



ICS Nursing Committee meeting Agenda

**Tuesday 13th September 2016,
Venue: Tokyo International Forum
Room: G407
Time: 11:00-13:00**

Attending: Donna Bliss (Chair)

In Attendance: Karen Logan, Jo Booth, Kathleen Hunter, Cristina Naranjo Ortiz, Joan Ostaszkievicz, Mary Wilde, Jaclyn (Seok) Lee,

Unconfirmed: Alison Bardsley, Maria Helena Lopes,

Also in Attendance: Avicia Burchill

Apologies: Sharon Eustice, Veronica Haggar, Sandra Engberg, Wakako Satoh

1. Committee picture to be taken
2. Approval of Montreal meeting minutes (Attached)
3. Approval of committee teleconference (clinical award) minutes - (Attached)
4. Terms of Office review (Attached)
5. Terms of Reference review (Attached)
6. Outstanding Actions:
 - a. Committee to discuss clinical awards- we need to decide if the committee involvement is promotional or directly involved (Karen Logen, attached draft).*
7. Planning for Florence ICS 2017
8. Abstract Submission Reviewing (Kathleen Hunter)
9. Brief review of subcommittee and task force work and progress on projects in 2015-16
10. Discussion of ideas for committee projects and subcommittee work plans for 2017/18
11. New Standard Operational Documents discussion from the ICS office (Attached)
12. AOB

*This follows on from the Montreal action, see below:

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

And the committee forum discussion on this action:

Name	Comment	Response (if any)
Kathleen Hunter	<p>Thank you for reminding us of Katherine's comments on the clinical awards.</p> <p>One question: what qualifies as a clinical experience under the terms of the clinical awards? Could it be in a research unit (the Southampton research unit comes to mind), or is a component of patient/client care required?</p> <p>It seems to me we need to brainstorm the type of clinical learning opportunities that might be offered by ICS nurse members and their interdisciplinary teams that would meet the fellowship requirements, check on licensing (I bring this up because temporary licensure for nursing practice in clinical settings is very difficult in my country) and develop strategies to advertise these opportunities. Putting the barrier of licensure aside, I think this could be an excellent opportunity to attach new nurse clinician/clinician researchers to become ICS members.</p>	<p>We don't have a definition on the clinical page (http://www.ics.org/members/awardsfellowships/fellowships/clinicalfellowship) but previous clinical fellows have attended at Stanford University Medical Center and urogynaecology and pelvic floor unit at the Hôpital Jeanne de Flandre in Lille.</p> <p>As it's normally up to the applicant to source a host centre we haven't defined this in order to allow our allied health professionals flexibility based on their requirements. So maybe this is where the committee would like to start (adding in a definition)?</p> <p>Jenny Ellis</p>
Sharon Eustice	<p>Thank you for this. I would like my service to be involved with this as a host centre.</p> <p>However, it is unfortunately too complicated at this time in the local NHS to overcome the governance issues. I agree with Kathleen in that it's a fabulous opportunity.</p>	
Veronica Haggart	<p>I think that Kathleen makes a very good point about the learning opportunities that might be offered by different services in order to meet the fellowship requirements. Jenny is right that we don't want to stifle flexibility of applicants, but there is something about a baseline level. Any help that we can give applicants has got to be beneficial.</p>	
Maria Helena Lopes	<p>I agree with Jenny, first we need to define the criteria. For 10 years I keep a Program of Pelvic Floor Rehabilitation in a Basic Health Unit in my country, where my undergraduate and graduate students developed clinical practice, and it is possible to receive students or nurses as visitors. But I do not know if it is enough.</p>	



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 1st (*Post script – workshops opened November 1st and will close January 4th*). 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.

