

First MMISU meeting: Sharing MIS nursing skills

Egypt successfully hosts international experts in minimally invasive surgery



Harold Omana, RN, BSc, MSc
Surgical Care Practitioner in Robotics
Guy's and St. Thomas' Hospital
London (UK)
Harold.Omana@gstt.nhs.uk

The first annual meeting of Mediterranean Minimally Invasive Surgery in Urology (MMISU 2019) was held in the beautiful city of Alexandria in Egypt from 18 to 20 April 2019. The meeting venue was in the convention centre of the iconic Bibliotheca Alexandrina, a prestigious and historical place in the heart of the magnificent Alexandria.

Informative conference

Prof. Evangelos Liatsikos, Honorary Chairman, alongside Prof. Ashraf Koraitem and Prof. Aly M. Abdel-Karim and a team of distinguished urologists organised this amazing and exceptionally informative conference. The meeting was organised in collaboration with the European Association of Urology (EAU), EAU Section of Uro-Technology (ESUT), EAU Section of Urolithiasis (EULIS), Society of Urologic Robotic Surgeons (SURS), Endourological Society (ES), International Continence Society (ICS) and International Urogynaecology Association (IUGA) and last but not the least, the European Association of Urology Nurses (EAUN).

Up-to-date innovations

As minimally invasive surgery (MIS) has evolved over the years, the urological world has been at the core of the latest developments, can be argued to be 'above par' from its MIS counterpart in other surgical specialties. The most up-to-date innovations and cutting-edge technology in the minimally invasive surgery world and the field of urology were presented at this meeting. The faculty consisted of well-known experts and top speakers from all over the endourological world.

The scientific programme was thoroughly prepared and had the best combination of live and semi-live

MIS surgeries and open panel discussions which caught everyone's attention. Through live surgeries, these eminent pioneering surgeons showcased their expertise and demonstrated various practices and advanced technical skills (mostly the 'tips and tricks') in numerous procedures in the field of minimally invasive urological surgery. These sessions were very beneficial for registrars and newly appointed consultant urologists in order to enhance their skills before performing their first operation.

Nurses educational course for MIS in urology

Prof. Aly M. Abdel-Karim, the conference's General Secretary, has organised the educational programme for the nurses in collaboration with the EAUN to produce a suitable agenda for endourological nurses in Egypt. I was honoured to be invited to lead the programme and felt privileged to share my knowledge and expertise in minimally invasive surgery in the field of urology. The session was divided into two parts: laparoscopic and endoscopic sessions.

Laparoscopic instruments

In the laparoscopic section, we started with a brief discussion about the history of laparoscopy followed by recent technological advancements in MIS in urology. We pursued the session with safety checks and the significance of the WHO Surgical Safety Checklist before and after surgery. We also went through the standard and advanced lap stack system and instruments. Although the audio-visual presentation was great, it would have been better to



The chairs of the nurses' workshop (left to right): Harold Omana, Prof. Aly Abdel-Karim, Prof. Ashraf Koraitem



Assembled delegates and faculty of the nurses educational course for MIS in urology

have the actual lap system and instruments at hand for demonstration purposes.

Positioning during endoscopy

Before the tea break, we had a prolonged and interesting discussion about the importance of endourological nurses and our role in surgery success. We all agreed that everyone has a specific role and should be acknowledged as an integral part of the perioperative team.

In the endoscopic session, the speakers discussed further about the theatre set-up and the proper positioning during endoscopy. They have also highlighted the significance of the WHO Checklist and Time Out in theatres. This session was brilliantly presented by the local members of the Faculty of Nursing in Alexandria.

Educational section successful

Overall, the educational section for the nurses was indeed a success! Although it was only a half-day session, the nursing delegates were very enthusiastic about the presentation. They were very keen to learn and keep themselves up to date in the latest trends in minimally invasive surgery in urology. They truly understand the importance of updating oneself through training courses for their professional development. They suggested that during the upcoming MMISU in 2020 they would like to participate in practical sessions such as hands-on training (HOT) courses on the Lap Stack System or the current endourological innovations on the market.

