Delivery of survivorship
Assessing the needs of cancer survivors

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Health services are continuously being put under pressure to deliver five-star service; with patient demand increasing and the lack of financial support and resources, this proves more and more difficult. The only way to meet such demands is by radically changing how we currently practice, and revisit our key interventions to identify the unmet needs of patients in specific tumour sites. By gaining this knowledge and understanding of patients’ concerns and problems, professionals can provide tailored support, education and intervention for their patients. If patients are physically and psychologically supported, educated and learn to cope and manage the after effects of their treatment and disease they will feel more empowered to self-manage and will want to live a more healthy and active life.

Recovery package
Three key areas of the recovery package we have focused on in our hospital are the following:

Holistic Needs Assessments
A Holistic Needs Assessment (HNA) is a questionnaire that is completed by patients affected with cancer, and identifies the patient’s physical, emotional, spiritual, practical and social needs and concerns. The aim is to address these unmet needs within an acceptable timeframe by sharing these unmet needs amongst the multidisciplinary team to improve patient’s management and care.

In the UK,HNAs are recommended to be completed at the following points of the patients pathway: start of treatment, during treatment, end of treatment, diagnosis of recurrence and transition to palliative care, recovery, and discharge.

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Health and Well-Being Events
Health and well-being events are events aimed at supporting patients through their treatment by involving different members of the multidisciplinary team to actively provide education, support or signposting people to the appropriate resources or support services. The events are tailored to your patient’s clinical and tumour specific needs and concerns. Patients’ biggest concerns or unmet needs are identified from the HNA questionnaires, which devised the content of what should be included in the health and well-being events.

Treatment Summaries
A treatment summary is a letter sent to the commissions medica locale or primary care doctors. The aim is to provide information on what treatment the patient has had in hospital and to give instructions on any interventions, for example, on-going medication or clinical observations. The treatment summaries also help the patient to understand what to expect in the future including: late side effects and possible treatment toxicities, future management plan and the contact details for health professional to answer any future concerns.

These key elements of the recovery package aim to support and encourage self management.

Survivorship pathway for prostate cancer patients
In a busy urology unit in the UK, in 2014/15 we treated 1,500 prostate cancer patients. The only way to deliver these three elements of the recovery package we needed to devise a new survivorship pathway for prostate cancer patients. We can several focus groups for patients, specific ethnic groups and health professionals to establish what patients wanted from their pending treatment and enhances self management. professionals to establish what patients wanted from their pending treatment and enhances self management. The pre-treatment seminar session needed to devise a new survivorship pathway for prostate cancer patients. We can several focus groups for patients, specific ethnic groups and health professionals to establish what patients wanted from their pending treatment and enhances self management.

The new pathway has been successful not only for patients but also more cost efficient and effective for healthcare professionals. Delivering interactive group seminars has opened communication channels between patients, healthcare professionals and community services. All patients who have attended a seminar have completed a feedback questionnaire, and the majority of the patients found the seminar beneficial.

A total of 94% of patients who attended the seminars felt they benefited and gained more knowledge and coping strategies and 100% of patients were satisfied with the seminars. One of the biggest impacts to the group seminars was peer support; patients found it comforting to know others were in the same situation and there were resources that could help them cope. The seminar sessions encouraged patients to ask questions about personal problems and also helped patients who were too embarrassed to ask personal questions as the group discussions were reported back as having a relaxed atmosphere and put people at ease. One patient said: “All the questions I wanted to ask but was too embarrassed to were either addressed by the nurses or another patient asked the question.”

The seminar sessions have also been more efficient and effective for the healthcare professionals. Conducting one to two-hour group sessions has reduced the waiting list in the outpatients clinic because the nurses can now see up to twenty-five patients at once. This new survivorship pathway has also reduced the number of outpatient’s appointments for patients, and has allowed healthcare professionals more time to provide efficient service to their patients.
I am a New Zealand urology nurse specialist with a special interest in prostate cancer. Fifteen years ago I established a small company which gave me the opportunity to develop a nursing service intended to identify and meet the needs of patients undergoing urological surgery.

