Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula

Final Report

submitted to
The Commonwealth Department of Health and Ageing

by

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Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
Background

This is the final report on the project: *Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula*

The project was undertaken by a research team (appendix 1) led by Prof. Jan Paterson as part of the Australian Government’s National Continence Management Strategy for the Australian Government Department of Health and Ageing.

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

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

The project commenced in June 2005.

Two interim reports to the Department of Health and Ageing have been submitted in line with the revised timeline for this project.

This project built upon the Draft Guidelines developed via a consultative process in a previous project. Substantial work already undertaken in the development of the Guidelines included a literature review, which has been updated during this project, an industry survey, university survey and scoping of international practices.

The aforementioned industry survey, the literature review, and the responses of the eight organisations to the university survey, indicate that although evidenced based best continence nursing practice has been well documented it is unlikely undergraduate curricula prepares the graduate nurse/midwives to meet the Australian Nursing and Midwifery council (ANMC) national competency standards in provision
of continence promotion and incontinence management. There was a need to build on the previous work and this project has done that.

**Executive summary**

This project has produced a final version of the “Guidelines/ Core elements for continence content in Undergraduate Nursing and Midwifery curriculum” (see below) with recommendations considered necessary for: the uptake of the guidelines and enhancement of their usage.

A series of information exchange focus group meetings across Australia were held with key people who were considered to be able to influence content for undergraduate and midwifery curricula. Details of these focus groups meetings are outlined in appendix 2. Participants attending these focus group meetings were given a CD containing an introduction to incontinence, an overview of the findings of the previous project, details of the research team and state consultants, the draft Guidelines, information concerning teaching resources, and a hard copy of the updated literature review. All participants were invited to give their comments and opinion regarding: the applicability and suitability of the draft Guidelines content, how the Guidelines could be improved, ways that their usage could be enhanced and uptake encouraged and availability of useful teaching resources and evaluation of existing resources.

The research team has been in regular contact with a representative from the Community Care Branch of the Department of Health and Ageing, the evaluation advisor to the National Continence Management Strategy, the national consultant and consultants from each state/territory.

The Guidelines have been developed to easily align with the ANMC national competency standards for registered nurses and midwives.
The anticipated numbers were not reached for all focus group meetings but the state consultants were confident that they had achieved representation from the key stakeholders/decision makers in each state. Based on their understanding of their state, the two state consultants in Victoria chose to co-facilitate one focus group meeting. In view of the geographical spread and number of universities in NSW, the national consultant advised that state consultants from both the University of Western Sydney and University of Technology, Sydney, should be invited to participate. In Queensland, two focus groups meetings were held to represent the diversity in the state. One was held in North Queensland and another in Brisbane.

As well as the focus group meetings, a number of face to face individual meetings were held throughout Australia. These were with hard to reach and important key stakeholders who were also considered to be in a position to influence the content of undergraduate nursing and midwifery curricula were held throughout Australia. These meetings were mostly held close to the times of the larger meetings/information sessions/workshops of clinicians, academics and other nurses and midwives. On some occasions representatives of people or organizations that would have been included in face to face meetings chose to attend the workshops as well as, or instead of, the face to face meetings. Their rationale was that they could have direct input to discussions about the guidelines and hear directly what clinicians and academics thought about the guidelines and related issues. Further details of the face to face individual meetings are provided on page 21 of the report and in appendix 3.

In the focus group meetings and face to face meetings there was overall support for the content of the Guidelines, with some minor additions and deletions and a recommendation that further consideration be given to what is really ‘core’ continence practice. It was recognised that existing curricula were already overcrowded and clinical practice expectations of the newly graduated nurse/midwife were often unrealistic. The suggested changes and recommendations have been carefully considered and where appropriate the draft Guidelines have been modified. Initiation of bladder retraining and pelvic floor muscle rehabilitation have been removed from the Guidelines, as they were viewed as advanced practice rather than appropriate for beginning level nurses. However, newly graduating midwives and nurses would be expected to be able to identify through, visual, rectal or vaginal
examination, if the client is able to contract their pelvic floor muscles appropriately, with the objective of advising on bladder retraining and pelvic muscle rehabilitation programs and appropriate referral.

There were two main themes identified from the data that were concerned with barriers and enablers for the uptake of the Guidelines. The two main themes were ‘workforce development’ and ‘a targeted continence awareness promotional strategy. Underpinning these two themes were the sub themes of ‘identification of champions’, ‘overcoming an already crowded curriculum’ and ‘partnership between the university and heath care sectors.’

These findings (outlined in detail on page 17 of the report) have informed the development of five key recommendations outlined below and are considered necessary for the uptake of the Guidelines. In addition the findings have informed the development of a further seven recommendations designed to enhance the usage of the Guidelines. These recommendations have been added to the existing three recommendations and are presented below as a fundamental component of the final Guidelines.

The participants were also invited to identify resources that would be useful but needing development as well as identifying and evaluating existing resources with potential to assist with inclusion and teaching of continence in undergraduate curricula. The data were collected during the focus group meetings and with a semi-structured evaluation form. The findings concerning resources needing to be developed have led to the fifth of the key recommendations: that a suite of continence teaching resources are assembled and disseminated. Further information concerning the evaluation of the existing resources can be found on page 22 of the report and in appendix 4.

The contents of the CD developed for the purposes of this project have been upgraded to include the final guidelines. The electronic version of the art work for the CD and the revised content of the CD have been provided as a component of this report.
A questionnaire has been developed to evaluate the uptake and usefulness of the Guidelines at least 12 months after the final Guidelines have been disseminated. It is attached as appendix 5.

The remainder of this executive summary includes the five key recommendations considered necessary for uptake of the Guidelines and the final version of the Guidelines. This is followed by the full report and the appendices.

