

Evidence Brief: Nursing in Gynaecology

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

Please acknowledge this work in any resulting paper or presentation as: Evidence Brief: Nursing in gynaecology. Katie Nicholas. (December 2020). UK: Health Education England Knowledge Management Team

Key publications – the big picture

[Women's Health Subject Guides](#) November 2020, Royal College of Nursing

Women's health care is something that impacts across all healthcare setting, from contraception/pre-birth, adolescence to old age and death. The role of the nurse is to recognise the diversity of needs and expectations associated with delivering a high quality, humanistic approach to health, and would hope to empower women, from a personal health perspective, to access the best available healthcare. Use this guide to find information resources about women's health including books, reports and journal articles.

[We are the NHS: People Plan 2020/32 – action for us all](#) July 2020, NHS

Our NHS is made up of 1.3 million people who care for the people of this country with skill, compassion and dedication. Action from the Interim People Plan was already being taken to increase the support and recognition for our people. Then the start of COVID-19 changed everything. Colleagues and loved ones were lost, and our people gave more of themselves than ever before. The public responded with appreciation and warmth. The clapping has now stopped, but our people must remain at the heart of our NHS, and the nation, as we rebuild. This document sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

[The NHS Long Term Plan](#) Updated August 2019, NHS

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

[Interim People Plan](#) June 2019, NHS

Our Interim NHS People Plan, developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver care and identifies the actions we will take to help them.

[Patient information: Multidisciplinary team \(MDT\) for gynaecological cancers](#) Macmillan Cancer Support

If you have been diagnosed with cancer, a team of health professionals will work together to plan the treatment they feel is best for you. This team is called a multidisciplinary team (MDT). If you have a gynaecological cancer, you should be treated by a specialist gynaecological cancer MDT. [...] Your MDT may include:

- a gynaecological oncologist – a surgeon who specialises in gynaecological cancers
- oncologists – doctors who specialise in cancer treatments such as radiotherapy, chemotherapy and targeted therapy drugs
- a gynae-oncology nurse specialist – a nurse who will be your main contact and will make sure you get help and support throughout your treatment
- a plastic surgeon – a doctor who specialises in reconstructive surgery if you have vulval cancer
- a radiologist – a doctor who analyses x-rays and scans
- a pathologist – a doctor who examines cancer cells under a microscope and advises on the type and extent of the cancer.

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Case Studies

[A nurse practitioner is maintaining a specialist gynaecology service working through her trusts bank RCNI](#)

Katharine Gale, who has 18 years clinical experience in womens health, independently sees women referred under the two-week fast-track gynaecology pathway at University Hospitals Bristol NHS Foundation Trust.

[Macmillan Gynaecology Oncology Clinical Nurse Specialists](#)

Harrogate and District NHS Foundation Trust

The Macmillan Gynaecology Oncology Nursing Service is part of the Women's Cancer Nursing Team. Our nurses offer support and advice to patients who have been diagnosed with, or have a suspicion of, a gynaecological malignancy. These include ovarian, endometrial, cervical and vulval cancers.

HEE Star

More resources and tools are available by searching the [HEE Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Workforce**” filter

HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

COVID-19

[Psychological and social effects of COVID-19 pandemic on obstetrics and gynecology employees](#) May 2020, Journal of Surgery & Medicine

Aim: COVID-19 pandemic affected most health care professionals and to the best of our knowledge, there has not been any studies on the gynecology and obstetrics department workers in the literature. In our study, we aim to investigate the psychological and social effects of the COVID-19 epidemic on the healthcare workers serving in the gynecology and obstetrics department and to help healthcare professionals improve their physical and mental health. Methods: This cross-sectional study was conducted among healthcare professionals working in obstetrics and gynecology clinics in Mardin province. It was carried out in Mardin State Hospital and Kiziltepe State Hospital, which are considered "Pandemic Hospitals". All participants received Sociodemographic Data Form, Psychological Symptom Screening Test (SCL-90-R), Beck Anxiety Inventory and Short Psychiatric Rating Scale. These evaluation scales were applied to 13 doctors, 52 midwives and 38 nurses working in Gynecology and Obstetrics Clinics in total. They were compared in terms of occupation, gender, and age, as those under or equal to 29 (≤ 29)

