

International Ostomy Association

Visitor Training Guidelines
Participant Workbook



International Ostomy Association

Asia & South Pacific Ostomy Association





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“The well-being of the Ostomate is the ultimate goal of the partnership between the surgeon, stoma nurse and the trained ostomy visitor.”

The International Ostomy Association of member countries is dedicated to the complete rehabilitation of Ostomates through aiding each other.

Where does all this begin? With the trained visitor! The trained visitor is the heartbeat of the organization. Visitors vary in age, gender, jobs and cultural background. They may be business people, athletes, or homemakers, young and old alike; but they all have a common bond. Having undergone ostomy surgery or alternate procedures, they are now living normal lives.

It is even more comforting to talk to someone who has had the same surgery. The visitor comes prepared to share positive experiences and non-medical information to help the Ostomate recover physically and mentally. The visitor is a member of the rehabilitation team, which consists of doctor, stoma nurse, and volunteer visitor. The visitor is uniquely qualified to share non-medical information and to help in the psychological and social rehabilitation of the Ostomate.

Rehabilitation means the ability of the Ostomate to return to an active role in the family and society.

introduction

Basic Visiting Steps

Introduction

The Objectives of an IOA Visitor Training Session:

- Understand the purpose of the Visitor Program
- Learn the role and responsibilities of a visitor and basic visiting policies
- Review the anatomy and physiology of intestinal and urinary diversions
- Recognize psychological and social issues of Ostomates

Training and Certification.

It is recommended that the ostomy group/club/association hold classes periodically to instruct and qualify Ostomy Association members for certification as Ostomy Visitors.

Guidelines

Visitor Program Guidelines are provided to assist with each training session and help develop the Ostomy Association's credibility with the healthcare community.

Training Session Agenda:

The training session is divided into four segments:

Segment 1: Basic Visiting Steps

Segment 2: Types of Ostomy Surgery

Segment 3: Psychological and Social Issues

Segment 4: Basic Visiting Skills

The IOA Visitor Program is a very important service that is being provided by the ostomy group/club/association.

There will be an opportunity for interactive exercises that will reinforce learning.

**You Are Making a
Difference!**

Basic Visiting Steps

Objectives

- Understand the purpose of the visit
- Learn the roles and responsibilities of a visitor
- Gain knowledge of the basic visiting steps

Introduction

The Visitor Program is an important program of the International Ostomy Association (IOA). This service offers person-to-person support to those people who have undergone ostomy or related surgery, so that they may adjust to living with a stoma and have a good quality of life. This program also offers support for the spouse, significant others, family members and parents of children with ostomies.

Purpose and Objectives of IOA Visitor Program

Although visits happen in different places, they all serve the same purpose. Some visits may be made in the hospital or home. Some may be telephone visits and many visits are made at support group meetings.

The following steps should be used in any

visit. The purpose of a visit:

- Offer reassurance, understanding, and practical information
- Help the Ostomate renew his/her self confidence
- Support Ostomates and their families to adjust to living with a stoma
- Provide information about local services that can help

In addition, the IOA Visitor Program allows family members to become visitors of family members of other Ostomates – to become visitors to their counterparts in the patient's family life. Mutual support to these individuals is important for meeting their emotional and educational needs as well as to help the patient in a supporting role.

Basic Visiting Steps

Role of a Visitor

Despite assurances from Doctors, Nurses and others concerned with the patients' complete recovery, there is, for the patient, no substitute for the visual proof provided by a well-adjusted individual who has had similar surgery. The visitor is an example of a successfully rehabilitated person has learned to live well with an ostomy or related procedure.

Visitor Responsibilities:

- Adhere to the purpose of the visit.
- Make the visit as promised and in a timely manner.
- Be knowledgeable of current changes in the field of intestinal and urinary diversions.
- Follow the basics visiting policies and procedures established for the IOA visitor.
- Maintain confidentiality and be aware of any legal considerations.
- Report back to the visiting coordinator after the visit is completed.

Professionalism

Every visitor has the responsibility to conduct his or her visit in a professional manner. Professional behavior is necessary if the visiting program is too accepted as a valuable part of the rehabilitation effort.

Healthcare Team

The visitor must be aware of the relationships between the patient and the members of the healthcare team and must say nothing to undermine these relationships. The visitor's role is **not** to give medical information.

Basic Visiting Steps

Visitor Certification

Visitors must attend the Visitor Training session before making any visits. Visitors should maintain their certification by attending support group meetings and participating in educational events. Support group membership should be continued.

Re-certification

It is important that visitors are re-certified every two years to maintain the quality of the IOA visitor program.

Re-certification can be accomplished in one of the following activities:

- May attend the regular training session, *or*
- Meet with the Visitor Program Coordinator to discuss any updates on local policies and procedures *and/or*
- Discuss the Visitors own experience, strengths and weakness, and any problems experienced or observed

Permission

Approval of the Ostomate is always necessary. If the meeting is arranged in a hospital/outpatient clinic, the health authority, including the doctor, must accept the Visitor Program.

For visits away from the hospital, doctor approval is **not** necessary.

Privacy

Ostomates' names are always kept confidential and should not be discussed with anyone outside the healthcare team. Be aware of the requirements used by that hospital facility. Do not talk about any information shared in the meeting with the Ostomate.

Medical Advice

The visitor should not initiate discussion regarding the Ostomates diagnosis or give medical treatment advice. If the Ostomate asks for medical advice, always refer them to their doctor or stoma nurse. The

Basic Visiting Steps

visitor should inform the doctor or stoma nurse about any requests by the Ostomate for medical advice.

Stoma Care

Stoma care is not permitted. Visitor should not recommend any manufacturer's bags or ostomy products. Visitor should not show his/her stoma and bag. There will be exceptions. The Ostomate **MUST** be helped.

Listen

Don't talk too much about your personal surgery experience; spend time listening to the Ostomate.

