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instructions as to when to stop their medication prior to the biopsy, and oral antibiotics are prescribed in accordance with their rectal swab results (if no resistances are detected the standard prophylaxis is one gram of oral ciprofloxacin one hour prior to the appointment). Men scheduled for a prostate biopsy are required to be accompanied to their appointment who can drive them back home following the procedure. If any of these requirements are not followed the patient risks a delay or a re-scheduling of the appointment.

*"We put in place a process where the PHU would contact all Pacific male patients with a planned appointment for a prostate biopsy to enable us to offer support, reinforce instructions and communicate with the patients in their native language when needed."*

At the beginning of 2012 CM Health urology nurses recognised that there were a significant number of TRUS biopsy clinic slots that were not being utilised. Closer investigation revealed that in fact only 80% of the available clinic slots were being used, with wasted appointments mainly due to poor patient compliance or preparation for the prostate biopsy appointment. When analysed by ethnicity, Pacific Island men were at the highest risk of cancelling their own biopsy appointment or having their biopsy cancelled by a health care professional.

In September 2012, in response to our heightened awareness of the cancellation risks Pacific men faced, the urology team met with the CM Health's Pacific Health Unit (PHU) to explore the nature of barriers that may be contributing to Pacific Island male patients missing their biopsy appointments. This process identified multiple issues including language difficulties, a tendency to avoid health care appointments until symptoms worsened, a lack of understanding regarding procedures and potential diagnoses, and fear and anxiety related to the biopsy procedure.

The CM Health team then explored possible solutions, using available resources, to the issues identified. This process included contacting colleagues in other urology departments to discuss our issues and seek information regarding their prostate biopsy protocols. We also completed a literature review on the relevant topics.

I am a registered nurse at the Department of Urology's Outpatient Section of the Counties Manukau Health (CM Health) in Auckland, New Zealand, and I would like to share my insights regarding the value of teamwork and a nurse-led appointment management system for prostate biopsies.

CM Health is one of three District Health Boards in Auckland, serving an estimated population of 512,000 people, or about 11% of New Zealand's total population. CM Health's population includes high numbers from New Zealand's indigenous people, namely Maori (16%) as well as Pacific (23%) and Asians (22%). These unique ethnic groups challenge us as health care professionals to continuously examine our procedures and practices to ensure that we provide optimal care across all cultural groups. In this article, I would attempt to describe a quality project I have been involved with at CM Health.

Male patients referred by their general practitioners to CM Health urology service with elevated PSA and/or irregular prostate on digital rectal examination are seen at outpatients clinic by a urologist for an informed consent discussion regarding whether they wish to consider a transrectal ultrasound (TRUS) guided prostate biopsy. If a decision is made to proceed to prostate biopsy, the patient's records are placed on the biopsy waiting list and he returns at a later date for the procedure. Before he leaves the urology consultation he will be given a patient information sheet regarding the planned biopsy procedure and a rectal swab will be taken and sent to the laboratory to be tested for the presence of extended-spectrum beta-lactamase (ESBL) and ciprofloxacin resistant bacteria.

At CM Health TRUS biopsies are performed once a week by a radiologist. Patients are required to undergo a basic coagulation screen and midstream urine sample seven days prior to the procedure. Patients on anticoagulant medication are given

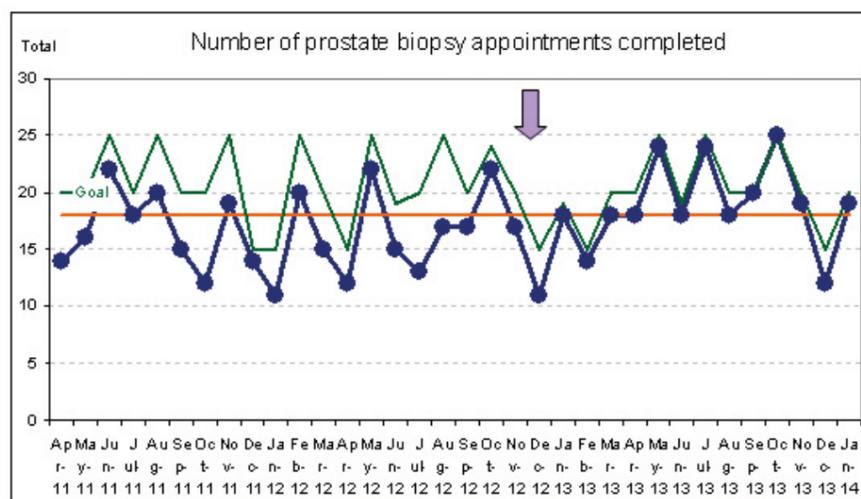


Figure 1: Goal (green line) and actual number of prostate biopsy appointments completed (blue line) with the arrow indicating the moment of starting with the new strategy.

