European Specialist Nurses Organisations (ESNO)

Advancing the role of specialised nurses in Europe

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The European Specialist Nurses Organisations (ESNO) (www.esno.org) is founded in 2006 and aims to highlight the role played by specialist nurses in Europe.

Nurses are the largest group of professionals (three million) in European healthcare, and it is expected that in the future the role of nurses will further expand, including that of specialist nurses or nurse specialist. Thus, nursing societies such as the EAUN are eligible for ESNO membership to support the goals and long-term strategy of ESNO. In 2017, 19 specialised nursing organisations became ESNO members, further expanding ESNO's influence.

ESNO's long-term strategy will undergo updates this year and its main goals include the following: (1) A stronger professional organisation; (2) Stronger position in healthcare or in the interdisciplinary team and (3) Greater involvement in decision-making at local and EU policy level. A dominant concern is to achieve wider recognition of specialist nurses in the next five years across Europe.

For ESNO, lobby initiatives and public relations in the European Union (EU) are important, striving for a better position for specialised nurses in Europe. Ber Oomen (NL) represents ESNO and its members in the EU, where he spends time at the European Parliament in Brussels to link-up with politicians. Moreover, ESNO also works with physicians, pharmacists and patient organisations to gain more influence at the EU and European Parliament.

Training framework

ESNO aims to set up a common training framework as referred in the Directive of Recognition of Qualifications (http://eur-lex.europa.eu, search for CELEX 32013l0055). In this directive, the European Union has invited the Nurse Specialist to bring more recognition and unity in the nursing profession. In recent WHO publications, this subject is recognised with reference to ESNO as the key non-government organisation (NGO).

With this framework, ESNO intends to standardise education in Europe for specialised nurses and nurse specialists. ESNO also wants to contribute to nursing guidelines on nursing diagnosis, interventions and outcomes. ESNO works with the European Federation of Nursing (EFN) and the International Council of Nursing (ICN).

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The level of education of specialist nurses in Europe varies. The Netherlands, United Kingdom and the Scandinavian countries, for example, already have a developed and differentiated educational level of nursing from MBO level to master's level (university). Nurses Specialists on master's level work at a complex nursing level and take over medical tasks from physicians. In the southern and eastern European countries, these different levels of education are less developed. The European Qualification Framework (EQF) describes at a European level the eight common European reference levels in terms of learning outcomes, knowledge, skills and competences. These can be used by National Qualification Frameworks (NQF) and relate to the EQF. With this framework, levels of education among European countries can be compared.

The European Commission's Directorate-General GROW and Directorate-General Health and Food Safety (SANTE) requested ESNO to map the Specialist Nurses health workforce. They started with diabetes in cooperation with the Foundation of European Nurses in Diabetes (FEND), and collaborated with scientists of the University of Leuven (BE). The first step is a literature review classified by age, with the whole process involving five steps.

ESNO projects

ESNO also develops E-books which describe the common content of the nursing profession of a specific area. The E-book "*Respiratory Nursing at a Glance*" has been completed. The E-book on mental health is due for completion this year, while the E-book on oncology is scheduled for next year. ESNO encourages its member organisations to participate in the programme and develop an E-book about their own nursing profession. The project is a good opportunity for these groups to present the scientific core of their nursing specialties, an effective way to highlight their tasks to the general public.

ESNO also aims to establish a European Accrediting Nursing (EAN) programme since specialist nurses need a uniform European accrediting body to be accredited and recognised across Europe. To reach these goals, ESNO collaborates with National Regulatory Bodies. Nowadays, there are big differences in legal procedures among countries, with some still lacking a specialised register for accrediting nurse specialists or specialist nurses.

Membership benefit

The EAUN can benefit from its ESNO membership by being an active member. On the European level, ESNO is very active to achieve a uniform educational level for specialist nurses and nurse specialists in Europe. The EAUN can support this by attending the meetings ESNO organises where it can present the EAUN's core mission. The EAUN can also support the Education Committee that ESNO has established this spring to develop a frame work for the recognition of a professional level of specialised nursing. ESNO has invited educators from societies to join the committee to work on common training references that provide a common training framework.

