

**Recommended Guidelines/Core Elements
for
Continence Content in Undergraduate
Nursing and Midwifery Curriculum**

The guidelines were developed through a project undertaken as part of the Australian Government's National Continence Management Strategy for the Australian Government Department of Health and Ageing

The School of Nursing and Midwifery, Flinders University was responsible for the overall management and delivery of the objectives of the project with support from:

- Research Centre for Clinical Practice Innovation, Griffith University;
- School of Nursing, Midwifery and Post-graduate Medicine, Edith Cowan University;
- School of Nursing and Midwifery, La Trobe University.

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Recommended Guidelines/Core Elements for Continence Content in Undergraduate Nursing and Midwifery Curriculum

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The Guidelines consist of three premises, five core elements each of which has multiple criteria, and 10 recommendations to facilitate effective usage

Three premises underpin the Guidelines:

- **Firstly, incontinence is a major health issue that affects both males and females at any time of life and has cultural, social, physical and financial implications for the individual, their carers and the community.** The stage at which incontinence occurs during the lifespan influences its physical nature, its impact on the person and his/her relationships, as well as the manner with which it is dealt. This means that nurses or midwives who work with individuals and groups with incontinence require an approach to health care provision that considers each person's unique social, cultural and physical needs, expectations and aspirations, and the external factors that impact upon and shape the person and their environment.
- **Secondly, nurses and midwives, especially new graduates, are often not equipped with the knowledge and skills required to effectively assess and appropriately intervene or refer clients.** This premise is based upon the findings of a survey, a series of focus groups and a literature review undertaken for the development of the Guidelines. There was universal agreement from the three sources of evidence that the new graduates are generally not equipped to effectively assess and appropriately intervene or refer clients who have a continence problem.
- **Thirdly, although continence nursing practice based upon the best evidence available has been well-documented, content in most undergraduate curricula generally does not prepare the graduate nurse/midwife to meet the ANMC national competency standards in provision of continence promotion and incontinence management.** ANMC

national competency standards identify the knowledge, skills and attitudes required by nurses and midwives and that they should reflect the complex nature of each discipline's activities. The standards are behaviours and practices for which nurses and/or midwives are accountable. They provide benchmarks for daily practice. Nursing and midwifery education programs require graduates to demonstrate the relevant discipline's competency standards. This assists in ensuring that practitioners provide safe, ethical and competent care in a variety of settings.

Recommended Core Elements of the Guidelines

Incorporation of the following five recommended core elements and their multiple criteria into the curriculum will assist with successful facilitation of the learning outcomes:

1st Element: Knowledge and awareness about incontinence that includes:

- Prevalence, definitions risk factors and the financial cost of incontinence;
- The social stigma attached to incontinence: psycho-social implications, under-reporting and under-diagnosing;
- The importance of the role that nursing and midwifery can play in assisting clients to become continent.
- Incontinence across the lifespan: consideration of the phases of the life cycle in relation to incontinence from physiological, psychological, cultural and behavioural perspectives.

2nd Element: Knowledge about how to prevent incontinence and promote continence that includes:

- Myths and misconceptions of incontinence;
- Good bladder and bowel habits;
- Elimination of risk factors such as constipation, childbirth, obesity;
- Availability and accessibility of community resources;
- Referral pathways;
- Equity and ethical issues.

3rd Element: Knowledge and assessment skills that are related to:

- Client's goals and expectations for therapy, treatment and management;
- Health history: medical, obstetric, surgical and social history, medications, previous therapies;
- An understanding of the function of the anatomical structures and physiological processes of micturition and defaecation;
- Types of incontinence, signs, symptoms and causes;
- Functional status of client and its implications for the continence status of the client: including activities of daily living, mobility, hearing, eyesight, cognition and dexterity;
- Physical examination, to determine hygiene, genital abnormalities, skin integrity presence of urine or faecal loss, bladder distension, faecal loading and ability to contract pelvic floor muscles;
- Measuring: urinalysis, MSSU, residual urine; weight, height, body mass index;
- Utilisation of validated bowel and bladder assessment tools to record:
 - the anal elimination pattern, including frequency, consistency and colour of stools;
 - the eating and drinking pattern including frequency, time, type and amount of food and fluid intake;
 - the urinary elimination pattern including intake and output information, time and amount voided and if void was accompanied by an 'urge to go'.
- The environment of the client, both physical and social, and its potential to exacerbate or cause incontinence, or prevent continence.

