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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 of 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 Emswiler Interprofessional Symposium provided a forum for discussion among healthcare professionals to: (1) define UI, (2) characterize and rank treatment challenges, (3) identify helpful resources, and (4) recognize interprofessional partners to provide optimal UI care



- 5-question retrospective pre-post survey was developed using a 5-point Likert Scale:

Circle the number that best describes your level of agreement with each statement:

- Before this workshop,** I was confident in my ability to treat a patient with UI.
After this workshop, I am confident in my ability to treat a patient with UI.
- Before this workshop,** I was confident in my ability to identify roles and responsibilities of other healthcare professionals involved in continence care.
After this workshop, I am confident in my ability to identify roles and responsibilities of other healthcare professionals involved in continence care.
- Before this workshop,** I was confident in my ability to incorporate interprofessional continence care concepts into my current practice.
After this workshop, I am confident in my ability to incorporate interprofessional continence care concepts into my current practice.
- Before this workshop,** I was confident in my ability to refer a patient with UI to another healthcare professional for further treatment.
After this workshop, I am confident in my ability to refer a patient with UI to another healthcare professional for further treatment.
- Before this workshop,** I was confident in my awareness of resources to help a patient with UI.
After this workshop, I am confident in my awareness of resources to help a patient with UI.

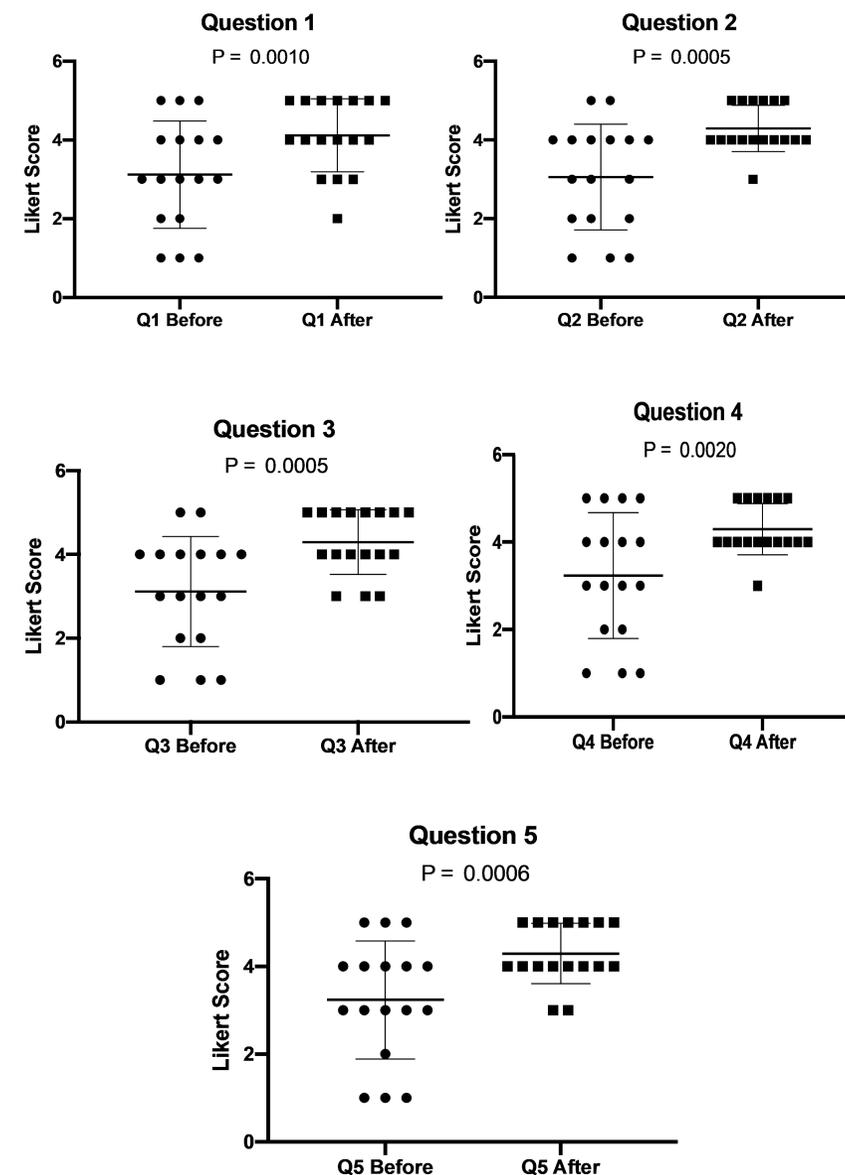
| | | | | |
|-------------------|----------|---------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

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

| Demographics (n=20) | | | | | | |
|---------------------|-----------------------|----------------|----------------|-------------------------------|---------------|----------------------------|
| Works in Healthcare | Yes (90%) | No (10%) | | Works in Primary Care (n=17)* | Yes (70%) | No (30%) |
| | Healthcare Discipline | Pharmacy (55%) | Medicine (10%) | | Nursing (10%) | Occupational Therapy (10%) |
| Age Groups (years) | 19 and younger (0%) | 20-29 (35%) | 30-39 (15%) | 40-49 (10%) | 50-59 (25%) | 60-69 (15%) |

*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

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