

Healthy hormones: Support for men on hormone therapy

Five years after the first seminar – where are we now?



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In 2015 we published a paper in the *International Journal of Urological Nursing* on a new service for men on hormone therapy which we called 'Staying healthy on hormones'. This was an innovative way to provide support and education for men on ADT regarding side effect management and metabolic effects.

We organised a seminar for men using hormone therapy away from the clinical area. The aims of the seminar were to understand treatment and its side effects, offer advice regarding side effect management, suggest simple lifestyle changes to mitigate long-term metabolic effects and empower men to engage in primary care and play an active role in their monitoring and care (improve self-efficacy).

Five years later, the seminars are still an important part of the care pathway for our patients. To date > 400 men and > 100 loved ones have attended the daylong event. I have presented in Europe, America, Australia and New Zealand. I am impressed and humbled by the way my fellow nurses have embraced the ideas and brought similar ideas to their own patient groups.

Developments

There have also been some exciting developments. We received a legacy donation from one of our patients for a project to support men with advanced

prostate cancer. Using staff input and patient focus groups, we identified activities which would bring men and their loved ones together. The project is called the Advanced Prostate Cancer Club (APCC). To date we have provided 5 healthy hormone events, 4 daytrips to destinations in and around London, including Kew Gardens and Leeds castle, 2 art class courses, singing workshops and 2 very successful Christmas Lunch socials (the most recent of which involved 55 members enjoying lunch in a riverside pub in Greenwich). We have a regular walking group. We have also provided Look Good Feel Better sessions, where men have participated in a pampering workshop and were advised on skin care. We have also run 3 'grave talks' which are sessions run with the chaplaincy, palliative care and a local undertaker, exploring issues around death and dying in a safe space. Plans include an exercise club and memory book project. However, there have been (and still are) some challenges.

"...an innovative way to provide support and education for men on ADT regarding side effect management and metabolic effects"

Money

The biggest challenge is funding. In order to run the Healthy Hormone days, we need to hire a room and provide refreshments. We have used a variety of means to pay for this over the years. For example, with the support of pharma or with charitable grants. And currently with the large legacy fund mentioned previously. However, this isn't sustainable funding, thus one of our biggest challenges is making this service future-proof. To this end we have asked the group to propose ideas about fundraising. We set up a charitable website page in order to facilitate this. Members are planning a concert and a golf day, and even before these events, donations from members have already exceeded £2600. The page can be found at <https://uk.virginmoneygiving.com/APCC>

Time

Another challenge is the time commitment to make these projects successful. We have used some of the legacy funding to pay for a support worker who serves as contact person and organiser for events. This has been transformational, and she has become an essential and valued member of the team.

Access for men

Whilst the interest in seminars has been very positive, we are aware that not all men can or want to attend. We are looking into the reasons why and have started a focus group for black men to see whether the club could provide specific services to encourage more participation from this community. The feedback was that these men would prefer activity-based groups such as practical exercise classes. We are starting these soon.

Measuring the impact

Whilst feedback measured by questionnaires and by comments collected after events has been extremely positive, we are also working with colleagues to see whether attending seminars results in behavioural change in terms of diet and exercise. We are also collecting data on how attending the APCC affects measures such as anxiety, mood, and ability to socialise.

Most of the feedback consists of emails, cards and letters from the men themselves. Peer support is a major unmet need for this patient group (Patterson 2017). This initiative meets that need, as is shown in the following feedback:

"Many thanks for a most enjoyable social event at such a beautiful location. People were so relaxed and happy. You had everything organised perfectly. It made it so easy for us to mingle and meet new people"

"There is such an empathetic connection amongst us which makes it so easy to talk about our experiences. I am amazed how positive our men and their partners are"

"Made my day seeing all my lovely friends.....receiving a warm welcome. Many thanks. Each walk opens discussions in the beautiful autumnal colours"

"... it was good to even laugh with you after what has been a very difficult time following weeks of uncertainty and unreality. The thought of attending these events with others who are experiencing similar situations certainly makes the road ahead seem much more positive"

"Meeting the other people in the group and talking to them and sharing the experiences of their prostate cancer journey was an eye opener. It made us realise that everybody has a different story to tell and that we are not on our own"

"I was blown away by the kindness of the people attending and felt at home straight away"

"Such a blessing to be with such an amazing group of understanding people"

