

A national project to develop and validate

Practice Standards

for

Nurse Continence Specialists in Australia

Submitted to CONSA

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Executive summary

This report describes a project undertaken by the Continence Nurses Society Australia (CoNSA) to reach consensus about standards of practice for Nurse Continence Specialists in Australia. The project was undertaken in two interrelated stages between November 2015 and August 2017. A working party (JT, JO, LW) drafted a set of practice standards with reference to the Australian Nurses for Continence Competency Standards for Continence Nurse Advisors' (2000), the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016), and an internationally validated role profile of the Nurse Continence Specialist (Paterson et al., 2016).

Registered Nurses with qualifications and/or expertise in bladder, bowel and pelvic floor dysfunction and the management of urinary and/or faecal incontinence who identified themselves as either a Nurse Continence Specialist, Continence Advisor, Continence Nurse Advisor, Continence Nurse Consultant or Continence Nurse Specialist were invited to input to the development and refinement of the draft document. Specifically, they were invited to indicate their level of agreement/disagreement with a set of statements about the proposed application of each NMBA standard to continence nursing practice to comment on their relevance.

The stage one survey was completed by 33 Registered Nurses. The stage two online survey was completed by 165 (57%) CoNSA members. Quantitative responses indicated very high levels of agreement (97-100%). Qualitative comments resulted in a number of changes to the standards, primarily in terms of editing, clarifying meanings, and removing redundancies. This iterative and consensus approach resulted in the development and validation of the **CoNSA Practice Standards for Nurse Continence Specialists in Australia.**

The project team recommend: (i) the 'practice standards' be widely disseminated; (ii) further consideration should be given to the identified barriers to the uptake and sustained use of the 'practice standards'; (iii) CoNSA should consider the qualitative feedback elicited through the survey to determine if the recommendations warrant collaborative leadership; and (iv) a strategy be developed to ensure the 'practice standards' remain current.

Background

A Nurse Continence Specialist (NCS), otherwise termed 'Continence Advisor' (CA), 'Continence Nurse Advisor' (CNA), 'Continence Nurse Consultant' (CNC) or 'Continence Nurse Specialist' (CNS) is 'a Registered Nurse with relevant post-graduate qualifications and/or skills and expertise, who has defined responsibility for promotion, assessment, management and education related to the care of people who have bladder and/or bowel continence health issues' (Paterson et al., 2016. p. 646). In Australia, the role of the NCS has evolved in a dynamic manner in response to the changing health needs of the community, health policy decisions and consumer demand.

Nurse Continence Specialists in Australia work across diverse age groups, and employ assessment skills to implement targeted conservative measures to prevent, manage, and treat incontinence, and other bladder, bowel, and pelvic floor disorders. These conservative interventions include, but are not limited to advice about fluid modification, toileting practices, dietary interventions, management of chronic health conditions and behavioural therapies (e.g., deferment techniques, pelvic floor bracing, bladder training or pelvic muscle rehabilitation). A systematic review of twelve randomised controlled trials found evidence that treatment of incontinent community-dwelling patients by a nurse is beneficial in terms of short-term clinical outcomes (DuMoulin et al., 2005).

In Australia, NCS' are professionally represented by Continence Nurses Society Australia (CoNSA), previously termed Australian Nurses for Continence (ANFC). CoNSA is a non-profit national organisation that provides a communication conduit for the activities of the Australian State and Territory branches members and provides a single national professional voice that advocates on continence nursing related issues. In 2000, ANFC commissioned the development and validation of a suite of competency standards for nurses specialising in continence promotion and the management of incontinence. The resultant document was titled 'Australian Nurses for Continence Competency Standards for Continence Nurse Advisors'. The competency standards were prefaced with the following information:

Australian Nurses for Continence Competency Standards for Continence Nurse Advisors' (2000)

The CNA is a Registered Nurse with relevant post basic qualifications and/or skills and expertise, who has defined responsibility for promotion, assessment, management and education in the fields of urinary and faecal incontinence.

The role of the CNA is that of an advanced nurse practitioner or clinical nurse specialist and most nurses in this role will experience significant autonomy (and organizational expectations of role initiative) in the exercise of their position descriptions. The role of the Registered Nurse Continence Adviser is dependent on the employing authority, the practice situation and the needs of the particular client population. These competencies apply to all CNA'S: in acute hospital settings, aged and extended care facilities and in the community.

Secondly, enactment of the CNA role assumes the practitioner will invoke therapeutic outcomes as an expectation of patient assessment, diagnosis, planning, implementation and evaluation of continence care. CNA's are required to demonstrate a considerable body of knowledge and skills covering divergent responsibilities including, but not limited to, administrative, promotional and educational abilities.

CNA's may work independent of or in close collaboration with the medical and allied health team. CNA's should develop and value such relationships towards optimum outcomes for continence promotion and continence care.

The responsibilities of CNA's can be summarized by the implied autonomy and therapeutic potential of their role. This role requires nurses to adequately and confidently demonstrate defined standards of competence in their practice. For these reasons the Australian Nurses for Continence has commissioned the CNA Competencies which will be used to guide and monitor the practice of CNA's throughout Australia.

These competencies target the advanced practitioner (but new continence nurse adviser) who should be able to meet them. The performance of the new continence nurse adviser can generally be easily distinguished from the performance of an 'expert' CNA through the actual performance criteria. Attainment of these competencies demonstrates that the individual is functioning safely and effectively in all performance aspects of the CNA's advanced role. The competencies do NOT differentiate between a CNA who has been in the job for 12 months and one who has been there for 12 years. They WILL differentiate a CNA's performance from that of a stomal therapist or a generalist nurse (even of 12 years standing).

Competency standards in nursing

Competency standards provide a framework for assessing competence against a certain predetermined standard or set of standards. In broad terms, competency standards recommend expected levels of knowledge, attitudes, skills and behaviours. They serve a range of purposes, including for:

- Registration/licencing (credentialing, benchmarking)
- Education and training (curriculum development, teaching, re—education, new graduate training)
- Workplace management (position description, career progression) (Chiarella et al., 2008).

There is a plethora of competency standards in nursing as well as a large body of research and theoretical literature about competence and assessment of nursing competence. Within the nursing profession there is considerable debate about the validity and reliability of competency standards, particularly as standards are typically multifaceted and encompass a range of interrelated constructs.

In 2014, the NMBA initiated a review of the then National Competency Standards for the Registered Nurse with the release of a public consultation background paper (NMBA, 2015). The consultation identified the need to move away from a focus on competencies to a focus on standards for practice. It was agreed this would facilitate a more streamlined approach with simplified language, minimise repetition, and allow for more flexibility in the application of the standards. The outcome of the consultation was the NMBA Registered Nurse Standards for Practice (2016) which comprise seven standards.

1. Thinks critically and analyses nursing practice.
2. Engages in therapeutic and professional relationships.
3. Maintains the capability for practice.
4. Comprehensively conducts assessments.
5. Develops a plan for nursing practice
6. Provides safe, appropriate and responsive quality nursing practice.
7. Evaluates outcomes to inform nursing practice

CoNSA Practice Standards for Nurse Continence Specialists

To ensure the language and intent of the ANFC Competency Standards for Continence Nurse Advisors' (2000) aligned with the updated NMBA Registered Nurse Standards for Practice (2016), in 2015 the CoNSA executive initiated a project to review and update its competency standards. A working party of key CoNSA members was established (JT, JO & LW). The domains of the first draft of the NMBA Registered Nurses Standards for Practice were used to provide an organising framework to develop the first draft of the CoNSA Practice Standards for the NCS. The draft was also developed with reference to the prior competency standards and a recently developed role profile of the NCS which was internationally validated (Paterson et al., 2016).

Although the CoNSA Draft Practice Standards for NCS were developed with reference to authoritative sources of evidence, it was unclear if the domains represented the key concepts of interest to practicing NCS, i.e. if they were valid. A tool or measure [including a standard or set of standards] is said to be valid if it measures what it claims to measure.

Traditionally, three types of validity are sought: (i) content validity, (ii) criterion-related validity, and (iii) construct validity. Contemporary views conceptualise validity as a unitary construct that derives from the accumulated "evidence of four sources (content, response processes, internal structure, and relations to other variables)" (Squires et al., 2013). In other words, the validity of a measure cannot be inferred from a single source of evidence or test. A series of activities are required. Consistent with this understanding of validity, the project commenced with a set of activities designed to establish the content validity of the Draft Practice Standards for Nurse Continence Specialists, i.e. to determine if they adequately represented the content domain of the key concepts of interest.

Aim

The overall aim of the project was to determine the content validity of the Draft Practice Standards for Nurse Continence Specialists

Objectives

- To seek structured feedback on the Draft Practice Standards for Nurse Continence Specialists from nurses who specialise in bladder and bowel care and the management of urinary and/or faecal incontinence and pelvic floor dysfunction in Australia.
- To provide an opportunity for the nurse members of CoNSA to comment on the applicability of the core domains of practice.
- To use feedback from the CoNSA membership to revise, refine and make public the Practice Standards for Nurse Continence Specialists that have been validated and ratified by the CoNSA nursing membership.

Research design and methods

The project was undertaken in two interrelated stages, which represented different activities to validate the Draft Practice Standards for Nurse Continence Specialists.

