



Skin Wellness Associate Nurse (SWAN™) Role Description

Qualifications/Competencies

SWAN™ Graduates will have an enhanced ability to provide optimal care for individuals with wound, ostomy, and continence issues as members of a collaborative Nurses Specialized in Wound, Ostomy and Continence (NSWOC) team. The program is designed to provide nurses the ability to become nurse leaders and provide optimal wound, ostomy, and continence care under the direction of the Nurse Specialist in Wound, Ostomy, and Continence (NSWOC), Clinical Nurse Specialist (Wound, Ostomy or Continence)

The Skin Wellness Associate Nurse (SWAN) is:

- a Licensed Practical Nurse (LPN), Registered Practical Nurse (RPN) or Diploma prepared Registered Nurse (RN).
- has completed the SWAN education program recognized by the Nurses Specialized in Wound Ostomy Continence Canada (NSWOCC).
- promotes efficient, effective, and appropriate health care programs/services in a variety of settings including but not limited to acute care, ambulatory care, rehabilitation, continuing care/long-term care, alternate housing options, the client's own home and the community and incorporates cultural awareness and diversity and equity into care.
- works in collaboration with the client and those individuals whom the client identifies to be significant to his/her care, to incorporate the individual's wishes, needs and experiences into the plan of care.
- works within their scope of practice and uses knowledge, skill, and judgment to apply an extended (beyond that of a generalist nurse) body of knowledge of integumentary, wound, ostomy and continence care to the practice of nursing.
- applies evidence-based practice to nursing care.
- influences administrative decision-making related to cost-effective health care delivery and outcomes.
- pursues professional growth and development and maintains competence through continuing education and on-going experience in the specialty of wound, ostomy, and continence (WOC)
- works collaboratively with Nurses Specialized in Wound, Ostomy and Continence (NSWOC) and other healthcare professionals.
- disseminates knowledge related to WOC care and practice to others.
- participates in the professional development of SWAN colleagues through mentorship and preceptorship.

- facilitates self-care management.
- establishes age-appropriate therapeutic relationships with clients.
- applies information regarding pre-existing health conditions and altered manifestation of illness.
- advocates for clients by facilitating effective navigation of the health care system.
- applies critical thinking in the selection and use of products and equipment.
- exercises ethical and legal judgments relevant to relationships with industry.
- exercises ethical and legal judgments relevant and the use of technology.
- notifies the supervising NSWOC or other healthcare professional when the clients condition deteriorates or fails to make progress.
- identifies patients who require referral to a NSWOC and/or other healthcare professional.
- assists with providing individualized education to patients, caregivers, and team members regarding prevention of pressure injuries, skin tears, diabetic foot ulcers and management of wounds.
- participates in quality improvement programs.

Well-being:

- is a personal concept which includes biological, psychological, social, cultural, ethnical, developmental, environmental, and spiritual dimensions.
- is the extent to which an individual, group or community can realize aspirations and function in his or her environment.

SWAN Core Competencies (Appendix A)

Purpose of the SWAN™ Role

The SWAN™ is an integral member of the Interprofessional skin, wound, ostomy and continence team. The SWAN™ is a leader in the development of wound, ostomy, continence program/support at individual agency/facility in collaboration with NSWOCs and aligned designated team members.

Role Description

In their role, the SWAN™:

- promotes the wellness of the skin for all patients.
- develops and delivers education for colleagues and clients and provides coaching and mentorship for team members.
- works collaboratively with NSWOC and the clinical team to facilitate assessment and care planning, monitoring patient status. providing reassessment and follow up.
- communicates with all levels and health care disciplines in a timely and efficient manner and makes referrals as appropriate.
- schedules and completes patient assessments relating to skin, wound, ostomy and continence utilizing expertise, providing health teaching, and developing collaborative patient care plans.
- makes recommendations regarding products appropriate for patient skin, ostomy, continence, and wound care plans.

- provides holistic, objective advice to patients and demonstrates exceptional interpersonal communication.

