

Urology nursing: the road map ahead

Collective, collaborative efforts are essential to reach our goals



Simon J. Borg
EAUN Board member
EAUN Representative
for ESNO
Msida (MT)

sjb@malta.net

Every healthcare professional knows the reality of having “to know more about less.” With the rapid developments in technology, treatment options and outcome results, healthcare professionals are expected to acquire a wide range of competencies, and urology nursing is not exempted from these challenges.

Recent experience and studies have shown that, where nursing specialisations have been accepted and nurtured to grow, the service provided has improved considerably. This has not gone unnoticed

European Association of Urology Nurses

and in the EU Directive 2013/55 we find the following statement:

“The nursing profession has significantly evolved in the last three decades: community-based healthcare, the use of more complex therapies and constantly developing technology presuppose a capacity for higher responsibilities for nurses...”

Nursing specialisations have now gained some ground and are well-established in a number of European Union (EU) states. Yet, unfortunately, there is still no harmonious formal EU-wide regulation or standard. The situation is such that when the above-mentioned EU directive 2013/55 was published, it omitted to directly address these specialisations. In other words, unless work has started in earnest, by the time the directive comes into force nursing specialisation cannot be automatically recognised based on the goal of the proposed European Professional Card (EPC). This EPC project, under the updated Professional Qualifications Directive, is meant to facilitate the free movement of professionals in the EU. This new system should, in theory, simplify, administratively, the recognition procedure within the competent authorities of EU Member States.

In a way, the omission of nursing specialisation in the EU Directive 2013/55 came as no surprise, since we have no common training and testing framework. The European Specialist Nurse Organisation (ESNO) was quick to recognise this and addressed the issue with the EU Directorate as soon as it was published. A reply from Brussels came shortly afterwards and basically paved the way with the following statement:

“...The modernised Professional Qualifications Directive introduces the possibility to set up “common training framework” and “common training tests,” aimed at offering a new avenue for automatic recognition. A common training framework or test could be set up if the profession concerned or the education and training leading to that profession is regulated in at least one third of Member States. Qualifications obtained under such common training frameworks should automatically be recognised in the other participating Member States. These new principles might be relevant for specialties of sectorial professions, such as nurses.”

The above statement says it all. In short, we must have at least “one third of Member States” that follow the same pathway of common training and testing framework in order to have such nursing

specialisation recognised across the EU automatically. It is by all means a straightforward statement but it is not an easy task by any standard. Contrary to other nursing specialisations that are confined to a specific unit or service, urology nursing is spread over a large spectrum of services, thus making our task somewhat harder to reach within the established timeframe of less than two years.

“The European Specialist Nurse Organisation (ESNO) was quick to recognise this and addressed the issue with the EU Directorate as soon as it was published.”

The EAUN Board is now fully engaged in this quest and we also have good representation in the ESNO board as well. The goal ahead is not unreachable but it can only be surpassed through a collective effort from clinicians, hand in hand with members of the academe. This bumpy road to reach our set objectives cannot be made overnight nor can we accomplish them all by ourselves. We will get there, one small step at a time.

First ‘Uro Day’ in Manfred-Sauer-Foundation

Healthcare professionals examine issues in catheterisation

By Nikola Hahn & Tanja Konrad,
Manfred-Sauer-Foundation, Lobbach, Germany

The Manfred-Sauer-Foundation in cooperation with the European Association of Urology Nurses (EAUN) held the first ‘Uro Day’ last July 4. Approximately 120 participants from urology, nursing and the medical industry gathered in Lobbach, Germany, to discuss updates regarding intermittent catheterisation.

The guidelines, “Procedure and management of intermittent catheterisation in neurogenic bladder dysfunction” recently published by Deutsche Gesellschaft für Urologie (German Society for Urology) served as a basis for the lectures by five speakers from Germany and Switzerland.

“It is crucial to transfer knowledge and experience to the relevant hospitals,” said Dr. Ralf Böthig, Head of Neuro Urology in Hamburg-Boberg Hospital in Germany and co-author of the guidelines. “Equally important to us is informing professionals working in homecare and nursing so that a common standard can be created.”