EAUN membership

At the end of the session, the delegates received detailed information about the EAUN, its advantages and benefits for its members. This has provided the nurses with a fantastic overview of how they can become member. The group showed great interest in applying and becoming international or associate EAUN member, in order to enjoy the advantages and benefits of a world-class organisation.

Travelling to Alexandria was already a highlight of my trip to Egypt but chairing the session and deliberating with these excellent delegates was just sensational! I would like to take this opportunity to send my gratitude to Prof. Aly M. Abdel-Karim and his team for their hospitality and for inviting me. They provided the platform to share my knowledge and expertise in the field of MIS. Alexandria, where history meets the Mediterranean Sea.



Prof. Evangelos Liatsikos during live surgery

Educational framework to support urological nursing

An update on the status - November 2019



Jerome Marley
Lecturer in Nursing
University of Ulster
Newtownabbey (UK)
jt.marley@ulster.ac.uk

During the 19th EAUN Congress in Barcelona earlier this year, delegates were informed about the progress made to date regarding the establishment of an Educational Framework for Urological Nursing (EFUN). This brief update explains the steps we have taken since then.

Subgroup EFUN

In Barcelona, the EFUN subgroup met to discuss the next steps to be taken in this important initiative. The subgroup is comprised of the Chairs of the European Association of Urology Nurses (EAUN), the British Association of Urological Nurses (BAUN) and the Australia and New Zealand Urological Nurses Society (ANZUNS) along with their Deputy Chairs. It is co-led by Julia Taylor, Immediate Past President of BAUN and Jerome Marley, EAUN Board member. Furthermore, the EFUN subgroup has had teleconference business meetings in recent months and met again during the BAUN Annual Conference in Liverpool (UK) from 11 to 12 November 2019.

Third World Café meeting

The subgroup also committed to organising a third World Café meeting at the ANZUNS meeting held in April 2019 and was to be a repetition of those organised in Glasgow (BAUN) and Copenhagen (EAUN). As with BAUN and EAUN cafés, the aim was

to allow ANZUNS colleagues to lend their very important voice to the 4 questions posed regarding framework content, academic level, developmental collaboration and framework utilisation. Julia Taylor attended the ANZUNS in April 2019 and led delegates through the café, gathering a copious amount of data thanks to their very engaged and animated interaction. These data have now undergone a first analysis and are being reviewed, together with data generated by EAUN and BAUN. A presentation of the data has recently been supplied to ANZUNS for consideration by their members, as was the case for BAUN and EAUN members.

International Journal of Urological Nursing

The combined review of the data generated from all three cafés is now being used to complete two important tasks. Firstly, the data is the basis of a paper about the detailed findings which will be published in the International Journal of Urological Nursing (IJUN). This step is considered extremely important by the subgroup, as it is essential that the members of all three organisations are fully informed about the information gathered and how it is used to influence progress. The second task, by far the most challenging one, is to consider how the data gathered from nurses across multiple countries on two continents can be used to assist the construction of an educational framework that is relevant and useful to all. There is no doubt that this will be a monumental task.

Structure and guidance

Although urological nurses may have more tacit than explicit knowledge, they show great variation in their educational journey (initial and ongoing) as well as in how nurses practice in their own countries. The EFUN needs to speak clearly and with authority to all urology nurses, offering structure and guidance for development where required, in a manner that those who use it will find it helpful as they continue to lead

and support change. The EFUN subgroup is acutely aware of the needs of nurses and is committed to ensure that you, our urology nurse colleagues, are not only informed of developments but can also play your part in helping to shape our work.

Education frameworks

Lastly, the EFUN subgroup is evaluating existing

education frameworks used by several nursing groups (more than a dozen at present) to gain understanding of how others have addressed the challenges now before us. Analysis of these various approaches, along with the café data and our other deliberations, will allow us to develop a confidence on how we might construct our EFUN. Reporting progress on all of this to you will remain as one of our key drivers.

