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# EAU 8th South Eastern European Meeting (SEEM)

26-27 October 2012, Sofia, Bulgaria

EAU meetings and courses are accredited by the EBU in compliance with the UEMS/EACCME regulations

**Call for Abstracts**  
deadline 1 July 2012

**European Association of Urology**

**eaun**

## Writing an abstract

EAUN online tool

September 2011

**This educational tool for abstract submitters is online at:**

<http://www.uroweb.org/nurses/educational-resources-for-nurses/>

## GAUN Survey Results

In 2010 the Global Alliance of Urology Nursing (GAUN) initiated a survey i.c.w. the EAUN, SUNA and BAUN, with the goal to define urology nursing practice (titles, role, education etc.).

The results have now been published in Urologic Nursing (March/April 2012):  
<http://www.sun.org/Resources/journal/article32epub.pdf>

The PDF will be made available to the EAUN members in our next electronic newsletter.

## EAUN around the world

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

November 2011 Urobel Meeting, Ghent, Belgium  
December 2011 EAUN Board Meeting, Arnhem, The Netherlands  
February 2012 EAUN Board Meeting, Paris, France

March 2012 2nd Dutch post-EAUN Meeting, Ede, The Netherlands  
April 2012 EONS Spring Convention, Geneva, Switzerland

**Is your National Society organising a meeting and would you like the EAUN to be present? Contact our chair at [k.fitzpatrick@eaun.org](mailto:k.fitzpatrick@eaun.org)**

**Milan**  
15-19 March 2013

## Call for Abstracts, Research Plans and Difficult Urology Nursing Cases

Start writing and taking photos now to be invited to Milan, and maybe win a prize!

Rules and submission details:  
[www.eaumilan2013.org/14th-eaun-meeting](http://www.eaumilan2013.org/14th-eaun-meeting)

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- Symposium report -

## Indwelling vs. intermittent catheterisation in voiding difficulties

**What does it mean for patients, caregivers and society?**

On February 27 at the EAU-N two concepts that rarely co-exist – the emotional and the rational – met at an Astra Tech sponsored symposium called: “Indwelling vs. intermittent catheterisation in voiding difficulties. What does it mean for patients, caregivers and society?”.

Chair for the meeting was Professor Ralph Peeker from Sahlgrenska University Hospital, Sweden. He opened the meeting by introducing a short movie – “Hassan” – which answers the question raised in the symposium title in both a very matter-of-fact and emotionally touching way. Professor Peeker drew on the movie and declared that Clean Intermittent Catheterisation (CIC) always should be a choice made available to the patient. He went on to emphasise the fact that this procedure now is “golden standard” in neurogenic bladder treatment according to the ICI committee report number ten, and added that he will go to any lengths to avoid using a Catheter à Demuere (CAD) for a patient with a neurogenic bladder. Prof. Peeker also went through other indications where CIC

is the method of choice, and although he pointed out that there is a place for CAD too, he ended with saying that: “before accepting this one should explore EVERY OTHER POSSIBLE OPPORTUNITY TO GET IT OUT!!!”

Ingrid Erlandsson, Nurse and Business development officer from the Urology Department at Jönköping County Council, Sweden picked up where Prof. Peeker left off and talked about the importance of creating good guidelines in order to reduce the risk of damaged urinary bladders. In a local project clear guidelines were created about how to accomplish this by regularly checking residual urine among patients with a bladder scan, and when help with voiding was needed, using CIC rather than placing a CAD. Great benefits could be seen – both monetary and care/patient related. The symposium ended on a very positive note with numerous contributions by the committed and interested audience. All in all a very appreciated part of the EAU-N programme.

Written by Astra Tech



Ingrid Erlandsson and Ralph Peeker

**Milan**  
15-19 March 2013

## 14th International EAUN Meeting (16-18 March 2013)

**Abstract deadline: 1 December 2012**

[www.eaumilan2013.org/14th-eaun-meeting](http://www.eaumilan2013.org/14th-eaun-meeting)

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European Association of Urology Nurses

#### Join our search for Nursing Solutions in Difficult Cases

If you are among those who encounter atypical cases in daily practice and have found your own solutions, we would like to invite you to take a few photos and write a standard protocol. You can download a form with a list of standard questions. The form should include a description of the problem, the nursing intervention provided, the material you have chosen to help the patient and the final results. **Please note:** Difficult Cases that have not been (completely) solved may also be submitted!

