WOUND, OSTOMY & CONTINENCE INSTITUTE

WOUND, OSTOMY & CONTINENCE EDUCATION PROGRAM

POLICIES

(July 2019)

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Wound, Ostomy & Continence Education Program (WOC-EP)

Admission Requirements

A Nurse Specialized in Wound, Ostomy and Continence (NSWOC) is a registered nurse with advanced specialized knowledge and clinical skills in wound, ostomy and continence care. Recognized by the Canadian Nurses Association (CNA), as nurses specialized in wound, ostomy and continence, NSWOCs are the only nursing specialty eligible to obtain CNA certification in the tri specialty of wound, ostomy and continence care. Across the continuum of healthcare, NSWOCs demonstrate leadership, education, critical thinking, and research, in interprofessional collaboration through specialized consultations to ensure optimal outcomes for complex issues related to the areas of wound, ostomy and continence. NSWOC have a demonstrated commitment to lifelong continuing education.

Acceptance into the WOC-EP is a competitive process with applicant acceptance into the program based on merit. Enrolment is limited to 44 students per cohort. The WOC-EP is offered twice per year in English (fall and winter cohorts) and once per year in French (fall cohort). Applications for WOC-EP are accepted throughout the year. Deadlines for completed applications are April 30 for the fall cohort (English and French) and September 30 for January cohort (English only).

Application materials must be submitted as one file in **pdf format** other formats will not be accepted.

- Submit all application materials online (scan paper copies of documents as required)
    - Only transcripts will be received by Post.
- Pay the $50 non-refundable application fee online

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Admission

Requirements for Admission

Applicants will be required to demonstrate a passion for wound, ostomy and continence nursing evidenced by a history of wound, ostomy and/or continence related volunteerism, education and leadership. The ideal applicant is committed to pursuing a career in wound, ostomy and continence nursing.

Priority will be given to those applicants who:

- Are currently working in a position as a Nurse Specialized in Wound, Ostomy and Continence.
- Have a guaranteed NSWOC position that is dependent upon graduation from the WOC-EP. A signed letter from an employer stating that there is a position offer must be attached to the application. Applicants must request priority admission at the time of their application.
- Work in area of practice that is underserviced by NSWOCs.
- Demonstrate a passion for wound, ostomy and/or continence nursing.
- Provide evidence of a commitment to life-long learning

The admission process includes:

- Completion of an online application form,
- Submission of a current resume/curriculum vitae, and
- Completion of the supplemental questionnaire.

Please include all relevant research, publications, education, presentations, and other leadership activities on your resume/curriculum vitae.

For more information about the application process please go to the application page found here.

Additional Requirements for Admission

- Must be a registered nurse with a valid license to practice in the province or region where the clinical preceptorship is to be completed.
- Must be fluent in English and/or French both orally and in writing. It is the student's responsibility to ensure language proficiency. Failure to be proficient will greatly impact the student's ability to succeed in the program.

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- All students applying into the French program MUST be able to read English as the majority of the text books and articles will be in English.
- Evidence of successful academic achievement in the completion of at a minimum a Baccalaureate Degree in any field. As part of the competitive admission process, higher ranking will be given to candidates with education at a Master's or PhD level.
    - **Please note** – Applicants who completed their university education outside of Canada or the United States must submit a formal credential evaluation completed by a recognized Canadian Credential Evaluation Service.
- Applicants must have at least 3000 hours of employment, in the last 3 years, as a Registered Nurse.
- Current Cardiopulmonary Resuscitation (CPR) or Basic Cardiac Life Support (BCLS) Certificate.
- Current immunization.
- Two professional references (one must be from a direct supervisor or NSWOC, and one from a professional colleague or academic professor)
    - **Please note** – References must be completed online by the professional providing the reference.
- Submission of the supplemental questionnaire.

Computer Requirements

The WOC-EP is a web-based program on a Moodle platform. Applicants must have basic computer skills, including knowledge of Microsoft Office. WOC-EP faculty are committed to mentoring students. Training and IT support are available.