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National urological nursing congresses in Serbia and Turkey

EAUN chair and chair-elect give lectures about importance of nursing

One of the EAUNs main aims is to standardise urological nursing care across Europe. It also seeks to encourage and support urological nursing societies in their host nations, in order to share exemplary practices and act as a platform to develop evidence-based care using the EAUN guidelines. To help realise this purpose, Paula Allchorne (EAUN Chair Elect) and Susanna Vahr Lauridsen (EAUN Chair) were invited to give talks in Serbia and Turkey.



Paula Allchorne, MBA, Dip, RGN - Executive MBA
EAUN Chair Elect
London (UK)

p.allchorne@eaun.org

I felt honoured to attend the 6th national congress in Serbia entitled 'History of nursing in the republic of Serbia'. By giving such talks, I hope to enhance understanding of nursing care throughout Europe and ensure that the EAUN continues to improve and standardise the quality of care across Europe and globally.

The congress covered history through practice, work of professional organisations, education and heroines of our time, in recognition of the incredible efforts of nurses over the years to deliver the best healthcare possible. I was asked to deliver a keynote lecture on 'History of nursing in Great Britain: the cradle of nursing?'

Florence Nightingale

Using a historical example, I initially focused my lecture on Florence Nightingale in order to make comparisons with current nursing innovations. Florence Nightingales impact on nursing has often been simplified and merely shows the caring face of nursing, as epitomised by 'the lady of the lamp' image, when in fact she was an innovator in the complete care of patients. She was one of the first proponents of patient safety and quality improvement.

She was an accomplished statistician, recognised by her mathematical peers and praised for developing a highly visual way of presenting complex annualised data sets on mortality and morbidity data. She did so to persuade generals and politicians of the fact that the impact of disease was crippling a nation's army far more than injuries in battle. In doing so she improved general health conditions. She realised education was key and nursing needed to be developed as profession.

General Nursing Council

In 1860, the Nightingale Training School opened at St. Thomas's Hospital in London. Her actions changed the face of nursing, from a mostly untrained profession to a highly skilled and well-respected clinical profession. In 1919, the General Nursing Council was established and adapted in 1983 to United Kingdom Central Council for Nursing, Midwifery and Health Visiting. In 2009 all nursing courses in the UK became degree level.

Part of multidisciplinary team

I continued my talk by drawing parallels with European nursing today. The UK was perhaps the spark that initiated nursing professionalism, but the profession is developing globally this millennium. Florence Nightingale, in her role as leader of quality improvement, would certainly have supported the aim of the EAUN: to ensure that all nations come together to standardise and improve care across the world. Nursing has evolved over the last twenty years, we have a stronger voice and presence, and our practice is evidence-based and integrated within the medical profession as a key part of the



Ms. Paula Allchorne with Ms. Natasa Dimoska from Belgrade

multidisciplinary team. The most important thing is to ensure everything we do is patient centred and patients are at the heart of everything we do to improve quality of care. This is being enhanced by nurses taking on more and more advanced practices. This is particularly true in the field of urology over the last twenty years.

Improve efficiency and quality of care

Global attendance at the EAUN meetings demonstrates the collaboration and standardisation in the field of nursing. Everyone wants the same: to improve efficiency and quality of care. Improving quality means addressing what matters to patients - making pathways patient centred. Florence Nightingale said: 'Little can be done in a spirit of fear'. We need to ensure we speak up for our patients and provide standardised evidence-based practice. And like Florence, we must often persuade politicians and budget holders of the importance of nurses and exemplary nursing care to the health of the nation. We should ask ourselves 3 questions:

- Where are we now ?
- Where are we going?
- What has changed?



