



Nursing Committee Minutes
Tuesday 12th September 2017, Florence, Italy

Chair: Donna Bliss

Members: Alison Bardsley, Jo Booth, Sandra Engberg, Sharon Eustice, Veronica Haggard, Kathleen Hunter, Mary Wilde, Joan Ostaszewicz

Apologies: Jaclyn (Seok) Lee and Wakako Satoh, Maria Helena Lopes,

Also in Attendance: Avicia Burchill, Cristina Naranjo Ortiz, Amy Hunter, Tamara Dickerson and Winnie Yeung

1. Introductions and welcome to new members

DB welcomed everyone to the meeting and everyone introduced themselves. DB thanked all those members stepping down and presented certificates. Certificates will be mailed to those not present.

2. Approval Tokyo minutes

The minutes from Tokyo were approved.

3. Committee Terms of Reference (attached)

- a. New subcommittee chairpersons: JO will be research chair and JB will be chair of communications.
- b. New Clinical fellowship task force chairperson – JL tried to stimulate interest but we did not get anyone applying. It would be good to have a volunteer to help with that. It was agreed that TD will lead this task force with assistance from AH and MW to develop the advertising of the fellowships and make personal contacts to some potential trainees and/or mentors. (TD will lead)

MW confirmed she was not renewing. JO and ABard confirmed they would renew. Therefore 3 positions available to bring up to 10 by ICS 2018. DB stated that she liked the idea that those who are PHD students coming through onto the committee and so asked the committee if anyone has (hopefully Amy will apply) some students coming to meeting we would encourage them to join. VH asked if we could extend it out to clinicians as well rather than just having academics. DB agreed to those who are going into an advance clinical degree such as a DNP or Masters degree. All agreed it was important to have a balance of members and it should not be restricted. DB want experienced clinicians who also have experience in national and international committee activities and speaking to apply and the students to be co-opted to gain more committee and ICS experience so as to be eased into the committee. The nurses event at ICS 2017 were discussed and SE will tribute Mandy Wells at AGM.

ACTION POINT: Office to update new subcommittee positions on website (JB to arrange with Jenny)



ACTION POINT: Call for 3 positions to join committee (DB will do)

4. Actions- updates/outstanding;

a. Update on Bladder/Bowel training best practice document (JB)

JB explained that the document is now at the stage that the first draft is complete. Next step is to ask for volunteers to review it. DB will ask for volunteers at the forum. Up to 20 nurses who would review comment/revisions and then do second review. JB explained that the aim to finish at end of this year. Its general guidance and we can see if there is input to be more specific but if there is consensus. TD stated that SUNA acknowledge the reviewers on the paper. DB agreed that there will be recognition of those who contribute. Need people who know literature and research. ABard questioned why all it should be all experts in the topic area and that maybe it should be non experts to test. DB it should be ICS members at least. JO you will have to manage the comments as they are variable. DB ideally the voting on the comments in the statement should be 80% in favour, including all suggested changes, before acceptance. If a person indicates disagreement with a statement they must also suggest a revision. JB the variance in practice means it's a broad document. SE it should be a living document and should be revisited and therefore recommended to review after a year. There is so much variation and so its important to review and check it and check it makes sense. DB hopefully it will stimulate people to get some evidence. KH might be good to point out where the gaps are to stimulate the research. JB agreed that is a good idea but its not a protocol document it's a clinical practice document. KH/SEnd/JB/DB will see document before it goes out to review. MW/JO/WY/SE/VH/AM be reviewers. AB asked what was the aim of this document and it was agreed it would be an ICS document on website.