ESNO Summit in Brussels

The ESNO will hold its second summit in autumn this year in Brussels (30 November - 1 December), with the summit theme '*Shifting from Hospital to Primary Care: The role of the specialist nurse*'. Topics include: Setting the scene; Experiences with care transition; The patient perspective; Future challenges.

More information at www.esno.org/esno-summit
ESNO is organising an abstract or poster session during the summit, and the EAUN has submitted a poster for presentation.

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www.eaun.uroweb.org

Getting the right diagnosis

Diagnostic Error in Medicine Conference examines insights in healthcare practices

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Getting the right diagnosis is a key aspect of healthcare. As a registered nurse I have contributed to the formulation of patient diagnoses throughout my career. When I became a urology nurse practitioner in 2010, my scope of practice permitted me to autonomously and collaboratively provide patient-centred healthcare including the diagnosis and management of health conditions.

The Institute of Medicine's 2015 report *'Improving Diagnosis in Healthcare'* (1), states that "It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences". This is a worrying statistic and thought-provoking for all of us involved in the formulation of diagnosis. With this is mind, I was keen to attend the 1st Australasian Diagnostic Error in Medicine Conference, held in Melbourne, Australia, from 23 to 25 May 2017.

A variety of disciplines (including nursing, medicine, pathology, radiology, education and research) were represented by the 220 participants who came from Japan, Singapore, United Sates, Australia and New Zealand. The presenters included world and local leaders in medical diagnosis, and patient advocates all sharing ideas and initiatives aimed at reducing diagnostic error. Right at the beginning I saw the positive energy of the participants, and in this column I would like to share some of the highlights of conference programme.

The conference theme was *'Towards safer diagnosis- a team effort'*. Day 1 started with a workshop entitled: *"They got it wrong": How patients and health professionals can make a difference through collaboration to obtain a positive outcome.* This interactive session was co-hosted by a patient advocate and an emergency department physician. It started with a powerful video entitled "*'Jess' Story"* (2), a factual account of a young woman who visited specialists for over four years with a set of symptoms that no specialist was able to link with a specific diagnosis.

After a long period, Jess' grandmother raised the possibility of Jess suffering from a rare inherited cardiac condition called Long QT syndrome, which she had seen on the internet. Jess' neurologist stated that he did not believe this to be the case but reluctantly agreed to refer her to a cardiologist at the family's request. He informed his colleague that he did not believe Jess had the condition, but the cardiologist went ahead and ordered a variety of diagnostic tests. The test results appear to have then been interpreted both incompletely, and with a closed mind, as the cardiologist also concluded that the young woman did not have Long QT Syndrome. He in fact informed Jess and her family that he had been unable to make a diagnosis. Jess died less than one year later, aged 17 years of age, of Long QT Syndrome.

The workshop attendees were told that Jess' devastated mother channelled her grief into trying to understand what contributed to Jess' missed diagnosis and becoming a patient safety advocate. She strongly believes that better communication between patients and health professionals can significantly improve the rate of diagnostic error and this premise was explored during the workshop through a series of doctor / patient vignettes performed by three professional actors.

The provocative scenarios stimulated discussion among the attendees about ways in which health professionals can begin to breakdown the embedded culture of our workplaces and empower patients, through our interactions, to speak up and effectively share their information and concerns. It was a thought-provoking dialogue that reminded us of our responsibility to create environments in which patients and their families can better understand the diagnostic process and feel more comfortable participating in the process.

Day 2 saw the start of the main conference programme- plenary sessions, case reviews, panel discussions, interactive workshops, oral abstracts and posters. The timetable included many thought-provoking sessions each aimed at improving our understanding of how diagnostic errors occur. Patient and family factors were discussed including the difficulties related to presentation with non-specific symptoms, challenges with health literacy, communication and cultural considerations. Clinician factors were explored; the risks associated with inadequate collaboration and communication with colleagues, the impact of varying levels of health professional knowledge and experience particularly after long hours, stress, fatigue and personal issues.

