



## **ICS Nursing Committee meeting minutes**

**Tuesday 6th October 2015,**

**Venue: Palais des Congrès**

**Room: 512D**

**Time: 07:00-10:00**

**Attendance:** Donna Bliss (DB) – Chair, Kathleen Hunter (KH), Karen Logan (KL), Sandra Engberg (SEn), Sharon Eustice (SEu), Maria Helena Lopes, Mary Wilde, Jo Booth (JB), Alison Bardsley (AB), Joan Ostaszkiwicz (JO), Veronica Haggard (VH), Wakako Satoh (WS)

**Also in Attendance:** Nickie Robinson (ICS Office) (NR), Katherine Moore (Board of Trustees Representative) (KM), Avicia Burchill (Abu)

**Apologies:** Gisele R. Azevedo, Jaclyn Lee

DB opened the meeting by welcoming the committee, and introduced KM as the Board Liaison for the committee and a member of the Terms of Reference (ToR) committee.

KM gave a brief overview of the ToR committee and the reason for it being set up. Current update: All Chairs will be expected to have experience of the committee they want to Chair. There was a discussion about whether the Chair should be selected by the committee or membership. The decision was made to keep the election process the same as it is currently. Discussion regarding committee members is ongoing

Regarding the appointment of a Board Liaison DB thinks it is very helpful to hear the direction / philosophy of the society and the updates if issues come up.

1. **Committee picture to be taken** - Done

2. **Approval of Rio Meeting Minutes**

DB called for approval of minutes – no objections or abstentions – minutes approved.

**Action – Need a committee member to nominate approval and another to second.**

3. **Approval of committee teleconference minutes - October, November, December, June**

DB called for approval of minutes – no objections or abstentions – minutes approved.

**Action – Need a committee member to nominate approval and another to second.**

4. **Terms of Office Review** - Not discussed

5. **Terms of Reference Review** – Not discussed

6. **Outstanding Actions:**

**I. Develop a policy and some guidelines and requirements for reporting and acknowledgements for “ICS sponsored, approved, supported” activities, KH**

DB feels this would be a taskforce within education & practice and thought that JO may want to be involved with this. It could be informal but this could go further and generate income for the society – e.g. course or programme – possibly get ICS recognised (there would be a fee).

**Action – Taskforce to look into ICS recognition for activities**

Criteria and fees would need to be set up. Could be helpful for their advertising. Could start setting up guidelines. DB asked JO if it was helpful with her. There was a discussion regarding which words would you use to describe the course? Affiliated? Approved activity?

It was felt that this would be of import and there is interest. DB advised that there was an email sent from a UK group doing a study, asking if they could collect data at the forum. DB felt it was not appropriate but was very supportive and has offered a link to their website / allowed an email to membership / announcement at forum. SE questions that the ICS doesn't have a policy so are we setting this up for the nurses or is this a basis for ICS as a whole. DB confirmed this is new as there has been interest in this. KS have looked in the past at certifying courses but this is felt that this is beyond the committee at this time. KH suggested eLearning as something the nursing committee could look into.

**Action – Committee to look into eLearning**

DB felt that they are internally focused regarding selecting workshops. There is a long process and involved, this is something that could be looked into in the future. KM noted that eLearning was on the agenda at the Trustees meeting. Filming is time consuming etc., and ICS is not an expert in this area. We are looking for assistance if anyone knows anything.

**Action – Committee to advise office if they can assist with any filming expertise**

There was a discussion around online learning as this is an area that needs developing. An option could be to share ownership – early conversations with university etc.? There is opportunity to share via the ICS website. Can we go further? / different level / should there be funds available / taskforce could be expanded to other committees too. Ideas for topics for eLearning modules should be submitted to the Board. They could be narrow focus – does not need to be broad. DB suggested the best practice document.

**Action – Committee to submit topic ideas for eLearning modules to the Board of Trustees**

**II. Report back to committee about ideas for Consensus document, KH and DB**

Not discussed

- III. Subcommittee chairs will review and update their work plans, post on our webpage and solicit help from other members as needed. DB will discuss in Montreal and will be included in DB's report.**

DB advised that due to the unequal spread of work over the course of the year she would like to continue with the sub committees: Best Practice, Planning Meeting / Forum / Translation sponsorship.

**Action – DB to confirm to office which subcommittees will finish**

SE updated regarding the Communications Sub Committee: Where she has needed support she has reached out to individual members as she needs them and found this works well

KH updated regarding the Research Sub Committee: Activities have changed as the abstracts have moved away – they are now trying to encourage nurses to submit abstracts. She is also looking to encourage early career and will be contacting ad-hoc as needed.

