

Message From the President

— MARY WALDEN, RN, BSN, CWOCN



As WOC nurses, we have an opportunity to make a positive difference in someone's life every day; this is indeed one of the greatest gifts one person can give another. Giving in this way is one of life's greatest achievements. During the last four years, I have had the opportunity to meet certified WOC nurses who give of themselves every day. The gifts of hope, commitment, concern and genuine caring are visible in every patient encounter. Your patient is assured of quality care and positive outcomes as you provide expertise and knowledge as a certified WOC nurse. What better gift than demonstrating your commitment to your specialty than being certified? This commit-

ment comes at a price. I'm sure many of you missed the first 30 minutes of a ballgame or dance recital to ensure a patient's comfort before leaving your work setting. You do this not because of the job but because of your commitment to nursing.

As we begin to meet the challenges of 2004, I hope that each of you will take an opportunity to praise a colleague. Supporting one another will strengthen us as we continue to give the gifts of hope, concern, and genuine caring. I applaud you for your dedication to WOC nursing!

Bidding a fond farewell to outgoing Board, Committee members

The WOCNCB Board wishes to thank outgoing Board members Joan Culley, BSN, MPH, CWOCN and Dawn Bechtold, BSN, CWOCN for their four years of outstanding service to the Board. Joan and Dawn brought many new ideas to the table during their tenure and the Board extends its sincere appreciation to these dedicated WOC nurses. We are very pleased that Joan will remain on the PGP Committee and Dawn will be the

Experiential Pathway Reviewer. Their continued involvement in the WOCNCB is a benefit to us all.

We also thank the following outgoing Examination Committee members for the many hours they spent writing, re-writing and reviewing items for the WOCNCB exam to ensure its integrity: Rita Earl, MN, CNS, CWCN, Patricia Gates-Ebel, BA, CWOCN and Deborah

McDonald-Ferko, MSN, CCNS, CWOCN. We deeply appreciate what each of you has brought to the exam committee.

Reminder: Certification Fees Increased January 1, 2004

After reviewing the WOCNCB budget at the fall Board meeting, a vote was passed to increase certification fees by \$25 for both the exam and PGP method. Expenses have increased an average of 5% annually – at the same time we have not increased fees since 2000. This increase became effective for applications submitted after January 1, 2004.

The single exam fees are \$300 discounted price / \$310 by credit card; any two exams \$350 discounted price / \$360 by credit card; and three exams or PGP fees \$425 discounted price / \$440 by credit card.

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Work on new Foot and Nail exam continues

Your WOCNCB Board continues its efforts to launch the initial Foot and Nail examination in 2005. A Foot and Nail Examination Committee has been formed to develop test questions, and they will have their first meeting in March 2004 to begin this difficult task. The new credential will be the CFCN (Certified Foot Care Nurse).

The WOCNCB's Foot and Nail Examination Committee will keep you updated on the progress of the exam through the Board's Bulletin.

The Foot and Nail exam will consist of 80 questions, with 17 questions requiring *recall* knowledge, 46 requiring *application* of knowledge in a practice-related setting, and 17

requiring *analysis* or more complex judgment on the part of the candidate. Application processing and test administration will be handled by Applied Measurement Professionals (AMP), the same testing contractor that performs these functions for the WOC exams.

Foot and Nail Examination Committee

Cathryn Bratton, RN, CDE, CWOCN, Chair
Beth Hawkins Bradley, RN, MN, CWOCN, Board Liaison
Jessie L. Dickerson, RN, MSN, CWCN, COCN
Diana Gallagher, RN, BSN, CWOCN
Jim McLean, RN, BSN, CWOCN, CDFN
Mercy M. Popoola, RN, CNS, PhD
Laura Roehrick, AS, RN
Mary Walden, RN, BSN, CWOCN

Eligibility Requirements for the Foot and Nail Exam

1. Current RN license, and either #2 or #3:
2. Completion of formal foot and nail program - - including five hours didactic; three hours of clinical practice with direct foot and nail care, or
3. Completion of experiential pathway - - including five hours CE; three hours of clinical practice (under supervision of expert).

HAVE YOU MOVED?

Fill out the "Update" section on the back page, and keep current on our mailing.

