Course report from the European School of Urology Nursing

ESUN course in Prague inspires and enlightens participants from across Europe

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Before I begin, I would like to congratulate the EAUN & ESUN committee for all their hard work arranging and rearranging the venue. We had a fantastic course which was everything we expected: inspiring, motivating and, best of all, it was a face-to-face meeting. This meant we could share experiences, create new contacts and learn from each other's experiences.

Arrival
The hotel was perfect: bright and welcoming with friendly helpful staff and comfortable beds. The course commenced, following a scrumptious lunch, with an opening address and welcome by Stefano Terzoni (Milan, IT), chairperson. There were around 30 delegates in total from all around Europe, including the Czech Republic, Denmark, Greece, Italy, the UK, and Ireland. I would like to express my special thanks to Coloplast which so generously sponsored the course.

Module 1
Dr. Serena Maruccia (Milan/Monza, IT) commenced with the aetiology of the urinary tract:
a) anatomy and physiology of the urinary tract https://www.kenhub.com/en/study/anatomy-urinary-system
b) how bacteria enter the bladder in men and in women depends on many different factors, such as length of urethra, skin sensibility, placement of urethra, sexual contact, contraception, menopause, pregnancy, etc.
c) cross-contamination (hospital acquired UTI, UTI-SIRS-sepsis).

Serena discussed the cross contamination, biomes and sequential organ failure assessment (SOFA) and the quick (qSOFA) assessment, which were an enlightening introduction to the course.

Group work at a participant table

Module 2
Prof. Gernot Bonkat (Basel, CH), who is Chair of the EAU guidelines on Urological Infections) spoke to us about antibiotic resistance and asymptomatic UTI. The professor enlightened us with his discussion around microbiology and antibiotic resistance (ABS). He acknowledged that there is now much more interest in infections. The abuse and misuse of antibiotics is considered to be one of the driving forces for AMR. It is estimated that at least 30% of antibiotics prescribed in outpatient settings are unnecessary. There are few antibiotics in development, due to scientific difficulties, financial and regulatory issues. In addition, new antibiotics have to be used sparingly to avoid resistance development.

Penicillin
Alexander Fleming, Howard Florey and Ernst Chain were awarded the Nobel Prize in 1945 for the discovery of penicillin, the world's first broad-spectrum antibiotic. Very early in the discovery, they established the ease with which bacteria could develop resistance to penicillin. In Fleming's Nobel acceptance speech, he ended with a warning for future generations: "The thoughtless person playing with penicillin treatment is morally responsible for the death of the man who succumbs to infection with the penicillin-resistant organism."

Module 3
What a way to celebrate your birthday! Sarah Hillery (York, GB), BAUN President, spoke about UTI in persons with catheters. She explained that highly evolved complex defences are breached when the catheter is inserted and establishes direct 'communication' to the outside world. Bacteria colonisation is present in urine 24-48 hours after catheter insertion and as we all know the infection risk increases with duration. Some very interesting facts (Public health England 2016/2019): in Europe, 4 million people a year develop hospital acquired infections (HAI) and 37,000 die as a direct result! Recurring CAUTI are a result of hydration, hormones, hygiene, constipation, diabetes and bladder stones. Sarah finished with some patient experiences and her personal account about her mother Val who had dementia.

Module 4
Veronika Geng (Lobbach, DE) then spoke about UTI's in people who use intermittent catheterisation (IC), explaining that in different countries there are different criteria for diagnosing CAUTI. A recurring UTI is defined as two proven episodes within 6 months, or 3 within a year. Obtaining the patient's description of a UTI, clinical symptoms etc. are important, but these alone are not sufficient to establish the diagnosis. Sending an appropriate clean specimen of urine is essential. Adherence to IC encompasses many factors with regard to socioeconomic, educational or financial status, reason for IC, complexity of procedure, independence of the individual and quality of life issues. The close relationship we have with our patients as professionals include trust, empathy and patience which are essential for a successful outcome for IC.

"If a man has no reason to do something he has a reason not to do it" - Walter Scott

"A new development is the trial set up with the MV140 vaccine for rUTI in women."