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years and over 29 years (>29) of age. Twenty-nine was picked because it was the mean age of the group. Results: Although differences did not reach statistical significance, anxiety, hostility, and phobic anxiety were higher in participants over the age of 29 years ($P=0.472$, $P=0.549$, $P=0.776$, respectively). According to profession groups, only phobic anxiety scores were higher among doctors ($P=0.373$), and somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, paranoid ideation, psychoticism, eating and gastrointestinal symptoms (GIS) were higher in midwives ($P=0.166$, $P=0.624$, $P=0.531$, $P=0.321$, $P=0.147$, $P=0.205$, $P=0.359$, $P=0.490$, $P=0.696$, $P=0.557$, respectively). Conclusion: COVID-19 will undoubtedly have psychological consequences which may be permanent in healthcare professionals. Frontline employees will be at risk, especially in departments with emergency services. Actions are needed to alleviate the effects of COVID-19 on mental health by protecting and promoting the psychological well-being of healthcare workers during and after the outbreak.

Burnout

[Prevalence, Related Factors, and Levels of Burnout Syndrome Among Nurses Working in Gynecology and Obstetrics Services: A Systematic Review and Meta-Analysis](#) July 2019, International Journal of Environmental Research and Public Health

BACKGROUND Although burnout levels and the corresponding risk factors have been studied in many nursing services, to date no meta-analytical studies have been undertaken of obstetrics and gynecology units to examine the heterogeneity of burnout in this environment and the variables associated with it. In the present paper, we aim to determine the prevalence, levels, and related factors of burnout syndrome among nurses working in gynecology and obstetrics services. **METHODS** A systematic *HEE Knowledge Management Team, December 2020*

review and meta-analysis of the literature were carried out using the following sources: CINAHL (Cumulative Index of Nursing and Allied Health Literature), LILACS (Latin American and Caribbean Health Sciences Literature), Medline, ProQuest (Proquest Health and Medical Complete), SciELO (Scientific Electronic Library Online), and Scopus. **RESULTS** Fourteen relevant studies were identified, including, for this meta-analysis, $n = 464$ nurses. The following prevalence values were obtained: emotional exhaustion 29% (95% CI: 11-52%), depersonalization 19% (95% CI: 6-38%), and low personal accomplishment 44% (95% CI: 18-71%). The burnout variables considered were sociodemographic (age, marital status, number of children, gender), work-related (duration of the workday, nurse-patient ratio, experience or number of miscarriages/abortions), and psychological (anxiety, stress, and verbal violence). **CONCLUSION** Nurses working in obstetrics and gynecology units present high levels of burnout syndrome. In over 33% of the study sample, at least two of the burnout dimensions considered are apparent.

Specialist nurses in gynaecological cancer

[A clearer pathway—The future of the gynaecological oncology specialist nurse role](#) August 2020, Collegian *Abstract only**

- Specialist nurses identified the need for greater definition and delineation of specialist and advanced practice nurse roles.
- Non-standardised nomenclature and pay, and poorly defined career pathways, were perceived as barriers to succession planning.
- Specialist gynae-oncology nurses suggested guidelines for practice could assist standardisation and regulation of practice. Over recent years there has been a proliferation in specialist nurse roles that require expertise and advanced practice in a particular field of nursing. In Australia and New Zealand, specialist nursing care of women with

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gynaecological cancers is recommended, however the role remains largely undefined and unregulated. To determine Australian and New Zealand gynaecological oncology specialist nurses' perspectives on the future of their role, and make recommendations for future practice and education. An interpretive descriptive methodology was adopted for this study. Gynaecological oncology specialist nurses participated in individual and focus group interviews and a thematic analysis of transcribed data was conducted. Nineteen specialist nurses participated in the study and three major themes were derived from the interview data: The first theme, 'Delineation of roles' highlighted the challenges for specialist nurses inherent in new, poorly defined roles. 'Identifiable career path' explored the lack of clear education and career pathways and disparate nomenclature for their roles, which they believed impeded succession planning. The theme, 'What should I be doing', related to the bespoke development of participants' current roles due to the paucity of formal guidelines for practice. Gynaecological oncology specialist nurse roles have emerged and developed with limited direction from the nursing profession. Poor role legitimacy and a weak professional identity were evident among participants. Gynaecological oncology specialist nurses identified standardised nomenclature, defined career and education pathways, guidelines for practice, and succession planning as important elements in the progression of their roles.

