Planning for ANZUNS 2018

Planning for ANZUNS 2018 in Melbourne continues unabated.

With a focus of Entrepreneurship and Empowerment of Urology Nurses in the workforce the meeting committee have developed a diverse program with the aim of encouraging our membership to believe in themselves and their capability to think outside the square in their delivery of healthcare.

Our first international nurse guest speaker Dr Bente Thoft Jensen, Department of Urology, Aarhus University Hospital, Denmark, is an international expert in the nursing management of bladder cancer and the ERAS pathway.

Mike Rolls, a nationally renowned speaker, who has an incredible amount of natural resilience and an ability to maintain positivity and productivity by focusing on the things he can do and do them extremely well, will share his message that we must never give up! Mike’s focus will be how to grow your potential.

We have two co-bannered sessions with USANZ and the BARD education evening will again be a feature of the meeting at a spectacular venue highlighting the cultural diversity and colorful streetscape of Melbourne.

Our workshops are on trend with:
1. Non muscle invasive bladder cancer,
2. Functional & Female Urology – the surgical aspect (co-bannered with USANZ) and
3. The how to of NDIS.

We have two breakfast sessions:
1. Women in Urology (co-bannered with USANZ), and
2. “What a way to start the day” – Erectile dysfunction with Dr John Mulhall.

The 2018 committee invite your participation in the meeting and look forward to welcoming you to Melbourne in February.

Kay Talbot
CONVENOR AUZUNS 2018
Where has the year gone! The old adage that “as you get older the years pass more quickly” is so true and it is hard to believe that this is our last newsletter for 2017.

There are just a couple of exciting new updates to end what has been a busy year for the ANZUNS committee.

**Astellas Prostate Cancer Nurses Communication Forum:**

How exciting it was to see this forum up and running and congratulations Nick you are doing a great job! I love the way it just arrives in my inbox, easy to access and with a click of a button I can read at my leisure a range of interesting articles and latest updates, many of which I would never have had the time or even known where to source them myself.

**International Development Awards:**

We have once again secured sponsorship for both our Boston Scientific Diamond Award and the two Abbvie Emerald Awards for our members.

I would like to take this opportunity, on your behalf, in thanking both Boston Scientific and Abbvie for their continued commitment to urological nursing education.

- **Boston Scientific Diamond Award:** $5000.00 for the award itself with an additional $2700.00 funding available to cover your attendance to the following years ANZUNS ASM to present your paper detailing how the award was utilised
- **Abbvie Emerald Awards:** x 2 awards @ $2500 each

These represent wonderful educational opportunities so please check out our website for all the details and the application forms.

**ANZUNS Guidelines:**

There are now internationally recognised guidelines for many urological conditions and our urological colleagues (USANZ) are no longer producing Australasian guidelines but endorse in principal the EAU guidelines. We too need to consider very carefully how we wish to proceed and which guidelines “we” as an organisation should develop, remembering these are “Nursing Guidelines”.

We must also be cognisant of the financial cost of producing each guideline. The scheduled LUT’s guideline review has therefore been placed on hold while we consider this and gain your input on how we should proceed.

**ANZUNS 2018 ASM Melbourne:**

Our annual conference is a wonderful opportunity to hear what’s new in urology, to be inspired and entertained by our colleagues, a chance to catch up with old friends and meet new ones and I must congratulate Kay Talbot and her team for putting together such an excellent program for our 2018 ASM.

I am very much looking forward to meeting as many of you as possible in Melbourne and it is hoped that all of our ANZUNS committee will able to attend.

Do please come up and introduce yourselves to us (remember I’m a Kiwi so there are many of you who I have not met before) and do feel free to talk to us about any issues you may have or suggestions on how we, as your organisation, can assist you in your role as a urological nurse.

We are all part of the same team and are here to help.

Christmas is my favourite time of year, there truly is reason for the season and whatever your personal beliefs a time for reflection and to give thanks. A time to remember, with love, those who are no longer with us but who have influence and shaped our lives.

To give thanks for friends, for supportive colleagues and most importantly “family”, for they sustain us through the difficult times and rejoice with us in the good times.

Wishing you all a Joyous Christmas

Andrea Nixon
PRESIDENT 2017
Representative Reports

VUNS

Committee members 2017/2018
Chairperson Luke Derriman
Secretary Melissa Caruso
Treasurer Carla D’Amico
Membership secretary Germana Ryan
Newsletter Editor Thea Connor
ANZUNS Rep Kelly Beer
General members Kath Schubach, Marc Diocera, Cara Webb

Membership
We currently have 73 financial members, and 68 that are due for renewal now.

Education/Events
We held an Advance Practice Dinner in November which was well received and all seats were filled. The topics encompassed ‘The intricacies of Prostate histopathology’ and ‘Promoting best outcomes in a Multidisciplinary Team meeting.

Planning is underway for our next country education day in Ballarat in April 2018, and this will be our focus at the beginning of the year.

The VUNS Bladder Cancer group has continued to work towards the development of the ‘Patient Diary’ and various sites are trialling the diary with their patients and consumer groups.

Communication to our members
Our quarterly newsletter continues to inform members of up coming events and advertise the awards and grants available for application.

VUNS continues to be financially viable and has support of many affiliate members and we acknowledge the importance of their support.

As our year draws to the close the Committee and members are looking forward to our Christmas get together to enjoy each other’s company and look ahead to 2018.

Kelly Beer
VIC STATE REPRESENTATIVE.

QUNS

Committee members
President Patricia Thomas-Gabbett
Secretary Karen Walsh
Treasurer Trudy Wilson
Public Officer Michelle Roberts
State rep Leanne Morton

Strategic Planning/Goals for the Year /Current project
The annual education day was held in September at the Alan Border Oval. A new venue was chosen as we had outgrown our previous venue. We received positive feedback from the members. We have elected a new President and Secretary for our 2018 journey. Thanks to Trixi and Karen for stepping up and we look forward to their leadership.

We also welcomed 4 new members to our committee, Melanie, Kim, Ally and Jane to the committee and we look forward to their bright new ideas. We held our annual strategic meeting in October when we reviewed the Model Rules. A long and difficult task but must be done so thanks to all who contributed. We continue to work on the website and iron out the glitches.

We are all looking forward to Christmas holidays and coming back refreshed and rearing to go in 2018.

Membership
163 members 2 life members

Education/Events/Forums
We hope to host 4 education evenings this year, 3 in Brisbane, 1 in Townsville.

Education Day to be held in August 2018.

Communication to members
Communicate through email and Facebook

Reporting/Newsletter
We have decided to stop doing newsletter as we now perform a lot of our reporting through social media with Facebook and our website.