Computer requirements include:

- Up to date computer – either a PC or a MAC
- High speed internet connection
- Windows Media Player
- Quick Time
- Java

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WOC-EP Application

Application

The online application and supplemental forms are to be completed and submitted electronically. The remainder of the application requirements must be scanned and sent via a single email to the Wound, Ostomy & Continence Institute's Administrative Assistant ssarda@wocinstitute.ca Ensure that your file name and each component are clearly marked with your name and date of application. Do not submit applications in installments, ensure application is complete prior to submission. Only University Transcripts are to be sent separately.

Prior to starting your application please refer to the application requirements. It is the responsibility of the applicant to ensure that all elements of the application have been received by the Wound, Ostomy & Continence Institute's Administrative Assistant office. Please contact the program administrator at ssarda@wocinstitute.ca with any questions regarding your application.

Complete the on-line application form to apply for the WOC-EP. Ensure you have all of your information readily available prior to starting the application, e.g. contact information of references. Upload all documents at the time of completing your application. Have your references complete the on-line reference form upon submission of your application.

The personal information collected is maintained as part of the student's records and will be used for the purposes of admission review, registration, and issuing receipts, graduation certificates and for WOC-EP research and planning. Contact information will also be disclosed to Nurses Specialized in Wound, Ostomy & Continence Canada (NSWOCC) to provide membership information and to wound, ostomy and continence product manufacturers to provide product information and samples. Personal information will not be shared with any other business or organization.

Proof of Criminal Screening

Although the Wound, Ostomy & Continence Institute does not require proof of criminal screening, some facilities in which students will complete their clinical preceptorships may require this. Students are advised to contact the Preceptor Coordinator regarding the need for proof of criminal screening.

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Application Instructions

Applications for the WOC-EP are accepted throughout the year. Deadlines for complete applications are April 30th for September enrolment and September 30th for January enrolment.

Curriculum Vitae/ Resume/ Professional History

To enable the best possible match between your expectations, learning and experience, and the capacities and goals of the WOC-EP the information requested below is wide-ranging. Your resume should include the following:

- Name at the top of every page
- Formal educational achievements (most recent listed first), including any credentials (e.g. degrees, certificates, diplomas) awarded
- Other training/educational experiences (e.g. courses, workshops) that relate to wound, ostomy and continence nursing
- Informal/non-formal activities or life experiences that relate to your career and educational goals
- Professional employment history (most recent listed first), with enough detail to adequately describe the experiences and your level of responsibility including total full-time years as a Registered Nurse
- Publications, professional presentations, and research activities
- Membership and leadership involvement in professional organizations and governance activities (e.g. participation on work committees)
- Volunteer activities demonstrating your commitment to patients with challenges in wound, ostomy and continence
- Grants, scholarships and awards you have received
- Language proficiency

Admission Rubric

A rubric has been developed to score and compare applicants – see Appendix A.

Application Checklist

- ⌋ Completed Application and Supplemental Form
- ⌋ $50 non-refundable Application Fee, payable online AND membership with the NSWOCC

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- ⎦ Official transcripts sent directly to the Administrative Office from an accredited institution.

  The transcript must show that you were granted a minimum of a Bachelor's Degree

  Suzanne Sarda

  Wound, Ostomy & Continence Institute: Administrative office

  1873 Chaine Court, Ottawa ON. K1C 2W6
- ⎦ Student statement of language proficiency
- ⎦ Two professional references submitted using the on-line reference form. One from a direct supervisor or NSWOC, and one from a professional colleague or academic professor.
- ⎦ Copy of current RN license
- ⎦ Copy of current CPR or BCLS Certificate
- ⎦ Current resume
- ⎦ **Please Note:** You are responsible for following up on your application to ensure that all materials are received at the WOC-EP office by the application deadline. Please contact the Admin Office to ensure your file has been received and is complete.
- ⎦ Office: 1-877-614-1262
- ⎦ Email: ssarda@wocinstitute.ca

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Graduation from the Program

Purpose

To outline the requirements to graduate from the program.