**Action – KH to contact committee as needed regarding abstract submission.**

DB commented that there is a need to encourage early career – not just within fields (including researchers) with communication at the forum, and encouraging people to the early career session. Eposters during the lunch break makes it less intimidating for new researchers / younger people due to format.

DB thanked the committee members who had volunteered to chair the ePoster sessions. Seconded by NR.

KH noted that the changed the way abstracts are reviewed has improved. DB advised that it was due to changes to the categories has helped: conservative therapy, practice / programme evaluation – Quality of Life or social science subcategories. All are pleased that there is a nurse on the Scientific Committee.

DB clarified that they have asked for evaluators within the nursing committee for the abstracts. There were 5 volunteers this year and they had asked for 3. They each chose categories they were familiar with. They do have an impact on the scoring. KM then confirmed that the full Scientific Committee then review and score the abstracts. She explained how they decide how they select podiums vs ePosters and decide sessions. Abstract review criteria available on the website

**Action - KM to check the abstract review criteria is available on the website**

An abstract is usually rejected for being poorly written, although there are few of these. DB commented that the Committee has offered to review any abstracts from Nurse

members before they are submitted. Could put something on the website that they would review abstracts up to a certain date?

There is a need to keep balanced quantitative / experimental study? Possibly add a link from the Scientific Committee to nurses' page. KL asked if nurses could submit a review of literature abstract.

DB advised that that is more appropriate for a workshop "how do you frame it". KM suggested that a systematic review would be accepted - a rigorous review with clear steps. There was a discussion that an offer to review should go up on website with a group of people who would be willing to mentor to write. Consensus preferred rather than mentor offer to review draft, although they must be open to creative criticism and that their advisor has seen it first as we don't want to get between a student and their supervisor. Slightly different with a PHD programme as the student and advisor submit together.

JB asked KM if the Scientific Committee see the comments for the low scoring abstracts and KM confirmed they do. KM asked if they are creating more work before knowing there would be any uptake. The response was that the Scientific Committee could prepare a paragraph as to what makes a good qualitative abstract to help with review process

**Action - DB to ask the Scientific Committee to create a paragraph re what would make a good qualitative or programme evaluation abstract**

KM noted there are two allied health positions on Scientific Committee and DB said this is the same on the Education Committee. The workshops are good as they have several speakers with either a nursing or physio voice within a workshop.

## **7. Planning for Tokyo ICS 2016**

Conversation around planning the forum in Tokyo. DB is not sure if this format will last forever – free workshops for nurses as part of the integrated meeting. The forum is a way of connecting with nurse members and let them know what the committee is doing, not just business, with speakers. There are not many sessions at the meeting but nurses have 2 free ones. Please attend and bring a friend so they can get a good turnout to ensure these continue. Local speakers at workshop is important.

**Action – Committee to encourage attendance at Nurses sessions in Tokyo**

WS advised that there are two big nursing conferences in Tokyo, they would be good places to advertise 2016. DB thought that ICS could send a table / speakers.

**Action - DB to liaise with WS regarding the conferences**

9 members of the nursing committee present said they are looking to go to Tokyo 2016.

## **8. AOB**

Committee awards & recognition. We have some outstanding nurses. This is being discussed to expand to other committees. Other organisations do this already. This would be a good way to attract / retain members. KM noted that the challenge is the “ICS” as an award even though it comes from the nurses – who reviews these as we already have an awards committee. The trustees would like to find more ways to thank / congratulate committee members.

*Post script: DB had already proposed this to the Board of Trustees prior to the ICS 2015 meeting*

KH discussed the guidelines document she inherited. She is recommending archiving these guidelines for collaboration. The document is very intensive and she doesn't think there will be enough time to develop this. SE asked if there anything that can be taken out to support abstract work? KH stated that it is more about developing. KH is happy to circulate the document via forum once more with a view to archive.

#### **Action - KH to circulate then archive the guidelines document**

DB pointed out there is a lack of feasibility for this document as the logistics are impossible. It is part of the job already and the needs are too great to be done from a distance. If the document could be transformed (intra-committee) what would be involved in mentoring for continence research? AB wondered what the appeal is in an academic sense. DB thought the field of interest is too small. KH asked if there is a list of nurse academics? With fields of expertise?

#### **Action – Committee to send KH list of nurse academics**

KM discussed the clinical awards available from ICS, with awards ranging from £2,500 - £5,000. Junior scholars apply to work with an expert. There has only been one applicant in the Nursing field as the ICS do not have a list of nurses who would be the “expert” willing to take an applicant. This falls into the scholarly output aims of the ICS.