Grants
No grants have been given since last report but we have applications for the ANZUNS meeting. This is yet to close

Sponsorship
We are currently seeking sponsorship for educational evenings for 2018.

Leanne Morton
QLD STATE REPRESENTATIVE.
Executive committee 2017-2018

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<th>Role</th>
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<td>President</td>
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<td>Secretary</td>
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<td>Beth Whittaker</td>
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<td>Education Officers</td>
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<td>Annie Melencion</td>
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<td>Wendy Watts</td>
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<td>Paz Matsvimbo</td>
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<td>Todd Moy</td>
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<td>ANZUNS Representative/Website Administrator</td>
<td>Kevin Ancog</td>
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<td>Rural Representative</td>
<td>Karin Tarne</td>
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<td>Member</td>
<td>Michelle Scoble</td>
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We welcomed six new members of the NUNS Executive Committee following their nomination during the recent AGM:
- Annie Melencion
- Marinelle Doctor
- Bonnie Jacob John
- Paz Matsvimbo
- Todd Moy and
- Michelle Scoble

Wendy Watts stepped down as the NUNS President, but remained in the committee as our Newsletter Editor.

Wendy was a great leader, and the committee, on behalf of the entire society, is very grateful for her contribution in the past few years.

Karina So has accepted the nomination as the new NUNS President. Her expertise as an educator and a leader in urological nursing practice has given us high hopes that NUNS will continue to excel as a society.

Membership

We saw an increase of membership from 48 members during the start of the financial year reaching to 104 members as of end of November 2017.

Successful membership drive, increased visibility through social media and introduction of an online platform for membership application and renewal has helped the society achieve this.

Education

The NUNS Professional Development Day, the society’s annual state conference, was held at Burwood RSL Club on 13 October 2017 and was a huge success. The whole-day event was packed with knowledge about the advances in urologic care. It also featured some skills workshops later in the afternoon. It was well-attended by the members of the society.

NUNS is going to hold two education meetings sometime in April and July next year as well as a state conference in October 2018. Planning will commence early next year.

NUNS continues to provide the following scholarships to its members:
- 3 x $250.00 for members from rural NSW for attendance to our education meetings
- 5 x $1000.00 for attendance to the ANZUNS 2018 in Melbourne

NUNS Website

NUNS has launched its brand new website, nswuns.org, which features a members-only area that includes:
- Exclusive members’ bulletin
- Online profile update
- Members forum
- Newsletter archive
- Meeting and other documents download
- Online scholarship application platform

Communication

NUNS continues to publish professional newsletters, the next issue due in December. NUNS newsletters are archived on our website and can be accessed by members through the members-only area. Email notifications are sent to all members upon publication release.

One of the major improvements in terms of communication is the introduction of the Members Forum in the exclusive area on our website. Members are able to post questions related to clinical practice, education, society governance and other concerns on this forum. We’ve noted increased participation by our members since its launching. It is currently moderated by our president, Karina So.

Kevin Ancog
NSW REPRESENTATIVE
Committee for 2017/2018
President           Sophie Otto
Secretary           Jane Lange
Treasurer           Donna Clifford
State Rep – ANZUNS  Sally Sara
Immediate Past President  Kerry Santoro

Strategic Planning/Goals for the Year /Current project
• Review of Strategic Plan
• Review strategies to increase membership
• Planning for 2018 Urology Nurses Study Day

Membership
Membership numbers have fallen compared to last financial year. As of September 2017 SAUNS had 32 financial members.

Education/Events/Forums
SAUNS has hosted five educational evenings throughout 2017:
• Natural history and management of ante-natal hydronephrosis
• Radiation for Urological Cancer
• The Kenyan Experience – trials and tribulations
• Complex Urology Cases – diagnosis and treatment
• Conference Presentations from SAUNS members

Communication to members
Members meet bi-monthly following which minutes are circulated to all members. All other communication to members is conducted by email.

Grants
A number of grants were offered to SAUNS members throughout 2017 to attend conferences/workshops
• USANZ/ANZUNS ASM Canberra – February 2017
• Asia-Pacific Prostate Cancer Conference, Melbourne - August / September 2017
• USANZ SA/NT Section Meeting - October 2017

Sponsorship
SAUNS received educational grants from a number of trade partners this year. These grants were used to provide professional development opportunities to our members.

Financial Report
SAUNS is financially viable and will be in a position to offer grants to members for professional development opportunities in 2018.

Sally Sara
SA STATE REPRESENTATIVE.
As the ANZUNS representative I feel privileged to be writing this report about the work that the NZUNS committee has been under taking this year.

We have recently welcomed two new committee members, Swantje Fitzgerald from Nelson and Jude Kelly, and have sadly accepted the resignation of Pene Meiklejohn as Treasurer for our committee.

Pene has done an amazing job of tracking our finances over the years and her knowledge and experience will be greatly missed

Current Membership: 131

Once again we have decided, due to our sound financial position, not to increase our $50.00 annual membership subscription for the 2018 financial year.

We strongly believe that our subscription fee must be affordable to our members as we recognise the majority work within the public sector with little, if any, ongoing support for CME.

NZUNS Affiliations:

We remain active participants in the Ministry of Health Prostate Cancer Working Group and have representatives in both Specialty and Primary Health subgroups.

This group has now produced National Referral Guidelines and guidelines in the Management of Prostate Cancer.

Trish White on the Secondary care group and me on the Primary care group have committed to these groups and continue to support this important ministerial project.

Work has commenced on Metastatic Prostate cancer also equity and health literacy I am also on these groups.

Education NZUNS Conference:

11th-13th October 2017

Tauranga

A very successful conference was held in Tauranga and we were extremely honoured to have Kath Schubach join us for the Nurses programme and of course the evening entertainment!

We held a Urology 101 day on the Wednesday which covered Urethral and SP catheters, CAUTI, Bladder scanning, CBI and manual irrigation then a hands on workshop, this in conjunction with an online theory package resulted in them achieving a catheterisation certification.

I would like to take this opportunity to thank Pene Meiklejohn, our Conference convener, for all the hard work she has put into making this conference such a success.

One of the highlights of our conference is always the Free Paper Nursing Presentations. This year’s winners were:

Best Paper sponsored by Obex Medical ($2,000.00)

Jenny Corban from New Plymouth ‘Prescribing exercise for Prostate cancer’

Best New Presenter sponsored by NZUNS ($1,500.00)

Rachael Hamill from Tauranga ‘The Ecoin study-Subcutaneous tibial nerve stimulation for urgency urinary incontinence’

We increased the value of our study grants to $1,000.00 each, of which we have two per year, to reflect the increased costs of attending conference such as ANZUNS in Australia.