Susanna Vahr Lauridsen, RN, Master's degree in HRD, PhD
EAUN Chair
Copenhagen (DK)

s.vahr@eaun.org

Inspiration for future collaboration between societies

I was invited to talk at the 9th National Congress of Urology Nursing in Antalya (TR) from 11 to 12 October. The congress was held at the fabulous Rixos Sungate hotel and it was attended by about 50 nurses. It was a very well organised conference and a good example of the possibility to exchange knowledge about nursing practices when the interest is there. Ayfer

Özbas, current president of the Turkish Association of Urology Nurses, had arranged translators from the first day, so the delegates could understand my presentations about rehabilitation of bladder cancer patients undergoing radical cystectomy and about EAUN indwelling catheter guidelines to prevent urinary tract infections. I was happy to understand all Turkish presentations. The programme included presentations about both benign and cancer diseases in urology and about patient involvement and ethics in care of the urology patient. The delegates were very interested in discussion about differences between practices and how to overcome these.

"EAUN Chair Elect: 'Little can be done in a spirit of fear'"

Future collaborations

I was very impressed by the great hospitality and the inspiration I found for future collaboration between the two societies. A meeting was arranged on day one to discuss EAUN activities and benefits of membership with representatives from the Turkish Association of Urology Nurses, vice president Ates Kadioglu from Türk Uroloji Derneği and me. The meeting resulted in exchange of propositions for future collaborations, such as fellowship exchange, international multicentre studies and presentations at the next EAUN meeting. I was invited to a friendship dinner and a faculty dinner which I appreciated very much. The EAUN looks forward to welcoming the Turkish nurses at the 21st EAUN Annual Meeting in Amsterdam in 2020.



Ms. Susanne Vahr answering questions after the lecture on rehabilitation

Nurses and PhDs - a new trend

The EAUN board is on track to become the board with the most PhD holders and students



Corinne Tillier
Nurse Practitioner
Uro-oncology
Antoni Van Leeuwenhoek
Hospital
Dept. of Urology
Amsterdam (NL)

c.tillier@eaun.org



Franziska Geese, MSN
Advanced Practice Nurse,
Research Assoc.
University Hospital of Bern
Berne (CH)
franziska.geese@gmail.com

Only few decennia ago, no one could have imagined nurses obtaining a PhD degree. However, it now seems that a trend for nurses to do a PhD has emerged. What motivates them to participate in a PhD programme? What are their goals, and what do they want to contribute with their PhD degree? When talking with those who chose to pursue a PhD degree, it becomes clear that the nurses' motives are different.

Florence Nightingale (1820-1910) was the one who showed the path of research to nurses. She was a pioneer in the field of statistics. For instance, after the Crimean War, she carried out statistical research on the

causes of a high mortality rate among British soldiers in India. The powerful Royal Commission on the Health of the Army applied her research, and, thanks to her recommendations, the mortality rate was reduced. Data collection of hospitalized patients to carry out clinical studies, classification of diseases; both owe their use to her. Plus, she was behind the idea of the education of nurses by expert nurses.

The path Nightingale chose was not easy, and we cannot say it became easier for nurses to carry out research over the decennia that followed. In the USA, PhD programmes for nurses came up in the 1970s; the evolution of such programmes went even more slowly in Europe. Since the early 2000s, nurses from all over Europa started to get their PhDs.

Why nurses pursue a PhD degree

Besides the increased opportunities, nursing care has become more complex and multidisciplinary. The increased demand for more quality and proven effectiveness (through nursing research) has resulted in nurses who want to develop advanced skills in carrying out research. For the most part, nurses do a PhD to gain more experience in research projects and to develop a methodical understanding of qualitative and/or quantitative research -- leading to the acquisition of more knowledge for the benefit of every patient. Of course, they could have conducted research without pursuing a PhD, but such a degree also brings them in a new dimension where their work and leadership are recognised, which also provides a motive. Another reason for taking a PhD is to become a locomotive for other nurses. PhD-holding nurses pull the nursing care toward a higher evidence-based level, thereby taking all the other nurses with them.

It is not easy to embark on a PhD programme. Therefore, the nurse needs the support of the entire team, above all from a supervisor who will guide the

nurse all along the path to the thesis. The supervisor/promotor could be a nurse, a doctor or anyone else such as a psychologist, an epidemiologist, and there are many differences between European countries. For the nurse her/himself, it is important to find a suitable topic and to put together a committee that is familiar with this topic and the necessary methodical procedure. The committee should impart knowledge, coaching in challenging situations, and support for the advancement of the project.