#### **Action – Committee to find an expert for the clinical awards**

SEu raised a concern regarding the drop in nurse members from 147 to 121. There was an email sent recently to members regarding this. How can we reach out to gain more members? AB stated that there are problems in the UK with continence being downgraded. There is also a perception that ICS is more for doctors and that they can't go to a specialised conference. JO thought that we could target nurse researchers (SEu & JB & DB agree). JB mentioned that when she became a member she found it difficult to know what she can contribute. Doesn't believe that the research side for nurses is pushed enough. SEu noted that the Physio members are increasing. How? Why? What can nurses do?

#### **Action – Committee to increase and engage nurse members**

DB commented that education based on evidenced-based research is one of the main aims of ICS, one mission is to improve their practice. We should consider more outreach to countries with few resources / experts and run courses, possible topics are current research and best practice.

### **Action – Committee to consider countries in which to run courses**

VH noted that the number of nurse researchers in incontinence is not growing much. DB raised that nursing committee wants to attract continence nurse researchers etc. as most of the nurses who attend ICS annual meetings are advanced in their practice and professional experience. We also want members who need education. The average incontinence nurse doesn't think we're an organisation for them. We want to keep the society scientific & research but want to encourage members not scientific & research? Why would I be a member of ICS? We could target continence practitioners? We need to be strategic in how we try to recruit different types of nurses to participate in ICS.

### **Action – Committee to target continence practitioners as potential members**

DB/AB discussed ICS at educational conferences. –Can we not sponsor a workshop / speaker at other events? DB confirmed we can. AB thought we should target nursing conferences not incontinence conferences. WS noted that translation for Japanese-English would encourage more Japanese nurses.

### **Action – Committee to look into Japanese-English translation for Japanese nurses**

DB stated that the committee needs to start thinking about workshops as they open December 1<sup>st</sup> (*Post script – workshops opened November 1<sup>st</sup> and will close January 4<sup>th</sup>*). Who do we want to invite / propose workshops? There was conversation regarding problems with funding, especially as ICS doesn't give any help for committee members. Also, nurses don't have access to funding that medical colleagues have. DB thought that the committee should plan ahead for the next few meetings, to start strategizing now.

### **Action – Committee to start planning the 2016 workshops**

DB also noted that members want resources. Going to meetings & getting speakers is expensive. ABu mentioned the eLearning brand the Urodynamics committee are developing – not just filming. DB asked if there is a template (Yes). ABu suggested the committee pick a topic and start with that.

### **Action – Committee to select a topic in order to start looking at eLearning**

Question about what funding and support is available, to which ABu replied that the infrastructure is there. The committee can plan to film in Tokyo. Can ask board for budget.

### **Action – Committee to submit a budget request to film in Tokyo**

Nurses have to come up with a supporting statement. DB asked if there was funding to pay someone to create. AB also asked not just for filming but other things. ABu advised that Roger (Blackmore) can do these. AB thought that Pharmacology could be a good topic to aim at. DB suggested these should be the committee aims for this year – Best practice / pharmacology.

### **Action – Committee to focus on best practice and pharmacology topics.**

The committee needs a list and plan ahead – which modules & when. Need to have a topic list. Abu suggested DB catch up with Peter Rosier as this is what he is doing.

#### **Action – DB to contact Peter Rosier regarding modules & eLearning**

VH asked what levels are we pitching at? We could have 2 levels within one topic for example. RdL asked if it is being pitched as this is the standard for the whole world? DB replied that this has been looked at but it is very difficult as standards vary in each country. RdL asked about accreditation. Consensus was that there are no standards, some countries offer credits, some have to meet standard levels etc. There is no international body which agrees a standard level.

DB noted the following committee Action Points:

1. Best Practice Document – will have a conference call to finalise, as this can be taken further now, with a view to use eLearning / make it instructional; JB should plan to develop a timeline for project and present its completion status at ICS Tokyo
  2. KH – partner on project re catheter use for an e-learning (MW – reducing professionally but will remain on committee and may have more time for this)
  3. Pharmacology (aimed at a clinic nurse who prescribes). A faster project to turn around for eLearning – DB noted can tap into other committees – nursing led – keep in mind when networking; KH was encouraged to adapt her presentation at ICS Montreal into a learning module
  4. Continue communications Initiatives
  5. Engage both researchers / scientists / practitioners – personal contact with researchers
- The committee should contact DB first with ideas / help needed

DB stated that they should encourage involvement from nurses outside the committee. This year can be a year of output.

#### **Action – Committee to produce output this year**

SEu mentioned that the committees have been given a specific month for news articles to present work. The nurses article is January 2016. Topic suggestions: Workshop speakers / presenters, best practice document, ICS Japan nurses, Pharmacology / eLearning.

#### **Action – Committee to decide on the topic(s) for their news article**

DB closed requesting committee attend the AGM if they are able, & thanked attendees.

#### **Post-meeting information:**

**Veronica Hagaar has generously agreed to be a deputy chair to assist Donna Bliss this year while she is on sabbatical.**