Accountabilities of the SWAN™ Role (May be modified to reflect organizational, provincial, and individual scope of practice)

The SWAN™ will:

- perform comprehensive assessment of patients with continence, skin, ostomy and/or wound concerns, develop patient focused care plans in collaboration with the patients circle of care.
- conduct post-op assessments related to ostomy, including assessment, care planning and health teaching with the patient. The SWAN will participate in appliance fitting, connecting patients to ostomy care programs and supports to promote patient independence.
- assess and recommend supports, services, consults, etc. for the patient who has continence concerns.
- provide consultation for patients with uncomplicated wounds, ostomy, and continence. Will collaborate, consult, and refer to NSWOC and/or physician as required.
- refer and connect patient to internal and external interprofessional consultations as required- these may include and are not limited to Physiotherapy, Occupational Therapy, Dieticians, Dermatology, Vascular Specialists, Chiropodist, Podiatrist, etc.
- develop care plans with clients and clients circle of care/caregivers including education and supportive counseling regarding interventions that can optimize wellness and/or healing.
- navigate challenges within care plan, demonstrating critical thinking skill and dynamic patient and family centered care.
- reassess care plan, progress and outcomes and adapt treatment plans to optimize patient wellness as appropriate.
- complete comprehensive assessment using validated assessment tools and skills.
- develop education sessions, tools, and resources for direct care staff.
- participate in joint visits, coach, and mentor direct care staff in the areas of wound, ostomy and continence.
- confer with industry partners to maintain knowledge of programs and patient supports, new products and services available that enhance patient care and refer as appropriate.
- support development of competency checklists, training materials and provide continuing education to direct care staff.
- participate in research and data collection as appropriate and apply data findings to enhance practice and patient care.
- maintain professional competencies through continuing education and reflective practice.
- hold professional memberships to support professional education opportunities and build network of wound, ostomy, continence experts.

- With acquired advanced education and training and within organizational/provincial policy, practice wound debridement, including autolytic, enzymatic, biological, and conservative sharp as applicable or refer to the appropriate professional.

Equipment/Tools Utilized in the SWAN™ Role

- Scalpel, Curette, and other debridement tools (depending on local policy)
- Medical devices such as body worn absorbent products, ostomy appliances and advanced wound care dressings

Appendix A: SWAN Core Competencies

List of Competencies of the Skin Wellness Associate Nurse (SWAN)

The SWAN works in collaboration with NSWOCs and/or other healthcare professionals to provide evidence-based bedside wound, ostomy, and continence care.

Section 1: Integumentary System

General Principles of the Integumentary System

The SWAN:

01.01 Describes the anatomy, physiology and function of the integumentary system including (epidermis, dermis, subcutaneous, tissue accessory organs, protection, immune response, thermoregulation, sensation, metabolism, age-related factors)

01.02 Describes factors affecting integumentary integrity (e.g., age, medications, nutrition, hydration, infection, comorbidities, trauma, contamination, tissue perfusion, stress, activity, mobility, cognitive and sensory status)

01.03 Understands the indications for and appropriate application of integumentary products (e.g., moisturizers, creams, no-rinse cleansers, protective barriers)

Assessment of the Integumentary System

The SWAN:

01.04 Performs a focused initial and ongoing assessment of the integumentary system including:

- o history and physical (e.g., presenting symptoms, allergies, lifestyle factors, self-care ability comorbidities, medications)

- o biopsychosocial (e.g., cognitive status, safety factors, quality of life, socioeconomic status, gestational age)

01.05 Identifies integumentary system risk factors (e.g., continence, friction, shear, falls, moisture, sensitivities, sensory perception, external contributing factors, activity level, mobility)

Principles of Integumentary Management

The SWAN:

01.06 Determines healing ability of the integumentary system (e.g., symptom control, maintenance, palliation)

01.07 Recognizes factors causing or contributing to integumentary alteration (e.g., effects of medication, chemotherapy, radiation therapy, nutrition etc)

01.08 Optimizes the integumentary environment including:

- o Preventing and identifying infection

- o Cleansing the integumentary

- o Maintaining and restoring moisture balance

- o Maintaining and restoring skin pH

- o Protecting the integumentary from trauma and contamination (e.g., pressure, shear, friction)

- o Maintaining thermal environment (e.g., internal, external)

01.09 Evaluates integumentary assessment data to adjust treatment plan

01.10 Educates clients, caregivers and health care providers regarding prevention and treatment of integumentary alterations

General Principles of Wounds

The SWAN:

02.01 Understands the physiology and stages of wound healing including;

- o Repair (e.g., partial thickness)

- o Regeneration (e.g., full thickness)

- o Hemostasis (e.g., platelet aggregation)

- o Inflammation (e.g., phagocytosis)

- o Proliferation (e.g., granulation, fibroplasia, angiogenesis, contracture, reepithelialization)

- o Remodeling (e.g., maturation)

02.02 Identifies factors affecting wound healing (e.g., age, medications, nutrition, infection, comorbidities, trauma, contamination, tissue perfusion, stress)

Section 2: Wound Assessment and Management

General Principles of Wound Assessment

The SWAN:

02.03 Performs a focused assessment of wounds including:

- o history and physical

- o biopsychosocial

02.04 Identifies wound risk factors (e.g., continence, friction, shear, falls, moisture, sensitivities, sensory perception, external contributing factors, activity)

level, mobility, foreign bodies)

02.05 Performs an initial and ongoing wound assessment including:

- o etiology
- o location
- o extent of tissue damage (e.g., classification, staging)
- o phase of healing
- o wound size
- o undermining, sinus tracts, tunnels
- o wound bed
- o wound edges
- o exudate
- o periwound skin (e.g., induration, edema, colour)
- o infection
- o odour
- o pain
- o wound duration
- o functional impact
- o wound history

Principles of Wound Management

The SWAN:

02.06 Determines wound heal ability (e.g., symptom control, maintenance, palliation, healable, nonhealing)

02.07 Optimizes or eliminates causative/contributing modifiable factors related to wounds (e.g. nutrition)

02.08 Optimizes the wound environment by:

- o Preventing and identifying infection
- o Cleansing wound and periwound
- o Promoting the removal of non-viable tissue through autolytic debridement
- o Maintaining moisture balance (e.g., absorb exudate, donate moisture)
- o Maintaining and restoring pH
- o Eliminating dead space (within their scope of practice)
- o Managing odour
- o Protecting wound from trauma and contamination (e.g. pressure, shear, friction)
- o Protecting the periwound skin
- o Maintaining thermal environment (e.g. internal)
- o Managing pain

02.09 Evaluates wound assessment data

02.10 Educates clients, caregivers and health care providers regarding wound prevention and treatment

02.11 Understands the indications for and use of advanced wound care products and applications (e.g., hydrocolloid, alginates, foams, gelling fibres)

Integumentary alteration

The SWAN:

02.12 Understands data related to a client presenting with integumentary alteration (e.g., skin tears, adhesive stripping, chemical, infectious factors, allergic factors, radiation, extravasation) including:

- o history and physical (e.g., topical agent, purpose of adhesive, technique of adhesive removal, gestational age, duration of reaction)

- o integumentary assessment (e.g., appearance, location, extent, exudate, odour, surrounding skin, infection, pruritis, moisture balance, hygiene, diaphoresis, rash, lesions, tears, blisters, skin fragility, senile purpura, bruising)

- o wound assessment and classification (e.g., (ISTAP) International Skin Tear Advisory Panel Classification System for skin tears)

02.13 Implements an individualized plan of care for a client with integumentary alteration

Pressure Injuries

The SWAN:

02.14 Understands data related to a client presenting with a pressure injury including

- o history and physical (e.g., previous skin breakdown)

- o wound assessment and classification (e.g., (NPUAP) National Pressure Ulcer Advisory Panel staging system)

- o risk assessment (e.g., seating, pressure off-loading devices, intensity and duration of pressure, tissue tolerance, client turning schedule, previous surgery)

02.15 Implements an individualized plan of care for a client with a pressure injury based on potential to heal (e.g., pressure reduction and relief, support surfaces, lifestyle modification, positioning, moisture management, control of shear and friction)

Venous leg ulcers

The SWAN:

02.16 Understands data related to a client presenting with venous leg ulcers including;

- o history and physical

- o lower limb assessment

- o skin and wound assessment

02.17 Implements an individualized plan of care for a client to manage venous leg ulcers

02.18 Interprets assessment data related to arterial perfusion to determine the client's suitability for compression therapy including:

- o ABPI/TBI scoring

- o Comprehensive LLA

- o Types of Compression Therapy and level of compression delivered

02.19 Understands the correct application of compression therapy and identifies potential risks associated with compression therapy.

02.20 Implements an individualized plan of care for a client to prevent recurrence of venous leg ulcers (e.g., avoiding trauma, prolonged sitting/standing, compression for life, moisturize skin, avoid products that cause sensitivity, elevate limbs, leg exercise, weight reduction strategies, annual assessment)

Arterial wounds

The SWAN:

02.21 Understands data related to a client presenting with an arterial wound including;

- o history and physical

- o lower limb assessment

- o skin and wound assessment

02.22 Identifies appropriate local wound management for arterial wounds (e.g. Appropriate moisture balance, indications for debridement, pain management etc.)

02.23 Implements an individualized plan of care for a client with arterial wounds based on potential for healing

Mixed venous/arterial leg ulcers

The SWAN:

02.24 Understands data related to a client presenting with mixed venous/arterial leg ulcer including:

- o history and physical

- o lower limb assessment

- o wound assessment

02.25 Implements an individualized plan of care for a client with mixed venous/arterial leg ulcer based on potential for healing

02.26 Interprets assessment data related to arterial perfusion to determine the client's suitability for compression therapy including:

- o ABPI/TBI scoring

- o Comprehensive LLA

- o Types of Compression Therapy and level of compression delivered
- 02.27 Understands the correct application of compression therapy and identifies potential risks associated with compression therapy.