And from one 85-year old man after our "Look Good Feel Better" session:

*"Eyes, hair, mouth, make up
The people they need to adore me
So Christian Dior me from my head to my toes
I need to be dazzling, I want to be rainbow high
So Lauren Bacall me! Anything goes
To make me fantastic, I have to be rainbow high"*

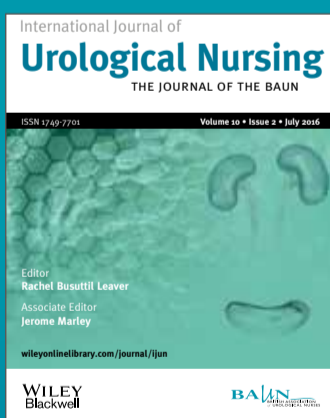
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- Patterson et al. Unmet Supportive Care Needs of Men with Locally Advanced and Metastatic Prostate Cancer on Hormonal Treatment: A Mixed Methods Study. *Cancer nursing* 40(6). 2017
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Nurses and Doctor of Philosophy (PhD) education - part 2

Diversity between universities a "strength which has to be underpinned by quality and sound practice"



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In the previous edition of EUT we explained why nurses are motivated to pursue PhD education. We will now discuss the striking variations of the requirements for doctoral education between European countries and even between universities in one country. All universities aim at offering high quality research and knowledge. Due to many differences in regulations and standards between universities, it seems legitimate to wonder whether the title of PhD has the same value between national universities in a country and across Europe.

European University Association

The European University Association (EUA) has formulated 10 recommendations for doctoral education in Europe ("Salzburg principles and recommendations": <https://eua.eu/downloads/publications/salzburg%20ii%20recommendations%202010.pdf>). The EUA is aware of the diversity between universities and European countries but considers it a "strength which has to be underpinned by quality and sound practice". The EUA refers to the primordial role of supervision and assessments in one of its recommendations.

The grade of the main supervisor is not necessarily a professor, as is the case in e.g. the Netherlands. In Denmark, the supervisor must be "employed in the health sector and on the level of at least an associate professor" (Aarhus University). In the UK, the nurse

can be supervised by a subject specialist and a methods specialist.

Differences across Europe

There are many differences across Europe with regard to PhD training and the rules for supervisor and doctoral dissertation. The EUA council for doctoral education has tried to highlight the differences across Europe by sending a survey (Eurodoc survey 2018) to European doctoral candidates. The results of the survey have not yet been completely analysed. From the raw data it is clear that there is a wide diversity across Europe concerning e.g. the duration of the doctoral training, which institutions are entitled to award doctoral degrees, the status and benefits of doctoral candidates, and transferable skills and qualifications required for doctoral supervision.

The nurse, as all other PhD students, has to face all these differences, however, a PhD nurse candidate also has to overcome obstacles. In some countries, such as Denmark, the Netherlands and the UK, obstacles have already been removed but in some European countries this is not the case yet.

Situation in France

The situation in France can be called exemplary: research by nurses and PhD are receiving great interest since 2009, the year the training of nurses was legally considered as a graduate study. However, the difficulties for French nurses to start and, maybe, finish a PhD training are comparable to climbing the Mont Blanc mountain! First the nurse has to develop a project plan and submit it to the hospital. Then, very often the nurse needs to find her own financial funds to allow the conduction of the PhD (an almost impossible mission). And of course the nurse must be affiliated to a university (this does not differ from other European countries). Many French nurses who are motivated to follow a PhD feel "forced" to move to Switzerland, Belgium or Canada because until recently a PhD was not available for them in France. Since 2018, some French university hospitals are becoming aware of

the necessity and advantages of doctoral nurses. It offers hope to French nurses.

Something to aim for

The title nurses acquire once they obtain their PhD is the same across Europe: Doctor (Dr.). However, a nurse from the UK explains the difficulties of using the title Doctor as a nurse nicely: "This is a title that is not without controversy and varying practice. Some people use the title, others do not. I personally use it in practice and when I present. I believe it should be used, as it gives nurses something to aim for. In practice I find that some medical doctors do not like it, they probably feel threatened". This issue is likely not to be specific to the UK. But since doctoral nurses are not less educated than a physician who has achieved a PhD, they deserve respect and acceptance from their medical colleagues.