I practice in Taungra, a stunning seaside city in the aptly named region ‘Bay of Plenty.’ We have a large public hospital and a smaller more intimate private hospital called ‘Grace’ which strives to be a centre of excellence in urology. The surgical treatments offered for men with prostate cancer are robotic-assisted laparoscopic prostatectomy, radical prostatectomy, brachytherapy and cryotherapy. We also have a brand new state-of-the-art Radiation Oncology Unit.

In August 2015, with the support of the (PCFNZ) Prostate Cancer Foundation of NZ, Abbie and the New Zealand Urology Nurses Society (NZUNS) I attended the Prostate Cancer World Conference in the sunny North Queensland city of Cairns. It was my third conference which is usually convened in Melbourne, Australia. This year the organizers broke with tradition and the balmy Cairns temperatures really did provide welcome respite to those of us enduring a long, cold southern hemisphere winter!

My fascination with all that is related to the nursing profession goes back beyond 2004, the year of my registration as a first-level nurse. Soon after qualifying, I was given the opportunity to join the Operating Theatres Scrub Team at St Luke’s Hospital, a few years before our migration to the new Mater Dei Hospital.

I initially trained in General Surgery followed by Urological and Neuro Surgery. Excluding Theatre Nurse Specialists, all the rest, are obliged to be proficient in three specializations, not just one. This flexibility’s sake, but also in case of a national disaster. My main specialization, however, is urological surgery and I am working my way to become a second Urology Theatre Nurse Specialist here in Malta. Our urology unit is a specialized dynamic environment, where innovative techniques are the norm with the patient as the ultimate beneficiary.

EAUN fellowship

My interest for the EAUN fellowship was fuelled by my pursuit of knowledge on how other prestigious urological facilities are being conducted and managed by competent nurses. Such first-hand experience will surely boost my understanding, helping me in my main goal to reach competence level to that of a urological nurse specialist. I can say now that the knowledge I gained from this fellowship also exceeded my expectations and I am convinced that there is always room for improvement.

The conference started extremely well with the official welcome being hosted on Green Island, Great Barrier Reef. Networking began in earnest on the boat trip out to the reef with a great turn out of delegates who spent the afternoon snorkelling and diving in the clear water with its stunning variety of life and coral readily accessible.

The conference ‘proper’ began the following day at the Cairns convention centre with the programme offering the full range of Clinical Urology, Translational science, Nursing & Allied Health. The event brought together approximately 650 delegates (from 26 countries) with well leaders in prostate cancer presenting their expertise and current research across all facets of care.

Comprehensive programme

I found the programme of tremendous interest and very relevant to nurses. In this article I would like to focus on topics of interest to me and share some of the ‘pearls of wisdom’ gained.

On Day 1, Prof. Suzanne Chambers, clinical psychologist and author of ‘Facing the Tiger: Advice for Men and the People Who Love Them’ spoke on the latest advances in psychological care for men undergoing prostate cancer. Suzanne is a wonderful speaker who opened my eyes further to the prevalence of high levels of distress, depression and increased risk of suicide among men diagnosed with prostate cancer. I was surprised to learn that eight years after diagnosis, 10-15% of men had ongoing health-related distress, worry, low mood and insomnia. At least half (47%) also reported at least some unmet sexuality support need.

Prof. Chamber’s talk galvanised me into action and I returned home to establish a database of counsellors and psychologists with a special interest in caring for prostate cancer patients. Recognising that high levels of early distress predict poor later ongoing distress, I now ask all men to complete a ‘Distress Thromometer’ (DT) as part of their rehabilitation assessment. The DT is a validated tool designed to predict cancer distress (the higher the DT the higher the validated data is available from Prostate Cancer Foundation of Australia).

Another Day 1 highlight was a workshop which offered the audience many tips on networking in a conference environment. The speaker urged the audience to avoid looking at how contacts can benefit them, instead recommending they be the person that connects other people together. We were encouraged to stop asking questions (but not ‘closed’ ones), not fill awkward silences (you end up overhearing) connect people to one another, and ask ‘How can I help you?’ rather than look to how people can help me. This workshop achieved its desired outcome with everyone connecting freely by the end of the session. Strangers were prepared to approach others and start a conversation based on commonalities. There was wonderful interaction and this set the tone for getting people together for the rest of the conference.