Florence Nightingale would have been proud

There are many nurses to be inspired by. In 2014, former EAUN chair Dr. Bente Thoft Jensen (DK) defended her PhD thesis about the efficacy of multimodal rehabilitation in radical cystectomy. She has presented the results of her work all around the world and gained the respect of many urologists. Another past chair of the EAUN, Dr. Stefano Terzoni (IT), obtained his PhD with research about the efficacy of and the quality of life after two conservative treatments for urinary incontinence after radical retropubic prostatectomy in 2011. Present EAUN chair Dr. Susanne Vahr (DK) defended her PhD thesis about the effects of tobacco and alcohol intake on postoperative outcomes in cystectomised patients in 2017. Dr. Giulia Villa (IT), EAUN board member, has developed two new tools of self-care for ostomy patients and obtained her PhD in 2019. And Mrs. Jeannette Verkerk-Geelhoed, chair of EAUN SCO and another EAUN board member, will very soon begin with her PhD research on Peyronie's disease. Lastly, one of the authors, Mrs. Corinne Tillier, EAUN Board member, has just started on the path of pursuing a PhD degree. She will conduct research on individual prediction of urinary incontinence and development of an individualised algorithm to predict incontinence and severity of incontinence after robot-assisted radical prostatectomy (RARP).

Although certainly not a requirement, these achievements will probably lead to the current EAUN board becoming the board with the most PhD holders and students in the history of the EAUN. Florence Nightingale would have been proud.

Reference

1. H. Michael Dreher, PhD, RN, FAAN, Mary Ellen Smith Glasgow, PhD, RN, ACNS-BC, ANEF, FAAN. Role Development for Doctoral Advanced Nursing Practice. Springer Publishing Company. Edition 2011



"Piled Higher and Deeper" by Jorge Cham
www.phdcomics.com



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Non-muscle invasive bladder cancer surveillance

Development of the advanced nurse practitioner-led service in Ireland: Preliminary audit results



Robert McConkey, RANP, MSc, BSc (Nursing), PGDip.
Galway University Hospital
Urology Outpatient Department
Galway (IE)
robert.mcconkey@hse.ie

I was invited to write this article in *European Urology Today* as a result of my successful presentation at the last International Meeting of the EAUN in Barcelona. I am happy to share with you the developments of the increasing role of the advanced nurse practitioner in bladder cancer care in Ireland.

Bladder cancer in Ireland

Bladder cancer is the 11th most common cancer worldwide, and there are more than 470 new diagnoses in Ireland annually. Approximately 75% of cases diagnosed are non-muscle invasive bladder cancer (NMIBC). It is one of the most expensive cancers to treat due to high recurrence rates, arduous invasive treatment regimens and surveillance follow-up schedules, which significantly impacts on patients' quality of life and places a burden on healthcare systems.

Ireland's National Cancer Strategy 2017-2026 emphasises an increased role for the advanced nurse practitioner (ANP) in urology to meet the healthcare needs of the population. Flexible cystoscopy is the cornerstone of non-muscle invasive bladder cancer surveillance. Nurse-led flexible cystoscopy emerged from the UK in the 1990s in response to increasing bladder cancer workloads of urologists. The role is well established internationally but has not yet been developed in the Republic of Ireland.

For the patient, the benefits of the nurse cystoscopists include continuity of care and the provision of

psychological support. Experienced nurse cystoscopists can be involved in training of junior medical staff. The role also offers nurses wishing to remain in clinical practice the opportunity to advance their careers. Data from published service audits in Australia and the UK report that trained nurse specialists can safely and competently carry out this role, patient satisfaction is high and waiting times for access to care are shortened.

Preparing for the role

Preparation for the introduction of the role in Ireland was guided by the tenets of a model of change (adapted from the Health Service Executive Change Model). The 'initiation and preparation for change' stage examined the nurse cystoscopist role in the context of the domains of advanced nursing practice, as defined by the Nursing and Midwifery Board of Ireland to ensure congruence.