Foot and Nail Care Examination Content Outline

Overall Cognitive Level Distribution: **# of Items**
17 Recall, 46 Application, 17 Analysis

1. ASSESSMENT **40**

- A. History
 1. Collect health history
 2. Assess medication history
- B. Physical Assessment
 1. Assess patient for functional disabilities (e.g., gait, mobility, balance, visual, cognitive)
 2. Assess patient for health habits (e.g., smoking, exercise, hygiene, nutrition)
 3. Assess foot circulation by palpation (e.g., pulses, blanching, capillary refill)
 4. Assess foot circulation by Doppler
 5. Assess legs and feet for temperature
 6. Assess hair growth on legs and feet
 7. Assess foot skin integrity (e.g., fissures, ulcers, corns, calluses, dermatitis)
 8. Assess physical/musculoskeletal function of the foot (e.g., range of motion, deformities, strength)
 9. Assess sensation (e.g., monofilament testing, vibration)
 10. Assess toenails and cuticles
 11. Determine ankle brachial index (ABI)
- C. Risk Assessment
 1. Establish risk of ulceration on assessment
 2. Establish risk of amputation based on assessment
 3. Assess for issues of quality of life related to foot pathology
- D. Footwear and Mobility Aid Assessment
 1. Inspect footwear and socks/stockings
 2. Inspect mobility aids (e.g., canes, walkers)

2. NURSING INTERVENTIONS **25**

- A. Skin care
 1. Perform hygiene
 2. Identify appropriate interventions for managing hyperkeratotic areas
 3. Implement off-loading
 4. Apply padding
 5. Identify the need for compression therapy (e.g., to manage edema)
 6. Apply moisturizers to skin
 7. Perform cuticle care
 8. Identify and make recommendations for skin conditions:

continued on page 3

- a. Blisters
- b. Plantar warts
- c. Trauma
- d. Tinea pedis
- e. Paronychia
- f. Maceration
- g. Other skin conditions
- 9. Identify the need for use of therapeutic interventions (e.g., topical therapy) for skin conditions
- B. Nail care
 - 1. Define free nail border (i.e., remove debris)
 - 2. Conduct debridement of toenails
 - 3. Perform cleaning and sterilization of equipment
 - 4. Use personal protective equipment
 - 5. Maintain infection control for tinea pedis and candidiasis
 - 6. Identify and make recommendations for the following conditions:
 - a. Onychomycosis
 - b. Trauma
 - c. Ingrowing/ingrown toenail
 - d. Other conditions of the toenails

3. EDUCATION AND REFERRAL 15

- A. Education
 - 1. Provide patient/caregiver education related to:
 - a. foot care (e.g., hygiene, skin care, inspection, nail care)
 - b. pathophysiology affecting the foot
 - c. age-specific changes of the foot
 - d. proper footwear
 - e. problems that should be reported
 - f. anatomy and physiology of the foot
 - g. plan for follow-up care
 - h. weight management
 - i. prevention of specific problems
- B. Referral
 - 1. Identify the need for appropriate referrals (i.e., primary care provider, podiatry, orthopedics, dermatology, endocrinology, vascular surgery, general surgery, physical therapy, occupational therapy, pedorthist/orthotist, home health, pain management, diabetes education, smoking cessation, case/care manager or social worker, wound care.)
 - 2. Act as patient advocate regarding issues of foot care

Total Items* 80

* Plus 10 unscored pretest items

South Central Region donates funds for new CFCN credential

The WOCNCB would like to acknowledge and thank the WOCN Society's South Central Region for their \$1,000 donation to be used for the development of the Foot and Nail credentialing exam. Nurses who provide foot and nail care to patients are encouraged to apply for the CFCN credential when it becomes available in 2005. Partnerships like this one help to offset the expenses incurred in developing the new exam. Thanks to the South Central Region for investing in the future of Foot and Nail nursing!



Get into the PGP Mode

By Patti Burke, RN, BSN, CWOCN (ET)

Is it time for you to recertify? Are you debating on whether to take the test or try the Professional Growth Program (PGP)? I would encourage you to recertify through the PGP Program.

The PGP awards points for various activities that WOC/ET Nurses perform which show continued learning and professional growth. You must obtain 80 points in each specialty for which you are seeking certification. There are two requirements when obtaining points:

1. You must have a minimum of 10 CEUs directly related to the specialty.
2. The first 40 points (remember, you need 80 points in each specialty) must **directly** relate to the specialty for which certification is sought. The remaining 40 points do not have to directly relate to the specialty, but they do need to reflect topics that impact WOC Nursing.

There are seven categories of PGP activities that can be used to earn points.

- A. Continuing Education
- B. Program or Project Activities
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education

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PGP Mode, continued from page 3

You're probably thinking, "I haven't been published or participated in an IRB approved research project." Well, join the crowd. But you probably *have* presented information on wound, ostomy or continence care to staff nurses or aides, volunteered at a UOA meeting, developed a policy and procedure or wrote an article for a hospital newsletter. These are all things that can earn you points toward recertification.

