

**CONTINENCE MODULE 3
MINIMUM STANDARDS FOR
SPECIALIST ASSESSMENT & CONSERVATIVE MANAGEMENT OF CONSTIPATION AND FAECAL INCONTINENCE**

The minimum standards required to initiate specialised conservative treatment of constipation and faecal incontinence are outlined below and can be divided into six categories:

1. Knowledge base
2. Assessment of the patient
3. Basic investigations
4. Initiating treatment
5. Reviewing the outcome of treatment
6. Training and supervision

1. Knowledge base

Learning outcomes

- To demonstrate an appropriate knowledge of anatomy and pathophysiology of the gastro intestinal tract in relation to faecal incontinence and constipation.
- To be able to identify “red flags,” and be aware of the need for onward referral for these or other conditions.
- To demonstrate an understanding of the types of constipation and faecal incontinence.
- To demonstrate an understanding of the conservative management of these conditions
- To be able to set relevant goals and expectations of treatment, initiate long term management and arrange appropriate review
- To demonstrate knowledge of the multi-disciplinary team

2. Assessment of the patient

Learning outcomes

- To demonstrate an ability to assess the symptoms of constipation and faecal incontinence and categorise the type of incontinence
- To be able to form a clinical diagnosis

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Knowledge of definitions of constipation and faecal incontinence</p> <p>Knowledge of anatomy and pathophysiology of the gastro intestinal tract in relation to constipation and faecal continence status</p> <p>Knowledge of red flag, signs and symptoms, two week cancer wait target, clostridium difficile, autonomic dysreflexia</p> <p>Knowledge of urinary symptoms and pelvic organ prolapse and their potential effect on bowel symptoms</p> <p>Knowledge of co-morbidities that may affect faecal incontinence and constipation</p> <p>Knowledge of medications that may affect faecal incontinence and constipation</p> <p>Awareness of the impact of mobility, manual dexterity and the patient's environment on their continence status</p>	<p>Ability to elicit a clear history from the patient and link this with knowledge of anatomy and types of dysfunction to form a clinical diagnosis</p> <p>Ability to identify red flag symptoms and manage or refer appropriately</p> <p>Examination of the patient's abdomen and rectum for palpable faecal impaction and anal sphincter tone.</p> <p>Vaginal examination to assess for the presence of pelvic organ prolapse and awareness of the impact that this may have on symptoms.</p> <p>Able to identify medications that may cause faecal incontinence or constipation</p> <p>Ability to undertake a functional assessment of mobility, manual dexterity and environment</p>	<p>Local education events on constipation and faecal incontinence ,anatomy and type of incontinence</p> <p>Joint visits between learner and competent clinician</p> <p>Bowel management module</p>	<p>Direct observation</p>	<p>Drossman 2006 Emmanuel 2004 Emmanuel 2013 MASCIP 2009 NICE 2007 RCN 2012 CC01 CHS4 CHS6 CHS38 CHS39 CHS46 CHS76 CHS167 CHS168 IPIC1 IPIC2 EUSC1 EUSC07</p> <p>www.nice.org.uk/cgo27</p> <p>PHARM04</p>

3. Basic investigations

Learning outcomes

To demonstrate the ability to use food, drink and bowel diaries and act upon the results

To demonstrate the ability to perform a digital rectal examination and interpret results

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Knowledge of the application and interpretation of bowel diaries</p> <p>Knowledge of tissue viability and risk assessment for patients with faecal incontinence</p> <p>Knowledge of “red flags”</p> <p>Recognise when chronic constipation can cause urinary symptoms and increase risk of urinary tract infection</p>	<p>Be able to administer, explain and interpret bowel diaries-including consistency, frequency of stool, Bristol stool Form and amount.</p> <p>Ability to collect a stool specimen and act on results.</p> <p>Know when to refer into other pathways such as 2 week wait pathway or for more complex investigations</p> <p>Able to complete a skin care assessment for patients at risk from faecal incontinence. Give advice regarding skin cleansing and protection</p>	<p>Attendance at nurse/physio specialist clinics</p> <p>Mandatory training (infection control, manual handling)</p> <p>Tissue viability training observation</p> <p>Supervised learning with appropriately trained clinician.</p>	<p>Training record</p> <p>Direct observation</p>	<p>Heaton et al 1992</p> <p>CC02</p> <p>CHS54</p> <p>CHS83</p> <p>NICE 2007</p> <p>IPC1</p> <p>IPC2</p> <p>NICE 2012</p> <p>CHS54</p>