[Experiences of gynecologic oncology nurses regarding caring behaviors: a hermeneutic phenomenological study](#) February 2020, Journal of Psychosomatic Obstetrics and Gynaecology *Abstract only**

Purpose: This study aims to explore the caring behaviors experiences of gynecologic oncology nurses. **Methods:** This study was conducted with phenomenological hermeneutical approach.

This study was carried out 14 nurses working on women with gynecologic cancer. Data were collected through individual interview method by using semi-structured interview guide. Data were analyzed using a phenomenological hermeneutical method. **Results:** Caring behaviors experiences of gynecologic oncology nurses were explained by the themes "missed caring behaviors", "transition from work-centered to care-centered approach", and "transition to caring-healing approach". The first theme, "missed caring behaviors" included two subthemes: "focusing on routines" and "superficial relationships". The second theme, "transition from routine to care-centered" included three subthemes: "barrier perception", "off the record" and "controlled attachment". The last theme, "transition to caring-healing" consisted of the subthemes "ideal care conscience", "presenting presence", "looking through her window", "healing with caring behaviors". The main theme was reached as "caring behaviors: the focus of nursing". **Conclusion:** This study suggests that gynecologic oncology nurses need to adequately and efficiently improve on caring behaviors in an intense caring environment.

[The Role of the Specialist Nurse in Gynaecological Cancer](#) September 2018, Current Oncology Reports *Athens log in required**

PURPOSE OF REVIEWTo explore the role of the specialist nurse within gynaecological cancer. **RECENT FINDINGS**There are many different job titles associated with the role of the specialist nurse. Nursing roles are evolving not only to meet the increasing demands on services but also within the ever changing landscape of cancer treatments and improvement in survival. Women and their families need specialist nurses to guide and support them on their cancer journey, along the treatment trajectory and into survivorship. This paper explores specialist nurse roles generally, and within our service which

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have been adapted to meet service and patient needs within a gynaecological cancer centre. Irrelevant of title, specialist nurses are best suited to meet the patients' needs. The fundamental ethos of the care should always remain having the patients' best interest at heart, acting as their advocate - in essence giving them a voice when they need it.

[Effectiveness, structure, and content of nurse counseling in gynecologic oncology: a systematic review](#) 2017, BMC Nursing

BACKGROUNDGynecological pre-cancer and gynecological cancers are considerable diseases in women throughout the world. The disease and treatment lead to numerous biopsychosocial issues. To improve the outcomes of affected women, several counseling interventions have been tested thus far in nursing research. These interventions target different endpoints and are composed of various structural and content components. The purpose of this research was to systematically review the effectiveness of nurse counseling on any patient outcomes tested so far in gynecologic oncology before, during and after treatment and to explore structure and content components.**METHODS**Experimental, quasi-experimental, and pre-experimental studies assessing the effectiveness of nurse counseling in women with gynecological neoplasia were searched for in PubMed®, CINAHL®, PsychINFO®, Cochrane®, and EMBASE®. Reference lists were hand-searched and relevant authors were contacted. Moreover, the evidence level and methodological quality of the included studies were assessed. Afterwards, the effect of nurse counseling on each identified patient outcome was narratively analyzed. To identify the structural and content components of the included interventions, a structured content analysis was performed. Finally, it was determined which components were associated with favorable outcomes within the included

studies.**RESULTS**Seven experimental and three pre-experimental studies, reporting the effects of 11 interventions on a total of 588 participants, were eligible. No study investigated women with pre-cancer. Three studies had a high, five a moderate, and two a low methodological quality. Positive effects were found on quality of life, symptoms, and healthcare utilization. Eight structural components and four content components composed of various sub-components were identified and linked to specific effects.**CONCLUSIONS**The current evidence base is fragmented and inconsistent. More well-designed, large-scale studies including women with pre-cancer are warranted. Most convincing evidence indicates that nurse counseling can improve symptom distress. Components associated with the most trustworthy effects include nurses with an academic education; repeated and individual consultations during and after active treatment; structured, tailored, interdisciplinary orientated, and theoretically based counseling concepts; specific materials; comprehensive symptom management; and utilization of healthcare services. Healthcare providers and researchers can use the findings of this review for the systematic development of nurse counseling in gynecologic oncology.

