

The inception of EAUN & ANZUNS collaboration

To promote the professional development of nurses world-wide



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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 evidence" and this evidence can be shared amongst 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 more open for opportunities to collaborate and share our information. Sometimes the term "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 BAUN 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 had international input from a number of 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 we have 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.



Kath at the EAUN Meeting in Barcelona in March

10th anniversary post-EAUN meeting in Aarhus, Denmark

Denmark hosts international speakers on a wide variety of topics once again



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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 disruption in air traffic 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 improvement 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 Scheede-Bergdahl, a PhD from McGill University, Montreal (CA) introduced us to a practical prehabilitation approach, 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 presented part of her PhD study which focuses on how to promote an active lifestyle in patients 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 far longer than is necessary, it can have an impact on your health. Veronika Geng, Manfred-Sauer-Stiftung, Heidelberg (DE) explained the consequences of mental stress on bowel and bladder incontinence. Nihal Muhamed, Research Assistant Professor, Mount Sinai Hospital, New York (US) elegantly shifted the topic 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 counteracted 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 EAU 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?



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

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 recognising 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 (TP) template biopsies instead of transrectal (TRUS) biopsies (or doing both). 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 it was evident 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 of 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

How to provide cancer care in remote areas – Australia deals with the challenge



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Prostate cancer is the most commonly diagnosed male cancer in Australia. Approximately 20,000 new cases are diagnosed each year. Australia is the sixth biggest country in the world with a population of 25 million. Approximately 30% 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 care in Australia for men from regional or remote areas is one of many disparities compared to their metropolitan counterparts. These include late diagnosis, poor access to treatment due

to distance, financial implications and social isolation because of time spent away from work, partners and family while undergoing treatment. It is known that men in regional and remote areas are less likely to be diagnosed with prostate cancer, however, those diagnosed are more likely to die from their disease.

In 2012, the Prostate Cancer Foundation of Australia (the peak national body for prostate cancer) launched a programme which involved implementing dedicated Prostate Cancer Specialist Nurse's (PCSN) across Australia in various health care settings. Initially twelve PCSN positions were developed in conjunction with existing prostate cancer services. The PCSN's operate through an agreed practice framework and according to national competency standards. The framework outlines the role and purpose which includes the coordination of care, education and support to those affected by prostate cancer. The programme has increased to 44 nurses across Australia with additional federal funding secured to further expand the programme in 2019.

Strong multidisciplinary team

Since 2012 I have held the position as PCSN within the urology department at the Mater Hospital Brisbane, Queensland. Our urology team has a strong multidisciplinary approach to care, with well-established networks with oncology and allied health

services based in metropolitan and regional areas. Approximately 20% of our patients are from metropolitan Brisbane and 80% are from nominated regional and remote areas of Queensland. These regional and remote areas are without a local public urological service.

Many challenges arise for men and their families when consultations or treatments are required at our department. To attend our department, patients can be required to travel many hundreds of kilometres and regularly need overnight accommodation. Multidisciplinary consultations are incorporated where possible to assist men regarding treatment decision making. Telehealth specialist consultation is used where possible to avoid unnecessary travel.

A voice for prostate cancer patients

As the PCSN within our service, my aim is to ensure all men receive reliable, accurate information to allow them to understand their diagnosis and treatment options. Newly diagnosed men are prioritised, however, all men affected by prostate cancer can access the service throughout their cancer journey. Face to face consultations and telephone support is provided to men, their partners and family members. Men experience significant distress at the time of diagnosis. The role provides a point of contact, continuity of care and ease of access to advanced

nursing knowledge of prostate cancer care. A key aspect of the role is advocating on behalf of men both within our multidisciplinary team and with external stakeholders; this gives men a voice and assists in tailoring treatment to individual needs. Coordination of care is provided to help men navigate the health care system, avoid delays in treatment and prevent men getting lost in the system.

Safe and effective care

During and after treatment ongoing support is provided to help deal with the effects of treatment. Through patient assessment onward supportive care referrals are made when required. PCSN-led telephone follow-up consultation is routine in the post treatment setting, which results in reduced need to travel to the urology department and continuity of care. Patients can easily access the PCSN service via telephone or a face to face consultation. As a member of the multidisciplinary team the PCSN strives to contribute to the delivery of safe and effective care, regardless of geographical location of the men affected by prostate cancer.