4. Initial treatment

Learning outcomes

To demonstrate the knowledge, skills and attitudes required to undertake initial and long term management of constipation / faecal incontinence

To understand the clinical context of treatment options

Knowledge criteria	Clinical competence and professional skills	Training support	Assessment	References
<p>Knowledge of anatomy of anal sphincters and pelvic floor muscles and their role in maintaining continence</p> <p>Knowledge of conditions causing faecal incontinence and constipation and their treatments</p> <p>Knowledge of lifestyle interventions and appropriate onward referral</p> <p>Knowledge of available treatment options and skills of occupational therapist, dietician, pharmacist, specialist colorectal nurse, colorectal surgeon and gastroenterologist</p> <p>Knowledge of autonomic dysreflexia</p> <p>Knowledge of bowel management training</p> <p>Knowledge of oral and rectal laxatives</p> <p>Knowledge of digital anal stimulation</p> <p>Knowledge of digital rectal evacuation of stool</p> <p>Knowledge of trans anal irrigation</p> <p>Knowledge of disposable incontinence products , anal plugs</p> <p>Knowledge of available information resources for patient</p>	<p>Development of treatment plan and agree this with the patient / carer based on initial assessment and basic investigations including explanation of bowel diaries and giving advice based on findings</p> <p>To demonstrate knowledge of impact of lifestyle modifications eg regular eating and improved diet and fluids</p> <p>Initiate bowel management training and or pelvic floor exercises. Perform vaginal and rectal examination where appropriate</p> <p>Understanding of the effects of medication on the gastro intestinal tract including the use of oral and rectal medications to treat symptoms</p> <p>Ability to initiate, perform and teach digital rectal evacuation ,rectal stimulation and rectal irrigation</p> <p>Demonstrate knowledge of available and suitable products and counsel patients about their correct use</p> <p>Ability to initiate and teach trans anal irrigation to evacuate stool</p> <p>Explanation of different products available to manage incontinence</p> <p>Demonstrate knowledge of the voluntary /charity organisations and help provided</p>	<p>Direct clinical supervision</p> <p>University based continence module</p> <p>Direct observation of colleagues, observation by preceptor</p> <p>Clinical supervision</p>	<p>Direct observation</p> <p>Case log</p>	<p>CC01 CC08 CC09 CC11 CC12</p> <p>CHS40 CHS41 CHS46 CHS47 CHS52 CHS53 CHS93</p> <p>PE4</p> <p>GEN14 GEN 40 GEN 44 GEN 47</p> <p>MASCIP2012</p> <p>NPSA 2004</p> <p>Norton 2011 CHS210</p> <p>COO9</p>

5. Reviewing the outcome of treatment

Learning outcomes

To demonstrate the ability to monitor the effect of treatment and adapt long term management

Knowledge Criteria	Clinical competence and Professional skills	Training support	Assessment	SfH competences
Knowledge of potential outcomes of treatments for different symptoms	<p>Assess the response to lifestyle interventions referencing back to objectives agreed at assessment</p> <p>If lifestyle modification and bowel management training is ineffective then consider moving to the next stage on the treatment algorithm, including explanation of effect and possible side effects of treatment modalities offered</p> <p>Knowledge of when to refer on to other members of MDT/Tertiary centre</p>	<p>Direct observation by preceptor</p> <p>Direct supervision and feedback</p>	<p>Direct observation by preceptor</p> <p>Case based discussion</p>	<p>GEN14</p> <p>CHS47</p> <p>CHS53</p> <p>GEN44</p> <p>GEN47</p> <p>PE1</p> <p>PE2</p> <p>PE4</p> <p>EUSCO7</p> <p>ACA 2011</p>

6. Training and supervision

1. Training must initially be given under the supervision of an identified competent preceptor.
2. Within the first 12 months of practical training the trainee should attend a relevant theoretical course.
3. Written evidence of observations of clinical practice and formal testing of a minimum of 10 cases must be undertaken and completed to satisfaction of preceptor before trainee is deemed competent to practice unsupervised.
4. Attendance at a regular MDT to discuss interesting or challenging management of cases seen.

