

Update on EONS Prostate Cancer Education Project

Symptom management- one of the key roles identified by specialised nurses in advanced prostate disease



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In a European context there is currently a lack of evidence on what type of education is needed for nurses and doctors in relation to prostate cancer. Similarly there is more to learn about nurses working in different settings and whether education can help to advance practice. Importantly any new educational initiatives must reflect men's expectations and needs when prostate cancer is diagnosed.

As most readers will be aware prostate cancer is increasing in incidence and will continue to place a significant burden on the health care systems of all developed countries. Across Europe there are currently more than two million men living with prostate cancer and a man now has a one in 12 lifetime risk of being diagnosed with prostate cancer as a result of clinical symptoms or PSA testing (Aus et al 2005).

It was only in 2001, however, that the European Association of Urology (EAU) issued guidelines on the medical management of prostate cancer. At present, however, there is no official consensus about the nursing management or how to meet the supportive care needs of prostate cancer patients across Europe (Aus et al 2005). Research into training needs in relation to prostate cancer has been lacking until now. The role that men with prostate cancer should play in educating professionals is also open to further development (Mc Namarra et al et al 2007).

EONS study

Members of EAUN may remember being invited to take part in an email survey in 2009 about prostate cancer and educational needs that was sent from the European Oncology Nursing Society (EONS). This EONS study has been carried out in three phases. The first two phases surveyed nurses and junior doctors across seven European countries. The project was the result of close collaboration between colleagues representing professional groups and patient representatives across Europe, guided by the steering group with the following members:

- Prof. Daniel Kelly, School of Health & Social Science, Middlesex University, London, UK.
- Françoise Charnay-Sonnek, Hôpitaux Universitaires de Strasbourg, France
- Prof. Sara Faithfull, Professor of Cancer Nursing Practice, Faculty of Health and Medical Sciences, Division of Health and Social Care, University of Surrey, UK.
- Bente Thoft Jensen, Chair, European Association of Urology Nurses, Denmark.
- Louis Denis, EUROPA UOMO, Belgium
- Jane Cockle-Hearne, Research Fellow, Faculty of Health and Medical Sciences, Division of Health and Social Care, University of Surrey, UK.

The aim of this brief article is to update EAUN members about the study.

Aims

The specific aims of the first phase were:

- To gain an understanding of cancer nurses and urological nurses' current roles and work settings in relation to prostate cancer management in Europe;
- To explore existing training and skills in relation to prostate cancer, in particular the treatment process and supportive care;
- To identify perceived gaps in knowledge and training needs; and
- To identify potential change or growth areas for cancer and urological nurses in the care of men with prostate cancer.

Nurses who work with prostate cancer patients across seven (Denmark, France, Ireland, Netherlands, Spain, Turkey and the UK) European countries were invited

to complete the online survey. The questions sought information on current role, work setting and experience; role functions and tasks currently performed; education profiles and requirements; levels of confidence in managing care and treatment, general medical prostate cancer knowledge and demographic details. The target was 100 completed responses from each of the countries with an acceptable lower limit of 50 from each.

Responses and findings

We were delighted that the survey achieved an excellent response rate. All countries exceeded the limit of 50 completed responses. The response rate per country was Denmark 60, France 51, Ireland 57, Netherlands 58, Spain 55, Turkey 52 & The United Kingdom 112.

Key findings were that the majority of nurses were female (89%) and over the age of 40 years (57%). Half of those responding were members of a national nursing organisation (51%), with a smaller membership for the EAUN (17%) and EONS (16%).

"Notably, whilst 42% had obtained a specialist qualification in cancer care, only 7% had achieved a similar level of education in relation to prostate cancer."

The largest proportion of the nurses described themselves as working in urology (41%) followed closely by oncology (31%). Those who responded were most likely to be employed as clinical nurse specialists (20%). The remainder were involved in a variety of roles and settings.

Nurses were most likely to report having obtained a diploma as their highest qualification (32%), followed by bachelors' degree (31%); masters, post-graduate diploma or doctoral level qualifications were rarer (16%, 13% and 1% respectively). Notably, whilst 42% had obtained a specialist qualification in cancer care, only 7% had achieved a similar level of education in relation to prostate cancer.

