

Incontinence Patient Education: Strategies to Enhance the Teachable Moment

Cheryl LeCroy

How do you explain intrinsic sphincter deficiency, dysfunctional voiding, or concentrated urine to a patient? These and many other questions face nurses daily when attempting to explain urinary incontinence and its related treatment options. It is challenging for nurses to incorporate patient teaching into their busy schedules and limited time with patients while trying to capture the learner's interest and involve them in the learning process. The use of innovative teaching strategies and techniques can create new learning experiences that are unique and stimulating for everyone involved.

Adult Learning Principles

The use of adult learning principles is essential for patient teaching to be as effective as possible, and these principles aid in developing strategies and creative teaching resources that actively involve the learner (Billings & Halstead, 2005; Lowenstein & Bradshaw, 2004). Adult learners are self-directed and internally motivated, and they prefer active involvement in the learning process. Because they have preconceived thoughts and feelings about the subject, they are problem-centered and have a need to

Patient education is one challenge many nurses face during their hectic work day. However, through the use of innovative teaching strategies and techniques, new learning experiences can be created for patients. This article will explore the learning process of adult patients and provides a review of various teaching strategies.

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learn practical and useful information that builds on their previous experiences. A moderate amount of anxiety or challenge stimulates most learners and increases their readiness to learn. Finding those teachable moments is important and the challenge nurses face (Billings & Halstead, 2005; Russell, 2006; Ward & O'Brien, 2005).

Learning Styles

To actively involve patients in the learning process, their preferred personal learning style must be determined and considered to make the content relevant to them. While learning occurs through auditory, visual, and/or psychomotor approaches, the majority of learners are visual learners. Learning and retaining information may be increased by up to 90% when all three learning styles are incorporated into a teaching strategy (Billings & Halstead, 2005; Hayes & Childress, 2000; Lowenstein & Bradshaw, 2004; McKeachie, 2002).

Teaching Strategies

Incorporating principles of adult learning and different individual learning styles with innovative teaching strategies and techniques can help make the learning experience more informative and relevant to patients. These teaching strategies and techniques also contribute to making the experience more dynamic and fun, help change the pace, and encourage patients to take a more active role in their own learning (Herrman, 2002; LeCroy, 2006; Lowenstein & Bradshaw, 2002; Russell, 2006; Ward & O'Brien, 2005).

It is important to be guided by the learner during the teaching process and to modify teaching strategies as needed. To decrease frustration in the learning process, information should be given in an easy-to-understand format since the learner's attention can wane after only 10 minutes. Adult learners only retain approximately one-third of the information presented at any

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Table 1.
Incontinence Analogy Examples

<p>Incontinence analogies include:</p> <ul style="list-style-type: none"> • Kegel exercises – Analogy of attempting to keep from “passing gas” by “holding it in” and tightening the rectum. • Rubber band – Analogy of bladder contracting during voiding (when the bladder is full) “shooting across the room” when the rubber band is pulled tight or de nisor underactivity when the rubber band is barely stretched and it “flops to the floor.” • Balloon – Analogy of the “elasticity” of the bladder during storage of urine. • “Sack of potatoes” – A contractile bladder. • Frozen orange juice (OJ) can – Analogy of concentrated urine (initial opening of the can – strong odor and taste) and dilution of urine (when OJ is diluted as directed on can). • Sprained ankle – Analogy for post-op discomfort following sling surgery; when sprained ankle is elevated, the edema is reduced, and it “feels better.” When up walking around, the edema comes back, and the discomfort returns. • Menstrual pressure – Analogy for “pressure” in the perineum following a sling “when everything feels like it is falling out.” • Leaky faucet – Wide open urethra. • Kinked garden hose – Analogy for obstruction from pelvic prolapse. • Hill – Analogy of voiding “uphill” when prolapse is present.
<p>Incontinence surgery analogies include:</p> <ul style="list-style-type: none"> • “Fix a Flat” – Analogy for urethral bulking agent. • Bottle cork – Analogy for urethral bulking agent. • Double-sided tape – Analogy for sling. • Hammock – Analogy for sling under urethra. • Crowded taxi backseat – Analogy for pelvic relaxation and “crowded” vagina from prolapse. • Inside out pocket – Analogy for pelvic relaxation into the vagina. • Patch on jeans – Analogy for “thinning” or pelvic relaxation in vagina and the mesh material used as the “patch” or reinforcement.
<p>Voiding dysfunction analogies include:</p> <ul style="list-style-type: none"> • Balloon – Analogy for normal relaxation of bladder during filling and storage. • Open garden gate – Analogy for sphincter opening during normal voiding “to let everything out.” • Boxers/Fight – Analogy for when the bladder and pelvic floor “fight” each other with dysfunctional voiding. • Closed fists – Analogy for pounding on top of one another to demonstrate the bladder and pelvic floor “fighting each other” for dysfunctional voiding. • Thinker Statue (by Rodin) – Analogy of how to sit on toilet to void; legs apart, feet on the floor, and arms leaning forward on legs.

given time, so it is important not to overload them. Repetition and reinforcement are important tools for retention of information since learners build on previous knowledge and experience. This takes time and patience on the part of both the nurse and the patient (Billings & Halstead, 2005; McKeachie, 2002; Russell, 2006; Ward & O’Brien, 2005).

Linking educational information to the learner’s interests and giving pertinent examples that are vivid and descriptive are all techniques to gain and hold the learner’s attention and assist in

retention of information. The use of everyday examples to which the learner can relate assists in placing the information within the context of the patient’s day-to-day experiences (Lowenstein & Bradshaw, 2002; McKeachie, 2002). The following strategies and techniques have worked well for this author over the years for teaching patients and nurses about incontinence.

Written Information

Handouts are excellent tools for reinforcement of information and provide something patients

can take home for further reference. Many different written educational tools are available. They can include tools that are developed and written within the practice or hospital, industry-sponsored, or purchased from a non-profit organization or a for-profit company. They should be easy to read, visually appealing, well organized, printed or typed, and clearly written, with one idea conveyed in each sentence or paragraph reinforcing the information or concepts being taught. They should also be written at an appropriate reading level for the patient (Lowenstein & Bradshaw, 2002; Russell, 2006).

Incontinence Teaching Aids

Various teaching aids that may be helpful with teaching include:

- Pictures: Pelvic anatomy and the pelvic floor.
- Pelvic floor models.
- Three-day voiding diary.
- Cassette tapes or CDs (Kegel exercises): Purchased or “homemade.”
- Company-specific videos or DVDs for a specific treatment modality.
- Videos or DVDs (practice or hospital developed) for specific treatment modality teaching

Use of Analogies

Comparisons between familiar and unfamiliar processes or visualizations may be helpful throughout the teaching process. Examples of analogies for incontinence discussions, surgeries for treatment of incontinence, and voiding dysfunction are provided in Table 1.

Conclusion

Nurses play a vital role in patient education and patient advocacy because they speak in layman’s terms when discussing the patient’s disease or treatments, and also allow more time to talk with patients and their families. Education assists patients to be

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more knowledgeable and better informed about their problems and care. This contributes to a reduction in patient questions and concerns due to misunderstandings, and gives patients a sense that they have control of their care. Patients' anxiety not only decreases as a result, but it can increase their understanding of their care and procedures. ■

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