Module 6
Eva Wallace (Dublin, IE) discussed the prevention and treatment CAUTIs, a worldwide issue which remains a severe healthcare burden with antibiotic resistance rates alarmingly high. It is the most common healthcare associated infection and 75% of UTIs are caused by catheters. There are many adverse effects of urinary catheterisation. The CDC guidelines estimate that 9,000 deaths a year could be prevented! Contamination of the sterile field (27%), the catheter (31%) and breach of the sterile barrier (38%) can occur following insertion. Almost 60% of patients report catheter complications with non-infectious complications 5 times more common. In a 2020 prospective multi-institutional study the incidence of traumatic UC was 13.4% and 1 mortality due to urosepsis resulting from catheter balloon inflation in the urethra was reported. Another incident reports a misplaced suprapubic catheter when it was inadvertently advanced into the proximal urethra and the balloon was inflated. This of course can be avoided by the use of the transurethral catheter safety valve (TUCSV). It is important to consider alternatives to a urinary catheter insertion. Remember: 'no catheter no CAUTI'.

Module 7
Susanne Vahr (Copenhagen, DK) spoke about assessment of UTI in people who use IC showing us the report from the Coloplast survey identifying the different challenges according to the users and the nurses. Patients' experience showed that their caretakers underestimate the burden of rUTIs and do not appreciate or recognise the impact of CAUTI on patients' lives. Patients and GPs view things very differently. Assessment must include general health status, knowledge of the urinary tract, ability to understand the information, ability to perform the skill, compliance/adherence, psychological support, motivation and ability to perform the procedure supplemented with insight in the everyday life of the user of IC. This was followed with some stimulating case studies and lots of discussion about how to assess rUTIs.

Prof. Gernot Bonkat during his talk on antibiotic resistance and asymptomatic UTI

All faculty members

Module 8
Bente Thoft (Aarhus, DK) addressed issues around patient education and how to master ISC and prevent UTI. The purpose of education is to empower the patient and/or caregiver to enable them to have more control and solve their problems. Education must be directed at both patient and caregiver, using the teach-back model or the Health-Action-Process-Approach. The goal of the teach-back method is to provide effective teaching at the literacy level of the patient or their primary learner. The health care professional must have appropriate knowledge, communication skills and attitude in order to promote confidence in the procedure and long-term adherence! There are many factors that support adherence to ISC including the role of the instructor, the patient/partner carer, choice of catheter, use of adaptive devices, physical/psychological disability, etc. Coloplast offers a supporting tool for patient assessment and the UTI risk factor model.

Trial
Furthermore, there was an excellent discussion on the prevention of UTIs by using oestrogen, probiotics, cranberry, bladder flush with gentamycin. A new development is the trial set up with the MV140 vaccine for rUTI in women. This UTI vaccine is composed of the inactivated whole bacteria of the four most common bugs that cause UTIs in men and women (Escherichia coli, Klebsiella pneumoniae, Proteus vulgaris and Enterococcus Faecalis).

Module 9
Stefano Terzoni spoke about enhancing adherence to CAUTI guidelines stating that there are many excellent recommendations and evidence, however, do we follow all the evidence? Hospital-acquired CAUTIs are theoretically considered a "never event" and are reportable as a quality indicator just as pressure ulcers! However, there are 13,088 deaths associated with them per year in the USA. A systematic review of barriers and facilitators and strategic behavioural analysis of interventions in the field of CAUTI reduction identified 6 domains: environmental context and resources, lack of knowledge, beliefs about consequences, social influences, decision making, professional roles and identity.

Houdini
How many of these domains can be modified or changed by nurses? Can they all be modified by nurses alone? An important advice for nurses is to implement and use the HOUDINI process: make the catheter disappear. It will give the benefits of using a patient-held passport to improve catheter management and enhance patient compliance. In hospitals it may seem difficult for patients to differentiate the different staff a grades and they sometimes do not know who to ask and what to do. The IDEAL discharge plan should Include, Discuss, Educate, Assess, Listen.

Shortage
The course was a great success. As a group we agreed that one of the biggest challenges we face is the global shortage/inadequate ratio of nursing staff. One big question to ask: why do nurses leave the profession? The general agreement was that nurses alone cannot solve this issue which needs to be rectified urgently. Healthcare revolves around appropriately trained and available staff supported by the policy makers who make the strategically important decisions, with significant impact on the quality and safety of patient care.

"Education is the most powerful weapon that you can use to change the world" - Nelson Mandela

"What a fantastic course. It was wonderful to meet up with like-minded urology nurses from across Europe to discuss a health issue that affects all of our patients. Together we were able to highlight our local treatments and management. During the group discussions we came up with some useful, innovative ways of highlighting issues with CAUTI."

