In March 2015, I attended the EAUN conference in Madrid. It was my first international urology conference and I was very impressed with the high standard of presentations and workshops delivered by the nurses in Europe. I was delighted to be in attendance when the EAUN intravesicle guidelines were released.

Guidelines update

In 2016, I was given the role of updating the intravesicle guidelines of the Australian & New Zealand Urological Nurses Society (ANZUNS). Feeling very daunted and not knowing where to start I reached out to my dear friend Bente Thoft Jensen who was a great facilitator and assisted me in making these valuable connections. She shared her enthusiasm and passion suggesting that “evidence is a prerequisite” and that “seeing evidence can be a game changer” for urology nurses. I then proceeded to make contact with EAUN and sought permission to use their guidelines with some minor changes to encompass the Australian and New Zealand landscape. This was the beginning of our collaboration.

Collaborative support

Currently the EAUN executive have agreed to provide access to their guidelines for our ANZUNS members. This is a perfect example of collaborative support from EAUN. In the future ANZUNS would also like to contribute to the development of guidelines at an international level.

With the use of the internet, teleconferencing and accessibility to air travel, the world is much more open for opportunities to collaborate and share our information. Sometimes the term “in the right place at the right time” is very apt. It is particularly relevant given one of ANZUNS strategic goals is to improve our profile internationally.

Educational framework

Fast-forward to 2018. Andrea Nixon (ANZUNS Immediate Past President) was invited to join a very exciting collaboration with EAUN and ANZUNS to develop an educational framework for urology nurses (EFUN) worldwide. This project was consolidated at ANZUNS Annual Scientific Meeting this year where we had the opportunity to deliver the World Café to our members. This data is currently being analysed to provide the perspective of Australian and New Zealand urology nurses.

International input

ANZUNS has recently endorsed a position statement on distress and psychosocial care for men with prostate cancer. This document will form part of the assessment process for nurses managing the distress experienced by men living with a diagnosis of prostate cancer. It has been produced by the lead author, Professor Suzanne Chambers, and has been internationally input from key stakeholders. EAUN were invited to endorse this statement and we are delighted that they have agreed to do so.

As urology nurses we are living and working in exciting times. The opportunities to collaborate are endless and we at ANZUNS look forward to continuing a strong collegial association with EAUN and continuing to promote the professional development of urological nurses world-wide.

The inception of EAUN & ANZUNS collaboration

To promote the professional development of nurses world-wide

International faculty and organists of the post-EAUN Meeting in Aarhus, Denmark, in June

European Urology Today

The first post-EAUN meeting was initiated by Bente Thoft Jensen, former chair of the EAUN in 2010. The volcanic eruptions of Eyjafjallajökull in Iceland during the 11th EAUN meeting in Barcelona (ES) caused enormous disruptions to flights across Europe. As a result the majority of the Danish urology nurses could not travel to Barcelona, and this inspired Bente to start the tradition of a Danish post-EAUN meeting. This year both the EAUN chair and EAUN chair elect participated in the celebration of the 10th anniversary, together with Franziska Geese who is an active EAUN member in the EAU Patient Information group.

International speakers

The programme featured international speakers and focused on patients with bladder problems, bladder cancer and prostate cancer. At the end of the meeting local urology nurses presented developmental projects to update and inspire each other on improve-ment in urology nursing care.

The concept of prehabilitation became a focus in urology cancer surgery, because patients who are elderly, malnourished, anxious and have a low physical function before surgery are likely to have suboptimal recovery from cancer surgery. Celena Scheide-Bergfeldt, a PhD from McGill University, Montreal, (CA) introduced us to a practical prehabilitation programme with special focus on physical activity and nutrition. Her presentation was followed by that of Elke Rammant, PhD student from Ghent University Hospital (BE). She pre-sented part of her PhD study which focuses on how to promote an active lifestyle in pa-tients with bladder cancer before and after radical cystectomy.

Influence of mental stress

Stress is something everyone experiences and despite being unpleasant, stress in itself is not an illness. For immediate, short-term situations, stress can even be beneficial to your health. Yet if your stress response doesn’t stop and stress levels stay elevated for longer than is necessary, it can have an impact on your health. Veronika Geng, Manfred-Sauer-Siftung, Heidelberg (DE) explained the consequences of mental stress on bowel and bladder incontinence.

Nihal Muhammed, Research Assistant Professor, Mount Sinai Hospital, New York (US) elegantly shifted the focus from bladder cancer to prostate cancer by addressing care planning for patients with prostate cancer on active surveillance. She highlighted both the challenges and the potential solutions.