However, there seems to be no common practice for the actual catheterisation procedure – not even among professionals: “Everyone have their own way to do it, and some are simply unable to cope with the variety we have today,” said Walter Holzschuh, Head of neuro-urological nursing at the Schweizer Paraplegiker-Zentrum in Nottwil, Switzerland. What’s missing is a common terminology and the means of re-examination and transparency. “We don’t want everyone doing the same thing; we want everyone achieving the same results.”

No out-of-the-box solutions

The first Uro Day offered a platform for a dynamic exchange and an overview of current recommendations in the management and execution of IC, as described, for example, in the new guidelines. The guidelines underscore that “IC never is a solution ‘out-of-the-box’ but remains an individual form of therapy for patients with neurological bladder dysfunction.” Principles which are generally accepted were highlighted in lectures focusing on indication/contraindication, urinary tract infection and ‘Briefing the patient in IC.’

Urological therapy is interdisciplinary work

“We recognise a rethinking among professionals. Doctors, therapists, nurses and others understand that they must act as a team,” said Ellen Janhsen-Podien, Head of Training in urological therapy in the clinic Links der Weser in Bremen (DE). As “ambassador” for professional urological therapy she supports the current standards regarding applications.

Urological therapist
Maike König of the

Zentralklinikum Bad Berka (DE) stressed the interdisciplinary nature of catheterisation. According to König, the individual posture during catheterisation, for instance, is a question that should be discussed with neurologists as well as orthopedic specialists.

Transfers must be supervised by physiotherapists and the adaptations of certain appliances by ergo therapists. Social workers and psychologists should be consulted when dealing with questions regarding the patient’s living environment and feelings of privacy. Common to all these discussions was the shared goal to provide individual treatment for patients to ensure the best possible security, independence and full participation in social life.

Böthig summed up the first Uro Day: “Neuro urology is a discipline with much potential. “ In the future, similar events might serve as a platform for interdisciplinary discourse as well as establishing a common quality standard.

Reference

1. Management und Durchführung des Intermittierenden Katheterismus (IK) bei Neurogenen

Blasenfunktionsstörungen. [German]. DGU Guideline. Arbeitskreis Neuro-Urologie und den Arbeitskreis Pflege der Deutschsprachigen Medizinischen Gesellschaft für Paraplegie (DMGP). AWMF Online; May 2014;1-22. AWMF-Register Nr. 043/048 Klasse: S2k. http://www.awmf.org/uploads/tx_szleitlinien/043-048l_S2k_Management_IK_Neurogene_Blasenfunktionsstörungen_2014-05.pdf



Speakers at the 1st Uro-Day from left: R. Böthig, E. Janhsen-Podien, M. König, V. Geng and W. Holzschuh

Improving the gold standard

Intermittent catheterisation (IC) was introduced in the 1940s by neurologist Sir Ludwig Guttmann and significantly reduced in those years the high number of patients with neurogenic bladder dysfunction dying from renal failure. Up to now the technique ensures a low pressure micturition and has been recognised internationally as “gold standard” in treating neurological problems. Catheters, condom urinals and other aids necessary for the intermittent catheterisation are subject to constant development and improvement.

European Association of Urology Nurses

<http://erus2014.uroweb.org>

ERUS2014

11th Meeting of the EAU Robotic Urology Section

17-19 September 2014
Amsterdam, The Netherlands

Special EAUN
Nursing
Programme

#ERUS14

Special EAUN Nursing Programme

The 11th edition of the ERUS meeting will take place from 17-19 September 2014, at the Beurs van Berlage in downtown Amsterdam.

The meeting on the latest in urological robotic surgery will be preceded by a special, day-long EAUN Programme for urology nurses interested in robotic urology on September 17th. The EAUN Programme will provide an overview of the technology and current practices, with specialised sessions for ward and OR nurses. QoL and the patient’s perspective, as well as the advent of online technologies are a main part of the day. More details of the full scientific programme can be found at <http://erus.uroweb.org>



The goal of the ERUS Meeting is to educate the urological community on robotic surgical techniques, with the ultimate goal of improving the level of patient care. The focus of the meeting will be on practical instructions on robotic surgery with live-surgery sessions, courses, and symposia. The highly interactive format of the meeting invites fruitful discussions.

