

# EAUN Fellowship Programme report

## UK fellowship shows depth and variety of nursing practices in Europe



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**My nursing experience in perioperative urology surgery extends to the best part of 22 years. Apart from seven years in Theatre Nursing Management in the Maltese private sector, I acquired experience while working for the St. Luke's Hospital and, in the last three years, the new Mater Dei Hospital.**

A state-of-the-art facility, Mater Dei Hospital provides a "one-stop shop" service to the Maltese population (approx. 450,000) ranging from simple non-invasive investigations/treatments to advanced uro-endoscopic and laparoscopic surgeries. The service is provided and assigned among three urology specialist firms. Until last July, we in Malta did not have an appointed urology nurse specialist and only last year did the Maltese Health Authority and Nursing Directorate agree to issue a call for applications for nurse specialists.

My choice for a UK NHS hospital was based on my experience with urological consultants who are UK specialist-registered and have trained in Britain. Besides, our National Health Service is, by and large, based on the UK model (except for the prominent role British general practitioners have in the UK NHS).

Moreover, all our official documentation and correspondence is in English, and thus language also had a bearing on my decision. Last but not least, I also looked forward to experience a nurse-led service provided by a competent nursing specialist in the field.

### Preparatory work

Although the EAUN Fellow Sponsorship covers a period of up to two weeks, reluctantly I settled for only one week due to staff shortage in my department. Therefore, for a five day visit, my primary and salient objectives, with perioperative urology nursing as basis, had to be realistic in terms of coverage, and were as follows:

- To assess the nursing processes within the Surgical Department and underline the

similarities/differences in our respective perioperative nursing practices;

- To examine different techniques with regard to sterilisation of rigid/flexible urological instrumentation;
- Accountability, traceability and quality assurance measures as adopted and implemented by other institutions;
- Occupational, health and safety practices within the perioperative urological nursing practice; and
- A brief understanding and exposure to the services rendered by a urology nurse specialist and his/her practice.

After consultation with Mr. Bruce Turner, my fellowship mentor, it was clear from the onset that Homerton Hospital could not fulfil all my requirements and aims. With this in mind, Mr Turner kindly made the necessary contacts with the nursing management of St. Bart's and Whipps Cross Hospital and obtained the necessary permits for me to visit their surgical facilities and observe their respective perioperative urological surgery nursing practices.

*"The one-stop cancer clinic ...is a wonderful example of how successful a well organised nurse-led service can be..."*

### Day 1, February 28, Homerton University Hospital

At Homerton, and compared to Malta, I found diverse patients coming from various ethnic groups, and I was eagerly anticipating how the nursing service manages to provide quality care faced with such a variety of patients who are non-native English speakers. Mr. Turner welcomed me on my arrival and we proceeded to the TRUS Biopsy Facility where I spent the first half of the day. I followed the TRUS procedures with great interest since this method is still entirely doctor-based back home. However the process is almost identical to how they are performed in Malta (except that a surgeon performs it in Malta instead of a nurse specialist) but with some differences in consumable types and documentation.

The afternoon was spent in the Operating Department mainly for insertion or replacements of ureteric stents. It was in this department that I saw the diversity in nursing practices. Compared to the practice in Malta, where the rigid endoscopes are still chemically disinfected, the entire instrument sets in the UK are autoclaved. The use of glutaraldehyde has been banned from use in NHS Hospitals for the past 10 years but unfortunately chemical disinfection is still

commonplace in the Maltese Public Health Service. The use of disposable drapes is also the British norm compared to the reusable drapes Maltese nurses still use back home.

### Day 2/3, February 29-March 1, St. Bart's Hospital

The second day was spent at Barth's Hospital Operating Theatre where a task list prepared by consultant Mr. Jamaid Islam guided that day's work load. Apart from TURP and TURB, the list also included an open radical nephrectomy. Again the use of disposable drapes and autoclaved rigid urological instruments was the norm.

A feature which I found interesting was the use of a different operating table attachment for lower limbs, which is made of lighter materials and much easier to dismantle particularly for female staff. I also noted the use of a different irrigation fluid evacuation system and suction lining gelling agent used during TURB/P which minimise the accidental exposure of the theatre staff to TUR irrigation fluid spillage.

Day 3 was also spent at the Operating Theatre at St. Bart's but this time the list was prepared by Mr. Niels Buchholz. I had noticed from the day before that at Bart's they use a purposely designed Bi-polar system for TURP with the added cost benefit of using saline instead of glycine and an early post-operative discharge as well (which translates to more cost savings).

### Day 4, March 2, Homerton Hospital Outpatients

The day was spent with Mr. Turner at his outpatients' session and I was very much impressed with his competence and expertise. My initial concern on how to cope with such a diversity of languages found its answer when I saw the availability of translators called Patient Language Advocates, who made themselves available at short notice to provide translation assistance. I also noted that British general practitioners have a tremendous say and control on what and where the patients receive their treatment within the NHS.

To reiterate I was impressed by the competence of Mr. Turner as a uro-oncology nurse practitioner. The one-stop cancer clinic led by himself and another nurse specialist is a wonderful example of how successful a well organised nurse-led service can be. This best practice should be encouraged and emulated by other Health Services, which can only lead to benefits for patients who receive excellent healthcare.

### Day 5, March 3, Whipps Cross Hospital

The last day was initially spent at Mr. John Peters' operating theatre at Whipps Cross where the facilities and procedures were very similar to what I have



Homerton  
University Hospital,  
London

already seen during the week. In the afternoon I had the opportunity to visit the endoscopy facility where they process the flexible cystoscopes and rigid ureteroscopes for the operating department, and I must note here, that the processing is done in a very controlled and professional manner.

### Evaluating the visit

Based on this fellowship experience, I can say that the perioperative urology surgery nursing service we have in Malta is at par with what I have seen in the UK on many levels. Obviously we have still some way to go in certain aspects but from a holistic view I believe that the service our Maltese patients are now receiving at the new Mater Dei hospital is of a very high calibre.

A case in point is the use of chemicals to disinfect our instrumentation which has since been addressed with some urgency by our hospital authorities and senior nursing community.

I will cherish the experience gained and am very thankful for the EAUN's support and sponsorship, and to Mr. Bruce Turner of Homerton Hospital. Since my appointment as a specialist urology nurse (Theatre) I am now in a better position to act as a catalyst for change within the Maltese perioperative nursing urological service, and certainly I will make use of the knowledge gained during this brief but fruitful visit.

One of my new projects is to try to achieve an ISO 9001/2008 certification for our perioperative nursing (Urology) service at Mater Dei Hospital, a very difficult process but once achieved it will be a clear proof of the excellence in our nursing practices.

Urology theatre nursing is a very dynamic environment, constantly evolving for the benefit of our patients despite diminishing health funding and the challenges in human resources. With this in mind, we as urology nurses should acquire the requisite knowledge and expertise and boost our competencies. The EAUN Fellowship Programme is, indeed, a step in the right direction, and one among the many steps that we need to make on our road to success in professional nursing.