have attended.
- The EAUN want to support other countries to accredit their local courses. This allows for courses to be internationally recognised, demonstrates a high standard and is more attractive to a wider audience.

2. Special Interest Groups (SIGs)

We now have four special interest groups (prostate cancer, bladder cancer, continence and endourology). The aim of these groups is to gain representation from around the world and to encourage networking and provide a forum/think tank for allied professionals to exchange best practice and improve patient care. It is important we have representation globally, as it's the only way we can standardise care and understand what new practices are going on globally. So please join the SIGs in your area of interest as we value everyone's expertise and viewpoint.

3. Educational Framework for Urological Nursing (EFUN)

EFUN aims to standardise urology education by providing a framework with core urology learning outcomes for people to achieve.

- Version 1 of EFUN has been devised, indicating six learning outcomes, and each area will have specified educational content related to the learning outcomes. This version was reviewed by the panel and associations (EAUN, BAUN, ANZUNs), and version 2 is being drafted, once this has been agreed, and re-discussed with the associations, urology nurses and collaborators, version 3 will be published shortly after.
- We had a questionnaire response from 26 countries. 24 countries are interested in EFUN and particularly how EFUN could assist them better to serve their members through a potential accreditation system.

- A paper on how EFUN could be implemented has been drafted and will shortly be presented to the associations for further feedback. We are aware not all countries have heard of EFUN and we need to disseminate throughout the nursing community.

In summary, the EAUN is asking their (member) national societies three key questions:

1. Does your country need accreditation for any conferences, courses, educational events, activities, or local hospital course's? Please follow this website: www.mycme.eu-acme.org/
2. Do allied members in your country want to join one of the SIG's – to represent their country in a urological disease?
3. Will EFUN be useful in your country, by providing a urological educational framework that assists you better to serve your members through potential accreditation?

If you have any queries or responses to these three questions, please email me: p.allchorne@eaun.org.

Our collaboration with other national societies and members across the globe is important to us, we cannot achieve our aims and long term strategy if we do not work in partnership together. We continue to have international links across the globe, e.g., recently I attended the 2023 Advanced Urologic Conference organised by SUNA (Society of Urologic Nurses and Associates) in America. Urology nurses in America often have similar challenges to us, but in a different health system. They have developed constructive solutions to address them, so we can all learn from each other. The EAUN is aware that many of us have the same struggles, hence, global collaboration is important to improve our continuing education and our work life balance, so we can give our patients the best care possible, given the resources available.



The SIG Chairs met in Milan to discuss upcoming activities

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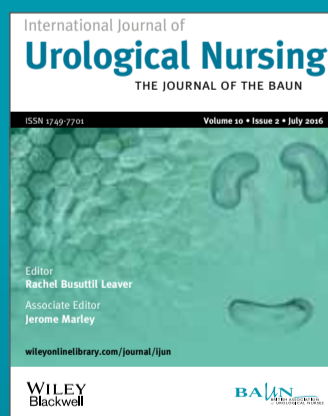
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Virtual support and the ADT programme

Educational tools for cancer patients



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The changing needs on the healthcare environment in 2020 facilitated an evolution in the way we support our cancer patients. Below I will discuss two initiatives which have been very successful in providing supportive care for patients to this very day, that were also discussed in Thematic Session 3 at EAUN23 in Milan.

Virtual support group

The virtual support group and information series was developed in response to the covid pandemic. Working with Cancer Care West, the west of Ireland charity, we needed to look at a new method to reach our patients during this difficult and lonesome time.

The virtual support group and information series was developed to provide men and their families with information and support specific to their cancer, its treatment and potential side effects. Each group meeting is delivered over zoom and facilitated by the advanced nurse practitioner and a clinical

psychologist. An expert speaker is invited to attend each meeting and present on their specialist topic. Following the presentation, a safe space for questions is facilitated. The support and information series is advertised across social media platforms with links to register available within. An evaluation form is completed by patients following each session. This evaluation allows the facilitators to develop a theme for the next support and information series evening. Feedback from the sessions have been largely positive, with patients voicing knowledge of speakers and session format as key highlights. Poor engagement by the audience and session duration were areas noted for improvement. The support and information series is facilitated four times a year.

