Urology nursing in New Zealand

Nursing specialists boost volunteer support network by providing skills training

Greetingst from all your New Zealand urology nursing colleagues, as we reflect on another year that has passed, and look forward to the rewards that summer brings. Some of you may have attended the British Association of Urological Nurses Conference in November, while others may be looking forward to the EAUN Conference in Paris in February 2012.

The educational and networking opportunities these meetings provide often revitalize our passion for our specialty and motivate us to keep looking for ways to improve our practice. They are also a welcome break from our daily working lives! On our side of the world healthcare becomes less hospital-based which lead to more community based or specialized expertise.

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We do not only hope to cater to all nurses who are attending the congress in Paris, but to offer to every participant topics of interest to them. Moreover, we look forward to the launch of yet another scientific and evidence-based guideline on the topic “Catheterisation: indwelling catheters in adults both urethral and suprapubic,” a guide which can prove useful to all nurses.

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The board is also extremely excited regarding the progress of plans for ESUN, an academically accredited urology course endorsed by the EAUN in collaboration with the European Urology Foundation. And to have defined gains in the process of endorsing or accrediting courses, it is essential for the EAUN to develop good academic links. By this we mean to offer eligible qualification criteria in Europe that will translate to good academic benefits in all counties.

We also hope to offer in the near future other training opportunities that will meet the needs of nurses already in advanced practice since many of our colleagues have opted for specialised higher level work. We are all aware of the trend in many health care systems in which nurses are performing tasks previously carried out by our medical colleagues.

In Paris we will have topics such as cancer survivor who is a trained intercultural communication facilitator, a qualified counsellor, and myself, a urology nurse practitioner with subspecialty in the care of men undergoing diagnosis and treatment for prostate cancer.

During the congress, the board will also highlight our fellowship programme, so watch out for our informative session when a speaker from a host hospital will speak about their fellowship programme and where a fellow will share his or her experience regarding the fellowship award. This exchange of views and information is very critical to gain more insights during these direct discussions and open forum.

Moreover, you will have the opportunity at this congress to network with colleagues and exchange views. We certainly look forward to meeting our French colleagues in their wonderful capital city and take this opportunity to thank them in advance. And with the on-going development in good academic links. By this we mean to offer eligible qualification criteria in Europe that will translate to good academic benefits in all counties.

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Urological nursing in Portugal
Annual Portuguese meeting shows the value of collaboration

The EAUN Board, through one of its members, participated at the 2nd Conference of Urological Nursing. Held on October 14 in Castelo Branco, Portugal, the one-day event covered a wide range of topics in urological nursing, and also reflected many key upcoming issues.

Although there is no national urological nursing association in Portugal at this time, the enthusiasm and commitment to urological nursing care that was shown by participants throughout the event would indeed make for a formidable association, Mr André Mendes and Mr Sérgio Esteves, committed and dynamic individuals, organized the event with the support from their colleagues and various partners in urological nursing and, equally important, from the local mayor of Vila Velha de Ródã, the location of the conference venue.

Representing the EAUN, and with the help of a translator, I presented the role of the EAUN, its activities and the importance of collaboration. I also examined the role of nurses in managing patients with both acute and chronic conditions in urology, an area of growing interest. The topic prompted enthusiastic discussion, and the EAUN lecture was well received by the audience.

“Catheters and urinary diversions - the hospital at home” was one of the key presentations of the day, which included the varying pathways for urinary diversions, urostomy and care for both permanent and intermittent indwelling catheters. Local and international speakers were present to share their experiences and practices, reflecting a true multidisciplinary team approach. This particular area of interest was also echoed in the other presentations at the meeting.

What is URHOKO?

URHOKO (Urologia e Hospitalidade em Portugal) is a multidisciplinary team approach. Since the central hospital, a urological nurse from a health center can continue the treatment together with a health center doctor; urological nurses in health centers work with general practitioners in a similar way that urotherapists do with urologists in central and university hospitals.