The Wound, Ostomy & Continence Institute's Wound, Ostomy & Continence Education Program (WOC-EP) consists of three (3) required academic courses: Ostomy Management including a two-week introduction to the program, Continence Management and Wound Management, and 225 hours of approved clinical preceptorship divided among the three courses.

At the completion of the three courses students **MUST** register to write the Canadian Nurse's Association (CNA) wound, ostomy and continence certification exam (an additional fee will apply, refer to requirements at CNA Certification Program). Students are required to provide proof of registration for the CNA certification exam to receive their WOC-EP graduation diploma. A certification prep-course is available at no additional cost prior to the certification exam. This certification preparation course is also available free of charge for all NSWOCC members.

Time to Complete the Program

Purpose

To outline the time frames in which students must complete the program.

Students are expected to complete the program within two (2) calendar years from their start date. Course semesters are approximately thirteen (13) to sixteen (16) weeks.

There are two start dates per calendar year (January and September) in the English Program and one start date for the French Program (September).

The student may take a semester off but must graduate within the two-year timeframe. Students must advise the Institutes Administrative Office of their decision to take a semester off. They must also confirm their intent to enroll and pay all course fees for the next course 4 weeks before the start date of the course. Admission to a course is not guaranteed. If the course is full, the student will be notified of the next possible opening. If they are unable to complete the program within two years they will not graduate and will need to reapply to the program. It is the student's responsibility to work with the Institutes Administrative Office to ensure that they are registered for courses within the time period defined

Once accepted into the program prospective students may defer the start date of the program for up to 1 calendar year from the date they were accepted into the program.

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Graduation Requirements

The CNA WOCC(C) exam is the final exam for the WOC-EP. The exam is to be written within one year of completing the program. Students can sign up to write the exam immediately upon completing the wound management course. The WOC-EP will provide letters of completion to facilitate writing of the exam. Students must provide proof of exam registration in order to complete the program and graduate. Graduation certificates will not be provided without proof of exam registration. Note: The WOC-EP will not request proof of passing the exam.

A CNA certification prep course has been developed and is available to students upon completion of the course if required however, it is the believe of the WOC-EP that students will be well prepared to sit the exam. The current exam pass rate is 95%.

Students MUST apply to graduate. The deadline to complete the application to graduate is **no later than March 1, 2020** to the WOC Institute's Executive Assistant at ssarda@wocinstitute.ca

Please see Appendix C for the intent to graduate forms.

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Academic Awards

Purpose

To outline the academic awards available to WOC-EP students.

Preamble

Academic awards are available annually depending upon sponsorships. To be eligible for academic awards students must graduate in the cohort they started in. Students taking a semester off are not eligible. Award information is found on the Wound, Ostomy & Continence Institute's website. Students who receive recognition of prior learning are not eligible for awards in courses they received recognition of prior learning.

Awards

The following awards are available (depending on funding availability):

The Bill Carcary Award

- Sponsored by ConvaTec Canada
- A financial award to the top academic student from the French or English programs in any calendar year
- Value of award varies from year to year
- Application not required

The Smith and Nephew Clinical Achievement Award in Wound Care

- Sponsored by Smith and Nephew
- The Smith and Nephew Award for Excellence in Wound Care will be awarded to 2 WOC-EP Students (1 French student and 1 English student) with the highest Wound Care marks overall.
- The award is in the amount of $1000.00
- Application not required

The Coloplast Clinical Achievement Award in Continence Care

- Sponsored by Coloplast
- The Coloplast Award for Excellence in Continence Care by an WOC-EP Student provides an award of $1000.00 annually to a student who display excellence in Continence Care
- Application not required