[Experiences of gynecological cancer patients receiving care from specialist nurses: a qualitative systematic review](#) August 2017, JBI Database of Systematic Reviews and Implementation Reports *Abstract only**

BACKGROUNDThe care needs of women with gynecological cancer are complex and change over the course of their cancer journey. Specialist nurses are well positioned to play a role in meeting the needs of women with gynecological cancer although their role and scope of practice have not been well defined. As patients are a key stakeholder, understanding their experience of

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care is an important step in better defining the role and scope of practice of specialist nurses in gynecological oncology in Australia and New Zealand.

OBJECTIVESThis review sought to consider gynecological cancer patients' experiences of specialist nursing care. Exploring the patient's experience of care by a specialist nurse is one step in the process of better defining the role and scope of practice of specialist gynecological-oncology nurses in Australia and New Zealand.

INCLUSION CRITERIA

TYPES OF PARTICIPANTSThis review included studies with a focus on women with gynecological cancer who had been cared for by a specialist nurse. Studies of women with gynecological cancer at any point on the continuum of care from pre-diagnosis to survivorship or end of life, including those with a recurrence of the disease, were included, with no limit to the duration of care received for inclusion in the review.

PHENOMENA OF INTERESTStudies that explored how women with gynecological cancer experience the care and interventions of specialist nurses were included.

TYPES OF STUDIESQualitative studies including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research were considered for review. This review also considered the qualitative components of mixed method studies.

CONTEXTResearch conducted in any country was considered for inclusion in this review providing that the study was reported in English. Studies conducted in any setting including, but not limited to, acute hospitals, outpatient/ambulatory clinics, chemotherapy or radiotherapy units, support groups, palliative care units or the patient's home were included.

SEARCH STRATEGYA three-step search strategy was utilized in this review. An initial limited search of MEDLINE and CINAHL was undertaken followed by a comprehensive search using all identified keywords and index terms across all included databases. The reference lists of all identified reports and articles were hand searched for additional studies.

METHODOLOGICAL QUALITYEach paper was

independently assessed by two independent reviewers for methodological validity prior to inclusion in the review using the standardized critical appraisal instrument from the Joanna Briggs Institute the Qualitative Assessment and Review Instrument. When disagreement arose between the reviewers, the given paper was independently appraised by a third reviewer.

DATA EXTRACTIONData were extracted from papers included in the review using the standardized data extraction tool from Joanna Briggs Institute the Qualitative Assessment and Review Instrument. Data extraction was completed independently by two reviewers.

DATA SYNTHESISExtracted findings from seven included papers were grouped according to similarity in meaning from which 11 categories were developed. These categories were then subjected to a meta-synthesis that produced a set of three synthesized findings.

RESULTSKey findings were extracted from six included papers and classified as unequivocal (U) or credible (C). A total of 30 findings were extracted and aggregated into 11 categories based on similarity in meaning. From the 11 categories, three synthesized findings were developed: i) Tailored care: specialist nurses play a role in understanding and meeting the individual needs of women with gynecological cancer; ii) Accessible care: specialist nurses guide women with gynecological cancer along the continuum of care and are an easily accessed source of knowledge and support; iii) Dependable expertise: women with gynecological cancer express trust and reassurance in the experience and expertise of the specialist nurse.

CONCLUSIONThis systematic review synthesized the findings of seven studies that captured the experiences of women with gynecological cancer who received care from a specialist nurse. The specialist nurse offers tailored, accessible and expert care to women with gynecological cancer. From the synthesis it is recommended that women with gynecological cancer have access to the services of a specialist nurse at key points on the continuum of care, that specialist

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nurses provide information to patients on their disease and treatment in the form preferred by the patient and ensure that this information has been understood, and that specialist nurses are afforded time to spend with patients to enable greater exploration and identification of patient needs and the provision of personalized care. Further study that considers other key stakeholders in the specialist nurse role in gynecological oncology is recommended in order to gain a full understanding of specialist nurses' contribution to the care of women with gynecological cancer. Additionally, it is recommended that further studies be conducted to seek the perspectives of women with gynecological cancer from culturally and linguistically diverse backgrounds and Indigenous populations on specialist nursing care as they appear to be under-represented in current research.