#### Share your expertise

Together with the EAUN you will share and pass on this knowledge to other nurses. The cases will be evaluated by an international expert jury. The 10 most interesting cases are presented by the authors and discussed with the audience in a special session at the 14th International EAUN Meeting in Milan. The EAUN will place the material on their website as a unique opportunity to learn from each other. All submissions that meet the criteria will be published on the EAUN website and in *European Urology Today*.

#### Some of the Submission Criteria and Rules

- The authors and presenter of this Difficult Case must be registered nurses
- The topic selected must be of relevance to urology nursing interventions in Difficult Cases
- The case is illustrated with photos of the problem and the solution (if any), preferably 2-5 photos
- The solution described in this Difficult Case is your own solution and a nursing intervention
- The case is presented in a completed submission form accompanied by a written patient consent
- When invited to present the Difficult Case in Milan you will present the case using the EAUN Difficult Cases slides

All criteria can be found at the Milan website:  
[www.eaumilan2013.org/14th-eaun-meeting](http://www.eaumilan2013.org/14th-eaun-meeting)

#### How to apply

- Please check the special page on Difficult Case submission at the congress website for full details.
- For more information you can contact the EAUN Office at [eaun@uroweb.org](mailto:eaun@uroweb.org)

**Submission deadline: 1 December 2012**

**Join our search for the best nursing solutions! We are looking forward to your contributions!**



# Call for Cases

## Nursing Solutions in Difficult Cases

The 10 best cases will be granted a free registration for the 14th International EAUN Meeting in Milan, 16-18 March 2013

#### Nursing research may bring the most amazing results

With the EAUN's commitment to support innovative work, we invite you to submit a research project proposal for the EAUN Nursing Research Competition. During the 14th International EAUN Meeting in Milan (16-18 March 2013), all projects of the nominees will be discussed in a scientific session, enabling all participants to learn through feedback and discussions. A winner, chosen from the six final nominees selected by a jury, will receive € 2,500 to (partly) fund the research project.

#### Eligible participants have to comply with the following:

- Only registered nurses can submit a research project
- The project has not started at the time of submission
- The research and the presentation have to be done by a nurse
- The topic selected must be of relevance to urologic nursing
- The results of the prize-winning research project will be published in *European Urology Today* and on the EAUN website and the winner is invited to submit an abstract for the next International EAUN Meeting.

#### Consider the following guidelines before you start writing your research protocol:

- Is your research question clear and why does it matter?
- How will you address this question? (i.e. what methods will you use?)
- How important is this activity to urologic nursing?
- Are your research methods appropriate?

All criteria can be found at the Milan congress website (from 1 April 2012):  
[www.eaumilan2013.org/14th-eaun-meeting](http://www.eaumilan2013.org/14th-eaun-meeting)

#### How to apply

- Please check the congress website [www.eaumilan2013.org](http://www.eaumilan2013.org) for full details.
- For more information you can contact the EAUN Office at [eaun@uroweb.org](mailto:eaun@uroweb.org)

**Submission deadline: 1 December 2012**

We hope that you will not miss this opportunity. Remember, nursing research small or large can still change the urological world!



# Call for Research Projects

## EAUN Nursing Research Competition

€ 2,500 grant to be awarded at the 14th International EAUN Meeting in Milan, 16-18 March 2013

# 13th EAUN Meeting exceeds expectations

Paris

## Winning Poster Award surprises first-time delegate

The Annual Congress of the European Association of Urology (EAU), held last February 25 to 28 in Paris, gathered around 14,000 participants including more than 400 nurses from 35 countries.

It was exciting for me to participate in such a large congress, which was efficiently organised since even from July last year one could conveniently register at the official EAU website ([www.eauparis2012.org](http://www.eauparis2012.org)). I have been busy preparing my abstract and how to present it, but fortunately I had until November 2011 to submit the abstract.