Benefits of physical training in prostate cancer

Patients with metastatic prostate cancer having androgen deprivation therapy often have side-effects such as diabetes and coronary heart disease. Many androgen deprivation therapy-related complaints appear to be counterbalanced by exercise interventions. Brigitta Villumsen presented the latest news about the benefits of physical training in patients with prostate cancer. Finally EAUN chair elect Paula Allchorne gave a presentation with the challenging title “Prostate cancer in the UK – are you simply better?” highlighting recent advances in prostate cancer nursing with a focus on nurse-led diagnostics, the 28-day pathway, survivorship and living with and beyond cancer. She concluded with the message that the EAUN and ANZUNS guidelines are widely used in the UK as they are of high quality and exceedingly useful for UK urology nurses and medical teams.

Mrs. Allchorne’s take-home message for anyone reading this: if you have been doing something for longer than 5 years, ‘stop’ and think! Have things changed, has practice changed globally? Is this pathway best practice, patient-focused and centred? If not, how can it be improved?

Prostate cancer pathway in the UK

In her talk, Mrs. Allchorne wonders what the title suggests and whether anyone globally got it right yet? Can anyone say their pathways are purely patient-focused and centred or are we driven by hospital and national targets?

In the UK the Recovery Package has been implemented which has encapsulated four key areas of “Survivorship – Living With and Beyond Cancer”. She discussed these four areas in great detail during the presentation and what impact the survivorship pathway has on the nurses. If implemented with management support it can make the patient’s pathway more efficient to both the patient and the hospital (streamlining services) and improve patient outcomes.

Follow national guidelines

She noted: “With meetings like this being so globally diverse, one cannot say ‘their pathway is better’. As nurses we all do very different roles and need to follow our own national guidelines. Nevertheless, what is important, and I think was clear throughout the meeting, nurses do feel empowered to change practice that has been implemented for many years.” All the talks were about how pathways have been redesigned to improve patient experience and outcome, based on best practice and research. This was a clear theme throughout the day – nurses were researching where patient care could be improved, particularly post-surgery with rehabilitation programmes.

Mrs. Allchorne also discussed the UK’s 28-day prostate cancer diagnostic pathway which is nationally driven, and the impact this has on the patients and nurses.

Some hospitals in the UK are now performing transperineal (TT) template biopsies instead of transrectal (TRUS) biopsies (or both doing). This pathway has pushed boundaries once again in the UK, particularly for nursing, as some nurses who were performing the TRUS biopsies have now trained to do TP biopsies.

Take-home message

Mrs. Allchorne’s take-home message for anyone reading this: if you have been doing something for longer than 5 years, ‘stop’ and think! Have things changed, has practice changed globally? Is this pathway best practice, patient-focused and centred? If not, how can it be improved? She added: “From the post-EAUN meeting we were excited that nurses are looking for solutions to problems and the importance of the patient’s recovery back to better health was evident in all the talks.”

Globally we have come a long way; nurses are now sharing practice which was clearly demonstrated in the 10th anniversary post-EAUN meeting. It really was an international meeting with a platform provided for nurses from all over the world to share their evidence-based practice and research with other urology nurses.

The EAUN are proud to see a satellite meeting being hosted for urology nurses!
Prostate Cancer Specialist Nursing Role in Brisbane

Prostate cancer in Australia is a major health issue. Approximately 15% of all new cancer cases are diagnosed each year, Australia is the fifth highest country in the world with a population of 25 million. Approximately 20% of the population live in regional or remote areas. Prostate cancer services span across both public and private sectors which are located mainly in metropolitan areas. For those affected by prostate cancer, navigating the healthcare system can be complex due to the treatment options and the care provided across different services.

Prostate cancer care in remote areas

Prostate cancer in Australia for men from regional or remote areas is one of many disparities. Prostate cancer care in Australia for men from regional or remote areas is one of many disparities.

Publications

An ESUN course in your own language: it is possible!

Dutch national society successful in organising ESUN courses in Dutch

The EAUN organises ESUN (European School of Urology Nurses) courses since 2015; the first course was about UTI and was held in Amsterdam. In the Netherlands, the English language is a barrier and thus in 2016 the Dutch national society for Urology Nurses (V&VN – Urology Nurse Consultant) organised the Dutch version of the UTI course. That way, it is easier for the nurses to follow and understand the course. The course was a great success; immediately afterwards nurses asked when it would be repeated. This year the course is organised for the second time.

How was the course organised?
The Dutch society contacted the EAUN and they organised a meeting during the EAUN congress in Amsterdam on 6 and 7 July 2019. The programme of this scientific meeting was very varied and included lectures about urological nursing, functional urology and was attended by nurses from Hong Kong and Macau. Keynote speaker Ms. Corinne Tillier, who represented the EAUN, was proud to be invited and gave several lectures that were very well received.

