Learning to take control......
The practical management of a bowel care programme for the Spinal Cord Injury population

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Introduction

• The stigma around controlling bowel function can be viewed as a medical symptom which should be dealt with in a clinical manner, creating a culture where there is no shame

• Neurogenic bowel management is always a very sensitive area, and it is difficult to obtain appropriate literature for the teaching of a practical aspects.

• As individuals we all learn differently, visually, auditory or kinaesthetically.

• Learning is often shared from master to novice using pictures, anatomical models, presentations or for some ‘on the job training’
Objective

• To produce an animation video on neurogenic bowel care
• To be produced in a manner that supports the culture and diversity of individuals regardless of age or gender
• To assist in overcoming the challenges of teaching a practical subject, avoiding any unnecessary embarrassment
Method: Using the driver diagram to plan the project, reviewing everything using the PDSA cycle plan... do... study... act...
Aim....

To develop in a scientific manner an animation training video with an estimated completion time of 6-8 months showing the following procedures:

- Insertion of a rectal suppository
- Digital rectal stimulation
- Digital removal of faeces
Method: Driver diagram

- Steering group
- Research and kick-off
- Funding
- Focus groups
- Design and animation
- Finishing
Steering Group

Nursing identified personnel required for the project
This included consultant, nursing management, finance, fundraiser programme manager for the spinal cord system of care. Spinal cord injured individuals, focus groups, etc....
Research and kick-off

Collected and gathered relevant information on:

The practical management neurogenic bowel care for the Spinal Cord Injured population....

Reviewed guidelines/articles/relevant bowel video’s/websites etc ...
Funding

• Animation can be a very expensive process, with this in mind we would like to acknowledge the invaluable financial support of the NRH foundation

• All staff gave of their time freely....
• Cost of animation is related to time....
Focus Groups

• Individuals with newly acquired SCI
• Individuals with a SCI for over 10 + years
• Carer’s/family members of SCI individual
• Nurses who attended training sessions on bowel care in the hospital
• Peer review with international spinal nursing colleagues
• Lecturers, and animation students, Institute Art, Design and Technology (IADT)
Design & Animation

• Compiling a story board photographing each stage of the procedures
• Produced a PowerPoint presentation for the animators
• Completed script in a story telling manner
• Agreed the relevant specifications ie: theory, design, colours, font, costs
• Revision and updated continued at each stage of the process using the PDSA cycle
Finishing project

• Music to be purchased to complete the process
• Advice to be obtained on disclaimers or copyright
• Plan to roll out the animation
• Review that the animation project is complete
• Next stage phase 2 voice-over for animation video
Conclusion

• Bowel care following a SCI is a complex process, and is essential for a good quality of life

• This animation training video will augment the learning experience by integrating technology and modernising our training

• An animated educational video in a scientific manner will help to overcome the challenges of teaching a practical ‘Taboo’ subject and help to avoid any unnecessary embarrassment

• Easily accessible for both SCI individuals and health care professionals

• Our long-term strategic visions is to secure some additional funding and complete this project then maybe produce further training animation videos!
“Education is the most powerful weapon which you can use to change the world”.... Nelson Mandela
References

• The Guidelines for the Management of the Neurogenic Bowel Dysfunction in Individuals with Central Neurological Conditions, MASCIP 2012