On Day 2 I particularly enjoyed the lively and informative panel on ‘Challenging prostate cancer cases.’ The multidisciplinary panel included a urologist, radiotherapist, medical oncologist, psychologist, nurse specialist, exercise physiologist, general practitioner and the president of Prostate Cancer Foundation of Australia. This panel discussion highlighted the importance of a team approach for men with prostate cancer; with each panelist lending their perspective on the best approach for care. It takes a skilled team to provide holistic support to men on prostate cancer treatment pathway. Treatment often starts, but does not end solely with a skilled surgeon!

EAUN fellowship report

Expert clininc in urology care - report from EAUN fellowship

I believe that I have not only reached my objectives but also surpassed some of them. From this experience I witnessed firsthand the way my European colleagues deliver relevant and useful service to urology patients. These experiences also helped me to fine tune and hone my mentoring skills. Sharing professional experience with colleagues and students is of paramount importance in our demanding profession. My goal was to return to my practice better informed in providing a cost effective and patient-centred care. This objective has been reached and the experience gained helped me improve my performance as a team player and motivator at our multi-disciplinary urological surgery team at Mater Dei Hospital in Malta.

Recommendations for future EAUN fellowship beneficiaries

It is an absolute must to plan well ahead for this fellowship, irrespective of one’s choice of venue and with clear goals and expectations. One should research well beforehand the costs of accommodation and flights when submitting one’s application. Applicants must also have a realistic comprehension of the costs when booking since London is no exception to high commuting costs.

Taking part in this EAUN fellowship truly boosted my nursing career. The experienced gained will help me provide a high level of nursing care in Malta while still striving to improve my skills, knowledge and commitment.

I thank Bruce Turner, Sasha Ali, Clare Smart and Clifford Atwood for their patience in mentoring me. I fell at home from Day 1 and will not hesitate to have this experience again with such a great team. Finally, my special thanks to the EAUN Board for their support and programme.
Neurogenic detrusor overactivity & overactive bladder

The European School of Urological Nursing (ESUN) is proud to announce a brand-new course on neurogenic detrusor overactivity and the overactive bladder syndrome complex. The course will take place in Rome, Italy, on 4 and 5 November, 2016, and will provide the participants an overview of the pathophysiology of lower urinary tract dysfunction in idiopathic overactive bladder (OAB) and neurogenic detrusor overactivity, relating to neurophysiological mechanisms.

In addition, the current evidence base for management will be discussed. Upon completion of this course, the participants will be able to describe and discuss the methods used for diagnosing and treating neurogenic and non-neurogenic overactive bladder. In addition they will be able to deliver the course in their clinical areas as part of a developmental training and educational commitment.

The course is open to 25 nurses from all across Europe, who will arrive on Friday, 4 November in the morning and attend the first half of the course in the afternoon. On 5 November, the second part will take place in the morning. Thanks to a grant from Astellas, the participation fee is just €45; hotel rooms and the dinner for Friday 4th will be booked by the EAUN, so the delegates will only need to book their flight ticket, which will be covered by the grant as well. This ESUN course has been created and organised by the EAUN, with logistic support from AIURO, the Italian Association of Urology Nurses.

The scientific programme includes the aetiology of bladder control and pathophysiology of the lower urinary tract, pathophysiology and management of OAB and neurogenic detrusor overactivity with similarities and differences, and evidence-based nursing. The course will be interactive: the participants will discuss clinical cases and focus on decision-making, with help from a faculty of experts. The final goal is to give nurses a clear understanding of how to manage these patients with a multidisciplinary team. We are committed to offering a high-level international course, with a practical approach based on clinical reasoning and the best available evidence.

The course will be entirely held in English, so the participants are requested to be proficient in understanding and speaking, in order to ensure the highest level of interaction. Don’t miss the opportunity to attend an important course in such a wonderful city; for all details regarding the course and registration, please contact Susan Brenninkmeyer, s.brenninkmeyer@congressconsultants.com

See you in Rome!

For further information and a free sample copy go to: www.eau.uroweb.org