When a urological nurse works together with a doctor, the doctor has more time for other patients. Nurse’s receptions have been transferred from doctors to nurses. Developing the distribution of work makes it possible to optimise the use of resources. Guidance and counselling are the most advantageous tasks for a nurse. The threshold to see a nurse might be lower than to see a doctor, especially since urinary problems may be seen as degrading, which could delay seeking treatment.

Desired financial results

No follow-up research has been done for the project, but its effectiveness could be measured by estimating patient and staff satisfaction. It could also be estimated by the number of people visiting the nurse’s receptions, and the number of house calls a urological nurse makes. A more demanding assessment could be done by inspecting the number and context of urological referrals to specialised health care. The number of urinary tract infections, infections caused by a catheter, and the number of antimicrobials used in their treatment could provide information on the treatment of urinary tract infections. The expected query is: will the project affect the use and expenses of catheters and diapers?

Impact on people

It is expected that URHOKO will have a positive effect on individual health and well-being due to people gaining more knowledge about urinary problems and self-care. It is already evident that patients have better access to counselling when there is a nurse’s reception in a health center, and the continuity of treatment is improved. A patient’s quality of life can be greatly improved by treating their urinary problems.

The project is also expected to have a positive effect on the working community. Expertise increases a nurse’s well-being at work and professional commitment. Consultations between a doctor and an expert-nurse support work distribution and collaboration.

Based on the experience we have gained from project URHOKO, the operations model could be put into practice nationally. Active collaboration between specialised health care, primary health care and private health services can have far-reaching effects on the efficiency, continuity, and quality of treatment.

Author’s note: Pájat-Háme Social and Health Care Group is organising the project in collaboration with Lahti University of Applied Sciences, EFU Centre of Hame granted financial support for the project through the European Social Fund (ESF).

Table of Honour: from left: Francisco Henriques; Head Nurse of Urology; Dr João Fonseca; Director of the Urology Ward, Paula Santos; Director of the Nursing College, Member of the Nursing Board; Maria do Carmo Sequeira; Mayor of Vila Velha de Ródã; Luís Correia; President of the Hospital Council; Carlos Almeida Nursing Director; Lawrence Drudge-Coates; EAUN board member

Value of collaboration

The importance of nurses in the management of renal colic was another particularly informative subject, highlighting the issue and incidence of the disease in this region. Topics included the importance of prompt management, stone prevention and management. This dynamic approach to the condition was made more realistic with the collaboration of urology Department of the USL Castelo Branco, where an autonomous nurse-led lithotomy service run by Mr André Mendes was shown. The visit highlighted not only the cohesive and forward-thinking approach of the department but also the need for and benefits of role diversification when available resources are limited. Moreover, the diversity of role was also highlighted in many other areas, including a home visit approach run by two nurses for patients in the local area.

My attendance at this meeting really brought home the need and benefit of close collaboration for urological nurses in Europe and how the EAUN can help facilitate this. The diversity in nurses’ roles and the enthusiasm and experiences shared during the meeting highlighted what can be achieved, particularly in the current health economic climate.

For many urology nurses attendance at the EAUN’s Annual Meeting is not a given and cannot be taken for granted. Thus, it is very important to address this issue, exploring various ways to meet educational needs. Although the multiplicity of languages in Europe remains a barrier, particularly in the smooth dissemination of educational and training objectives, the EAUN is exerting continued efforts to bridge these gaps.

I would like to take the opportunity to thank all the organisers of this meeting in Portugal for their very warm welcome and hospitality throughout the event.

Network training for urological nurses
Finland’s experience with URHOKO training for urology nurses yields gains for public healthcare

In Finland there are no urological nurses working in health centers even though there are asthma, diabetes, arthritis, and memory nurses who either work in specialized health care alongside urologists or work in primary health care, and different tasks have been transferred from doctors to nurses. Developing the distribution of work makes it possible to optimise the use of resources. Guidance and counselling are the most advantageous tasks for a nurse. The threshold to see a nurse might be lower than to see a doctor, especially since urinary problems may be seen as degrading, which could delay seeking treatment.

Starting a reception of a urological nurse, or improving continence facility in institutions and care. Medical studies are also another important part of the training. They address common urological diseases and their treatment, including prostate cancer, benign prostatic hyperplasia, urinary infections and incontinence.