Are you coming up short on points in a certain specialty, say continence? You can structure your practice accordingly to achieve these points. Look at your facility and make an assessment of its continence needs. Do you have a foley catheter policy? Does your staff consistently use catheter straps? Does the staff need an inservice on applying fecal collectors or rectal trumpets? These activities not only provide you with policy and procedure points, but also can provide points for lectures or writing an article in a newsletter.

The key to recertifying through the PGP is to start early. Obtain the PGP Handbook by calling 1-888-496-2622 or you can download it from the WOCNCB website, www.wocncb.org. Read the handbook and start compiling your information. If you have questions about what is or is not acceptable, please refer to "Ask the Board" section of the website.

Soon you'll be looking at projects in terms of how many PGP points you can earn toward recertification. Then you'll know you are in the PGP Mode.

NEW PGP HANDBOOK HOT OFF THE PRESSES

The latest version of the PGP Handbook is now available. Categories have been updated and modified and additional items have been included as acceptable for earning PGP points. When sending portfolios, the materials must be type-written or computer-generated. Get your copy of the new Handbook and interactive forms by downloading it at www.wocncb.org or calling 1-888-496-2622.

If you are submitting your portfolio now or through December 31, 2004, you may use either the 12/2002 Handbook or the 10/2003 Handbook. After January 1, 2005 the 10/2003 Handbook **must** be used.

Back by popular demand! FREE PGP workshop at Conference

If you are like many of the WOCNCB's certificants who plan to recertify via the PGP instead of the exam, you won't want to miss the WOCNCB session, "Build Your Practice around the PGP" at the WOCN Conference in Tampa. The session is worth 2.7 contact hours.

Join us at 3:15 pm on Tuesday, June 8, and learn about:

- Strategies for organizing and compiling your portfolio.
- Activities you can count toward PGP points (that you probably never even realized could be counted).
- How the PGP process can help you develop a stronger practice and meet organizational goals.

Bring an open mind and a list of past and future projects!

Watch our Website

For the most up-to-date Information

www.wocncb.org

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WOCNCB Issues Position Statements

The Board recently approved two Position Statements: *Entry Level WOC Practice* and *Advanced Practice in Wound, Ostomy and Continence Nursing*. The Position Statements were created to serve as a way to emphasize the importance of certified wound ostomy and continence nurses in the healthcare system. The Position Statements will be sent to medical directors of HMOs and large hospitals, in addition to education directors of nursing schools, for the intention of heightening their awareness of the specialty and the value of certification.

POSITION STATEMENT

Entry Level WOC Practice

INTRODUCTION

Wound, Ostomy and Continence Nursing (WOCN) is a distinct and well-defined field of nursing practice, which is national in scope and based on a tested body of specialty-related, data-based knowledge. Consistent with the American Board of Nursing Specialties (ABNS) definition of a nursing specialty, there is an identified need for the WOCN specialty and for nurses who devote most of their practice to this area of nursing expertise.

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) is a professional organization dedicated to providing consumer safety and protection by offering credentialing in areas of wound, ostomy, and continence nursing.

The National Commission for Certifying Agencies (NCCA) accredits the WOC certification programs. Accreditation by NCCA demonstrates the highest standards in certification, exceeding the requirements of the American Psychological Association and the U.S. Equal Employment Opportunity Commission.

The WOCNCB believes that although certification is voluntary, nurses who hold WOCNCB credentials have demonstrated their commitment to and knowledge of WOC nursing practice by meeting stringent, predetermined standards and passing a rigorous comprehensive wound, ostomy, and/or continence examination(s). WOCNCB credentialing provides formal recognition of this commitment to high standards in wound, ostomy, and continence nursing care. Certification provides formal recognition of knowledge as a wound, ostomy and/or continence nurse beyond traditional nursing programs.

The nurse who chooses to certify demonstrates a commitment to WOC nursing practice and patient protection. Credentials are awarded for a five-year period. Recertification can be achieved by means of examination or Professional Growth Program (PGP) program.

The WOCNCB stands firmly in its belief that WOC certification is key to improving the level and quality of patient care by defining and maintaining competency within the WOC specialties. Certification furthermore provides a competitive advantage for employment and promotes job satisfaction.

The certified WOCN serves primarily as a consultant, educator, and/or administrator/manager in multiple healthcare settings, including inpatient, outpatient, long-term care, home health, and acute care. In addition, the certified WOCN participates in assessment, planning, implementation, and evaluation of patients with wound, ostomy, and continence issues.