Stage 1 Methods

A purposive sample of nurses in Australia were sought for the project, i.e. Registered Nurses with qualifications and/or expertise in bladder, bowel and pelvic floor dysfunction and the management of urinary and/or faecal incontinence who identified themselves as either a NCS, NCS, CA, CNA, CNC or CNS. They were recruited during attendance at a national workshop convened by the research team at the National Conference on Incontinence (November 2015). The workshop was chaired by the President of CoNSA (JT) and co presenters included members of the working party (LW, JO). Workshop attendees were

asked to form six groups; each comprising 4-6 attendees. During the workshop, the workshop convenors:

- Informed all attendees about the CoNSA project to update the existing CONSA competency standards
- Provided a copy of the ANFC Competency Standards for Continence Nurse Advisors' (2000) as well as a copy of the Draft Practice Standards for Nurse Continence Specialists
- Presented information on how to integrate the proposed new standards into practice.
- Invited attendees to discuss the draft standards and the specific relevance of the domains and items of each standard amongst themselves in small groups. The working party collected participants' collective discussion points
- Invited attendees to complete an anonymous survey asking them to rate their agreement with a series of statements about the draft standards, as well as a demographic form with non-identifying information about their age, gender, qualifications, years of experience, client base, and role.

Completion of the survey was voluntary. Ethical approval was obtained from Deakin University. The survey for stage one is included in [Appendix A](#).

Data were predominantly quantitative. They were entered into an electronic database and analysed utilising SPSS version 22.0. Descriptive statistics were used. The content validity of the Draft Practice Standards for Nurse Continence Specialists test was considered robust if there was a 75% level of agreement among respondents. Qualitative data were analysed using content analysis, consistent with the fields specified in the survey.

Information from stage one was used to revise and refine the draft standards. Thereafter, the redrafted standards were disseminated to all CoNSA management committee members (June 2016) and feedback was sought. The CoNSA Management Committee is made of elected positions (i.e. President, Vice President, Secretary and Treasurer), state and territory representatives, and subcommittee members. Five committee members provided feedback on this draft.

Stage 2 Methods

Stage two of the project commenced in January 2017. The working party disseminated copies of the [Redrafted Practice Standards for Nurse Continence Specialists](#) to the CoNSA national membership with a similar survey as that which was used in stage 1. The aim was to elicit structured feedback on the Draft Practice Standards for Nurse Continence Specialists from a broader sample of nurses. The online survey consisted of 88 questions requiring a 'yes' or 'no' response, indicating if the proposed standard was applicable to the respondent's practice. In addition, respondents were given the opportunity to comment on the relevance of the NMBA standards to continence nursing practice. The survey was sent to all current members of CoNSA (n=287), including some who worked in the continence product industry on 19 February 2017. Two sets of reminders were sent. The online survey closed on 14 April 2017.

Between April and August 2017, the working party (JT, JO, LW) met regularly to review all feedback as a group. Each and every comment was evaluated to determine whether it should inform a revision to the draft standards. Each point was discussed until agreement was reached. This process resulted in a number of changes to the standards, primarily in terms of editing, clarifying meanings, and removing redundancies and the creation of the [Final Practice Standards for Nurse Continence Specialists in Australia](#).

Completion of the online anonymous survey was voluntary. Ethical approval was obtained from Alfred Health. The survey is included in [Appendix B](#).

Results

Stage 1 Results

Thirty-three workshop attendees completed the survey. Their mean age was 53.5 years, with an average of 28.6 years since being qualified as a registered nurse, and 15 years of experience in continence nursing practice. The average length of time since completing a continence nursing course/education was 12.2 years. Most (i.e. 66.7%) came from the state of Victoria, 16.7% from South Australia, 8.3% from NSW and 8.3% Tasmania. There were no responses from attendees from Queensland or Western Australia. In terms of educational background, the highest qualification was a Master's Degree (36.5%), followed by 24.2% with a Graduate Diploma and 15.2% whose highest qualification was a Graduate Certificate ([Table 1](#)). Respondents were asked to indicate their Grade as a Registered Nurse. Of 32 people who responded to this question, 15.6% were employed at a Grade 6, 25% indicated they were a Grade 5 RN, and 22% were Grade 4 RNs. Responses to the question about their client base suggests NCS' work across a wide cross section of the community ([Table 2](#)). Percentages are not available as respondents could tick one or more option.

Table 1. Educational qualifications

| Other characteristics | Valid | n | % |
|--------------------------------------|--------------|----------|----------|
| Highest qualifications | 33 | | |
| – Bachelor | | 5 | 15.2 |
| – Grad dip | | 8 | 24.2 |
| – Grad cert | | 5 | 15.2 |
| – Master | | 12 | 36.4 |
| – PhD | | 1 | 3.0 |
| – Other | | 2 | 6.1 |
| Qualifications in continence nursing | 30 | | |
| – Continence course | | 12 | 40 |
| – Grad cert | | 10 | 33.3 |
| – Grad dip | | 3 | 10 |
| – Master | | 4 | 16.7 |

Table 2. Client base

| | | | |
|----------------------|----|-------------------------|----|
| – Paediatrics | 13 | – Community | 17 |
| – Adult | 25 | – Acute care | 5 |
| – Disability | 19 | – Subacute care | 10 |
| – Urology | 14 | – Residential aged care | 6 |
| – Neurology | 8 | – Outpatient Service | 11 |
| – Urogynaecology | 12 | – Gastroenterology | 6 |
| – Women’s health | 11 | – Rehab | 1 |
| – GP clinics | 1 | – Operating suite | 1 |
| – Colorectal surgery | 5 | | |

Responses to questions about agreement with each of the seven draft standards and the application of each standard to continence nursing practice indicated very high levels of statistical agreement: scores were mostly between 97-100%. A lower agreement score was obtained for: ‘*Considers all possible and probable consequences of the client situation*’ (Standard 5: *Conducts a comprehensive and systematic nursing assessment*), which was 93.8%.

Attendees were also invited to indicate if there were any other aspects of their specialist practice that were not represented in the draft standards. Of the 19 respondents, 15 stated ‘no’ and 3 stated ‘yes’. [Table 3](#) lists comments about perceived gaps in the standards.

Table 3. Aspects of NCS’ practice that are not represented in the document

- Educational requirement to fulfil role
- Educational requirement to fulfil role
- Minimum qualifications to call yourself a continence nurse
- Obtaining informed consent from clients
- Focus specifically continence nurse – patient with bladder and/or bowel injury
- Ethics of choosing products from specific companies
- Working knowledge of clinical assessment of decline in medical condition i.e. be identify when medical management is required and need to refer to GP or A & E.
- Respect of ethnic background
- Sexuality and mental and physical ability
- Midwifery
- Consultant
- Bowel/bladder dysfunction etc and the prevention of issues

Of 33 respondents, 28 indicated the standards for practice would be very useful to them, and 22 (68.8%) indicated they were 'very confident' about using them to assess their own practice. Respondents were less confident about using the standards to assess another person's practice (n=17:53.1% very confident). [Table 4](#) indicates how respondents perceived they would use the standards. The information falls into the following key categories:

- For performance appraisals
- To help in the employment of new staff and students
- To inform the development of position descriptions
- To mentor staff and students
- To evaluate own professional development
- For enterprise bargaining
- To inform policy, or guidelines
- To define the NCS and differentiate it from other roles
- To use as a benchmark
- To inform and/or improve practice
- To identify educational needs
- To prepare a business plan

Table 4. How standards would be used in practice

| | |
|---|---|
| For performance appraisals | Annual reviews/ development plan To assess practice of other continence nurses To assist in performance appraisals and management |
| To help in the employment of new staff and students | Recruitment of new staff For job interviews |
| To inform the development of position descriptions | To develop position /job descriptions / role statements |
| To mentor staff and students | Very relevant when mentoring others Ensure students/colleagues use this as a guide |
| To evaluate own professional development | To promote reflection on role/practice To assist in the direction of my role through self-reflection To review my own scope of practice To remind me of my expectations and set boundaries of care |
| For enterprise bargaining | To address current position (promotion and adequate remuneration) |
| To inform policy, or guidelines | In documents, policy, guidelines In policy and procedure documentation for the service |
| To define the NCS and differentiate it from other roles | To develop boundaries with other health professionals To define my role to colleagues and myself To explain my role to other health professionals |
| To use as a benchmark | In benchmarking |
| To inform and/or improve practice | To promote quality care / improve work practice To guide / inform practice To underpin quality improvement |
| To identify educational needs | To define educational needs To articulate the minimum requirement in education to act as a specialist |
| To prepare a business plan | To prepare a business plan |

Almost 90% of respondents indicated the standards were written in a way that is simple, straightforward, and appropriate? At the same time, there were many suggestions for improvements. In general, these suggestions were:

- 1) Make the standards and the application of the standards more specific
- 2) Use terms such as 'bladder and bowel health' rather than 'continence'
- 3) Ensure the standards accommodate the midwife's role
- 4) Include a statement to acknowledge the role of the EN in continence care.
- 5) Remove duplicate information
- 6) Recommendations about the final format

Notes from workshop small group discussions

Attendees verbal and written feedback was used to identify key issues. These key issues were:

- (i) The need to agree on the role title.
- (ii) The need to articulate the qualifications required to practice as a NCS i.e. role protection.
- (iii) The need to acknowledge the contribution of other employees such as ENs in continence care.