Other Considerations:

Role of the Stoma Nurse

In communities where there is a stoma nurse, the Nurse has the responsibility for (1) the selection of the pouching system, (2) teaching stoma care and (3) product recommendations. **This is not the role of the visitor.**

Religion and Politics

The visitor shall not discuss religion, politics and other sensitive issues and respect the beliefs of the Ostomate.

Advocacy

In today's healthcare climate, it is important that patients are aware of their own rights and become their own advocate. (Ask questions and helps make decisions)

Types of Visits

You may be asked to visit an Ostomate at different times during his/her care. The things you talk about may change at different times.

Review the following visiting techniques.

Situation/Location

Visiting Steps

1. Before Surgery

Before surgery, visits should be short to give basic answers to Ostomates questions. Refer any medical questions back to their doctor or nurse. Avoid talking about the operation. Offer to come back after the surgery. Your job is not to talk about medical information.

2. After Surgery in Hospital

Be sensitive to the fact that the Ostomate may be medicated and therefore not as responsive. Respond quickly when asked to make a hospital visit. Make the visit short, limited to 15-30 minutes depending on the Ostomates condition. Answer questions factually and to the limit of your own experience.

3. At Home

A home visit is a more relaxed one. There may be more distractions in a home visit because of the family setting. The Ostomate may be feeling better and the visit is more relaxed. However, the home may be very busy with activities. The home visit may be an opportunity to include interested family members in the discussion.

4. By Telephone

A telephone visit allows for a contact with the Ostomate with no added stress on the Ostomate or the visitor. Offer to meet the person in a follow-up visit.

Types of Visits

5. Support Group Meetings going to a support group might be helpful before surgery for some. For some new Ostomates, it may be the first opportunity to meet with other Ostomates.

6. Special Visits Meeting the special needs of some Ostomates will require matching a seasoned / experience visitor.

a. The Client With A Disability

The client's needs are the same as those of other people with ostomy or alternate procedures but often these clients have additional practical difficulties. It would be helpful to match with another "special visitor" having the same type of disability if possible.

Purposes and Techniques are the same.

b. The Client Who Is Terminally Ill

Calls to visit terminally ill clients are rare and the visitor should be selected carefully. The certified visitor should be a "veteran" with several years' experience, and the purpose of the visit should be discussed with the visitor and the ST nurse or physician. Find out how you can be most helpful to the client and his family. Discuss living after ostomy or alternate procedure surgery within the framework of the client's circumstances and his questions.

Don't be frightened by the word "terminal". It is not given to us to know when death will come, and as long as life is present, making this moment-in-time worthwhile is a gift one human being can give another.

Types of Visits

c. Gay and Lesbian

Special groups have in recent years expressed their need for program information tailored more specifically for them. Gay and lesbian Ostomates share virtually the same type of concerns that all Ostomates have and need to be able to talk about their concerns just as much as heterosexual Ostomates. The visitor chosen should know in advance that the client is gay or lesbian and be comfortable with broaching sensitive subjects such as intimacy.

Techniques:

- Use language that is applicable to heterosexual or gay/lesbian orientations and intimate relationships (spouse/partner).
- Have a resource for gay and lesbian clients included in the listing of resources.

d. Parents of Ostomy Children

Parents of Ostomy Children support groups might be desirable. Special needs for children focus on the management techniques, which are more difficult than with adults; networking with other parents for support in dealing with the healthcare systems; and for preparation to enter the educational systems.

e. Non-English Speaking Clients

If non-English speaking clients cannot be matched with a visitor speaking the same language, an interpreter should be obtained. Professional interpreters are preferred. Family members should only be used, as interpreters, in an emergency and with the client's permission.

If working with an interpreter then the following points should be considered:

- The interpreter must be appropriately qualified with some understanding of healthcare terminology.
- Interpreter to be adequately familiar with the correct language and dialect.
- The interpreter to be made aware of the sensitive issues which may be discussed.

Types of Visits

- If the client appears to be obviously in discomfort with the interaction of the interpreter then the visit should be terminated.
- After introductions are made the seating's should be arranged so that the visitor is facing the client and the interpreter is seated beside the visitor. This seating arrangement allows the visitor to retain eye contact with the client while the client is speaking to the interpreter.
- Speak directly and with eye contact with client.
- Speak clearly and a little slower than normal.
- Allow time for translation.
- Avoid use of healthcare jargon, complicated terminology and colloquialisms.
- Avoid insensitive assumptions, regarding culture/religion/ethnicity.

Follow National, Local or Hospital Rules about Privacy.

The Visitor should be aware of The Charter of Ostomates' Rights but it should not be used for discussion with the Ostomate, particularly in the early visits. Awareness about the rights of Ostomates should be given to new patients later.

Charter of Ostomates Rights

This Charter of Ostomates Rights presents the special needs of this particular group and the care they require. They have to receive the information and care that will enable them to live a self-determined and independent life and to participate in all decision making processes.

It is the declared objective of the International Ostomy Association that this charter shall be realized in all countries of the world.

The Ostomate shall:

- Receive pre-operative counselling to ensure that they are fully aware of the benefits of the operation and the essential facts about living with a stoma.

Types of Visits

- Have a well-constructed stoma placed at an appropriate site, and with full and proper consideration to the comfort of the Ostomate.
- Receive experienced and professional medical support, stoma nursing care and psychosocial support in the pre-operative and post-operative period both in hospital and in their community.
- Receive support and information for the benefit of the family, personal carers and friends to increase their understanding of the condition and adjustments which are necessary for achieving a satisfactory standard of life with a stoma.
- Receive full and impartial information about all relevant supplies and products available in their country.
- Have unrestricted access to a variety of affordable ostomy products.
- Be given information about their National Ostomy Association and the services and support which can be provided.
- Be protected against all forms of discrimination.