4th Element: Clinical reasoning skills that are related to:

- Identifying people at risk of incontinence problems and when a continence assessment is indicated;
- Identifying and documenting continence problems that require referral to specialist continence practitioners or services;
- Evaluation of an established continence management program.

5th Element: A plan of care that is based upon the best evidence available that includes, but is not limited to:

- Consideration of the normal pattern of passing urine and faeces, i.e. regular toileting pattern/routine;
- Encouraging self management by client wherever possible;
- Counselling and education;
- Food and fluid intake advice, (i.e. weight loss, increase or decrease in dietary fibre, caffeine and alcohol reduction, adjustment to drinking and eating patterns);
- Implementing toileting programs based upon the individual's toileting patterns, needs and toileting opportunities;
- Identifying and initiating appropriate management of transient causes of incontinence; i.e. delirium, urinary tract infection, medication, immobility, polyuria, over-hydration, constipation, low oestrogen level;
- Catheterisation: long-term and/or intermittent: supra pubic and/or urethra;
- Appropriate selection and application of available continence products;
- Consideration of the client's care or daily living context including: social, cultural, environment, finances and normal or desired activities;
- Modification of the environment that may include:
 - increasing privacy for toileting;
 - Removal of obstacles, increased lighting, adjustment to height of chairs and beds, toilet surrounds and railing, distance to toilet and signage;
 - adaptation of clothing such as velcro fly, improving footwear, and use of walking aids;
 - influencing attitudes of the staff, family, management and government to incontinence.

Summary

In order to demonstrate 'best practice' in the area of prevention of incontinence and promotion of continence, nurses and midwives will be expected to prevent incontinence, promote continence and initiate management strategies based on the best evidence available. When possible these management strategies will: enable clients to regain their continence; encourage self-esteem; maintain the dignity and

integrity of clients; and provide for the safety and comfort needs of clients including containment of the incontinence with appropriate products, modification of the environment and the use of aids to daily living.

Recommendations to enhance the usage of the Guidelines

These ten recommendations are considered a fundamental component of the guidelines.

Recommendation 1

That nursing and midwifery curricula address the right for a person to remain continent through the implementation of a holistic approach to continence promotion and the assessment and management of incontinence. This approach refers to all dimensions of care: physical, psychological, social, cultural, economic, spiritual and sexual as well as the context in which care is delivered.

Recommendation 2

That the Guidelines are used to identify the appropriateness of continence content in existing curricula and where and how it could be strengthened made more explicit and meaningful.

Recommendation 3

In deciding about continence promotion and incontinence management content and learning activities, curriculum developers and teachers should use the domains of practice from the appropriate ANMC national competency standards as a guide.

Recommendation 4

That, as appropriate, the topic of continence is integrated throughout the curricula, (relating to anatomy and physiology, psycho-social, clinical assessment, etc.) with a specific introduction to the topic at the beginning of the program and an assessable assignment at some stage during the program.

Recommendation 5

That learning be consolidated in first year by having students keep and analyse their own bladder, bowel and dietary charts comparing their own outcomes against accepted norms. Each student could complete at least one urinary and faecal incontinence assessment of a client as a component of their clinical placement activities;

Recommendation 6

When continence is included in curricula as recommended by the Guidelines, ensure clinical/teaching venues, have a copy of the Guidelines and are aware of its content.

Recommendation 7

That universities ensure continence promotion and management are included in the clinical learning objectives and clinical facilitators are aware of the learning/practice expectations of the students.

Recommendation 8

That “champions” of continence are identified, to overcome resistance to the inclusion of continence in curricula or delivering continence care in health care settings.

Recommendation 9

That partnerships be strengthened between Schools of Nursing and Midwifery and Continence Nurse Specialists (CNS). Involve the CNSs in curriculum design, content and teaching. Where possible negotiate clinical placements with CNSs.

Recommendation 10

That upon the successful completion of their undergraduate nursing or midwifery education the nurse or midwife should:

- appreciate incontinence as a health issue that has physical, psycho-social, cultural and financial implications for their clients and the community;
- recognise incontinence affects both males and females and occurs at all stages across the human lifespan;
- understand normal and abnormal bladder and bowel function;
- be able to identify factors that place people at risk of incontinence and assist clients to reduce these risks;

- be able to undertake and document an initial continence assessment and, when appropriate, refer clients to specialist continence practitioners or multi-disciplinary continence services;
- be able to develop and document an initial continence management plan that is appropriate to the client's needs and based on best evidence available, identify when referral is required to a specialist continence practitioner or service for more complex management;
- be able to implement and evaluate an established continence management plan.