Specific recommendations included:

- Restructure the document to reflect the activities of assessment, planning, implementation and evaluation.
- Include a standard about identifying one's personal learning needs and need to engage in reflective practice.
- Specify the types of physical examinations that are performed as part of an assessment.
- Articulate the qualifications required to practice as a CNS and list criteria required to practice under each title
- Standardise the title: Use the internationally agreed role title of the NCS.
- State the qualifications and experience for membership to relevant continence organization.
- Add a statement to acknowledge the role of the EN & provide competencies for ENs.
- Use the term 'a systematic continence nursing assessment'.
- Use the term 'primary health' rather than 'community health'.
- Use the terms bowel or bladder dysfunction rather than continence/incontinence.

The working party reviewed all comments and used them to produce the Redrafted Practice Standards for Nurse Continence Specialists. All comments from workshop participants were reviewed and sorted into themes relevant to each section of the Practice Standards document. Each section of the document was reviewed and where possible, all suggested changes, additions and deletions were made in the document. Each statement

was then reviewed and discussed by the working party to ensure that the workshop participants comments were captured in the redrafted document.

The revised Practice Standards document was then redrafted to reflect the revised Standards of Practice for the Registered Nurse (Nursing & Midwifery Board of Australia, 2016) which were published following completion of the workshop. The revised RN standards were a significant change in focus and format from the previous competency standards that the first draft was based on. The application of NMBA standards to continence nursing practice' statements were reorganised to align with the 2016 RN standards, and additional statements were added where necessary (particularly related to collaborative practice, delegation, and promoting nursing as a profession). Finally, the revised document was sent to all members of the CoNSA for comment. Comments were received from five members and changes were made where necessary prior to stage 2 of the project.

Stage 2 Results

The online survey in Stage 2 was completed by 165 CoNSA members which was approximately 57% of the total membership who were invited to complete. Ninety-eight forms were fully completed and 67 were partially completed. Demographic data were unavailable. An analysis of statistical data indicated very high levels of agreement with each statement (i.e. 97-100%) ([Appendix C](#)). Respondents were also prompted to comment on each application of the seven NMBA standards to continence nursing practice. The number of comments per application varied from 1-10. Many comments were unclear. Of those that were understandable, they consisted of:

- 1) Statements of support for the standard.
- 2) Suggestions for word changes, or for collapsing or grouping statements in order to minimise repetition.
- 3) Calls for further education, benchmarking, or access to research literature.
- 4) Comments on the respondent's personal ability to meet the standard.
- 5) Statements about barriers to adhering to the standard/application in practice ([Appendix D](#)).

Recommendations

- The CoNSA Practice Standards for Nurse Continence Specialists should be widely disseminated
- Further consideration should be given to the identified barriers to the uptake and sustained use of the standards
- CoNSA should consider the qualitative feedback elicited through the survey to determine if the recommendations warrant collaborative leadership. These recommendations include:
 - Agree on the role title
 - Articulate the qualifications required to practice as a NCS,
 - Develop competencies for ENs
 - Provide access to evidence-based resources on bladder, bowel and pelvic floor care, including practice guidelines on pelvic floor muscle assessment and the exercises to prescribe etc.
 - Provide education about physical examination, including pelvic floor examination
- A strategy should be developed to ensure the standards remain current

Conclusion

This report describes an iterative approach to reach consensus about standards for Nurse Continence Specialists' practice in Australia. The standards align with the updated *NMBA Registered Nurse Standards for Practice (2016)*. They apply to Australian Registered Nurses who have a defined responsibility for the promotion, assessment, management and education related to the care of people who have bladder, bowel and/or pelvic floor dysfunction and/or continence health issues.

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Appendix A: Stage 1 Survey to validate the CoNSA Draft Practice Standards for Nurse Continence Specialists

Demographic questionnaire

- **DOB** .../.../...
- **Gender (male/female)**
- **Year qualified as a Registered Nurse**
- **Number of years of experience in continence nursing practice**
- **Highest qualification**
 - **Year completed**
- **Qualification/s in continence nursing**
 - **Year completed**
- **Grade as a Registered Nurse : 1, 2, 3, 4, 5, 6, Other** **Not applicable**
- **Role title**
- **Client base: (may tick more than one)**
 - Paediatrics
 - Adult
 - Disability
 - Urology
 - Neurology
 - Urogynaecology
 - Women’s health
 - GP clinics
 - Colorectal surgery
 - Community
 - Acute care
 - Subacute care
 - Residential aged care
 - Outpatient Service
 - Gastroenterology
 - Other

DOMAIN 1 - Professional practice

This domain relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

| N&MBA Competency standard | This standard is relevant to my practice | | | Application of N&MBA competency standards to continence nursing practice | The proposed application of the standard is relevant to my practice | | |
|--|--|----|----------------------|--|---|----|------------------------|
| | Yes | No | Comments/suggestions | | Yes | No | Comments / suggestions |
| 1.0 Practises in accordance with legislation affecting nursing practice and health care. | | | | 1.1 Current Registered Nurse registration with Nursing and Midwifery Board of Australia. | | | |
| | | | | 1.2 Nursing practice is described and justified with reference to common law and relevant legislation. | | | |
| | | | | 1.3 Interventions that appear inappropriate are challenged and alternatives proposed. | | | |
| | | | | 1.4 Patient safety and wellbeing are maintained by attention to duty of care. | | | |
| | | | | 1.5 Patient care is delegated with an awareness of the continence nurse specialist's legal accountability | | | |
| | | | | 1.6 Relevant changes in legislation and government policy are incorporated into local policies, practices and procedures | | | |
| | | | | 2.1 Behaviour is consistent with the Code of Professional Conduct and Code of Ethics. | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 2.0 Practises within a professional and ethical nursing framework | | | | 2.2 Where unprofessional or unethical conduct is identified, a plan of remedial action is implemented. | | | |
| | | | | 2.3 Practice is defined in accordance with the continence nurse specialist's current role description. | | | |
| | | | | 2.4 Feedback on performance is obtained and acted upon: from peers; from participation in performance planning and review activities; and by evaluation of educational activities and patient outcomes. | | | |
| | | | | 2.5 Acts to maintain the rights of individuals and groups. | | | |
| | | | | 2.6 The client is informed of the identity and roles of health care providers and individual/ groups are encouraged and supported to exercise their rights. | | | |
| | | | | 2.7 Appropriate members of the health care team are advised of clients expressed needs, preferences and decisions. | | | |
| | | | | 2.8 Identifies and seeks to rectify structures, policies or practices which inhibit individuals /groups from exercising their rights. | | | |
| | | | | 2.9 Acts to ensure confidentiality of information | | | |
| | | | | 2.10 Privacy is maintained when information is being collected from clients and they are advised of their rights to confidentiality. | | | |
| | | | | 2.11 Occupational health and safety standards are adhered to and action | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | taken to prevent or reduce potential hazards | | | |
| | | | | 2.12 Environmental health and safety standards are actively promoted | | | |

DOMAIN 2 – Critical thinking and analysis

This domain relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

| N&MBA Competency standard | This standard is relevant to my practice | | | Application of N&MBA competency standards to continence nursing practice | The proposed application of the standard is relevant to my practice | | |
|--|--|----|-----------------------|---|---|----|------------------------|
| | Yes | No | Comments/ suggestions | | Yes | No | Comments / suggestions |
| 3.0 Practises within an evidence-based framework | | | | 3.1 Participates in/ is aware of research into practices to contextual factors and standards related continence. | | | |
| | | | | 3.2 Knows about/ is involved in research endeavours related to continence | | | |
| | | | | 3.3 Develops/uses materials promoting informed, positive attitudes. | | | |
| | | | | 3.4 Initiates, participates and advises in the development and / or review of philosophies, policies, procedures and protocols related to continence. | | | |
| | | | | 3.5 Develops clinical practice based on current research. | | | |
| | | | | 3.6 Gaps between current practice and existing practice guidelines are identified and existing protocols, policies and procedures are reviewed accordingly. | | | |

| | | | | 3.7 Policies that influence continence management are critically evaluated. | | | |
|--|--|----|------------------------|--|---|----|----------------------|
| 4.0 Participates in ongoing professional development of self and others | | | | 4.1 Participates in the development of the speciality of continence nursing through active involvement in continuing professional education and professional involvement. | | | |
| | | | | 4.2 Participates in counselling of individuals, groups of clients and health care workers related to attitudes/ practices /standards. | | | |
| | | | | 4.3 Devises and implements strategies to promote informed attitudes and practices related to continence. | | | |
| | | | | 4.4 Assesses learning needs of colleagues and encourages education participation in continence education. | | | |
| | | | | 1.5. Acts as consultant to colleagues in the area of continence promotion and management | | | |
| DOMAIN 3 – Provision and coordination of care This domain relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals /groups, planning, implementation and evaluation of care | | | | | | | |
| N&MBA Competency standard | This standard is relevant to my practice | | | Application of N&MBA competency standards to continence nursing practice | The proposed application of the standard is relevant to my practice | | |
| | Yes | No | Comments / Suggestions | | Yes | No | Comments/Suggestions |
| 5.0 Provides comprehensive, safe and effective | | | | 5.1 Uses multiple approaches to gather data about the client and situation related to continence - There is evidence of systematic data gathering; e.g. history taking, physical | | | |