Responsibilities of Ostomates

- To use the appliance agreed between the Ostomate and the Stomal Therapist. This need not rule out trials of new appliances supplied by an Appliance Distributor or Manufacturer to either the Stomal Therapist of Ostomate.
- To use appropriate Ostomy Equipment in an efficient and effective manner.
- To work in conjunction with health carers to maintain a standard of health and hygiene which is appropriate to the Ostomates situation.
- In the event of an Ostomate developing problems to consult the Stomal therapy Nurse without undue delay.

Implications for the IOA Visiting Program.

Each support group needs to communicate with the healthcare providers that refer patients to their Visiting Program (hospitals, physicians, home care agencies, Ostomy suppliers/vendors etc)

1. Discuss the steps the provider is taking to implement the local privacy rules and how they will impact the existing referral process.

Types of Visits

2. Identify the “privacy officer if there is such a person and establish communication with that person, if appropriate.
3. Develop mechanisms that will enable the provider to continue referring patients to the support group’s Visiting Program (for example, specific patient permission forms).
4. Maximize opportunities for patients “self-referral” through literature to be given out by the providers and vendors, and through other support group public information efforts.

Note: The extent of the requirements for compliance with the Privacy Acts depends on the hospitals or referring agencies legal department.

segment 2

SEGMENT TWO

Types of Ostomy Surgery

Objectives of this segment

- Learn about the most common kinds of ostomy
- Learn the indications or causes for surgery
- Understand what kind of discharge each ostomy has and how to take care of it

Introduction

- Although Ostomates and visitors will be matched by type of ostomy, age, and gender, if possible, it is important that visitors know basic information about different ostomies and how they are cared for

Type of Ostomies

- 1) *Permanent ostomies* are made when the rectum, the colon, or the bladder have been removed or bypassed. They will always be there.
- 2) *Temporary ostomies* may be placed in the small or large intestine or the urinary tract. Some ostomies are only made for a period of time and later can be reversed.
- 3) Some continent ostomy surgeries, such as ileoanal procedures' may require two surgical procedures, the first of which requires the construction of a temporary diverting stoma (IE loop ileostomy)

The Digestive System

Small Intestine: Approximately 20 feet long, consisting of:

- Duodenum (first part) 10-12 inches long beginning at the outlet of the stomach.
- Jejunum (second part) about 8-9 feet long.

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- Ileum (third part) about 12 feet long connecting to the large intestine at the cecum.

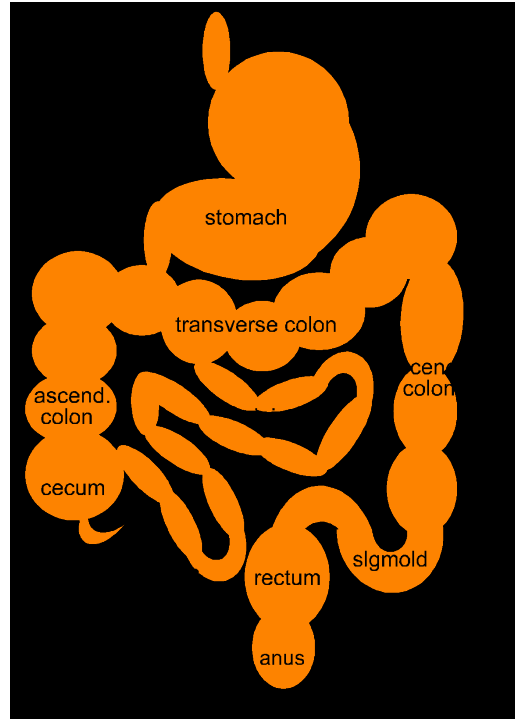
Food nutrients are digested and absorbed in the small intestine as food is moved through by peristalsis.

The digestion and absorption of nutrients, as well as the storage and elimination of fecal waste, take place within the gastrointestinal system, or the GI tract. Digestion starts in the mouth as you chew your food. Food then passes through the esophagus to be digested in the stomach. Digested food moves into the small intestine, where nutrients are absorbed. The remaining undigested portion solidifies as water is reabsorbed in the large intestine or colon, forming solid fecal matter or stool. Stool is then passed to the rectum, where it is stored until it is excreted through the anus.

Large Intestine: Approximately 5-6 feet long, consisting of:

- Cecum – contains the ileocecal valve, which prevents reflux into the ileum; contents are highly acidic liquid
- Ascending colon – contents are acidic liquid
- Transverse colon – contents are less acidic liquid
- Descending/sigmoid colon – contents become more formed
- Rectum – formed stool

The primary functions of the large intestine are absorption of water and electrolytes, transport of stool by peristalsis, and storage of digestive waste until they are eliminated from the body.



Types of Fecal Diversions

1) Sigmoid Colostomy (Fig. 2)

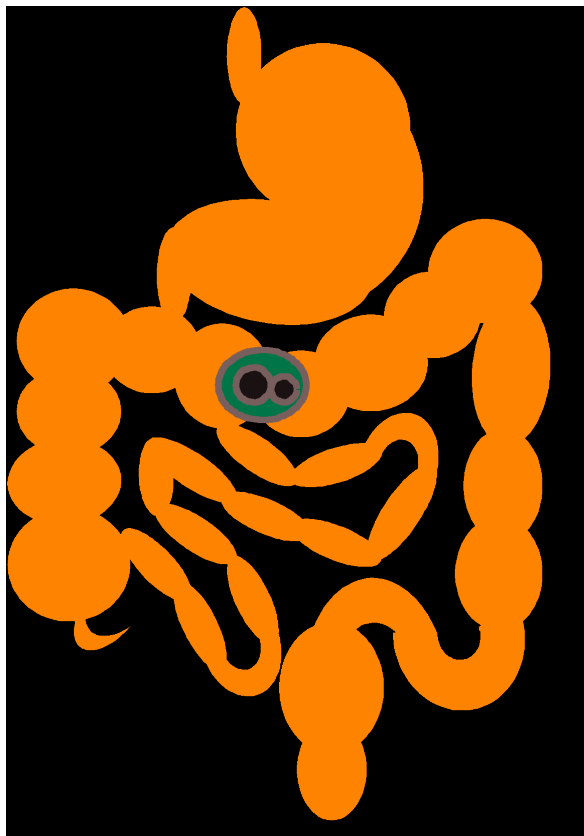


Waste:

- Stool may be formed and look like normal bowel movement
- The kind of bowel emptying can be controlled in some persons

Care:

- Either irrigation or natural bowel movement
- Protective covering or closed end bag if well controlled, otherwise, open drainable bag

2) Loop Colostomy (two holes) (Fig. 3)**Waste:**

- Semi-solid
- Unpredictable drainage/may empty often
- May be irritating to the skin

Care:

- Skin protection
- Drainable bag

3) End Ileostomy (Fig. 4)



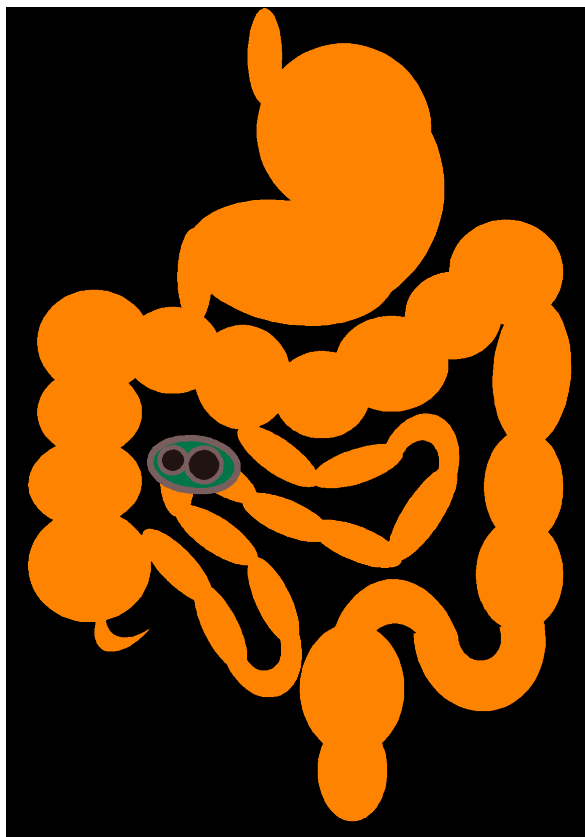
Waste:

- Liquid or paste
- Unpredictable drainage/will empty often
- Very irritating to the skin

Care:

- Skin protection
- Open-end, drainable bag

4) Temporary Loop Ileostomy (two holes) (Fig. 5)



Waste:

- Liquid or paste
- Unpredictable drainage/will empty often
- Very irritating to the skin

Care:

- Skin protection
- Open-end, drainable bag

Urinary System

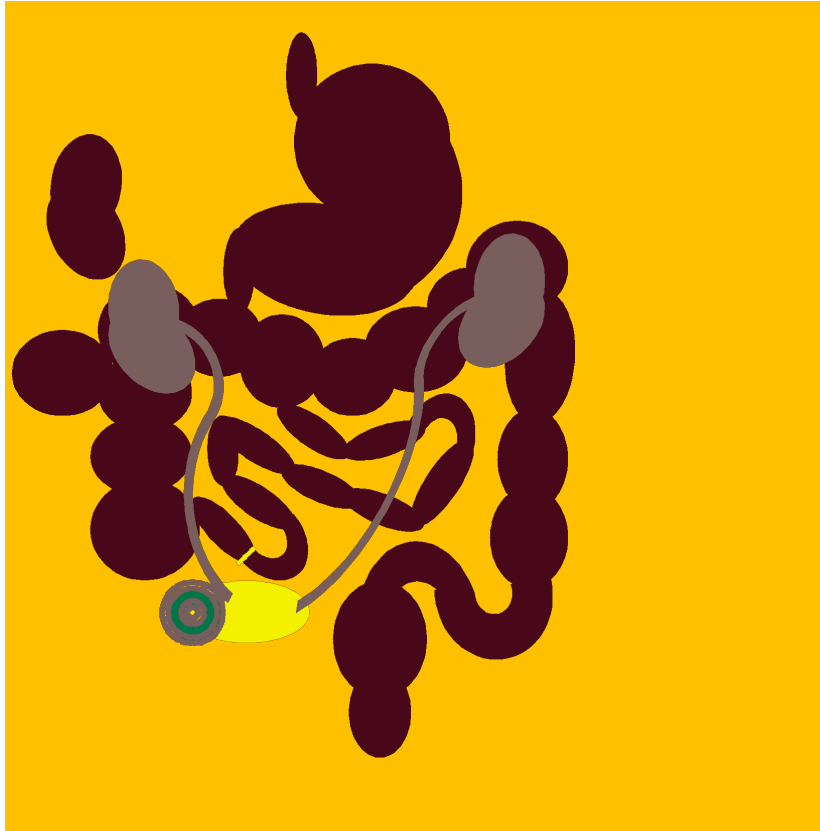
The kidneys, ureters, bladder and urethra make up the urinary tract. The kidneys, two bean-shaped organs located just below the ribs toward the back, produce urine by filtering water and harmful waste from the blood. Urine drains from the kidneys through two small tubes called ureters into the bladder. When you are ready to urinate, the urethra releases and urine passes out of the body. (Fig. 6)



2) Ureterostomy (Fig. 8)

Types of Urinary Diversions

1) Ileal-Conduit (Fig. 7)



Waste:

- Urine
- Some mucus
- Drains all the time

Care:

- Skin protection
- Drainable bag with tap
- Adaptable to night drainage/may be connected/hooked up to larger bag or bottle at night

2) Ureterostomy (Fig. 8)