ACTION POINT: Office to check SOP process for Bladder/Bowel training best practice document to ensure following process from now on

A discussion was held about the new ICS Institute and it was agreed that the Education Practice sub committee chair should be the Institute chair. SEng will work with ICS office and JB about how to integrate/organize info we already have on our webpage with what is to be on new Nursing Institute page (SEng will lead)

ACTION POINT: Communicate to ICS nurses community and solicit reviewers by email call or personal contact to review the bladder/bowel document when ready. (JB to do this)

ACTION POINT: Sharon Eustice to remain on wiki committee and will discuss the bladder/bowel document with wiki and liaison to Nursing Committee.

b. Qualitative Research Abstracts

It was noted that KH now on scientific committee. KH to forward JO document to Laurence Stewart. We could also develop a document on mixed methods. JO and KH stated they would



be happy to work on this. SE also interested. This should help people understand the methodology and it would help the reviewers. DB stated Research Subcommittee would need to include this into their work plan and fit in among our other committee projects and recommended a task force of interested members. JO stated that there is missing guidance on publishing public health research. DB explained that she has been working with office and Laurence Stewart and we have added new categories – conservative/quality of life/products. Addition of Education program evaluation to the Health services category didn't make the cut but DB will try again. AB explained new abstract system currently being developed so any new categories need to be suggested now.

ACTION POINT: Research sub committee look at current abstract categories to see if any need to be removed/added within 1 month. (JO and DB to do this)

ACTION POINT: JO & DB draft up a document on mixed methods abstracts.

ACTION POINT: Office to prepare communications if/when new abstract categories accepted.

c. FI book

Donna will encourage finalising the FI book and would need 2 or 3 reviewers by end of December. Need people to review structure of the book. It was agreed that SEng will review but need 2 more and there DB will ask at forum for anyone else interested but they need to be members.

ACTION POINT: Office to check SOP process for FI book best practice document to ensure following process from now on

ACTION POINT: Solicit 1-2 other reviewers in addition to SE using an email call to nurse members or personal contact. (DB will do this)

d. Nursing members on the standardisation working groups

DB explained that they need someone on the standardisation committee for the male anorectal working group. DB will again ask at forum to ask for anyone with interest or experience. (DB to follow up)

e. Faculty database

DB also want to update international speaking group for ICS guest lectures and courses. DB asked committee to please put forward names and email her. SE explained that she attended the EAUN for 15 minutes and it was very specific topic so this was something to consider for the future. AB also explained to the committee that if they get an invite the ICS could cover the travel if the lecture could be a branded an ICS lecture.

ACTION POINT: JB to place an email call to nurse members for new additions to database and send info to Jenny at ICS office



f. Brief update on CUAN course in China

DB provided an update on the discussions with the CUAN. The CUAN funded travel to China for DB and KH earlier this year and now have an invitation to have ongoing presentations. DB explained that the education committee have funding over 2 years so can consider only as far as that. DB explained that the plan is to work with WY and group to propose September 2018. The topics were discussed and that maybe the first /second year it should be varying topics and see what topics are needed after that. We could then consider the same topics i.e. a set curriculum. This is an opportunity to have a standard way of teaching. KH explained that there is a high level of advanced practice in China. WY confirmed that the local nurses are very interested in advanced and international practice and would like to learn more. Also that those in Hong Kong may not know the ICS and the next step would also be to establish something in Hong Kong. DB agree that be good to make awareness. DB and KH will return to initiate first course. Several members of Nursing Committee (e.g., SE, JO, VH, ABard) expressed interest in being future faculty for the course once it is started.

ACTION POINT: Office to ensure to hold funds through education committee for next year for CUAN event. (DB to continue to advance this with KH help)

g. 2018 Workshop application

Discussed workshop for 2018. DB reminder committee to let SEng know if you get sponsorship if you are speaker so can she can add you to the programme. Concept is to involve some in the committee and on the forum and then get a local speaker. Also to let DB/SEng know if abstracts not accepted and may things can be included onto the nurses forum. SE with help from DB will work on organizing Nurs WS, networking lunch and Forum for ICS 2018

h. New nursing members and abstract submitters

A discussion was held about ideas to outreach to nurse researchers and encourage early career nurses to submit abstracts and attend annual meeting and to bring their students to their students. It was agreed to carry this on for the USA meeting. DB explained that those societies that were contacted were positive. Unfortunately WOCN is just before ICS 2018 and in the same city. It would be great to a list of the top researchers we can send them a personal invitation and encourage them to have their students present at early career session at ICS. DB explained that she was able to review the conference travel award and explained that many of us are good candidates for that as few nurses apply. DB also explained if you are early career you are even more likely to get conference travel. KH went through old programmes and found people who had papers in but didn't come back so that is good people to go back to them. VH if the meeting is about research then we can making the link of using research for practice. DB maybe we can work on that for ICS 2018 as we need both scientific and the clinicians but we have to pick up the researchers for our credibility.