We look forward to welcoming you in Amsterdam!

Best regards,
Lawrence Drudge-Coates
EAUN Chair

eaun erus eau European Association of Urology

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

High quality care in Aarhus University Hospital, Denmark



Vasiliki Katsarou
Clinical Nurse (MSc)
Konstantopoulou
Hospital
Nea Ionia, Athens
(GR)

vkatsarou@
hotmail.gr

I have been working as a nurse in different hospitals since 1997. In May 2013, I completed my MSc in primary health care and have been working for the Department of Urology at Konstantopoulou Hospital in Greece since 2005.

Healthcare in Greece has its roots in ancient Greek civilization. Although provided by health insurers, recent austerity measures have unfortunately resulted to citizens themselves directly contributing to the cost of their medications.

Our hospital is located in the capital city of Athens, one of the world's oldest cities with a recorded history that spanned more than 3,400 years. It is a 400-bed hospital and employs more than 1,000 workers. The Urology Department has 24 beds with about 8000 admissions every year. The Department consists of an outpatient clinic, a urology ward for adults, two operating rooms, a stone treatment centre and emergency room.

The hospital employs eight urology professors and serves as a training centre for six residents in urology. The specific fields of interest of the professors include prostate, bladder, renal and testicular cancers and stone treatment of the urinary tract. Among the department's major surgical procedures are radical prostatectomy, suprapubic prostatectomy, radical nephrectomy, partial nephrectomy, pyeloplasty, ureteroscopy, TUR-BT and TUR-P. The nursing team, led by a senior urology nurse and a ward manager, consists of three RNs and eight assistants with each member responsible for several care programmes.

In the outpatient clinic, more than 3,000 patients are examined every year. The activities are subdivided in various procedures such as follow-up care in prostate cancer, BPH, bladder cancer, catheter management and endoscopic examination of the bladder. Also noteworthy is hospital's Emergency Room department which provides first aid for urological emergencies 24 hours a day. Committed to providing high-quality care, the hospital also serves as a training hospital for medical and nursing students.



Fellowship programme

I have applied for the EAUN fellowship due to various reasons, one of which is to continuously educate myself through congresses, seminars and special courses. This programme was the perfect opportunity to personally observe how an organised healthcare system in Northern Europe works. Moreover, during the last three years, Greece is reforming and updating its healthcare system, a development that is considered as one of the most extensive in the world. Thus, I wanted to visit a widely recognised centre abroad to acquire further knowledge which may help the ward where I work.

Host institution

Skejby Hospital has excellent facilities and most doctors and nurses speak English. The Danish health service is financed through income tax, so medical treatment in Aarhus University Hospital is available to all Danish residents free of charge. The Department of Urology is highly specialised and has modern equipment matched with efficient organisation. The Urology Department has 30 beds and around 10,000 outpatient visits per year. The staff deals with a wide range of medical conditions, such as stoma care,

urodynamics and palliative care. The Urology Department also offers robotic urology and is deeply involved in developing cryoablation therapy for urological cancers. Lastly, there is a highly specialised paediatric department.

My fellowship programme, from June 10 to 20 this year, consisted of the following:

Tuesday, 10 June

- Welcome and introduction to the Department of Urology, AUH
- Following a nurse of the prostate cancer team

Wednesday, 11 June

- 5th Danish Post EAUN meeting
- Attendance the educational meeting

Thursday, 12 June

- Neuro-urology with the nurse Annette Hjulær to observe urodynamic investigation

Friday, 13 June

- Urolithiasis/stents
- visiting the operating theatre

Monday, 16 June

- Visiting the outpatient clinic with prostate cancer team

Tuesday, 17 June

- Prostatectomy from admission to discharge in 24 hours with prostate team

Wednesday, 18 June

- Uro-stoma-day

Thursday, 19 June

- Incontinent and Urodynamic
- Following a nurse of the Acute team

Friday, 20 June

- The Urology Box: discharge - the transition between home care and tertiary hospital

The ward

The ward nurses specialize in different fields like prostate team, prostate cancer team, bladder cancer team etc. With high quality nursing care as their goal, it was really important to keep the patients in the hospital in a short period as possible. After the first day of hospitalization, they cooperated with the hospices, where very severe cases were treated, as well as home nurses who serve the patient who were discharged from hospital.