Types of Urinary Diversions



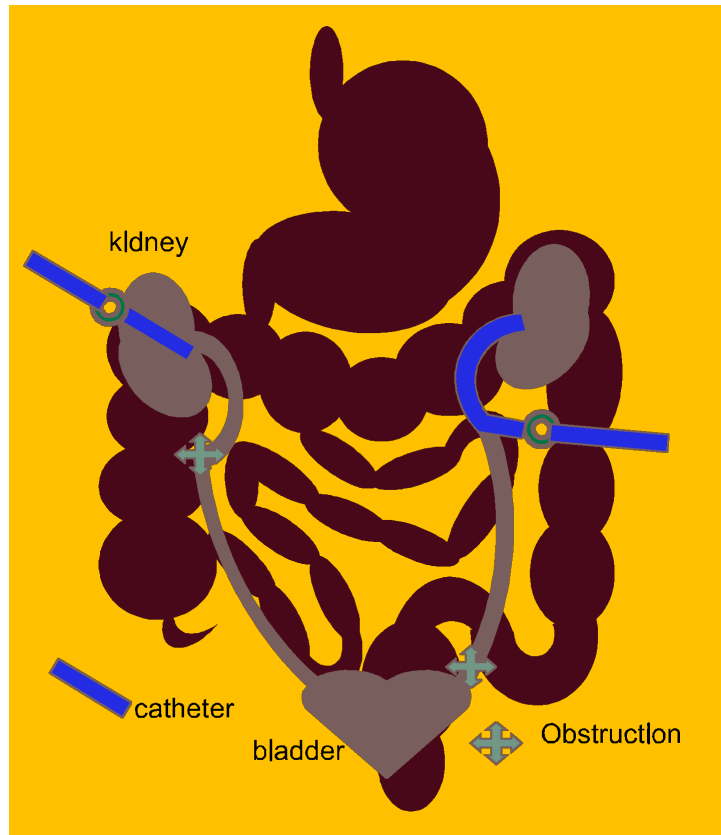
Waste:

- Urine
- Drains all the time

Care:

- Skin protection
- Drainable bag with tap
- Adaptable to night drainage/may be connected/hooked up to larger bag or bottle at night

3) Nephrostomy (Fig. 9)



Waste:

- Urine
- Drains all the time

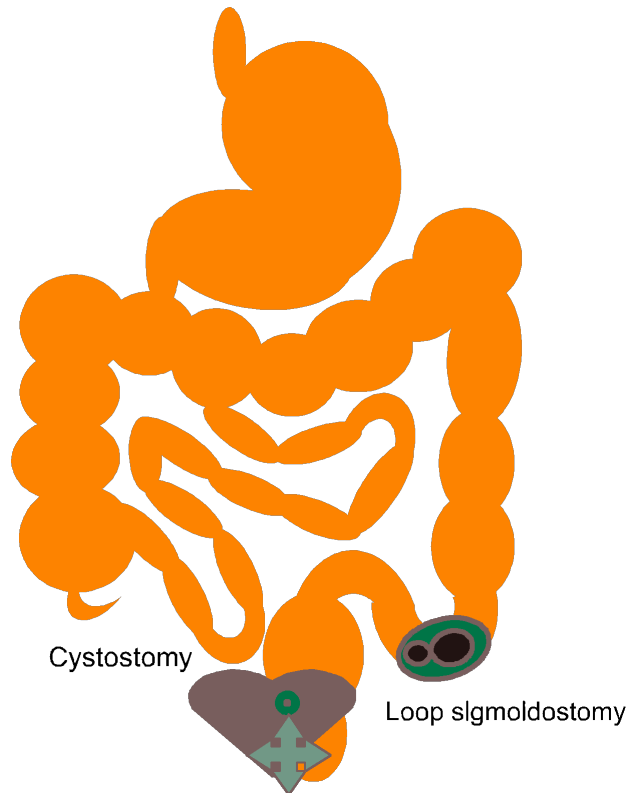
Care:

- Skin protection
- Drainable bag with tap
- Adaptable to night drainage/may be connected/hooked up to larger bag or bottle at night

Types of Double Stoma

1) Urostomy and Colostomy

In some medical conditions, it may be necessary for doctors to make two stomas; one for stools and one for urine. (Fig.10)



Waste:

- Stool from a colostomy
- Urine from a urostomy

Care:

- Skin protection
- Urine bag and colostomy bag

2) Colostomy/Ileostomy and Mucus Fistula

In some medical conditions, connection may be impossible with/without removal of the colon and it may be necessary to make a Colo/ileostomy and a fistula for mucus from the rectum or the inactive side/stoma. (Fig.11)



Waste:

- Mucus from the inactive side/stoma
- Working side drains stool

Care:

- Skin protection for the working stoma
- Small bag covering, or dressing changed daily

It's All about Attitude!



segment 3

SEGMENT THREE

Psychological & Social Issues

Objectives

- Understand the four stages of recovery
- Learn appropriate answers to these stages
- Review Ostomates' concerns

Introduction

A visitor may meet the Ostomate when they are scared about what will happen in the future, concerned for the family, worried over money, their jobs, and their ability to adjust to living with the stoma.

Having an ostomy may cause concern about how a person looks. Although body image (or the mental picture of one's appearance) is changing constantly, a time lag exists between the actual change in the body and the mental acceptance of it. It would take time for the person to adjust to the changes to their body; the time it takes is different for everyone.

Reactive Stages

Almost every Ostomate goes through four stages of recovery following an accident or illness that leads to a loss or change to an important part of the body. These stages may have different names, but they have the same meaning.

Stage 1

Shock or Disbelief

The first stage deals with shock, disbelief, or impact of having ostomy surgery. The Ostomate may rely on **denial** for coping and may reject explanations about their condition or any attempts to teach self-care. The Ostomate may not believe that they have had ostomy surgery.

Visitor Response

Listen. Restate correct information as known. Indicate that they understand the Ostomates difficulties.

Stage 2

Retreat or Defensive

In this stage the Ostomate may become **angry or irritable** or they may ask “why me?” The Ostomate may emotionally withdraw. They may be upset about the change to their body and having to live their life with a stoma.

Visitor Response

Let the Ostomate show their anger. Many people feel this way after they have had ostomy surgery. Over time, Ostomates adjust to living with an ostomy.