Nurses asked when it would be repeated. This year, financial. The course took place more than a year after the original one, in September 2016. It is quite a lot of work, but it was very rewarding.

The EAUN ESUN course was given on a Friday afternoon and Saturday morning, to allow participants to fly in the morning and return in the late afternoon, requiring only one hotel night. In the Netherlands the course was organised in 3 (long) days, because the driving distance in the Netherlands allows it to be organised in only one day. Thus, it was not necessary to book hotels and so the costs of the course dropped. The sponsors of the Dutch annual symposium were recruited to sponsor the course. Several sponsors reacted positively and wanted to support the course financially. The course took place more than a year after the original one, in September 2019.

Networking dinner
After the course a networking dinner was organised, for which the participants could apply separately with additional costs. This way they could meet each other personally and skip traffic jams. The registration process was translated into Dutch and used to select nurses who wanted to join the course. This stimulates nurses to think about why they would like to do this course, and to use it to apply for financial support from their employer.

All applicants who were admitted received a confirmation letter by email with the literature they had to study beforehand. After the course the participants received a survey for evaluation and they rated the course with very good grades and remarks. The only ‘negative’ remark was that it is a long day!

Organising board
The board of the Dutch society and the symposium committee of the society organised the course. They do everything in their free time, besides their work. It is quite a lot of work, but it was very rewarding.

Immediately after the course, the board of the Dutch society decided to organise the next ESUN courses in the Netherlands as well, and so they did. The second course about neurogenic and detrusor overactive bladder was organised about a year later, in September 2019, almost a year after the original ESUN course was held in Italy. This course was also fully booked.

Regular activity
Nowadays the Dutch society regularly organises the ESUN course for its members and other urology nurses in the Netherlands. The fourth ESUN course about functional urology and was attended by patients and caregivers and to improve their understanding of the disease and its self-care management.

Urology ward
The urology ward is a very busy, mixed gender ward. The doctors’ and nurses’ station is located in the centre of the ward. This facilitates caring for the patients conveniently and supervising the entire ward from the best point of view. Nurses are working in 3 shifts, 07.00 am until 2.00 pm, 2.00 pm until 9.00 pm and the night shift from 09.00 pm to 07.00 am.

Queen Elizabeth Hospital
Mr. To Hoi Chu, Nurse Consultant Urology in the Queen Elizabeth Hospital, explains that in this hospital all patients with bladder cancer are following the ERAS pre-rehabilitation programme before cystectomy. He collects all data for research purposes.

Private clinics
Dr. Bill Wong Tak Hing and Nurse Consultant Urology Ms. Crystal Chau provide care to patients with urological diseases in Pedder Clinic, one of Hong Kong’s private clinics. The advantage of a private clinic is that patients do not have to wait for a consultation with the urologist. The role of the nurse is mostly counselling and planning of patients for e.g. TRUS prostate biopsy. The disadvantage is that patients have to pay for access to this private practice.

Nursing research
Every year the EAUN receives poster abstracts from Hong Kong and the submissions are often successful. Research is part of the work of Hong Kong-based urological nurses and they are happy to share the results of this research with nurses from all over the world. The Hong Kong College of Urological Nursing wants to stimulate nursing research, proposes education for nurses and is aware of the importance of knowledge in urology nursing practice. A high level of education/knowledge allows nurses working in urology to deliver a high level of patient care.

The Hong Kong College of Urological Nursing’s goals are similar to the goals and objectives of the EAUN and we hope this meeting in Hong Kong is the beginning of a long and successful collaboration between both associations!
Co-authors: Zohra Sutia, Nurse Specialist, and Dr. Wajahat, Aziz Senior Instructor Urology, Dr. Nuzhat Faruqui, Ass. Prof. Urology and Service Line Chief, Nephrology and Urology Service Line, Aga Khan University Hospital, Karachi, Pakistan

Last March, at EAUN20 in Barcelona, our department presented a quality improvement project by Skype and were honoured to receive the 2nd Prize for Best Poster Presentation in the category Practice Development.

Simulation-based training has become an integral part of medical education and is a useful pedagogical approach. The effectiveness of simulation-based teaching has been recognised in several publications. It provides opportunities for nurses to practice their clinical and decision-making skills in real-life situations. The benefits of simulation-based educational interventions include: learning to provide immediate feedback, debriefing, hands-on practice sessions and improving psychomotor and communication skills. The emphasis is on giving patients accurate and safe care.