Draft discussion document

ICS Clinical Award/Fellowship: Nursing

Introduction

The objectives of the ICS and this award are to promote clinical and academic excellence and multidisciplinary work to advance basic and clinical sciences concerned with the function and dysfunction of the urinary tract, bowel and pelvic floor. Each year members of the ICS can apply for different grants and fellowships/awards which allows the successful applicant to visit and observe practice in a specialist academic research or clinical institution of their choice. The ICS (nursing committee invites/would like to encourage nurses to apply for a clinical award. This award is available for nurses who wish to develop any or all of the following skills:

- Advancing clinical
- Leadership, service development
- Policy development
- Research
- Service benchmarking /project management

Who can apply:

ICS Nurse Members

How to apply:

Written applications describing expected outcomes and providing an outline that illustrates

- Clinical relevance- professional development outcome
- Anticipated impact on career
- Anticipated impact on future career

Applicants must include:

- A short CV outlining, specialist interest area, career building, research activities to date
- Rationale for support /reasons for applying/describe why you have chosen this centre/institution
- Proposal of activities and timelines
- Budget and budget rationale – breakdown
- Institution /centre hosting the applicant and reasons for choice
- Home department letter of support
- Host department letter of agreement
- A description about governance arrangements in the chosen centre /institution

Dissemination

The successful applicant will be expected to submit a written report describing how the outcomes and achievements were met.

Scrutiny of applications

The scrutiny panel will be made up of members of the nursing committee, they will judge the applications using the following scoring guide.

A Scoring guide

Scoring applications 1-5 (1=poor 5 =excellent)

Scoring each category out of 5, total score max 35.

Please support your scores with additional comments if required

- Reasons for applying
- Career building activities to date
- Anticipated impact on future practice
- Current involvement in the clinical area
- Research activity
- Letters of support (home /host department)
- Budget plan

Scrutiny panel will make the overall recommendations.

Other consideration

Limitations of hosting centers (observation only)

The Nurse applicant must explore, clarify and make describe the governance arrangements in the chosen centre /institution. Exploring the options around clinical practicing and observational practice, this may vary in countries.

For example in the UK Visiting Nurses from outside of the UK will be unable to practice and only observe due to the registration restrictions.

The Committee recognizes the benefits and importance of observational learning opportunities.

Nursing Committee Terms of Office

Member	Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Donna Bliss	Chair	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can Renew once by formal election	
Karen Logan	Committee Member	29-Aug-13	15-Sep-16	3	N	3 year term will finish in 2016- can renew once	Karen has confirmed that she will step down in Tokyo
Kathleen Hunter	Committee Member	01-Sep-11	14-Sep-17	6	N	6 year term will finish in 2017- cannot renew	
Maria Helena Baena de Moraes Lopes	Committee Member	01-Sep-11	14-Sep-17	6	N	6 year term will finish in 2017- cannot renew	
Wakako Satoh	Committee Member	01-Sep-11	14-Sep-17	6	N	6 year term will finish in 2017- cannot renew	
Sharon Eustice	Committee Member	01-Sep-11	14-Sep-17	6	N	6 year term will finish in 2017- cannot renew	
Jo Booth	Committee member	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can Renew	
Sandie Engberg	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Veronica Haggart	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Mary Wilde	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Joan Ostaszewicz	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Alison Bardsley	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Jaclyn (Seok) Lee	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Cristina Naranjo Ortiz	Ex-officio	08-Oct-15	30-Aug-18	1	N	Ex-officio	

Quorate No=5

Nominations 2017

Donna will need to confirm if re-applying for the Chair position.

Karen is stepping down in Tokyo.

Kathleen, Maria, Wakako and Sharon will all step down in Florence. These positions will be advertised after Tokyo.

Jo needs to confirm whether she would like to renew. If not then this position will be advertised after Tokyo.

Key	
Colour	Meaning
	Stepping down in Tokyo
	Stepping down in Florence
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Tokyo
	New member/position
	No action

ICS Nursing Committee Terms of Reference

1. PURPOSE: The nursing committee of the ICS provides leadership to advance the science of bladder, bowel and pelvic floor health by fostering collaboration in research, education and evidence-based practice.