We also expanded the criteria for our $2,500.00 Maggie Burns Scholarship to include not only post-graduate study but also attendance to a recognised course that involves advanced nursing practice and expanded scope of practice.
roles, such as urodynamic and flexible cystoscopy training courses.

**Publication**

Our NZUNS newsletter filled with educational updates and opportunities, along with our society news and articles of interest, continues to be enjoyed by our members and at their request remains a hard copy newsletter – great to share with colleagues. The newsletter is also found on the Webpage.

**Recruitment**

In recognition of the wonderful work that urology nurses do, and in keeping with our educational focus, NZUNS celebrated International Nurses Day on 12th May by giving away a free registration to the Conference in Tauranga, won this year by Corinna Johnson from Palmerston North.

**NZUNS Project Manager**

We are excited to announce that Trish White has been accepted for this position, in her application she clearly voiced what we all believe – “The development of Clinical Standards of Practice for Urological Nurses is an important piece of work which will provide clarity to NZUNS members as well as our colleagues and patients. Providing safe care to our patients is our ultimate goal and to do this it is essential we develop a clinical training programme which together with the standards of practice will help guide us to meet our mission statement goals of providing excellent urological nursing care. To do this we need to collaborate with our colleagues which I believe is an essential part of this project. I have researched the topic of clinical practice standards extensively and have the knowledge and contacts required at a national level to complete this work”.

Finally I would like to thank the awesome team we have on the NZUNS committee, they work hard and give up their time and expertise to ensure the NZUNS members are kept up-to-date and strive to provide quality improvement in all aspect of Urology, to benchmark our practice.

**Lucy Keedle**

NZUNS REP 2017
Committee Members:

President: Francesca Leggott
Vice President: Jenni Cunnold
Secretary: Daniel Lightowler
Treasurer: Jane Neve
WA State Representative: Francesca Leggott
Newsletter Editor: Francesca Leggott
Education: Jane Neve, Jenni Cunnold, Holly Sounness
Support Committee: Niamh Malone

Our Aim
The society of Urological Nurses Western Australia has been established with the aim of promoting a communication network for those nurses and health professionals with a special interest in Urology.

The society will provide a forum for education, research and the sharing of ideas and information. It will endeavour to promote the highest standards of practice in Urological Nursing.

Our Objectives
The Society of Urological Nurses Western Australia supports the following objectives:

- To provide a forum for educational opportunities
- To promote nursing research
- To facilitate access to relevant resource material
- To promote the role of the urology nurse in the health care system
- To promote a standard of excellence in nursing practice.

SUNWA has always focused on facilitating networking opportunities amongst urology nurses through our education events. We intend to keep members interest and enthusiasm for SUNWA by hosting a urology trivia night in upcoming months.

SUNWA continues to correspond with potential sponsors of future scholarships and are grateful for the ongoing support from our current sponsors. SUNWA will again offer funding for members to attend the USANZ / ANZUNS meeting.

This year our committee is focused on reviewing the constitution to align with the incoming changes to the association requirements implemented by the WA government.

Membership
SUNWA's membership has decreased this financial year but we anticipate a number of members to renew before the end of the calendar year. We currently have 58 members, 3 of these being lifetime members.

Education
SUNWA continues to facilitate three education events per year.

Our education events are well attended and we continue to cover diverse topics, our choice of topics are based on member feedback. For our first educational event of the year we heard from a uro-gynaecologist, pelvic floor physiotherapist and urology nurse. They discussed uro-gynaecological investigations, management of pelvic pain and current recommendations for incontinence procedures.

Our upcoming study event in December will spark interest from members, the topic is Radical Cystectomy with formation of Neobladder. Along with our guest urologist and urology nurse our members will hear a patient’s perspective of their journey post Cystectomy and formation of Neobladder.

Reporting / Newsletter

Grants and Sponsorship
SUNWA extends our thanks to ongoing support through presence and funding from pharmaceutical companies. The educational grant opportunities for members include the following:

BARD BEST PAPER
The bard best paper award is designed to support the educational growth of SUNWA members. The aim of the Bard Best Paper is to generate discussion and promote awareness of the diversity of our roles, our practice and healthcare centres and our daily experiences in Urology Nursing through presentation of nursing case studies. The Bard Best Paper is to the value of $150.

THE ABBVIE AWARD
The $2000 Abbvie Nurses Educational Grant is designed to support members’ attendance at an educational symposium which has a definite urology nursing focus. This is a fantastic opportunity for members and the award is for use any time in the year.

THE SUNWA SCHOLARSHIP
The SUNWA Scholarship is used to assist SUNWA members in attending the USANZ / ANZUNS conference.

This Scholarship has been designed to encourage members to continue their education, professional development, and facilitate networking with other urology nurses. This year SUNWA offered one $1000 scholarship.

SUNWA continues to produce a quarterly newsletter in addition to the contribution to the ANZUNS newsletter.

Financial Report
SUNWA remains in a reasonable position financially. We are offering one SUNWA scholarship rather than two given the reduction in membership renewals so far this year.

Francesca Leggott
WA STATE REPRESENTATIVE.
International Nurses Day
May 12th 2018

ANZUNS Prize Draw

In recognition of the wonderful work that you do your name will be entered into the draw for a early bird registration to

Keep up the great work and best of luck

ANZUNS Committee

So keep a look out in your “in box” you just might be the lucky recepient

Criteria for International Nurses Day:

1. Draw takes place prior to International Nurses Day May 12th each calendar year.
2. Draw open to all financial members of ANZUNS and the winner must be financially current at the time prize is utilised.
3. The winner will be notified by email on May 12th and result also published in the next ANZUNS newsletter.
4. Supervised ballot of members’ names drawn from a box containing all ANZUNS member’s names. This will be arranged by ANZUNS Database Officer each year.
   a. If an executive of ANZUNS Committee is drawn then a redraw will occur
5. Prize equal to early bird nurses’ registration at 2019 ANZUNS Annual Scientific Meeting or in event of sponsored registration at said conference, equal value towards travel & accommodation expenses.
6. Winner to obtain reimbursement from ANZUNS treasurer upon presentation of receipts.
7. Prize not transferable and has no cash value
8. If prize unclaimed all ANZUNS members attending the ANZUNS 2019 ASM in that year(excluding ANZUNS Executive Committee) will be eligible to be in the draw for an early bird conference registration refund.
9. In the spirit of the prize there is no expectation of written report of the said conference for the journal.
Farewell To Jean Bothwell,

The time has come for the New Zealand Urology community to wish a fond farewell to Jean Bothwell, who after 50 years and 2 weeks is retiring.

The impact she has had on Urological nursing is immense and her commitment to her patients and colleagues unfailing. Her wealth of knowledge and the willingness to share this had made her a great teacher and mentor. Jean you will be missed by everyone, especially those who have been lucky enough to be under your care.

