International Continence Society August 22-26, 1999

29th Annual Meeting

Denver, Colorado USA

Category No.

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Demonstration

Ref. No. - 496 ·

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Institution City Country	Southmead Mospital, Bristol, England		
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Title (type in CAPITAL LETTERS)	HOW SAFE IS OUR PRACTICE?		
	EVALUATION OF UK NURSES TEACHING I.S.C.		

AIMS OF STUDY

Intermittent Self-Catheterisation (ISC) is a well recognised management of voiding difficulties and stricture therapy throughout the UK & Ireland.

The aim of this study was to investigate current teaching practices and develop programmes to support both professionals and patients.

METHODS

Currently in the UK ISC is taught to various different groups of patients by a Wide range of nurses with very different levels of experience and expertise.

The methodology was therefore split into the following stages:

Pre-Audit - 70 teaching centres in the UK completed an audit on 563 new patients performing ISC to identify main diagnosis of the patient.

Stage 1 - To identify present practices in teaching ISC, a cross section of 40 professional nurses from a variety of specialities who presently teach ISC completed a questionnaire. This gave a breakdown on the following areas: - Frequency of teaching 18C; frequency of follow up of patients; data regarding record keeping; current teaching practice; who teaches the teacher?, extent of training, availability of protocols / procedures used.

stage 2 - Develop a recognised training package for professionals and patients. By uping the data from the patient pre-audit and the professional evaluations this group of 4 specialist nurses worked in co-ordination with key consultants in the UK, to develop a Royal College of Nursing accredited course supported by a teaching manual and patient educational portfolios.

Stage 3 - Evaluate teaching package

- Patient portfolios 99 questionnaires were sent to professionals using these to teach their patients ISC. Data collected covers quantitative rating on individual sections.
- Professional Accredited Course 48 professionals completed the course and each person evaluated the usefulness and relevance of each topic covered.

Pre-Audit - Thic gave data on patient profile including the following - 87.8% were adult, 52.7% male, 23.3% stricture, 7.6% Colpo Suspension, 7.8% Spina Bifida, 10.4% Multiple Sclerosis, 5.7% Post Prostatectomy, 1.8% Spinal Tumour, 1.4% Sacreal Agenisis, 1.1% Trauma, 1.4% Spinal Injury.

Stage 1

This audit of nursing practice showed that nurses were unprepared for the complex needs, both socially and clinically of the patient

86% had no formal training

40% followed no protocla or guidelines

45* did not follow up patients 27% kept no records regarding ISC

99% believed that a structured training programme was required.

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Stage 2

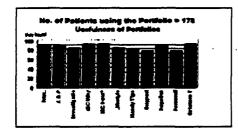
From these evaluations a list of topics required for the "Teaching to Teach ISC" course was gathered and a 2 day course developed by the group. This course was accredited for 20 Continuing Education Points by the Royal College of Mursing. The course provided in depth presentations and workshops on previously identified topics which included: history of ISC, Stricture Therapy, Reasons for ISC, Assessment of the Patient, Professional Accountability and the rights of the child, Eladder dysfunction in M.S., Psychosexual Awareness, Ethics and Catheterisation, ISC and children, Eladder dysfunction in Spinal Injured Patients and Legal issues and accountability. From the patient audit it was apparent that patients performing ISC needed very different levels and types of educational / support literature. Two ring binder style portfolios were developed that are flexible and comprehensive. One for Adults and one for children and parents. The sections are loose leaf and can be built up to the individual requirements of each patient. The sections included in each are:

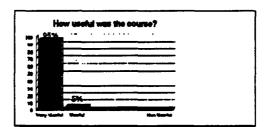
Adult - Introduction, Anatomy & Physiology, Investigations, I.S.C. Why?, I.S.C. How?, Lifestyle, Handy Tips & Problem Solving, Support, How to get supplies?, Personal, Extra Information - Urethral Strictures

Paediatric - Introduction, Understanding your body, C.I.C. A guide, C.I.C. How?, Lifestyle, Handy Tips & Problem Solving, Support, How to get supplies?, Personal, Extra Information

Stage 3

As with all educational programmes it is essential to measure the outcomes. To date the patient portfolios and the teaching course have been evaluated. The results show the following.





CONCLUSIONS

From the initial evaluation it was clear that the growth in practice of ISC was not supported by sufficient protocols, procedures and training.

The result to date has been an overwhelming success of both the patient portfolios and the professional course. There is now a 2nd course planned in the UK which is already heavily subscribed to. The training manual and patient portfolios will be on show if the poster is accepted.