### Identifying potential barriers

As a result of these processes, we reviewed our appointment letter and patient information sheet for TRUS Prostate Biopsy and updated the content to provide clearer information. We put in place a process where the PHU would contact all Pacific male patients with a planned appointment for a prostate biopsy to enable us to offer support, reinforce instructions and communicate with the patients in their native language when needed. The PHU staff would then liaise as required with the urology clinic nurses to iron out any potential barriers identified for Pacific Island male patients.

In November 2012, a urologist and a radiologist met with urology nurses to discuss best practice guidelines regarding TRUS prostate biopsy. In particular our guidelines were reviewed within the context of "when not to proceed with a scheduled prostate biopsy" so as to minimise both patient risk

and last-minute cancellations. A systematic nurse-led process was also established for reviewing rectal swab results, ensuring that a prescription for the correct antibiotic is delivered in a timely manner to every patient.

Review of outcomes following implementation of these collaborative strategies indicates greater engagement with our Pacific Island patients as well as a significant improvement in the overall use of TRUS prostate biopsy appointments. Data from 2013 indicates that 95% of scheduled prostate biopsy appointments proceeded on the day. The challenge now is to sustain this improvement over the long-term and to continue to look for ways of improving our patient-centred outcomes.

**As the maxim goes: "Alone we can do so little; together we can do so much"**

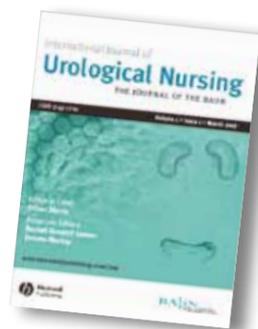
European Association of Urology Nurses



Articles on urology nursing practice, training or meetings and your comments are welcomed at [eaun@uroweb.org](mailto:eaun@uroweb.org)

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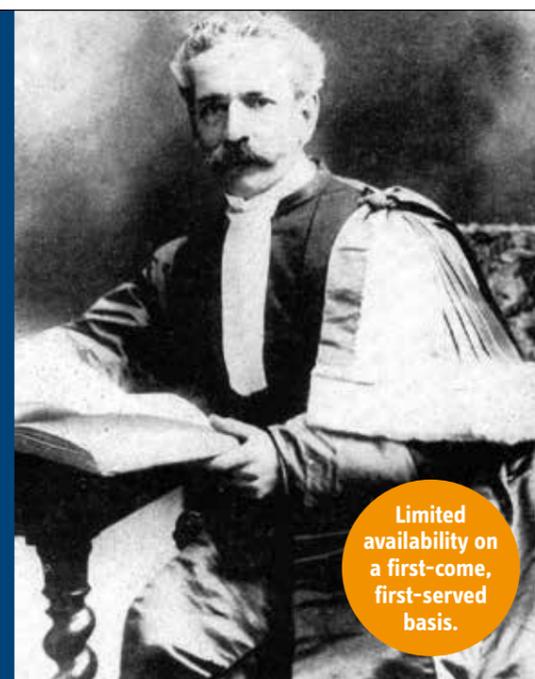
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European Association of Urology Nurses

# 2014 Nominees for the EAUN Board

Candidates present views and expertise to help boost EAUN's core mission



Following a thorough selection process, the EAUN has nominated two candidates that will help support the EAUN Board. The candidates present on this page their motivations, views and plans on how they can help the EAUN implement its core mission and development plans. All candidates will be present and formally confirmed during the upcoming EAUN International Meeting in Stockholm in April 2014.

## Active contribution to education and quality assurance standards

I have been asked to write about my nomination for the EAUN Board, which I welcomed as a big challenge. Since I have been working in urology for 18 years, I consider it a great opportunity to be part of a community that strives to improve the conditions of nursing professionals in urology.

