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 the patients’ social roles, which can impact the nurse’s role in the decision-making process. The literature also stated that characteristics of self-care levels and the type of patient that the nurse has experience with are important. 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.

Free-text interviews with 91 incontinent patients, 45 patients with an ileal conduit and 64 patients with a continent ileostomy were conducted, which was maintained and adapted the inventory based on Mishel’s theory created for oncologic patients. The qualitative study was conducted in the Nurse Led stool clinic. Patients were interviewed by the nurse using a prestructured interview guide available upon request. 

Results of the interviews are presented in the following sections. The main goal of the SOS project is to develop a multidisciplinary approach to help patients with reduced mobility to receive a support at home, thus decreasing the environmental impact by discouraging potentially dangerous self-treatment and increasing confidentiality. The main goal of the SOS project is to provide updates and important insights on self-care strategies, use of technology, and the role of the psycho-ontologist 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.

Free-text interviews with 91 incontinent patients, 45 patients with an ileal conduit and 64 patients with a continent ileostomy were conducted, which was maintained and adapted the inventory based on Mishel’s theory created for oncologic patients. The qualitative study was conducted in the Nurse Led stool clinic. Patients were interviewed by the nurse using a prestructured interview guide available upon request. 

Results of the interviews are presented in the following sections. The main goal of the SOS project is to develop a multidisciplinary approach to help patients with reduced mobility to receive a support at home, thus decreasing the environmental impact by discouraging potentially dangerous self-treatment and increasing confidentiality. The main goal of the SOS project is to provide updates and important insights on self-care strategies, use of technology, and the role of the psycho-ontologist 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.

Free-text interviews with 91 incontinent patients, 45 patients with an ileal conduit and 64 patients with a continent ileostomy were conducted, which was maintained and adapted the inventory based on Mishel’s theory created for oncologic patients. The qualitative study was conducted in the Nurse Led stool clinic. Patients were interviewed by the nurse using a prestructured interview guide available upon request. 

Results of the interviews are presented in the following sections. The main goal of the SOS project is to develop a multidisciplinary approach to help patients with reduced mobility to receive a support at home, thus decreasing the environmental impact by discouraging potentially dangerous self-treatment and increasing confidentiality. The main goal of the SOS project is to provide updates and important insights on self-care strategies, use of technology, and the role of the psycho-ontologist in patients with an ostomy.

...we have to redesign our services, including upskilling of nurses to perform procedures that were traditionally done by doctors.
Educational Framework for Urological Nursing
Update April 2023: Where are we and where are we going

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 an outline 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 understand 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 looking at a range of issues that are essential to urology nurses should aim for no matter their location. In addition, the learning outcomes should 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.

For photos please visit the EAUN Award Gallery or EAUN Award Gallery.
The SIG Chairs met in Milan to discuss upcoming activities. 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/CONE 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 courses? Please follow this website: www.mymce.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 SUHA (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.

Mrs. Paula Allchorne
Chair, EAUN
London (GB)

eaun@uroweb.org

Visit a hospital abroad!
1 or 2 weeks - expenses paid
Application deadline: 31 August 2023

- Only EAUN members can apply
- Host hospitals in Belgium, Denmark, France, the Netherlands, Sweden, Switzerland and the United Kingdom
- A great way of widening your horizon

For fellowship application forms, rules and regulations and information on which specialities the hosting hospitals can offer please visit the EAUN website:
T +31 (0)26 389 0680 eaun@uroweb.org www.eaun.org

The International Journal of Urological Nursing
- the official Journal of the BAUN

The journal welcomes contributions across the whole spectrum of urological nursing skills and knowledge:
- General Urology • Clinical audit • Continence care • Clinical governance • Oncology • Nursing research • History of urology • Ethics
- Paediatric urology • Management • Mental health • Research

Visit: www.wileyonlinelibrary.com/journal/ijnun

Call for papers

Visit: bit.ly/2jgOqQj

International Journal of
Urological Nursing
Call for papers

35% discount

Discount Offer to EAUN members

Visit:

WILEY

The International Journal of Urological Nursing is a must have for urological professionals. The journal is truly international with contributors from many countries and is an invaluable resource for urology nurses everywhere.
Virtual support and the ADT programme

**Educational tools for cancer patients**

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 the very end, 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 loneliness 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.

This programme was developed by Mr. Richard Wassersguy, 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.

EAUN23: Travel grant reports

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

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

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 RCCS 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 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.

Mrs. Gun Danielsson Karolinska University Hospital
Dept. of Urology
Stockholm (SE)

gun.danielsson@regionstockholm.se

“**A focus on sarcopenia**

Mrs. 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 Mrs. 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 characterise 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 Mrs. 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 frail? 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 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 65 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 (mFI/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 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 (mFI/CFS). Throughout the session, “think frailty” was underscored.”

Mrs. Danielsson.

Follow the leader: Groups were divided for the hospital tours

The Virtual support and the ADT programme educational tools for cancer patients

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

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!” Mrs. 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.
My EAUN fellowship at UV Leuven

An eye-opening learning experience

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 MJ 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 for and the constant encouragement from urology consultants. As an operating room nurse, I participate in teaching urology residents about instrumentation and operative procedures.

MJ 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 universities 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 Veyser. 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. Everyone in the operating room was punctual at 7:30 AM. This meant that the nurses started their day on 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 prep 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 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. Veyser, who are dedicated robotic urology nurses, helped me to understand critical processes in the OR. While I am familiar with our CRMT 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. Veyser at the prostate clinic. Patients diagnosed with prostate cancer report to the clinic and nurses pre-operatively familiarise them with the process in advance. I visited them during their admission and followed them up after discharge at defined intervals.

Ms. Veyser was very patient and professional during her counselling. I was very inspired by the nurse-led clinic. Such nurse-led clinics are still in 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 urogenital 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 high-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.

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.

“I overall, the nursing communication skills were commendable and definitely contributed to the effective and speedy manner in which they perform their tasks.”

I understood 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.

New EAUN Board Member: Marcin Popiński

Marcin Popiński, Nurse Specialist
Dr. Jan Biziel’s University Hospital No. 2, Urology Clinic
Bydgoszcz (PL)

m.popinski@eaun.org

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 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,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.