

# EAUN Fellowship report



University Hospital Linköping, Sweden, May 2–5, 2006

## Presentation of the host institution

The University Hospital of Linköping provides high-specialised medical care to the Southeastern region, catering to a population of approximately 1 million. The hospital has around 700 beds. Multi-disciplinary education is well established within this academic institution and nurse education programmes are offered at undergraduate and postgraduate levels.

The specialist urology unit in Linköping consists of one ward (22 beds), an intermediate care unit (4 beds), an outpatient clinic, a stone treatment centre and operating theatres. A separate urological ward with 12 beds is also available at Vrinnevisjukhuset in Norrköping where outpatients are also seen, as well as in an additional (third) hospital in the region, Motala.



Linköping University Hospital

The team in Linköping consists of a professor of urology, one senior urologist and 10 urologists (each with specialised interests), a group of experienced nurses and nursing aides.

The ward: The nursing team on the ward is headed by a senior urology nurse assisted by two ward managers, 15 registered nurses (RN) and 10 nursing aides. There are three established teams on the ward with responsibility for different patients groups, for example stone patients, oncology and general urology.

In the outpatient clinic there is a clinic manager, 4 RNs and 1 nurse aide. The nurses here have specialised to handle certain areas such as continence promotion and management, prostate cancer follow up, catheter management clinics and BPH follow up. Alongside providing general support to all urological patients, an important part of their jobs is to discuss these issues with patients face to face and also providing information by telephone. The nurses assist the medical staff with diagnostic procedures, for example prostate ultrasound and biopsy and cystoscopy. This unit is clearly committed to providing high quality multi-disciplinary care with the medical and nursing teams instigating and promoting expert practice innovations.

## Presentation of the author of this report

My name is Rita Willener. I am a clinical nurse specialist working in the department of urology at the University hospital of Berne, Switzerland. Our hospital employs over 6,000 people and over 2,500 of them are nurses who care for 220,000 patients a year.

During the time I was EAUN board member I founded the Swiss Association of Urology Nurses. I am still chairwoman of this association which now counts nearly 150 members.

At the University hospital of Berne a 5 year strategy-plan on evidence based practice (EBP) for nursing activities and allied health professionals was developed. Important objectives of this strategy are:

- Competence development in order to improve clinical nursing skills and methodological competences in relation to clinical expertise and EBP
- Continuing clinical practice development
- Research
- Support of clinics in transferring EBP into the clinical field

The department of urology consists of an outpatient clinic, operation theatres (4 rooms), a stone treatment centre, day surgery (8 beds), intermediate care facilities (5 beds) and two wards (45 beds). Our team covers the entire range of adult urology. The division has achieved an international reputation for its surgical techniques in the treatment of prostate and bladder cancer. The orthotopic ileal neobladder was developed in our unit in Bern and is currently



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Clinical Nurse  
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used worldwide because of its low complication rate and excellent post-operative results.

In our clinic, I am responsible for nursing development and nursing quality (annual audit). Since I am a member of the "nursing development and nursing research" board and head the competence and clinical practice development project, it is my task to implement Evidence-based practice on the wards.

We plan to broaden continence management in our clinic towards advanced nursing practice; this means nurse lead assessment and consulting of urological patients. I will be in charge of this project and therefore I was interested in learning how continence management is organised in Linköping; which education and advisory skills do nurses have and what is their field of responsibility? I was also interested in seeing how EBP and research results are transferred into clinical practice.

## The visit

Helen Marklund Bau and I have known each other since we were EAUN board members. Because we were already acquainted, she invited me to stay at her home with her family instead of my having to stay at a hotel in the city. We had a very nice time together. She did everything possible to make me feel comfortable and she organised an interesting programme at Linköping University Hospital.