Neuropathic

The SWAN:

- 02.28 Understands data related to a client presenting with a neuropathic ulcer including:
- o history and physical
 - o lower limb assessment
 - o wound assessment
- 02.29 Identifies risk/wound classification for ulceration and amputation (e.g., Wagner, University of Texas, Lower Extremity Amputation Prevention)
- 02.30 Implements an individualized plan of care to prevent neuropathic ulceration
- 02.31 Implements an individualized plan of care to manage neuropathic ulceration based on heal ability (e.g. pressure offloading, glucose levels, lifestyle modification)

Lymphedema

The SWAN:

- 02.32 Understands data related to a client presenting with primary and secondary lymphedema including:
- o history and physical
 - o assessment of affected body part
 - o wound assessment
- 02.33 Implements an individualized plan of care for a client to manage primary and secondary lymphedema
- 02.34 Interprets assessment data where applicable related to arterial perfusion to determine the client's suitability for compression therapy including:
- o ABPI/TBI scoring
 - o Types of Compression Therapy and level of compression delivered
- 02.35 Understands the correct application of compression therapy and identify potential risks associated with compression therapy.

Surgical wounds

The SWAN:

- 02.36 Understands data related to a client presenting with surgical wounds including:
- o history and physical

- o risk factors affecting SSI and incisional failure
- o wound assessment

02.37 Implements an individualized plan of care to manage surgical wounds healing by primary intention to prevent complications

02.38 Implements an individualized plan of care for a client with an open surgical wound healing by secondary intention

Skin Tears and Traumatic wounds

The SWAN:

02.39 Understands data related to a client presenting with a traumatic wound including:

- o history and physical
- o wound assessment
- o integumentary assessment (e.g., skin turgor, skin maturity, skin changes associated with aging)
- o risk assessment (e.g. ISTAP Risk Assessment Pathway)

02.40 Implements an individualized plan of care to manage a client with a traumatic wound

Skin changes at life's end

The SWAN:

02.41 Understands data related to a client presenting with skin changes at life's end including:

- o history and physical (e.g., underlying comorbidities, treatments);
- o educating others about skin changes and care goals at life's end;
- o wound assessment;
- o skin assessment (e.g. skin failure);
- o risk assessment (e.g., frailty, degree of skin failure)

02.42 Implements an individualized plan of care for to prevent or manage with skin changes at life's end.

02.43 Implements a plan of care to prevent and manage skin breakdown at life's end (e.g. implementing twice daily skin moisturizing).

Incontinence Associated Dermatitis (IAD) and Moisture Associated Skin Damage (MASD)

The SWAN:

02.44 Understands data related to a client presenting with IAD and/or MASD, including;

- o history and physical
- o wound assessment
- o skin assessment

02.45 Implements an individualized plan of care to manage a client with IAD and/or MASD

02.46 Optimizes factors contributing to IAD and/or MASD

Wounds not healing in a predicted trajectory

The SWAN:

02.47 Understands the normal wound healing trajectory and collaborates with an NSWOC, Clinical Nurse Specialist (Wound) or physician to ensure the proper diagnosis and treatment options are explored

Section 3: Ostomy Management

General Principles of Ostomy Anatomy and Physiology & Gastrointestinal System

The SWAN

03.01 Describes the anatomy of the gastrointestinal system

03.02 Describes the physiology of the gastrointestinal system

03.03 Describes the pathophysiology of the gastrointestinal system

03.04 Describes surgical procedures involving the gastrointestinal system resulting in:

- o continent diversions (e.g., Kock continent ileostomy, ileoanal reservoir performed as a one, two or three step procedure)

- o stoma construction (e.g., end stoma, loop stoma, double barrel stoma, end-loop stoma, mucous fistula, non-mature stoma)

General Principles of Ostomy Anatomy and Physiology & Genitourinary System

The SWAN:

03.05 Describes the anatomy of the urinary system

03.06 Describes the physiology of the urinary system

03.07 Describes the pathophysiology of the urinary system

03.08 Describes surgical procedures involving the urinary system

03.09 Describes types of stoma construction (e.g., end stoma, loop stoma) and indications for types of urinary diversions

Assessment of Ostomy Management

The SWAN:

03.10 Performs a focused assessment of the stoma

03.11 Performs a focused assessment of the peri-stomal skin

03.12 Performs a focused assessment of the abdomen

Principles of Ostomy Management

The SWAN:

03.13 Implements an individualized plan of care for a client living with an ostomy

03.14 Facilitates client understanding of diagnosis and surgical procedures related to an ostomy

Fecal and Urinary Diversions (Colostomy, Ileostomy and Urostomy)

Colostomy

The SWAN:

03.15 Understands locations of colostomies and expected output

03.16 Implements an individualized plan of care based on location of colostomy, peri-stomal plane and a client's preferences and needs

03.17 Educates client regarding dietary modifications (e.g. to prevent constipation or reduce gas or odour)

Ileostomy

The SWAN:

03.18 Differentiates location of ileostomy and expected output and Implements an individualized care plan based on ileostomy, peri-stomal plane and client's preferences or needs including education

03.19 Teaches strategies to prevent and correct fluid and electrolyte imbalances

03.20 Teaches about changes in absorption (e.g. medications, diet, B12)

03.21 Teaches management of retained distal segment of bowel (e.g., mucous fistula, rectal stump)

03.22 Teaches a client with an ileostomy about the signs and symptoms complications (obstruction, fluid and electrolyte imbalance, B12 deficiency)

Urostomy

The SWAN:

03.23 Differentiates location of urostomy and expected output and Implements an individualized care plan based on urostomy, peri-stomal plane and client's preferences or needs including education

03.24 Teaches a client with a urostomy about adequate fluid intake, dietary considerations, use of night drainage system (e.g., blue bag syndrome) and mucous management

03.25 Recognizes peristomal complications related to prolonged contact with urine (e.g., alkaline encrustations, pseudoverrucous lesions)

03.26 Teaches a client with a urostomy about sign and symptoms of urinary tract infections

Ostomies with prolonged pouching issues or stomal complications

The SWAN:

03.27 Understands the normal presentation of a healthy ostomy and initiates timely collaboration with an NSWOC, Clinical Nurse Specialist (Ostomy) or physician to ensure the proper diagnosis and treatment options are explored for pouching issues or stomal complications

Section 4: Continence Assessment and Management

General Principles of Continence

The SWAN:

04.01 Identifies goals and factors affecting outcomes for a client with incontinence

04.02 Understands the anatomy of micturition and defecation

04.03 Understands the physiology of micturition and defecation and age-related changes

04.05 Understands the pathophysiology of bladder and bowel dysfunction

04.06 Understands the surgical procedures that result in urinary and fecal incontinence

04.07 Understands the indications for and use of continence management products and applications

Assessment of Continence

The SWAN:

04.08 Performs a focused assessment of a client with incontinence including history and physical assessment

04.09 Identifies risk factors for a client with incontinence (e.g. smoking, obesity, exercise, sexual health, obstetrical history, environmental factors, diet and hydration, radiation, UTIs)

04.10 Performs an initial and ongoing skin assessment of a client with incontinence

General Principles of Continence Management

The SWAN:

04.11 Teaches measures for optimization of bladder and bowel habits

- o dietary and fluid management
- o toileting schedule

- o emptying techniques (e.g., Credé manoeuvre, double voiding, abdominal massage)
 - o bowel and bladder training programs
 - o containment product selection (e.g., briefs, pouches, condom catheter, containment products)
- 04.12 Initiates timely Referrals to community resources and other health care professionals appropriately

Urinary Continence

The SWAN:

- 04.16 Identifies classification of urinary incontinence (e.g., stress, urge, overflow, functional, reflex)
- 04.17 Implements an individualized plan of care for a client with urinary incontinence
- 04.18 Implements nursing interventions to prevent urinary incontinence (e.g., behavioral management techniques such as bladder retraining, urge suppression techniques, environmental modifications, pelvic floor muscle exercises, bladder emptying, clean intermittent catheterization, scheduled or timed voiding)

Bowel Continence

The SWAN:

- 04.19 Understands reasons for classification of bowel incontinence (e.g., constipation, fecal impaction, neurogenic)
- 04.20 Implements an individualized plan of care for a client with bowel incontinence

Reproductive System

The SWAN:

- 04.21 Describes the anatomy and physiology of the reproductive system.
- 04.22 Describes the pathophysiology of surgical procedures of the reproductive system

Client's with unmanaged or uncontrolled continence issues

The SWAN:

- 04.23 Understands when the client's continence issues require further referral. and provides timely collaboration with a NSWOC, Clinical Nurse Specialist (Continence), Nurse Continence Advisor (NCA) or physician to ensure the proper diagnosis and treatment options are explored.