System factors were also found to be critical; time pressure and interruptions that may result in a shortened physical exam and a missed key finding, competing priorities that could lead a clinician to a diagnosis without adequate consideration of differentials, inadequate processes for ensuring follow-up of test results, especially after a patient has left the healthcare setting. Heads nodded around the auditorium- these were factors we all recognised from our daily practice. Collectively, they were labelled 'contextual factors', a term that became very familiar over the two-day programme.

One particularly interesting interactive symposium was entitled *'Cognitive Biases: How Doctors think and de-biasing techniques'*. A detailed case study of an emergency department presentation was used to identify and explore cognitive biases that impact on diagnostic error rates. These biases were many and varied but included premature closure (having one's mind set on a diagnosis and not taking the time to explore differential diagnoses), confirmation bias (looking for evidence to support a preconceived opinion, rather than for information to prove oneself wrong), availability bias (formulating a diagnosis based on the fact that it comes to mind readily because it is common, easily remembered or recently encountered), anchoring bias (locking onto a diagnosis too early and failing to adjust to new information) and affective bias (the tendency to convince oneself that what you want to be true is true- most common if health professionals find themselves disliking a patient so they might write off a symptom as something minor rather than fully investigating it).

I observed the session participants to be particularly alert and focussed as these biases were discussed. Many could recall examples of witnessing such biases in action. The symposium leaders urged us to get to know our personal biases and our workplace environments as honestly as we could, in order to begin the process of finding ways to mitigate the effects of these biases on diagnostic reasoning. It was powerful stuff.

As the conveners wound up the conference they reiterated the expert committee's conclusion that improving the diagnostic process is not only possible, but also represents a moral, professional and public health imperative. I certainly left the conference determined to look for ways to enhance work systems to support the diagnostic process in my work place. I imagine all other delegates were similarly motivated by the content of this really interesting inaugural conference.

References

(1) Improving Diagnosis in Healthcare (2015). Committee on Diagnostic Error in Healthcare. Editors: Erin P. Balogh, Bryan T. Miller and John R. Ball. The National Academies Press.
(2) Do No Harm: Jess' Story. https://m.youtube.com (2012)

Robotic Urology Nursing

ERUS17

ERUS-EAUN Robotic Urology Nursing Meeting

25-27 September 2017, Bruges, Belgium

Join this unique meeting for OR nurses in robotics

Increase your knowledge of procedures, competences and teamwork in the OR

There is no harmonised training for nurses and RNFAs at this moment and this meeting aims to fill this gap with a high quality nurses programme. The 2017 edition of the ERUS-EAUN Robotic Urology Nursing Meeting in Bruges is a unique meeting for nurses and RNFAs working in robotic urology. By collaborating with EAU and ERUS we are able to provide an educational programme based on best practice and high standards.

The aim of the ERUS-EAUN Robotic Urology Nursing Meeting is to become the educational platform for OR nurses and RNFAs working with robot-assisted urology surgery. The programme will include the latest research in our field of expertise and also anticipate what the future will bring. The meeting will offer theoretical in-depth knowledge and optional hands-on training for nurses working in robot-assisted urology surgery (for hands-on training separate registration applies).

The first day will be completely dedicated to the operating room nurse / assistant role in theory and practice. This will include state-of-the art lectures on safe positioning, avoiding complications, radical prostatectomy, kidney and bladder cancer, amongst others. Team training, troubleshooting, ethics and educational video presentations are some of the other important topics that will be discussed with the audience by highly skilled and experienced speakers. This day will deepen the knowledge of the patient's pathway from diagnosis to surgery and increase awareness of the importance of having the right competences in the operating room.

On days 2 and 3, the nurse delegates will attend the lectures and live surgery sessions of the regular ERUS programme, to return home completely updated on the latest developments in the field.

The hands-on course at ORSI (HOT 1) includes:
Theory regarding the impact of robotic surgery in a perspective of minimal invasive surgery, including the pros and cons and cost effectiveness of robotic surgery.

- What different robotic instruments are there and which ones are suitable for urology surgery
- Handle the Endo GIA™ stapler and different cartridges, vessel staplers and sealers and different clip appliers.
- Training on the Si and da Vinci Xi systems: port placement, different clutches, docking and positioning the arms, adjusting the ports, etc.