I work as a specialised urology nurse in the post-operative Department of Urology at the University Hospital in Aarhus (DK). My work includes the ward where I primarily have patients with kidney cancer, benign bladder conditions or congenital urological defects. As I am very dedicated I still find new

challenges even after 18 years, particularly with new developments in treatment and nursing care.

One of my tasks consists of educating new staff members. I am responsible for the educational programme and I am a member of a group that develops tools used for securing the quality in documentation and electronic journals. Working with quality assurance is one of the tasks that I am very dedicated to and I consider this area as having a key role in providing optimal nursing care for patients.

In the last five years I have worked in research

particularly in fast-track programmes and quality assurance. The research was inspired by the EAUN and the research competition which I have been fortunate to win. I am currently working for a project, which aims to improve adherence to clinical guidelines among the nursing staff. The focus is on fast-track programmes for patients undergoing nephrectomy, and the impact of education on adherence.

I am taking a diploma in healthcare with focus on research and quality assurance. Recently, I have contributed to the urological section of an instruction book. I have a great interest in the education of



**Erica Grainger**  
Specialist Urology Nurse  
The University Hospital of Århus  
Århus (DK)

urology nurses and to be a part of efforts aimed to develop high standards in urological nursing.

It would be an honour to take part in EAUN initiatives, and I hope to contribute to the EAUN's development and future projects through my skills and active engagement.

## Unify specialised nurses and serve their interests

I am a clinical tutor and lecturer in nursing at the Bachelor School of Nursing, Vita-Salute San Raffaele University in Milan, Italy. I have a keen interest to join the EAUN Board and help promote its long-term strategic plans.



**Giulia Villa**  
Clinical Tutor and Lecturer  
Vita-Salute San Raffaele University  
School of Nursing  
Milan (IT)

Currently, I serve as vice director of the Bachelor School of Nursing Vita-Salute San Raffaele University and I teach evidence-based practice and nursing research in urology. I am also a referent of the Erasmus Programme, an international exchange programme that allows students to attend a few months of overseas study. I was a coordinator of the learning clinical laboratories and coordinator for second-year students. I have also worked as a clinical nurse in a urology unit for three years.

My major interest areas are urinary diversion, neo-bladder, prostatectomy, nutrition, urinary tract infection, robotic surgery and fast-track surgery. Among my main competences are scientific/ educational, clinical, relational and organisational, and I have also been developing good communication skills.

Regarding my scientific and educational competencies, I have gained skills in writing reviews of scientific literature and have set up a clinical study.

I have also authored a few articles published in international journals, some posters and presentations for conferences, and have supervised several dissertation work related to a bachelor's course in nursing.

In the EAUN, I am a member of the Bladder Instillation Working Group ("Intravesical instillation in non-muscle invasive bladder cancer"). As a member of both the EAUN (since 2012) and AIURO (Italian Association of Urology Nurses) (since last year), I welcome the opportunity to employ my knowledge and experience in collaborating with EAUN.

I am convinced that serving as a new EAUN Board member will not only offer me opportunities to compare nursing experiences with colleagues across Europe, but also enable me to actively support and contribute in developing good clinical nursing

practices for our patients and help boost our competencies.

### EAUN Board

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Past Chair	Bente Thoft Jensen (DK)
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Board member	Paula Allchorne (UK)
Board member	Simon Borg (MT)
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Board member	Stefano Terzoni (IT)
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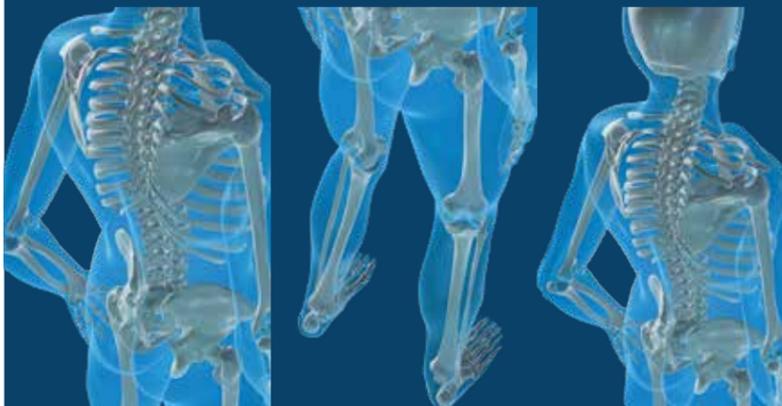
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European Association of Urology Nurses

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## ERUS2014

### 11th Meeting of the EAU Robotic Urology Section

17-19 September 2014  
Amsterdam, The Netherlands

Special EAUN  
Nursing  
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 #ERUS14

#### Special EAUN Nursing Programme

The 11th edition of the ERUS meeting will take place from 17-19 September 2014, at the Beurs van Berlage in downtown Amsterdam.