## Programme

	<b>Tuesday 2 May</b>
08.00-11.30	Welcome and a guided tour at the ESWL unit, the ward and the outpatient clinic
11.30-13.00	Lunch
13.00-16.30	Visiting the outpatient clinic
18.30	Dinner at restaurant Aphrodite
	<b>Wednesday 3 May</b>
07.30-15.30	A day with our incontinence adviser Camilla Rydmyr
	<b>Thursday 4 May</b>
07.30-12.00	Visiting the admission clinic
12.00-13.00	Lunch
13.00-14.00	Visiting the ward
14.30-15.30	Meeting with Britt Hagert, director of the nursing studies programme, Faculty of Health Sciences, Linköping University
	<b>Friday 5 May</b>
9.00-11.00	Meeting with Ulla Edell-Gustafsson, reg.nurse, MD, Division of Nursing Science, Faculty of Health sciences, Linköping University
12.00-13.00	Lunch
13.00-15.30	Visiting the outpatient clinic

## Outpatient Clinic

**Prostate Cancer Nurse:** There are specialised nurses who care for patients suffering long-term from prostate cancer. Their task is to call the patients for regularly check ups, which includes taking a nursing history and blood sample. Afterwards, they inform the patients on the results of their PSA examination by phone. Only if the patient suffers from new symptoms e.g. pain or urinary problems, the nurse will refer him to a physician. Patients are very satisfied with this care because they know "their" nurse. At my hospital all patients are seen by a physician at every ambulant check up.

**Telephone service:** Patients can call the urology clinic if they have any questions or problems and nurses provide them with information and support. The nurses assist the medical staff carrying out various diagnostic procedures, for example prostate ultrasound and biopsy and cystoscopy.

**Incontinence advisor:** This title could give the impression that this nurse cares for patients with any kind of

incontinence, but in fact she is specialised in the field of intermittent self catheterisation (ISC). She teaches patients ISC in an ambulatory setting. After the first appointment she provides follow-up by phone and she also contacts them for the yearly check up, which includes taking a nursing history, urine sample and a bladder scan. Patients feel secure because they know the nurse and they have the possibility to phone any time if they have a problem or a question. The incontinence advisor is an experienced urology nurse. In Linköping Hospital there are no special requirements for additional training in this field. It is the urotherapist who gives incontinence advice; usually she is a physiotherapist and not a nurse.

## Admission clinic

All patients who will be operated on are first admitted for one day to the admission clinic. Here all preparations for the operation are carried out: the nurse, the surgeon and the anaesthesiologist all take the patient's history, in addition to blood samples, X-rays and other examinations when relevant. The patient gets a laxative which he has to take at home the day before surgery. Because everything is prepared the patient can come to the hospital one hour before surgery.

## The ward

Unfortunately the nurses on the ward were very busy the day I was there. This is the reason why I could not accompany a nurse at work and I did not gain deep insights. Nevertheless I had the chance to speak with some nurses about their work. I could see that they are organised completely differently from nurses in Switzerland. In my hospital we have less staff on the ward during every shift, but from those who are on duty there are more Registered Nurses than nurses aides.

## Faculty of Health Sciences, Linköping University

I had the wonderful opportunity to talk to Britt Hagert, director of nursing programme. The greatest difference with Switzerland is that nurses and medical physicians are taught together at the University during the first semester. I also had a meeting with Ulla Edell-Gustafsson RN, MD, from the division of Nursing Science. She showed me the topics of their newest nursing research agenda and I could see that a nursing career is well implemented in the education- and hospital system.

I would like to say "thanks a lot" to everyone I met at the department of urology. All nurses and doctors welcomed me and did not tire answering all my questions.

There is only one point I did not take into consideration enough before I left: I could not understand the conversation between nurses, doctors and patients, because it was in Swedish. It was a pity that I could not follow what they were talking about, knowledge of the language would have enhanced my visit.



From left to right: Helen Marklund Bau, Kristina Sandvall (Head Nurse of the outpatient) and Per Larsson (Chairman of the Urology Department).

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- All papers must be submitted in the English language
- Deadline for submission is 15 November 2006
- The prize will be handed over to the recipient at the 22nd Annual EAU Congress in Berlin, 21-24 March 2007 in a special session

**How to apply**  
Send 6 copies of the paper to the EAU Central Office, c/o Hans Marberger Prize, P.O. Box 30016, 6803 AA Arnhem, The Netherlands.

A review committee, consisting of members from the EAU Scientific Committee, will select the winning paper.

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