ACTION POINT: Committee to work on list of top researchers to encourage applications for 2018 as soon as possible after Florence. ICS office will resend the letter and members can follow up with a personal contact. (JO to lead this with help from JB)

i. Catheter educational videos

DB explained that there has been a request from the education committee to prepare some Catheter educational videos. SE was ready to do this but then there was last minute issues. AB also explained now we have filming and editing capacity which we didn't before. ABard explained that at her hospital they now have brand new stimulation suite and this would be easy to prepare. It was discussed that it would have to be simulation and no patients. It was agreed to proceed.

ACTION POINT: Office to send education video SOP to ABard/SE to prepare catheter video for the ICS.

j. Develop a consensus statement to articulate the educational preparation for the Nurse Continence Specialist

JO explained that the role of the nurse specialist was worked on for sometime and included educational requirements for practice. We have moved on and developed our role profile and there is still a need for understanding the education practice at difference levels. Additional work on the ideas was completed for a chapter in the book on FI for the AP nurse. JO questioned, should it be for registered nurses or advanced level. JO felt that it should be across all levels and mostly to those who do continence care who are not nurses. JO suggested to identify the existing competencies that are available. VH said we have the "skills for health" in the UK. DB the idea would be to take this on building on what Jan Patterson and JO did for the WOCN paper and the developed chapter in the FI book. DB felt that once we finish the bladder/bowel document that this would be good to continue from that.

DB encouraged new ideas for new papers. SE suggested the frail elderly. KH post partum. JB agreed that the frail elderly touches so many people. It also touches on multi-disciplines. DB I see that we outline it and invite others in if we have structure.

ACTION POINT: After the BB consensus best practice document is completed (Jan.-Feb 2018), committee agreed to advance the continence specialist role project to the next step. The next step is to Identify /compile and describe existing competencies that equip nurses and non-nurses with the knowledge and skills required to meet the continence nursing care needs of individuals at all stages of life and in all health and social care settings. This is the first step in a multi-step project that in subsequent years plans to analyse the compiled documents/info noted above and develop a framework and a consensus document about these competencies (JO offered to lead this project).

ACTION POINT: Put the frail elderly on the forum for further discussion. Discuss and select the next clinically-focused document (a guideline or best practice consensus type document)



and who will lead this task force using an online forum. This project can be staggered or concurrent to the competency project above. (DB will initiate forum)

k. Mentoring in continence research

Committee members to send JO list of incontinence nurse academics/researchers to determine if there is enough potential interest for a document on mentoring in continence research, invite them to be members and to submit to ICS and to encourage their PhD students to submit their research too. *Post Script note: KH I have the list of new PhD or MN nurses who presented once but have not renewed/come to another ICS conference. KH will send this to JO and will leave completing the task of developing the list of continence nurse researcher to invite to join ICS in her good hands.*

ACTION POINT: Committee members to send JO list of nurse academics to make contact to encourage more ICS participation.