Skills for Health

Skills for Health competences relevant to constipation faecal incontinence referenced in this document: www.skillsforhealth.org.uk

Ref number	Title
CCO1	Assess bladder and bowel dysfunction
CC08	Care for individuals using containment products
CC09	Enable an individual to affectively evacuate their bowels
CC11	Implement toileting programmes for individuals
CC12	Enable individuals to undertake pelvic floor muscle exercises
EUSC1	Take a presenting history from an individual to inform assessment
EUSC07	Prioritise individuals for further assessment treatment
CHS3	Administer medication to individual
CHS4	undertake tissue viability risk assessment for individual
CHS 6	Move and position individuals
CHS 39	Assess an individual with a suspected health condition
CHS40	Determine a diagnosis of an individual's health condition
CHS41	Determine a treatment plans for individuals
CHS46	Assess risks associated with health conditions
CHS47	Monitor and assess individuals following treatment
CHS52	Plan interdisciplinary assessment of the health and well being individuals
CHS53	Evaluate the delivery of care plans to meet the needs of individuals
CHS 76	Obtain informed consent for interventions or investigations
CHS 83	Interpret and report on the findings of investigations
CHS93	Agree a dietary plan for an individual with a specified condition
CHS167	Obtain valid consent and authorisation
CHS168	Obtain a patient/client history
CHS210	Maintain health care equipment medical devices and associated systems
GEN6	Take a presenting history from an individual to inform assessment
GEN14	Provide advise and information to individuals on how to manage their own condition
GEN 40	Prepare environments and resources for use during clinical therapeutic activities
GEN 44	Liaise between primary secondary and community teams
GEN 47	Contribute to the development of the multidisciplinary team and its members

IPC1 IPC2	Minimise the risks of spreading infection by cleansing and maintaining environments in health and social settings Perform hand hygiene to prevent the spread of infection
PE1 PE2 PE4	Enable individuals to make informed health choices and decisions Manage information and materials for access by patients and carers Agree and plan to enable individuals to manage their health condition
PHARMO4	Provide advice on symptoms and the actions and use of medicines

References

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Department of Health (2010) Essence of care: benchmarks for respect and dignity, London: DH

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National Institute of Clinical Excellence (2014) Quality Standard 54 faecal incontinence, London:NICE

National Institute of Clinical Excellence (2007) Management of faecal incontinence in Adults, clinical guideline CG49 London:NICE

National Institute of Clinical Excellence (2005) Referral guideline for suspected cancer. Clinical Guideline 27 www.nice.org.uk/cgo27

National Institute of Clinical Excellence (2012) Infection: control and prevention of health care associated infections in primary and community care: Clinical Guideline CG 139 London NICE

National Reporting and Learning Service (2004) Patient Safety Information. Spinal Cord Lesion and Bowel Care. Tinyurl.com/spinalcord-bowelcare

National Patient Safety Agency (2004) Improving the safety of patients with established spinal injuries in Hospital, London: NPSA

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Nursing and Midwifery Council (2008) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives. London: NM www.nmc-uk.org/code

Royal College of Nursing (2012) Management of lower bowel Dysfunction including DRE and DRF; a Guidance for Nurses. London www.rcn.org

Other resources

Association of continence advice www.aca.uk.com.uk

Bladder and Bowel Foundation www.bladderaandbowelfoundation.org

Multiple Sclerosis Society www.mssociety.org-uk

National Association for Colitis and Crohns Disease www.nacc.org.uk

Promocon www.promocon.co.uk

RADAR The disability network www.radar.org.uk

Spinal Injuries Association (SIA) www.spinal.co.uk