The meeting on the latest in urological robotic surgery will be preceded by a special, day-long EAUN Programme for urology nurses interested in robotic urology on September 17th. The EAUN Programme will provide an overview of the technology and current practices, with specialised sessions for ward and OR nurses. QoL and the patient's perspective, as well as the advent of online technologies are a main part of the day. More details of the full scientific programme as they become available can be found at <http://erus.uroweb.org>



The goal of the ERUS Meeting is to educate the urological community on robotic surgical techniques, with the ultimate goal of improving the level of patient care. The focus of the meeting will be on practical instructions on robotic surgery with live-surgery sessions, courses, and symposia. The highly interactive format of the meeting invites fruitful discussions.

We look forward to welcoming you in Amsterdam!

Best regards,  
Kate Fitzpatrick  
EAUN Chair





European Association of Urology

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**Frederik V. B. Lauridsen**  
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For this study, Italian and German board members were interviewed. These interviews resulted to a series of questions that were sent to nurses. The questionnaires, in English, German, Italian and Greek languages, aim to find out if the problem could be related to the registration process linked to the EAUN website. A series of website tests were conducted including a cognitive walk-through and a series of thinking aloud user tests.

The data was compared to theories about differences in cultures, as well as theories on how workplace motivation can differ from country to country. The theories on differences in cultures focus on variations in certain aspects such as how members or residents in a given geographical area relate to equality, new situations, individualism versus collectivism, etc. Most notably, the focus was also on what degree members of a given culture accept the level of equality or inequality in their culture. For instance, the theory would point out that there is a higher degree of acceptance of unequal power distribution in Southern and Eastern Europe, compared with Northern and Western Europe. Other points of interests included looking at cultural stereotypes, norms, values and implicit assumptions.

The main theory on workplace motivation focused on enrichment of a person's work in order to increase efficiency and satisfaction. It also examined so-called dissatisfaction-avoidance, which describes how the opposite of workplace satisfaction isn't dissatisfaction, but the lack of satisfaction. This theory is interesting when looking at whether a culture is characterised by a high degree of individualism or collectivism. In individualism-centred cultures personal success and prizes are considered a bigger motivator, than in

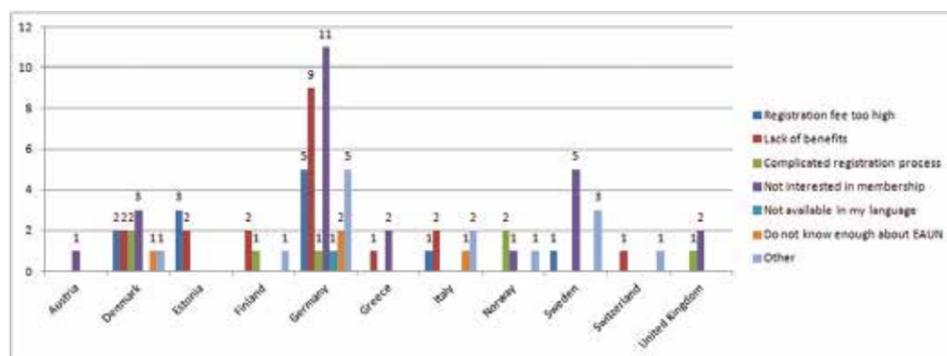


Fig. 1: Reasons for not signing up as a member from non-members with knowledge about EAUN per country.

As part of my bachelor's project in Communication & IT, I collaborated with the EAUN to research and look at the distribution of EAUN members across Europe.

High-level nursing care is an important resource for hospitals in all societies today and the development and improvement of nurses' skills and competencies are crucial. In a globalised context it is important to learn from knowledge gained in other countries and cultures.

The distribution of EAUN members across Europe is unbalanced. Therefore, the EAUN board asked me to look at the reasons why there are many members from Northern and Western Europe and only a few in Southern and Eastern Europe. The study aims to identify or provide answers as to how the EAUN can implement improvements in its recruitment for members.

collectivism-centred cultures where improvements of the collective or "the greater good" are more powerful motivators.