[Advanced roles in cancer nursing](#) June 2017, British Journal of Nursing *Abstract only**

Percival talks about her work as Macmillan advanced nurse practitioner for gynecology-oncology. Her day-to-day work incorporates a variety of tasks, including leadership and management, clinical tasks, education and research, which are all documented as the pillars of advanced practice. She works in both outpatient and inpatient settings. In the outpatient setting she sees gynecology patients for follow-up consultations. For gynecology inpatients she coordinates the admission and discharge of day care service and also inpatient stays.

[Supportive role](#) February 2016, Cancer Nursing Practice *Abstract only**

Clinical nurse specialist at Royal United Hospitals Bath NHS Foundation Trust Tracie Miles talks about her new role as lead for the Eve Appeal charity's specialist gynaecological nurse information service, Ask Eve, as well as her passion for *HEE Knowledge Management Team, December 2020*

improving the support and advice available to women on gynaecological cancers References

[Exploration of the role of specialist nurses in the care of women with gynaecological cancer: a systematic review](#) March 2015, Journal of Clinical Nursing *Abstract only**

AIM AND OBJECTIVETo evaluate the role and interventions used by specialist nurses in caring for women with gynaecological cancer.**BACKGROUND**Evidence evaluating the efficacy of specialist nurses in the gynaecological-oncology setting is limited and fragmented.**DESIGN**Systematic review including both randomised controlled trials and nonrandomised studies.**METHODS**Nine major databases were accessed from their date of inception to April 2013 with search results limited to publications from 1993-2013. Inclusion criteria were applied to select studies for review. Studies were critically appraised and assessment of the risk of bias performed. Data were extracted and compiled, with a narrative analysis undertaken.**RESULTS**Nine studies (six randomised controlled trials and three nonrandomised studies) testing interventions by specialist nurses in the gynaecological-oncology setting were included in the systematic review. Results for the randomised controlled trials and nonrandomised studies were reported separately to enable distinction between evidence levels. Risk of bias assessment revealed that the quality of the randomised controlled trials was mixed and highlighted the inherent flaws of nonrandomised study designs. Studies varied greatly in the type of intervention provided and the tools used to measure outcomes, contributing to mixed results. The review demonstrated some positive effects of interventions by specialist nurses for women with gynaecological cancer, although these must be viewed in conjunction with the assessment of evidence quality.**CONCLUSION**This systematic review has contributed to

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our understanding of the patient-centred aspects of the specialist nurse role in the gynaecological-oncology setting and further research is required to evaluate the role overall. **RELEVANCE TO CLINICAL PRACTICE** The review indicates that interventions that either encompassed all domains of care, involved telephone contact or were executed between diagnosis and the completion of treatment were the most successful.

[Specialist nurse role in gynaecological-oncology](#) August 2014, Australian Nursing and Midwifery Journal *Athens log in required**

Adding to this, future research aimed at evaluating other aspects of the specialist nurse role such as that of coordinator and collaborator within the multidisciplinary team, clinical expert and staff educator, researcher and strategic planner would be valuable.

Staff experiences

[The evolving challenges of specialist gynaecological cancer nurse roles - A qualitative study](#) November 2020, Journal of Advanced Nursing *Abstract only**

AIMS To determine how specialist gynaecological cancer nurses experience and perceive their role. **DESIGN** An Interpretive Description qualitative study employing semi-structured interview methods was conducted. **METHODS** Specialist nurses working in Australia or New Zealand were recruited via the Australia and New Zealand Gynaecological Oncology Group and the Cancer Nurses Society of Australia to contribute to focus group, dyadic and/or individual interviews. Audio-recordings of the interviews were transcribed, de-identified, and subjected to a thematic analysis. **RESULTS** Specialist cancer nurses participated in the study via one focus group interview (N = 6), one dyadic interview