Key recommendations considered necessary for uptake of the Guidelines

It is recommended that:

- the final Guidelines and recommendations for their usage be disseminated to all Schools of Nursing and Midwifery, key nursing and midwifery organisations and to all health care settings; these would include but not necessarily be limited to public and private sector acute hospitals, rehabilitation services, long term care services, community health services and residential aged care services;
- continuing continence education be provided to strategically selected registered nurses and midwives from all health care organisations to foster the development of “champions” of continence wherever health care and health promotion is provided;
- a continence awareness strategy is specifically targeted towards university and health care sectors;
- projects are undertaken that are designed to demonstrate the benefits/effectiveness of newly graduating nurses/midwives having core skills in continence across different health settings. Outcome measurement could be improved quality of life, financial cost effectiveness and improved client satisfaction;
- a suite of resources to facilitate teaching continence assessment, management and promotion be developed and disseminated to universities and all health care settings.
Final Guidelines

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

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

Three premises underpin the Guidelines:

- Firstly, incontinence is a major health issue that affects both males and females at any time of life and has cultural, social, physical and financial implications for the individual, their carers and the community. The stage at which incontinence occurs during the lifespan influences its physical nature, its impact on the person and his/her relationships, as well as the manner with which it is dealt. This means that nurses or midwives who work with individuals and groups with incontinence require an approach to health care provision that considers each person’s unique social, cultural and physical needs, expectations and aspirations, and the external factors that impact upon and shape the person and their environment.

- Secondly nurses and midwives, especially new graduates are often not equipped with the knowledge and skills required to effectively assess and appropriately intervene or refer clients. This premise is based upon the findings of a survey, a series of focus groups and a literature review undertaken for the development of the Guidelines. There was universal agreement from the three sources of evidence that the new graduates are generally not equipped to effectively assess and appropriately intervene or refer clients who have a continence problem.

- Thirdly, although continence nursing practice based upon the best evidence available has been well-documented, content in most undergraduate curricula generally does not prepare the graduate
nurse/midwives to meet the ANMC national competency standards in provision of continence promotion and incontinence management. ANMC national competency standards identify the knowledge, skills and attitudes required by nurses and midwives and that they should reflect the complex nature of each discipline’s activities. The standards are behaviours and practices for which nurses and/or midwives are accountable. They provide benchmarks for daily practice. Nursing and midwifery education programs require graduates to demonstrate the relevant discipline’s competency standards. This assists in ensuring that practitioners provide safe, ethical and competent care in a variety of settings.

**Recommended Core Elements of the Guidelines**

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

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

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

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

- Myths and misconceptions of incontinence;
- Good bladder and bowel habits;
- Elimination of risk factors such as constipation, childbirth, obesity;
- Availability and accessibility of community resources;
- Referral pathways;
- Equity and ethical issues.
3rd Element: Knowledge and assessment skills that are related to:

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

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

- Identifying people at risk of incontinence problems and when a continence assessment is indicated;
- Identifying and documenting continence problems that require referral to specialist continence practitioners or services;
- Evaluation of an established continence management program.
5th Element: A plan of care that is based upon the best evidence available that includes, but is not limited to:

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

Summary

In order to demonstrate ‘best practice’ in the area of prevention of incontinence and promotion of continence, nurses and midwives will be expected to prevent incontinence, promote continence and initiate management strategies based on the best evidence available. When possible these management strategies will: enable
clients to regain their continence; encourage self-esteem; maintain the dignity and integrity of clients; and provide for the safety and comfort needs of clients including containment of the incontinence with appropriate products, modification of the environment and the use of aids to daily living.

**Recommendations to enhance the usage of the Guidelines**

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

**Recommendation 1**
That nursing and midwifery curricula address the right for a person to remain continent through the implementation of a holistic approach to continence promotion and the assessment and management of incontinence. This approach refers to all dimensions of care: physical, psychological, social, cultural, economic, spiritual and sexual as well as the context in which care is delivered.

**Recommendation 2**
That the Guidelines are used to identify the appropriateness of continence content in existing curricula and where and how it could be strengthened, made more explicit and meaningful.

**Recommendation 3**
In deciding about continence promotion and incontinence management content and learning activities, curriculum developers and teachers should use the domains of practice from the appropriate ANMC national competency standards as a guide.

**Recommendation 4**
That, as appropriate, the topic of continence is integrated throughout the curricula, (relating to anatomy and physiology, psycho-social, clinical assessment, etc.) with a specific introduction to the topic at the beginning of the program and an assessable assignment at some stage during the program.
Recommendation 5
That learning be consolidated in first year by having students keep and analyse their own bladder, bowel and dietary charts comparing their own outcomes against accepted norms. Each student could complete at least one urinary and faecal incontinence assessment of a client as a component of their clinical placement activities;

Recommendation 6
When continence is included in curricula as recommended by the Guidelines, ensure clinical/teaching venues, have a copy of the Guidelines and are aware of its content.

Recommendation 7
That universities ensure continence promotion and management are included in the clinical learning objectives and clinical facilitators are aware of the learning/practice expectations of the students.

Recommendation 8
That “champions” of continence are identified, to overcome resistance to the inclusion of continence in curricula or delivering continence care in health care settings.

Recommendation 9
That partnerships be strengthened between Schools of Nursing and Midwifery and Continence Nurse Specialists (CNS). Involve the CNSs in curriculum design, content and teaching. Where possible negotiate clinical placements with CNSs.

Recommendation 10
That upon the successful completion of their undergraduate nursing or midwifery education the nurse or midwife should:

- appreciate incontinence as a health issue that has physical, psycho-social, cultural and financial implications for their clients and the community;
- recognise incontinence affects both males and females and occurs at all stages across the human lifespan;
- understand normal and abnormal bladder and bowel function;
- be able to identify factors that place people at risk of incontinence and assist clients to reduce these risks;
- be able to undertake and document an initial continence assessment and, when appropriate, refer clients to specialist continence practitioners or multi-disciplinary continence services;
- be able to develop and document an initial continence management plan that is appropriate to the client’s needs and based on best evidence available, identify when referral is required to a specialist continence practitioner or service for more complex management;
- be able to implement and evaluate an established continence management plan.