2. FUNCTIONS:

Development of Science and promotion of research into the issues related to nursing care (Research sub-committee)

- a. Provide a forum for discussion and prioritising research needs
- b. Encourage applications for research grants and fellowships
- c. Encourage submissions of abstracts to the ICS annual meeting
- d. Identify and coordinate ICS nurse member volunteers to review scientific abstracts for the ICS general meeting as requested and participate in that review
- e. Collaborate with the Communication subcommittee chair to post research related materials of potential interest to nurses on the Committee's page of ICS website
- f. Work with the Committee chair and local Scientific Planning committee to coordinate/assist in research related activities at the annual meeting as needed (e.g. discuss posters)

Develop Educational materials and programmes (Education and Practice sub-committee)

- g. Create a forum for the discussion of educational and practice related needs
- h. Facilitate professional development through mentorship
- i. Encourage workshop submissions to ICS annual meeting
- j. Work with the Committee chair and local Scientific Planning committee to assist as needed in the planning of a Nursing workshop that includes nurses local to the meeting's venue and translation at times and the Nursing Forum
- k. Assist the Nursing Committee chair to liaise with the nurse members on the ICS Education Committee
- l. Identify nurse experts for the Meet the Experts session at the ICS annual meeting
- m. Support education that will help develop continence nursing in developing countries

Promote Evidence-based Nursing Practice (Practice sub-committee)

- n. Hold an open education session at the ICS annual meeting
- o. Provide a forum for practice issues
- p. Support those who wish to develop clinical competencies in continence care
- q. Provide a website so that nurses and other clinicians with an interest in nursing care can communicate, debate issues and which will provide nursing care information.
- r. Contribute to the nursing research agenda and lead research into practice related nursing issues

Communication – raising awareness (Communication sub-committee)

Increase nursing visibility worldwide through communication, collaboration and dissemination worldwide to raise awareness and interest in our field of expertise

- s. Maintain and update the Nursing Committee's page on ICS website with support from ICS staff
- t. Include update of activities in bi-annual ICS Newsletter
- u. Promote nurse membership in ICS
- v. Coordinate with other subcommittee chairs to survey membership regarding interests and needs related to ICS

3. RESPONSIBLE TO: ICS Board of Trustees and ICS General Secretary

4. COMPOSITION:

Total Members	Method of Appointment	Name	Term of Office
ICS General Secretary	Ex officio	See Membership	3 years
Chair	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being current ICS members. The nominee for Chair would be a current or recent member (past 5 years) of the Nursing Committee. If no one is nominated the ICS Nominations committee may suggest a suitable candidate. Nominations received by 1st March for current members all other applications by 1st April. Voting regulations as stated.	See Membership	Term of office: 3 years, renewable once by Chair/committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees.
Membership	All members of ICS committees must be active ICS members (paid for current membership year) (By-law 2.3.2) and have completed a disclosure form. The Nursing Committee of the ICS can be made up of any clinician with an interest in nursing care of patients with bladder and or bowel problems. A maximum of 15 members can form the Nursing committee. Additionally the Chair may appoint up to 3 additional members as key	See Membership	3 years, renewable once by Chair/committee approval. Further terms could be approved in exceptional circumstances and by

	representatives from other countries.		referral to the ICS Trustees. Staggered terms so that in any one year only 50% of membership turns over.
Subcommittees	<p>All members of the Nursing Committee are eligible for subcommittees. Members will put forward a statement of interest and be appointed by the Chair; each subcommittee will have a lead and 2-3 additional members. The lead may appoint additional <i>ad hoc</i> content expert ICS members who are not voting members of the ICS Nursing committee.</p> <p>The sub-committees may co-opt any active ICS member for any required period of time in order to fulfill its remit as per the ICS Bylaw 2.3.5. Such members will not become members of the ICS Nursing Committee but shall be eligible for appointment/election in accordance with current bylaws should a vacancy arise.</p>		Subcommittee chairs and members are appointed for a 1-3 year term that will be reviewed and renewed annually by the Nursing Committee chair (as per membership above)
	Research	See Membership	
	Education and Practice	See Membership	
	Communication	See Membership	
Ex officio member	The Nurse member of the ICS Education Committee is an ex-officio of the Nursing Committee – this person is to periodically (at least twice per year) inform the Nursing Committee Chair about courses/programs of the ICS Education Committee and consult the Nursing Committee as needed for nursing input or speakers for Education Committee activities. They will assist Nursing Committee to collaborate with ICS Educational Committee on educational initiatives of mutual interest		
Task Forces	Topic specific—may include but not limited to reviewing and recommending awards; leading consensus document	See Membership	Varies depending on length of special