Why URHOKO?

The project’s goals include developing the availability and continuity of treatment, preventing urinary problems, and implementing treatment based on evidence. Urinary problems are common and occur more frequently over the years. In the future the number of aged people is expected to further increase, which means an increase in patients with urinary problems. A lot of urological nursing is performed in the inpatient and outpatient clinics in Finland, but at the moment urotherapists primarily work in specialised care alongside urologists and gynaecologists.

Nurse-doctor teamwork

In the new operations model, when a patient with urinary problems initially visits the health center in primary health care, they meet with a nurse who will inquire about the nature of the patient’s symptoms. The nurse will also offer guidance in keeping a bladder diary and filling out symptom and hindrance forms, and directing the patient to laboratory assessment. The nurse measures the amount of residual urine either with ultra sound or using a disposable catheter.

An appointment with a doctor is made when all results are ready, so that the doctor can make a diagnosis and prescribe medication or send the patient to specialised health care to meet a urologist or a gynaecologist. The patient can come to a control visit or call the nurse if necessary. The nurse can discuss the effectiveness of a chosen treatment together with the doctor. Naturally, the patient will immediately see a doctor in case the urine problems are severe, or when the lab results seem very unusual (for example if there is evidence of high PSA, anuria, or macroscopic hematuria).

Self-care guidance and information about preventing urinary problems can be received when visiting urological nurse’s receptions in health centers, where a patient also finds trained urological nurses. They teach clean intermittent catheterisation (CIC) to patients and their family members or other assistants and can monitor the treatment independently. The nurses can, however, consult the more experienced urotherapists in urological clinics if necessary.

When a patient with urinary problem is discharged from the central hospital, a urological nurse from a health center can continue the treatment together with a health center doctor; urological nurses in health centers work with general practitioners in a similar way that urotherapists do with urologists in central and university hospitals.

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European Trial Centres wanted!

EAU initiates Retrospective European trial on organ-confined prostate cancer

EAU guideline on clinically localized prostate cancer: retrospective European trial on diagnosis, staging and treatment of organ confined prostate cancer.

Clinical Guidelines are generated to improve the knowledge of the treating physician concerning the most appropriate, evidence-based treatment in a given patient and thereby the quality of patient care. The EAU guidelines on the diagnosis and treatment of prostate cancer (PCa) are updated every year in response to the rapidly growing body of new diagnostic and therapeutic options in the management of PCa.

Although the PCa guidelines are well accepted, no information is available about their use and application in daily uro-oncological practice in the various European countries. We do not have any scientific data to support that guidelines are useful for the treating urologists and what their direct impact is on improving patient care over a given period of time.

In order to shed some light on this issue we are in the process of initiating a retrospective study on guideline compliance focusing on diagnosis, staging and treatment of patients with clinically organ-confined PCa. We aim to evaluate the following quality control parameters:

(i) diagnosis: procedure of biopsy, number of prostate biopsies, pathological processing
(ii) staging: frequency of CT, MRI and bone scans related to the d’Amico risk profile
(iii) treatment: frequency of active surveillance, radical prostatectomy, LDR brachytherapy, EBRT and neoadjuvant androgen deprivation.

In order to evaluate the clinical impact of the 2008 PCa guidelines, two patient cohorts will be compared. The first group has been diagnosed and treated in the years 2006/2007 and the second group in the years 2007/2008, so consecutive patients should be retrospectively evaluated with the use of an online questionnaire. All data will be collected anonymously.

Currently, we should like to identify uro-oncology centres interested in participating in this trial. If you are interested a questionnaire as well as the login information for access the online application for the questionnaire will be sent over.

We would really appreciate it if we could engage the support of at least one centre from each European country for this critical assessment of the PCa guidelines. Having an appropriate geographical spread will enhance the impact of this evaluation.

To request the questionnaire and login information please contact Prof.Dr. Axel Heidenreich, Chairman Prostate Cancer Guidelines Panel, at aheidenreich@ukaachen.de

Your assistance and support in improving our EAU PCa guidelines would be extremely appreciated!

EAU Guidelines Office