**Description of Project**

**Context of the project**

The National Continence Management Strategy (NCMS) is working towards an integrated national approach, to interweave good practice in continence care through all health and aged care policy and service provision. The strategy has highlighted the need for professional awareness and education. While, incontinence is a condition that can be prevented or treated, up to 60% of people who are incontinent do not seek help. Research suggests affected people may be embarrassed or reluctant to discuss their incontinence and health professionals may need to initiate discussion. When people do raise continence issues with their health professional, research has found that they are often dissatisfied with the care offered. However, research also indicates that health professionals are reluctant to raise continence issues, and unless they have developed knowledge of the condition through postgraduate training they do not feel equipped to manage it. The NCMS has therefore identified the need to promote the inclusion of continence in curricula and convened several national working parties to facilitate this. One of the working parties was for Nursing and Midwifery and included representatives of Continence and Community Nursing, and Midwifery who have high level experience or skills in curriculum development for nurses and midwives. This working party produced draft Guidelines for inclusion of continence into Undergraduate Nursing and Midwifery Curricula with the recommendation that a further project be funded to undertake widespread dissemination of and consultation.
about the draft Guidelines and available continence educational resources. The purpose being to achieve: eventual national consensus about the draft Guidelines, market testing of available continence educational resources, identification of potential barriers to the use of the guidelines, recommendations to overcome the barriers, and recommendations for further educational resources. This project has resulted from this recommendation and the majority of the working party for the previous project have participated in this one.

**Project aim**

The aim of this project is to:

- Undertake widespread consultation and develop consensus, enabling finalisation of the Guidelines;
- Test the potential usefulness of existing and new resources to assist the inclusion and teaching of continence in undergraduate curricula, and to seek ideas for further resource development;
- Identify and address facilitators and barriers to implementation of the Guidelines;
- Disseminate the Guidelines widely;
- Promote adoption and usage of the Guidelines.

**Project methodology and methods**

Ethical approval was sought and given by the ethics committees of each of the research team members’ universities.

The research principles of the interpretive paradigm provided the framework for the project. Data collection methods used were a series of focus group meetings, face to face individual meetings and semi-closed questionnaires to identify and evaluate existing teaching resources. All of the focus group meetings were shown the power point presentation (outlined in the project strategy below) and invited to comment throughout the presentation and then discussion was framed within five open ended
questions to ensure all areas of interest were considered. Focus group meetings were held in Sydney, Cairns, Brisbane, Adelaide, Perth, Melbourne, Darwin and Hobart, details of which are supplied in appendix 2. A total of 143 participants attended the focus group meetings and the 50 participants who gave their apologies were sent the free resources, project information and product questionnaires.

The focus group meetings were taped and the main points of the discussions were scribed and participants were given the opportunity to qualify, subtract or add additional points. Two of the researchers cross checked their scribed outcomes with the taped recordings and further validation occurred when the chief investigator listened to all of the tapes, checking that the scribed comments were accurate. Data from the focus group meetings have been thematically analysed and the responses to the semi closed questionnaires were collated and presented as descriptive statistics.

The project strategy also included preliminary and face-to-face individual meetings with hard-to-reach and important key stakeholders throughout Australia. The principal consultant facilitated and conducted these meetings. This ensured the same information and format was followed at each meeting. Each participant in the face-to-face individual meetings was presented with the literature review and the CD, followed by a verbal overview of both. The principal consultant took notes of these meetings and then condensed the data into a summary of the meeting outcomes which has been provided on page 21 of the report. Details of these meetings and the other forms of communication undertaken by the principle consultant are provided in appendix 3.

The participants of the focus group meetings were invited to identify resources that would be useful but need development as well as evaluate existing resources with potential to assist with inclusion and teaching of continence in undergraduate curricula. To assist this process the research team identified, accessed and evaluated many teaching resources pertinent to continence education throughout the human lifespan. This included text books, research articles, videos, DVD’s, CD’s, reports, and Management Guidelines located within Australia and overseas. Details of the nineteen resources finally selected and made available for the participants to review are provided in appendix 4.
To ensure all areas of interest concerning teaching resources were considered during the focus group meetings, the discussion was framed within 16 open-ended questions. The participants were also given the Continence Teaching Resource Evaluation Tool developed for the purposes of this project. They were encouraged to use this tool to evaluate: the teaching resources presented to them during the focus group meetings, those given to them to take home and any additional resources that they found useful.

Free resources made available to all focus group participants and those who formally apologised included the CFA Student Learning Packs, the National Management Strategy Educational Speakers Kits, and the CD and literature review developed for the project.

**Synopsis of the project strategic plan**

Strategies included:

1. Updating the literature review carried out in the previous project and producing it as a resource to inform participants and to test it as a resource to assist with inclusion and teaching of continence in undergraduate curricula;

2. Developing a power-point presentation to present the background and Guidelines to the meetings and producing it as a resource (CD) to inform participants and to test it as a resource to assist with inclusion and teaching of continence in undergraduate curricula;

3. Identifying and evaluating existing resources with potential to assist with inclusion and teaching of continence in undergraduate curricula;

4. Identifying resources that would be useful but need development;

5. Undertaking a series of preliminary, focus groups and face-to-face individual meetings across Australia with key people who influence the content of undergraduate nursing and midwifery curricula in order to:
   - seek opinion as to the applicability and suitability of the draft Guidelines;
   - identify consensual changes to improve the Guidelines;
   - test for potential usefulness of existing resources and identify ideas for new resource development;
• seek insights into facilitators, barriers, and how to encourage the guidelines use;

Hard to reach and important key stakeholders were invited to participate in face-to-face individual meetings.

6. Analysis of data collected at focus group meetings;
7. Revision of the draft Guidelines on the basis of these consultations;
8. Reporting on the achievements and recommendations of the project;
9. Development and testing of the questionnaire to evaluate the outcomes.

Project findings

There were two main themes identified from the data that were concerned with barriers and enablers for the uptake of the Guidelines. The two main themes were, ‘workforce development,’ and ‘a targeted continence awareness promotional strategy. Underpinning these two themes were the sub themes of, ‘identification of champions,’ ‘overcoming an already crowded curriculum’ and ‘partnership between the university and heath care sectors.’

Workforce development
The need for workforce development was identified as a major theme from the data collected. This need encompassed registered nurses and midwives, management and other health professionals involved in health care delivery in the health sector.

Development of the knowledge and practice of the nursing and midwifery workforce in relation to the prevention and promotion of continence and the management of incontinence was seen as essential to the uptake of the guidelines. The following quote is typical of comments made across all the focus groups on the need for continuing education on continence promotion, prevention and incontinence management,

“The issues raised here suggest that the project needs to be about more than the need to modify the nursing curriculum, but also to consider post grad and also professional development programs”.

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The need was because generalist nurses and midwives were perceived to have insufficient knowledge to support the new graduates as they sought to apply the theory into practice. There was consensus amongst the groups that students identify role models and emulate their practice and that more role models delivering quality continence care were required for students to practice the delivery of continence care and that this practice was vital if it was to become part of the new graduate’s skill mix.