"The virtual support group and information series was developed to provide men and their families with information and support specific to their cancer, its treatment and potential side effects."

Online ADT education programme

The second programme facilitated to assist patients on their prostate cancer trajectory is the androgen deprivation therapy (ADT) education programme.



Mr. R. McConkey chairing Thematic Session 3 on The development of nurse led virtual clinics for prostate cancer

This programme was developed by Mr. Richard Wassersurg an academic, scientist, and prostate cancer patient, as well as two clinical psychologists. Training for this programme & programme facilitation is kindly provided by the EAU. The aim of this programme was to provide men with more information on coping strategies and side effect management whilst on ADT. To do this, men are invited to register to attend an online class delivered by an advanced nurse practitioner. This interactive class equips patients with comprehensive information and behavioural change techniques to support them on their treatment journey. Each

patient receives 'a life on ADT' book which provides patients with additional information and resources. Along with this, the ADT website offers patients additional support in the form of patient testimonials and educational video clips. Patient feedback has been largely positive with many people noting the comfort of having the book as a resource to refer back to and others valuing greatly the comments and discussions facilitated within the group session.

EAUN23 | Milan, Italy
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EAUN23: Travel grant reports

Key takeaways, impressions, and anticipation for next year's meeting



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The 23rd International EAUN Meeting (EAUN23) experience in Milan was a fusion of immersive activities and eye-opening lectures. As travel grant recipients, we enjoyed enriching our knowledge and skills, as well as meeting peers from around the world. In this report, we share our individual impressions and valuable take-home messages from EAUN23.

Watch and learn

Mrs. Gun Danielsson (SE) kickstarted her EAUN23 participation with the visit to the IRCCS San Raffaele Hospital. According to Mrs. Danielsson, the hospital visit was well organised. She and the rest of the participants received information about the hospital, the university, and areas of research the hospital undertakes. Then the participants were divided into three groups for a guided tour: One group visited the



Dr. Giulia Villa (IT) shares her expert insights during the intro lecture at the hospital

operating theatre and the remaining two groups visited two urological care departments. "Seeing urological units in different countries is useful. I could see similarities and differences with my own department in Sweden," shared Mrs. Danielsson.

A focus on sarcopenia

Ms. Junker recently started working more in the bladder cancer (BCa) team at her institution. She attended the EAUN23 lecture by Mrs. Marian Rombouts (NL) on the physiotherapist's role regarding preparation and rehabilitation. This lecture highlighted that sarcopenia reduces the overall survival rate, increases rates of postoperative complications, lengthens the hospital stay, and decreases adherence to adjuvant therapies among BCa patients.

"Knowing how crucial sarcopenia is for recovery in the population of BCa patients, knowledge from the lecture is something I will bring home from the meeting. Many of our patients who end up having a cystectomy have been in contact with our department for extended periods," stated Ms. Junker. She added that the lecture made her think about how nurses should keep prehabilitation in mind earlier than what is currently done. She contacted a physiotherapist to teach more about sarcopenia and what to offer their patients at the outpatient clinic. Ms. Junker also enjoyed the outlining of tools used to assist the shared decision-making presented by Mrs. Deepa Leelamany (GB).

Frailty in BCa patients

During Thematic Session 7: Bladder Cancer Special Interest Group session: Frailty in bladder cancer – an underestimated marker in clinical practice?, Ms. Junker also found the lecture by Dr. Katharina Skovhus Prior (DK) interesting. It centred on how to counteract frailty and what is the current evidence. "I look forward to following her PhD project on Comprehensive Geriatric Assessment for perioperative optimisation in radical cystectomy (COMPETENCE). A project that hopefully will benefit many of our patients," said Ms. Junker, who also met up with the EAUN Special Interest Group for Bladder Cancer.