"...benefits of the nurse cystoscopists include continuity of care and the provision of psychological support"

The 'planning' stage of the process included building commitment, determining the details, and developing an implementation plan. Multidisciplinary stakeholder meetings collaboratively defined the job description and patient caseload of the candidate advanced nurse practitioner (cANP). Governance structures, such as evidence-based policies, procedures, protocols and guidelines were developed to ensure the delivery of quality and safe service. Formal mentorship for clinical supervision was agreed with a named consultant urologist, and formal education was embarked upon to Masters level. I also participated in a flexible cystoscopy training workshop at the British Association of Urology Nurses annual conference in Glasgow in November 2016. Following this, a period of formal flexible cystoscopy training and competency assessment commenced.

Mainstreaming the role requires its evaluation and 'making it the way we do business'. Auditing appropriate measures and disseminating the learning and feeding back to colleagues helps to achieve this aim. Ireland's Health Information and Quality Authority's (HIQA) 'National standards for better and safer healthcare' aim to improve services and protect patients by placing them at the centre of the care process. Focusing on quality and safety, the standards are useful for measuring output. The following standards formed the basis of the audit for the period 23/3/18 to 30/07/18 and are reported below.

Effective care and support

- Measure: Urine for cytology to be sent for all patients with high-grade cancer in alignment with international best practice guidelines.
- Population: Patients attending the ANP service for surveillance of high-grade bladder cancer.
- Target: 100% will have sample sent for cytology.
- Outcome: 18 out of 20 eligible samples sent: 90% compliance rate.
- Action: A review of the two instances when cytology was not sent, identified that the patients were unable to provide another voided pre-cystoscopy urine sample.
- Plan: In future, patients with high-grade disease will be contacted in advance of their appointment and a 2nd morning voided sample will be requested.

Safe care and support

- Measure: Documented evidence of appropriate antimicrobial stewardship.
- Population: Patients attending the cANP flexible cystoscopy service.
- Criteria: Patient screened and reason for antibiotic prophylaxis identified.
- Target: 100% documentary evidence.
- Outcome: 100% of patients who received a prophylactic antibiotic (n=62) (18% of all patients attending) had a documented valid reason for administration.
- Action: Target met; continued vigilance required.

Antimicrobial stewardship has both clinical and economic benefits.

Use of resources

- Measure: Time to complete an entire episode of care safely (including patient assessment, performance of procedure, care plan, documentation and communication).
- Population: Patients attending the cANP flexible cystoscopy service.
- Criteria: The standard to be achieved for the ANP is that of a competent urologist.
- Target: Equivalent time to urology colleagues.
- Outcome: No appreciable increase in the average time to complete an episode of care (26 minutes and 27 seconds (cANP) versus 26 minutes 12 seconds (urology colleagues in 2017)).
- Action: Target met; continued vigilance required.

The results of this measure lend support for the introduction of the service on a cost-neutral basis.

Conclusion

International experience of the nurse-led flexible cystoscopy service demonstrates that appropriately trained specialist nurses can deliver a safe and quality patient-centred service. Preparing for the role requires commitment from all multi-disciplinary stakeholders to successfully deliver the initiative. The evaluation of the preliminary introduction of the role in the context of advanced nursing practice demonstrates evidence of compliance with national and international standards, aligned with delivering a safe and high-quality service, providing a tentative framework for its adoption in other centres.

Award

At EAUN19 I presented a poster on the first results of the above audit and was honoured to be awarded the first prize for the Best Practice-development Poster Presentation. I hope to present further results in one of the future meetings. See you in Amsterdam!

EAUN20: "A worthwhile and valuable experience"

New knowledge, broader connections, better clinical practice

Look forward to innovations in urological nursing and multidisciplinary collaborations at the upcoming 21st International EAUN Meeting (EAUN20). In this article, esteemed members of the EAUN Scientific Congress Office, Mr. Robert McConkey and Mrs. Hanny Cobussen-Boekhorst, and respected member of the EAUN Special Interest Group Bladder Cancer, Ms. Kathryn Chatterton, offer a sneak peek at the anticipated meeting.