In relation to education achievement and country of origin, diploma level was most likely in respondents from France, bachelors in the Netherlands, with Irish nurses most likely to have a post-graduate diploma, masters or doctoral degree. A range of other qualifications were also listed which included continence nursing, with the largest number being reported for Denmark.

Around 78% of nurses reported routinely being involved in the *treatment phase* and 81% reported routinely *providing patient support*. Additionally, for over half of nurses, *long-term follow-up and advanced disease care* were also routine.

In contrast, *screening and diagnosis, and treatment decision-making* are areas where nurses were most likely to report less routine involvement or where they recognised they lacked relevant skills. For *screening and diagnosis*, 20% reported they had no skills at all and 62% stated that it was not their primary role.

Symptom management

Nurses also reported *symptom management* as the most dominant aspect of their role in advanced disease, with *advice on home care, referral to specialist services and bereavement support* also being important.

Nurses working in urology were less likely to have skills in advanced disease than were those working in oncology. Urology nurses (67%) reported feeling more part of the multi-disciplinary team than oncology nurses (57%).

Nurses were also most confident in *delivering care at the time of treatment*. Again there were some differences between oncology and urology nurses; the former reported feeling more confident in caring for men at the time of screening, diagnosis and treatment, including follow-up, whereas oncology nurses were more confident in delivering palliative care.

Nurses typically were allowed one to five days per year for education. However, just over one-fifth did not receive any paid leave at all. Within the sample, in-patient clinical nurses reported receiving the least number of education days, with one-third of this group saying they were given no leave at all.

In terms of preferred ways of accessing continuing education, most nurses listed *short conferences*, or 'on-the-job' learning. When looking across the countries it was evident that nurses from France and Spain were least satisfied with educational opportunities available.

Nurses also placed *short courses or workshops* at the top of their preferences, with distance learning as their least preferred method.

In the second phase of the study we proceeded to survey junior doctors from the same countries and have been able to identify interesting differences (as well some similarities) between the two groups.

Next steps

The final phase of this project is underway and will involve asking men themselves about their experiences of care and what they actually want and need from their health care professionals. The survey will be available on-line and in paper format where requested and will go live at the beginning of October. Once again we are looking for your help with identifying men who might wish to take part. We are going to use patient groups and informal nurse contacts outside the clinical setting, so anything you can do to spread the word in this context will be very important. We will be contacting you direct in the next few weeks with more information about the survey and how it can be accessed.

EONS is extremely grateful for the collaboration and assistance from all EAUN members. We will publish the results of this study in full and, once the final stage is complete, we will develop new ways to deliver education about prostate cancer.



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www.eaun.uroweb.org



Paris
24-28 February 2012

Call for Abstracts

New session format in Paris:
All abstract presenters have to present their abstracts with a poster. Oral presentations are no longer possible.

Deadline: 1 November 2011

For more information, rules and submission details: www.eauparis2012.com/
13th-eaun-meeting



Next Fellowship Application Deadline:
31 January 2012

Bridging communities

A dynamic, pro-active involvement with the EAUN



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My experience in urological nursing over the last 16 years has gone through many so-called "wet and dry plains" of urology care, and one which brought me to my current position now as a uro-oncology clinical nurse specialist and lecturer at the Kings College Hospital in London.

The diverse roles I have include being a nurse cystoscopist for bladder cancer cases, and in prostate cancer an active involvement in diagnosis, treatment management and a specialist role in treating bone metastasis. And with the increasing specialisation, my academic role has also led me to contribute to training programmes designed for both nurses and doctors in urology.

Over time, we have witnessed that the changes, clinical challenges and new treatment approaches in

urology have significantly impacted the work of urology nurses. Thus, the need to build bridges in urological nursing across countries and continents has become more essential, and one that will certainly help in bringing a more solid foundation or structure to our specialty.

I've always been impressed with the European approach to urology nursing, and perhaps this thought could be due to the fact that I live in an "island." What I specially note in the European approach is the diversity of roles and breadth of experience, and I believe these qualities are crucial to harness if we aim to move forward as an organisation.