Rachel Skews (GB)

"I had the privilege of attending the 5th ESUN course in September. It was very informative, thought-provoking and reassuring that I am up to date with current practice. It was also lovely to spend time with like-minded professionals and establishing links with my European colleagues. I would highly recommend future events to my colleagues."

Patricia McDermott (GK)

"The recently concluded UTI course was a well organised event. It gave us insight into the different practices in managing UTI not only within UK, but in other European countries."

Mary Vicencio (GB)

The participants and a few faculty members

"Spot-on" evidence-based urological nursing care

An overview of new research and developments

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 other sources and represent different methods and approaches in research and development in urological nursing care.

We hope this 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 exiting 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

Endourology

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EAUN Fellowship report 2022

Italian fellow visits high-tech facilities of University Hospital Leuven

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The extensive facilities of University Hospital Leuven

My fellowship took place at University Hospital Leuven (UZ Leuven) in Belgium, from 28 April to 4 May 2022. UZ Leuven is the largest academic hospital of Belgium, including three different campuses with approximately 2,000 beds.

The Gasthuisberg Campus, where I performed my fellowship activities, is the largest campus of the hospital and hosts many academic facilities and courses, including a bachelor's degree in nursing. The others are Pellenberg (dedicated to recovery and currently relocated at Gasthuisberg), Sint-Peter (its activities have been moved to the main campus) and Sint-Rafael (under demolition due to the relocation of its activities to Gasthuisberg). Built in the seventies, Gasthuisberg is still growing as new pavilions are under constructions with massive investments.

State-of-the-art equipment
The urology department is run by Prof. Frank Van Der Aa, associate professor of urology. During my stay I had the chance to attend many different surgical operations in the theatre of the hospital, which counts as many as 40 operating rooms. The overall technological level of the hospital seems remarkably high, and the surgical equipment in particular is very recent, such as recent models of DaVinci® surgical robots by Intuitive, Inc. Being a teaching hospital, the rooms are equipped with two surgical consoles, thus allowing the trainee to safely conduct the operations under supervision of the resident surgeon, who can intervene at any time. Rooms are also equipped with large, high-definition screens to allow all students and persons not directly involved in the operation to see what is going on inside the patient.

Special operations
Among the operations I attended, there were some unusual cases, such as the excision of a massive renal tumour which was duly photographed and documented as a potential case report. I also had the chance to see other typical urological operations, such as radical prostatectomies, nephrectomies, cystectomies with urinary diversions, and slings.

Ready for the OR

Physiotherapist
The nursing activities outside the operating theatre are numerous and diverse. There are separate nurses for patients undergoing follow-up after prostatectomy/cystectomy and for those with urological ostomies. Pelvic floor rehabilitation is only conducted by physiotherapists and includes pelvic floor muscle training and functional electrical stimulation, which is different from other countries. Everyday nurse work is supported by a well-structured electronic health record, which allows direct calls of patients in the waiting room, quantifies the consultations performed by the nurses and highlights patients who do not show up. Most requests for information, appointments and administrative procedures can be managed by patients themselves, via a dedicated app for which technical support is provided at the entrance of the hospital.

Photobook
Everyone in Belgium has a health insurance, which is different from other healthcare systems found in Europe (e.g. Italy). There is no complete waiving of bills, even in the presence of oncology patients (i.e. prostate cancer). To increase the efficacy of therapeutic education and information, the nurses use a photobook which also serves as a stimulus for patients to ask questions.

Uroflowmetry
Other activities for nurses are catheter removal and surgical wound dressing as well as uroflowmetry. For the latter, dedicated rooms have been equipped with toilet-like flowmeters (which allow measurement with reduced risk of bias due to a stranger environment for patients). Drugs for bladder instillations are not provided as ready-to-use, which differs from other countries. Instead, the hospital pharmacy sends the material needed to reconstitute the drug, which is done by the same nurses who administer the instillation. To reduce the spilling of liquid containing chemotherapy agents, patients urinate on dedicated absorbent cushions after administration, which are then discarded as special waste. For patients needing radiotherapy, a multidisciplinary consultation is scheduled, which lasts about 2 hours and includes doctors and nurses.