| | | | | | | | |
|--|---|-----------|-------------------------------|---|--|-----------|-----------------------------|
| evidence-based nursing care to achieve identified individuals/group health outcomes. | | | | examination, relevant investigations and situation related to continence health issues | | | |
| | | | | 5.2 Possible and probable consequences of the client situation are considered. | | | |
| N&MBA Competency standard | This standard is relevant to my practice | | | Application of N&MBA competency standards to continence nursing practice | The proposed application of the standard is relevant to my practice | | |
| | Yes | No | Comments / Suggestions | | Yes | No | Comments/Suggestions |
| 6.0 Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team. | | | | 6.1 Consults with members of the health team and significant others as relevant | | | |
| | | | | 6.2 Uses analytic and interpretive skills to make nursing decisions about the clients care in their context | | | |
| | | | | 6.3 Nursing decisions are justified in the specific context | | | |
| | | | | 6.4 Documents planned and anticipated outcomes in consultation with the client | | | |
| | | | | 6.5 Findings, diagnoses and decisions are documented. | | | |
| | | | | 6.6 Priorities are identified using context specific knowledge. | | | |
| | | | | 6.7 Data from other health professionals is referred to and incorporated when planning care. | | | |
| | | | | 6.8 Develops care plans that accommodates clients' abilities and resources | | | |
| | | | | 6.9 Consults with a range of health care professionals. | | | |
| | | | | 6.10 Participates in multidisciplinary clinical decision-making. | | | |

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| 7.0 7.0 Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individuals/group health outcomes. | | | | 7.1 Client care delivery is based on best practice principles. | | | |
| | | | | 7.2 Collaborative practice is promoted and facilitated and the contributions of others are recognised and acknowledged. | | | |
| | | | | 7.3 Monitors client response to the activities of other health care professionals | | | |
| | | | | 7.4 Explores alternative care options when (potential) conflict with client significant others or health care workers is identified. | | | |
| | | | | 7.5 Care is delivered based on accepted clinical practice and using rationales and protocols. | | | |
| | | | | 7.6 Promotes involvement of the client as a participant in the process of care. | | | |
| | | | | 7.7 Assesses learning needs, and plans, implements and evaluates health education and health promotion to meet the specific client or group needs. | | | |
| | | | | 7.8 Strategies are used to maintain and encourage independence of clients | | | |
| | | | | 7.9 Advocates and negotiates for optimum resources to meet client needs | | | |
| | | | | 7.10 Delegates nursing care to other nurses when appropriate and in a safe manner. | | | |
| | | | | 7.11 Uses resources in a sustainable and environmentally sound manner. | | | |
| 8.0 Evaluates progress towards expected individual/groups | | | | 8.1 Outcomes are reviewed with the individual or group. | | | |
| | | | | 8.2 Provides feedback to other health professionals about negotiated | | | |

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| health outcomes in consultation with individuals/groups, significant others and the interdisciplinary health care team. | | | | outcomes and documents process appropriately | | | |
| | | | | 8.3 Effectiveness of planned care is evaluated and modifications of the care plan are made where necessary. | | | |
| | | | | 8.4 Provision is made for continued availability of necessary resources. | | | |
| | | | | 8.5 Other health care workers are consulted, and the person is referred as appropriate to ensure high quality and comprehensive care. | | | |
| | | | | 8.6 Advocates for the development of continence care services. | | | |

DOMAIN 4 – Collaborative and therapeutic practice

This relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to nurses understanding their contribution to the interdisciplinary health care team.

| N&MBA Competency standard | This standard is relevant to my practice | | | Application of N&MBA competency standards to continence nursing practice | The proposed application of the standard is relevant to my practice | | |
|---|--|----|------------------------|---|---|----|----------------------|
| | Yes | No | Comments / Suggestions | | Yes | No | Comments/Suggestions |
| 9.0 Establishes, maintains and appropriately concludes therapeutic relationships. | | | | 9.1 Establishes a climate conducive to the development of therapeutic relationship. | | | |
| | | | | 9.2 Establishes the credibility and role boundaries of the continence nurse. | | | |
| | | | | 9.3 Respect for individual groups is demonstrated through interaction | | | |
| | | | | 9.4 Engages in therapeutic interactions | | | |

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|--|--|--|--|---|--|--|--|
| | | | | 9.5 Continence programs incorporating a counselling role are formulated (in collaboration with the client, significant others and the health team as appropriate) | | | |
| | | | | 9.6 Constructive ways of dealing with issues are explored | | | |
| | | | | 9.7 Facilitates therapeutic groups | | | |
| | | | | 9.8 Accommodates cultural needs of individuals /groups appropriate to the social context. | | | |
| | | | | 9.9 Provides for the emotional needs of individuals | | | |
| | | | | 9.10 Acts to decrease stress and / or increase effectiveness of coping mechanisms | | | |
| | | | | 9.11 Anxiety, fear or other forms of distress are recognised | | | |
| | | | | 9.12 Measures are taken to relieve the distress and further strategies for coping with health changes are explored | | | |
| 10.0 Collaborates with the interdisciplinary health care team to provide | | | | 10.1 Demonstrates a range of collaborative approaches to continually build and define collaborative networks. | | | |
| | | | | 10.2 Collaborative practice is promoted and facilitated and the contributions of others are recognised and acknowledged | | | |

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|----------------------------|--|--|--|---|--|--|--|
| comprehensive nursing care | | | | 10.3 Actively participates in multi-disciplinary meetings and (where appropriate) the client is managed across multi-agency and interdisciplinary lines | | | |
| | | | | 10.4 The client's perspective is actively pursued and care requirements are clearly communicated using context specific knowledge and experience | | | |
| | | | | 10.5 Explores alternative care options when (potential) conflict with client significant others or health care workers is identified | | | |
| | | | | 10.6 Provides feedback to other health professionals about negotiated outcomes and documents process appropriately. | | | |

Additional questions

Are there any aspects of your specialist practice that are not represented in the draft standards?
Yes/No (Please circle) If yes, please comment

How useful do you think will the Standards for Practice be to you?
Very useful Somewhat useful Not at all useful

If the competency standards will be 'very' or 'somewhat useful' to you, please indicate how you will use them

If the Standards for Practice will be 'not at all useful' to you, please indicate why you will not find them useful

How confident are you about using the standards to assess your own practice?
Very confident Somewhat confident Not at all confident

How confident are you about using the Standards for Practice to assess another person's practice?
Very confident Somewhat confident Not at all confident

If you are 'not at all confident' in using the Standards for Practice' to assess another person's practice please explain why

Are the standards written in a way that is simple, straightforward, and appropriate?
Yes/No (Please circle) If no, please comment

Do you have any suggestions for improvements?

Thank you for completing this survey. We value your feedback



AlfredHealth

CONTINENCE NURSES SOCIETY AUSTRALIA
PRACTICE STANDARDS FOR NURSE CONTINENCE SPECIALISTS
SURVEY

INSTRUCTIONS for completing the survey

We invite you to complete an online confidential and anonymous survey to indicate your agreement/disagreement with the redrafted
Practice Standards for Nurse Continence Specialists

The survey comprises 88 statements that require a 'yes' or 'no' response. There are no right or wrong answers.

Comments and suggestions for improvements are welcome.

Appendix B: Stage 2 Survey to validate the CoNSA Draft Practice Standards for Nurse Continence Specialists

STANDARD 1: Thinks critically and analyses clinical practice

The NCS uses a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centered and evidence-based frameworks.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|---|--|------------|------------------------|
| | | Yes [n (%)] | No [n (%)] | Comments / suggestions |
| 1.1 Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice | <ul style="list-style-type: none"> Uses research appraisal skills to assess and critique research literature and applies this knowledge to improve continence nursing practice. | | | |
| | <ul style="list-style-type: none"> Demonstrates an understanding of national and international trends in bladder, bowel and pelvic floor research and knowledge. | | | |
| 1.2 Develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice | <ul style="list-style-type: none"> Develops and implements processes for critical self-reflection and for obtaining client, peer and interdisciplinary feedback on all aspects of continence nursing practice. | | | |
| | <ul style="list-style-type: none"> Participates constructively in performance review processes to optimize continence nursing skills and learning | | | |
| 1.3 Respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures | <ul style="list-style-type: none"> Recognises the impact of bladder, bowel and pelvic floor dysfunction on the person and their family. | | | |
| | <ul style="list-style-type: none"> Provides culturally appropriate assessment and care that demonstrates respect and understanding of people's culture, beliefs and preferences about the assessment and treatment of bowel, bladder and pelvic floor dysfunction | | | |
| 1.4 Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions | <ul style="list-style-type: none"> Applies legal and ethical decision-making in the planning and implementation of care for people with bladder, bowel and pelvic floor dysfunction. Critically evaluates policies and guidelines that influence continence promotion, assessment, care and management. | | | |
| | | | | |
| 1.5 Uses ethical frameworks when making decisions | <ul style="list-style-type: none"> Mentors other nurses and health professionals in the application of specific standards, guidelines, regulations and/or legislation with a focus on continence-related health issues. | | | |

