

# A decade of educational collaboration

EAUN celebrates 10th anniversary of co-operation with Asia



**Lawrence Drudge-Coates**  
Urological Oncology  
CNS  
Chair, EAUN Special  
Interest Group  
Prostate Cancer  
London (UK)  
[ldrudge-coates@nhs.net](mailto:ldrudge-coates@nhs.net)

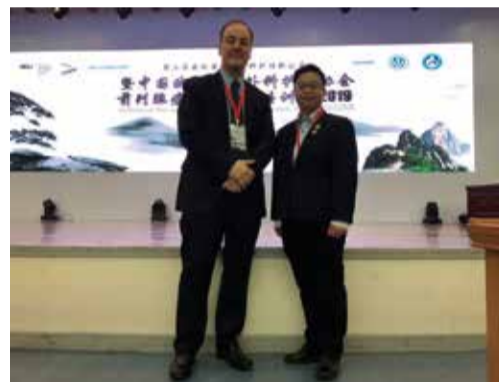


Urology Ward visit - The 2nd Affiliated Hospital, Tianjin

Multi-professional approaches to urological care are fundamental in ensuring positive outcomes in urological care, in which nurses are central and play a pivotal part. Furthering this approach, our visit to China celebrated the 10th anniversary of the collaboration between the Chinese (CUAN), Hong Kong (UNAHK) and European urology nursing communities. It symbolises a decade of continued friendship and strong educational links in the development of urological nursing both now and for the future.

## Practical workshops and lectures

The collaborative educational programme delivered both practical workshops and lectures covering



EAUN SIG Chair Lawrence Drudge-Coates and Ms. Lani (Head of Urological Nursing) at The First Affiliated Hospital, Sun Yat Sen University Hospital, Guangzhou (CH)

clinical aspects in prostate cancer in conjunction with our physician colleagues. Broader aspects of care approaches including that of evidence based guideline development and concepts regarding specialist nursing were discussed and delivered in English, Cantonese and Mandarin Chinese.

Unfortunately, illness prevented Paula Allchorne (EAUN Chair Elect) from attending the meetings with myself. I am delighted to say, however, she is now well and back on her feet. So on behalf of the EAUN I set upon delivering over 20 lectures and educational workshops over 10 days, across China from Guangzhou in the south, to Hefei, Tianjin and Beijing in the north. As always, a somewhat intensive schedule which required a degree of sleep deprivation, caffeine and amnesia regarding the task ahead, but thoroughly rewarding.

These visits also afforded us the chance to see urological nursing first-hand and there was great interest in our visits to the wards from both patients and staff alike. In addition, many high-level healthcare and hospital leaders were present at the meetings in support of these conferences for nurses.

## Essential podcasts

The EAUN lectures in China (Guangzhou, Hefei, Beijing, Tianjin) were attended by over 1,000 delegates. Thanks to supporting technology, nurses



Members of the Urology Department of the Peking University Hospital

were able to follow both the lectures and workshops online by accessing podcasts. This is an essential element in China when considering education approaches due to the sheer size of the country and the ability of nurses to travel to these meetings.

In my opening speeches, on behalf of the EAUN, I once again reiterated the importance of such collaboration and from its infancy recounted the developments and significant achievements that had already occurred. I stressed that "while being divided by culture and language, there was a strong unity in the need to provide optimal patient care for urology patients, and as such collaboration provided the vehicle by which to achieve this goal" and that we had a lot to learn from each other.

## Nurse specialisation

This year also saw a growing interest in the concept of nurse specialisation in urology with the development of programmes in urological nursing as the first nursing discipline in China to address this issue and begin to formulate key aspects of this approach. Experiences from the UK and elsewhere were viewed

with great interest, and allowed all parties to consider both the positive and negative aspects, while identifying commonalities in the rationale for these approaches to be developed.

Once again this visit proved to be a highly interactive educational event, with a real sense of the mutual need to develop urology nursing excellence and therefore all credit goes to our colleagues from Hong Kong & China. Without their continued support such an event would not be possible.



Peking University Hospital, Urology Department - workshop on rectal examination

# EAUN19 Poster Sessions: Food for thought

How to transfer new information from session to daily practice



**Jason Alcorn, FHEA, DN, MSc, BSc, Dip Urol Carer, RN - Adult**  
EAUN Board Member  
Wakefield (UK)  
[j.alcorn@eaun.org](mailto:j.alcorn@eaun.org)

Hello colleagues,

I hope you enjoyed the Annual EAUN Congress as much as we did. The sessions were well attended, informative and gave much food for thought. Apart from the sessions, the posters were of a high standard and gave the adjudicators a headache trying to select the top two in each category. In total there were 44 poster and 3 video abstracts submitted with 25 selected for your review. The poster abstracts were then roughly split evenly into 'practice development' and 'scientific'. The abstracts were submitted by colleagues from Europe as well as from Australia, Pakistan, Israel, Hong Kong, Qatar, Singapore, Taiwan and China. Just to show you how well-known our conference is around the globe.