Midwifery was identified as an important area to teach the potential for incontinence and the importance of health promotion and prevention of incontinence for females. There was unanimous recognition from all focus groups that continence content in midwifery curricula was minimal, “There is a big need in midwifery for education on continence issues. No-one talks about it”, as well as recognition that midwives could play a far more meaningful role in prevention of incontinence through early intervention, “the importance of observation and early intervention by midwives for anal tears during birth”. Lack of and the need for, what was seen as basic care, such as assessment and management of post-natal urinary retention or simply asking if incontinence was an issue at any of the ante-natal or postnatal visits were some of the knowledge and practice issues raised.

Lack of continence promotion and effective prevention and management of incontinence in clinical settings by registered nurses and midwives meant according to the participants, that the knowledge gained in the university sector would not be reinforced in practice, “Students go out there into a different culture and they slip into the way of doing things regardless of what they have been taught”. The value clinicians and managers place on continence promotion, prevention and management of incontinence was also raised, “Students will not place value upon it unless setting does, settings are vital”. While the findings predominantly focused on registered nurses and midwives in the clinical settings there was also acknowledgement that academics teaching in undergraduate nursing and midwifery programs would also need development “Education from top down, academics need to increase their understanding”. The value that they gave to incontinence was also questioned, and it
is the issue of value judgement that the second major theme of this project is concerned with.

The second major theme identified was the need for a targeted continence awareness strategy. It was considered that considerable numbers of health professionals across the health care and university sectors were not aware of incontinence as a major health care issue and many were still subscribing to the myths surrounding incontinence. The experience of the participants suggests that many “decision makers” in academic and health settings do not value continence, and do not see incontinence as “an issue of importance”. There were many examples given that support these claims, for example,

“In practice in acute care, the focus is on the surgical issues rather than a holistic assessment” and in the aged care sector, “the attitudes of some RNs in some Aged Care facilities needs to be improved as some are dismissive of incontinence and see it as an evitable problem/symptom of aging”.

Economic rationalisation, acceptance of the myths surrounding incontinence and limited understanding of it as a significant lifespan health issue with monetary and psychosocial costs were all seen as barriers to the uptake of the guidelines in the academic and clinical settings which could be overcome with a targeted continence promotion strategy in the university and health care settings. Many statements concerning the need for a targeted promotional strategy are summarised in the following direct quote from one of the participants,

“Continence promotion in all health settings to increase awareness of continence issues and need for assessment to ensure opportunities for graduate nurses to consolidate what they learn in practice.”

Practical ideas for this strategy included encouraging universities to be involved in Continence Awareness Week, and providing posters to be put in toilets in university and health care sectors.

The sub themes underpinning the two major themes presented above all emerged as strategies to overcome the perceived barriers to the uptake of the guidelines. The participants articulated the notion of a “champion”
being able to overcome the resistance to include continence in the curriculum or deliver continence care in health settings,

‘Champions needed among academics and clinicians in each state and area health service, and in hospitals and other health contexts’

Appreciation of the “expertise in the tertiary sector” was also articulated and “One academic staff member to ‘track’ continence through the complete undergraduate course and be responsible for it” was put forward as one way to “harness it”. What needs to be more clearly understood according to one of the focus groups is, “Who are the champions what is their relationship/influence on the undergraduate curriculum and can champions be developed and if so how?” There was also recognition that champions of continence in the clinical and academic settings will need to work together to ensure the uptake of the guidelines.

**Speciality role**

The continence nurse speciality role attracted considerable discussion. There was a perception that speciality roles were detrimental to generalist practice, leading them to stop practice in areas of health where specialists were available, “There is the notion that if there is a CNA available - well, what are you getting paid for – you are the consultant – you should fix it”. This view was held by academics and clinicians. Conversely the continence nurse specialists who participated described their frustration at the lack of continence practice undertaken by generalist nurses and midwives, “CNA waiting lists are banked up with lots of inappropriate referrals”. An example provided described a referral received by a CNA to assess a stroke patient with incontinence – and on assessment it was found that the “client did not have access to a buzzer”.

The discussions also highlighted the need for the promotion of the speciality role and the development and strengthening of partnerships between the Continence Nurse Specialists and the Schools of Nursing and Midwifery. It was felt that they could contribute to the development and teaching of continence curriculum as well as acting as clinical teachers/preceptors
Overcrowded curriculum

There was considerable discussion in all of the focus group meetings concerning “How do we fit more into the undergraduate nursing curriculum course already overloaded? Not what do we include but how”. There was a general consensus in all of the groups that the issue of overcrowded curricula was a potential barrier to the uptake of the Guidelines,

“Possible barrier of competing requirements in the undergrad curriculum and space. The program is full and is being cut all the time. People just throw up their arms and say we are barely able to cover”

There was discussion about “time limits and difficulty of fitting” what was viewed by some as an “enormous topic” into undergraduate education. However overall there was a general consensus that it was possible: was already being done in some universities, could easily be done in others by relating existing curricula to continence more and integrating the topic across the curricula was a way it could be included without necessarily sacrificing another topic.

Summary of notes of face-to-face individual meetings

All those who met with the National Consultant were highly supportive of the inclusion of continence assessment and management into undergraduate nursing and midwifery curricula. They were interested to hear the facts that support the concept of incontinence as a national health problem, with all the ramifications in terms of cost, challenges to lifestyle, stigma etc. They recognized the lifespan nature of continence and agreed that inclusion into curricula would be best accomplished by an integrated approach. They emphasized the importance of easy access to resources as a motivation to the inclusion of continence into curricula. Many identified that tensions could manifest if other “specialities” were to seek inclusion into or emphasis within curricula as well. They considered that the concept of an integrated approach throughout curricula, the identification of valid resources to assist in teaching and that the guidelines had been subject to broad input from clinicians would be enablers to the uptake of the guidelines by the tertiary sector. Without exception, those who were representatives of registering bodies stated they would actively seek inclusion of continence in all undergraduate nursing and midwifery curricula. Some noted that there could be a divide between theoretical input and clinical practices in the workplace, both hospital or facility based or community settings. They suggested that resources, for example assessment and
management tools, should be readily available for clinical settings that were evidence based and fitted well with the theoretical input. Some also expressed that inclusion of the guidelines in undergraduate curricula is only a start and that, for the knowledge of continence, its assessment and management to impact on clinical settings, ongoing communication, information and education is vital, both continuing professional development courses and formal post graduate award courses.

