

An Internationally Validated Competency Based Role Profile of the Nurse Continence Specialist

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A Nurse Continence Specialist (NCS) is a Registered Nurse with a broad base of nursing experience combined with a specialised theoretical and experiential knowledge of bladder, bowel and pelvic floor dysfunction with a focus on incontinence. This enables the NCS to make complex decisions making across all of the determinants of health and well being to promote bladder, bowel and pelvic floor health and manage bladder, bowel and pelvic floor dysfunction.

A NCS may practice in a diverse range of inpatient, outpatient, long term and community practice settings and specialisations, for example: urology, urogynaecology, women's health, GP clinics, rehabilitation, geriatrics, paediatrics, colorectology and neurology.

A NCS practices in accordance with legislation and common law relative to the country of employment, adheres to the nursing profession's code of professional conduct and code of ethics, acts in accordance with their current role statement and employers policies and recognises his/her accountability to practice competently within his/her own level and scope.

A NCS provides leadership in the promotion of bladder, bowel and pelvic floor health through education and support of clients/patients, families, caregivers, community groups and health professionals at undergraduate, continuing and postgraduate levels. The teaching of the NCS is based on the best evidence available, and incorporates all of the determinants of health. The NCS uses teaching methods that are cognisant of cultural, literacy, developmental and contextual learning needs. The NCS incorporates the development and use of learning and teaching aids, continence health promotion literature and preventative strategies in their teaching.

A NCS provides leadership in the promotion of bladder, bowel and pelvic floor health through an ongoing commitment to the development and use of effective verbal and written communication in the practice setting and in his/her service to the community and the profession. This enables the NCS to actively foster and maintain collegial, collaborative interdisciplinary relationships which facilitates the ease with which they co-ordinate care across disciplines and agencies. It also assists, according to his/her level of development, the NCS to effectively participate in conferences, publications and key roles at local/state/province/ regional and international levels.

A NCS uses a person centred care framework to guide a systematic well documented assessment and care plan that is based upon consideration of the determinants of health and well-being, including the biological, social, economical and environmental. This person centred care approach takes into account the context of people's lives. This includes the client's/patient's behaviours, characteristics, abilities, values and beliefs, their health needs and health goals and objectives, and their family/carer needs, abilities and expectations. The assessment and care plan are an ongoing process that may, if indicated, lead to collaboration between the NCS, client/patient, relatives and friends, unregulated/unlicensed care workers and other health professionals.

The care plan developed by the NCS, in partnership with the client, is based upon the best available evidence, ongoing evaluation, goal setting and outcome measurement, all of which are underpinned by education and support. It may include one or more of the following: self-management strategies; lifestyle modifications; behavioural therapies (e.g. bladder and/or bowel training, prompted voiding, timed toileting); pelvic floor muscle rehabilitation (e.g. pelvic floor muscle training, biofeedback); the use of special devices (e.g. vaginal support pessaries, intra-urethral devices, enuresis alarms); techniques (e.g. intermittent self-catheterisation, rectal irrigation) and incontinence containment products.

A NCS utilises research appraisal skills to access and critique research literature and transfer knowledge to practice to ensure practice is based on the best evidence available. A NCS when possible and according to their level of development identifies, designs, undertakes or participates in research with the intent of generating new knowledge to improve patient outcomes or evaluate service delivery.

(Date finalised 12th October 2014)