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The Summit Award

- Sponsored by Rob Hill
- Annual award available to each Ostomy cohort (2 English / year and 1 French / year)
- Valued at $1500.00
- **Students must apply for this award** – applicant must submit an environmental scan of ostomy services in their region

Gail Hawke Trail Blazer Award

- Sponsored by Nightingale Medical
- Annual award to a WOC-EP student who:
    - resides in the province of British Columbia
    - has demonstated that they are a leader in the tri-specialty of wound, ostomy and continence nursing
    - who meets the written criteria for this award
- Valued at $2,500
- **Students must apply for this award**

The Ostomy Canada Award

- Sponsored by The Ostomy Canada Society
- Annual award (pending availability of funding) to encourage Registered Nurses to pursue a NSWOC career with a focus on ostomy care
- Value $1500
- **Students must apply for this award**

Vancouver United Ostomy Chapter Award

- Sponsored by The Vancouver United Ostomy Association Chapter
- Annual award (pending funding availability) to recognize a WOC-EP student who:
    - Resides in the province of British Columbia
    - Had demonstrated a high degree of volunteerism with, and support of people in Vancouver, Lower Mainland or Province of British Columbia living with an ostomy
- Value $1500
- **Student must apply for this award**

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Rules of Conduct

Purpose

To provide information to students about the expected rules of conduct while a student is enrolled in the Wound, Ostomy & Continence Institute.

The WOC-EP fosters the acquisition of knowledge and its application through a process of knowledge transfer to a clinical setting. It is presumed that students accepted into the program can and will maintain their provincial nursing certificate of competence and licensure. Inability to provide proof of registration/licensure will result in immediate dismissal. It is the student's responsibility to ensure that proof of renewals (e.g. nursing license, CPR, mask fit testing, influenza vaccination and criminal screening) is sent to the Institute's Administrator.

It is also expected that the student will practice acceptable professional and academic conduct that includes honest representation of facts and materials and acknowledgement, through references for the ideas and contributions of others. Plagiarism of any kind will result in immediate dismissal from the program.

Misconduct

Students are expected to be respectful and professional at all times. Failure to conduct themselves in an appropriate manner is grounds for suspension or dismissal from the program.

If a student is reported for **unsafe, unprofessional, or unacceptable academic or clinical conduct a full investigation will be held**. The student's participation in the program may be suspended while the investigation takes place. The investigation will include discussion of the conduct with involved parties, opportunity for the student to present relevant information, and development of an action plan. The student may be suspended from the program and may ultimately be dismissed from the program at the sole discretion of the Institute.

Plagiarism

Plagiarism in any form will not be tolerated. Students should be aware that ALL assignments including discussion forum posts will be run through anti-plagiarism software. In addition, students should be aware that many of our faculty have dual appointments with other programs. For example, many faculty are also teacher's assistants for the International Interdisciplinary Wound Care Course (IIWCC) and the Master of Clinical Science in Wound Healing Re-cycling or self-plagiarism will also NOT be tolerated. Plagiarism is an academic offence and will result in dismissal from the WOC-EP.

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At its most basic plagiarism is defined as stealing another person's work or ideas and using them as one's own. The student must ensure that full credit is given to the ideas as well as the words of all authors to ensure that the risk of inadvertent plagiarism is minimized.

Students are expected to be knowledgeable about intentional and unintentional plagiarism and avoid it. Always cite words, phrases, ideas, opinions, theories or tables and charts that are not your own. Use quotes or paraphrase as appropriate. Students who use the internet for their studies are at risk of inadvertent plagiarism and are advised that faculty often use online services to detect plagiarism such as the one found at http://www.plagiarismchecker.com/. When in doubt ask your Academic Advisor.

Students using online translation services must be especially careful that they do not plagiarize the translated content. Students may not use translated content as their own but must paraphrase this content and reference the translation service. Online translation services are discouraged, students are encouraged to write their own assignments in English or French and then work with a peer for editing. The result will be a greater learning experience for the student.