The ward nurses helped me a great deal, patiently explaining their routine procedures and how they organize patients' care. They are responsible for two to four patients and they are closely involved in the details and special needs of the patients, which is in sharp contrast with my experience in Greece. There are fewer nurses in Greek wards for every shift, and the patient's family is closely involved in patient care, and this is partly due to the closer bonds in a typical Greek family.

EAUN Day in Denmark

I had the opportunity to attend the EAUN Day, which was held in English. The event enabled me to enrich my knowledge in various topics, such as the upcoming PhD projects about the effects of heavy smoking and alcohol cessation intervention in radical cystectomy.

Uro-stoma day

The stoma nurse specialist Ingrid Søndergaard took care of a patient with stoma after a radical cystectomy. Her duty was to demonstrate the procedure and provide advice and all the necessary equipment until the patient's next appointment, which was in four months. The role of the nurse is critical since the impact of this surgery can be overwhelming and may cause distress, fear and feelings of hopelessness. It can take time for some patients to come to terms with the way they look and function. The nurse in charge is tasked not only to respond to the patient's concerns but also to enable the patient to get used to the new equipment and its function.

Outpatient clinic

The outpatient clinic is staffed with 10 nurses, again working in various teams such as the prostate (which I observed), bladder and kidney teams. The nurse is responsible for briefing a patient who had been diagnosed with prostate cancer in another hospital, and was referred to the department for surgery. She arranges a meeting between the urologist and the patient for them to discuss a planned date for the surgery. Thereafter, the nurse provides a thorough briefing to the patient about the urinary system, surgery and to respond to questions they might have.

Big surprise

Aarhus is a small, peaceful and green city by the sea. Known as Denmark's second largest city it has both the atmosphere of a cosmopolitan city while retaining a 'small town charm' with its wonderful green areas. Around three hours away by bus from Copenhagen, the entire city is clean and well-organized, making walking or cycling an excellent and enjoyable way to get around.

One of the biggest surprises I had during my visit to Denmark was when I met the quality and risk manager of the Orthopedic Surgery, Rena Christou El-Zeinab, a Greek-Cypriot. We enjoyed our talks and gave me some handy tips. Most importantly, it was a pleasure to talk in my mother tongue in Denmark! Special thanks to Randi who arranged the meeting with Rena Christou.

All in all, my visit to Aarhus Hospital was fulfilling, educative and has definitely influenced the way I think about the role of technology and nursing care, and their impact on patients. There are big differences between the working environment in Denmark and Greece but I am optimistic that the quality of medical care in Greece will one day improve and measure up to these high standards.

I am thankful to the EAUN for the chance to have a well-organised fellowship in another European urology department. My thanks also to all I've met in the department and who provided assistance, including Bente Thoft Jensen, Erika Grainger, Tina



Schwennesen, Annette Hjulær, Ingrid Søndergaard and Rena Christou EL-Zeinab.

EAUN Board

Chair	Lawrence Drudge-Coates (UK)
Chair Elect	Stefano Terzoni (IT)
Past Chair	Kate Fitzpatrick (IE)
Board member	Paula Allchorne (UK)
Board member	Simon Borg (MT)
Board member	Willem De Blok (NL)
Board member	Erica Grainger (DK)
Board member	Susanne Vahr (DK)
Board member	Giulia Villa (IT)

www.eaun.uroweb.org



eaun Fellowship Programme

Visit a hospital abroad!