Mrs. Danielsson shared that she, too, found the lectures of the session interesting. She said, "How do we really know which of our patients are fragile? We can see that some are old and fragile, but in some cases, it is not visible based on a patient's appearance alone." Mrs. Danielsson cited the



A peak into the facilities at the IRCCS San Raffaele Hospital

definition by Clegg et al which was published in Lancet 2013: "Frailty is a multidimensional and dynamic age-related condition characterised by declining function across multiple physiological and psycho-social factors, accompanied by an elevated vulnerability to stressors."

The session presented a review of various measuring instruments used as aids in identifying the fragile patients. There are more than 60 frailty assessment tools. Although none of the instruments are perfect nor universal, the screening tools are recommended for cancer patients aged 70 years and above. Some of the instruments presented during the session included the G8 Questionnaire, Comprehensive Geriatric Assessment (CGA), Clinical Frailty Scale (CFS), Edmonton Frailty scale (EFS), Electronic Frailty Index (eFI) and Modified Frailty Index (mFI). The most effective/efficient tool in urological patients appears to be the Modified Frailty Index (MFI5)/CFS. Throughout the session, "think frailty" was underscored.

"Attending the lectures was rewarding; going to EAUN23 offered more than lectures and various poster presentations."

"Where I work, we currently have no routine nor measuring instrument to find the fragile patients. After listening to the lectures, I realise that this is something we should have. I will spread this newfound-knowledge to my colleagues so that we can implement this. As a start, we must investigate whether any of the measuring instruments that were presented have been translated into Swedish," stated Mrs. Danielsson.



Follow the leader: Groups were divided for the hospital tours

Expanding one's world

According to Mrs. Danielsson, attending the lectures was rewarding; going to EAUN23 offered more than lectures and various poster presentations. She added, "It is exciting to visit the exhibition, see novel technologies, and familiarising with new literature. I want to say a big 'thank you' to the industry and the sponsors as well. They help develop healthcare and make opportunities to meet possible."

"Aside from the exciting lectures and meeting familiar and new colleagues, I truly enjoyed having the time to connect with nurses and doctors from my institution. We had a lot of lively and interesting discussions on the different lectures we attended. In addition to talking about how to implement new perspectives in our institution, we also exchanged ideas about new projects, which hopefully will benefit our patients back home. Doing interdisciplinary research is the way to go if we want to make a difference for our patients. I want to thank EAUN for the opportunity to attend the meeting. I look forward to seeing peers and connecting with new friends in Paris at EAUN24!" Ms. Junker concluded.

About the travel grant

The Annual EAUN Travel Grant allows EAUN members who are working in the field of urology and based in Europe to participate in the EAUN Meeting. Non-members can apply for the grant providing they have submitted a paid EAUN membership application. For membership details, please go to <http://nurses.uroweb.org/nurses/membership>. Those who have applied for the grant but were not selected can re-apply.

EAUN23 | Milan, Italy
11-13 March 2023

My EAUN fellowship at UV Leuven

An eye-opening learning experience



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My name is Nethravathy Seenappa and I am a registered nurse from India.

After obtaining my diploma in nursing in 2004, I started working at a dedicated nephro-urology hospital, the NU Hospitals in Bangalore, India. In 2016, I completed my bachelor's degree in nursing followed by a master's degree (MSN - urology).

The level of work was vastly different from my training as a nursing student. Our Chairman, Dr. Venkatesh Krishnamoorthy, an eminent urologist, opened my eyes to the need to grow further in the field of urology nursing. I have been in the urology operating room for the last 18 years. The motivation for an enhanced work profile comes from the institution I work at and the constant encouragement from urology consultants. As an operating room nurse, I participate in teaching urology residents about instrumentation and operative procedures

NU Hospitals has five branches. Four of them are located in different parts of India, and one in the Maldives. Today, I oversee functioning of operating rooms in all these branches.