	<p>development etc.</p> <p>Appointed by Nursing Committee Chair for varying lengths of time dependent on the special project and satisfactory leadership progress of work</p>		<p>project; determined by Nursing Committee chair and dependent on satisfactory leadership and progress of work</p>
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5. EXPECTATION OF COMMITTEE MEMBERS:

All Committee members and subcommittee/task force chairs are expected to assist the Nursing Committee chair and each other in accomplishing committee activities in a coordinated and collaborative manner

- All subcommittee and task force chairs will develop a work plan of activities for the year in September that will be approved by the Nursing Committee Chair and shared with other committee members on the forum. They will consult to the Nursing Committee Chair about budgeting resources needed for their activities in time for the annual budget or any special budgeting request.
- Subcommittee and task force chairs will update the Nursing Committee Chair with an informal report at least quarterly (by email or teleconference) about progress of planned activities. They will prepare a written formal report twice per year of progress – by June 1 or prior to the required committee reporting to ICS Trustees and prior to the interim report due date to ICS Trustees. Task Force chairs will develop a timeline for special project activities and may need to make reports at more frequent intervals.
- Subcommittee and task force chairs will identify and involve Nursing committee members and ad hoc members to assist with their activities as needed after consultation with the Nursing committee chair
- Committee participation will be primarily by the nursing committee online forum and occasionally by teleconference and email
- Timely response (within the stated deadline) to posts to the online forum or emails and participation in committee teleconferences is expected of all members of the Nursing Committee
- Each member will be involved in one or more Nursing committee activities and will be expected to review and respond to any materials posted by the group for feedback or initiate projects as discussed with the subcommittee
- The expectation is that each committee member will attend a minimum 1 of the 3 annual ICS meetings during their term if possible. If for any reason participation needs to be limited for a time due to personal reasons the Chair of the Nursing Committee should be notified in writing as soon as possible.
- ICS is an English-speaking society and therefore reasonable command of the English language is expected to facilitate effective communication.

6. MEETINGS: One face-to-face meeting during the Annual Scientific meeting; other deliberations normally by ICS online forum or teleconference.

7. QUORUM: One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.

8. MINUTES: Minutes are recorded at each meeting and posted on the ICS and CPC website in accordance to 2009 ICS Bylaw 6.1-6.4).

9. REPORTING & ROLES: The Chair of each committee is required to prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies. This report will be circulated to the committee for feedback prior to submission to the ICS in July of each year.

The Chair is also expected to be present to at the Annual General Meeting should the membership have any questions over committee activities or provide a written report if unable to attend. The committee Chair is also responsible for submitting an interim report to the Board of Trustees' mid term meeting. The date that this report will be required will be given in advance each year.

For Terms of office information please see the [Nursing Committee Membership page](#).

Dear Committee Members,

Please review the standard operating procedure for producing an “ICS Educational Module”. Please note that this is still a working document and if you have any comments please direct them to Jenny or Avicia in the office. It is hoped that Educational Modules will be the gold standard of online educational content that the ICS produces. Over the next few months other types of online content will also have a procedure created so that any content that is placed on ICS TV will have followed the process of authorisation.

If you have not already we encourage you to view and review the content already on ICS TV <http://www.ics.org/tv> We require your feedback before this takes a prominent position on the ICS website.

ICS Educational Module Standard Operating Procedure

The ICS strategy over the next 5 years is to increase scientific and educational output and to become the go to society for scientific content. In addition to standardisation reports the ICS committees have been creating educational modules. Educational modules are central to the ICS strategy of facilitating the exchange of knowledge and experience among interdisciplinary health programmes. The ICS is seeking to develop and distribute high quality global health educational modules; define standards and competencies in health education; and address the needs of students, educators, and trainees as they seek to gain the skills and knowledge necessary to become healthcare leaders.