Recently, I joined the EAUN Special Interest Group Prostate Cancer. In this way, I hope to be able to share my experience with the EAUN members. Don't hesitate to contact me if you have any queries or suggestions!

Prostate SIG group encompasses role diversity

The essential multidisciplinary approach to prostate cancer acknowledged through its SIG members



Philip Reynolds
Consultant
Radiographer in
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I have been a member of the EAUN since 2009 and recently joined the EAUN Prostate Cancer Special Interest Group (SIG). My professional development has led me to the field of prostate cancer and I would like to use my expertise to benefit urology nurses and more specifically all the EAUN members. The special interest groups support the EAUN in any way they are able, such as putting together scientific programmes and courses, writing guidelines and articles.

I qualified as a therapeutic radiographer in 1999 from the University of Liverpool and commenced my career at Auckland Hospital in New Zealand, then moved across The Tasman to work in Australia. I moved back to the UK in 2002, settling at Guy's and St Thomas in London. After years of being a treatment radiographer I moved into treatment review in 2005 and developed the review service for urological patients, becoming the advanced urology practitioner. This role allowed me to combine my technical skills with a more holistic approach. Therefore allowing me to deal better with the side effects of treatment whilst also providing support for both patients and their families throughout treatment as well as developing my clinical understanding of prostate cancer.

Consultant radiographer

For the last eighteen months I have been one of two newly appointed consultant radiographers in prostate radiotherapy at The Clatterbridge Cancer Centre in the northwest of England.

The nurse consultant role was originally established in 1999 with allied health professional posts outlined by the Department of Health in 2001¹ with the aim of improving clinical outcomes², reducing wait times whilst allowing senior experienced staff to remain in clinical practice³. This led to the first consultant radiographer post in oncology being established in 2003⁴.

It has also been well documented that there is a shortage of oncologists in the UK. The workforce census compiled by The Royal College of Radiologists in 2018⁵ estimates that there could be a shortfall of 272 fulltime oncologists by 2023. Although small in number, around 30, the number

of consultant therapeutic radiographers therefore is only going to grow.

Four domains

Guidance dictates that the four domains of non-medical consultant practice¹ are followed, which are defined as:

- 1) Expert clinical practice
- 2) Professional leadership
- 3) Practice and service development, research and evaluation
- 4) Education and professional development

It is therefore important for my role that I am not only clinical but I am able to hone my skills in research and education. As such I have completed a masters degree in prostate cancer care. I teach regularly to both under and post-graduate students, which has allowed me to develop my research and educational skills. I do have a good clinical understanding of prostate cancer. However, to become an expert clinical practitioner I looked to my clinician colleagues and other consultant radiographers in the development of a training package. Therefore I have followed an adapted version of the educational standards set out by the Fellowship of the Royal College of Radiologists (FRCR) for clinical oncologists allowing me to become competent to practice.

Become an independent practitioner

I now have the scientific knowledge and understanding of prostate cancer and its treatment, which allows me to review new patients in clinic to discuss non-surgical options of treatment, consent and plan and prescribe their radiotherapy. I have also been trained to undertake prostate biopsies both transrectally and template, which has also allowed me to insert gold seed fiducial markers into the prostate to aid in the accuracy of radiotherapy.

I have also undertaken extra MSc modules in non-medical prescribing, clinical assessment and diagnostics; all of which have allowed me to become an independent, autonomous practitioner. It is now commonplace for a prostate cancer patient to never meet an oncologist on their cancer journey through radiotherapy.

I have a specialist interest in improving communications between clinicians and patients undergoing hormone radiotherapy for prostate cancer. I discuss erectile/sexual dysfunction and its management and have set up specialist clinics in my hospital and educated staff to be able to have these upfront conversations to offer pre-rehabilitation and earlier intervention for these patients.

If the EAUN members have any proposals or queries in the field of prostate cancer or the role of consultant

radiographer, our SIG group will be happy to assist. Just contact us through the EAUN's central email address eaun@uroweb.org or directly. Should you be interested to join the group then please send your CV and motivation to our Chair, Mr. Lawrence Drudge-Coates at ldrudge-coates@nhs.net. We hope to hear from you soon!