(N = 2) and 13 individual interviews between April - August 2016. Three major themes were inductively derived from 19 minor themes: 'Working between worlds' locates the role of the specialist nurse in the provision of gynaecological cancer care; 'The patient's 'go-to' person' highlights participants' relationships with patients; and 'When so much depends on one person' explores the personal and professional impact of working in a specialist nursing role. **CONCLUSIONS** Specialist nurses identified themselves as an accessible source of support and expertise for both women with gynaecological cancers throughout their disease trajectory and multidisciplinary team members. The main challenges they faced were the evolving and expanding nature of their bespoke roles and the dependence on them as individuals in these roles. Clearer role boundaries, guidelines for practice, effective professional support, and active succession planning are recommended. **IMPACT** This study explored the experiences and perceptions of gynaecological oncology specialist nurses. Despite similar roles being in place across many countries for several years, the roles continue to evolve and lack clear definition which is burdensome to their incumbents. This research indicates that it is now time for nursing leaders and the broader nursing profession to delineate scope of practice, standardise nomenclature and practice and embed these roles in nursing career and education pathways.

New ways of working

[Preoperative assessment and consent for surgery: a role for the gynaecology nurse-practitioner](#) February 2010, Journal of Obstetrics and Gynaecology *Abstract only**

Over the last decade, nurse-led services have been introduced as an alternative pathway of patient care, in part to undertake work performed by trainee medical staff before the reduction in

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working hours. In response to the loss of trainee hours resulting from implementation of the European Working Time Directive, we set up a new service with a highly experienced gynaecology nurse who underwent additional training in preoperative assessment and consenting. The service was founded on the nurse-practitioner's expertise, together with the use of an integrated care pathway and 12 preformatted consent sheets. We undertook a case note review of 100 consecutive patients. The review of the service showed a high level of compliance for performance of laboratory and radiological investigations, both in terms of completion and the avoidance of unnecessary tests. In addition, the nurse-practitioner was able to obtain written consent from almost 87% of women undergoing surgery using a range of just nine preformatted sheets. No serious medical issues were overlooked and no operations were cancelled on the day of surgery. The quality of documentation was exemplary and there were no complaints or clinical incidents related to the nurse-practitioner in 4 years of service. The quality of patient care can be maintained, if not improved, by integrating nurse-led preoperative assessment into the departmental clinical pathway for women choosing elective surgery.

[Sterilisation counselling: a role for the gynaecology nurse-practitioner](#) January 2007, Journal of Obstetrics and Gynaecology *Abstract only**

A recent publication of an evidence-based clinical guideline for male and female sterilisation by the Royal College of Obstetrics and Gynaecology (RCOG) created a stimulus for a review of our female sterilisation service. We arranged for a gynaecology nurse-practitioner (A.O.) with extensive experience in general gynaecology and contraception to undergo additional training in counselling female sterilisation. She then took over the daily running of the sterilisation clinic using a care pathway and pre-

printed letters. She had open access to a consultant (R.F.) for advice. A review of 100 consecutive referrals showed that the nurse followed the guidelines extremely closely both in terms of referral to the medical team for advice and/or further counselling and quality of documentation. A total of 59% of the women attending the clinic were cared for by the nurse-practitioner alone. Only four had to see a consultant. All women questioned expressed very positive comments about the style and content of counselling and just one stated she preferred to see a doctor.

Education and training

[Empowering patients and caregivers with knowledge: The development of a nurse-led gynecologic oncology chemotherapy education class](#) 2018, Canadian Oncology Nursing Journal *Athens log in required**

At a Canadian cancer centre, rising patient volumes made it difficult to provide quality chemotherapy education to patients and families in the clinical setting. The gynecology oncology site identified several barriers to the provision of timely and comprehensive teaching. These barriers included receiving education after learning of a cancer diagnosis, the efficacy of written information, time constraints nurses experienced, and absence of standardized side effect management. This prompted an interdisciplinary team to review current teaching practices and engage the Patient Education Program to collaboratively develop strategies to overcome these challenges. This paper describes the development of a nurse-led chemotherapy education class tailored to patients with gynecologic cancers and focused on common chemotherapy treatment protocols. The purpose of the class was to help patients and caregivers know what to expect during their chemotherapy routine, lower anxiety, and to equip them with knowledge and skills to manage side effects of treatment.