These modules consist of a PowerPoint available for download, a video and a peer reviewed published article. The outcome of these modules is that educators around the world can download the ICS module and present this to their students/colleagues. It is also expected that when an ICS speaker is invited to speak at an educational course or guest lecture the educational modules are used to provide the standardised educational content. The paper sent to NUU should be a systematic review of the content and should be in accordance to the 'PRISMA -checklist/guidelines'.

This document has been created to assist those Working /Committee groups who wish to create a module for the ICS and to ensure adherence with the approved process.

Vision for final product:

1. Has clearly outlined learning objectives at the beginning.
2. Peer reviewed paper published in NeuroUrology & Urodynamics
3. Video demonstrating/explaining key issues and/or techniques—goes beyond paper to increase depth of learning.
4. PowerPoint presentation.
5. The entire module could be used by an individual over the web or as part of a course for students directed by a mentor.

Working/Committees General Information

- The composition needs to be ICS members, multi-disciplinary, multinational and representing the most important stakeholders where appropriate. However if content is clearly for one discipline then sole disciplined groups are acceptable.
- Non ICS members can be part of a working group as experts or representatives of specific stakeholders but they must become an ICS member for the duration of their time on the project.
- Each group should choose a lead established at the outset who will also be the first or last author on the published paper. All members of the group will be responsible for the entire content of the module as a group. Note the lead of the group does not need to be the person who records the video. The presenter must have a clear speech, free of strong accent – see the guidelines document for preparing the module content (INSERT LINK WHEN READY).
- It is recommended that the module is presented to an audience at the annual meeting before it is recorded and where possible before the manuscript is sent for publication. This will provide valuable feedback.
- The module cannot be sponsored in any way and no bias should be given towards one particular product, pharmaceutical or equipment. Best practices must be followed in avoiding brand names. When there is any mention of specific product a disclaimer should

be added to the start of the document advising that ICS does not endorse this product over other products on the market.

- The ICS will not provide financial budget for face to face meetings of any group but will consider budget proposals for videoing the content.
- The ICS office will assist with setting up a forum for the group to exchange ideas and content for review. The office can also offer facilities for teleconference or WebEx, upon approval of a budget request.
- It is expected that a module should take no longer than 6 months to prepare.

Educational Module creation procedure

Stage	Action	Comment
Proposal Stage	Creation of committee/working group to prepare proposal.	This can be a committee who have decided to prepare a module or a group of ICS members.
Proposal Stage	Budget and proposal is sent to ICS office. Proposal should explain the module in no more than 2 pages outlining the aims and objectives, learning outcomes, target audience and requirement for module. Budget will only cover the costs of filming and editing costs. Budget can be prepared in conjunction with ICS Office who can assist with the best way to record the module.	ICS Office ensure no overlap with other working groups and will advise the appropriate committee. ICS office to notify Education, Standardisation committee of proposal in progress. Budget to be approved by Board of Trustees
Preparatory Stage	Working group reviews the literature, and prepares the manuscript.	Office will assist with creating online forums for easy discussion and monitoring/chasing if required.
Review Stage	Manuscript is sent to Education and Standardisation Steering Committees and Board of Trustees who review for educational value and standardisation adherence.	These committees are not commenting on the content of the module. The committees should respond within 2 weeks.
Publication Stage	Once approved the review paper can be sent for publication in the ICS journal, Neurourology & Urodynamics. The PowerPoint slides are then to be prepared and video recording will be completed in conjunction with the ICS office.	Article submitted to NUU should clearly reference International Continence Society (ICS) Educational Module. Discussion with the ICS office concerning best way to record content.
Implementation Stage	Once completed the ICS office will disseminate the content via the ICS website, social media and other outlets.	

Checklist:

- ☐ Working group created and chair appointed

- ☐ Budget and proposal sent to ICS Office
- ☐ Budget and proposal are reviewed and approved by Board of Trustees
- ☐ Working group prepares review paper
- ☐ Content reviewed by relevant Education, Standardisation Committees and Board of Trustees
- ☐ Paper submission to NUU
- ☐ PowerPoint and ideally video manuscript is prepared
- ☐ Video is recorded
- ☐ Video is edited
- ☐ Module is added to ICS website and advertised