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Prioritizing Urinary Incontinence for Current and Future Healthcare Professionals

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Prioritizing urinary incontinence for current and future healthcare professionals
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Introduction

Urinary incontinence (UI) is a common syndrome that often goes unreported and undiagnosed. As calls to action from the National Institute on Aging and American Geriatrics Society suggest, the healthcare workforce must work interprofessionally to meet the needs of people with UI. Understanding the challenges and opportunities for improving continence care in Virginia is a first step. The primary goal of this study was to assess changes in awareness of and confidence in providing interprofessional UI care after participating in an interactive workshop.

Methods

- 50-minute workshop at the Emswiller Interprofessional Symposium
- Break Out Sessions
- Large Group Call Outs
- Review & Surveys
- 5-question retrospective pre-post survey was developed using a 5-point Likert Scale:
  1. Before this workshop, I was confident in my ability to treat a patient with UI.
  2. Before this workshop, I was confident in my ability to identify roles and responsibilities of other healthcare professionals involved in continence care.
  3. Before this workshop, I was confident in my ability to incorporate interprofessional continence care concepts into my current practice.
  4. Before this workshop, I was confident in my ability to refer a patient with UI to another healthcare professional for further treatment.
  5. Before this workshop, I was confident in my awareness of resources to help a patient with UI.

Demographic data was collected. Surveys with missing or incomplete data were excluded. Data normality was assessed by visual inspection. Wilcoxon matched-pairs signed rank test was used to compare pre-post responses.

Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Likert Score</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>5</td>
<td>0.0010</td>
</tr>
<tr>
<td>Q2</td>
<td>4</td>
<td>0.0035</td>
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<tr>
<td>Q3</td>
<td>3</td>
<td>0.0005</td>
</tr>
<tr>
<td>Q4</td>
<td>4</td>
<td>0.0020</td>
</tr>
<tr>
<td>Q5</td>
<td>3</td>
<td>0.0006</td>
</tr>
</tbody>
</table>

* n=17 reflects 2 student participants who indicated they did not work in healthcare and 1 professional participant who did not answer the question.


Conclusions

- After the workshop, participants’ confidence significantly increased in all five areas evaluated:
  - Treatment of UI
  - Identification of roles and responsibilities of other healthcare professionals involved in UI treatment
  - Incorporation of interprofessional continence care concepts into current practice
  - Referral of a patient with UI to another healthcare professional for further treatment
  - Awareness of resources to help a patient with UI

- Bringing awareness to the prevalence of UI, quality treatment standards, and interprofessional practice options may ultimately help improve patient-centered care for people with UI.

Limitations:

- Small sample size may limit generalizability
- Limited time allowed after workshop for participants to complete surveys, which may have led to incomplete reflections

Next Steps:

- Follow up with participants via e-mail in 3 months to assess for changes in approach to continence care and/or interprofessional collaboration
- Incorporate panel discussion on interprofessionalism in continence care into UI learning module for student pharmacists

References


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