Evaluation of existing teaching resources and identification of resources needing development

Data concerning identification of teaching resources needing development was collected in the focus group meetings and analysed for content. There was strong support for the development of the following teaching resources:

- A series of case studies and scenarios from across the human lifespan involving urinary and faecal incontinence;
- Referral pathways;
- Validated bladder diary, faecal incontinence chart, dietary charts;
- Validated assessment flow charts;
- Algorithms to prompt nurses/midwives/clients in the community to identify and discuss continence issues;
- The updated content of the CD used during this project is placed and maintained on the National Management Strategy Website, with links to the Australian Nursing for Continence and Continence Foundation of Australia (CFA) Websites.
- CFA student/corporate membership pack (the CFA being frequently mentioned throughout the focus groups as being an excellent resource for teachers and clinicians).

Data on existing continence teaching resources were also collected through the use of a semi-structured questionnaire developed for the project. Sixty-two questionnaires were returned. The highest number received was for three videos that were tested during the focus group meetings. This cannot be interpreted as an indication of usefulness or popularity as they received more exposure than many of the other
resources provided at the focus group meetings. The details and evaluations of these resources and others provided to the participants can be found in appendix 4.

While the majority of evaluations for the resources provided for testing were positive, there was significant reservation of their suitability for teaching in undergraduate nursing and midwifery programs. A further fifteen resources were identified and evaluated by participants and details of these resources are also provided in appendix 4.

The limited and qualified evaluation of all of the existing teaching resources identified during the project means it is not appropriate for this project to recommend any of them. It is, however important that universities and teaching/clinical venues are aware of them and how they may be accessed. Therefore the project team recommends that:

- Details of all of the existing resources tested or identified during this project are made available to the CFA for inclusion on their Website, http://www.contfound.org.au. This Website has a section that provides information on educational continence resources.

Financial report

As soon as outstanding accounts are finalised the Grants Finance Office for Flinders University Adelaide will provide the official final budget.

Closing summary

This project has undertaken widespread consultation with key people who were considered able to influence continence content for undergraduate and midwifery curricula. Those consulted supported the inclusion of continence into undergraduate midwifery and nursing curriculum and reached general agreement as to the content and purpose of the Guidelines. The draft Guidelines were amended accordingly and the final version of the Guidelines has been produced for further dissemination. Usefulness of existing resources was tested and new resources to assist the inclusion and teaching of continence in undergraduate curricula have been identified for further
resource development. Key recommendations considered necessary for the uptake of the Guidelines have been developed from the project findings and are offered for consideration and implementation. A survey has been prepared for evaluation of the Guidelines one year after their dissemination.
APPENDICES
Appendix 1

Details of research team and state consultants to the project
Details of Research team and state consultants

Research team

**Principal Investigator**

Professor Jan Paterson  
Assoc Dean (Research), School of Nursing & Midwifery  
Flinders University  
Sturt Road, Bedford Park  
Adelaide SA

**Co-investigators**

Associate Professor Winsome St John  
School of Nursing, Griffith University  
PMB 50 Gold Coast Mail Centre  
Queensland 9726

Ms Elizabeth Watt  
LaTrobe/Austin Health Clinical School of Nursing  
Level 4, Austin Tower  
PO 5555,  
Heidleberg, West Vic. 3081

Dr Carolyn Thorogood  
Edith Cowan University  
Churchlands Campus  
Pearson Street, Churchlands  
Perth WA 6018

**Principal Consultant**

Julienne Onley  
PO Box 131  
Alexandria NSW 2015

**Research Assistant**

Margaret Southwell  
School of Nursing & Midwifery  
Flinders University  
Sturt Road, Bedford Park  
Adelaide SA 5042

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
State consultants

Assoc. Professor Pauline Glover
School of Nursing & Midwifery
Flinders University
GPO Box 2100
Adelaide SA 5001

Ms. Bev Turnbull
Midwifery course co-ordinator
School of Health Sciences
Building 23, Charles Darwin University
Darwin NT 0909

Ms Joan Ostaskiewicz
School of Nursing
Deakin University
221 Burwood Highway
Burwood Vic 3125

Dr Sue Brown
School of Nursing Sciences
James Cook University (Cairns Campus)
PO Box 6811
Cairns QLD 4870

Debra Visser & Louise Venter
School of Nursing & Midwifery
University of Tasmania, Locked Bag 1322
Launceston Tasmania 7250

Dr Rhonda Griffiths
University of Western Sydney
Sydney South Qwest Health Service
Locked Bag 7103
Liverpool BC NSW 1871

Lynn Chenoweth
Professor Aged & Extended Care Nursing
Faculty of Nursing, Midwifery & Health Level 3, Building 5
University of Technology
Kuring-gai Campus, Elton Road
Lindfield NSW 2070

Kaye Brand
Physiotherapist
Apartment 6/16 Bellevue Tce
West Perth WA 6005

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
Appendix 2

Details of focus group meetings
## Research Project: “Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing & Midwifery Curriculum”