My Nursing Story

Jean Bothwell, Clinical Nurse Specialist

Once upon a time …… I just always wanted to be a nurse. I joined the St. John’s Ambulance Brigade as a 10 year old, becoming part of the Auckland Regional Team to successfully represent the Region at National Competitions. I gained my ‘Grand Prior’, the ultimate achievement. Later, after a move to Dunedin, I became Division Superintendent of the Edith Cavell Division and coached cadet competition teams.

I began my nursing training at Middlemore Hospital in January 1968 as a 17 year old. Those were the days of staying in the nurses’ home, curfew times, nurses’ home Matron, late leave on application etc. Of course I was the perfect student nurse!

I graduated as a Registered General and Obstetric Nurse in 1971, gaining the ‘Lange Prize’ for the highest marks in Hospital Finals and the Auckland School of Nursing prize for ENT nursing. It was a proud moment to read the International Pledge as the Middlemore Hospital representative.

I was by now engaged to John – a long distance relationship as he was at university in Dunedin whilst I was nursing at Middlemore – those were the days of long letters, as phone calls cost too much and of course email, text etc simply did not exist.

We married in February 1972 and moved to Dunedin soon after where John continued his pharmaceutical studies and I started work at Dunedin Hospital in a combined cardiology / renal ward as Staff Sister, to be promoted to Ward Sister in 1973 (the youngest in this position).

After our son was born in 1976 and then a daughter in 1978, we moved several locations through John’s work. Part time work, largely in the ‘care of the elderly’ sector enabled me to maintain my nursing practice, balanced with family and time commitments. I also completed eight papers towards a Diploma in Nursing during this time.

In 1991, after returning to Auckland, I started working in a private urology practice with five urologists – a combination of clinics and GA day stay cases. In 1997 and after this practice divided, I remained with two urologists until the practice closed in 2000, due to the terminal illness of one of the urologists.

I was then contacted and subsequently employed by the Waitemata Health Board in 2000, initially to assist in the transfer of urology services from Auckland Hospital. This was part of the Auckland Regional Planning around the provision of services close to consumers’ domicile.

A new Clinical Nurse Specialist role was created to assist the project team in the implementation and coordination from a nursing perspective, Waitemata District Health Board has two hospitals – North Shore and Waitakere and holds the largest catchment in NZ.

This was a HUGE challenge – the previous stressors I had felt were mostly around the Auckland traffic, not what my work actually entailed. Capital items and consumable equipment to be ordered, policies, procedures, patient information - all needed to be established. I am so very grateful to Mr Roger Chambers (Urologist) and Annie Newton (Theatre CN) for enabling this process.

Education was a key focus initially for ward staff, peri-operative areas and the outpatient clinic areas and I have continued to provide formal teaching sessions for medical staff and various nursing groups.
The service began in March 2001 with the first inpatient surgery in April. Since then our urology service has grown immensely and I am extremely proud to have been an integral part of a service that provides such high quality, patient focussed and coordinated care.

I felt extremely proud to be acknowledged as winner of the Staff Appreciation Scheme in 2001 and a prize recipient in 2002. I have received further recognition from WDHB with various nursing awards.

I was also able to visit other urodynamic clinics in London and Manchester. After initially assisting an urologist with the studies off site, I then in 2012, set up our on site service at North Shore Hospital also starting my nurse led urodynamic lists.

Over these past 17 years, I have continued to coordinate the care for post-operative patients, have held nurse led clinics for both new patients and follow up appointments. I am involved in the triage of referrals for urinary retention and female incontinence to ensure that access to care is appropriate and timely.

I have been responsible for establishing and advancing the CNS role with increased nurse led clinics and have appreciated the support of the clinicians in this regard. My nursing colleagues Sue Osborne (NP) and Sue Stanbridge (CNS) have contributed to the growth of the service with the development of initiatives to improve access to the urology service and outcomes of care and I have appreciated their friendship and support.

Being a nurse has been very much a part of my identity but now I must prepare for these retirement years. John and I have already moved to the Western Bay of Plenty, to the mural town of Katikati and now need to develop interests in the local community.

Many of you will be able to relate to the struggle to form work / life balance and certainly I have failed at that! We have been commuting back to Auckland for work for the past 20 months and so are looking forward to enjoying a more laid back lifestyle.

And so ….. we lived happily ever after.
Coalition of National Nursing and Midwifery Organisations (CoNNMO) Meeting
Friday 6th October 2017

1. Office of the Commonwealth Chief Nursing and Midwifery Officer (CNMO) update – Liza Edwards, Project Manager
   - Liza Edwards spoke as Proxy for Deb Thoms CNMO
   - 2 new projects:
     » The CNMO Office is in the early stages of developing a framework for advanced practice
     » The CNMO Office is working with the Council of Nursing and Midwifery officers to progress nurse and midwife prescribing – a consultation paper will be out next month and available on CNMO website.

2. Nursing and Midwifery Board of Australia update (NMBA) – Petrina Halloran, Policy Manager
   - Petrina represented Tanya Vogt, NMBA, at this meeting and updated CoNNMO members on the features of the new Codes of Conduct for Midwives and for Nurses
     » New Codes of Conduct will go live on 1/3/18
     » The new codes have been Informed by key stakeholder bodies for nurses and midwives (working groups, focus groups in each state, consultation and specialist input)
     » Modelled on a multi-profession shared code
     » Categorised into 4 Domains and 7 principles
     » Includes professional boundaries
     » 4 Domains:
       • Domain One: Practise legally
       • Domain Two: Practise safely, effectively and collaboratively
       • Domain Three: Act with professional integrity
       • Domain Four: Promote health and wellbeing
         » The codes are important as they:
         » Support nurses and midwives in the delivery of safe practice as part of professional roles
         » Provide guidance for the public about the standard of conduct and behaviours they should expect from nurses and midwives
         » Help the NMBA protect the public in setting and maintaining standards to ensure safe practice
         » The NMBA are looking at Registration Standards for nurse prescribing – a discussion paper will be out in next 6-8 weeks
         » Midwives Competency Standards for Practice have been developed. Public consultation is now closed and feedback is currently being reviewed. Final approval due April 2018.
         » A review of the Decision Making Framework (currently available on NMBA website) will commence shortly
         » The NMBA website has just been reviewed and updated, it is now mobile friendly. Graduates will be able to complete application online from Monday 9/10/17.
   - A review of the Decision Making Framework (currently available on NMBA website) will commence shortly
   - The NMBA are looking at Registration Standards for nurse prescribing – a discussion paper will be out in next 6-8 weeks
   - Midwives Competency Standards for Practice have been developed. Public consultation is now closed and feedback is currently being reviewed. Final approval due April 2018.

