

CONTINENCE MODULE 2
MINIMUM STANDARDS FOR THE
SPECIALIST ASSESSMENT AND CONSERVATIVE MANAGEMENT OF MALE LOWER URINARY TRACT SYMPTOMS

The minimum standards required to initiate conservative treatment of male lower urinary tract symptoms 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 anatomy and pathophysiology of the male lower urinary tract in relation to lower urinary tract dysfunction and continence status
- To understand the impact of lower urinary tract symptoms on men
- To be able to identify “red flags” and be aware of the need for onward referral for these conditions
- To demonstrate an understanding of the types of male lower urinary tract dysfunction.
- 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 patient

Learning outcomes

To demonstrate an ability to assess male lower urinary tract symptoms and form a clinical diagnosis

To be able to perform relevant clinical examinations

Knowledge criteria	Clinical competence and professional skills	Training support	Assessment	References
Knowledge of ICS definitions of lower urinary tract dysfunction and NICE Guidance on male lower urinary tract symptoms	Ability to elicit a focussed history from the patient and link this with knowledge of anatomy and types of LUTs to form a clinical diagnosis including relevant questions regarding bowel and sexual function	Attendance at nurse and doctor led lower urinary tract clinics	Direct observation	ICS
Knowledge of male anatomy and pathophysiology in relation to lower urinary tract symptoms	Ability to identify red flags symptoms and manage or refer appropriately	Joint visits between learner and competent clinician	Discussion	EUSC1
Knowledge of bowel symptoms and their potential effect on urinary symptoms	Perform examination of the abdomen for palpable mass or bladder retention and if indicated digital rectal examination to exclude faecal impaction		Competences	CHS 39 CHS40
Awareness of co-morbidities and medications that may affect lower urinary tract function	Ability to assess prostate size (dependent on local policy and training)			PB1
Awareness of the impact of mobility, manual dexterity and the patient's environment on their continence status	Ability to undertake a functional assessment of mobility, manual dexterity and environment			

3. Basic Investigations

Learning outcomes

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

To demonstrate the ability to perform bladder residual volume and flow rate

Knowledge criteria	Clinical competence	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	CC10
Knowledge of “red flags”	Know when to refer into other pathways such as haematuria pathway	Training days	Direct observation	CHS 76
Understand the use and interpretation of bladder diaries	Be aware of appropriate and inappropriate antibiotic prescribing	Continence module	Discussion	CHS 83
Knowledge of bladder scanners and when to measure post-void residual	Be able to administer, explain and interpret bladder diaries.	Clinical supervision		
Knowledge of the role of IPSS and when it should be applied	Competent use of flowmeter and bladder scanner to measure flow rate and post-void residual and act upon findings including onward referral when appropriate			
Knowledge of the role of further investigations such as PSA and renal function tests				

4. Initiating Treatment

Learning outcomes

To demonstrate the knowledge, skills and attitudes required to undertake first line treatment of male urinary symptoms

To understand the clinical context of treatment options

Knowledge criteria	Clinical competence	Training support	Assessment	References
<p>Knowledge of conditions causing LUTs in men</p> <p>Knowledge of available treatment options</p> <p>Awareness of co-morbidities and their effect on urinary symptoms</p> <p>Knowledge of pharmacotherapy and the effect of drugs on the lower urinary tract</p> <p>Knowledge of lifestyle interventions</p> <p>Knowledge of bladder training programmes</p> <p>Knowledge of when onward referral is appropriate</p> <p>Knowledge of washable or absorbent products, collecting devices and toileting aids</p> <p>Knowledge of available resources for patient</p>	<p>Development of treatment plans 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</p> <p>To demonstrate knowledge of impact of lifestyle modifications eg. Fluid intake, bowel management, caffeine reduction, weight reduction, smoking cessation</p> <p>Initiate bladder training programme and/or pelvic floor muscle training and allow 6-12 weeks for optimal treatment.</p> <p>Understanding of effects of medication on the lower urinary tract</p> <p>Demonstrate knowledge of available and suitable products and counsel patient about their correct use</p>	<p>Direct supervision</p> <p>University based Continence module</p> <p>Direct observation of colleagues, observation by preceptor</p>	<p>Direct observation</p> <p>Case log</p>	<p>CHS 41</p> <p>Bladder & Bowel Foundation</p> <p>Promocon</p>

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 offering moving on to the next stage of 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 by preceptor</p> <p>Direct supervision and feedback</p>	<p>Direct observation by preceptor</p> <p>Case based discussion</p>	PE1

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
CC 10	Male lower Urinary tract symptoms
PB1	Male Digital rectal examination
CC12	Pelvic Floor Exercises
PE1	Enable individuals to make informed health choices and decisions
CHS 76	Obtain informed consent for interventions or investigations
EUSC1	Take a presenting history from an individual to inform assessment
CHS 39	Assess an individual with a suspected health condition
CHS40	Determine a diagnosis of an individual's health condition
CHS 83	Interpret and report on the findings of investigations
CHS 41	Develop and agree treatment plans for individuals