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Tuition

Purpose

To describe the structure of tuition fee payment

Preamble

The student is responsible to pay tuition fees. If tuition is being covered by a third party the student remains responsible to ensure that all fees are paid within the mandatory payment schedule. If fees are in arrears the student may face removal from the program. The fees are income tax deductible and tax forms will be provided.

Tuition Fees

The program consists of 3 mandatory courses: Ostomy plus a two-week introduction to the program, Continence and Wound Management. Fees may be paid in 3 installments: 4 weeks prior to the start of each course or may be paid in full 4 weeks prior to the start of the program.

Fees cover the cost of program support, correction of assignments, guidance during discussion forums, examinations, and support for clinical preceptorship placement.

Fees DO NOT cover the cost associated with the CNA certification exam, the clinical preceptorships (Refer to Clinical Preceptorship below) or the costs of textbooks. Students must arrange to purchase their textbooks prior to the start of each course. See information on the WOC Institute website for purchasing textbooks. Students will have CINHAL library access and access to the WOCN Journal as part of their NSWOC membership.

All tuition fees must be received by the WOC-Institute at least 4 weeks (20 business days prior to the start of the course unless negotiated otherwise. Changes to this policy are rare and must be approved by the NSWOCC Executive Director. Students who fail to submit fees on time will lose their position in the course and will be moved to the waiting list for the next course start date dependent on receipt of required fees. Fees are subject to yearly review and may be increased. Students are requested to refer to the tuition fees listed on the WOC Institute website. Students who take a semester off may be subject to tuition increases if an increase was implemented during that time frame. It is the student's responsibility to verify tuition rates with the academy administration.

Payment

Fees for the program can be paid by credit card on the secure WOC Institute website. If the use of a credit card is not possible, a money order or a corporate cheque, made out to the Wound, Ostomy & Continence Institute is acceptable. Please contact the WOC Institute administration with any questions.

NO personal cheques will be accepted.

Default of Payment

Late payment is subject to a $100.00 penalty fee if the student is not removed from the course. No grading or certificates will be processed until outstanding payments have been made. Validation of program completion to write the Canadian Association of Nurses (CNA) certification exam will not be provided until all outstanding fees are paid in full.

Note: As of Cohort 25, Graduation diplomas will not be released without proof of registration for CNA exam.

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Evaluations, Grading and Extensions

Purpose

To outline course evaluation, granting of exemptions and extensions processes.

The WOC Institute WOC-EP is competency based and uses a variety of assignments, discussion forums, quizzes, clinical preceptorship evaluations and journals to formally evaluate the student's grasp of the competencies. This allows for the assessment of the acquisition of different kinds of knowledge by testing the understanding of facts and concepts and the demonstration of knowledge synthesis and critical evaluation capabilities in the clinical experience.

The various forms of evaluation are designed to capture various learning styles and to promote student success in the program. In addition, the various evaluation methods are also used to simulate real life situations and to promote the NSWOC leadership role. Students are encouraged to use these methods of evaluation as a means to solidify the WOC competencies and to enrich their personal leadership capabilities.

Course Evaluation Tools

The objectives of all assessment tools are to reinforce learning and to measure knowledge acquisition and integration of knowledge into practice.

Each course uses a similar set of evaluation tools. Although the tools are similar and the rhythm of evaluations is consistent throughout the program, the amount that any one evaluation tool may contribute to the final course grade and the number of evaluations may vary. A schedule is posted in each course.

Assignments

All assignments are compulsory and must be submitted online and in Microsoft word format. There are no exceptions to this rule. Failure to submit an assignment will result in failure of the course. The purpose of the assignment is to consolidate the learnings over several units. Students must achieve an overall mark of 70% for each course. This means that students must achieve a 70% for the theory portion of the course AND the clinical preceptorship in order to pass the course.