ELIGIBILITY FOR CERTIFICATION

The WOCNCB's predetermined eligibility requirements must be met before a candidate is permitted to take the initial examination. Eligibility requirements include nurse licensure as a registered nurse with a baccalaureate degree. Additionally, the nurse must document one of the following:

- Graduation from an accredited WOC educational program which requires 120 hours didactic and 120 clinical hours.
- Completion of 1,500 hours of clinical practice in WOC nursing and 50 continuing education units in WOC nursing for each specialty within the last five years for which certification is being pursued. These clinical practice hours and continuing education units must be directly related to the specialty for which certification is sought.
- Completion of a graduate-level program in nursing with documentation of clinical course work equivalent to two semester hours in WOC nursing content. Clinical practice hours, continuing education credits, and clinical course work must be directly related to the specialty for which certification is being pursued.

CREDENTIALS

CWOCN® CCCN®, COCN®, and CWCN® are registered trademarks and the only recognized credentials of the WOCNCB.

CWOCN® Certified Wound Ostomy Continence Nurse

CWCN® Certified Wound Care Nurse

COCN® Certified Ostomy Care Nurse

CCCN® Certified Continence Care Nurse

Candidates who successfully complete the WOCNCB examination are eligible to use CWOCN® (tri-specialty), CWCN® (wound), COCN® (ostomy), or CCCN® (continence) after their licensing credential. Appropriate use of credentials is based upon the examination taken.

REFERENCES

American Board of Nursing Specialties. (2000). *ABNS Standards*. Aurora, OH.

WOCNCB. (2001). *Candidate Examination Handbook*. Milwaukee, WI.

National Commission for Certifying Agencies. (2004).

POSITION STATEMENT

Advanced Practice in Wound, Ostomy and Continence Nursing

INTRODUCTION

The role of the Advanced Practice Registered Nurse (APRN), including those of the Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP), was established by the American Nurses Association in 1965 (ANA, 1996).

Wound, Ostomy and Continence Nursing (WOCN) practice is a distinct and well-defined field of nursing practice, which is national in scope and is based on a tested body of specialty-related, data-based knowledge. Consistent with the American Board of Nursing Specialties (ABNS) definition of a nursing specialty, there is an identified need for the WOCN specialty and for nurses who devote most of their practice to this area of expertise (ABNS, 2000).

APRNs functioning in the WOCN specialty serve as clinical patient care experts in the care of patients with disorders of the integumentary, gastrointestinal and/or urinary systems. Roles include those of direct care provider, consultant, mentor, educator, researcher and/or administrator. Working with various members of the health care team to coordinate patient-focused care, APRNs develop evidence-based programs, protocols and tools to facilitate provision of optimal health care.

The Wound, Ostomy and Continence Nursing Certification Board defines an Advanced Practice Registered Nurse (APRN) in the WOCN specialty as one who minimally:

- Has completed Graduate preparation (Master's or Doctoral degree in a related specialty area of nursing).
- Is clinically active in the WOCN specialty.
- Demonstrates advanced knowledge of the WOCN specialty via a valid and reliable measurement of competency (e.g. a psychometrically sound examination or professional portfolio).

CORE COMPETENCIES

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) is a professional organization dedicated to providing consumer safety and protection by offering credentialing in the areas of wound, ostomy and continence care nursing.

- The WOCNCB acknowledges the *Essentials of Graduate Education* documented by the American Association of Colleges of Nursing (AACN, 1996) which includes theoretical foundations, inquiry skills, empirical and practical knowledge that focus on phenomena of concern (e.g. wounds, ostomies, or continence), nursing therapeutics, evaluation methodologies and systems thinking (AACN, 1996).

- The *APRN Uniform Requirements* adopted by the Delegate Assembly of the National Council of State Boards of Nursing note that, through graduate level education, a nurse can further develop abstract and critical thinking, the ability to assess at an advanced level, as well as other essential therapeutic skills. The WOCNCB supports this perspective, noting that the APRN educational preparation should encompass both knowledge and the clinical component unique to the specific role (NCSBN, 2002).
- The WOCNCB further recognizes the essential characteristics outlined by the National Association of Clinical Nurse Specialists *Statement on CNS Practice and Education* as integral for the effective practice of all APRNs. Skill sets identified include professional attributes (e.g. self-knowledge, self-confidence, self-scrutiny and personal mastery), leadership skills (e.g. communication/interpersonal skills, disciplined inquiry, systems thinking and ethical reasoning); collaboration skills; and consultation skills. Spheres of influence encompass patients/clients, nursing personnel, and organizations/networks (NACNS, 1998).
- Consistent with the discussion of professional accountability as outlined in the American Academy of Nurse Practitioners statement on Scope of Practice, the WOCNCB believes that the autonomous nature of all APRN practice requires accountability for health care outcomes. The commitment to optimal quality health care requires certification, peer review, and evidence of continuing professional development (AANP, 2002).
- The WOCNCB recognizes that measurement of APRN competency in the WOCN specialty requires both measurement of core APRN competencies along with those of the WOCN specialty. Further, it must be noted that the measurement of competency in a generalist scope of knowledge (e.g. via a Medical-Surgical CNS or Adult NP examination) does not assure advanced nursing competency in the WOCN specialty.

