Prioritizing Urinary Incontinence for Current and Future Healthcare Professionals

Leighton N. Thumm
Virginia Commonwealth University

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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 Emswiller 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.

Results

<table>
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<th>Question</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0.0016</td>
</tr>
<tr>
<td>2.</td>
<td>0.0005</td>
</tr>
<tr>
<td>3.</td>
<td>0.0005</td>
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<tr>
<td>4.</td>
<td>0.0020</td>
</tr>
<tr>
<td>5.</td>
<td>0.0006</td>
</tr>
</tbody>
</table>

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.

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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For More Information Contact: Leighton N. Thumm, Student Investigator at thummln@vcu.edu

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