## Entire patient pathway

The posters came from a wide variety of settings: from outpatient departments to clinical settings in hospitals and from the entire patient pathway, from pre-diagnostic tests to post-treatment follow-up. The subjects of the posters were good examples of how nurses can improve their clinical or personal practice, as well as their work settings for other nurses to follow in the future.

Unfortunately, our colleagues from Pakistan were unable to attend the conference in person. Therefore they gave their presentation via skype, a first I am led to believe. This worked well, it seemed they

were in the room with us. A first for the EAUN conference and one, I am sure, that may well be used again.

## Abstract scores

The abstracts submitted by hopeful participants were initially scored by the Scientific Committee and the submitters of the top-scoring posters invited to bring and present their poster in Barcelona. These top-scoring posters were displayed on the poster boards for your review. The adjudicators viewed each poster and listened to the participants presenting their research/work during the session. Each participant's poster was scored against pre-determined criteria. It should be noted that the final total number of points given to the projects were exceptionally close for the winning posters in each category. This means that they were of a high standard and promoted urology nursing. I would like to present a brief synopsis of the winner of each category's poster.

*"...the posters were good examples of how nurses can improve their clinical or personal practice..."*

## Winner practice development section

The winner of the practice development section was poster 3: 'Development of an advanced nurse practitioner-led bladder cancer surveillance service in Ireland: Preliminary audit results', presented by R. McConkey (IE). This practice development was building on the advanced nurse practitioner role used in other countries where the role of a nurse cystoscopist has evolved. The poster showed the reader how the role was conceived, planned, implemented and then evaluated. It was this evaluation that McConkey presented to the conference. It took into account some of the issues that we contend with every day in clinical practice, such as effective care and support, antimicrobial

stewardship and use of resources. McConkey concluded that appropriately trained nurses can deliver safe and high-quality patient centred services. Something with which we all agree I think.

## Ostomy self-care study

In the scientific section, the winner was poster 13: 'Self-care in ostomy patients and their caregivers', presented by M. Boarin (IT). This was a descriptive study focussed on self-care levels in ostomy patients and their caregivers by using two new tools. They noted that ostomy patients face great challenges in the physical, psychological, emotional and social aspects of their lives. They sampled 105 patients and 75 caregivers. The conclusion of this study showed that the tools were important in supporting nurses in their practice, as they gave an objective assessment of ostomy patients and caregivers levels of self-care. Boarin hypothesised

that these tools may contribute to significant reduction in readmissions and ostomy complications.

## Improve healthcare

In concluding this short piece, I don't think I have done the winners and their work enough justice, so I wholeheartedly invite you to look at these pieces of work by following this link <https://resource-centre.uroweb.org/resource-centre/prize-winners/eaun19>.

Please feel free to take a look at other works presented as well, digest them and look at how they can be used to inform your daily practice. These examples can be spread all over Europe by presenting them in a congress such as ours, as well as in your own workplace. This way, best practice and knowledge can be used in other hospitals and improve healthcare for all our patients.



Poster viewing by jury and delegates before the poster presentations start



## EAUN Board

Chair	Susanne Vahr (DK)
Chair Elect	Paula Allchorne (UK)
Board member	Jason Alcorn (UK)
Board member	Jerome Marley (GB)
Board member	Tiago Santos (PT)
Board member	Corinne Tillier (NL)
Board member	Jeanette Verkerk (NL)
Board member	Giulia Villa (IT)

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

# Self-care in ostomy patients and their caregivers

## Measuring self-care levels in ostomy patients and caregivers using two new validated indexes



**Mattia Boarin, RN, MSN**  
Staff Nurse & Lecturer  
Dept. of Urology  
San Raffaele Hospital  
Milan (IT)

boarin.mattia@hsr.it

At the 20th International EAUN Meeting in Barcelona, we presented a poster describing a study conducted in our hospital in Milan, aimed at investigating the self-care levels in ostomy patients and caregivers using two new indexes, validated in Italian.

### Introduction

Patients with an ostomy have to face great challenges on physical, emotional, psychological and social level. We, as health-care professionals, play a key part because we support adaptation, we encourage patients to be involved in stoma care directly and we create the best conditions to promote effective self-management. There are over 72.000 people in Italy currently living with an ostomy.