Evaluation of improvements

The objective of this study was to evaluate the improvement in knowledge and skills of participants after introduction of a new training methodology, namely a Simulation Based Workshop. In the workshop a high-fidelity SimMan 3G® simulator is used to reduce practice gaps in clinical care management for the benefit of the patient.

The Cause and Effect Tool (fishbone diagram method) was used to identify challenges urology nurses face while providing patient care. All 24 domains, man, material, methods, and measurement affect several areas that need attention. Management of urosepsis was identified as a learning topic, as it has direct impact on identifying and managing early warning signs in patients suffering from sepsis. The timeline was set and a PDSA (Plan Do Study Act) tool was applied to improve services provided to urology nurses and improve outcomes.

SWOT analysis

Our tertiary care university hospital revamped its biannual traditional training course for urology nurses and developed a Simulation Based Workshop. Multiple Choice Questions (MCQs)-based pre and post-tests were conducted. The effectiveness of the workshop was assessed via a Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis.

Nursing staff was acquainted with the sepsis protocol and performed focused assessments of patients with urosepsis and their initial management on the high-fidelity SimMan 3G® simulator. The simulation-based workshop significantly improved the knowledge and skills of urology nurses. Participants have shown a positive attitude toward this new method of training that induces significant improvements in the knowledge domain.

Staff quotes:
- “Simulation-based training has shown us a new educational aspect. A platform that enriches individual experience”
- “We learn hands-on skills and gain confidence while providing care to the patients”

EAUN20: Cycling through urology nursing highlights

Scientific Programme to offer key updates on nursing management

Amsterdam will host the 21st International EAUN meeting (EAUN20) from 21-23 March 2020, and as part of the EAUN’s objective to provide top-quality meeting updates, the members of the Scientific Congress Office have prepared an exciting, surprising and highly educational programme.

Confirmed speakers

“Delegates can expect a comprehensive nursing-oriented programme in Amsterdam,” says Jeannette Verkerk, Chair of the EAUN Scientific Congress Office. “For instance, Dr. Stefan Naessens’s doctor’s perspective talk on collaboration between nurses and doctors is particularly interesting for our target audience.”

“Also of note are two talks on rare diseases: Postural Orthostatic Tachycardia Syndrome (POTS) (Prof. M. Drake, GB) and sleep-related painful erections (I. Verkerk-Geelhoed, NL). Ms. Veronika Greg (DE) will discuss the importance of practical experience for the forthcoming catheterisation guidelines update. The Continence Special Interest Group has three confirmed speakers for Thematic Session 3, S. Holroyd (UK), S. Terzoni (IT) and E. Wallace (IE), presenting new innovative strategies for promoting patient education in urology.”

Prizes

To build on the success of previous EAUN congresses, Verkerk said regular features such as the Poster Sessions will be part of the programme again with recognition and cash prizes for the top four posters (€500 and €250 for the two best scientific and the two best practical posters).

The expert-guided poster session, for which presenters do not have to present slides on stage (and no prizes attached), has a slightly different submission format this year. Submitters can choose themselves whether they prefer to take part in this session or in the regular Poster Session. The session is aimed at the less experienced nurses who are looking to gain experience in presenting.

The Nursing Research Competition, which aims to support and encourage innovative work, will offer a €2,500 prize. To be accepted, a detailed research project plan is required and to support nurses with this major work, advice is offered by research mentors. Details on how to contact the research mentors can be found on the submission page.

Also to be featured at EAUN20 are the well-attended Video and Difficult Cases sessions. “We look forward to meeting our colleagues from across Europe and beyond to exchange experiences and share our expertise in all fields of urology,” Verkerk said.

Submission open

Submission is now open for poster abstracts, video abstracts, nursing research plans and difficult cases. Puzzled by an unusual case? Was your team finally able to find the right approach? Share your insights! Submitters who are invited to present in the Difficult Cases and Video sessions will receive a complimentary registration, as part of the EAUN’s efforts to promote promising work.

Submission of abstracts is not only open for nurses and EAUN members: all abstracts dealing with a topic that is relevant for urology nursing are welcome. Participation in the research competition, however, is exclusively for members. Start preparing now! The criteria and rules for all submissions can be found on our congress website at: www.eaun20.org

The congress in Barcelona saw a significant increase in submissions from all over the world, and we hope to receive a record number of submissions and participants for EAUN20 again. See you in Amsterdam!

Visit the website for more information: www.eaun20.org

For the complete Scientific Programme visit www.eaun20.org

The project was presented in the EAUN20 Poster Session in Barcelona

Figure 03

Figure 1: Cause and effect analysis

Figure 2: Graphic representation of the project

Figure 3: Strengths & Weaknesses, Opportunities & Threats

For complete information on submissions and prizes, please visit the EAUN website.