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10th Anniversary Hong Kong College of Urological Nursing

EAUN representative visits urological care units in Hong Kong hospitals



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The Hong Kong College of Urological Nursing has organised its 10th annual scientific meeting in Hong Kong on 6 and 7 July 2019. The programme of this scientific meeting was very varied and included lectures about urological cancers as well as 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.

Nursing association

The Hong Kong College of Urological Nursing is a very active association for nurses working in urology or who have an interest in urology. Part of its mission (it is impossible to include all its objectives) is to promote the interest in and better understanding of urology and urology nursing in Hong Kong and to represent and promote the interests of nurses - particularly of those practising in urology nursing. Furthermore, the College encourages/promotes the education of nurses and improves the standard of urological nursing care in Hong Kong. The College's council includes 8 councillors with different tasks. The president is Mr. Chink Lok San. All nursing staff in all grades and ranks (public sector or private sector, hospital setting or nursing home) who are interested in urological nursing can become member of the Hong Kong College of Urological Nursing.

Registered nurses in Hong Kong have a high level of education/training which is comparable to the UK education system. Since 2010, all registered/enrolled nurses can declare to the Nursing Council that they have obtained the Continuing Nursing Education (CNE) points over the past 3 years as prescribed (a minimum of 45 CNE points for a registered nurse and a minimum of 30 CNE points for an enrolled nurse).

Registered nurses possessing a valid Practising Nurse certificate by the Nursing Council of Hong Kong can follow a specialisation course in urology. To specialise nurses must have more than 24 months post-registration experience.

As a guest of the Hong Kong College of Urological Nursing, Ms. Corinne Tillier (EAUN Board Member from Amsterdam (NL)) was invited to visit several colleagues in different hospitals.

Prince of Wales Hospital

Ms. Crystal Li Suk Yin, Urology Nurse Consultant, works in a public hospital, the Prince of Wales Hospital (PWH). The hospital was officially opened in 1984. The PWH urology unit, part of the department of surgery, is one of the main academic and clinical urology centres in Hong Kong. Under the division of urology, the Lithotripsy & Uro-investigation Centre (LUC) offers services in uro-oncology, andrology, reconstructive surgery, renal transplantation, stone management etc. Services in the LUC include ESWL, transperineal prostate biopsy, flexible cystoscopy, urodynamic investigation and a nurse clinic. The unit has prostate and bladder cancer protocols to ensure the cancer management standard is met. Also a cancer patient support group was set up to facilitate psychosocial support among 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. Nurses and urologists are working together to provide the best care to patients. A digital patient file system will become available very soon. Until then, nurses must read written orders from the urologist and file nursing reports in a paper file.



On the picture Ms. Cherry Chau, Ms. Corinne Tillier, Ms. Miu Ling Li and Ms. Crystal Li Suk Yin



Board Members of the Hong Kong College of Urological Nursing, posing with the participating urologists and Ms. Corinne Tillier (standing middle)

All urology beds in the ward are arranged in a cubic shape consisting of several boxes (6 patients in each box). This means: boxes for male patients on one side and boxes for female patients on the other side. 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

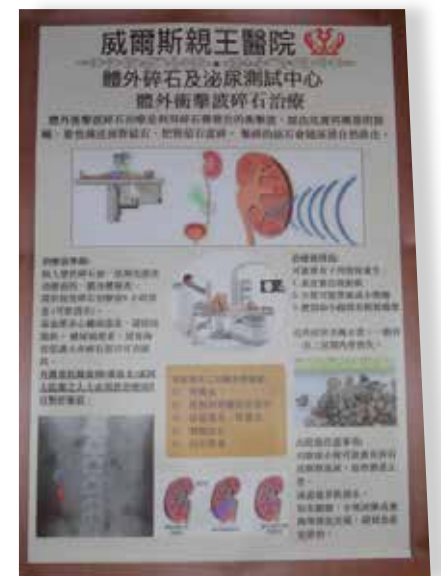
Dr. Bill Wong Tak Hing and Nurse Consultant Urology Ms. Cherry Chau provide care to patients with urological diseases in Pedder Clinic, one of Hong Kong's private clinics. The advantage of a private clinic is that patients do not have to wait for a consultation with the urologist. The role of the nurse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



Patient information on lithotripsy renal stones

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

Dutch national society successful in organising ESUN courses in Dutch



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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 - Urologie) organised the Dutch version of the ESUN 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 2015. The EAUN has formulated several rules for the national societies to follow if they want to copy a course. They are free to translate it into their own language and host it in their own country. Some of the rules are that it has to be organised by the

national society and that the high standard of the programme should be maintained.