After my abstract was accepted, I had to prepare and it was very helpful that there are detailed instructions on the EAUN website on how a presentation or a poster should be created. More importantly, I received support from the doctors and nurses in our department and from the hospital administration, making my preparation for the conference much easier. By mid-December, my abstract was accepted as a poster presentation, which meant that I had to prepare a poster and a presentation in English. Fortunately, I again received timely support, enabling me to finish on time and rehearse my presentation.

In Paris, there was a hectic atmosphere with the technical exhibition located on three floors and a long queue at the registration. But since I already had an online registration number, everything went quickly and smoothly. Since I was due to present on Monday, the last day, I used the time to attend conference events and poster presentations. I also found time to visit some sights in the city, an experience I really enjoyed.

Finally, on Monday I presented my poster "Teaching self-catheterization for patients with neurogenic bladder - Nursing experiences from a spinal cord unit." Since I was the first speaker in that poster session, the rising tension and excitement could never have been more intense. The experience could be intimidating for first-time participants with the large, darkened hall, many unknown faces and a very attentive audience. The presentation itself was over in five minutes. There was some time for questions and discussion, and

some people in the audience threw in some questions. Fortunately, the panel moderation was friendly.

The EAUN prizes for best poster presentations concluded the conference and to my great surprise I won the first prize for the best EAUN poster, flooding me with a feeling of surprise that I could hardly contain! The experience was certainly special and after the announcement I was at a loss for words.

Assessing the conference, I definitely have learned a lot of new, exciting things and met many colleagues from various European countries. Hopefully with my experience and this report, I can inspire my colleagues in Germany to consider attending the conference in Milan, Italy next year. And why not prepare an abstract and join the presentations? My experience proves that one will certainly not regret doing it. See you in Milan and as they say in French, au revoir!

**Martin Kloeser, Rn**  
Werner Wicker Klinik, Bad Wildungen (DE)



## Efficient organisation impresses ESU Course lecturer

I accepted with great pleasure the invitation to speak at the European School of Urology (ESU) Course during the 13th International EAUN Meeting in Paris, France.

As an advanced midwife practitioner in Women's Health in the National Maternity Hospital, Dublin, I have been invited to present at national and international conferences. Nevertheless, I was surprised and delighted to receive the invitation in November 2011 to participate in the EAU Congress as a faculty member in the ESU Course on Urinary Infections.

After I confirmed my participation, Prof. Mete Çek contacted me about the course programme. This was the first time that the course was organised by the EAUN. It was also agreed with Prof. Çek and speaker Prof. Florian Wagenlehner that I should speak on 'Catheter Care in Urological Practice and in General Practice.'

Some of the topics selected for the programme included as follows: urinary tract infections; healthcare associated infections (HAI) in urology (including infections acquired during hospital stay, outpatient procedures, long term healthcare facilities and treatment at home); and urosepsis (as a serious complication of HAI).

I searched the literature for all the up-to-date evidence-based guidelines including the N.I.C.E.



MS. Jacob lecturing at the Urinary infections ESU Workshop

guidelines and my own hospital's urological and infection policies. Most important of all, I consulted the European Association of Urology Nurses evidence-based guidelines for best practice in urological health care. I also prepared clinical cases for discussion and their management strategy.

### Hospital visit

I had registered for the EAUN hospital visit to Claude Bernard Hospital, Bichat, located north of Paris. We were met on arrival by the consultant, Prof. Ravery, registrars and senior nursing staff. We were given an introduction to the hospital and in particular to the department of urology, followed by an extensive tour of the urodynamics rooms, outpatients department, day case clinics, urology unit and the pharmacy. The visit lasted nearly three hours and we were very warmly received. Again, my thanks to Hanneke for organising this wonderful visit.

The next day I prepared for the course and uploaded my presentation onsite at the Speaker Service Centre (SSC) and checked out the venue for the course. The staff at the Centre was most helpful and friendly and was available to assist with the presentations.