"...there is a wide diversity across Europe concerning e.g. the duration of the doctoral training, which institutions are entitled to award doctoral degrees, the status and benefits of doctoral candidates, and transferable skills and qualifications required for doctoral supervision."

No financial advantage

There is one thing similar all over Europe with regard to doctoral nurses: they do not have any financial advantages (higher salary) because of their title. Most of the PhD subjects are about educational sciences, philosophy, ethics, sociology, management, clinical research (about work situations).

In conclusion, there are still many diversities across Europe and even among national universities in PhD education. Despite the efforts of the EUA to make



Hanny Cobussen-Boekhorst (Nijmegen, NL) receives her well-deserved doctorate degree

recommendations and, maybe in future, guidelines, it seems that uniformity in doctoral education is still far away. We can also point out that PhD education requires a lot of perseverance and we can only hope that doctoral nurses will soon be recognised for it in many European countries.



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"Spot-on" evidence-based nursing care New research and developments

Dear EAUN members,

The growing evidence in urology nursing care is amazing!

With this column, the EAUN SIG Groups want to put the spotlight on recent publications in their field of interest. This month's articles have been carefully chosen because of the scientific value from PubMed and represent different methods and approaches in research and development in urological nursing care. We hope this new initiative will have your attention and continuously provide information on "spot-on" urological nursing care.

If you would like to inform us and your colleagues about new initiatives or exciting developments in one of the special interest fields you can contact us using the email addresses below.

Best regards

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Selected from PubMed November-December 2019

Bladder Cancer

- Consensus in Bladder Cancer Research Priorities Between Patients and Healthcare Professionals Using a Four-stage Modified Delphi Method. Bessa A, MacLennan S, Enting D, et al. Eur Urol. 2019 Aug;76(2):258-259. doi: 10.1016/j.eururo.2019.01.031. Epub 2019 Jan 31. Pubmed PMID: 30712969.
- <https://www.ncbi.nlm.nih.gov/pubmed/30712969>
- Intravesical device-assisted therapies for non-muscle-invasive bladder cancer. Tan WS, Kelly JD. Nat Rev Urol. 2018 Nov;15(11):667-685. doi:10.1038/s41585-018-0092-z. Review. Pubmed PMID: 30254383.
- <https://www.ncbi.nlm.nih.gov/pubmed/30254383>
- Health-related quality of life after BCG or MMC induction for non-muscle invasive bladder cancer. Siracusano S, Silvestri T, Bassi S, et al.
- Can J Urol. 2018 Oct;25(5):9480-9485. Pubmed PMID: 30281005.
- <https://www.ncbi.nlm.nih.gov/pubmed/30281005>
- Radical cystectomy (bladder removal) against intravesical BCG immunotherapy for high-risk non-muscle invasive bladder cancer (BRAVO): a protocol for a randomised controlled feasibility study. Oughton JB, Poad H, Twiddy M, et al; BRAVO study group. BMJ Open. 2017 Aug 11;7(8):e017913. doi: 10.1136/bmjopen-2017-017913. Pubmed PMID: 28801444; PubMed Central PMCID: PMC5724134.
- <https://www.ncbi.nlm.nih.gov/pubmed/28801444>

Prostate Cancer

- Pain, fatigue and depression symptom cluster in survivors of prostate cancer. Baden M, Lu L, Drummond FJ, Gavin A, Sharp L. Support Care Cancer. 2020 Jan 24. doi: 10.1007/s00520-019-05268-0. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/31980895>
- Cardiovascular Morbidity in a Randomized Trial Comparing GnRH Agonist and GnRH Antagonist among Patients with Advanced Prostate Cancer and Preexisting Cardiovascular Disease. Margel D, Peer A, Ber Y,

- Shavit-Grievink L, Tabachnik T, Sela S et al. J Urol. 2019 Dec;202(6):1199-1208. doi: 10.1097/JU.000000000000384. Epub 2019 Jun 12. <https://www.ncbi.nlm.nih.gov/pubmed/31188734>
- "TREXIT 2020": why the time to abandon transrectal prostate biopsy starts now. Grummet J, Gorin MA, Popert R3, O'Brien T, Lamb AD, Hadaschik B, Radtke JP et al. Prostate Cancer Prostatic Dis. 2020 Jan 13. doi: 10.1038/s41391-020-0204-8. [Epub ahead of print]. <https://www.ncbi.nlm.nih.gov/pubmed/?term=trexit+2020>