3. Australian Nursing and Midwifery Accreditation Council update – Fiona Stoker, Chief Executive Officer
   - A reference group to look at Registered Nurse Standards has been established and a discussion paper is out at the moment – feedback closes 22/10/17.

4. Australian Digital Health Agency update – Angela Ryan, General Manager, Clinical programs
   - The Australian Digital Health Agency was established July 2016, funded by the Australian government
   - Aims to:
     » Connect and empower health care providers to better use digital information
     » Give consumers more control of their health and care
     » Connect and empower healthcare professionals
     » Promote Australia’s global leadership in digital health and innovation
   - Achievements over last 12 months:
     » Expansion of My Health Record, including public and private pathology, diagnostic imaging and community pharmacies uploading
     » Proof of concept trials to overcome barriers to ‘Secure messaging’ between providers
     » Interoperability and Data Quality – launched initiative to develop interoperability vision and road map for Australia
     » Innovations and new models of care
   - My Health Record statistics September 2017:
     » 5 million registrants in first 5 yrs. to My Health Record and 10, 446 Healthcare providers registered
Uptake rates:
• 20 yrs. or less – 36% of total registrations
• 20-39 – 25% of total registrations
• 40-64 – 25% of total registrations
• 65 yrs. or older – 14% of total registrations

Percentage of registration by state:
• ACT 24%  
• TAS 21%  
• SA 19%  
• NT 21%  
• NSW 22%  
• VIC 16%  
• QLD 28%  
• WA 17%  

Goal: ‘A mobile health record for every Australian by 2018’
• If a person does not have a eMHR, a record will be automatically created for them in 2018 (unless they choose not to have one and opt out)

5. Governance and Member Engagement
– John Peacock, General Manager, Associations Forum Pty Ltd

• John Peacock, General Manager of the Association Forums Pty Ltd gave a presentation on ‘Good Governance, Member Engagement and Growth’ for organisations/associations.

• The Associations Forum Pty Ltd has 500 member organisations and offers the following advice:

1. Federations of state based associations are cumbersome and more expensive – restructuring from a federation to a single entity is challenging but beneficial. It reduces the risk of different messages and conflict between state and federal groups. There can be issues when some states have more money than others – recommendation is that money should go into national account but is reserved for state to spend (if not spent in 15 yrs. reverts to national group).

2. Associations are increasingly incorporating as a commonwealth ‘company limited by guarantee’ than as an ‘incorporated association’ under state legislations.

3. Constitution issues are member definitions and voting rights, board size and composition etc. Some constitutions are poorly written, more like procedure manuals with job descriptions. The member’s role in governance is limited – this must be made clear – the board is elected to be the decision makers, the members give feedback but don’t make the decisions, but the members elect the board and can dismiss it as well.

4. The average number of board members is 9 but the ideal is 7 – odd numbers are better for voting. 66% of boards elect their own office bearers (not the members) – there should be a maximum term limit of 3 or 4 one-year-terms as President. Staggered elections are recommended.

5. Boards are moving towards governance rather than management with clear roles and well written constitutions.

6. Associations need plans and budgets with a clear mission. Planning days need to be focused, practical, annual and externally facilitated.

7. Associations usually generate income (i.e. profit), you must ensure you have the right services to increasing member numbers and participation.

8. Membership is a challenge – members need to know what value they will receive

9. Associations must have a flexible and intuitive database that is used everywhere throughout the organisation to record every interaction and target prospects.

10. Set targets for membership retention and growth. A robust membership database is essential.

11. Membership recruitment and membership engagement takes a range of skills and experience

12. Know the difference between marketing to potential members and communications to current members – sell to potential members and engage to keep current members.

13. Many associations don’t charge what they are worth.

6. Patient Safety and Leadership
– Carrie Marr, Chief Executive, Clinical Excellence Commission

Carrie Marr, CE of the Clinical Excellence Commission gave an overview of the Patient Safety Future Focus.

NSW Health Strategic Priorities are:
• Patient Safety first  
• Better value care  
• Systems integrations  
• Governance and accountability  
• Data and analytics
Key Health issues include:

- QI is a stated priority but implementation is week
- Gaps in national leadership
- Compliance and improvement is out of balance
- Unfocused approach to building capability
- Local accountabilities
- Asymmetries in measurement and reporting

Guiding principles to change are:

- Need a balance between being reactive and being systematic — in other words need a balance between compliance and improvement (both are very important)
- Measure what matters to people
- Adaptive in leadership with deep clinical engagement (areas of greater risk are where managers do not have good engagement with the clinical leaders)
- Evidence based patient safety programs
- Build capability for safety and improvement
- Positive cultures — focus on staff — if staff feel valued they will engage in safety and quality.

Highly Reliable Organisations Guiding Principles are:

- Focus on being predictive and proactive
- Openness about failures
- Are not harm free, but harm does not disable them
- Emphasis on learning
- Obligation to act
- Accountability
- A just culture
- Believe daily work practices produce safer care
- Teamwork and leadership

A Clinicians Guide to Quality and Safety is available at:

7. Interactive Social Media Session — Melissa Sweet, Journalist and Author

Melissa Sweet gave a very interesting presentation in relation to using Twitter in health for:

- Building relationships and networks
- Breaking down silos
- Sharing news and knowledge
- Listening and learning
- Counter narratives

8. CoNNMO Council Chair and Secretariat Report

- A face to face Council meeting was held on Friday 28/7/17 and a teleconference meeting on Monday 4/9/17.
- The is currently one vacant councillor position — nominations will be circulated shortly
- Terms of Reference recently reviewed and future council and member meeting dates set
- 56 member organisations
- There is Federal funding for CoNNMO through to July 2020

9. Member reports and discussion

- Circulated prior to meeting

Next meeting:
Friday May 4th, ANMF Victorian Branch, Melbourne

Prostate Cancer & Urological Nursing Fellowship 2018

The 2 successful applicants are Angela Wilkinson and Elizabeth Pu both from Epworth Freemasons.
ANZUNS has been participating in the online knowledge sharing network Sosido (www.sosido.com) for the last few months. So far 605 members have been invited to join this online network for prostate cancer nurses. About 30-40% of these members are accessing the weekly email digests, with 8-10% clicking through to the articles and content to seek further information. These numbers are similar to the other groups using Sosido and show really good early interest in the community.

The articles and publications provided to members have been extremely beneficial and provide nurses with an up to date overview of what’s happening in the prostate cancer field. The forum has also recently partnered with Elsevier to offer prostate cancer-specific article reviews via PracticeUpdate to our members. PracticeUpdate is an internationally-renowned editorial board that reviews articles in all the major journals and selects articles they consider most important and potentially practice changing.