I arrived early for the course and was introduced by EAUN chairperson Kate Fitzpatrick to Profs. Çek and Wagenlehner who both made me feel welcome. There were approximately 100 delegates who attended the course which took up around 2.5 hours. Many of my colleagues from Ireland came to support me for which I am very grateful. Needless to say, I breathed a huge sigh of relief after my presentation. The following day I attended the EAUN annual general meeting, lectures and poster sessions.

In summary, the meeting was most informative and a great chance to network with other urology colleagues.

Finally, I would like to thank Kate and the EAUN Committee for their kind invitation and Hanneke for her assistance with the EAUN Guidelines.

**Mary Jacob, Advanced Midwife Practitioner**  
National Maternity Hospital, Women's Health Gynaec Clinic, Dublin (IE)

## A physiotherapist experience of the EAUN meeting

I participated as a speaker at the 13th EAUN Meeting held in Paris last February and as a physiotherapist I considered this a great honour. Although I must admit that I am not familiar with the EAUN and its activities, I was surprised by the quality of information given during the EAUN sessions and how well the event was organised.

Another surprise for me was the size not only of the EAUN meeting itself, but also of the EAU Annual Congress. Compared to surgeons and nurses, physiotherapists are outnumbered in daily hospital practice and we rarely meet in such large gatherings, hence for me it was an amazing and completely overwhelming experience.

I also needed help with my presentation, but there were no worries since all invited speakers were ably assisted at the Speakers Centre in the congress venue. I did feel a bit isolated, realising that I could probably be the only physiotherapist invited as a speaker. But there were so many interesting presentations, and I could not have been made happier or felt reassured when I heard not only a nurse but also a surgeon who both underscored in their presentations the important role of physiotherapists in a multidisciplinary team.

And despite the fact that it was my first time ever to present at a big, international meeting, my presentation went smoothly. Moreover, after my talk there were many interesting comments and questions, and I interacted and had wonderful exchanges with nurses from all over the world.



The quality of the lectures was generally considered to be very high

Indeed, it was a true pleasure for me to be a part of the EAUN meeting, and I hope I can again participate at next year's conference in Milan, Italy. Hopefully, other physiotherapists would also have the same opportunity to present something about the work we do.

My congratulations to the EAU and the EAUN organisers!

**Pernille Eriksen, Physiotherapist, BSc**  
Århus University Hospital - Skejby, Dept. of Urology  
Århus (DK)

## Inspirational visit to Hopital Foch, Suresnes

In the suburbs of beautiful Paris lies Hopital Foch. The hospital is run by the private foundation Maréchal Foch, but mostly treats patients through public healthcare plans.

The hospital has a newly renovated emergency department, 14 operation rooms, one Da Vinci robot, a large maternity ward and their own midwife and nursing school. In their 550 beds they have 41,500 hospitalisations per year and 14,000 surgical interventions.

At the front gate of the hospital, the 15 nurses from all over Europe who had come to start of the EAUN with an inspirational view of urology in France, were met by the head nurse of urology, Mme Daif.

Mme Daif gave us a guided tour of the urology department in Hopital Foch. This department is considered one of the biggest and most important centres of urology in France, and is the country's second largest kidney transplant centre. They dispose of 54 beds in a state-of-the-art service. Last year they performed 92 cystectomies, 230 prostatectomies and 1500 endoscopic procedures.

The service of hospitalisation is split up into 3 wings. One wing is specialised in general urology, and one with major surgery such as nephrectomy, prostatectomy and cystectomy. The third wing is a special service unit consisting of 2 operating theatres for endoscopic procedures and ESWL, a post-operative care unit with 4 beds and a room for urodynamics. The nurses take turns in the services and all work 12 hours shifts from 8am to 8pm.

The department of urology in Hopital Foch is aiming to give more responsibilities to experienced urology

nurses and it is their vision to have nurses performing prostate biopsies and cystoscopies in the near future. They have also set up a nurse-led clinic for precystectomy care and information.

All in all, it was a very interesting visit to a urology department that seems to have it all: engaged personal, state-of-the-art operating rooms and robots, patient categories that cover every aspect of general and specialised urology - not to mention a magnificent view over Paris from every room in the service!

I would like to thank Hopital Foch again for the visit!

**Stina Lindedam, Rn**  
Dept. of Urology, Herlev Hospital  
Frederikssund (DK)



State-of-the-art service at the Foch hospital in Suresnes

## EAUN Award winners

### Best EAUN Nursing Research Project

J.G.L. Cobussen-Boekhorst, E.M.C.J. Van Wijlick, J. Beekman (Nijmegen, the Netherlands)

"Which factors make Clean Intermittent (Self) Catheterisation successful?"

Supported by an unrestricted educational grant from FERRING PHARMACEUTICALS

### First Prize for the Best EAUN Poster

M. Kloeser, B. Domurath (Bad Wildungen, Germany)

"Teaching self-catheterization for patients with neurogenic bladder. Nursing experiences from a spinal cord unit"

### Second Prize for the Best EAUN Poster

H. Crowe, E. Beale, J. Lee, M. Botti (Melbourne, Australia)

"Acute pain outcomes after open and minimally invasive robotic-assisted surgery for localized prostate cancer"

### Third Prize for the Best EAUN Poster

N. Love-Retinger, M. Borre, M. Kent, D. Sjoberg, G. Dalbagni, B. Thoft Jensen (New York, United States of America; Århus, Denmark)

"Significance of nursing measuring nutritional status in cystectomy patients, a retrospective analysis"

Best Poster prizes supported by an unrestricted educational grant from AMGEN

Paris

# Working together after the earthquakes

## Urology services in Christchurch, New Zealand



Julie Hedley, Rn  
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**Tēnā koutou katoa (Greetings to you all) from Christchurch/Ōtautahi, New Zealand. Twelve months on from the devastating 6.3 magnitude earthquake which claimed the lives of 185 people, life is anything but back to normal.**

As building after building is marked for demolition or deemed structurally unsafe, health services shift from location to location with unsettling frequency and the public and private health sector form closer working relationships.

On February 22 last year urology nurses and doctors from around the world attending the Urological Society of Australia & New Zealand (USANZ) 64th Annual Scientific Meeting scrambled amongst the rumble to free people from collapsed buildings, attended to the injured in make-shift triage centres set up in parks, or found their way through to the city's hospitals – both public and private – to assist staff care for the injured.

While the February earthquake saw the greatest devastation and the loss of life, the Greater Christchurch area has experienced more than 10,000 aftershocks in the 18 months since the sequence started on September 4, 2010 – with major events on December 26, 2010, and June 13 and December 2011. The sequence continues up to this day.

It is a tribute to the urologists in Christchurch, the dedicated urology nurses and the other support staff that Christchurch can still deliver the highest quality services to patients. What we have seen over the past 18-months is the ability of the public and private sector

to work together, maximising the use of limited facilities and ignoring traditional public-private sector barriers.

There are seven resident urologists practising in Christchurch, of whom two are female. All are engaged in the provision of public healthcare services through the DHB as well as working collectively in their own private practice, Urology Associates. Together they provide tertiary care in sub-specialties which include uro-oncology, paediatric oncology, uro-gynaecology, and the treatment of urological conditions after spinal cord injury. In addition to providing services within Canterbury, each urologist travels to Wairarapa in the North Island, Queenstown in Central Otago, and Greymouth on the West Coast.

### The Urology unit

The Urology Unit is a 15-bed adult in-patient ward and staffed by a team of specialist urology nurses. The Unit is supported by the seven urologists, one fellow, two registrars and two house surgeons. Patients are admitted into this unit for either elective surgery – ranging from continent orthotopic urinary reconstruction, to radical prostatectomy and TURP, or for any acute urological presentation over and above what can be managed in the Emergency Department. As the unit provides tertiary-health care, patients from centres outside the Canterbury district are admitted and treated in the unit, as are patients with spinal injury requiring complex urological intervention such as PCNL.

The Christchurch Hospital provides specialist paediatric urological services, while the Day Stay Unit (DSU) provides minor surgical procedures, including bladder instillations and BCG treatments. The Outpatients Department offers services such as specialist appointments, continence management, nurse-led clinics and diagnostic procedures, including flow studies, prostate biopsies and urodynamics. The Department also provides a nurse-led pre-admission service for patients undergoing elective surgery. Working in partnership with a urologist, the Clinical Nurse Specialist (CNS) in this Department plays a key role in the education of patients undergoing TRUS and biopsy.

One week following the biopsy the CNS phones the patient with the biopsy result. If the result is positive, the CNS advises the patient of a follow-up appointment

with the urologist within a week and invites him (and his support person(s) to attend a group education session with other men in similar situations.

There is no pressure to attend the group session, and patients are free to either accept or decline the offer. The concept is well received, with the majority of patients participating as part of a group. The intention is to provide a supportive environment where participants receive education on all aspects of the disease, and treatment options available. Having participated in the session the patient arrives at his urologist appointment better informed and more empowered.

**“...urology nurses and doctors scrambled amongst the rumble to free people from collapsed buildings...”**

### Lithotripsy bus

The Burwood Spinal Unit is a recognised specialist tertiary centre which provides services to patients with spinal cord impairments caused by accident, illness or congenital abnormalities. The patient catchment area encompasses the entire South Island and the North Island from Tauranga down. Nurses in the unit are skilled in all aspects of bladder management, and the protocols they teach are intended to be followed when patients leave the unit and return to the community. Urodynamics is an integral part of the unit.

Mobile Medical Technology (NZ) Ltd owns and operates a “Lithotripsy Bus.” This mobile bus travels throughout New Zealand and calls into Christchurch on a 28-day circuit. This specialised bus is equipped with a high-technology lithotripter unit, medical theatre, and imaging equipment. The bus is permanently staffed by a radiographer and a technician, with a urologist, anaesthetist and nursing staff provided by the hospital the bus is visiting.

The private practice, Urology Associates, employs private sector nurses in Christchurch and Queenstown, and public sector (DHB) nurses on the West Coast and in the Wairarapa. In Christchurch the nurses undertake nurse-led clinics for flow studies and BCG treatments, provide phone advice, assist with minor procedures in

the clinic, and with major procedures conducted in private hospital operating rooms.

Two research nurses support the urologists with their research in areas such as prostate and testicular cancer, overactive bladder, and stone disease. In addition, a continence advisor is employed to provide advice and treatment options to patients with incontinence and to men with erectile dysfunction.

### Private hospitals

Each private surgical hospital has a team of specialist nurses in theatre. Open and laparoscopic procedures are carried out in both hospitals, with robotically assisted radical prostatectomy being offered at Southern Cross Hospital. Southern Cross Hospital, Christchurch purchased a da Vinci Robot (“the Robot”) in 2010, only the third such surgical system in New Zealand, and the first in the South Island.

Operating theatre staff traveled to Tauranga in the North Island, Adelaide in Australia, and California (USA) to train in the operation of this new equipment. A total of 48 robotically assisted radical prostatectomies have since been performed in Christchurch.

Meanwhile, nurses in the rural communities of Queenstown, Wairarapa, and Greymouth provide valuable support to the visiting urologist(s). They also provide an advisory and support service to their local patients in the absence of a urologist.

The fact that Christchurch has maintained the highest quality urology services over the past 18 months is little short of amazing, particularly when, in addition to the damage to hospital buildings and infrastructure, all the staff involved in providing urology services have suffered physically, mentally, emotionally and financially.

Many continue to live in homes that are damaged to varying degrees, continue to experience disturbed sleep as a result of aftershocks, and have the frustration of dealing with uncertain land status and the personal delays associated with the earthquake (EQC) claims process. My friends and colleagues, you are the unsung but so valuable heroes.