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[Nurse confidence in gynaecological oncology practice and the evaluation of a professional development module](#) April 2017,

Contemporary Nurse Athens log in required*

BACKGROUNDA tertiary-based education program on gynaecological oncology was attended by 62 registered nurses (RN). **AIMS**The program aimed to update nurses' knowledge, improve skills and ability to manage common situations and to assess program efficacy. **DESIGN**Evaluation framework with specifically designed pre-post questionnaire about program content and nurse confidence. **METHOD** RN interested in gynaecological oncology were invited to attend. Nurses rated their confidence about gynaecological oncology skills one week prior to the program, immediately post-course, 3 months post and 12 months post. Speaker presentations were evaluated immediately post-course. **RESULTS** Participants indicated improved confidence immediately after participating in the course ($z = -6.515$, $p < .001$); whilst confidence subsequently declined and stabilised up to 12 months post-course, it still remained significantly higher than before the course: 3 months post- ($z = -5.284$, $p < .001$) and 12 months post- ($z = -4.155$, $p < .001$). **CONCLUSIONS** Results support the value of continuing professional education for improving nurse confidence in the gynaecological oncology setting.

[Nursing Practicum in Gynaecology and Obstetrics - Early Influence Possibilities for a Specialty](#) December 2015,

Geburtshilfe und Frauenheilkunde

Background: The shortage of skilled personnel is ubiquitous, basic and further training is a key aspect in the recruitment of new medical colleagues. The significance of the nursing practicum in its function as gateway to the gynaecology and obstetrics discipline is practically unexplored. **Methods:** In an online questionnaire, medical students in all German faculties

were questioned about the practica in their courses. The questionnaire reached 9079 medical students. 149 participants in nursing practica were selectively asked to answer 140 questions. We analysed those students who could, on the basis of their experiences in nursing practica, imagine undertaking an internship (clinical elective) in gynaecology (internship yes "Iy") separately from those who could not or were still undecided (internship no "In" or, respectively, internship perhaps "Ip"). **Results:** Altogether 149 medical students who participated in a nursing practicum in the gynaecology discipline were selected, of these 94.9% were female. 92 (61.7%) of the students replied that, after their gynaecological nursing practicum, they wanted to undertake an internship in gynaecology (Iy); 39 (26.2%) answered negatively (In) and 18 (12.1%) were still undecided (Ip). With regard to the parameters gender, age and duration of study, there were no significant differences among the 3 groups ($\chi^2 0.83$). Besides the didactic and professional quality of the training, Iy also mentioned having had a higher practical orientation. They attained their aims more frequently, were better integrated in the health-care team and acquired more practical competences. Satisfaction with the practicum was evaluated as highest among the Iy. **Discussion:** Those students who could imagine taking an internship in gynaecology were seen to be more satisfied with their practica than those participants who declined or were undecided. The high proportion of females is an early indicator for a feminisation of the specialty. If necessary this could be countered with the help of nursing management.

Competency Frameworks

[Sexual and Reproductive Health – Education, Training and Career Progression in Nursing and Midwifery](#) RCN and Health Education England

Nurses and midwives who wish to work in sexual and reproductive health need further education to do so. It is a specialist area that requires post-registration education, training and development not covered on undergraduate programmes in enough depth. This publication has been developed alongside an online resource available at:

www.rcn.org.uk/sexualhealtheducationdirectory and offers detail on the routes available to train in these areas and signposts nurses and midwives to valuable information. Produced with support from Health Education England.

[An RCN education and Career Progression Framework for Fertility Nursing](#) 2018, Royal College of Nursing

The Royal College of Nursing (RCN) recognises the need to articulate the education needs and requirements of nurses and midwives working at different stages of practice within fertility services. This framework will enable those interested in pursuing a career in fertility nursing to consider how they can plan a career pathway. Fertility nursing encompasses the care and practices undertaken by any registered nurse or midwife providing fertility care in any care setting within the UK, including primary and specialist fertility clinics within the NHS and across the independent sector. The role of the fertility nurse is to provide a holistic approach to fertility investigation, treatment and pre-conception and early pregnancy care, through compassionate, informed and evidence-based practice

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