#### 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







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

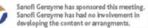
CO-CHAIRS: Heather Payne, Chair of BUG and Julia Taylor, BAUN President

Registration is via: www.bug.uk.com











#### 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' BA

# BA BRITISH ASSOCIATION OF UROLOGICAL NURSES

#### 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

Punahon, Gooffrey BSe(Hons), Endacott, Ruth PhD, MA, DjpN(Lond), CertEd, RN, Aslett, Phillipga BA (Hens), ECN, Brocksom, Asne BSc(Hons), RN, EN, Fleuer, Louiss MSc, PGDip, BSc(Hons), RN, Howelle, Felicity, Masterten, Morven MA, BA(Hons), O'Connor, Anits MSc, BSe(Hons), Swift, Adrian, Terestt, Paul MSc, RGN, Leary, Alison PsD, RN, PRCN

Clinical Nurse Specialist: July/August 2017 - Volume 31 - Issue 4 - p 210-218 doi: 10.1007/NUR.00000000000000008
Feature Atricle

#### Abstract Author Information Article Outline

Purpose: United Xingdom prostate cancer nursing sare is provided by a variety of urology and urooncology nurses. The experience of working in muhidisciplinary 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 whole population survey was undertaken (n = 283) of the apecialist nursing workforce and the services they provide. Data were collected on the conscience of working in the MDT.

Results. From first persons of the respondence field that they worked in a functional MDT. Lift field that they worked in a dynamical MDT, and K field that they worked in a dynamical MDT, and K field that MDT contemps in particular theorems, again and the masses field that they model constructively shallenge all members of the MDT in meetings. There are recogning from a provided persons were taked either sent in mondates, ability to constructively shallenge decisions or views within the meeting, and little appearancy for patients without the to empressed.

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 absolute by given to patients' nonmodified needs.

Ausber Affiliationer Viniting Fellew (Jof Foundru), überst of Moulin and Steinl Care, Lendon Stude Stein University, Professor in Clinical Neuroling (Orbital Care), Prof. Endoscopt, Prymouth Stein Care (Prof. Endoscopt, Prymouth Stein Care), Prof. Endoscopt, Prymouth Care (Prof. Endoscopt, Prymouth Care), Endoscoption and SAUN President (Dis Alaret), Endoscoption and SAUN President (Dis Alaret), Endoscoption and Saunt Manghair Product (Prof. Endoscoption), Prof. Endoscoption (Prof. Endoscoption), Prof. Endoscoption, Prof. Endoscoptio



#### 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

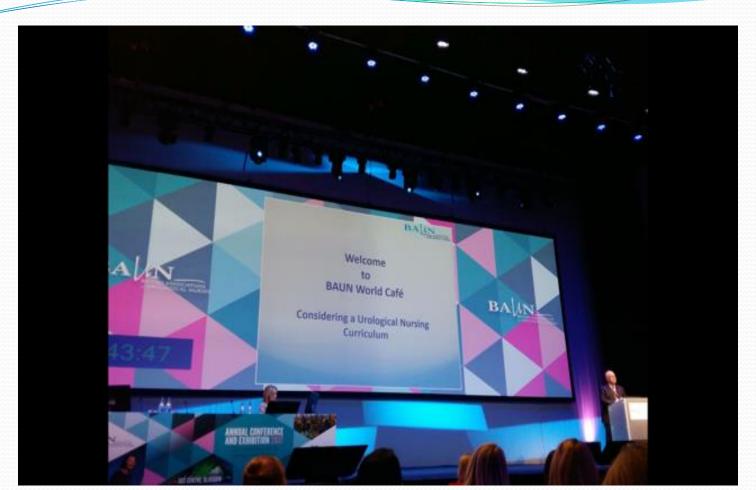
- Been under scrutiny for many years in the UK
- Perception that it is not cost-effective.
- Lack of consistency of job titles causing confusion
- to the public
- employing organization's
- colleagues and commissioners of services.
- Lack of consistency has implications for the wider perception of advanced 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 <a href="mailto:baunpresident@fitwise.co.uk">baunpresident@fitwise.co.uk</a> or <a href="mailto:julia.taylor@srft.nhs.uk">julia.taylor@srft.nhs.uk</a>