Endourology

- Current European Trends in Endoscopic Imaging and Transurethral Resection of Bladder Tumors, Frank Waldbillig, Simon Hein, Britta Grüne, Rodrigo Suarez-Ibarrola, Evangelos Liatsikos, Georg Salomon, Alexander Reiterer, Christian Gratzke, Arkadiusz Miernik, Maximilian C Kriegmair, Manuel Ritter. J Endouro. 2019 Nov 19. DOI: 10.1089/end.2019.0651. PMID: 31617417. <https://www.ncbi.nlm.nih.gov/pubmed/31617417>
- Does the Use of a Robot Decrease the Complication Rate Adherent to Radical Cystectomy? A Systematic Review and Meta-Analysis of Studies Comparing Open With

- Robotic Counterparts. Lazaros Tzelves, Andreas Skolarikos, Panagiotis Mourmouris, Lazaros Lazarou, Nikolaos Kostakopoulos, Dimitrios K Manatakis, Ali Riza Kural. J Endourol. 33 (12), 971-984. Dec 2019. DOI: 10.1089/end.2019.0226. PMID: 31161777 <https://www.ncbi.nlm.nih.gov/pubmed/31161777>
- Robot Assisted Surgery of the Vena Cava: Perioperative Outcomes, Technique, and Lessons Learned at The Mayo Clinic. Kyle M Rose, Anojan K Navaratnam, Haidar M Abdul-Muhsin, Kassem S Faraj, Sarah A Eversman, Adyr A Moss 2, William G Eversman 3, William M Stone 4, Samuel R Money 4, Victor J Davila 4, Erik P Castle 1. J Endourol. 33 (12), 1009-1016. Dec 2019. DOI: 10.1089/end.2019.0429. PMID: 31588787. <https://www.ncbi.nlm.nih.gov/pubmed/31588787>
- Postoperative Complications After Robotic Partial Nephrectomy. Jessica Connor, Sai K Doppalapudi, Ethan Wajswol, Radhika Ragam, Benjamin Press, Thaiphil Luu, Helaine Koster, Tenzin-Lama Tamang, Mutahar Ahmed, Gregory Lovallo, Ravi Munver, Michael D Stifelman. J Endourol. 34 (1), 42-47. Jan 2020. DOI: 10.1089/end.2019.0434. PMID: 31588795. <https://www.liebertpub.com/doi/abs/10.1089/end.2019.0434>

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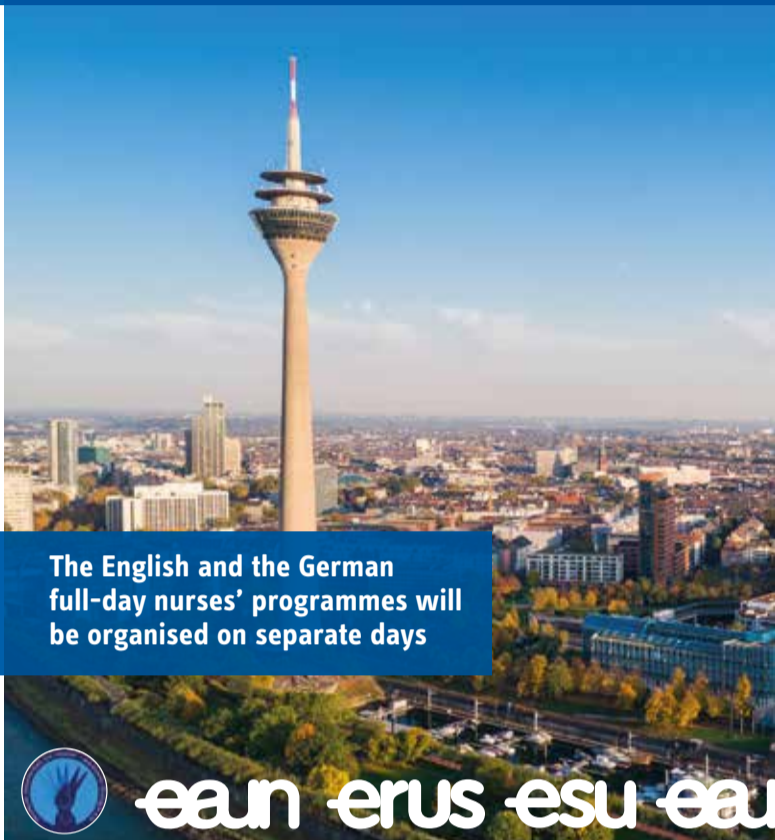
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EAUN20 spotlights the best of urology nursing

Sessions to tailor treatments, foster rapport & raise efficiency

How do you deal with uncommon, complex patient cases? Do you think that nurses and doctors view patient care the same way? Is it possible that treatment can be both quality and cost-effective? Top experts with the latest research in urology nursing will offer you crucial insights to these questions.