### North-western European base

The analysis indicated that the North-western European cultural base of the EAUN, along with the fact that all communication is in English, could be a factor that prevents nurses from Southern and Eastern Europe to actively join the EAUN. The analysis showed that there is a substantial difference between how members of North/West European cultures react to the power distance relationship and uncertainty avoidance than in South/East Europe. This indicates that it can be more difficult for members in Southern and Eastern European cultures to adapt to the organisational structure of the EAUN since it is based in the Netherlands, a country that, generally, is very influenced by Northern and Western European culture.

The suggested answers, that might help improve the situation, are to make separate strategies for each region on how to recruit members while taking into consideration the cultural differences in the various countries and regions that make up Southern and Eastern Europe.

As for motivators, the EAUN has a varied selection of benefits for its members. However, the EAUN might want to promote or highlight particular benefits to certain cultural areas, making these benefits more visibly attractive in low-membership areas.

Based on the survey results, it is also suggested that the EAUN try to provide information in their website in one or more languages besides English. For example, a German language layer could prove useful for Eastern European nurses since German is more widely understood in some Eastern European regions.

## 15th International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 29th Annual EAU Congress

12-14 April 2014, Stockholm, Sweden

For more information please check [www.eaustockholm2014.org](http://www.eaustockholm2014.org) or contact Congress Consultants at [info@congressconsultants.com](mailto:info@congressconsultants.com)

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All nurses and allied health care professionals practising in the field of urology, are cordially invited to attend the 15th International EAUN Meeting.

The EAUN Meeting will once again offer a comprehensive 3-day programme, which will, amongst others, feature practical workshops on e.g. intermittent catheterisation, neurogenic bladder, testicular, penile and bladder cancer and nursing in robotics, a panel discussion on the changing role of the urology nurse, state-of-the-art lectures with topics ranging from patient involvement, to Fournier's gangrene and men's health, two symposia on mCRPC organised by Astellas and Bayer and interactive case discussions. For the first time also unmoderated posters will be shown and a hands-on training course on prostate biopsy will be organised on the Monday.

Online registration for the 15th International EAUN meeting is open until 17 March at <https://registration.uroweb.org>. Onsite registration at the registration area of the congress venue from 11 until 15 April 2014. Registration fees are €285 (EAUN members), €390 (non-members) and €26 (excl. VAT) for the Hands-on training course. No fee is charged for hospital visits. The congress fee includes a transportation pass for Stockholm.

### Programme

#### Saturday, 12 April 2014

- Room A12**  
09.00-09.15 **EAUN Session**  
**EAUN Opening Session**  
P-A. Abrahamsson, Malmö (SE)  
K. Fitzpatrick, Dublin (IE)  
H. Thulin, Stockholm (SE)
- 09.15-10.00 **EAUN Panel discussion**  
**How is urology nursing evolving in a European perspective?**  
Moderator: R. Pieters, Ghent (BE)
- 10.30-11.15 **EAUN Workshop**  
**Neurogenic bladder dysfunction: From assessment to treatment**  
Chair: K. Fitzpatrick, Dublin (IE)

- 11.30-12.30 **EAUN Workshop**  
**Testicular cancer: Hitting below the belt**  
Chair: T. Aronsen, Stockholm (SE)
- 12.45-13.45 **Symposium**  
**Maximizing patient care in mCRPC: Practical and clinical aspects of new radiopharmaceuticals**  
Chair: D. Heinrich, Lørenskog (NO)  
Sponsored by BAYER HEALTHCARE
- 13.45-15.30 **Abstract Session**  
**Poster Session 1**  
Chairs: L. Drudge-Coates, London (GB)  
S. Vahr, Copenhagen (DK)
- 16.00-17.00 **EAUN Workshop**  
**Penile cancer**  
Chair: E. Skeppner, Örebro (SE)

- Room A13**  
09.15-09.45 **EAUN Session**  
**Presentation of the EAUN Guidelines for writing guidelines**  
V. Geng, Lobbach (DE)
- 09.45-10.15 **EAUN State-of-the-art lecture**  
**Fournier's gangrene**  
N. Love-Retinger, New York (US)
- 10.30-11.15 **EAUN Workshop**  
**Nursing in robotics**  
Chair: P. Allchorne, London (GB)
- 11.15-12.15 **EAUN Session**  
**EAUN Nursing Research Competition**  
Chair: R. Pieters, Ghent (BE)
- 12.45-13.45 **EAUN Lecture**  
**Renal cell carcinoma - An update on the SURTIME study of the EORTC**  
C.N. Tillier, Amsterdam (NL)  
A. Bex, Amsterdam (NL)
- 13.45-16.00 **ESU Course 1**  
**Upper urinary tract obstruction**