### State Focus Group Meetings

<table>
<thead>
<tr>
<th>State</th>
<th>Date &amp; time</th>
<th>No. participants</th>
<th>Venue</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>Perth, Western Australia</td>
<td>Tuesday 14&lt;sup&gt;th&lt;/sup&gt; March 2006 1 pm – 4 pm</td>
<td>26 participants</td>
<td>Building 7 Rm 253 Churchlands Campus Edith Cowan University</td>
<td>Julienne Onley Kaye Brand Carolyn Thorogood</td>
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<tr>
<td>Cairns, Queensland</td>
<td>Wednesday 15&lt;sup&gt;th&lt;/sup&gt; February 2006 2 pm – 4 pm</td>
<td>20 participants</td>
<td>James Cook University Building A2, Rm 202 Smithfield</td>
<td>Sue Brown Julienne Onley</td>
</tr>
<tr>
<td>Adelaide, South Australia</td>
<td>December Monday 12&lt;sup&gt;th&lt;/sup&gt; 2005 1 pm – 3 pm</td>
<td>15 participants</td>
<td>Flinders University Sturt Campus N416</td>
<td>Pauline Glover Prof Jan Paterson Julienne Onley</td>
</tr>
<tr>
<td>Victoria</td>
<td>Tuesday 7&lt;sup&gt;th&lt;/sup&gt; February 2006 2 pm – 5 pm</td>
<td>17 participants</td>
<td>La Trobe University Rm 325, Level 3 George Singer Building Kingsbury Drive Bundoora</td>
<td>Elizabeth Watt Joan Ostaszkiewicz Julienne Onley</td>
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<tr>
<td>Launceston, Tasmania</td>
<td>Friday 10&lt;sup&gt;th&lt;/sup&gt; February 2006 10am – 2 pm</td>
<td>15 participants</td>
<td>University of Tasmania School of Nursing &amp; Midwifery Rm203</td>
<td>Debra Visser Louise Venter Jan Paterson</td>
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<tr>
<td>New South Wales</td>
<td>Wednesday 22&lt;sup&gt;nd&lt;/sup&gt; March 2006 9am – 1 pm</td>
<td>16 participants</td>
<td>University of Technology Sydney Kuring-gai Campus Rm5.411 Eton Road Lindfield Sydney</td>
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<tr>
<td>New South Wales</td>
<td>Tuesday 21&lt;sup&gt;st&lt;/sup&gt; March 2006 12 noon – 3 pm</td>
<td>22 participants</td>
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<td>17 participants</td>
<td>Griffith University Macrossan Building N16 Brisbane</td>
<td>Winsome St John Julienne Onley</td>
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</table>

A total of 143 participants attended the focus group meetings and 50 participants who were invited sent their apologies and were subsequently sent the information and free resources for the project.

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**Appendices**

Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
Appendix 3

Details of face-to-face individual meetings
Overview of various communication strategies undertaken by the principal consultant

A preliminary meeting was held in Melbourne of the Chief Nurses from all Australian States/Territories and New Zealand. Subsequently, face to face individual meetings were held and/or input directly given into discussion with registering bodies in the Northern Territory (Darwin), South Australia (Adelaide), Western Australia (Perth), Queensland (Brisbane), New South Wales (Sydney) and Tasmania (Hobart). Extensive communication via telephone was conducted for Victoria (Melbourne) and the Australian Capital Territory (Canberra). The professional groups personally contacted during workshops and other conversations were the College of Nursing, the Royal College of Nursing Australia and the Australian College of Midwives. All National Nursing Organisations were contacted via email as well as those considered to be directly interested or involved in continence assessment that were contacted directly by State Consultants. Many of these National Nursing Organisations and their state based counterparts sent representatives to workshops. In addition, some of the Chief Nurses (New South Wales, South Australia, Queensland and Tasmania) were frequently appraised of the project throughout its conduct and some chose to send representatives from their departments to attend workshops as well. The Chair of the National Nursing Taskforce was also appraised of the project and tabled information about it at Taskforce meetings.

Face to face meetings/discussions are listed below:

- South Australia;
  - Chief Executive Officer and Registrar, Nurses Board of SA;
  - Chief Nurse, SA.

- Northern Territory:
  - Presiding Chairperson and Deputy Chairperson, NT Nurses Board.

- Western Australia:
  - Manager Registration and Education, Nurses Board of Western Australia:
  - Chief Nurse, WA.

- Queensland:
  - Director, Research and Policy Program, Queensland Nursing Council

- New South Wales:
  - Executive Director and Deputy Executive Director, Nurses and Midwives Registration Board of NSW;
  - Chief Nursing Officer, NSW;
  - Midwifery Representative, Nursing and Midwifery Office, NSW Department of Health.

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
• Australian Capital Territory:
  o Chief Nurse, ACT;
  o Senior Lecturer, University of Canberra.

• Tasmania:
  o Chief Executive Officer and Manager Registration and Accreditation, Nurses Board of Tasmania;
  o Nurse Manager, Policy and Projects, Office of the Principal Nursing Advisor, Tasmania.

• Victoria:
  o Manager, Policy Standards and Communication, Nurses Board of Victoria.

• Professional Organisations:
  o Executive Director, Director National Development and President, the College of Nursing;
  o Manager Professional Services, Royal College of Nursing Australia;
  o President, Australian College of Midwives;
  o Chair, National Nursing Taskforce.
Appendix 4

Evaluation of teaching resources
Nineteen resources recommended for evaluation by the project team

The project team evaluated and recommended the following list of nineteen resources as suitable for evaluation by participants. This list was made available to all of the focus group meeting participants. Eighteen of these resources were available for consideration at the time of the focus group meetings and evaluation forms specific to these resources were given to each participant. These eighteen resources can be identified by the symbol □. Four of these resources, as stocks allowed, were provided to the participants to take home for their own use. They can be identified by the symbols □◆. The only resource given to all of the participants was the CD and literature review developed for the purposes of this project. Four of the audio-visual resources were presented in part or fully during the workshops. They can be identified with the following three symbols □◆★.

Text Books


Videos or DVD
3. □ Program 01: *Continence: What’s it all about* (Broadcast 3 August 2004).


5. □★Program 03: *Continence and Aged Care* (Broadcast 14 September 2004).

6. □ Program 04: *Continence and Women’s Health* (Broadcast 28 September 2004) Available from the Rural Health Education Foundation (02) 6232 5480, email: rhef@rhef.com.au


Article on terminology

Management Guidelines


The following six Teaching Resources recommended by the research team were evaluated by the largest number of participants. This cannot be interpreted as an indication of usefulness or popularity of these particular resources as the participants were more exposed to them than others during the workshops. The items that received less than four evaluations have not been included here.

**Continence Teaching Resource Evaluation Tool**

**Video:**

**Title:** Tacking a Wee Problem  
**Author:** Wangaratta District Base Hospital  
**Publisher:** Interactive Educational Media Victoria  
**Available from:** Educational Media Australia  
**Email:** info.em.com.au  
**Date produced:** 2001

Grading System using a Likert Scale to measure usefulness of continence teaching resources (please tick responses)

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</table>

**Other comments:**

- A good light hearted approach - sets a scene - shows the sufferer's point of view - a positive outcome for the incontinent person.
- Simplistic, promotes knowledge of pelvic floor exercises but no real information about them.
- Needs education for undergraduates to follow through. Very simplistic. There is a video called “don’t wet when you sweat” made by Women’s Health Launceston, Tas. that is excellent.
- Comfortable to show in a community setting.
- Worthwhile especially bringing humour to topic.
- Useful as an awareness raised with humour – no actual skills shown.
No real assessment skills shown. Didn't learn anything but fun and a good intro to topic.