I chose UZ Leuven as it is one of the largest university hospitals in Belgium. Its surgical department has 46 operating rooms (ORs) with dedicated urology and robotic units. Around 1,600 surgeries per year are performed at the hospital.

On 7 July 2022, which was my first day, I was welcomed and introduced to the OR complex by Ms. Julie Veryser. I was amazed by the welcoming environment and friendly staff. They took pains to make me feel like a part of their very competent team. Every day the procedures commenced at 7:30 AM. This meant that the nurses started their day on the dot at 7:00 AM. The punctuality and time management were commendable.

On the second day, I was posted in the urology OR. In the first half of the day, I observed the open and endoscopic procedures.

"This fellowship helped me realise the potential role that nurses could play in augmenting health care delivery in our resource-constrained environment."

Nurses were posted in two shifts. In each shift, there were two nurses and they were completely responsible for the respective OR. Ownership on their responsibilities from transferring the patient from pre-op till shifting the patient to the recovery room. After each case, the OR was quickly cleaned/disinfected and kept ready for the next patient.

When a patient was wheeled inside the OR, their barcode was scanned to confirm the patient's identity and to ensure that it was the right patient for the right



Joining Ms. Hoogeveen and Ms. Veryser

surgery. Similarly, consumables were scanned once given to the scrub nurse. This scanning system also helped automatically send bills to patients and identify the expiry date of the consumables. Using technology to minimise human errors was amazing.

Ms. Kele Hoogeveen and Ms. Veryser, who are dedicated robotic urology nurses, helped me to understand critical processes in the OR. While I am familiar with our CMR robotic system, the introduction to the Da Vinci was very interesting.

On day five, I was at a nurse-led prostate clinic. The experience opened my eyes to the possibility of nurses taking up similar responsibilities in India. I was with Ms. Veryser at the prostate clinic. Patients diagnosed with prostate cancer report to the clinic and she counsels the patients pre-operatively. She visits them during their admission and follows them up after discharge at defined intervals.

Ms. Veryser was very patient and professional during her counselling. I was very inspired by the nurse-led clinic. Such nurse-led clinics are still in their infancy in India. This fellowship helped me realise the potential role that nurses could play in augmenting health care delivery in our resource-constrained environment.

On day six, I was in the urology outpatient department. All urology outpatient procedures were performed. It was great learning to see a single nurse competently handling sterile procedures.

I also had the opportunity to witness video-urodynamics done by a nurse. While I was familiar with urodynamics, I had not witnessed video-urodynamics earlier. The unit nurses were very professional and helpful, and went out of their way to explain and share their knowledge on every step of the procedure.

During the 7th day, the focus was on robotic urology procedures. I observed the robotic ureteric reimplantation performed by Prof. Frank Van Der Aa, head of the urology department.

The unit has the Da Vinci Xi Robot system which translates the surgeon's hand movements to the console in real-time. The highly-magnified, 3D high-definition cameras provided extremely clear images of the surgical area. Compared to the CMR surgical robot (the one which I have trained in India), the Da Vinci has a single bedside unit with four arms and extra-long instruments.



With Prof. Van Der Aa

I felt privileged when Prof. Van Der Aa explained the surgery steps patiently.

The next two days, I observed complex robotic surgeries such as partial nephrectomy, cystectomy with ileal conduit, and total abdominal hysterectomy with colporrhaphy and mesh.

On 18 July, I visited to the Central Sterile Supply Department (CSSD) to observe the process and practice. I was accompanied by Mr. Wouter Meert, who is in charge of CSSD. The entire CSSD was automated for cleaning, disinfection and drying. ISO 13485 standard was followed in CSSD. Mr. Meert was very professional and through with the processes of the CSSD as per ISO 13485.