Time ran out for discussing the activity of summarizing recent continence journal publications. This will be done on an online forum. (DB will do)



**Nursing Committee Agenda
Tuesday 12th September 2017,
Venue: Fortezza da Basso
Room: n4 Palazzina Lorenese
Time: 08:00-10:00**

Chair: Donna Bliss

Members: Alison Bardsley, Jo Booth, Sandra Engberg, Sharon Eustice, Veronica Haggard, Kathleen Hunter, Mary Wilde, Joan Ostaszewicz

Apologies: Jaclyn (Seok) Lee and Wakako Satoh, Maria Helena Lopes,

Also in Attendance: Avicia Burchill, Cristina Naranjo Ortiz, Amy Hunter, Tamara Dickerson and Winnie Yeung

1. Introductions and welcome to new members
2. Committee picture to be taken
3. Approval Tokyo minutes (attached)
4. Committee Terms of Reference (attached)
 - a. New subcommittee chairpersons (Research and Communications)
 - b. New Clinical fellowship task force chairperson
5. Actions- updates/outstanding;
 - a. Brief update on Bladder/Bowel training best practice document (Jo B)
 - b. Brief update on CUAN course in China (Donna B)
 - c. Reminder about attending Nursing Forum, networking lunch, and Nursing Workshop on Thursday
 - d. Donna will encourage ways to participate in ICS at Nursing Forum and response to requests by email: Recruit reviewers for nurse for Bladder/Bowel training document, FI APN book, Male Anorectal Dysfunction working group of the ICS Standardization group, sending info for website, international speaking.
 - e. **From Montreal meeting:** Committee members to send KH list of nurse academics to determine if there is enough potential interest for a document on mentoring in continence research. K Hunter to organize
6. AOB
 - a. Discussion of ad hoc appointment of a graduate nursing student to Nursing Committee and involvement in an activity
 - b. Discussion of ideas to outreach to nurse researchers and encourage early career nurses to submit abstracts and attend annual meeting
 - c. Discussion of suggested activity to summarize published studies/papers
 - d. Discussion of next committee document/activity

- i. Develop a consensus statement to articulate the educational preparation for the Nurse Continence Specialist (Joan O)
 - ii. Other
- 7. Catheter Education Video creation
- 8. Other as time permits



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.

Nursing Committee Terms of Office

| Member | Role | Term Start | Term End | Term Yrs | Elected | Term details | Additional Information |
|------------------------------------|------------------|------------|-----------|----------|---------|---|--|
| Donna Bliss | Chair | 23-Oct-14 | 03-Sep-20 | 6 | Y | 6 year term will finish in 2020- CANNOT BE RE-ELECTED | |
| 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-20 | 3 | N | 6 year term will finish is 2020- CANNOT renew | |
| Sandie Engberg | Committee Member | 18-Oct-12 | 30-Aug-18 | 6 | N | 6 year term will finish is 2018- CANNOT RENEW | |
| Veronica Haggard | 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 | Requested to step down early |
| Amy Hunter | Co-opted | 26-Jul-17 | 30-Aug-18 | 1 | N | 1 year co-opted | will cover Jaclyn's position as she is stepping down early |
| Tamara Dickinson | Committee Member | 14-Sep-17 | 03-Sep-20 | 3 | N | 3 year term will finish in 2020- can renew | |
| Winnie Yeung Ka Wai | Committee Member | 14-Sep-17 | 03-Sep-20 | 3 | N | 3 year term will finish in 2020- can renew | |
| Cristina Naranjo Ortiz | Ex-officio | 08-Oct-15 | 25-Aug-18 | 3 | N | Ex-officio | |

Quorate No=5

Nominations 2018

| Key | |
|--------|---|
| Colour | Meaning |
| | Stepping down in Florence |
| | Stepping down in Philadelphia |
| | Elect position- will need to re-apply |
| | Will need to confirm if renewing/ positions will need to be advertised after Florence |
| | 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

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

- n. Maintain and update the Nursing Committee's page on ICS website with support from ICS staff
- o. Include update of activities in bi-annual ICS Newsletter
- p. Promote nurse membership in ICS
- q. 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 representatives from other countries. | See Membership | 3 years, renewable once by Chair/committee approval. Further terms could be approved in exceptional circumstances and by 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 | <p>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</p> | | |
| Task Forces | <p>Topic specific—may include but not limited to reviewing and recommending awards; leading consensus document 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> | See Membership | Varies depending on length of special project; determined by Nursing Committee chair and dependent on satisfactory leadership and progress of work |

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](#).