*Heoi anō taku mo nāianeī (That is all for now). Hāere rā (Farewell)*

European Association of Urology Nurses

# EAUN's Fellowship Programme

## Fellowship programmes enhance professional skills and institutional ties



**Having seen the benefits of a fellowship in giving nurses the chance to gain knowledge in urology, the European Association of Urology Nurses (EAUN) extends fellowships to its members who have been with the association for more than two years.**

Among others, the EAUN aims to promote the exchange of experiences, good hospital practice among its members and encourage urology research by nurses. To fulfill these goals the fellowship programme was introduced in 2005. Today, eight nurses have benefited from the programme which provides financial support to the participants.

In my view, the fellowship programme has not yet been used to its full potential. Having been a host for several fellowships, I take this opportunity to bring this programme to the attention of those who are interested or know colleagues who might want to apply.

In 2008 Bruce Turner, clinical nurse specialist in the Homerton Hospital in London, has visited the Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital (NKI-AVL) in Amsterdam to observe how things are done in Holland. I am convinced that we have provided him with experiences that will be useful in his own practice, and one that always works both ways. Turner's experience in setting up a nurse-led prostate biopsies outpatient clinic has led to many discussions in our own practice. We exchanged views and for us nurses, this fellowship proved to be very worthwhile.

Recently we hosted another fellowship, which was used by the fellows in a different way. A group of three Danish nurses used the programme to start a pilot project for a validation process. Bente Thoft, Susanne Kirstensen and Berit Kiesbye visited the NKI-AVL for three days.

Their fellowship was new in several ways: first, the number of participants was three, when normally just one fellow travels to a host institution. For some nurses there is a reluctance to travel all by themselves to a foreign country, with many preferring the benefits of joining a fellowship together with a colleague. And besides, for the host it is also more advantageous to accommodate more than just one fellow.

Secondly, the guests from Denmark used the fellowship to inform the hosting nurses of the abovementioned pilot project. In a way the fellowship allows both the guest and the host to actively work on a project. And for this particular fellow it saw the start of an international collaboration, initiated by nurses, between the hospitals. Today there is a strong relationship between Århus University and the NKI-AVL.

### A flexible programme

When the fellowship programme started a central aim was to give nurses the opportunity to see how nursing practice was performed in another country, with the host institution providing a structured programme of observation for the visiting nurse.

This goal remains up to this day. But looking at the reports by nurses who have participated in a fellowship, many participants have taken the initiative to focus on specific issues. For instance, how does the specific ward prevent infections following endoscopy

procedures or how does the ward organise the training of student nurses.

Thus, the EAUN have enlarged the possibilities when applying for a fellowship programme, which can lead to a potential candidate applying for either a programme focused on the exchange of experiences and good practices, or for a programme that aims to validate and qualify an ongoing developmental project, which can be part of a urology-oriented research.

Previous experiences also show that it may be more beneficial that two to three nurses from the same ward apply for a fellowship together, since this can enhance or support the possibility to change current practice or continue developmental projects. The application process however remains the same with potential candidates applying individually.

We certainly welcome interested nurses to apply for a fellowship. On the webpage of the EAUN one can find the details on the rules for application. Additionally, several hospitals in different countries throughout the European Union are now listed as host institutions for fellowships. And for doctors, if you know nurses in your department who have the potential, do encourage them to apply for the EAUN fellowship programme. For those interested, queries can be sent to [eaun@uroweb.org](mailto:eaun@uroweb.org) or find additional information at [www.uroweb.org/nurses/fellowship-programme](http://www.uroweb.org/nurses/fellowship-programme).

Willem De Blok, Ma, ANP, Rn, EAUN Board Member  
Amsterdam (NL)

Susanne Vahr, Clinical Nurse Specialist,  
EAUN Board Member  
Copenhagen (DK)

**Next Fellowship  
Application  
Deadline:  
31 August 2012**

### EAUN Board

Chair	Kate Fitzpatrick (IE)
Vice-chair	Bente Thoft Jensen (DK)
Secretary	Willem De Blok (NL)
Board member	Lawrence Drudge-Coates (UK)
Board member	Veronika Geng (DE)
Board member	Susanne Hieronymi (DE)
Board member	Susanne Vahr (DK)

[www.eaun.uroweb.org](http://www.eaun.uroweb.org)

European Association of Urology Nurses