#### Sunday, 13 April 2014

- Room A12**  
09.00-10.15 **EAUN Session**  
**Inside the body - surgery in motion (videos)**  
Chairs: S. Morton, Dublin (IE)  
S.J. Borg, St. Julians (MT)
- 10.15-11.15 **EAUN Workshop**  
**Update on bladder cancer management - Muscle invasive disease**  
Chair: K. Fitzpatrick, Dublin (IE)

- 11.30-13.15 **Abstract Session**  
**Poster Session 2**  
Chairs: L. Drudge-Coates, London (GB)  
S. Vahr, Copenhagen (DK)
- 13.30-14.30 **Symposium**  
**The changing paradigm of management in metastatic castrate-resistant prostate cancer (mCRPC) - A multiprofessional focus**  
Chair: L. Drudge-Coates, London (GB)  
Sponsored by ASTELLAS
- 14.45-15.45 **EAUN Workshop**  
**Intermittent catheterisation - how does this impact everyday life and sexuality**  
Chair: V. Geng, Lobbach (DE)  
Supported with an educational grant from WELLSPECT HEALTHCARE
- 16.15-17.15 **EAUN - EONS Workshop**  
**The nursing role in new cancer developments**  
Chair: W.M. De Blok, Amsterdam (NL)

- Room A13**  
09.00-10.00 **EAUN Workshop**  
**How to close the gap between research and practice**  
Chair: S. Terzoni, Milan (IT)
- 10.00-10.30 **EAUN State-of-the-art lecture**  
**Men's health**  
I. Banks, Spa (IE)
- 10.45-11.45 **EAUN State-of-the-art lecture**  
**Patient involvement in modern hospital treatment and care**  
K. Lomborg, Århus (DK)
- 11.45-12.15 **EAUN State-of-the-art lecture**  
**Participation in a research project: The patient's perspective**  
C. Arnfeldt Christensen, Århus (DK)
- 12.15-13.15 **EAUN Workshop**  
**Urological cancer as a chronic disease - early palliative care**  
Chair: B.T. Jensen, Århus (DK)
- 14.45-16.45 **EAUN Workshop**  
**Market place session: Pain management in urological patients**  
• Pain management after surgical interventions for non oncological urological diseases  
P. Macek, Prague (CZ)

- Pain management in urooncology - acute pain and pain remaining after treatment
- D. Visser, Amsterdam (NL)
- Dealing with pain in home care / Transition from oncology department to palliative care at home
- D. Scholt, Bremen (DE)
- Bladder pain syndrome
- E.J. Messelink, Groningen (NL)

#### Monday, 14 April 2014

- Room A12**  
9.00-10.00 **EAUN Workshop**  
**Nursing solutions in difficult cases & case discussions**  
Chair: S. Vahr, Copenhagen (DK)
- 10.15-12.45 **ESU Course 2**  
**Lithotripsy for OR nurses**  
Chair: B.S.E.P. Van Cleynenbreugel, Leuven (BE)
- 13.15-13.45 **EAUN Session**  
**General assembly**  
Chair: K. Fitzpatrick, Dublin (IE)
- 13.45-14.00 **EAUN Session**  
**Award session**  
Chair: K. Fitzpatrick, Dublin (IE)  
Prize for the Best EAUN Research Competition Project supported with an educational grant from FERRING PHARMACEUTICALS
- 14.00-15.00 **EAUN Workshop**  
**Journal club: Making sense of clinical articles**  
R. Leaver, London (GB)  
J.T. Marley, Newtownabbey (GB)
- 15.00-15.30 **EAUN State-of-the-art lecture**  
**Gender reassignment**  
L. Jarolim, Prague (CZ)
- 15.30-16.00 **EAUN lecture**  
**The PrEP study**  
H.A.M. Van Muilekom, Leiden (NL)
- Room A13**  
08.30-11.45 **HOT session 1 and 2**  
**ESU-EAUN Hands-on training session on practical aspects of biopsy**