Clearly, there are challenges in working for an organisation whose members come from across mainland Europe and with various cultures and nursing practices. On the other hand this diversity can also be seen as a benefit since we all have so much to bring to the table. I consider it therefore a great privilege to be elected to the EAUN board and be part of this dynamic organisation.

And the saying that "time stops for no man" is certainly true in the EAUN as during the initial months as board member, I have already been deeply involved in its frontline activities. Our meeting in Paris is not far away and already I anticipate that it's going to be another exciting and impressive programme.

I look forward to seeing you all in Paris!

European Association of Urology Nurses

European Association of Urology Nurses

Inspiring, informative seminars for urological nurses

Achievements of urology-specialised nurses featured in international meetings



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Greetings once again to you all from your New Zealand colleagues. You may have been enjoying the summer holiday season as you read this, hopefully getting some relaxation and refreshing yourselves for another busy year ahead. I had my vacation early this year and came back to work in New Zealand late April, feeling revitalised after a five-week holiday in Spain and England.

My trip also coincided with a wonderful visit to the beautiful, historic city of Vienna to attend the EAU 26th International Congress / EAUN 12th International Congress from March 18 to 22, 2011. The meeting was a stimulating educational event that also provided me with many opportunities to network with medical and nursing colleagues from the world of urology, a chance for which I am thankful.

For me one of the highlights early on the congress was the international consultation on bladder cancer. Large committees of urologists, pathologists, radiation oncologists and other cancer specialists have performed a meta-analysis of the evidence on diagnosis, pathology, biomarkers, Ta/low grade disease, muscle invasive bladder cancer and urinary diversion. The consensus view and the findings were presented, providing some insights on this potentially deadly disease. I found the sessions extremely informative since my nursing practice involves both surveillance flexible cystoscopy and the management of patients with superficial bladder cancer.

Another meeting highlight was the "Quality of life in stoma patients" session facilitated by Sharon Fillingham of the United Kingdom and Berit Kiesbye of Denmark. The session discussed the principles of stoma siting and also presented the opportunity for the session participants to practise this skill. The presenters also discussed body image and sexuality, the regimes for bowel preparation, facilitating the return to normal bowel function following cystectomy and developing continent urostomy. Also noteworthy is the EAUN 'Good Practice in Health Care' guidelines for continent urostomy which recommend nurses to follow local guidelines for bowel care in the absence of evidence from research studies or pending expert consensus.

I was impressed by the number of nurses presenting their work in the poster and oral presentation sessions. Two presentations in particular prompted me to reflect on the clinical practice in the hospital I work for. One presentation by Danish nurses involved developing and validating a stoma scale for changing a stoma appliance, while another study from the UK examined the question whether group seminars are efficient and cost-effective in delivering patient information on radical prostatectomy and functional outcomes. The EAUN meeting was indeed a wonderful learning opportunity for which I am grateful and I hope it will not be too long before I can attend the next one!

Recently, Ms. Janette Kinsella, a prostate cancer advanced nurse practitioner working at Guys Hospital in London, was the international guest at the 12th Australasian Prostate Cancer Conference held in Melbourne, Australia. The excellent three-day meeting gathered over 800 delegates with lectures from urologists, urology nurses, general practitioners and psycho-oncologists, as well as experts involved in prostate cancer research. Ms. Kinsella presented an excellent research-based lecture on 'Decision Regret' related to the treatment of localised prostate cancer.

Ms. Kinsella also participated in a panel discussion on managing erectile dysfunction following radical prostatectomy. She also contributed to the poster

session of the nurses programme where nine research studies were judged. The winning posters covered topics such as patient outcomes after open and minimally invasive surgery for prostate cancer, evaluation of nurse-led telephone surveillance follow-up of low / intermediate risk prostate cancer patients and implementing survivorship plans for men with prostate cancer who underwent androgen deprivation therapy. To readers who are interested to get in touch with the nurse researchers or authors of these projects, feel free to contact me via my email address.

Each time I return to work after a stimulating conference I have a list of quality improvement projects to consider implementing for the benefit of our patients. I also return with a feeling of pride of what nurses have so far accomplished for urology patients. A good conference gives us food for thought, revitalises and inspires us, and hopefully will prompt us to say "Yes, we do that," and with the full conviction that we do make a positive difference in our patients' lives. My best wishes and I hope that we will all find the time to reflect on our practice with growing pride.



