

# Welcome

**Julia Taylor**  
**BAUN President**



# The aims of BAUN are to :-

- help to **improve the care of urological patients** in all healthcare settings
- **organise conferences, courses of instruction, exhibitions, lectures and other educational activities**
- **provide** and procure **educational materials** including guidelines, websites, newsletters and an international urological nursing journal for BAUN members
- provide **personal development opportunities for BAUN Members** through involvement in running the association
- **work collaboratively with other organisations and exchange information and advice** with them to the benefit of patients
- **promote, encourage, carry out or commission research, surveys, studies or other work, making the useful results available**
- alone or with other organisations **nationally and internationally seek to influence the urological healthcare agenda**



**BAUN**  
BRITISH ASSOCIATION  
of UROLOGICAL NURSES

Provided by:  
British Uro-oncology Group (BUG)  
British Association of Urological Nurses (BAUN)

For Nurse Specialists: Working Together  
Improving the Management of Advanced Prostate Cancer

Friday 1st December 2017  
Radisson Blu Portman, 22 Portman Square, London W1H 7BG

CO-CHAIRS: Heather Payne, Chair of BUG and Julia Taylor, BAUN President

Registration is via: [www.bug.uk.com](http://www.bug.uk.com)



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Sanofi Genzyme has sponsored this meeting.  
Sanofi Genzyme has had no involvement in  
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# Specialist Cancer Nurses - Value

- Integral to multi-disciplinary teams (MDTs).
- In direct contact with the patients and without them the wishes and wider needs of patients would all too often be overlooked or ignored
- Engage in MDTs working to facilitate excellence through collaborative working and advocate for patient-centred care.
- Aware that more emphasis needs to be given to patients' non-medical needs to ensure that '**no decision about me without me**' becomes a reality.

# Specialist Nurses 'feel ignored' by medical colleagues

Survey 285 clinical nurse specialists working in prostate cancer care,

Reveals their variable and often negative experiences of being part of a multi-disciplinary team (MDT).

The study, published in the journal **Clinical Nurse Specialist**, found less than half – 45% – felt they worked in a functional and efficient MDT.

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## The Experiences of Specialist Nurses Working Within the Uro-oncology Multidisciplinary Team in the United Kingdom

Fursten, Geoffrey, BSc(Hons), Enders, Ruth PhD, MA, DipN(Lond), CertEd, RN, Alect, Philippa BA (Hons), RGN, Brockman, Jane BSc(Hons), RN, RCN, Preece, Louise MSc, PGDip, BSc(Hons), RN, Howdie, Felicity, Masterson, Mervyn MA, BA(Hons), O'Connor, Anita MSc, BSc(Hons), Swift, Adrian, Trevett, Paul MSc, RGN, Leary, Aileen PhD, RN, FRCN

Clinical Nurse Specialist: July/August 2017 - Volume 31 - Issue 4 - p 210-218  
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Feature Article

### Abstract Author Information Article Outline

**Purpose:** United Kingdom prostate cancer nursing care is provided by a variety of urology and uro-oncology nurses. The experience of working in multidisciplinary teams (MDT) was investigated in a national study.

**Design:** The study consisted of a national survey with descriptive statistics and thematic analysis.

**Methods:** A secondary analysis of a data subset from a UK-wide population survey was undertaken (n = 285) of the specialist nursing workforce and the services they provide. Data were collected on the experience of working in the MDT.

**Results:** Forty-five percent of the respondents felt that they worked in a functional MDT, 12% felt that they worked in a dysfunctional MDT, and 3.5% found the MDT meeting intimidating. Furthermore, 24% of the nurses felt that they would constructively challenge all members of the MDT in meetings. Themes emerging from open-ended questions were lack of interest in nonmedical concerns by other team members, ability to constructively challenge decisions or views within the meeting, and little opportunity for patients' wishes to be expressed.

**Conclusions:** Despite expertise and experience, nurses had a variable, often negative, experience of the MDT. It is necessary to ensure that all participants can contribute and are heard and valued. More emphasis should be given to patients' nonmedical needs.

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**Nursing  
Times**

# Challenges

- 12% reported their team was “dysfunctional” and their views were not respected, despite the fact most nurses working in the field are fairly senior with a high level of professional expertise
- Only about a third – 34% – felt they could constructively challenge all members of the team in meetings, with some describing such gatherings as “intimidating”.
- Meanwhile, 14% said meetings only paid attention to medical matters, raising concerns that some of the non-medical issues that frequently mattered most to patients were not being talked about or adequately addressed.



# Challenges

- The most commonly raised issue was lack of time, with teams struggling to get through a large number of patients.
- Nurses also reported meetings being “disorganised”, while the pressures staff were under could mean they “get quite heated” at times.

# Educational Opportunities

- Good teamwork should be a mandatory part of ongoing training for nurses, doctors and others.
- Increased emphasis on inter-professional learning including teamwork as a key theme;
- The study highlights the need for urgent action to move this beyond undergraduate curricula and become embedded into mandatory training and education.



# Specialist Nursing - Challenges

- Been under scrutiny for many years in the UK
- Perception that it is not cost-effective.
- Lack of consistency of job titles causing confusion
  - to the public
  - employing organization's
  - colleagues and commissioners of services.
- Lack of consistency has implications for the wider perception of advanced specialist practice in the worldwide community and the workforce more generally.

Studies have undertaken with aim to understand the variation in job titles in the UK population.

# Relevance to clinical practice

- Large array of titles, which appear to have little relationship with other factors like education.
- Previous assumptions (Council for Healthcare Regulatory Excellence ) that ‘advanced practice labels are associated with career’ progression are **unsound**
- Should be addressed by the regulator.

# Considering a Urological Nursing Curriculum



# Questions

**1: If we think of a curriculum as a 'map' that highlights key content for urology nursing. Do we need such a map, and if 'yes' what would / should the content of the map include and why?**

**2: Across Europe we are not an all-graduate profession, we have considerable diversity in our educational preparation and practice and no country has explicit routes or requirements for prescribed urology nurse education. So, at what level do we set / offer / require our curriculum to be delivered?**

**3: Apart from nurses, do we need to collaborate with others in writing a urological nursing curriculum, and if so, who should our collaborators be?**

**4: If we did succeed in writing a urological nursing curriculum, how could/should it be used?**

**BAUN App**

# Enjoy the day

Feedback on questions  
via the [baunpresident@fitwise.co.uk](mailto:baunpresident@fitwise.co.uk) or  
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