This really embraces the importance of the stigma to the... the care implications but does focus on getting care which is its focus. Aim – to encourage clients to assess care achieved. Good health promotion.

Saw the first few minutes of this video. Funny and easy to listen to. Appropriate for the community to see at a GP’s surgery or in a shopping centre.

The DVD “made light” of an issue that is very unsocial and “unacceptable” in society. I think the DVD is informative and enjoyable although I’m not sure how informative.

Irrelevant to “professionally presented”.

It’s more suitable for patient education. I did not like the last slide - using sexual connotation to sell the message. Perhaps should have the husband instead of the plumber – desperate housewife?

A humorous, pleasant video showing a young woman relating how incontinence impacted on her lifestyle and how management helped.
**Continence Teaching Resource Evaluation Tool**

**Video:**

**Title:** Program 3: Continence in Aged Care  
**Author:** Rural Health Education Foundation  
**Publisher:** Australian Govt Dept of Health & Ageing  
**Available from:** email: rhef@rhef.com.au  
**Date produced:** 2004  
**Running time (eg video)**

Grading System using a Likert Scale to measure usefulness of continence teaching resources (please tick responses)

**Resource Evaluation**

**Code:**  
SA = strongly agree  A = agree  U = unsure  
D = disagree  SD = strongly disagree

16 x Evaluation Forms received

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**Other comments:**

- Aimed at health care providers – good source- limited time frame with subject contact.
- CNA involvement good and valued.
- Though titled “Continence & Aged Care”- applicable to range of areas particularly as percent of acute care patients are in the aged care category.
- More info but very dry. Would teach basic management if people can stay awake! Not much of the person with this.
- I think the video is very boring although informative. I think students/pupils will “switch off” and not learn much.
- I am used to seeing these types of forums so for me I find it interesting. You may lose a younger audience with a video that has experts talking, esp. older experts.
- Video focuses on aged and is for community worker and allied health professionals and carers.

**Overview of Management tools and guidelines.**

- A bit dry – but shows multi-disciplinary viewpoints and promotes the significance of incontinence.

**Appendices**

**Final Report:** Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
• Useful information - assists in increasing awareness. However, is a bit dry, not very engaging.
• Very informative, but very dry.
• Not sure that this would work for undergraduates. More for experienced RN.
• Not for undergraduate - only for those with knowledge – undergraduate would be lost. Whilst info is there - too hard to filter if not familiar.
• Boring presentation, no visual impact, slow.
• Specific for aged care.
• Content too impersonal – no visual impact. Not structured. Too long – not useful for undergraduates.
• Good information: long and discussion like.
Continence Teaching Resource Evaluation Tool

**DVD:**
**Title:** Are You Ready: Tom's Triumph/Carers Story  
**Author:** IDSC/Minda/SA Govt  
**Publisher:** Intellectual Disabilities Services Council  
**Available from:** email: services@sa.gov.au  
**Date produced:** 2001 Running time DVD 10 mins+20 mins

Grading System using a Likert Scale to measure usefulness of continence teaching resources (please tick responses)

**Resource Evaluation**

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**Other comments:**
- An animated DVD for children: has music, good animation, good message, colour. Parents/carer story is an excellent resource to encourage continuing of a toileting program to success.
- I have included in midwifery as many mums who deliver also have toddler. Midwives are asked about this and having the information available is good.
- Good tool of info.
- Families with children with disabilities.
- Did not work.
Continence Teaching Resource Evaluation Tool

Video:
Title: Program 1: Continence: What’s it all about?
Author: Rural Health Education Foundation
Publisher: Australian Govt Dept of Health & Ageing
Available from: email: rhef@rhef.com.au
Date produced: 2004

Grading System using a Likert Scale to measure usefulness of continence teaching resources (please tick responses)

## Resource Evaluation

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### Suitable for:
- Basic skills: 1 1 2 0 0
- Child and Adolescents: 0 0 1 1 1
- Maternity: 0 2 2 0 0
- Challenges to body integrity and socialisation: 0 1 2 0 0
- Medical and Surgical Nursing: 1 1 2 0 0
- Men’s and Women's Health Care: 1 2 1 0 0
- Ageing: 1 1 1 0 0
- Nursing / Midwifery assessment: 1 1 1 0 0
- Health Promotion: 0 1 2 0 0

### Appropriate for the development of:
- Undergraduate / new graduate nursing practice: 1 1 2 0 0
- Undergraduate / new graduate midwifery practice: 1 1 2 0 0

**Other comments:**
- Panel of doctors/CNA/physio – so different aspects promoted.
- Awareness video (general). Presentation type monotone.
- Rather long! Not impressed with the “sister”. Although info good - leave for the library.
- Case studies No 1&2 were very vague and not very informative. Leave this out in the library. Speakers not impressive.

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
Continence Teaching Resource Evaluation Tool

**Video:**
**Title:** Program 2: Continence and the General Practitioner  
**Author:** Rural Health Education Foundation  
**Publisher:** Australian Govt Dept of Health & Ageing  
**Available from:** email: rhef@rhef.com.au  
**Date produced:** 2004  
**Running time (eg video)**

Grading System using a Likert Scale to measure usefulness of continence teaching resources (please tick responses)

<table>
<thead>
<tr>
<th>Resource Evaluation Code</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
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<tbody>
<tr>
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<tr>
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<td>2</td>
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<td>Challenges to body integrity and socialisation</td>
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</tr>
<tr>
<td>Medical and Surgical Nursing</td>
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<td>1</td>
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<td>0</td>
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<tr>
<td>Men’s and Women’s Health Care</td>
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<td>Ageing</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing / Midwifery assessment</td>
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<td>0</td>
</tr>
<tr>
<td>Health Promotion</td>
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<tr>
<td>Undergraduate / new graduate nursing practice</td>
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<tr>
<td>Undergraduate / new graduate midwifery practice</td>
<td>2</td>
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</tr>
</tbody>
</table>