Next day, I met with the infection control team where I acquainted myself with Ms. Nele Stroobants and the team to know about the infection control practices followed in the OR complex. We had a very interactive meeting to understand the processes followed during and after the infectious cases (especially air-borne transmission).



With the Urology Outpatient nursing team

On 20 July, the focus was on OR process and maintaining OR standards. I met Ms. Anneleen Jeanquart, the assistant head nurse who explained the process in the operating room in detail. This included planning for the nurses' duties, shift allotment, preparation of the theatre, inventory management, nurses training and privileges, and documentation followed in the OR.

"Overall, the nursing communication skills were commendable and definitely contributed to the effective and speedy manner in which they perform their tasks."

I understand that in Belgium, the basic nursing training focuses more on clinical posting, and because of dedicated operating room nursing training, they are aware of the basic OR process which makes the on-the-job training easier. This is lacking in India, and it takes tremendous time and effort for us to train the general nurses for specialty care.

Overall, the nursing communication skills were commendable and definitely contributed to the effective and speedy manner in which they perform their tasks. It has been a great pleasure to meet nurses who work with great pride in their profession and are also dedicated to their patients. I hope I can replicate the effective communication and enthusiasm that I observed among the surgical team members in my own setup.

The whole experience has given me a tremendous impetus to enhance my knowledge. It also helped me to improve my performance as a specialty nurse and a team player.

In weekends, I explored Brussels, Liege and Antwerp, and it was wonderful to see the historical places in Belgium.

I thank each and every colleague I met at UV Leuven for their patience in mentoring and sharing their knowledge. My thanks to the EAUN for providing me with a great opportunity. A special thanks goes to Ms. Hanneke Lurvink and Ms. Marie Rose Aangeveld for coordinating my fellowship. I would like to express my appreciation to our management Dr. Venkatesh Krishnamoorthy, Dr. Prasanna Venkatesh and Dr. Maneesh Sinha for their constant support and guidance.

New EAUN Board Member: Marcin Popiński



Marcin Popiński,
Nurse Specialist
Dr. Jan Biziel's
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Coordinator, currently as a Clinical Research Nurse. In the Centre, research in the field of urology, paediatrics, diabetology and others is performed.

I am a mentor for practical and internships of students from Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń, Poland since 2019.

Since 2018 I have graduated many specialist courses in the field: cardiopulmonary resuscitation of adults, prescribing drugs and nurses and midwives' prescribing, performing and interpreting electrocardiographic records in adults for nurses and midwives, training course for internship mentors, vaccinations, endoscopy, cardiopulmonary resuscitation of children, and diabetes educator.

I hope that my participation in EAUN Board will help to represent nurses from Eastern Europe. In my opinion, the biggest challenges for representation of nurses from that region are communication and training. Nowadays, But fortunately, English is getting more common in these countries now. I hope it will help to promote EAUN. Another challenge is that there are different educational pathways in Poland and Eastern European countries: urology nursing specialisation does not exist. In my opinion, cooperation with nurses from other countries can help them gain new experiences, as well as the motivation to focus on new ways to improve urology nursing in Eastern and Western Europe.

My name is Marcin Popiński. I am a new board member of the European Association of Urology Nurses (EAUN). I am 30 years old. I graduated with a bachelor's degree in English Studies in 2014. I work at the Dr. Jan Biziel's University Hospital No. 2 in Bydgoszcz, Poland. I have almost eight years of experience as a nurse, and I am currently a nurse specialist in the field of surgical nursing. I earned my master's degree for my thesis "Quality of life and mental health of patients with urinary incontinence" at Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń, Poland in 2017.

The main procedures performed at the urology clinic are: laparoscopic prostatectomy, endoscopy surgeries, and surgical treatment of urinary incontinence.

Since 2018, I have worked in Clinical Research Centre In-Vivo, first as a Clinical Research