Read on to know more about activities at the upcoming 21st International EAUN Meeting (EAUN20) which will take place in Amsterdam, the Netherlands from 21 to 23 March 2020.

Are your patients misinformed?

One of the many notable activities at EAUN20 is the workshop "Patient education: Organised structured or invisible - How to promote compliance" which will take place on **Friday, 20 March from 14:30 to 17:15 hrs.** Urology nurse Ms. Eva Wallace of the EAUN Special Interest Group Continence will chair the must-attend workshop.

"Ask yourself, are your patients misinformed? Do they understand the consequences of non-compliance? The workshop aims to foster a culture of learning, focusing on identifying key enablers and barriers to patient education. It is fundamental to empower your patients. Help them by giving them the necessary tools to self-manage their own urological issues and be experts in their own care," stated Ms. Wallace.



Register now for the late fee!
Deadline: 26 February 2020

Centred on incontinence, catheter-associated urinary tract infections (CAUTIs), and erectile dysfunction, the workshop will help nurses adopt effective teaching strategies for their patients' learning needs.

Interested participants can register online or by sending an email to registrations@congressconsultants.com.

Between two perspectives

"The interaction between nurses and physicians is of paramount importance in offering efficient and safe treatment to patients. By optimising the division of tasks, the patient is better informed and treated. However, it's time for a paradigm-shift!" said Dr. Stefan Haensel (NL) who will present the doctors' perspective in the two-part lecture during the Plenary Session 1 "Collaboration between nurses and doctors". The session will take place on **Saturday, 21 March 2020 from 09:00 to 10:00 hrs.**



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He added, "As an example, optimal patient care doesn't always mean a speedy diagnosis. The first priority is to help a patient cope with fear and uncertainty. This can be achieved by providing reliable information and treatment strategy tailored to fit the patient."

Dr. Haensel stated that according to a survey, the two most important factors in patient satisfaction is how well the staff works together and a pleasant environment in the clinic.

Nursing solutions in difficult cases

On **Saturday, 21 March 2020 from 11:30 to 12:30 hrs.**, the Specialty Session 1 "Nursing solutions in difficult cases" will commence and overseen by EAUN Chair Elect Mrs. Paula Allchorne (GB).

Generally, the EAUN Guidelines focuses on patient cases that are often encountered. The Specialty Session at the upcoming EAUN Congress will address and discuss atypical and/or difficult cases faced in daily nursing practice. The session will also offer delegates the opportunity to exchange knowledge; from discovered solutions to pressing, unanswered questions.

An expert jury has evaluated the submitted cases for the session. The jury is comprised of the following renowned and respected healthcare professionals

(HCPs): urology nurse Ms. Helen Forristal (IE), head nurse Mrs. Françoise Picard (FR), urology nurse Mr. Ronny Pieters (BE), urology nurse Ms. Eva Wallace, and professor in Surgery and Urology Prof. Steen Walter (DK).

Getting it right the first time

Lead Nurse for Uro-Oncology and Andrology, and EAUN Board Member Dr. Jason Alcorn (GB) will chair the State-of-the-art lecture 2 "Improving quality of care: Getting it right the first time (GIRFT)" which will kick-start on Sunday, 22 March 2020 from 11:00 to 11:30 hrs.

"The session is a must for those interested in boosting efficiency and cost-effectiveness in their daily practice. Esteemed consultant urologist for over 20 years, Mr. Simon Harrison (GB) will share valuable insights during this session. Mr. Harrison has led an England-

wide review, which sought to tackle variations in the way services were delivered. The report called for the development of specialist urology nursing to help in delivering the messages of the session," stated Dr. Alcorn.



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He added, "The session is designed to help HCPs improve patient care and outcomes; streamline processes in the workplace; develop the skills of specialist nurses. In addition, the session will also explore the exceptional current and future activities that the EAUN has and will establish urology nursing."

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