### Aim of the study

The aim of our study is to describe the levels of self-care in ostomy patients and their caregivers using two new validated tools: the Ostomy Self-Care Index (OSCI) and the Caregiver Contribution to Self-Care in Ostomy Patient Index (CC-OSCI). The OSCI is composed of four scales: assessing self-care maintenance (daily behaviours implemented as a routine), self-care monitoring (ostomy and peristomal skin monitoring), self-care management (identification of complications and the response to it), and self-care confidence (confidence in personal abilities, in order to be involved in the self-care process). The CC-OSCI is composed of the first three scales of OSCI. There are 33 items for the OSCI and 23 for the CC-OSCI, with

their proper indicators (self-completed instrument rated on Likert scale 1-5); for the two indexes, the increase in score is directly proportional to the adopted self-care level.

### Materials & Methods

We conducted a descriptive study on a sample of adult ostomy patients and their caregivers in our Department of Urology. The questionnaire subjected to patients was composed of a sociodemographic-clinical data form, to collect information about demographics, living, family and work conditions, clinical information about ostomy, the OSCI, and the Stoma Care Quality of Life scale (Stoma-QoL), a specific instrument commonly used to assess quality of life in ostomy patients and validated in the Italian context. The Stoma-QoL consists of 20 items based on four domains: sleep, sexual activity, relations with family and close friends, and social relations outside family and close friends; every item uses a 4-point Likert scale ranging from "always" to "not at all." The caregiver questionnaire was composed of a sociodemographic-clinical data form, and the CC-OSCI.

### Results

Out of 107 questionnaires, 105 were returned and analysed (98.13%). The sample considered was composed of 105 patients and 75 caregivers, for a total of 180 people. Patients were 68 years old on average and mostly male. The majority was married (56.19%), with an average of two children each. In almost 82% of the cases, patients did not live alone, and most of the patients were retired (80.95%). Regarding clinical data, 49 people (46.67%) had a colostomy. The predominant reason why the patients needed a stoma was oncological (95, 90.48%). The period the patients had a stoma was about 22.35 months (range 1-60) on average. Almost half of the patients declared they were autonomous in stoma management (48.57%). Out of 105 patients, 33 (31.43%) had one or more complications and 27 (25.71%) had readmissions. In order to assess whether the scales could detect the difference in

incidence rates of complications or readmissions according to self-care behaviour, we examined the differences in self-care scores between patients experiencing complications or readmissions and those who had no adverse events. All scales showed statistically significant differences in the presence or absence of complications or readmissions ( $p < 0.0001$  in all scales).

### Caregiving

The average age of caregivers was about 59 years (range 45-73). The sample consisted of 76% women; the recruited caregivers were mainly husbands/wives/partners (65.33%), and in 73.33% of the cases, they lived with the patient. Finally, the average time spent on caregiving was about 19 hours per week.

After analysing the scores achieved by our sample by using the two indexes, the median of the patients' answers turned out to be mostly 4 or 5, indicating that data values are positioned around those scores. This shows a good level of self-care. For quality of life, the mean of the Stoma-QoL score was  $57.30 \pm 17.72$ . Such values indicate an average level of quality of life, because the score has a theoretical range between 20 (worst possible quality of life) and 80 (optimal quality of life).

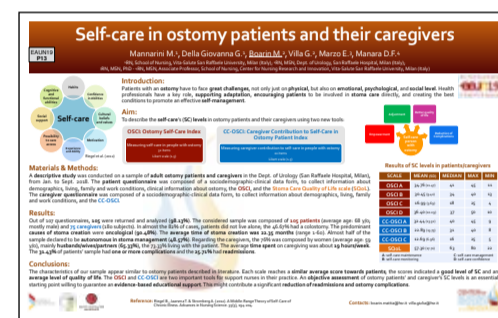
### Conclusions

We can conclude that the characteristics of our population sample appear not to be significantly different from ostomy patients described in literature. Each scale that we used showed a similar average score with regard to patients; the scores indicated a good level of self-care and an average level of quality of life. The OSCI and the CC-OSCI represent two important tools to support us in our clinical practice. The objective assessment of self-care levels in ostomy patients and their caregivers is an important first step in clinical management, in order to guarantee evidence-based educational support. This might contribute to a significant reduction of readmissions and complications.