Stage 3

Acceptance

The Ostomate is no longer angry and finds their own way of coping. As the Ostomate works through this stage, he or she may feel sad or cry.

Visitor Response

Say you understand what has happened and how he/she feels. Do not just talk about the stoma, talk to the Ostomate about how they will go on with a normal life in the future.

Stage 4

Adaptation or Reconstruction

Reconstruction does not mean a return to perfection, but it is a **process** during which the patient realizes he or she has survived the physical loss and must adapt to the psychological and social issues. The ostomy patient begins to cope with the situation.

The patient may move back and forth between periods of dependence and independence.

Visitor Response: Praise them for the accomplishments involved in self-care and adapting to body changes. Share personal management tips. Refer direct management questions to STN nurse and/or physician.

Ostomates' Concerns about Surgery

After the inner directed concerns are addressed, such as body image, self-care, and self-concept, the ostomy patient begins to deal with **outer directed** concerns. Patients may fear that their social role may be changed and that others may not accept them as in the past.

Telling Others

The Ostomate should decide if they are comfortable about telling others about their surgery. In some cultures and social environments, it may not be correct to tell others that you have an ostomy. If the Ostomate decides to tell others about their surgery, they should give a short simple explanation.

They should also decide who the right people to tell are.

Ostomates should be prepared to explain their surgery with a few brief statements. For example, "An ostomy is a surgical procedure for the diversion of the bowel (or bladder)."

Sexuality

Sexuality issues are common concern for the new Ostomate. Linked closely to our feelings of sexuality are how we think about our body image and ourselves.

Talk to your partner. Any sexuality concerns that the patient has should be discussed openly between the patient and his/her partner. It is likely that your partner will have anxieties about sexual activities due to lack of information. An intimate relationship is one in which it matters how well two people can communicate.

Ostomy surgery may present more concerns for single individuals. When to tell depends on the relationship. Brief casual dates may not need to know. If the relationship grows and leads to intimacy, partners need to be told about the ostomy prior to a sexual experience.

Pregnancy

Often younger female Ostomates are worried about becoming pregnant and having a child. In this case, refer to their doctor or nurse.

Returning to Work

Going back to work may worry the Ostomate who may be concerned about sharing a toilet and how and when to change or empty bags. Returning to the work place may present a concern about restroom facilities, interaction with other co-workers, and a feeling of being “watched”. A few co-workers may need to know in case of a problem during work.

Employability and insurability are issues for some individuals. If these issues develop, seek help from healthcare professionals and/or talk with others who have found solutions to any of these issues.

Social/Medical Welfare Systems

These are different from country to country. If there are programs in the country, the visitor should give the contact information about the local ostomy association to the Ostomate.

Summary:

The reaction to intestinal or urinary diversion surgery varies from one individual to the other. To some, it will be a problem, to other, a challenge; where one person considers it life-saving, another finds it a devastating experience. Each person will adapt or adjust in their own way and at their own time.

Segment 4

Review of Basic Visiting Skills

DO “B” A GOOD VISITOR

1. Be well groomed and dress attractively. Wear tailored clothes, not ones that look like they are designed or selected to conceal a pouch.
2. Be cheerful. Greeting should be cordial and friendly. Speak softly; often when we try to be cheerful, we tend to raise our voices.
3. Be honest. Respond factually to any questions. If you do not know the answer to a question, let them know that you will find an answer for them.
4. Be a good listener. Remember non-verbal communication is meaningful. A touch, a smile, or just being there, may show you care more than the spoken word.
5. Be ready to accept emotional responses. If the person feels like crying, don't stop them. Sharing feelings usually make you both feel closer.
6. Be considerate of the patient. Make the visit as brief as possible if the patient seems reticent to discuss their ostomy or shows signs of fatigue..
7. Be respectful of the patient's privacy. Discuss any unusual situations only with the physician or the STN nurse.
8. Be prompt in a follow-up call, if promised.
9. Be on hand to greet him when they attend their first ostomy meeting.
10. BE YOURSELF – use your own good judgment and common sense.

Guide Lines for a successful HOSPITAL visit

I. Preparation

1. Review patient information received from the Visiting Coordinator.
2. Obtain or compile a "Patient's Packet" of printed information.
3. Call patient to schedule or confirm appointment for a visit.
4. Check your appearance, be well groomed.

II. Visiting Protocol for Hospital or Extended Care Facility

1. Check in at the nurses' station on the floor.
 - Identify yourself as a support group member and certified visitor.
 - Ask that your visit be noted on the patient's chart
2. Whenever possible, ask the STN nurse or staff nurse to accompany you and introduce you to the patient. This will reassure the patient that you are there as part of the rehabilitation team.
3. Observe hospital policies and procedures. A short visit is best for the hospital patient.

III. During the Visit

1. Introduce yourself, if you have not been introduced by the STN nurse.
2. Be sensitive to the patient's emotional and physical status.
 - Accept emotional responses, i.e., patient crying or angry.
 - Be considerate of patient and conclude visit upon signs of fatigue.
3. Respond to questions factually.
 - Ask if the patient has any questions or concerns.
 - If you do not know the answer, offer to find an answer.
4. Practice active listening
 - Briefly discuss the normal life you lead after diversionary surgery.
 - Maintain doctor/patient or ET nurse/patient relationship.
5. Discuss the local support group activities and benefits of membership.
 - Leave appropriate literature, name and phone number, and group information.

-Invite patient and family to support group meetings.

6. After completion of the visit, report back to nurses' station and thank them for the referral.

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IV. Follow Up After Visit

1. Report back to the Visiting Coordinator by phone.
2. Discuss any problems that you may have had with the visit.
3. Assume responsibility for any follow-up calls or follow-up visits (if promised).
4. Add the patient's name to the support group mailing list after approval by the patient.
5. Be present at the support group meeting to welcome patient and family.