1 or 2 weeks - expenses paid

Application deadline: 31 January 2015

- Only EAUN members can apply, limited places available
- Host hospitals in Belgium, Denmark, 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 F +31 (0)26 389 0674 eaun@uroweb.org www.eaun.uroweb.org

European
Association
of Urology
Nurses

Visiting the 'Pearl of Stockholm'

Northern Europe's leading hospital impresses with clockwork efficiency



Sally Wildeman, Rn
St. Franciscus
Gasthuis
Dept. of Urology
Rotterdam (NL)

s.wildeman@sfg.nl

Co-author: Lucrezia Bani, Rotterdam, the Netherlands

We had the opportunity to visit the Södersjukhuset, a leading hospital in Stockholm, which is also known as the "Pearl of Stockholm."

We always make use of the opportunity to visit a hospital during an EAUN congress. It is very interesting to see how other urology nurses and urology departments function, and compare the differences and similarities. Our visit was auspicious since the hospital had just celebrated its 75th anniversary. We were heartily welcomed by urology nurses from the Outpatients Department, theatre and urology wards. They wore the same traditional uniforms worn 75 years ago when the hospital first opened its doors.

The nursing head of the department briefed us about the hospital's history and the challenges it faced over the years, and how the hospital administration and staff tried to keep up with modern technology and changes in public healthcare. Stockholm occupies four islands and the hospital was built outside the city. Today, with the city expanding beyond its former limits, the hospital is now practically situated in the middle of the city and there is no more adjacent land available on which to build. This is quite a feat considering that the hospital has the largest

emergency department in northern Europe and has more than 4,000 employees.

After introductions and a presentation in the urology department we toured the operating theatre, outpatients department and urology ward. At the urology operating theatre, we all dressed up in gowns and caps. Our guide showed us an operating room where all the transurethral bladder and prostate resections, vasectomies, orchidectomies, lithotripsies and PCNLs are done. In another well-equipped and impressive theatre complex, all the nephrectomies, cystectomies and prostatectomies are performed. The operating staff employs a very large digital, colour-coded display panel where they keep track of what is happening in each operating theatre.

Urology Outpatients Department

The next stop was the urology outpatients department where all the cystoscopies, urodynamic investigations, flowmetries, transrectal biopsies and ultrasounds of the prostate are done. Aside from the nurses, nursing and doctor assistants which provide support to the urologists, there is a nurse-led clinic managed by a nurse practitioner who is responsible for the uro-oncology patients.

The nurses' tasks include the cleaning, disinfection and maintenance of the cystoscopes and instruments. In the near future, everything will go to a central sterilisation department, which is currently being built. The nurses welcome this development since they invest a lot of time in the cleaning, disinfection and maintenance of equipment. Among the topics that we enthusiastically discussed were the use of disposable biopsy guns and which cystoscopes are commonly used in many urology departments.

We were also very impressed with their digital telephone system. If a patient phones and indicates that it's an emergency, they are immediately put through to a urology nurse who can take the call. If it is just a question about a urological procedure, the patient can ask the question and will be informed that

a urological nurse will phone back between 14.00 and 15.00. On the computer screen the urological nurse can see who phoned, at what time and the questions that were asked. There are also set times, during the week, that the patients can phone and speak to a urology nurse in the out-patients department.

The urology outpatients department is staffed by urology nurses and doctor assistants, and many of them work four to five days a week. Part-time jobs are very few and far between and only if they have young children. The staff members, however, are entitled to a six-week holiday per year. In comparison, nurses in the Netherlands have many possibilities to hold part-time jobs. In spite of the long hours and hard work one cannot but notice the motivation and job satisfaction of our Swedish colleagues.

Clockwork efficiency

Our last stop was the urology ward which has 23 beds, which are for urology only. Half of the ward has been renovated, and composed of four-bed wards and some single-bed rooms. The rooms are well-equipped, but they are small compared to the one-bed rooms in our hospital!

But despite the limited space, everything was efficiently done with each single-bed room having its own bathroom/shower en suite, and equipped with a bedpan/urinal washer! Above the bed is a lift, which makes it a lot easier to mobilize the patient. What a luxury! For the patients, there is also a lounge area with an amazing view of Stockholm.