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|---|--|--|--|--|
| 1.6 Maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations | <ul style="list-style-type: none"> Promotes the accurate and comprehensive exchange of information between multidisciplinary health care team members regarding all aspects of a person's continence care plan | | | |
| 1.7 Contributes to quality improvement and relevant research. | <ul style="list-style-type: none"> Identifies, designs and participates in research and quality improvement activities related to continence issues to develop new knowledge to improve patient outcomes or evaluate service delivery according to level of knowledge, skill and expertise. | | | |

STANDARD 2: Engages in therapeutic and professional relationships

The NCS's practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|---|--|----|------------------------|
| | | Yes | No | Comments / suggestions |
| 2.2 Establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships | <ul style="list-style-type: none"> Establishes a climate conducive to the development of therapeutic relationships to enable a holistic continence assessment to be undertaken. | | | |
| | <ul style="list-style-type: none"> Engages in therapeutic interactions with the client, family and other members of the health care team to enable optimisation of continence management and care. | | | |
| 2.3 Communicates effectively, and is respectful of a person's dignity, culture, values, beliefs and rights | <ul style="list-style-type: none"> Accommodates cultural needs of individuals /groups appropriate to the social context. | | | |
| | <ul style="list-style-type: none"> Uses appropriate strategies to promote an individual's self-esteem, dignity, integrity and comfort. | | | |
| 2.4 Recognises that people are the experts in the experience of their life | <ul style="list-style-type: none"> Applies a person-centered approach to clinical continence care. | | | |
| 2.5 Provides support and directs people to resources | <ul style="list-style-type: none"> Participates in counselling of individuals, groups of clients and health care workers related to attitudes/ practices /standards related to bowel, bladder and pelvic floor health. | | | |

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|--|--|------------|-----------|-------------------------------|
| to optimise health-related decisions | <ul style="list-style-type: none"> • Demonstrates knowledge of appropriate and quality resources that support the person in understanding their continence health issues. | | | |
| 2.6 Advocates on behalf of people in a manner that respects the person's autonomy and legal capacity | <ul style="list-style-type: none"> • Acts as an advocate for the rights of individuals and groups to enable them to optimise their continence health status. | | | |
| | <ul style="list-style-type: none"> • Promotes the person's right to access timely and quality care. | | | |
| 2.7 Uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes | <ul style="list-style-type: none"> • Understands the role and scope of practice of various members of the health care team. | | | |
| | <ul style="list-style-type: none"> • Delegates continence care safely as appropriate to the person's bladder, bowel or pelvic floor dysfunction | | | |
| | <ul style="list-style-type: none"> • Makes informed decisions about referral of care to other health professionals to improve the person's continence health outcomes. | | | |
| | | Yes | No | Comments / suggestions |
| 2.8 Participates in and/or leads collaborative practice | <ul style="list-style-type: none"> • Demonstrates team leadership in continence-related health issues | | | |
| | <ul style="list-style-type: none"> • Actively facilitates the person's involvement as a partner in the multidisciplinary team to optimise their continence health status. | | | |
| | <ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the roles of members of the multidisciplinary team to enable a person's continence care to be optimised | | | |
| | <ul style="list-style-type: none"> • Participates effectively in teams to plan and implement strategies to meet the needs of the person who has bladder, bowel or pelvic floor dysfunction. | | | |
| 2.9 Reports notifiable conduct of health professionals, health workers and others. | <ul style="list-style-type: none"> • Is aware of and acts in accordance with professional standards and the code of ethics especially in light of the personal nature of continence care. | | | |

STANDARD 3: Maintains the capability for practice

NCSs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about another health professional's capability for practice. NCSs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|--|--|----|------------------------|
| | | Yes | No | Comments / suggestions |
| 6.1 Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice | <ul style="list-style-type: none"> Recognises personal and colleagues needs for debriefing and support to meet the needs of people with bladder, bowel and pelvic floor dysfunction. | | | |
| | <ul style="list-style-type: none"> Maintains fitness to practice and reports any physical, psychological or other condition that may impede their ability to practice. | | | |
| 6.2 Provides the information and education required to enhance people's control over health | <ul style="list-style-type: none"> Assesses and promotes health literacy to enhance a person's understanding of their continence health and care. | | | |
| | <ul style="list-style-type: none"> Develops and uses materials to promote informed, positive attitudes about continence. | | | |
| 6.3 Uses a lifelong learning approach for continuing professional development of self and others | <ul style="list-style-type: none"> Identifies learning needs through critical reflection and works towards addressing deficits in continence nursing knowledge. | | | |
| | <ul style="list-style-type: none"> Demonstrates a commitment to maintaining and extending knowledge and skills in the specialty of continence nursing through active participation in continuing professional development activities. | | | |
| | <ul style="list-style-type: none"> Maintains a record of continuing professional development activities and aims to have a focus on continence nursing practice. | | | |
| 6.4 Accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities | <ul style="list-style-type: none"> Conducts practice in accordance with professional expectations and the nursing and/or midwifery codes of ethics. | | | |
| | <ul style="list-style-type: none"> Seeks feedback from clients, peers and more experienced continence nurses on all aspects of practice. | | | |

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| 6.5 Seeks and responds to practice review and feedback | <ul style="list-style-type: none"> Incorporates feedback into professional development to continuously improve continence nursing knowledge and skills. | | | |
| 6.6 Actively engages with the profession | <ul style="list-style-type: none"> Participates in the development of the specialty of continence nursing through active involvement in CoNSA, the workplace, consumer organisations and peak bodies related to bowel and bladder health. | | | |
| 6.7 Identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people. | <ul style="list-style-type: none"> Describes and promotes the contribution and role development of the Nurse Continence Specialist to improved outcomes for people who have bladder, bowel or pelvic floor dysfunction. | | | |
| | <ul style="list-style-type: none"> Contributes to initiatives within the profession, interdisciplinary team, specialist nursing organisations and peak bodies related to continence promotion, assessment, care and management. | | | |
| | <ul style="list-style-type: none"> Advocates for the development of continence care services. | | | |

STANDARD 4: *Comprehensively conducts assessments*

NCSs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|--|--|----|------------------------|
| | | Yes | No | Comments / suggestions |
| 7 Conducts assessments that are holistic as well as culturally appropriate | <ul style="list-style-type: none"> Uses a person-centered framework to guide health assessment. | | | |
| 8 Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice | <ul style="list-style-type: none"> Demonstrates proficiency in a range of advanced health assessment skills within the NCS scope of practice - history taking, physical examination (which may include vaginal and/or rectal examination and pelvic floor muscle assessment), and relevant investigations related to bladder, bowel and pelvic floor dysfunction (which may include uroflowmetry, post-void residual volume ultrasound and urinalysis). | | | |
| | <ul style="list-style-type: none"> Accurately interprets the findings of diagnostic tests within the scope of NCS practice. | | | |
| | <ul style="list-style-type: none"> Integrates the findings from validated outcome measures, assessment tools and | | | |

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|----|--|---|--|--|--|
| | diagnostic tests with continence assessment information to develop an individualised continence plan of care. | | | | |
| 9 | Works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/ or for referral | <ul style="list-style-type: none"> Considers all possible and probable consequences of the person's situation and the effect on their continence health status. | | | |
| | | <ul style="list-style-type: none"> Assesses the person's understanding of their continence health status including the contributing factors, treatment options and care plan and their preference for information. | | | |
| 10 | Assesses the resources available to inform planning. | <ul style="list-style-type: none"> Demonstrates a comprehensive knowledge of health services and community and commercial resources that support bladder, bowel and pelvic floor health. | | | |
| | | <ul style="list-style-type: none"> Demonstrates high-level information technology skills to aid continence care. | | | |

STANDARD 5: Develops a plan for nursing practice

NCSs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the NCS's appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | | |
|------------------------|---|--|----|------------------------|--|
| | | Yes | No | Comments / suggestions | |
| 11 | Uses assessment data and best available evidence to develop a plan | <ul style="list-style-type: none"> Uses analytic and interpretive skills to make nursing decisions about the client's continence care in their context. | | | |
| | | <ul style="list-style-type: none"> Justifies clinical practice based on current professional knowledge about bowel and bladder health | | | |
| 12 | Collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons | <ul style="list-style-type: none"> Promotes the person's involvement as an active participant in the process of continence care. | | | |
| | | <ul style="list-style-type: none"> Consults relevant members of the health team and significant others to optimize the person's continence health status. | | | |
| | | <ul style="list-style-type: none"> Is able to justify nursing decisions in the specific context of continence care. | | | |
| | | <ul style="list-style-type: none"> Consults with clients in the development and documentation of goals of continence care. | | | |
| | | <ul style="list-style-type: none"> Identifies person-centered priorities using context specific knowledge. | | | |
| | <ul style="list-style-type: none"> Refers to and incorporates data from other health professionals when planning continence care. | | | | |

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|----|--|--|--|--|--|
| | <ul style="list-style-type: none"> Develops a continence care plan that accommodates the person's preferences, abilities and resources. | | | | |
| | <ul style="list-style-type: none"> Consults with a range of health care professionals. | | | | |
| | <ul style="list-style-type: none"> Participates in multidisciplinary clinical decision-making. | | | | |
| 13 | Documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes | <ul style="list-style-type: none"> Documents and communicates continence assessment findings, diagnoses and clinical decisions. | | | |
| 14 | Plans and negotiates how practice will be evaluated and the time frame of engagement | <ul style="list-style-type: none"> Monitors the person's response to the activities of other health care professionals. | | | |
| | | <ul style="list-style-type: none"> Explores alternative continence care options when (potential) conflict with the person, their significant others or health care workers is identified. | | | |
| 15 | Coordinates resources effectively and efficiently for planned actions. | <ul style="list-style-type: none"> Advocates and negotiates for optimum resources to meet the person's continence care needs. | | | |
| | | <ul style="list-style-type: none"> Uses resources in a sustainable and environmentally sound manner. | | | |

STANDARD 6: Provides safe, appropriate and responsive quality nursing practice

NCSs provide and may delegate, quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|--|---|--|----|------------------------|
| | | Yes | No | Comments / suggestions |
| 16 Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people | <ul style="list-style-type: none"> Accesses evidence-based resources and expert advice to support the care of the person affected by bladder, bowel and pelvic floor dysfunction. | | | |
| | <ul style="list-style-type: none"> Assesses learning needs, and plans, implements and evaluates health education and health promotion to assist the person to develop knowledge, skills and confidence to manage their continence health needs | | | |
| | <ul style="list-style-type: none"> Uses strategies to maintain and encourage a person's independence in their continence care | | | |

| | | | | |
|---|---|--|--|--|
| | <ul style="list-style-type: none"> Takes measures to relieve the person's distress and helps them identify strategies to cope with changes in continence health status. | | | |
| 17 Practises within their scope of practice | <ul style="list-style-type: none"> Demonstrates knowledge of and practices within the NMBA code of professional conduct code of ethics and acts in accordance with their role description, employer's policies, level and scope of practice | | | |
| | <ul style="list-style-type: none"> Identifies gaps in knowledge and skills and seeks assistance to deliver safe continence nursing care. | | | |
| 18 Appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles | <ul style="list-style-type: none"> Assesses the knowledge, skill and scope of practice of various health care workers, communicates appropriately about the aspect of continence care to be delegated and provides ongoing monitoring of the outcomes of the continence care plan. | | | |
| 19 Provides effective timely direction and supervision to ensure that delegated practice is safe and correct | | | | |
| 20 Practises in accordance with relevant policies, guidelines, standards, regulations and legislation | <ul style="list-style-type: none"> Delivers continence care based on accepted clinical practice and using rationales and protocols. | | | |
| | <ul style="list-style-type: none"> Initiates, participates and advises on the development and/or review of philosophies, policies, procedures and protocols related to care of people who have bladder, bowel and/or pelvic floor dysfunction. | | | |
| 21 Uses the appropriate processes to identify and report potential and actual risk-related system issues, and where practice may be below the expected standards | <ul style="list-style-type: none"> Conducts and supports activities that contribute to improvements in safety and continence care outcomes. | | | |
| | <ul style="list-style-type: none"> Identifies gaps between current practice and existing practice guidelines and protocols and updates policies and procedures and practices related to care of people who have bladder, bowel and/or pelvic floor dysfunction accordingly. | | | |

STANDARD 7: Evaluates outcomes to inform nursing practice

NCSs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|------------------------|--|--|----|------------------------|
| | | Yes | No | Comments / suggestions |

| | | | | |
|---|---|--|--|--|
| 7 Evaluates and monitors progress towards the expected goals and outcomes 8 Revises the plan based on the evaluation | <ul style="list-style-type: none"> Reviews continence care outcomes with the person and significant others. | | | |
| | <ul style="list-style-type: none"> Provides feedback to other health professionals about negotiated continence related outcomes and documents process appropriately. | | | |
| | <ul style="list-style-type: none"> Evaluates the effectiveness of planned continence care against established benchmarks, standards and guidelines, and modifies the continence care plan where necessary. | | | |
| | <ul style="list-style-type: none"> Ensures the continued availability of necessary resources to meet the person's continence care needs. | | | |
| | <ul style="list-style-type: none"> Consults with other health care professionals, and refers the client as appropriate to ensure high quality and comprehensive continence care. | | | |
| 9 Determines, documents and communicates further priorities, goals and outcomes with the relevant persons. | <ul style="list-style-type: none"> Demonstrates a range of collaborative approaches to continually build and maintain collaborative networks that enhance continence care. | | | |
| | <ul style="list-style-type: none"> Promotes and facilitates collaborative continence care practice and recognises and acknowledges the contributions of others. | | | |
| | <ul style="list-style-type: none"> Actively participates in multi-disciplinary meetings and (where appropriate) coordinates the person's continence care across multi-agency and interdisciplinary lines. | | | |
| | <ul style="list-style-type: none"> Promotes the person's goals of continence care and uses context-specific knowledge and expertise to communicate care requirements. | | | |
| | <ul style="list-style-type: none"> Explores alternative continence care options when (potential) conflict with the person's significant others or health care workers is identified. | | | |
| | <ul style="list-style-type: none"> Provides feedback to other health professionals about negotiated continence-related outcomes and documents process appropriately. | | | |

Appendix C. Results of survey 2

| STANDARD 1: <i>Thinks critically and analyses clinical practice</i> | | | | |
|---|---|--|-------------|------------|
| The NCS uses a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centered and evidence-based frameworks | | | | |
| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
| | | Valid (n) | Yes [n (%)] | No [n (%)] |
| 1.1 Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice | <ul style="list-style-type: none"> • Uses research appraisal skills to assess and critique research literature and applies this knowledge to improve continence nursing practice. | 118 | 98.3 | 1.7 |
| | <ul style="list-style-type: none"> • Demonstrates an understanding of national and international trends in bladder, bowel and pelvic floor research and knowledge. | 115 | 98.3 | 1.7 |
| 1.2 Develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice | <ul style="list-style-type: none"> • Develops and implements processes for critical self-reflection and for obtaining client, peer and interdisciplinary feedback on all aspects of continence nursing practice. | 113 | 99.1 | 0.9 |
| | <ul style="list-style-type: none"> • Participates constructively in performance review processes to optimize continence nursing skills and learning | 117 | 98.3 | 1.7 |
| 1.3 Respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures | <ul style="list-style-type: none"> • Recognises the impact of bladder, bowel and pelvic floor dysfunction on the person and their family. | 115 | 99.1 | 0.9 |
| | <ul style="list-style-type: none"> • Provides culturally appropriate assessment and care that demonstrates respect and understanding of people's culture, beliefs and preferences about the assessment and treatment of bowel, bladder and pelvic floor dysfunction | 114 | 99.1 | 0.9 |
| 1.4 Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions | <ul style="list-style-type: none"> • Applies legal and ethical decision-making in the planning and implementation of care for people with bladder, bowel and pelvic floor dysfunction. • Critically evaluates policies and guidelines that influence continence promotion, assessment, care and management. • Mentors other nurses and health professionals in the application of specific standards, guidelines, regulations and/or legislation with a focus on continence-related health issues. | 114 | 99.1 | 0.9 |
| | | 116 | 99.1 | 0.9 |
| 1.5 Uses ethical frameworks when making decisions | | 116 | 98.3 | 1.7 |
| 1.6 Maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations | <ul style="list-style-type: none"> • Promotes the accurate and comprehensive exchange of information between multidisciplinary health care team members regarding all aspects of a person's continence care plan | 116 | 99.1 | 0.9 |

| 1.7 | Contributes to quality improvement and relevant research. | <ul style="list-style-type: none"> Identifies, designs and participates in research and quality improvement activities related to continence issues to develop new knowledge to improve patient outcomes or evaluate service delivery according to level of knowledge, skill and expertise. | 117 | 93.2 | 6.8 |
|---|---|--|-------------|------------|-----|
| <p>STANDARD 2: Engages in therapeutic and professional relationships</p> <p>The NCS's practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.</p> | | | | | |
| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | | |
| | | Valid (n) | Yes [n (%)] | No [n (%)] | |
| 2.1 | Establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships | <ul style="list-style-type: none"> Establishes a climate conducive to the development of therapeutic relationships to enable a holistic continence assessment to be undertaken. | 113 | 99.1 | 0.9 |
| | | <ul style="list-style-type: none"> Engages in therapeutic interactions with the client, family and other members of the health care team to enable optimisation of continence management and care. | 112 | 99.1 | 0.9 |
| 2.2 | Communicates effectively, and is respectful of a person's dignity, culture, values, beliefs and rights | <ul style="list-style-type: none"> Accommodates cultural needs of individuals /groups appropriate to the social context. | 110 | 98.2 | 1.8 |
| | | <ul style="list-style-type: none"> Uses appropriate strategies to promote an individual's self-esteem, dignity, integrity and comfort. | 108 | 100 | 0 |
| 2.3 | Recognises that people are the experts in the experience of their life | <ul style="list-style-type: none"> Applies a person-centered approach to clinical continence care. | 108 | 99.1 | 0.9 |
| 2.4 | Provides support and directs people to resources to optimise health-related decisions | <ul style="list-style-type: none"> Participates in counselling of individuals, groups of clients and health care workers related to attitudes/ practices /standards related to bowel, bladder and pelvic floor health. | 112 | 98.2 | 1.8 |
| | | <ul style="list-style-type: none"> Demonstrates knowledge of appropriate and quality resources that support the person in understanding their continence health issues. | 111 | 100 | 0 |
| 2.5 | Advocates on behalf of people in a manner that respects the person's autonomy and legal capacity | <ul style="list-style-type: none"> Acts as an advocate for the rights of individuals and groups to enable them to optimise their continence health status. | 109 | 99.1 | 0.9 |
| | | <ul style="list-style-type: none"> Promotes the person's right to access timely and quality care. | 111 | 99.1 | 0.9 |

| | | | | |
|--|--|-----|------|-----|
| 2.6 Uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes | <ul style="list-style-type: none"> Understands the role and scope of practice of various members of the health care team. | 109 | 99.1 | 0.9 |
| | <ul style="list-style-type: none"> Delegates continence care safely as appropriate to the person's bladder, bowel or pelvic floor dysfunction | 108 | 99.1 | 0.9 |
| | <ul style="list-style-type: none"> Makes informed decisions about referral of care to other health professionals to improve the person's continence health outcomes. | 110 | 100 | 0 |
| 2.7 Participates in and/or leads collaborative practice | <ul style="list-style-type: none"> Demonstrates team leadership in continence-related health issues | 106 | 97.2 | 2.8 |
| | <ul style="list-style-type: none"> Actively facilitates the person's involvement as a partner in the multidisciplinary team to optimise their continence health status. | 107 | 98.2 | 1.8 |
| | <ul style="list-style-type: none"> Demonstrates a comprehensive understanding of the roles of members of the multidisciplinary team to enable a person's continence care to be optimised | 108 | 98.2 | 1.8 |
| | <ul style="list-style-type: none"> Participates effectively in teams to plan and implement strategies to meet the needs of the person who has bladder, bowel or pelvic floor dysfunction. | 108 | 100 | 0 |
| 2.8 Reports notifiable conduct of health professionals, health workers and others. | <ul style="list-style-type: none"> Is aware of and acts in accordance with professional standards and the code of ethics especially in light of the personal nature of continence care. | 112 | 99.1 | 0.9 |

STANDARD 3: Maintains the capability for practice

NCSs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about another health professional's capability for practice. NCSs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|---|--|-------------|------------|
| | | Valid (n) | Yes [n (%)] | No [n (%)] |
| 3.1 Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice | <ul style="list-style-type: none"> Recognises personal and colleagues needs for debriefing and support to meet the needs of people with bladder, bowel and pelvic floor dysfunction. | 106 | 98.1 | 1.9 |
| | <ul style="list-style-type: none"> Maintains fitness to practice and reports any physical, psychological or other condition that may impede their ability to practice. | 103 | 97.2 | 2.8 |

| | | | | |
|---|--|-----|------|-----|
| 3.2 Provides the information and education required to enhance people's control over health | <ul style="list-style-type: none"> Assesses and promotes health literacy to enhance a person's understanding of their continence health and care. | 108 | 100 | 0 |
| | <ul style="list-style-type: none"> Develops and uses materials to promote informed, positive attitudes about continence. | 106 | 99.1 | 0.9 |
| 3.3 Uses a lifelong learning approach for continuing professional development of self and others | <ul style="list-style-type: none"> Identifies learning needs through critical reflection and works towards addressing deficits in continence nursing knowledge. | 107 | 99.1 | 0.9 |
| | <ul style="list-style-type: none"> Demonstrates a commitment to maintaining and extending knowledge and skills in the specialty of continence nursing through active participation in continuing professional development activities. | 107 | 100 | 0 |
| | <ul style="list-style-type: none"> Maintains a record of continuing professional development activities and aims to have a focus on continence nursing practice. | 106 | 99.1 | 0.9 |
| 3.4 Accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities | <ul style="list-style-type: none"> Conducts practice in accordance with professional expectations and the nursing and/or midwifery codes of ethics. | 105 | 98.1 | 1.9 |
| 3.5 Seeks and responds to practice review and feedback | <ul style="list-style-type: none"> Seeks feedback from clients, peers and more experienced continence nurses on all aspects of practice. | 106 | 100 | 0 |
| | <ul style="list-style-type: none"> Incorporates feedback into professional development to continuously improve continence nursing knowledge and skills. | 106 | 99.1 | 0.9 |
| 3.6 Actively engages with the profession | <ul style="list-style-type: none"> Participates in the development of the specialty of continence nursing through active involvement in CoNSA, the workplace, consumer organisations and peak bodies related to bowel and bladder health. | 103 | 96.3 | 3.7 |
| 3.7 Identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people. | <ul style="list-style-type: none"> Describes and promotes the contribution and role development of the Nurse Continence Specialist to improved outcomes for people who have bladder, bowel or pelvic floor dysfunction. | 104 | 97.2 | 2.8 |
| | <ul style="list-style-type: none"> Contributes to initiatives within the profession, interdisciplinary team, specialist nursing organisations and peak bodies related to continence promotion, assessment, care and management. | 04 | 97.2 | 2.8 |
| | <ul style="list-style-type: none"> Advocates for the development of continence care services. | 106 | 98.2 | 1.9 |

STANDARD 4: *Comprehensively conducts assessments*

NCSs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|------------------------|--|--|-------------|------------|
| | | Valid (n) | Yes [n (%)] | No [n (%)] |

| | | | | | |
|-----|--|--|-----|------|-----|
| 4.1 | Conducts assessments that are holistic as well as culturally appropriate | <ul style="list-style-type: none"> • Uses a person-centered framework to guide health assessment. | 104 | 97.2 | 2.8 |
| 4.2 | Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice | <ul style="list-style-type: none"> • Demonstrates proficiency in a range of advanced health assessment skills within the NCS scope of practice - history taking, physical examination (which may include vaginal and/or rectal examination and pelvic floor muscle assessment), and relevant investigations related to bladder, bowel and pelvic floor dysfunction (which may include uroflowmetry, post-void residual volume ultrasound and urinalysis). | 101 | 96.2 | 3.8 |
| | | <ul style="list-style-type: none"> • Accurately interprets the findings of diagnostic tests within the scope of NCS practice. | 105 | 99.1 | 0.9 |
| | | <ul style="list-style-type: none"> • Integrates the findings from validated outcome measures, assessment tools and diagnostic tests with continence assessment information to develop an individualised continence plan of care. | 102 | 98.1 | 1.9 |
| 4.3 | Works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/ or for referral | <ul style="list-style-type: none"> • Considers all possible and probable consequences of the person's situation and the effect on their continence health status. | 102 | 97.1 | 2.7 |
| | | <ul style="list-style-type: none"> • Assesses the person's understanding of their continence health status including the contributing factors, treatment options and care plan and their preference for information. | 105 | 100 | 0 |
| 4.4 | Assesses the resources available to inform planning. | <ul style="list-style-type: none"> • Demonstrates a comprehensive knowledge of health services and community and commercial resources that support bladder, bowel and pelvic floor health. | 105 | 99.1 | 0.9 |
| | | <ul style="list-style-type: none"> • Demonstrates high-level information technology skills to aid continence care. | 98 | 92.5 | 7.5 |

STANDARD 5: Develops a plan for nursing practice

NCSs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the NCS's appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|------------------------|--|--|-------------|------------|
| | | Valid (n) | Yes [n (%)] | No [n (%)] |
| 5.1 | <ul style="list-style-type: none"> • Uses analytic and interpretive skills to make nursing decisions about the client's continence care in their context. | 106 | 100 | 0 |
| | <ul style="list-style-type: none"> • Justifies clinical practice based on current professional knowledge about bowel and bladder health | 102 | 98.1 | 1.9 |
| 5.2 | <ul style="list-style-type: none"> • Promotes the person's involvement as an active participant in the process of continence care. | 101 | 97.1 | 2.9 |
| | <ul style="list-style-type: none"> • Consults relevant members of the health team and significant others to optimize the person's continence health status. | 104 | 100 | 0 |

| | | | | |
|---|--|-----|------|-----|
| outcomes and timeframes are agreed with the relevant persons | • Is able to justify nursing decisions in the specific context of continence care. | 102 | 98.1 | 1.9 |
| | • Consults with clients in the development and documentation of goals of continence care. | 104 | 98.1 | 1.8 |
| | • Identifies person-centered priorities using context specific knowledge. | 102 | 99 | 1.0 |
| | • Refers to and incorporates data from other health professionals when planning continence care. | 102 | 98.1 | 1.9 |
| | • Develops a continence care plan that accommodates the person's preferences, abilities and resources. | 103 | 99 | 1 |
| | • Consults with a range of health care professionals. | 101 | 98.1 | 1.9 |
| | • Participates in multidisciplinary clinical decision-making. | 104 | 93.3 | 6.7 |
| 5.3 Documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes | • Documents and communicates continence assessment findings, diagnoses and clinical decisions. | 102 | 100 | 0 |
| 5.4 Plans and negotiates how practice will be evaluated and the time frame of engagement | • Monitors the person's response to the activities of other health care professionals. | 103 | 93.2 | 6.8 |
| | • Explores alternative continence care options when (potential) conflict with the person, their significant others or health care workers is identified. | 105 | 100 | 0 |
| 5.5 Coordinates resources effectively and efficiently for planned actions. | • Advocates and negotiates for optimum resources to meet the person's continence care needs. | 103 | 100 | 0 |
| | • Uses resources in a sustainable and environmentally sound manner. | 106 | 95.3 | 4.7 |

STANDARD 6: Provides safe, appropriate and responsive quality nursing practice

NCSs provide and may delegate, quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|---|--|-------------|------------|
| | | Valid (n) | Yes [n (%)] | No [n (%)] |
| 6.1 Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people | • Accesses evidence-based resources and expert advice to support the care of the person affected by bladder, bowel and pelvic floor dysfunction. | 102 | 98.1 | 1.9 |
| | • Assesses learning needs, and plans, implements and evaluates health education and health promotion to assist the person to develop knowledge, skills and confidence to manage their continence health needs | 102 | 100 | 0 |
| | • Uses strategies to maintain and encourage a person's independence in their continence care | 103 | 99 | 1 |
| | • Takes measures to relieve the person's distress and helps them identify strategies to cope with changes in continence health status. | 102 | 98.0 | 2 |

| | | | | |
|--|---|-----|------|-----|
| 6.2 Practises within their scope of practice | <ul style="list-style-type: none"> Demonstrates knowledge of and practices within the NMBA code of professional conduct, code of ethics and acts in accordance with their role description, employer's policies, level and scope of practice | 101 | 100 | 0 |
| | <ul style="list-style-type: none"> Identifies gaps in knowledge and skills and seeks assistance to deliver safe continence nursing care. | 102 | 100 | 0 |
| 6.3 Appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles | <ul style="list-style-type: none"> Assesses the knowledge, skill and scope of practice of various health care workers, communicates appropriately about the aspect of continence care to be delegated and provides ongoing monitoring of the outcomes of the continence care plan. | 102 | 99 | 1 |
| 6.4 Provides effective timely direction and supervision to ensure that delegated practice is safe and correct | | | | |
| 6.5 Practises in accordance with relevant policies, guidelines, standards, regulations and legislation | <ul style="list-style-type: none"> Delivers continence care based on accepted clinical practice and using rationales and protocols. | 101 | 99 | 1 |
| | <ul style="list-style-type: none"> Initiates, participates and advises on the development and/or review of philosophies, policies, procedures and protocols related to care of people who have bladder, bowel and/or pelvic floor dysfunction. | 99 | 97.1 | 2.9 |
| 6.6 Uses the appropriate processes to identify and report potential and actual risk-related system issues, and where practice may be below the expected standards | <ul style="list-style-type: none"> Conducts and supports activities that contribute to improvements in safety and continence care outcomes. | 102 | 99 | 1 |
| | <ul style="list-style-type: none"> Identifies gaps between current practice and existing practice guidelines and protocols and updates policies and procedures and practices related to care of people who have bladder, bowel and/or pelvic floor dysfunction accordingly. | 103 | 96.1 | 3.9 |

STANDARD 7: Evaluates outcomes to inform nursing practice

NCSs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

| NMBA practice standard | Application of NMBA standards to continence nursing practice | The application of the standard is relevant to my practice | | |
|---|---|--|-------------|------------|
| | | Valid (n) | Yes [n (%)] | No [n (%)] |
| 7.1 Evaluates and monitors progress towards the expected goals and outcomes | <ul style="list-style-type: none"> Reviews continence care outcomes with the person and significant others. | 102 | 99 | 1 |
| | <ul style="list-style-type: none"> Provides feedback to other health professionals about negotiated continence related outcomes and documents process appropriately. | 102 | 99 | 1 |
| 7.2 Revises the plan based on the evaluation | <ul style="list-style-type: none"> Evaluates the effectiveness of planned continence care against established benchmarks, standards and guidelines, and modifies the continence care plan where necessary. | 101 | 98.1 | 1.9 |
| | <ul style="list-style-type: none"> Ensures the continued availability of necessary resources to meet the person's continence care needs. | 101 | 100 | 0 |

| | | | | |
|--|--|-----|------|-----|
| | <ul style="list-style-type: none"> • Consults with other health care professionals, and refers the client as appropriate to ensure high quality and comprehensive continence care. | 102 | 100 | 0 |
| 7.3 Determines, documents and communicates further priorities, goals and outcomes with the relevant persons. | <ul style="list-style-type: none"> • Demonstrates a range of collaborative approaches to continually build and maintain collaborative networks that enhance continence care. | 101 | 98.1 | 1.9 |
| | <ul style="list-style-type: none"> • Promotes and facilitates collaborative continence care practice and recognises and acknowledges the contributions of others. | 98 | 98 | 1 |
| | <ul style="list-style-type: none"> • Actively participates in multi-disciplinary meetings and (where appropriate) coordinates the person's continence care across multi-agency and interdisciplinary lines. | 99 | 98 | 2 |
| | <ul style="list-style-type: none"> • Promotes the person's goals of continence care and uses context-specific knowledge and expertise to communicate care requirements. | 98 | 98 | 2 |
| | <ul style="list-style-type: none"> • Explores alternative continence care options when (potential) conflict with the person's significant others or health care workers is identified. | 96 | 98 | 2 |
| | <ul style="list-style-type: none"> • Provides feedback to other health professionals about negotiated continence-related outcomes and documents process appropriately. | 101 | 99 | 1 |

Appendix D. Perceived barriers to adherence to the standards

| Standard | Application of the standard | Barriers to implementing the standard |
|---|--|--|
| 1.1 Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice | Uses research appraisal skills to assess and critique research literature and applies this knowledge to improve continence nursing practice. | <ul style="list-style-type: none"> • Being a sole practitioner • Working in an environment where there is no education, or advanced education in continence nursing, • Lack of professional interest by others in reviewing continence research. • Lack of managerial understanding about the breadth and depth of the role i.e. perceived as a supplier of continence products alone. • Lack of support to attend professional development activities such as conferences • Lack of access to research databases • Lack of time to read research at work |
| 1.2 Develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice | Participates constructively in performance review processes to optimize continence nursing skills and learning | <ul style="list-style-type: none"> • Managers who conduct performance reviews often lack information about the role. |
| 1.3 Respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures | Provides culturally appropriate assessment and care that demonstrates respect and understanding of people's culture, beliefs and preferences about the assessment and treatment of bowel, bladder and pelvic floor dysfunction | <ul style="list-style-type: none"> • Lack of information about the client before appointment, hence, cannot prepare. • Language and cultural barriers |
| 1.7 Maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations | Promotes the accurate and comprehensive exchange of information between multidisciplinary health care team members regarding all aspects of a person's continence care plan | <ul style="list-style-type: none"> • Casualisation and part-time nature of the workforce • Involvement of several community providers • Clients with cognitive issues • Carers who do not follow through on NCS advise to discuss with GP. |
| 1.8 Contributes to quality improvement and relevant research. | Identifies, designs and participates in research and quality improvement activities related to continence issues to develop new knowledge to improve patient outcomes or evaluate service delivery according to level of knowledge, skill and expertise. | <ul style="list-style-type: none"> • Lack of resources and support (particularly academic support) to do research • Not being part of a multidisciplinary team |

| | | |
|---|---|---|
| 2.5 Advocates on behalf of people in a manner that respects the person's autonomy and legal capacity | Promotes the person's right to access timely and quality care. | <ul style="list-style-type: none"> • Lack of staff hinders timely access to quality care • Long waiting lists |
| 2.7 Participates in and/or leads collaborative practice | Demonstrates a comprehensive understanding of the roles of members of the multidisciplinary team to enable a person's continence care to be optimised | <ul style="list-style-type: none"> • Some health professionals do not view incontinence as a clinically significant issue and do not promote NCS input |
| 3.4 Accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities | Conducts practice in accordance with professional expectations and the nursing and/or midwifery codes of ethics. | <ul style="list-style-type: none"> • This is problematic in the community where there is limited monitoring and supervision of other staff. May consult and develop a careplan for others to implement, but cannot guarantee its implementation. |
| | Seeks feedback from clients, peers and more experienced continence nurses on all aspects of practice. | <ul style="list-style-type: none"> • Can be difficult for the sole practitioner to access 'more experienced continence nurses' feedback • This is difficult for NCS' working in NGOs as sole practitioners. |
| 3.6 Actively engages with the profession | Participates in the development of the speciality of continence nursing through active involvement in CoNSA, the workplace, consumer organisations and peak bodies related to bowel and bladder health. | <ul style="list-style-type: none"> • Lack of time • Distance for people living in rural areas • Cost of travel • Lack of awareness of consumer organisations |
| 5.3 Collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons | <ul style="list-style-type: none"> • Participates in multidisciplinary clinical decision-making. | <ul style="list-style-type: none"> • Limited access to multidisciplinary practitioners, particularly in rural areas. |
| 5.5 Coordinates resources effectively and efficiently for planned actions | <ul style="list-style-type: none"> • Advocates and negotiates for optimum resources to meet the person's continence care needs. | <ul style="list-style-type: none"> • Perceived lack of interest by funding agencies and competing managerial priorities |
| | <ul style="list-style-type: none"> • Uses resources in a sustainable and environmentally sound manner. | <ul style="list-style-type: none"> • Lack of control over how resources are used |
| 6.3 Appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles | <ul style="list-style-type: none"> • Assesses the knowledge, skill and scope of practice of various health care workers, communicates appropriately about the aspect of continence care to be delegated and provides ongoing monitoring of the outcomes of the continence care plan. | <ul style="list-style-type: none"> • A work environment that has no ENs or others to delegate to • A practice setting in which the NCS consults and advises, but has no jurisdiction over implementation |
| 6.4 Provides effective timely direction and supervision to ensure that delegated practice is safe and correct | | |