V. Guidelines for a Successful TELEPHONE Visit

Many times a telephone visit is more comfortable for the patient and the visitor.

The patient is more relaxed in his own surroundings and may be more open to their feelings over the phone where there is no eye contact. However, the telephone visit does not support the purpose of the "role model". Therefore, the visitor should always offer a face-to-face meeting at a later time.

VI. Preparation - before you make the call

1. Gather the information on the patient provided by the Visiting Coordinator.
2. Resources needed (community resources, telephone number for referrals, etc.)

VII. First Phone Call

1. Identify yourself as a member of the local support group.
2. Mention the name of the individual making the referral.
3. Ask if this is a convenient time to talk. If not, leave your name and phone number and state that you will call again at a later time.

VII. Purpose (same purpose as other types of visits:

- Reassure patient and family.
- Briefly describe the normal life you lead after diversionary surgery.
- Ask the patient questions about his/her experience.
- Answer patient's questions and concerns.
- Describe available community resources.
- Discuss local support group activities and benefits of membership.
- Offer to visit with the patient in person at a later date.
- Offer on-going support (follow-up call, ride to meeting, etc.)

Effective Telephone Tips:

- Avoid interrupting this call, even if there is a "call waiting" feature.
- Speak clearly and slowly.
- Make the call from a quiet room. Close the door so you can give the patient your undivided attention. Concentrate on the patient's needs and feelings.
- Be comfortable with silence and tears.
- Be patient, allow plenty of time, and do not interrupt.
- The length of the visit should be determined by the interaction of the patient and visitor.
- End the conversation in a positive, warm manner.

With pre-op preparations on an outpatient basis and shorter hospital stays, there are decreasing opportunities for hospital visits. The home visit is one option and the telephone visit is becoming a more acceptable option.

Making the contact is most important and that can be done successfully through telephone visits.

Active Listening

Communication is an important skill for a visitor, including learning to read verbal and non-verbal signals. What has been left unsaid can be as important as what has been said. You must let the patient express him/herself completely before you can respond properly.

One of the most basic skills a volunteer will need is that of “active listening”. Sometimes people are overwhelmed with their situation and simply need to talk.

Active Listening Skills:

- Promote the expression of content and feelings
- Convey to the speaker that his or her message is important and valued
- Communicate that the message is understood and accepted
- Provide an opportunity for the speaker to hear his/her own message.

Components of Active Listening Skills

Listening skills can be divided into Attending Skills and Reflective Skills and each category can be further divided into tasks.

1. Attending Skills

Facing the other person squarely says, *“I’m available to you; I choose to be with you”*.

Adopting an open posture, especially open arms, is a sign that the listener is open to the other person and to what he or she has to say.

Leaning toward the other person is another sign of presence, availability, and involvement.

Maintaining direct eye contact is indicative of interest and involvement.

Remaining relaxed communicates a natural readiness and ease in listening to what is being said. It says, *“I feel comfortable with you”*.

Encourage the speaker to tell his/her story. Use brief prompters such as: *Yes... ”*, *“Go on... ”*, *“Hmm... ”*, *“I see... ”*. These minimal encouragements communicate understanding, acceptance, and empathy.

Allow time for silence along with appropriate body language.

2. Reflective Listening Skills

Paraphrasing is a verbal response made by the listener which accurately restates the speaker’s message. Listeners use their own words to respond back to the speaker.

-This is your situation then,.... I heard you saying that

Reflection of feelings is a verbal statement made by the listener which accurately states what the speaker feels. The listener expresses his/her perception of the message.

-I guess you feel strongly that I feel that you would like to

Focusing involves keeping the flow of communication goal-directed, specific and concrete.

-Your main point is that...you feel that

Clarifying is attempting to understand communication when it is vague, Confusing or unclear.

-Then the problem, as you see it is

V. Follow-Up Activities

Report Back to Visitor Coordinator

- Call the Visitor Coordinator to report your visit.
- Call the Visitor Coordinator if you are unable to make the visit.
- Report any concerns that you have about the visit.

Visitor or Visitor-Coordinator

- Call patient in approximately two (2) weeks.
- Discuss the visit and ask if they have any questions or concerns.
- Discuss the local support group activities and benefits of membership.
- Suggest that they become a member and complete membership form.
- Add patient's name to Newsletter Mailing List (if permission has been secured)

Support Group President

- Pay special attention to the “first time” attendees.
- Their visitor should greet them and sit close to answer any questions.
- Or if their visitor is not in attendance, connect them with another individual with same type of ostomy.

Promotion of the Support Group Visitor Program

- Send out a letter to all referral points (physicians, STN nurses, Visiting Nurses) promoting the association visiting service. Stress the importance of new patients making a connection to others who have had ostomy or related surgery. (Include support group brochure/flyer).
- Send Brochure/Flyer to all ostomy supply dealers/pharmacies.
- Promote to all allied agencies in your community, asking that they list your support group contact information.

VISITOR TRAINING PROGRAM FACILITATOR GUIDELINES

The Visitor Training Program was designed to be presented using the Participant Workbook. The Participant Workbook should be used as a guide during the training and as a reference for the visitor.

Facilitator Checklist:

- [] **Secure** the Facilitator (Visitor Program Coordinator, President, STN)
- [] Facilitators should review the workbook prior to training session.
- [] Make sufficient copies of the Participant Workbook.
- [] Identify and recruit program presenters.
- [] After each segment, select ONE of the exercises.

The **exercises** are interactive, will reinforce the learning and will provide a break in the training program.

Each **segment** is approximately 15 minutes and the exercises should be approximately 15 minutes. Therefore, the training schedule should be planned for at least two (2) hours.

The facilitator may wish to develop a brief **Evaluation Form** to gather information to assist with planning for future training sessions. (Location, schedule, presenters)

Visitor Program Tips:

1. Presenters for Segment # 1, #3, and #4 may be previously certified/veteran visitor, or support group leaders. Presenter for Segment # 2 (Ostomy 101) should be a STN) nurse.
2. After the completion of the training session, send out a letter to all hospital contacts (STN nurse, staff nurse, etc.) announcing the completion of the training session. Encourage them to make referrals for visits and/or support group meetings.
3. Promote the support group Visitor Program to other home healthcare agencies.
4. Include contact information for the support group visiting service.