The programme and the presentations are available for the national society to use for their own programme. The Dutch society chose to make a copy of the course and change as little as possible. They invited the Dutch speakers from the ESUN course to give a lecture during the Dutch course. Instead of inviting foreign speakers they looked for national urologists to give presentations.

One-day programme

The EAUN ESUN course was given on a Friday afternoon and Saturday morning, to allow participants to fly in in the morning and return in the late afternoon, requiring only one hotel night. In the Netherlands the course was organised in 1 (long) day, 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 2016.

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 informally and skip traffic jams. The motivation form

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 they can also 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 2017, 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 Dutch. The fourth ESUN course about

holistic care for patients with prostate cancer was held last June. The UTI course will be repeated in September 2019 and the other courses will follow; there is now a fixed annual scheme of one new course and one course being repeated. It is very rewarding to organise the courses in cooperation with the EAUN. The positive reactions of the participants and the interesting subjects of the courses are an inspiration to continue organising them!



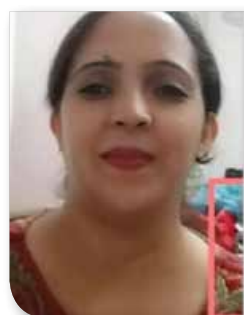
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Workshop improves skills of nurses in Pakistan

Simulation-based workshop on urosepsis: A new form of education



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simulation-based teaching has been recognised in several publications. It provides opportunities for nurses to practise 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 the 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 04 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

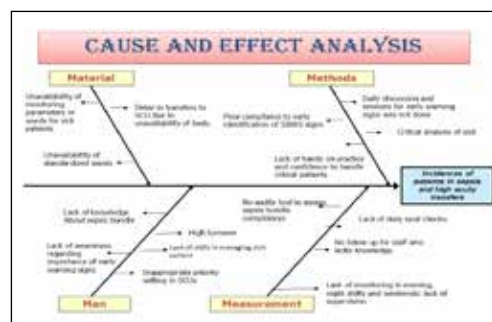


Figure 1: Cause and effect analysis



Figure 2: Graphic representation of the project

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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

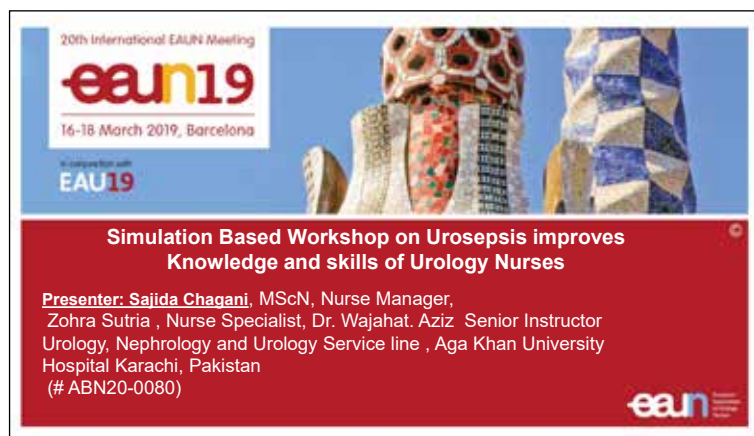
signs in patients suffering from sepsis. The timeline was set and a PDSA (Plan Do Study Act) tool was applied to improve services provided by urology nurses and improve outcomes.

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.



Figure 3: Strengths & Weaknesses, Opportunities & Threats



The project was presented in the EAUN19 Poster Session in Barcelona



Figure 4: Various steps of the process

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 Haensel'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 Tachycardic Syndrome (POTS) (Prof. M. Drake, GB) and sleep-related painful erections (J. Verkerk-Geelhoed, NL). Ms. Veronika Geng (DE) will discuss the importance of practical experience for the indwelling catheterisation guidelines update. The Continence Special Interest Group has three confirmed speakers for Thematic Session 7, 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 best 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.

Travel grant application now open!
Deadline: 1 November 2019

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

Travel grant application open

The EAUN has travel grants available for a selected number of motivated members. Application is now open and will close on 1 November. Don't hesitate and apply! Full details on the 'Registration' section of the congress website.

For the complete Scientific Programme visit 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