The hands-on course at the congress venue (HOT 2) includes:

- Console training, enabling a greater understanding of the roles in the team, the advantages of 3D vision and high definition, etc.
- Team training and assisting laparoscopically: test your skills, examine the role of the RNFA and practise collaborating with a person in the console
- Communication training in high risk settings such as the operating room

Registration for the HOT sessions is on a first-come, first-served basis. Few places are still available.

Register before 15 September 2017 and benefit from a discounted fee!

Register now at www.erus17.org

More information: www.erus17.org/special-meetings/erus-eaun

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19th International EAUN Meeting

eaun18

17-19 March 2018, Copenhagen

Abstract and Video Submission

Difficult Case Submission

Research Project Plan Submission

Deadline: 1 December 2017

EAUN18: Prime platform for urology nursing research

As author Ralph Marston once said, "What you do today can improve all your tomorrows." It is crucial that nurses share what they know and have the platform to do so. "Nurses are always interested in finding ways to provide optimum care for their patients. The sooner they present their research to a wider audience, the more they help raise the level of patient care," said Ms. Franziska Geese (MScN, RN) of the University Hospital of Bern.

Ideal platform
Geese said, "The programme of the upcoming 19th International Meeting of the European Association of Urology Nurses (EAUN18) is designed to upskill nurses by offering them the opportunity to present their research, and by providing them the latest trends and technologies in urology nursing."

There are four ways nurses can present their research at EAUN18; via the Poster Presentations, Nursing Research Project Competition, Video Presentations by Nurses, and "Difficult Case" Session.

Nursing Research Project Competition
Do you have ideas on improving urological care, or solutions for issues encountered in daily clinical practice? Submit your research project plan and win €2,500!

Poster presentations
Submit your abstract on urology nursing, continence nursing or any related field that has relevant applications for clinical practice. Be one of those to bring home the third, second or first prize for the Best EAUN Poster Presentation!

Video Presentations by Nurses
Do you prefer expressing your ideas in a visual way? Create a video presentation (plus an abstract) and if selected, your video will be presented to an international audience at EAUN18 and your registration fee will be waived!

"Difficult Case" Session
Ever encountered a challenging case? Or puzzled by an unusual one? Share them! The cases do not have to be solved as these will be discussed during EAUN18 to generate fresh perspectives and innovative approaches. If your case is selected, you and 4 other winners will be given free registration to EAU18!

Top 5 tips for joining these competitions

Tip #1 Take a chance
"Already decided to submit your work? Congratulations! Getting over this first step takes courage. Feelings of insecurity often hinder nurses from sharing their work, but to begin despite those feelings is one huge step forward. Go for it!"

Tip #2 Read EAUN's guide "How to write an abstract"
"Let this help you with the outline of your research. It gives you accurate and practical advice on how to write your abstract."

Tip #3 Ask for help when needed
"If you have colleagues who have written abstracts before, feel free to ask them. In addition, the EAUN has research mentors who can help you if you have questions with regard to developing your research project plan.

Tip #4 Take part in the presentation skill lab
"If your work is accepted, take part in the presentation skill lab in Copenhagen to practise your presentation skills. A coach will guide you through your presentation. Everyone whom I spoke with and used this service swears by it!

Tip #5 If your abstract is not accepted, keep going
"Keep submitting because it raises your chances of being approved. Attend the meeting to enhance what you know and to expand your network."

An example to inspire you
One of the most popular submissions during the EAUN Meeting in Aarhus, Denmark this year was the poster presentation "Can self-installation improve QoL in patients with painful bladder syndrome?" by Continence Advisor Ms. Annette HJuler of the Regionshospitalet Randers. This poster was an excellent example of how nurses can collect daily sample data and transform it into research.

Gather your data and document it well. You have the capability, the experience and the knowledge to do so. Submitting your research can help gain new evidence to improve patient care and can inspire others to expand the research as well.

So hesitate no longer, and prepare an abstract, video, research plan or case to present at EAUN18 in Copenhagen!

Submission deadline: 1 December 2017

in conjunction with EAU18

www.eaun18.org

eaun European Association of Urology Nurses