**Other comments:**
- Good information, well presented.- use in class lectures.
- Good information, long discussion.
- Aimed at health care providers - although may be of benefit to prepared clients, some basic client education first.
- Video focuses on problems of patient incontinence; the importance of early diagnosis and the role of the GP in management.
Continence Teaching Resource Evaluation Tool

Video:
Title: National Continence Management Strategy: Educational Kit
Author: Continence Foundation of Australia
Publisher: Commonwealth of Australia
Available from: Dept Health & Ageing Canberra, National Mail & Marketing
Date produced: 2004

Grading System using a Likert Scale to measure usefulness of continence teaching resources (please tick responses)

**Resource Evaluation**

**Code:**
- SA = strongly agree
- A = agree
- U = unsure
- D = disagree
- SD = strongly disagree

4 x Evaluation Forms received

<table>
<thead>
<tr>
<th>Evaluation</th>
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<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
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</thead>
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</tbody>
</table>

**Suitable for:**
- Basic skills: 2 1 0 0 0
- Child and Adolescents: 1 1 1 0 0
- Maternity: 1 1 1 0 0
- Challenges to body integrity and socialisation: 2 1 0 0 0
- Medical and Surgical Nursing: 1 2 0 0 0
- Men’s and Women’s Health Care: 2 0 0 0 0
- Ageing: 2 0 0 0 0
- Nursing / Midwifery assessment: 1 1 1 0 0
- Health Promotion: 3 0 0 0 0

**Appropriate for the development of:**
- Undergraduate / new graduate nursing practice: 1 2 0 0 0
- Undergraduate / new graduate midwifery practice: 1 2 0 0 0

**Other comments:**
- Excellent for basic education of continence and awareness.
- The title “educational kit” doesn’t clearly reflect that it is a kit for health professionals to give educational sessions about continence. It is a “presenter’s kit” or a “presenters educational kit”.
- Basic information for community lecture & visual aids and formatted lecture.
- A good package to have as a resource educational “starter”.

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
The resource items listed below were provided by individual participants after a request at the focus group meetings to provide information on any resources they considered useful for teaching purposes that had not already been identified and evaluated by the project team.

- **Autonomic Dysreflexia Treatment - Algorithm.** 2005. Projects Funded by the Motor Accidents Authority NSW. Motor Accidents Authority. NSW
- **Spina Bifida Continence Package – Resource Folder.** Spina Bifida Hydrocephalus Qld.
- **Applying the 4 Principles of Ethics to Continence Care.** 1998 *British Journal of Nursing* Vol. 7 (1), pp.44.

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
Appendix 5

Survey for evaluation of uptake and usefulness of the Guidelines
Draft Survey to determine uptake of the Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula

Question 1
Did you participate in the focus groups to develop the Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula?
Yes [ ]
No [ ]

Question 2
Have you received a copy of the Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula?
Yes [ ]
No [ ]

Question 3
Have you used the Guidelines?
Yes [ ]
No [ ]

If yes, have you used them to:
Provide separate continence topics [ ]
Integrate continence education into existing topics [ ]
Inform your practice setting [ ]
Inform your clinical teaching [ ]
Other [ ]
Please comment
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Question 4
Examine the attached list of core elements for Continence Content in Undergraduate Nursing and Midwifery Curriculum. Have you included the following elements in your curriculum or practice?

<table>
<thead>
<tr>
<th>Element</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st : An awareness of incontinence</td>
<td></td>
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</tr>
<tr>
<td>2nd : Knowledge about how to prevent incontinence and promote continence</td>
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<td></td>
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<tr>
<td>3rd : Knowledge and assessment skills</td>
<td></td>
<td></td>
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<tr>
<td>4th : Clinical reasoning skills</td>
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</tr>
<tr>
<td>5th : Development of a plan of care that is based upon the best evidence</td>
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</tbody>
</table>

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula
Question 5
Have you experienced barriers to the implementation of the Guidelines?
Yes [ ]
No [ ]

Question 6
If yes, please indicate what these barriers are
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Question 7
Have you overcome these barriers?
Yes [ ]
No [ ]
What strategies have you adopted to overcome these barriers?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Question 8
Have you appointed a ‘champion’ for continence to overcome the resistance to including continence in the curriculum or delivering continence care in health settings?
Yes [ ]
No [ ]

Question 9
Have you strengthened your relationships with Nurse Continence advisors?
Yes [ ]
No [ ]
If yes, how have you done this?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

For Nurse Academics only:

Question 10
Is the continence component of undergraduate nursing education assessable?
Yes [ ]
No [ ]
Question 11
Have you made teaching venues aware of the inclusion of continence into your undergraduate Nursing and Midwifery Curricula?
Yes [  ]
No [  ]

Question 12
How well do you believe your nursing and midwifery graduates can do the following:

(Rate on a scale of 1 to 5 where 1 is poorly and 5 is very well)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Identify the physical, psycho-social, cultural and monetary</td>
<td></td>
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<tr>
<td>implications of incontinence for their clients and the</td>
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<tr>
<td>community</td>
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<tr>
<td>Recognise the prevalence of incontinence</td>
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<tr>
<td>Understand normal and abnormal bladder and bowel function</td>
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<tr>
<td>Identify factors that place people at risk of incontinence</td>
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<tr>
<td>Assist clients to reduce the risk factors for incontinence</td>
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<tr>
<td>Undertake and document an initial continence assessment</td>
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<tr>
<td>Refer the client to specialist continence practitioners or</td>
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<tr>
<td>multidisciplinary continence services when appropriate</td>
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<tr>
<td>Develop an initial continence management plan that is</td>
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<tr>
<td>appropriate to the client’s needs and based on best evidence</td>
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<tr>
<td>Implement an established continence management plan</td>
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<tr>
<td>Evaluate an established continence management plan</td>
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Demographic information

Please tick the box that applies to you.

Are you a:
Registered Nurse Clinical [  ]
Nursing Academic [  ]

If you are a clinician which of the following best describes your area of employment:
Acute care services [  ]
Residential aged care [  ]
Midwifery [  ]
Rehabilitation services [  ]
Community health services [  ]
Other please specify ________________________________________

If you are an educator which students do you mainly teach:
Nursing [  ]
Midwifery [  ]

Appendices
Final Report: Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula