

ISC Competency Day

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Coloplast | Professional

ISC Competency Day

Time slot

Session

09:00 – 09:30

Registration

09:30 – 11:15

Introduction & Housekeeping
Learning Needs Activity /Why do we teach ISC?
Teaching ISC
Patient Assessment & Product Considerations

11:15 – 11:30

Coffee

11:30 – 13:00

Product Handling
Case Study Work
Patient's Stories & Discussion
HAPA Model
Sustainability

13:00 – 13:45

Lunch

13:45 – 15:00

Problem Solving & UTI Risk Factors Model
Case study work

15:00 – 15:15

Coffee

15:15 – 16:00

Ongoing Support
Revisiting Learning Needs

16:00 – 16:20

Next Steps, Conclusion, Certificates and Close

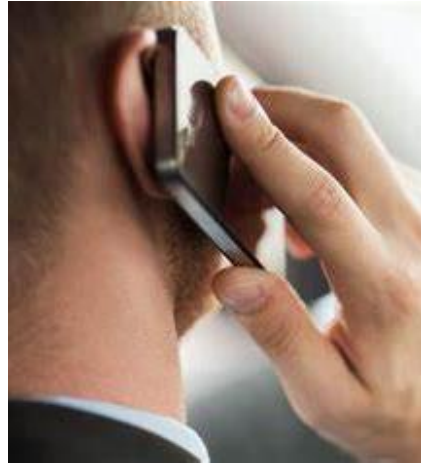


Housekeeping



Fire alarm

There are no fire alarms planned for today. In the event of the fire alarm sounding please exit via the nearest fire exit



Mobile phones

Please ensure that all mobiles are on silent. If you need to take a call please step outside the room to take it



Safe place

This session is a safe area to discuss clinical care and any worries or concerns you may have



Time keeping

We will always try and keep to the breaks in the agenda. Please return promptly following any break



Toilets

Location

Introducing

Your Education Team for today

Overview of the day

- Welcome and Introductions
- What would you like to achieve?
- Focus on assessment & teaching
- HAPA model
- Lunch
- Review & Trouble shooting
- UTI risk factor tool
- Preparation for practice
- Reflections and next steps



What would you like
to achieve today,
what are **your**
practice / learning
needs?



What is your **biggest challenge/concern** *about* introducing ISC to new patients?



Why do we
teach ISC ?



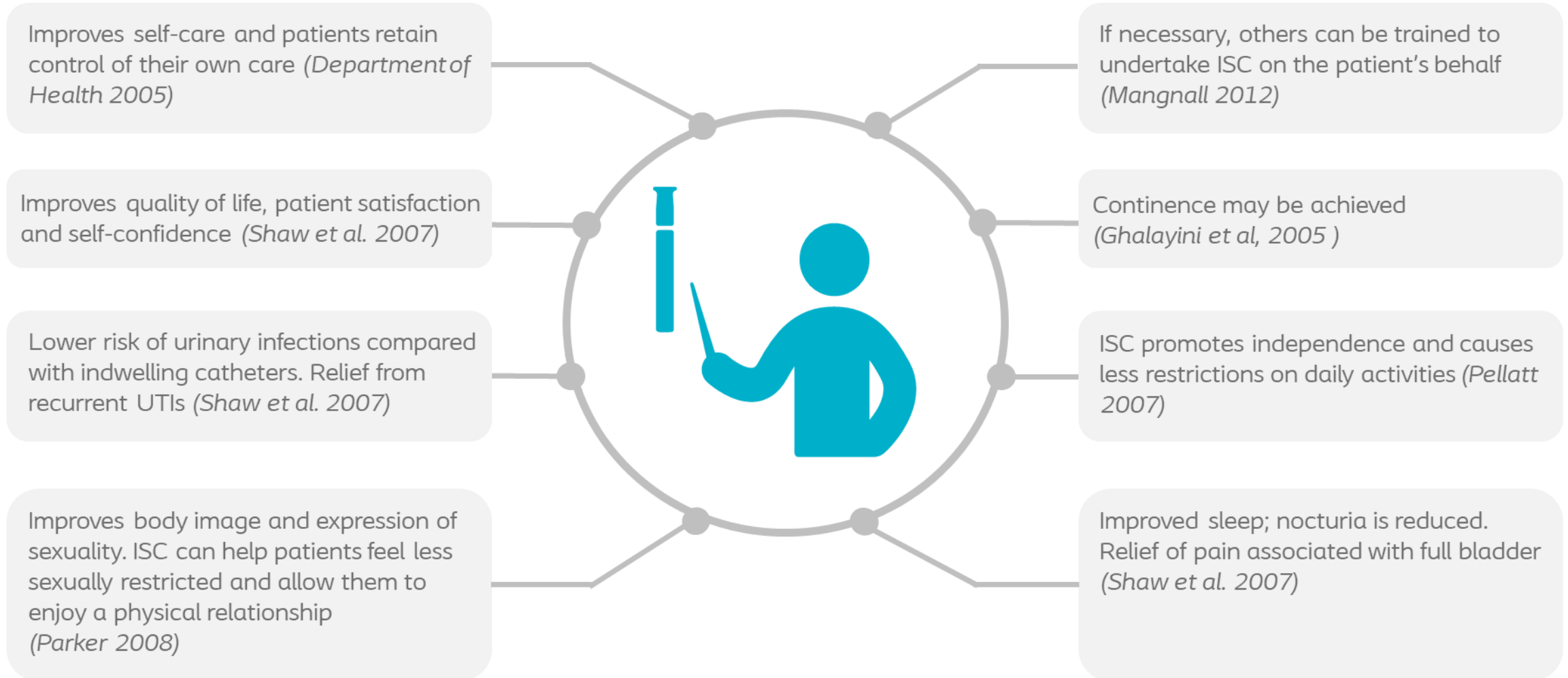
Let's think!



- Advantages for patients
- Disadvantages for patients
- Advantages for healthcare professionals
- Disadvantages for healthcare professionals



Why ISC – what clinical studies / guidelines say



A Newton's cradle with five spheres. One sphere on the left is blue and is in motion, having just struck or about to strike the other four spheres. The other four spheres are cyan and are stationary. The background is a solid orange color.

Teaching ISC

Assessment and product
considerations

Considerations in ISC

Contraindications

- Priapism in male
- Injury or tumour in urethra or penis
- Mental capacity
- Kidney failure
- End of life care

Cautions

- Patients with limited vision, dexterity, cognition and mobility
- Psychological concerns
- Previous false passage /stricture
- Post prostate surgery, bladder neck incision or urethral surgery and those with prostatic stent artificial prosthesis
- Females with obstructing vaginal prolapse
- A small capacity bladder
- Challenging anatomy

Informed Consent

When gaining consent from a patient to perform intermittent self-catheterisation, the following must be covered:

- Rational
- Duration
- Risks and benefits
- Follow-up and review periods

It is **YOUR** professional responsibility to give the right information to the individual to ensure shared, and informed decision to be made (NMC).
Informed consent should **ALWAYS** be documented.

If it is not written down...

What should I know before teaching ISC?

- It's the gold standard - should be first line treatment when possible
- It's a treatment that can put the individual back in control.
- Understanding of anatomy is essential.
- It can be a daunting and embarrassing topic.
- It's often an unexpected suggestion.
- It takes time to master, and practice makes perfect.
- Awareness of infection prevention and sepsis is vitally important.
- Reassessment and review of users is required.



Patient Assessment

Cognition, and
Understanding

Mobility / Dexterity
(can they open and
handle the catheter
safely)

Vision
(mirror use,
lighting, glasses)

Safety
(balance, infection
risk)

Environment
(lighting, space,
privacy)

Positioning
(sitting , standing,
laying)

Type of catheter
(set or drain
through)

Cultural
Considerations
(gender/prayers/
cleanliness/support)

Time to learn
(support should be
available during this
phase.)



Catheter Selection

- Size
- Lubrication / coating
- Material
- Connector / port
- Tip
- Eyelets
- Packaging



Additional considerations

- The products available to both you and your patient
- The value of previous user feedback
- Lifestyle needs,
- Clinical evidence base, quality assurance and support
- Catheters that have infection reducing properties
- Additional features, that increase ease of use



Hygiene and intimate health

- Most ISC users main concern is infection (45%).
- Ensure good standards of hand and intimate hygiene from the beginning.
- It's not what they use, but how they use it.
- Scented or antiseptic cleaners are not recommended for on your intimate areas.
- Be aware of over cleaning, it can affect PH and skin fragility.
- Females may wish to consider topical oestrogen (seek GP advice first).
- Avoid touching the catheter, be aware of pre insertion contamination.

Tips for insertion, draining and removal

Insertion

- Inform patient to void naturally pre insertion if able.
- Insert the catheter following cleaning and preparation.
- Visualise the insertion point, Look twice insert once!
- Discard catheter if any contamination occurs.
- Use gentle pressure with good momentum.
- Encourage the patient to breath normally.
- It's normal to feel the catheter move, but shouldn't be painful

Draining

- It's normal to feel the need to pass urine as you enter the bladder.
- On drainage insert it a little more
- Flow stops!!! - Reposition, Twist, remove slowly

Removal

- Downward movement on removal
- Pelvic region may feel 'restless' post initial ISC
- Never reuse catheter!!!!

Initial Routine

Residual bladder volumes	Frequency of catheterisation
Unable to void	On average 4-5 possibly 6 times a day
Residual urine >500ml	3 times per day
Residual volume 300-500ml	2-3 times a day
Residual volume 150-300ml	1-2 times a day
Residual urine <150ml	Daily
Residual urine <100ml on three consecutive occasions	Stop and reassess urine residual levels

This is a guide – Patients are different, and this may need adjusting based on your individual assessment and local guidelines.

Teaching tools

- ISC teaching pathways: To standardize teaching content
- UTI risk factor tools: Identify potential risks and problem solve
- Anatomical models: Ensure patient understanding
- Online resources: Reinforce information following the apt with you
- Using a combination of practical, electronic and written information is most effective at meeting the patient's needs.

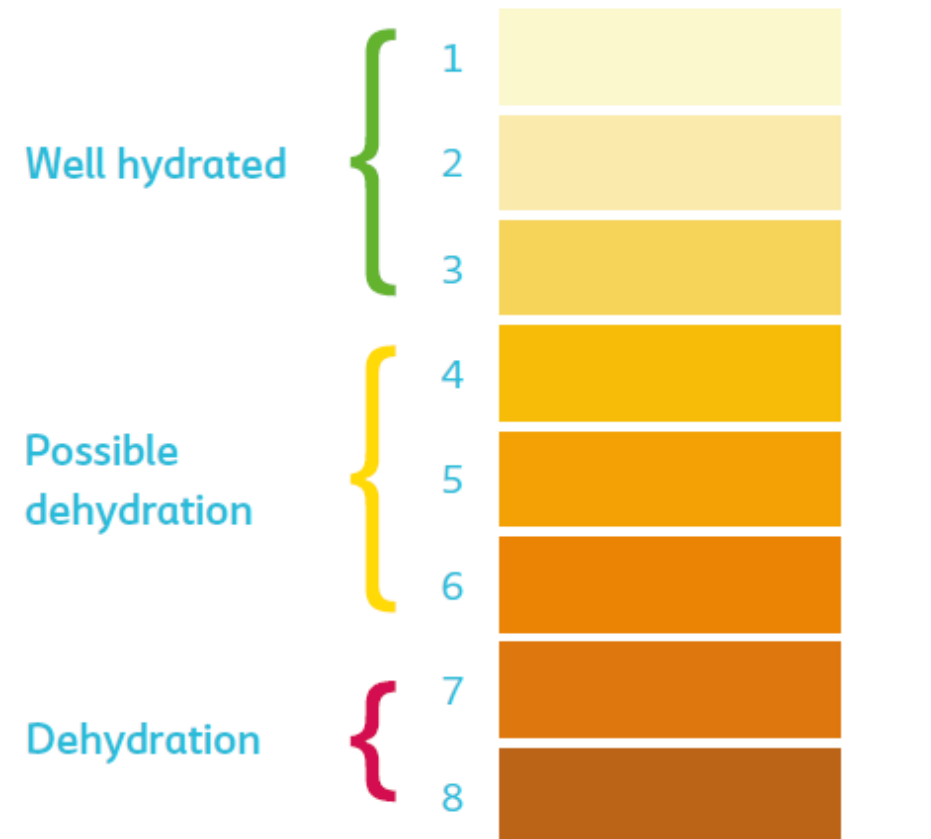


After care



Undertaking ISC safely is about more than just the insertion and removal of the catheter.

- Catheters need to be stored correctly.
- They all have an expiry date.
- Drinking / hydration is a 24-hour consideration.
- Use the colour of your urine as a guide.
- Drinking less does not reduce the need for ISC.
- Always stick to your regime/routine.
- Avoid shortcuts , even when busy .

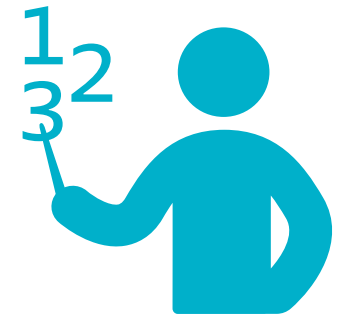


¹ 'Am I Hydrated Colour chart' adapted by A Yates / Coloplast 2017

Teaching...what should be included?

Patients should be given the following during teaching of CISC... AS A MINIMUM...

- A full explanation of their anatomy
- An explanation of their individual bladder problems and the reasons for ISC
- The benefits of ISC
- The potential risk of CISC
- Demonstrate & select appropriate catheter with the patient (Limit selection!!!)
- Hygiene , Hydration, Regime
- Disposing and obtaining catheters
- Potential challenges they may experience



**Time for
coffee**



Product Handling



Small group work

Please take 15 minutes to consider one of the following patients , we will ask you to feedback your thoughts



Think about...

regime, catheters, individual needs...

- **Sarah** is 23, she works in a bar and is at university, she had cauda equina 6 months ago and has rehabilitated well, she needs ISC as she is unable to pass any urine naturally.
- **Joseph** is 54, he has BPH and awaiting surgery , he has residual urine around 350 ml with urgency and frequency with regular urine infections.
- **Mike** is 82, and has an atonic bladder, he has some reduced mobility but suggested to use ISC as he has large residuals of 650mls and regular infections and leaking.



Changing behaviour

HAPA Model



HAPA – Health Action Process Approach

A psychological model of health behaviour change

1

Motivation

"I want to do it!"

2

Planning

*"I have a plan A
and a plan B"*

3

Doing

*And keep on
doing it*

At each stage of the HAPA model, there are *barriers* and *promoters*



Barriers

are factors that make changing health behavior harder



Promoters

are factors that support changing health behavior

Barriers at the 1st stage



Barriers to be broken down



- Initial fear and resistance
- Lack of understanding anatomy etc.
- Lack of understanding the goal of IC
- Misunderstandings

The whole idea of having to do an invasive procedure on myself, especially on... quite a personal area... It was quite daunting at first."

Neil, UK

Barriers at the 2nd stage



Barriers to be broken down

- IC can be overwhelming
- Difficult to fit IC in
- Challenging when away from home



” I stopped going out
so much because of
bladder issues.”

Monika, Germany



Barriers at the 3rd stage



Barriers to be broken down

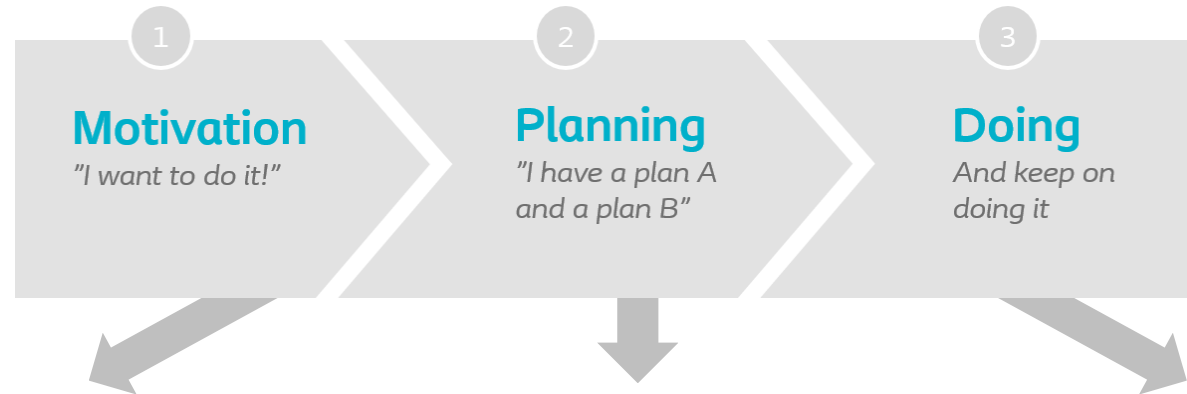
- Lack of IC support from GP
- UTI misinterpretations
- Physical limitations
- Mental limitations

” It was scary, and it was challenging, because sometimes, I didn’t know where to aim. So I would get it wrong, and I would get it right.”


Samantha, USA



Promoters for a good start with IC



Barriers to be broken down

- 
- Initial fear and resistance
 - Lack of understanding anatomy etc.
 - Lack of understanding the goal of IC
 - Misunderstandings

Support to be emphasised

- 
- Individualised training
 - Involve family

Barriers to be broken down

- IC can be overwhelming
- Difficult to fit IC in
- Challenging when away from home

Support to be emphasised

- Plan realistically
- Know where to reach out for help

Barriers to be broken down

- Lack of IC support
- UTI misinterpretations
- Physical limitations
- Mental limitations

Support to be emphasised

- Ensure follow up
- Involve family
- Assessment tools

We aim **high to balance** the wellbeing of people with the planet when we...



... address the single-use challenge by advancing recycling technologies and circular production



... continuously reduce emissions from all our activities



... partner with our suppliers to use fewer and more sustainable materials



... always work towards improving access to better care for users

We can't do it alone. Our partnerships include:



We are proud to have been ranked as the world's most **sustainable MedTech company** in 2024 by Corporate Knights

We are continuously working to improve our products and packaging¹



Recyclable packaging

72%

of packaging is now recyclable

Strive25 target: **90% by 2025**

Renewable packaging

66%

of packaging now consists of renewable materials

Strive25 target: **80% by 2025**

Waste recycling

75%

of production waste is now recycled

Strive25 target: **75% by 2025**



¹ Coloplast Annual Report 22/23

We continuously reduce emissions from all our activities¹

13 CLIMATE ACTION



Emission reduction
in our own operations

10%

reduction in scope 1^{2,3}
and 2 emissions since
2018/19

Strive25 target: **100% by 2030**

Emission reduction across
our value chain

8%

reduction in scope 3^{2,3}
emissions per product
since 2018/19

Strive25 target: **50% by 2030**

Renewable energy

78%

energy comes from
renewable sources

Strive25 target: **100% by 2025**



¹ Coloplast Annual Report 22/23. ² From base year 2018/19. ³ Target validated by Science Based Target initiative (SBTi).

Lunch



Problem solving

Urinary tract infection and other
Common challenges



Urinary tract infections

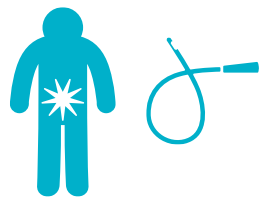
- Urinary tract infections occur approximately 2.7 times per year in ISC users
- UTIs make patients doubt their technique
- In the neurogenic patient they are complex and disabling
- Awareness and Prevention are essential
- Patients often have conflicting information from their GP
- Exploring the technique and using a tool to format this can provide a reassuring template to problem solving.



Background

The problem

IC users experience 0,8-3,5 UTIs per year. The reasons can vary and are not always clear.



Current situation

Doctors & nurses assessment methods vary depending on specialisation, experience and time limitations.

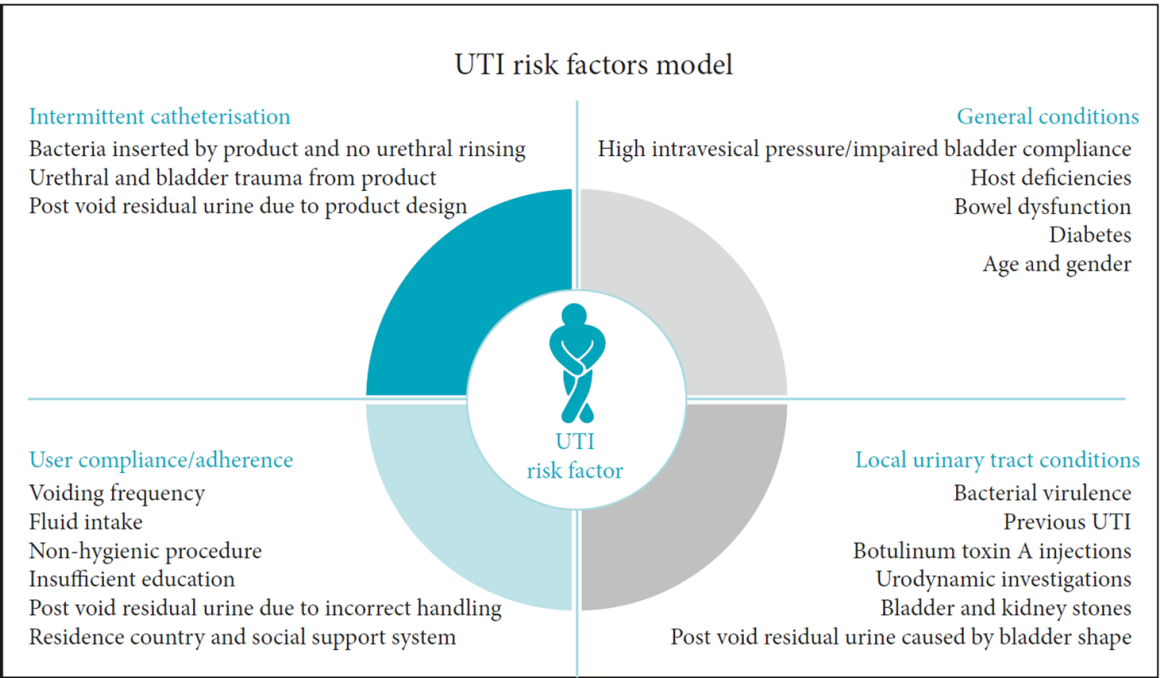


UTI Risk Factors model

Adult neurogenic lower urinary tract dysfunction and intermittent catheterisation in a community setting: Risk factors model for urinary tract infections.

Michael Kennelly, Nimesh Thiruchelvam, Márcio Augusto Averbek, Charalampos Konstantinidis, Emmanuel Chartier-Kastler, Pernille Trøjgaard, Rikke Vaabengaard, Andrei Krassioukov, Birte Petersen Jakobsen.

Advances in Urology 2019



Exploring the UTI risk factors model



UTI risk factors model

Intermittent catheterisation

- Bacteria inserted by product and no urethral rinsing
- Urethral and bladder trauma from product
- Post void residual urine due to product design

General conditions

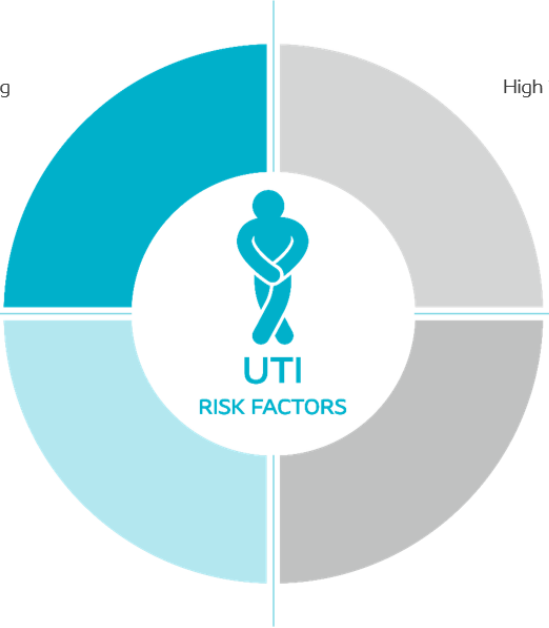
- High intravesical pressure/impaired bladder compliance
- Host deficiencies
- Bowel dysfunction
- Diabetes
- Age and gender

User compliance/adherence

- Voiding frequency
- Fluid intake
- Non-hygienic procedure
- Insufficient education
- Post void residual urine due to incorrect handling
- Residence country and social support system

Local urinary tract conditions

- Bacterial virulence
- Previous UTI
- Botulinum toxin A injections
- Urodynamic investigations
- Bladder and kidney stones
- Post void residual urine caused by bladder shape



Stickers

surprise

Impact

Attention

Open access in: Advances in Urology, Volume 2019, Article ID 2757862, 13 pages, <https://doi.org/10.1155/2019/2757862>



10 minutes

In Groups

Which risk factor **surprises** you the most?

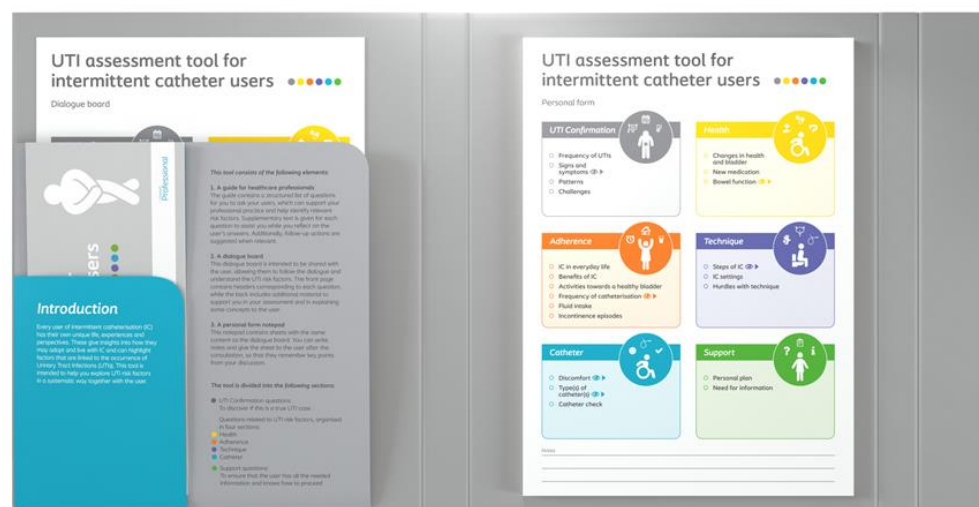
Which risk factor do you have the greatest **impact** on?

Which risk factor will you pay more **attention** to in the future?

Common non-infectious Challenges

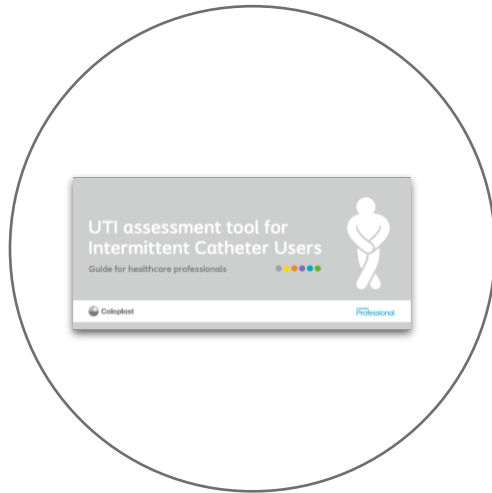
- Poor adherence to regime
- Leakage in between catheterisations
- Bleeding
- Difficult insertion
- Pain /discomfort
- Strictures / false passages
- Adapting technique to health changes ie pregnancy, disease progression





The UTI assessment tool for CISC

Recap on the tool elements



HCP Guide

- Intro - How to use the tool
- Questions
- Guidance
- Actions



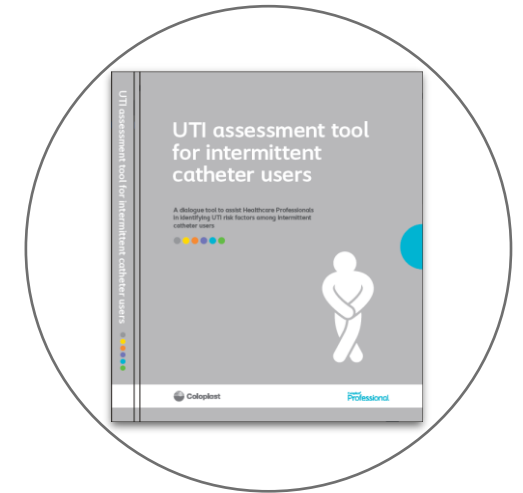
Dialogue board to facilitate the conversation

- Icons & Headers
- Supporting illustrations



Personal form (Notepad)

- A copy of the dialogue board, handed out to the user
- Notes section



Folder

- Introduction texts

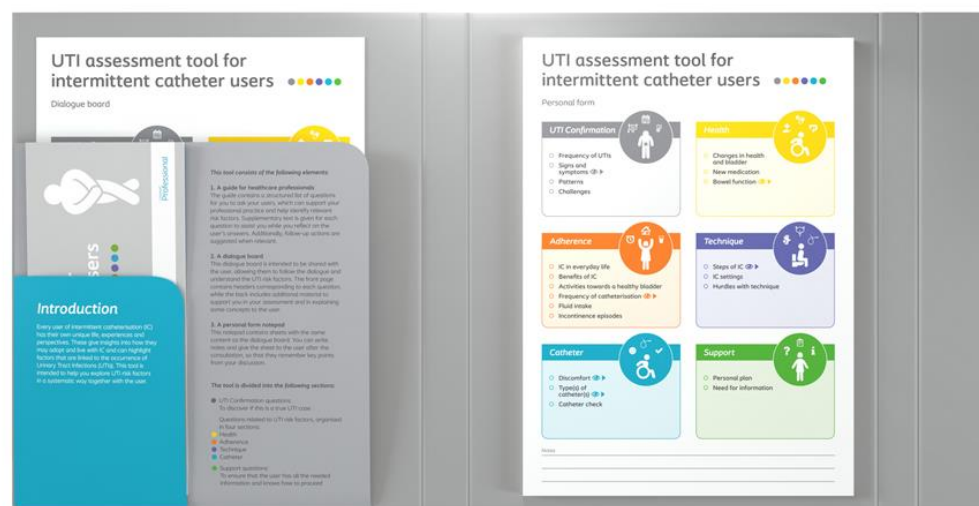


Practise



10 minutes

- In groups, take some time to use the assessment tool – Role play a nurse and patient consultation on teaching CISC



Common challenges

- What challenges might your patients face ?
- What support would you offer?
- How can you keep them safe and compliant with regime?

let's explore other complications



Catheter Aids

Aids are available to help with dexterity and mobility issues -

- Handles
- Penis holder
- Leg spreaders
- Labia holder
- Mirrors



Intermittent self-catheterisation is gold standard, yet adherence to treatment is an issue

More than

50%

of patients abandon ISC within the first **five years** after starting the treatment



42%

of the patients who used ISC changed their bladder emptying method



The rate of patients **converting back to indwelling** was

21.4%



Compliance is a challenge for

50%

of patients²



(1) Pannek et al., 2013. EAU Guidelines on Neurogenic Lower Urinary Tract Dysfunction.

(2) Sabeté, E., 2003. Adherence to Long-term Therapies: evidence for action, World Health Organization.

Follow up....

- **Sarah** is struggling with ISC away from the home , she is worried people will know and that she takes too long on a break from work , she has had 3 infections since you last saw her.....
- **Joseph** is managing well however he is seeing blood often and this is making him concerned he is doing harm
- **Mike** is managing well he has no natural voiding and is pleased his leaking has stopped however he admits that he often misses the lunchtime catheter.....

**Time for one
last coffee**



Ongoing support

The need for follow up.

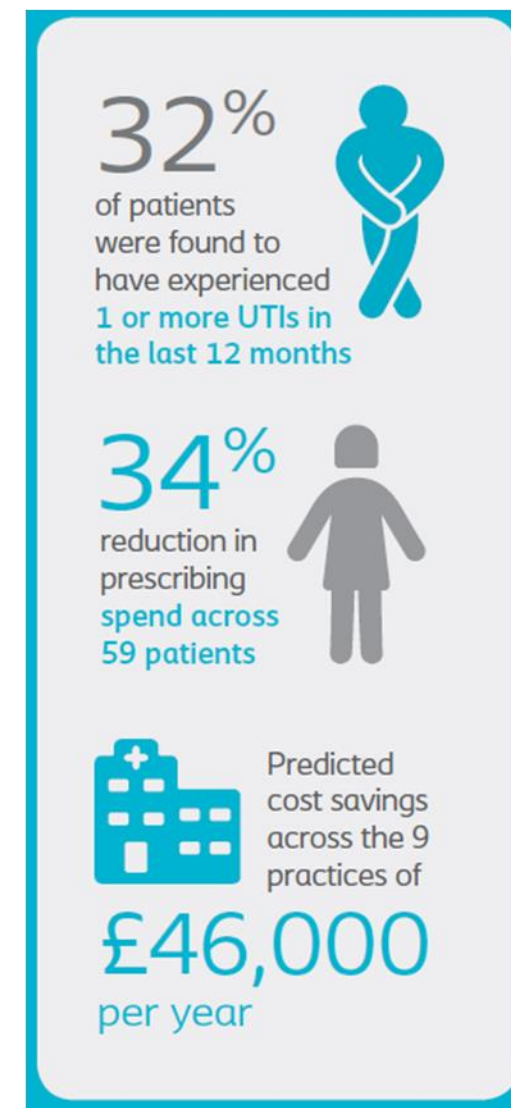
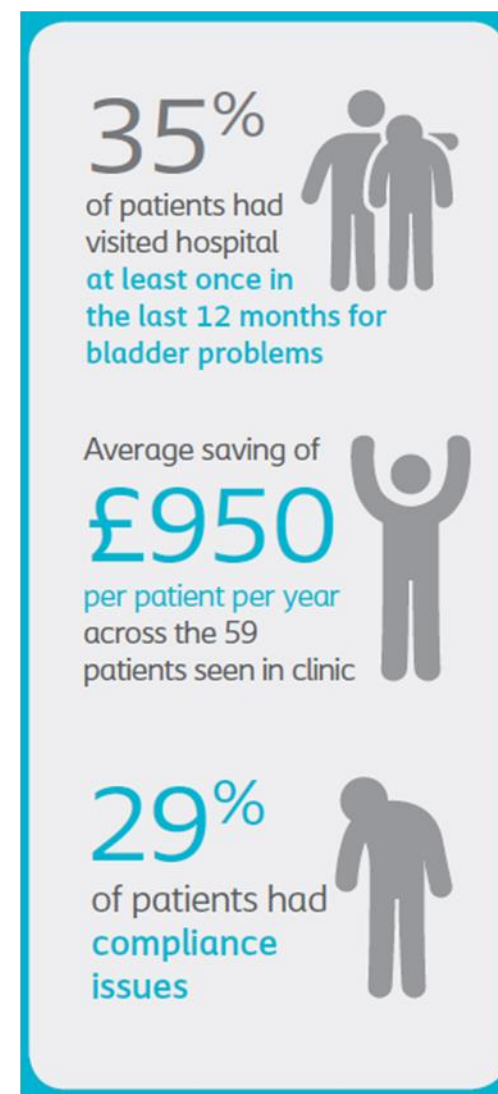


Adapting to life with ISC

- **What follow up is available in your clinical area?**
- Introducing patients to ISC and teaching them to perform the procedure should not be taken lightly.
- Patients often need significant amount of education, support and guidance.
- It can be very difficult for patients to take in so much information in one appointment
- Any verbal information should be backed up with good quality written information.
- The initial teaching session is only the tip of the iceberg.
- Consider using a robust follow up plan that includes bladder diary completion , uti screening and ensuring adherence to regime.

The importance of review

- 100 isc users were invited to review at their gp surgery ,they had to have been undertaking ISC for 2 years.
- Results were staggering , some had no input for over 15 years .



ISC Tool kit – do you have all you need to succeed?

ISC tool kit

- Catheters - always take extra
- Hand gel
- Wipes
- Torch (Head torch can be a game changer)
- Mirror
- Clothes peg
- No waiting card & RADAR key
- Small rubbish sack



No Waiting Card



The holder of this card has a medical condition
which means they need to use your toilet
URGENTLY

Thank you for your assistance



Request yours from Coloplast Charter

Outside the box!

- Nominate a few places to store supplies:
- Glove box of car, gym locker, friend or families house, medical room at work .
- Do they need to have different products for use away from the home?
- Set catheters have bags attached.
- Be aware of exposure the Car (with a blanket) can be a good alternative to a public toilet.
- Wheelchair users often find that removing the arm of chair can give more space.
- Safe sources of information for ideas and advice - charities and support groups



What does success look like?

- Selection and support
- Robust clinical teaching
- Support with anatomical understanding
- Regime selection
- Concern handling & follow up
- Fitting in with the patient's lifestyle
- Patient empowerment control
- Praise and encouragement



Coloplast Charter

Support for you and your patients

Coloplast® Charter

Inspected and rated

Outstanding 



We are **CQC OUTSTANDING**



- *Coloplast Charter is a health care provider, whose Clinical Services team are here to support patients.*
- *Charter is also a discrete and speedy delivery service.*



*We are transparent and open
about the quality of service
we provide*



*We are accountable to an
external board for the delivery
of safe and effective services*



*We will always
do what is right
for our patients*

HCP Support

A dedicated team to ensure you get the best service possible from our most experienced specialists.

**Dedicated
support**



*Personalised
support*



Quick and easy registration and
resolution of queries



Bespoke call programme

Motivation and encouragement



Help with technique and useful tips



Support with their ongoing order and delivery needs



To help establish the routine advised by you, the HCP



Dedicated support resources

Tips and advice on topics such as:

- Diet
- Hydration
- Travel
- Back to work
- Intimacy



Offering patients easy access to a range of support resources, when they need it



Health Checks to ensure all is well

Regularly check in with your patients and provide well being advice. Taking pressure off your busy working schedule



Ensuring patients issues are identified early



Solve issues patients may be having

Identify issues and triage to CQC regulated specialists offering:



- Advice
- Appropriate product solutions
- Signpost to HCPs when clinical ceiling is reached

Promote self-care with dedicated resources

Confidence and peace of mind that we are looking after patients' safety and QoL

Best in Class Ordering & Delivery

We offer patients choice on how they can place their orders, stay informed of its progress and deliver discreet and recyclable parcels





Place orders online or by phone

Phone line answered
within 60 seconds

Online ordering
24/7



*Offering choice and
convenience for your patients*



Order status updates

Track your
order online

SMS and email
notifications



*Confidence orders are on their
way with no need to worry*



Discreet delivery

Delivery time after
order placed:

Next day	Up to 3 days	Up to 5 days
32%	68%	98%

Discreet, recyclable
packaging

*Discretion and peace of
mind for your patients*

Next steps for your practice



Let's review!



- Advantages for patients
- Disadvantages for patients
- Advantages for healthcare professionals
- Disadvantages for healthcare professionals



Let's revisit your post-it notes!

Have your achievements
/ concerns for today
been met?



What's next ?

- Let's recap on your journey so far.....
- Each of you has completed the E - learning and attended the practical competency day.
- We recommend that you undertake the Coloplast professional online UTI course to consolidate your understanding of the most common concern for patients.
- You have a clinical supervisor in your workplace.
- Your certificate today will allow you to record your work with this supervisor.
- They will complete and sign you as safe to practice independently in line with your local policies.

Competency Review - UKCS Minimum standards

7. Training and supervision

1. Training must initially be given under the supervision of an identified preceptor.
2. Within the first 12 months of practical training the trainee should attend a relevant theoretical course.
3. Written evidence of observations of clinical practice and formal testing of a minimum of 3 cases must be undertaken and completed to satisfaction of preceptor before trainee is deemed competent to practice unsupervised.
4. Attendance at a regular MDT to discuss interesting or challenging management of cases seen.

References Available

5. Intermittent Self Catheterisation (ISC)

- Learning outcomes
 - To demonstrate knowledge of intermittent self-catheterisation.
 - To understand the barriers to teaching patients to perform this.
 - To demonstrate ability to teach patients the correct technique.
 - To demonstrate an awareness of the complications of ISC.

Knowledge criteria	Clinical competence and professional skills	Training support	Assessment	References
Knowledge of indications for ISC and alternative management options. Knowledge of different types of products available to patients. Knowledge of the potential sources of infection. Knowledge of and adherence to local infection control policies. Knowledge of available resources for patients.	Ability to teach patients / carers basic anatomy and catheterization using a clean technique. Assess frequency of ISC and develop appropriate regimens for patients. Recognise complications associated with ISC and manage appropriately. Hand washing technique. Ability to educate patients in line with their education and social / religious / psychological needs. Ability to adjust treatment regimen in line with assessments.	Direct observation. Education events on ISC.	Direct observation.	RCN 2012

Minimum Standards for Continence Care
in the United Kingdom

Report of the Continence Care steering group 2014

12. Intermittent self-catheterisation

Knowledge and understanding

- Assess bladder and bowel dysfunction (CC01).
- Care for individuals with urethral catheters (CC03).
- Enable individuals to carry out intermittent catheterisation (CC06).
- Review catheter care (CC07).
- Care for individuals using containment products (CC08).
- Help individuals to effectively empty their bowels (CC09).
- Assess residual urine by using ultrasound (CC10).
- Acquire, interpret and report on examinations (CI.C).
- Acquire, interpret and report on examinations of the abdomen and pelvis (CI.C1).
- Plan interdisciplinary assessment of the health and wellbeing of individuals (CHS52).
- Assess risks associated with health conditions (CHS46).
- Establish a diagnosis of an individual

- Possess an in-depth understanding of the clinical decisions and method/s required to terminate the usage of intermittent catheterisation/dilatation in an effective and safe manner.
- Possess an in-depth understanding of how individuals should risk assess themselves and how this will influence their self-care.
- Have an in-depth understanding of how to minimise any unnecessary discomfort during and after the procedure, being aware of privacy and dignity.



Catheter Care

RCN Guidance for Health Care Professionals

CLINICAL PROFESSIONAL RESOURCE

This publication is supported by industry

Revalidation – Supporting your registration

Title – ISC Competency Day

Method – Course Attendance

What was the topic?

Areas covered

- Patient Assessment & Why we teach ISC
- Cautions and contraindications of ISC
- HAPA model
- Trouble shooting
- UTI risk factor tool

Course Overview

This course provided the theoretical knowledge required to teach intermittent self-catheterisation, including patient assessment and catheter selection, through active discussions and review of case studies. The importance of adherence, risk of UTIS and the need for robust follow-up was also highlighted.

Purposes & success criteria

Hours

- Participatory – 7.5 CPD hours
- Total – 10 CPD hours

Link to Code

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Standards of Proficiency

- Being an accountable professional
- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care

Further Learning....

There is lots of material to support you with your further learning on the Coloplast Professional Website;

coloplastprofessional.co.uk

Don't forget all our education counts towards your revalidation hours.

This includes our podcasts....



Expert by Experience – Keith



Why Urology Awareness Matters



STOMA & CONTINENCE CONVERSATIONS

ISC – A Users Perspective



The Psychology of ISC



STOMA & CONTINENCE CONVERSATIONS

Expert by Experience - Fran



Confidence in Teaching ISC

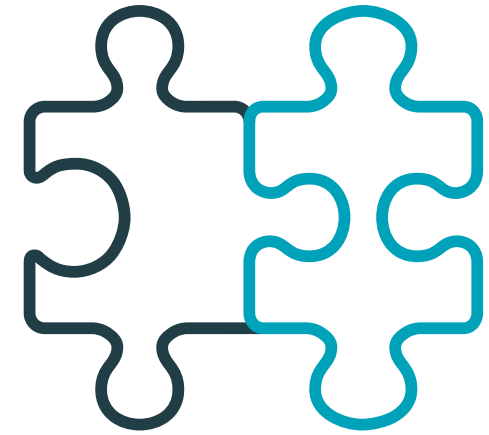


QR Code for further learning and handouts



Clinical Supervision/ Follow-up

- If you would like to have a follow-up call/ session please leave your email address and suitable timings for call.



Congratulations, you did it!



Feedback

Please complete the evaluation forms, your feedback is important



Travel Safely

See you at the next Event



Handouts

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