Members are encouraged to read the email digests and click the links to access more detailed information provided on the online platform. Any members who did not receive the account set-up email are advised to contact Nicholas Howard (Project Manager). He will be able to assist you with creating an account so you can gain access to the CaP Forum. You can contact him via; prostateforum.anzuns@gmail.com

Please remember to check your junk/spam folders in your email account if you haven’t received an email from Sosido. Please also whitelist the following email addresses to avoid these emails going to your junk/spam folders in the future: contact@sosido.com and prostateforum.anzuns@gmail.com

As a reminder, ANZUNS CaP Forum members also have access to a secure members-only forum to ask and answer questions. You can access the Q&A section via the Sosido website.

We look forward to staying in touch with you through the ANZUNS CaP Forum community on Sosido, and we welcome your questions and feedback.

Thank you to Astellas Australia for providing a generous unrestricted grant which has allowed ANZUNS to participate in this important initiative.

Members are also advised to whitelist the following email addresses to avoid these emails going to your junk/spam folders in the future: contact@sosido.com and prostateforum.anzuns@gmail.com

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USANZ 2018
24-27 February 2018
Melbourne Convention and Exhibition Centre
Off the Beaten Track

One of my roles within our urology practice is that of a research study coordinator. Tony and I have been involved in research for the treatment of urological conditions for 15 years. We have seen trial medications now become standard practice while others have proven limited in their effectiveness and gone no further. The drive behind our involvement is always patient focused and it often gives our patients the opportunity to trial a drug that is not yet available in New Zealand.

In some cases, such the trial we are running at present for CRPC, our treatment options are limited and patients have, in their words: “nothing to lose”. We only undertake Phase III trials and only when Tony is confident in the treatments theoretical efficacy and safety. Though the work involved to undertake and run these trials in a safe manner and ensure the collection of clean data is huge, participating with the patient through the trial process is very rewarding. We really do get to know your patients well and build a quite a different rapport with them to that in a normal clinic setting.

All trials require investigational meetings where the information about the trial and the drug being used, along with all the procedures and investigations from simple vital sign recordings through to complex investigation product administration, is given. These usually take place in Australia but we were fortunate enough to be sent to Barcelona to attend a new trial investigational meeting and this gave us the opportunity to take a much needed holiday at the end of the meeting and tick off a couple of cities from our European “wish list”.

When travelling though we try to take in a couple of sights that are “off the beaten track” and with this trip this included two hospitals.

No trip to Barcelona is complete without a visit to the Sagrada Familia and there is no doubt that this cathedral, designed by Antoni Gaudi, is certainly one of the architectural wonders of the world. When travelling though we try to take in a couple of sights that are “off the beaten track” and with this trip this included two hospitals. The first was in Barcelona itself and is the called the Hospital de la Santa Creu i Sant Pau.

Built between 1902-1930 the site, created by the architect Lluís Domènech i Montaner, bears witness to significant changes evolving in medicine, the health needs of city at the height of demographic growth, and the magnificent architecture of the time. UNESCO declared this Art Nouveau wonder, ‘one of Catalonia’s cultural and artistic treasures’, a World Heritage Site in 1997 and we could certainly see why.

The administration block, which greets as you enter the site, was conceived as a kind of monumental altarpiece whose configuration of one central and two lateral components form a great “supreme being, who welcomes, open armed, all who enter”. This is not only the largest building on the site but is the richest in ornamentation and decoration. Its magnificent staircase leads your eye up past the beautifully decorative tiled walls to the stained glass skylight which sits atop a nine vaulted ceiling held up on stone and marble columns. The ground plan of the hospital complex is laid out from here on two axes, one vertical and one horizontal, which together form a cross.

Along these, complete standalone pavilions or wards were built, with each one being allocated its own medical specialty: woman's surgical, male surgical, woman's medical and so on, with a total of twenty seven out of the original plan of forty-eight being built by two generations of the architect’s family. The wards within were set out in a “Florence Nightingale” fashion with the circular domed day room at the entrance set aside for the ambulatory patient and family visits with the ablution area opposite.

The beautiful ceramic tiles that line the internal walls and ceilings of the ward were used extensively to not only ensure a surface that was easily cleaned but one that was aesthetically pleasing. Even in the operating theatre, which too had its own building, it was believed that natural light and aesthetics played an important role.

This building sat center stage in the middle of the complex with the main, ground floor theatre, being made almost entirely of floor to ceiling semicircular glass! This was also a teaching hospital so a viewing platform lined the inside of the circular glass wall for medical and nursing students and visiting specialists to view the operations being undertaken. The glass, of course, was opaque and though it did bath the area in defuse light it was rather off putting when you first walked to think that just on the other side of the glass partition people were sitting enjoying a drink in the garden. We can only assume it was sound proof!

As was the custom of the day the hospital was staffed from the religious order until the late 1930’s when lay workers were employed. Then in 1953 when, by “Royal Decree”, the School of Nursing was founded, this saw trainee and trained nurses, who lived onsite in the former Hospital Seminary, take on an importunate role. One of the snippets of interest was a photo of the staff canteen from 1972, where each day staff were served a: ‘3 course lunch along with bread, wine and dessert’. That certainly didn’t happen in my training days.

The material chosen for the exterior of these pavilions, as well as being of the best quality of the time, were built in true art nouveau style and they were breathtakingly beautiful in their design.
Barcelona 1. Welcome Gates. 2. Women’s Surgical Pavilion. 3. Operating Theatre. 4. Operating Theatre from the garden
Each and every brick, stone and tile was laid in such a way as to form a completely different pattern for each building. The roofs also featured ventilation shafts surmounted either by glazed ceramics or decorated stone and ornamental pinnacles. They were then each surrounded by garden, which was a new concept in this time. Originally the central avenue was lined with large canopied trees as well as orange and lemon trees along with bays, lavender and rosemary with other areas set aside for medicinal gardens. The architect’s aim was to create a “cheerful, optimistic atmosphere that would alleviate pain and suffering of patients and their families and contribute to the former’s recovery”. It really must have been food for the soul to sit outside in warmth of the sun in such beautiful surroundings and it certainly worked a treat on us as we took refuge from the midday heat and rested our tired feet.

The pavilions, theatre, x-ray department, administration and other service buildings of the hospital were interlinked by a series of underground tunnels, which crisscrossed the site. These were amazing feats of engineering and despite their functional nature these too were beautifully designed with vaulted ceilings and gallery areas formed where tunnels intersected. All were beautifully tiled with the addition of mosaic ‘pictures’ on the gallery walls.