WOCNCB POSITION ON WOCN ADVANCED NURSING PRACTICE

- The WOCNCB supports and promotes WOCN practice as a defined specialty area of advanced practice nursing.
- The WOCNCB believes specialty nursing certification boards have the right and responsibility to define advanced nursing specialty practice and to institute certifying procedures for the measurement of advanced specialty competency.

● continued on page 7

- WOCNCB recognizes and supports the State Boards of Nursing as the governing bodies for nursing licensure and regulation.
- WOCNCB supports efforts to standardize APRN licensure requirements nationally, with recognition of input from all stakeholders.
- WOCNCB supports legislative efforts to promote reimbursement for APRN services, along with autonomy and the option for prescriptive authority for all APRNs.

REFERENCES

- American Nurses Association. (1996). *Scope and Standards of Advanced Practice Registered Nursing*. Washington, DC.
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- American Association of Colleges of Nursing. (1996). *The Essentials of Master's Education for Advanced Practice Nursing*. Washington, DC.
- National Council of State Boards of Nursing. (2002). *Uniform Advanced Practice Nurse Licensure/Authority to Practice Requirements*. Chicago, IL.

ADVANCED PRACTICE NURSES (APNs): KEEP INFORMED, STAY INVOLVED!

By Kathy Wright, RN, BC, MS, CWOCN
Chair, WOCNCB APN Task Force

The WOCNCB remains committed to exploring options to meet the needs of WOC-APNs and in recent months it has been the voice for role advancement and visibility of this clinician group.

Over the past year, the WOCNCB has been present "at the tables" where numerous discussions on APN issues, especially those related to regulatory barriers to practice, have taken place.

We attended the National Council of State Boards of Nursing (NCSBN) APN Roundtable in Chicago last Spring, and are registered for this important meeting again this year. We also participated in the National Association of Clinical Nurse Specialist (NACNS) Regulatory Summit, leading discussion on the impact of the NCSBN proposed APN Interstate Compact Agreement on specialty certification. And lastly, as new members of the American Board of Nursing Specialties (ABNS), we made ourselves visible at the APN Forum during the ABNS Delegate Assembly. The purpose of this Forum was to identify issues of concern for APN members. Topics discussed included:

1. Lack of agreement on the definition of nursing specialty/subspecialty (e.g. NCSBN views WOC nursing as a "value added" subspecialty, which means that Advanced Practice WOC certification would not be acceptable for APN licensure based on the current requirements).
2. Variability of state APN requirements (e.g. some states allow options other than APN certification by exam for licen-

sure while others do not; some states provide recognition/title protection for CNSs, while others do not).

3. Lack of clearly defined criteria for acceptable methods of competency assessment (e.g. differences between ABNS and NCSBN criteria; recognition of certification by examination only versus by modular format or portfolio).

4. Lack of money for the expensive process of APN exam development for many small certification boards such as WOCNCB. Other acceptable methods of competency assessment need to be explored (e.g. potential modular format with core competency exam and specialty-focused portfolio).

Representatives from the WOCNCB will attend the ABNS APN Spring Forum, which will concentrate on methods to address the above issues.

The WOCNCB has participated in ongoing communication with the NCSBN regarding the above issues, and while answers are not immediately forthcoming, there is an expressed willingness to work collaboratively toward a solution. We have developed the Position Statement on Advanced Practice in WOC Nursing to clearly establish our identity as we continue the dialogue with many important stakeholders. We encourage all to become involved in this discussion by addressing specific concerns with your state Boards of Nursing. Stay tuned for more information as WOCNCB works to shape the future of our professional specialty!



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Update

Information

If your name, address and/or phone number have recently changed, please fill out the form below. Thank you for helping us keep our information current.

PLEASE PRINT.

Your name: _____

If different from when you last certified, enter "old" name here:

My address and/or phone number has changed

From: _____
(Street address)

(City, State, ZIP)

(Phone)

To: _____
(Street address)

(City, State, ZIP)

(Phone)

Return to Kathy Meyer, WOCNCB Executive Office, 611 E. Wells St., Milwaukee, WI 53202, or send the information by e-mail to kmeyer@wocncb.org.



The Board's BULLETIN

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