The urology nurses are paired with a staff nurse/ doctors assistant and the team is made up of six members each day during a work week for a 23-bed ward. With such a compact team it can, indeed, be very busy and demanding.



The participants of the visit together with their hosts, Prof. Ulf Norming, Head (back left) and some nurses of the Urology department

The hospital is very environment-friendly, and anything and everything that can be recycled is recycled. They even have competitions among the nurses and staff nurses/doctor assistants in nearby hospitals, such as the best ward or department in recycling or hand hygiene, with the winners rewarded with exciting prizes.

After our tour we were treated to a great lunch and had souvenir pictures with our hosts. We were sent our way with a goody bag, hearty handshakes and invitations for another hospital visit! My heartfelt thanks to our hosts for the warm welcome we received and a very interesting and enjoyable tour of their urology department.



The Södersjukhuset, Stockholm



16th International EAUN Meeting

21-23 March 2015, Madrid, Spain



Abstract Submission
Research Plan Submission
Difficult Case Submission
Deadline 1 December 2014

Preliminary Programme

Saturday, 21 March 2015

- 09.00 – 10.15 **Opening Plenary Session**
The future of urological nursing – The need for a common framework: time is running out
- 10.30 – 11.15 **Workshop**
Nursing challenges in urodynamics
- 10.30 – 11.15 **Workshop**
Contemporary issues in patient pathways and cancer treatment
- 11.30 – 12.30 **Workshop**
Ongoing challenges in health and sexuality in male patients
- 11.30 – 12.30 **Nursing Research Competition**
- 12.45 – 13.45 **Workshop**
Diagnosis and peri-operative care in prostate disease
- 14.00 – 14.30 **State-of-the-art lecture**
Best practice principles in the urological care for people who have a learning disability
- 14.00 – 15.15 **Poster Abstract Session**
- 14.45 – 17.00 **EAUN-ESU Course - 1**
Practical management of urological emergencies

Sunday, 22 March 2015

- 09.00 – 10.00 **Workshop**
Intravesical instillation in NMIBC
- 09.00 – 10.15 **Inside the body - surgery in motion (videos)**
- 10.15 – 10.45 **State-of-the-art lecture**
BCG treatments for superficial bladder cancer
- 10.15 – 11.15 **Workshop**
Troubleshooting and quality of live in indwelling catheterisation
- 10.45 – 11.15 **State-of-the-art lecture**
Not only instillation: BCG perfusion for kidney and urethra
- 11.30 – 12.15 **Workshop**
Care pathway and rehabilitation in bladder cancer surgery
- 11.30 – 13.15 **Poster Abstract Session**
- 12.15 – 13.15 **Workshop**
Living with prostate cancer: Daily issues and quality of life
- 14.45 – 16.45 **Market Place Session**
Rehabilitation in urology cancer care
- 14.45 – 15.45 **Workshop**
UTI in clean intermittent catheterisation: What's new?
- 16.00 – 17.00 **Workshop**
Clean intermittent catheterisation and self dilatation: quality of life and success factors

Monday, 23 March 2015

- 09.00 – 10.00 **Workshop**
Difficult case session
- 09.00 – 10.00 **Workshop**
Pelvic floor rehabilitation for LUTS: What's new?
- 10.15 – 10.45 **State-of-the-art lecture**
PSA, is it a Patient Stress Amplifier?
- 10.45 – 11.15 **State-of-the-art lecture**
3Tesla Magnetic Resonance Imaging for PCa
- 10.15 – 12.45 **EAUN-ESU Course - 2**
Sexual assessment: Female Sexual assessment and rehabilitation
- 13.15 – 13.45 **EAUN General Assembly**
- 13.45 – 14.00 **EAUN Award Session**
Supported with an educational grant from AMGEN

Scientific Committee:

Stefano Terzoni (IT), Chair
Bente Thoft Jensen (DK)
Jerome Marley (GB)
Lisette Van De Bilt (NL)
Rita Willener (CH)

For more information:
info@congressconsultants.com