"There are separate nurses for patients undergoing follow-up after prostatectomy/cystectomy and for those with urological ostomies"

Well organised
Study nurses are present and involved in clinical research. Study protocols involve drug trials and other medical topics, for which nurses are in charge as study coordinators. Their duties are both clinical and research-related, as they perform activities such as drug administration, blood sampling and signs measurements, in the scope of data collection required by the study protocols.

Overall, I find this hospital to be very well organised despite the fact that it is a large hospital. It is a reference centre for patients coming from all over Belgium and its personnel is accustomed to providing information in different languages. Floor plans and informative material are available for all visitors, so that everybody, from patients to trainees, knows where to find what they need.

Helpful experience
I was warmly welcomed by Prof. Van Der Aa and his colleagues Karin Elen and Hilde Van De Broek, who were ready to receive me and willing to share their knowledge and experience. Ms. Murielle Ferdinand took good care of the general organisation and administrative aspects. It was clear that everybody in the operating theatre was used to having visitors around and being asked questions. This experience proved really helpful to me as a professional. The opportunity of doing a fellowship should not be missed. The EAUN guarantees its quality and has carefully selected the hospitals which serve as destinations for this experience. Among the many facilities chosen for the fellowship agreements, there is certainly one that boosts the knowledge and curriculum (depending on the professional field in urology) of every nurse, plus it provides new ideas upon returning home. Expense coverage is a rare opportunity for nurses, whose salaries often do not allow them to sustain the costs of a stay without any financial help.

Mrs. Karin Elen and Prof. Frank Van Der Aa made my fellowship a very rewarding experience

Thank you!
As a final word, I would like to thank the EAUN board for giving me the opportunity to have what I consider to be an important human and professional experience. I am very thankful to all the people at UZ Leuven for their warm welcome, teaching and patience to answer my endless questions and fulfil my curiosity.

EFUN at the 'Core' of our future

Continuing the work to strengthen urological nurse education and practice

Jerome Marley
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As you are reading this, it is still in the depth of a European winter when days are short and the nights long and cold. Even here, though, the signs of spring are not too far away. So it is with our work to produce an Educational Framework for Urological Nursing, the EFUN. At the previous EAUN meeting which took place in Amsterdam, we presented information on just where we are with the EFUN. This article will restate the EFUN information and also outline our next steps as we gather speed on the project after the pandemic.

EFUN phases 1 and 2 are now complete. We held our World Café meetings, analysed the data from these meetings, and established our steering groups to explore what knowledge and competencies should be in the original seven areas of the EFUN.

The steering groups have worked hard, and we are at a point in our history where we have never been before. We currently have a draft EFUN and it is a structure that we can use to create a better future for all of us who provide nursing care to people with urological disorders.

Following the work of the 7 steering groups, the draft EFUN now has 6 core areas instead of 7 seven, namely:

1. *Communication in Urology Care*
2. *Challenges in Leading and Managing Urology Care*
3. *Understanding and Applying Evidence and Research in Urology Nursing*
4. *Foundation Anatomy, Physiology and Pathophysiology in Urological Disease and Disorders*
5. *Fundamental Issues in Benign Urology*
6. *Fundamental Issues in Urological Oncology*

The section that is no longer present in the EFUN, *Nursing Responses to patient-centred Urological health needs*, has been removed from the draft because the areas contained in this original section have been integrated into the other 6 sections. In addition, it is proposed that at this stage the EFUN will address the knowledge and competencies that all urology nurses would reasonably be expected to demonstrate. It is argued that doing this at the outset, and attending to the needs of advanced practitioners afterwards, is what we should do, so that the EFUN gets established and is seen to address the needs of all urology nurses. It is critically important to say that advanced and specialist nurses are as much a part of what we are proposing to call *EFUN Core* as any other nurse, and that the particular needs of specialist practice urology nurses will be addressed very soon.

Where are we now? The draft EFUN has now been sent to the Boards of the three associations involved in its construction, namely the EAUN, British Association of Urological Nurses (BAUN), and the Australian and New Zealand Urological Nurses Society (ANZUNS). Along with the draft EFUN, the associations are also asked to give a view on the EFUN Core and on addressing specialist practice in 2023. The deadline is 31 January 2023 for the associations to give their feedback to the EFUN steering group.

EFUN World Café in Copenhagen in 2018

" … we are at a point in our history where we have never been before; we now have a draft EFUN."