VISITOR TRAINING PROGRAM

AGENDA

Registration & Refreshments

-View Exhibits (if you have any exhibit tables)

Opening

Visitor Coordinator

Welcome and Introductions

Housekeeping/Review Agenda

Segment One

Certified Visitor

-Policies & Procedures

-Training Scenario Exercise

Segment Two

STN (ET) Nurse

-Ostomy 101

-Training Scenario Exercise

BREAK

Segment Three

Veteran Ostomate
or STN (ET) Nurse

-Psycho-social issues

-Training Scenario Exercise

Segment Four

Certified Visitor

-Visiting Skills

-Training Scenario Exercise

Closing

Visitor Coordinator

-Evaluations/Certificates

Suggestion:

-At least 30 minutes per segment. Use ONE exercise per segment.

-Certificates can be computer generated

Questions that the visitor MAY get asked and suggested responses;

Q. With my UC / Crohns I have a lot of pain so is this still going to happen after surgery?

R. Normally there is no or little pain but if there is any you simply need to talk to the STN or Doctor to get pain medication if they feel that is the correct course of action.

Q. How long do the bags stay on for?

R. This depends entirely on the type of appliance that you are using, the food that you are eating and other lifestyle factors but your STN will be able to advise you on this.

Q. Does the nurse come and change the bag?

R. No you will be trained by her as to the best way to change them yourself as you need to be self-reliant.

Q. I already have a hernia so will this affect the ostomy?

R. The surgeon will know about this and will place the Stoma in another place to try and minimize the effect.

Q. Can I eat the same food that I did before the operation?

R. You should be able to eat almost all of the foods that you normally had however it is advisable to try everything in moderation first.

Q. Will my GP know all about how to treat my Ostomy?

R. If you have a problem you should talk to your STN first.

Q. I have always passed a lot of gas so what will happen now?

R. If you had gas prior to your surgery you will most likely still have it however the appliances have filters in them to assist with this problem.

Q. I love swimming so can I still do it?

R. Yes there is no reason why you should not continue to swim.

Q. If I have a problem later in life with my Ostomy where do I go for help?

R. Your STN is always your first port of call.

Q. Will I smell?

R. No there should be little if any smell from your Ostomy as the filter will stop most of it.

Q. Do I still have to have medication for my Ostomy?

R. Normally there will be no need for specialized medications buy again if you have any problem refer to your STN and she will recommend if you need to see a doctor.

Q. Can I fly overseas and how do I get on for bags?

R. Yes you can fly, just make sure that you take about 3 times the number of appliances with you that would normally use in that period of time as climatic differences can make you use more appliances than normal.

Q. Will having an Ostomy cut down my life expectation?

R. NO there is no reason to worry about this happening as most Ostomates live to a ripe old age.

Q. Are there really more people like me? I have never met anyone else before.

R. With modern appliances you would never know just who has an Ostomy and who does not and there are a huge number of us out there.

Anastomosis – Surgical connection between hollow organs

Appliance – Bag used to collect the waste

Colectomy – Removal of all or part of the colon

Continent Ileostomy – Surgical procedure whereby internal storage of stool is made possible. Operation is restricted to carefully selected Ostomates

Diverticulitis – Inflammation or outpouching of sac arising from bowel wall

Electrolytes – Salts and minerals needed by the body for health

Familial Polyposis – Rare disease that runs in families. The colon and rectum contain many polyps. Has strong tendency to malignancy

Fistula – An abnormal channel or connection between an organ, to a body cavity, or to the skin

Hernia – Abnormal bulging or extrusion of part of an organ through tissue opening/failure that contains it

Ileitis – Inflammation of the small bowel

Ileo-anal – Joining of small bowel to the sphincter of the anus

Ileostomy – Surgical opening from the ileum (next definition) to the surface of the abdomen to form a stoma

Ileum – Lower half of the small intestine that ends at the beginning of large intestine in lower right part of abdomen

Kock Pouch – Surgical technique of constructing an intra-abdominal pouch from part of the ileum, referred to as “continent ileostomy”

Nephrostomy – Diversion of urine away from the ureter and the bladder by inserting a tube into the kidney. This may be done in one or both kidneys

Obstruction – A blockage or occlusion of a structure, often the intestine and the ureter

Ostomy – Surgically created opening into the intestine or urinary tract, through the abdominal wall, for discharge of bowel or bladder wastes

Perineal Wound – Opening where the anus/rectum was removed, new tissue fills area

Prolapse – An outward telescoping of the bowel

Revision – Removal of a part, such as intestine

Retraction – A pulling in the stoma so it is below skin level

Stoma – An opening or mouth

Stenosis – A narrowing along a segment of stoma due to scar tissue

Stricture – A narrowing along a segment in the tract such as the bowel, the ureter, and so on

Urinary Diversion – Any one of a number of surgical procedures that divert the urine away from a diseased or defective urinary organ

OSTOMY VOLUNTEER VISITING PROGRAM

I, (FULL NAME) _____

of (ADDRESS) _____

DO HEREBY UNDERTAKE that I will not during, or at any time as a volunteer visitor, divulge to any person information of a confidential nature. This information includes the name, address and or further details which may identify any person. In the process of my services as a volunteer visitor with the Visiting Program I will not provide any details or information of a healthcare nature.

Signed _____

Date: _____

VISIT REPORT CARD/CHART CARD
(Leave this card at Nurses Station)

Volunteer's Visit Report to: _____

Client's Name: _____

Date Call Received: _____

Time: _____

Visit Date: _____

Time: _____

Place: _____

Volunteer: _____

Phone: _____

MAY BE ATTACHED TO CLIENT'S FILE FOR FUTURE REFERENCE

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