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After being elected as one of the new board members during our general assembly in Vienna this year, I am taking this opportunity to introduce not only my work but also share my views on urological nursing in my region.

I graduated from nursing school in 1989 and started working as a registered nurse in the urology ward. Eventually, I transferred to the outpatient clinic of the urology department in 1992. After a stint into cardiac surgery and having spent some years on parental leave, I was delighted to return to urology in 2001.

Since then I work at the Nordwest Hospital in Frankfurt, Germany, assigned to the urological OR and the outpatient clinic of the Department of Urology. In

addition I'm a part of the team for quality management in urology and also responsible for the in-house education of urology nursing.

After joining the EAUN as a member in 2003 I realised that the pan-European exchange of knowledge among us has an impact on our daily tasks, influencing the way we forward our core aims in order to boost and create a strong community of urology nursing specialists in Europe.

This may sound simple in paper, but fully achieving this long-term goal requires commitment and unified action from every one of us. For instance, in Germany and also in many other European countries, we still struggle with the issue of language, a matter that can easily be underestimated but one that certainly discouraged many of our colleagues from participating in international congresses.

With my active involvement in both German and European congresses, I do my best to share the information and insights I learned from these international congresses with my colleagues in Germany, hopefully stimulating their interest and encouraging them to present their work.

Finally, being a new board member, I hope you will not hesitate to contact me for information and guidance, especially if you work in German-speaking countries. Let's put urologic nursing in the frontlines!

European Association of Urology Nurses

European Association of Urology Nurses

13th International Meeting of the European Association of Urology Nurses (EAUN)

in conjunction with the 27th Annual EAU Congress

25-27 February 2012, Paris, France

For more information please check www.eauparis2012.org or contact Congress Consultants at info@congressconsultants.com

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European
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Preliminary Programme

Friday (pre-congress)

09.00 – 11.00 Hospital visit*
11.00 – 13.00 Hospital visit*

Saturday, 25 February 2012

08.30-10.30 Pre-congress Workshop
Urodynamics

08.30-10.30 Pre-congress Workshop
Catheter management

11.00-13.00 Pre-congress Workshop
Optimisation of peri-operative care in
advanced surgery in bladder cancer

11.00-13.00 Pre-congress workshop
Incontinent patients' transfer from
hospital to home care and back

13.15-14.15 Sponsored Symposium

14.30-15.15 Special session of the French
Association of Urology Nurses (AFIU)

15.15-15.30 EAUN Opening

15.30-15.45 EAUN Guidelines introduction
Catheterisation – Indwelling catheters
in adults

16.00-17.00 Sponsored Symposium

17.00-18.00 Welcome Reception

Sunday, 26 February 2012

08.30-10.30 Sponsored Workshop - 1

08.30-10.30 Sponsored Workshop - 2

11.00-13.30 Nursing Tools Workshop
Go shopping for the best nursing tools
to support cancer patients

11.00-13.30 ESU Course
How to write an abstract and make a
poster

14.00-16.30 ESU Course
Urinary infections

14.00-14.30 State-of-the art Lecture
Innovative interactive multimedia
techniques in urology care - a big step
forward or still one step too far?

14.45-16.30 Poster Session 1

16.30-17.30 Nursing solutions in difficult cases:
Case studies

16.45-17.30 State-of-the art lecture
Assessment and management of
osteonecrosis of the jaw

Monday, 27 February 2012

08.30-10.00 EAUN Nursing Research Competition

10.15-11.15 Sponsored symposium

11.30-12.00 State-of-the-art lecture
Ketamine-associated ulcerative
cystitis, a new clinical entity

12.30-12.45 Urology Nursing Quiz

12.45-13.15 Focal cryo of prostate cancer

13.15-13.45 EAUN Annual General Meeting (AGM)

14.00-15.45 Poster Session 2

16.15-16.30 Award Session

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**Call for Abstracts, Difficult
Cases and Research Plans**

Deadline: 1 November 2011

* Limited places are available and registration will be on a first-come, first served basis through the online system.