Following the review of the first EFUN draft by the BAUN, EAUN and ANZUNS, and allowing for any required revision that arises from their review, we will have a solid EFUN. By that time, we will publish the EFUN so that the members will be able to comment on it before it is finally launched.

Anticipating the responses of the associations, a further discussion paper has been drafted that centres on the following questions:

1. How does a urology nurse demonstrate that they meet the outcomes of the EFUN Core and what happens when they do?

2. How do we provide education that aligns with the EFUN Core?

As you can see, our work on the EFUN is picking up pace and 2023 will be a very exciting year for us. You will hear a lot about the EFUN in the months to come. We look forward to creating greater opportunities than ever before to build a more stable, predictable, and inclusive educational future for all urology nurses, no matter where you practise.

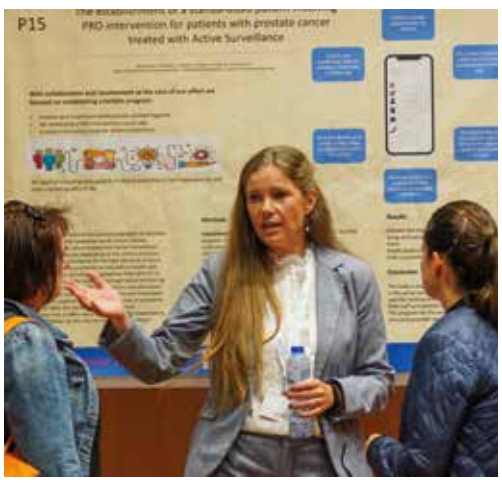
EAUN23: Changing how we think and deliver healthcare

Emerging trends and top advances after the pandemic

Milan will host the 23rd International EAUN meeting (EAUN23) from 11 to 13 March 2023. As part of the EAUN's objective to provide top-quality updates, we, the members of the Scientific Congress Office, have prepared an exciting, interesting, and highly educational programme. We are delighted to welcome you especially as we emerge from a very difficult period for all healthcare workers.

The following learning objectives will be achieved through our innovative scientific programme covering oncological and benign subjects, special interest group sessions, hands-on training sessions, and on-site hospital visits:

- Review emerging evidence, innovative techniques and scientific advances relevant to the field of urological nursing;
- Examine the latest data and emerging trends from studies in clinical and translational research relevant to nursing and urological care generally;
- Enhance their know-how of evidence-based approaches to the management of urological disease;



Join the conversation at #EAUN23

Chair, SCO
Jeannette Verkerk, MSc, NP

- Acquire new knowledge on emerging diagnostic and risk-assessment strategies in the management of urological disease;
- Gain exposure to new developments in evidence-informed, multi-professional urological care including medical technology, drug therapy, medical devices, and cutting-edge technology.

Scientific programme highlights
The pandemic changed how we think about and deliver healthcare. On Saturday, 11 March 2023, we have an interesting thematic session on the implementation of virtual clinics for patients with prostate cancer.

In keeping with our ever changing and expanding roles, on Sunday, 12 March 2023, we have a state-of-the-art lecture on how extended roles in urology nursing are supported by legislation. On the same day, we will have Ronny Pieters Award winner and Co-Chair of the Educational Framework for Urological Nursing (EFUN), Jerome Marley discussing where we are and where we are going with EFUN. In addition, we will have a thematic session on the conditions of the penis including the impact of penile prosthesis on sexuality. As a follow up on the topic, on Monday, 13 March 2023, we will have a plenary session on enhancing sexual function in men and women including what we need to know about Chemsex.

On Saturday as well, the Continence Special Interest Group will hold a thematic session on troubleshooting in continence care. To complement this topic, there will be a state-of-the-art lecture "BABCON – Developing and integrated model of care for continence issues" on Monday.

Register now for the early fee!
Deadline: 16 January 2023

At EAUN23, there will be poster presentations on research studies, problem-solving efforts and innovative programmes in urology, as well as, the popular hospital visits! We are pleased to announce that the IRCCS San Raffaele Hospital in Milan agreed to organise two visits for delegates on Friday, 10 March. Registration is on a first-come, first-served basis. You can register through the online system, or by sending an e-mail to registrations@congressconsultants.com.

The programme might be packed, we hope that everyone will make time for essential networking, professional and social!

For a comprehensive overview of the full programme, please visit www.eaun23.org. Register with the best rates! Sign up before 16 January 2023 to enjoy the discounted early bird fees!