Sant Pau was a great “find”, here was a hospital that tended to the people of the city, be they rich or poor, in a new and innovative way. Where the spiritual and psychological needs of the patients and their family was as important as the physical condition being treated. Sant Pau was breathtaking in its beauty but more importantly gave you an overwhelming sense of calm. After over eighty years as a functioning hospital a new modern grey monotone block and glass hospital towers in stark contrast behind it. There are no trees here just concrete courtyards were patients stand, IV poles to hand, and talk to family or smoke a cigarette. We could surely take a lesson here - I know where I would rather sit.

Off the Beaten Track cont’d

Another city, which has been on our list for so many years but unreachable behind the iron curtain, was Budapest. I was not aware until this trip that Buda and Pest were two separate cities until 1873 with the Danube River the natural dividing line. It was here on the Buda side of the city we found our second hospital and though not an architectural wonder, it was certainly an engineering feat. The “Hospital in the Rock” is an underground bunker hospital built within an ancient cave system, previously used as natural shelters and storerooms, beneath Buda’s Castel Hill. It is said to be one of Hungary’s few authentic preserved monuments with a history that spans through the blood soaked and dreadful periods of the 20th century.

With the outbreak of WWII several kilometers of the cave system were reinforced and converted into an air raid shelter and medical aid post. This structure was then further expanded in 1942 when it became apparent that air raids paralyzed medical services with hospitals also unable to get their patients to the safety of an air raid shelter. Opening in February 1944 the hospital was originally designed for 60 patients, with three wards, an operating theatre, X-ray room, pharmacy and surgical triaging rooms along with a kitchen, ablation areas and operational plant rooms. The equipment was state of the art with anaesthetic machines, autoclaves, X-ray machines, generators and a ventilation system.

Though supported from St John’s Hospital above, this underground facility was staffed and run independently with its own permanent medical and support staff. Often members of their families would also live on site and undertaken such things as kitchen, cleaning and maintenance duties. As was the custom of the time female members of the nobility underwent nursing training and three Countesses, from very noble Buda households, served here among the other nursing staff. Eyewitnesses praised their (nurses) “professional attitude, untiring kindness and beauty”. The hospital’s primary role was to provide general emergency care to civilians and soldiers who were injured during air raids. Its capacity was quickly increased to 120 with the introduction of bank beds but even this was to be proved insufficient as no one predicted the horrors to come.

The Siege of Budapest, one of the most brutal battles of WWII, began in the Christmas of 1944. Hitler declared that Budapest, as a fortress, should be “defended to the death of the last man standing”. The people were trapped between the fanatically desperate ally that forbade any evacuation and the Soviet Union’s overwhelming military might. Not only though were the Nazi Arrow
Cross Party hell bend on defending the city they were also using the battle as an excuse to terrorise it’s citizens, with not only the killing of Jews but mass murders of refugees as well as inflicting other unspeakable atrocities. The hospital was open to all who needed help be they German, Hungarian or Soviet soldiers as well as civilians. The patient numbers soon swelled to over 600 with make shift beds lining the passage ways and bunks pushed together with patients lying top to tail. This overwhelming mass of bodies saw the usual pleasant 15°C internal temperature of the caves sore to suffocating 30+ °C.

To make matters even worse the Soviets cut the supply lines into the hospital and the only water supply line was accidently severed by the Germans. Water though was a precious commodity and such things as clean sections of bandages were cut from patients, both living and dead, to be reused unwashed on wounds. Cross infection became the killer of not only patients but staff members, and one can only imagine the working conditions these brave souls endured.

Anna Boom (nurse) “Patients were sitting or lying everywhere: on beds, stretchers or on the floor. I slipped on pools of blood. The air was hot and suffocating, the smell soaked into my hair. I was running up and down with bedpans in my hand, or bringing water to the patients, if there was any. But often I could do no more than sit next to someone and hold his hand. At nights I heard grown men crying and calling for their mothers”.

Through the foresight and courage of Friedrich Born, a Swiss national, representing the Red Cross in Hungary at the time of the siege, the hospital had been granted Red Cross status. While everything around it was being destroyed the “hospital in the rock”, was ingeniously renamed “Hospital of the International Red Cross”. Red Cross passes were also able to be secured for many of the doctors and nurses, though these did not save all from persecution or death as many in the medical profession were Jewish.

By mid-February 1945, less than two months after it begun, the siege was over. However it was immediately followed by Hungary’s long era of Soviet communist domination. The city above was destroyed, some 200,000 people dead with many more wounded and displaced but the hospital remained fully operational until June that year, as it was the only facility in the city able to offer medical care. It was disbanded later that same year and became a Vaccine Manufacturing Research Institute until 1949, producing vaccine for the prevention and treatment of typhoid, which was epidemic at that time.

At the beginning of the 1950’s it was to become a hospital once more but this time it was a classified top-secret institution. It was maintained and fully operational but not brought into action until it was to be forced to open its doors on 25th October 1956, one of the most important dates in Hungary’s fight for independence.
Thousands had gathered outside the parliament building in a non-violent demonstration to hear a speech by the popular reformist Imre Wagy, only to be open fired upon, in a show of might and power, by soviet troops. One hundred people were killed and many more hundreds injured. Here, once again, all causalities were accepted at the hospital, be they revolutionaries, civilians or Soviet troops and heroic surgery was undertaken in these cramped facilities. The revolution though was quashed and by December the doors were again closed.

The secret subterranean complex was then converted into a clandestine nuclear bunker that stood waiting, throughout the remainder of the cold war, for the final countdown that never came. The hospital remained fully equipped during this time with only a very select group of doctors and nurses chosen as staff to survive a nuclear strike and man the hospital.

The hospital had it’s own water supply, internal ventilation and poison gas filtering system and it was anticipated that the staff would “wait for 72hrs following a nuclear attack before allowing others into the facility”. Those then allowed to enter would go through a decontamination process, which included showers and hair removal before being placed in quarantine wards for three weeks. Fortunately though it was never tested to see if their processes were adequate.

The facility was made obsolete by the end of the 1960’s but the hospital was maintained until 2004 by families who lived in residence within its walls. The equipment was checked daily and every second week the 2,400 square meters of corridors, wards and offices were cleaned and the linen changed on the 200 hospital beds. Children recall riding their bicycles along its corridors while their parents cleaned. Abandoned with the fall of the iron curtain this facility was left, intact and forgotten, with machinery and supplies left untouched and the beds unchanged until 2007 when this previously hidden top-secret facility became a museum.

Now some two hundred-wax figures evocatively capture the dreadful atmosphere and convey, in life like reality, what really happened between these walls and witness such things as the horror of the “Siege of Budapest”. You see the original air raid and cold war civil defense systems exactly as they were left, it is as if someone just switched off the lights.