"Searching for educational urological updates focused on high-quality and safe care for patients? Interested to know more about inspiring clinical practice? EAUN20 promises to deliver these and more," said Mr. McConkey.

He stated, "Some of the oncology lectures will examine the salient issues affecting patients with muscle-invasive and non-muscle-invasive bladder cancers, and their quality of life. The lectures will also address sexual (dys)function of male cancer survivors, and the emerging role of genomics in urological cancers. EAUN20 participants can expect the assessment and management of skeletal issues in metastatic prostate cancer, as well as, interdisciplinary end-of-life care."

Mr. McConkey added that the meeting will also touch on holistic approaches to urinary and bowel continence care; endourology and robotics; updates of the EAUN indwelling catheterisation guidelines and the proposed Urological Nursing Education Framework (Curriculum); and the critical nursing role in antimicrobial stewardship, to name a few.

 Register now for the early fee!
Deadline: 16 January 2020

Dynamic programme

"In healthcare, collaboration is of utmost importance to ensure top quality and safety. This is one of the core foundations in the development of EAUN20's Scientific Programme," said Mrs. Cobussen-Boekhorst.

The programme is so comprehensive and dynamic that it comprises of specialty sessions such as the "Best of urological nursing practice in Europe". In this session, participants will receive valuable insights, tips and tricks, and clinical practice updates from top nurses who are awardees of the *Best Nurse of the Year* in their respective countries. Their contribution to urology, stoma or continence care is instrumental to achieving a high quality of nursing care.

"The meeting will cover vital topics such as bladder and bowel management; antibiotic resistance because within urology, high rates of catheter-associated urinary tract infections (CAUTIs) are causing concern; developments in endourology; nocturia in children and adults, and many more," added Mrs. Cobussen-Boekhorst.

HOT courses

Based on positive feedback received at EAUN19, the *ESU/ESUT - EAUN Hands-on Training (HOT) in Flexible cystoscopy* will precede the three-day meeting.

Ms. Chatterton stated, "This HOT course is specifically designed for nurses who aim to set up a nurse-led flexible cystoscopy service. The outcome is to enable nurses to gain insight into what is required to set up the service within their hospitals."

She added, "The course also includes theory and practical basics. Under the guidance of experts, the participants will familiarise themselves with the flexible cystoscope in a classroom-like environment."

According to Ms. Chatterton, this HOT course will offer a comprehensive overview on anatomy and physiology to deepen nurses' knowledge on identification and troubleshooting specific problems a patient may have. The course will also include a step-by-step guide to gaining learning competencies, and provide instruction on required protocols under the support/guidance of a urologist.

This in-demand course will take place on 20 March 2020, from 14:00 to 17:30 and will only have limited seats available. Interested participants can secure their place for a small fee.

 For the complete Scientific Programme visit www.eaun20.org

The EAUN20 Scientific Committee is also preparing a new HOT course "The Essentials of Urological Nursing Assessments" where participants can enrich their skills in nephrostomy care; bladder irrigation and manual washouts; catheter troubleshooting; uroflowmetry and bladder scanning; and stoma care. Participants will also review symptom and assessment questionnaires in this HOT course.

Making a difference

"We aim to offer the EAUN20 experience that will inspire the delegates to apply the new knowledge they've gained to optimise their practice, and also help them build connections with other nurses across Europe," stated Mrs. Cobussen-Boekhorst.

"EAUN20 has so much to offer; if each delegate could take home just one thing they've learned and make a small change to their practice, that could make a huge difference to patients under their care," said Mr. McConkey. "Whether that means being inspired to develop a new service; reviewing and updating local guidelines based on new evidence learned; deciding to create and present your first poster at a local event; or sharing highlights from EAUN20 to your colleagues back home; these make attending the meeting a worthwhile and valuable experience."

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