

CONTINENCE MODULE 1
MINIMUM STANDARDS FOR THE
SPECIALIST ASSESSMENT & CONSERVATIVE MANAGEMENT OF FEMALE LOWER URINARY TRACT SYMPTOMS

The minimum standards required to initiate specialised conservative treatment of female urinary 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. Supervision and training

1. Knowledge base

Learning outcomes:

To demonstrate an appropriate knowledge of the anatomy and pathophysiology of female lower urinary tract in relation to lower urinary tract dysfunction and continence status.

To understand the impact of lower urinary tract symptoms on women

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 female urinary incontinence.

To demonstrate an understanding of the conservative management of these conditions

To be able to set relevant goals and expectations of treatment and arrange appropriate review

To demonstrate knowledge of the role of the multi-disciplinary team

2. Assessment of the patient

Learning outcomes:

To demonstrate an ability to assess the symptoms of urinary incontinence and categorise the type of incontinence

To be able to form a clinical diagnosis

To be able to perform a relevant clinical examination

Knowledge criteria	Clinical Competencies and Professional skills	Training support	Assessment	References
<p>Knowledge of ICS/IUGA definitions of incontinence</p> <p>Knowledge of female anatomy and pathophysiology in relation to continence status including when the presence of pelvic organ prolapse may affect urinary symptoms</p> <p>Knowledge of red flag signs and symptoms</p> <p>Knowledge of bowel symptoms and their potential effect on urinary symptoms</p> <p>Awareness of co-morbidities and medications that may affect lower urinary tract function</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 focussed history from the patient and link this with knowledge of anatomy and types of incontinence to form a clinical diagnosis including relevant questions regarding bowel and sexual function</p> <p>Ability to identify red flag symptoms and manage or refer appropriately</p> <p>Examination of the patient's abdomen for palpable mass or urinary retention Examination of the perineum to identify prolapse, excoriation and assess pelvic floor contraction</p> <p>If indicated rectal examination to exclude faecal impaction</p> <p>Ability to undertake a functional assessment of mobility, manual dexterity and environment</p>	<p>Attendance at nurse and doctor led lower urinary tract clinics</p> <p>Joint visits between learner and competent clinician</p> <p>Clinical supervision</p>	<p>Direct observation</p> <p>Competences</p>	<p>ICS/IUGA</p> <p>CHS168</p> <p>CC01</p> <p>SCDHSC0219</p> <p>NICE CG40</p> <p>NICE CG171</p> <p>QOL SF (ref ICI)</p>

3. Basic investigations

Learning outcomes

To demonstrate the ability to perform and interpret dipstix analysis of urine

To demonstrate the ability to perform a bladder scan to assess post-void residual and act upon the result when necessary

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
Understand the implications of urine testing	Be able to perform and interpret dipstix testing of urine and know when to send MSU	Supervised learning with appropriately trained clinician.	Training record	CC01 CC10
Knowledge of “red flags”	Know when to refer into other pathways such as haematuria pathway	Training days.	Direct observation	CG40 CG171
Understand the use and interpretation of bladder diaries	Be aware of appropriate and inappropriate antibiotic prescribing	Continence module		
Knowledge of bladder scanners and when to measure post-void residual	Be able to administer, explain and interpret bladder diaries. Competent use of bladder scanner to measure post-void residual and act upon findings including onward referral when appropriate	Clinical Supervision		

4. Initial management

Learning outcomes

To demonstrate the knowledge, skills and attitudes required to undertake initial management of female urinary incontinence

To understand the clinical context of treatment options

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
Knowledge of conditions causing LUTs	Development of treatment plan and agree this with the patient based on initial assessment and basic investigations including explanation of bladder diary findings to patient and giving advice based on findings	Direct clinical supervision University based Continence module	Direct observation Case log	CHS41 CC01 CC08 CC11 CC12
Knowledge of available treatment options				
Awareness of co-morbidities and their effect on urinary symptoms	To demonstrate knowledge of impact of lifestyle modifications eg. Fluid intake, bowel management, caffeine reduction, weight reduction, smoking cessation	Direct observation of colleagues, observation by preceptor		CG40 CG171
Knowledge of pharmacotherapy and the effect of drugs on the lower urinary tract				
Knowledge of types of urinary incontinence and their appropriate treatments	Initiate bladder training and/or pelvic floor muscle training programme and allow 6-12 weeks for optimal treatment. Perform vaginal and rectal examination where appropriate			Bladder & Bowel Foundation Promocon
Knowledge of purpose and interpretation of bladder diaries				
Knowledge of lifestyle interventions and appropriate onward referral	Understanding of effects of medications on the lower urinary tract			
Knowledge of bladder training programmes	Demonstrate knowledge of available and suitable products and counsel patient about their correct use.			
Knowledge of anatomy of pelvic floor muscles and role of pelvic floor muscles in continence				
Knowledge of washable or absorbent products, collecting devices and toileting aids				
Knowledge of available resources for patient				

5. Reviewing the outcome of treatment

Learning outcomes

To demonstrate the ability to monitor the effect of treatment.

Knowledge Criteria	Clinical Competence and Professional skills	Training support	Assessment	References
Knowledge of potential outcomes of treatments for different symptoms	<p>Assess the response to lifestyle interventions, referencing back to objectives agreed at initial assessment</p> <p>If 6 weeks lifestyle modification and bladder training is ineffective consider moving to the next stage on the treatment algorithm, including explanation of effect and possible side-effects of treatment modalities offered</p> <p>Monitor effect of PFMT and arrange referral to specialist service if no improvement</p> <p>Awareness of own level of responsibility and onward referral when appropriate, including when to refer to the MDT</p>	<p>Direct observation of preceptor</p> <p>Direct supervision and feedback</p>	<p>Direct observation by preceptor</p> <p>Case based discussion</p>	CG171

6. Training and supervision

1. Training must initially be given under the supervision of an identified preceptor.
2. Access to national training courses and continence modules.
3. Written evidence of observations of clinical practice must be undertaken and completed to satisfaction of preceptor before trainee is deemed competent.
4. Access to an MDT to discuss case management.

References

Skills for Health competences referenced in this document: www.skillsforhealth.org.uk

Ref number	Title
CC01	Assess bladder and bowel dysfunction
CHS168	Obtain a patient/client history
CHS 41	Develop and agree treatment plans for individuals
CC10	Assess residual urine by use of pelvic ultrasound
CC11	Implement toileting programmes for individuals
CC12	Enable individuals to undertake pelvic floor muscle exercises
CC08	Care for individuals using containment products

NICE (National Institute for Health and Care Excellence) guidance : www.nice.org.uk

Ref number	Title
CG171 (replaced CG40)	Urinary incontinence in women
CG148	Urinary incontinence in neurological disease
CG49	Faecal incontinence

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