As is the case in many of the museums we have visited throughout Europe, from Auschwitz in Poland to this latest one in the now beautiful restored city of Budapest, they are not easy places to visit but the people, for whom this is their story, want future generations to come – to see – to remember “in the hope that history will not repeat itself and they will be able to create a better world”.

These two hospitals were a world apart, each had such a different story to tell and left such an impact on us both. We were so please we had stepped off the beaten track.

I would like to leave you with the words of the Hungarian writer Antal Szerb, who was beaten to death with the butt of a gun in Balf concentration camp in January 1945, he wrote:

“Freedom is not only the concern of a nation, but of all mankind”

Andrea Nixon
Hi Everyone,

ANZUP is a national cooperative clinical trials group in urogenital and prostate cancer research.

I have been involved in ANZUP for the last 7 years. It is pleasing to see that the nursing membership has grown over that period of time and I look forward to an even bigger number of nurses joining in the future.

I was invited to attend the NZUNS conference in October and gave a few talks on prostate and renal cancer and also an update on the intravesical guidelines. It was a fantastic meeting with over 100 nurses attending.

As you are aware I have been updating the intravesical guidelines in conjunction with ANZUP. This has been a very rewarding experience and a fantastic opportunity to work with so many experienced health professionals.

I am pleased to announce that we are finalising this document and it should be released in February at our AGM. We are also hoping to get USANZ to endorse these guidelines as well. I have been involved in the bladder cancer sub committee teleconference meetings to update members on the progress of these guidelines.

We have had a multidisciplinary team approach in reviewing these guidelines and I would like to thank all of you who have contributed to the updating of these guidelines.

I have also been in contact with our International urology colleagues to seek permission to utilise their guidelines. The European Association of Urology Nurses (EAUN) has given permission to adapt and use their guidelines. This is a fantastic opportunity for ANZUNS to establish such collaboration with our international colleagues.

ANZUP continues to provide members with email updates on the current status of their clinical trials. It is a great source of information for health professionals to identify patients that may be suitable to enter into one of the trials.

Dates for your diary!!!!!

Melbourne - Below the belt pedalthon.
www.pedalthon.org.au
Sunday 18th March

In 2018 ANZUP ASM will celebrate its 10th anniversary in Sydney the theme of the meeting is “Putting People First”.

Please save the date 8-10 July.

I am encouraging all urology nurses to get involved with ANZUP it really is a great opportunity for networking and professional development and to improve our patients outcomes.

Kath Schubach
ANZUNS REP ON SCIENTIFIC ADVISORY COMMITTEE ANZUP

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Hi fellow urology nursing colleagues

I would like to take this opportunity to give an update on the work that goes on behind the scenes at ANZUNS at an executive level.

As ANZUNS is the peak body for urology nurses we have had the opportunity to work on building our collaborations with various associations.

As you aware we are currently working on updating the intravesical nursing guidelines in collaboration with ANZUP.

We have also had the opportunity to review a bladder cancer information booklet for the bladder cancer charity. Thank you to the executive members who gave their time and provided valuable feedback.

ANZUNS have made the executive decision to endorse this booklet and it will no doubt be a valuable resource for our bladder cancer patients.

You may access this at www.bladdercancer.org.au

I have just returned from Sydney after attending a day workshop on bladder cancer, which was organized by the Centre for Community Driven Research. It was well attended by patients, carers and health professionals all with a passion to make more people aware of bladder cancer.

The energy and enthusiasm was fantastic and some really great ideas were shared. These workshops always impress me as you always come away with some new ideas. You never stop learning!!!

It was great to hear such positive remarks from patients who have experienced excellent care from their health professionals.
Scholarships Applications for 2018

Boston Scientific Nursing Professional Development Diamond Award

This Award is for Registered nurses who are working in the field of urological nursing who can demonstrate how a significant professional development award can be utilized to improve the outcomes of their patient group.

This Award offers registered nurses the opportunity to spend time in a major urological department to refine their nursing practice in urology care. The Award can also include attendance at a major urological conference in addition to a urological department site visit. This can be either in Australia, New Zealand or can include travel to an international center.

This award includes:
- $5000 Diamond Award payable to the recipient.
- Additional funding to be retained by ANZUNS to cover the costs of recipient attending the ANZUNS ASM to present a paper detailing how the award was utilized.

Abbvie Nursing Professional Development Emerald Awards

This Award is for TWO single applications for Registered nurses who are working in the field of urological nursing who can demonstrate how a significant professional development award can be utilized to improve the outcomes of their patient group.

This Award offers registered nurses the opportunity to refine their nursing practice in urology care. The Award can include attendance at a major urological conference or a urological department site visit. This can be either in Australia, New Zealand or can include travel to an international center.

This award includes:
- $2500 Emerald Award (X 2) payable to the recipients.
- It will be desirable for the recipient to attend the ANZUNS ASM to present a paper detailing how the award was utilized.

ANZUNS Professional Development Awards

This award is for FIVE single applications for Registered Nurses working in the field of urological nursing, who can demonstrate how a significant professional development award can be utilized to improve the outcomes of their patient group.

This award offers FIVE Registered Nurses the opportunity to attend the 2018 USANZ/ANZUNS ASM in Canberra in February 2018.

This award includes:
- $1000 award (x 5) payable to each recipient

I will leave you with a powerful quote from a young woman who has recently completed her treatment (robotic cystectomy & ileal conduit) and she is now moving on with her life, and is “living with a new normal”

Kath Schubach
VICE PRESIDENT ANZUNS
ANZUNS MISSION STATEMENT:
ANZUNS is the peak professional organisation for urology nursing in Australia and New Zealand.

ANZUNS OBJECTIVES ARE:

**Education**
To create the opportunity for Urology Nurses to undertake research based practice through education

**Expertise**
To provide expertise through the provision of guidelines, standards of practice and special interest groups

**Leadership**
To provide leadership to facilitate collaboration amongst urology health professionals

OUR SOCIETIES
New South Wales • New Zealand • Queensland • South Australia • Tasmania • Victoria • Western Australia

ANZUNS LINKS

Urological Society of Australia and New Zealand – USANZ – www.usanz.org.au
British Association of Urological Nurses – BAUN – www.baun.co.uk
European Association of Urology Nurses – EAUN – www.eaun.uroweb.org
Society of Urologic Nurses and Associates – SUNA – www.suna.org
Cancer Australia – www.canceraustralia.gov.au
CHRISTMAS GREETINGS

Wish you all a Merry Christmas
May the joys of the season
Fill your heart with Goodwill and cheer.
May the Chimes of Christmas Glory
add up more shine and spread
smiles across the miles,
today and in the New Year.