### References

1. Ang S. G., Chen H.C., Siah R. J., He H.G., Klainin-Yobas P. (2013). Stressors relating to patient psychological health following stoma surgery: an integrated literature review. *Oncology Nursing Forum*. 40(6), 587- 594.
2. Canova C, Giorato E, Roveron G, Turrini P, Zanotti R. Validation of a stoma-specific quality of life questionnaire in a sample of patients with colostomy or ileostomy. *Color Dis*. 2013;15(11):692-698.
3. Villa G, Vellone E, Sciarra S, et al. Two new tools for self-care in ostomy patients and their informal caregivers: Psychosocial, clinical, and operative aspects. *Int J Urol Nurs*. 2019;13:23-30.
4. Hu A., Pan Y., Zhang M., Zhang J., Zheng M., Huang M., Wu, X. (2014). Factors influencing adjustment to a colostomy in chinese patients a cross-sectional study. *Ostomy Care*. 41(5), 455-459.
5. Jensen B. T., Blok W. D., Kiesbye B., Kristensen A. S. (2013). Validation of the urostomy education scale: the european experience. *Urologic Nursing*. 33(5), 219- 229.
6. Lim S. H., Chan S. W., He H.G. (2015). Patients' experiences of performing self-care of stomas in the initial postoperative period. *Cancer Nursing*. 38(3), 185-193.

Complete references of this article are available from the EUT Editorial Office. Please send an e-mail to: EUT@uroweb.org with reference to the article "Self-care in ostomy patients" by M. Boarin, June/July issue 2019.



The presented poster on our "self-care in ostomy" project that won me and my co-authors the First Prize for the Best Scientific Poster Presentation

# EAUN20 delegates: An exciting programme awaits you

## With expansive coverage on many current topics in urological nursing

Imagine an event so comprehensive that it covers core principles and current topics and debates in urological nursing. Not only will joining that event benefit you, but also the patients who are under your care. An event such as described does exist.

Every year, the European Association of Urology Nurses (EAUN) organises its congresses to focus on the professional needs of urological nurses and other healthcare professions (HCPs). The upcoming 21st edition, EAUN20, in March 2020 will offer you current relevant scientific and practical updates.

**Abstract submission now open!**  
Deadline: 1 December 2019

### What to look forward to

For a sneak peek at EAUN20, topic coverage will include doctor-nurse cooperation in daily practice from both points of view; nurse-led management of LUTS (lower urinary tract symptoms); strategies for improving the quality of urology care, and plenty more.

Complementing the Scientific Programme, EAUN20's Thematic Sessions will include new sessions of SIGs (Special Interest Groups) concentrating on endourology (i.e. coverage on stone disease, benign prostatic hyperplasia, and technologies such as robotics) and addressing skeletal issues in metastatic prostate cancer (PCa).

And as you know, enuresis is prevalent among children and nocturia in middle-aged and older adults; and both conditions have a profound impact on the patients' quality of life. At EAUN20, your know-how on the predictive factors, as well as, medical and non-medical management will increase.

Additionally, you can further enrich your skills through workshops on antimicrobial resistance; sexual function; uro-oncology; palliative end of life urology care; continence care; the role of

shared decision making; and patient education initiatives.

Nurses whose dedication is a source of inspiration, and whose contribution help boost the quality of nursing care will share their expertise in the Special Session "Best of urological nursing practice in Europe". Their efforts have been recognised and will be awarded during the session as well.

### Developments and controversies

The Plenary Session "Educational Framework for Urological Nursing (EFUN) (Curriculum) and the role of ANP" will centre on the development of the ANP role, which has advanced in a variety of ways across Europe. Experiences with the ANP role and the link to the current Guidelines will be shared with the audience, as well as, the progress with the development of an Educational Framework for Urological Nursing (Curriculum).

EAUN20 will also examine controversial topics such as the emerging role of genomic screening in treatment decision-making for PCa and bladder cancer.

### Meeting current challenges

The influence of AMR (Antimicrobial Resistance) on urological healthcare, and the long-term side effects of BCG (Bacillus Calmette-Guerin) are some of the challenges that EAUN20 will address. The congress will also investigate how to overcome difficulties in non-muscle invasive bladder cancer care.

In addition, EAUN20 will examine the ability of nurses to easily interpret the evidence-based findings that support current practice. The main challenge here is to meet the needs of patients who have high expectations of healthcare, whilst

For the complete Scientific Programme visit [www.eaun20.org](http://www.eaun20.org)

balancing it with the nurses' ability to interpret current research, best practices, and the Guidelines.

### Be part of this impressive lineup

EAUN20 is designed to stimulate discussions with the latest evidence and practice updates in urological nursing. The congress will bring together an exceptional group of nurses and HCPs,

and we would be very pleased to have you present your original research and valuable insights at EAUN20.

Submit your poster and/or video abstracts, research project plans, and difficult cases before the deadline of 1 December 2019. You will find submission details at [www.EAUN20.org/](http://www.EAUN20.org/) Scientific-Programme.

We look forward to welcoming you in Amsterdam, the Netherlands!  
Save the dates: 21 to 23 March 2020.

21st International EAUN Meeting  
**eaun20**  
21-23 March 2020, Amsterdam  
Join us in Amsterdam!  
in conjunction with **EAU20** [www.eaun20.org](http://www.eaun20.org) **eaun** European Association of Urology Nurses