The assignments are marked by an Academic Advisor or delegate using a rubric and are graded out of 100. Each assignment contributes a percentage that varies, to the final academic mark. Grading will be completed and posted in the grade book within 4 weeks of the due date of the assignment. All assignments are submitted online and the date and time of submission

is recorded by the system.

Students are referred to the document "WOC Institute Guidelines for Preparing Assignments" available online in the WOC-EP area for information regarding acceptable APA formatting. All assignments MUST be completed using APA sixth edition formatting. Marks will be deducted for inappropriate APA formatting.

Length and Format of Assignments

All written materials must be submitted in MS WORD. No other format will be accepted or graded. All assignments must be referenced using APA formatting. OWL Online Writing Lab is a useful resource.

Students are required to adhere to the assignment guidelines for style, length and format. Assignments required to be in table format must be submitted in table format. Assignments found to be in variance to the requested format or 10% longer than the guidelines will not be marked and will be returned to the student as a failed assignment. The student will be allowed two weeks to resubmit the assignment. The maximum grade possible for a failed assignment is 70%.

Extensions

NOTE: Only one (1) extension (see below) may be granted per academic course, at the sole discretion of the Academic Advisor in consultation with WOC Institute Chair. An extension will not be granted if there has already been an extension granted for the course.

The dates for submission of assignments are specified in the course schedule. Extensions may only be granted by the Academic Advisor. A request for an extension must be submitted at least **one week** in advance of the assignment due date. Last minute extensions are rarely granted except in exceptional circumstances.

Delay in Submitting an Assignment

For unauthorized delays in submitting an assignment the student will receive a 10% penalty deduction for each day (24-hour period) late up to 120 hours (5 days). After 120 hours, the grade will automatically be 0% and the student will be in the position of having failed to submit an assignment. See "Failure to Submit an Assignment" below.

Failure to Submit an Assignment

All assignments are mandatory. There are no exceptions to this rule. **The failure to submit an assignment will result in automatic zero on the assignment and result in failure of the course.**

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Failure of an Assignment

Students who achieve less than 70% on an assignment have failed the assignment. If students fail an assignment they have several options:

- Students may choose to let the grade stand as is and may continue with the course. **In order to pass the course, the student must have an overall 70% average in both the theory and clinical preceptorship portions of the course.**

- Students may re-write up to one assignment per course. Students may not obtain more than 70% on a re-written assignment. If a student chooses to re-write an assignment, they will no longer be eligible for academic achievement awards related to the course.

Failed assignments will not be returned if the student opts to re-write the assignment until after the assignment has been re-submitted. The Academic Advisor will provide a summary of issues related to the assignment and where marks were lost on the grading rubric. Should the student choose to re-write a failed assignment, they must advise the Academic Advisor immediately and will have two weeks to resubmit the assignment. The assignment will again be marked out of 100. The maximum grade a rewritten assignment will be awarded is 70%. If the student's assignment still receives less than 70% the student may remain in the course and proceed to clinical preceptorship only IF they maintain an overall 70% average in the course. Students may only rewrite one assignment per course.

Students who fail to achieve a 70% average in a course will have failed the course. Students who fail a course will have the option to redo the course at a later date. The student will be required to redo all elements of the course **(including preceptorship)** and repay the tuition fees. The student will need to confirm their intent to redo the course four weeks before the start date of the course. Admission to a course is not guaranteed. If the course is full, the student will be notified of the next possible opening. If they are unable to complete the program within two years of their start date they will not graduate and will need to reapply to the program.

Remarking of Assignments

Assignments may be remarked under exceptional circumstances, when the student presents a legitimate case for remarking. The decision to allow a remarking of the assignment rests solely with the Academic Advisor in consultation with the WOC Institute Chair. Students who would like to have an assignment re-marked, must submit a written request including rationale for the re-mark, to the Academic Advisor within one week of failing an assignment. Only failed assignments may be re-marked.

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If the student is granted an assignment re-mark the Academic Advisor will forward the assignment without any personal identification or the initial marking to the WOC Institute Chair. The Chair will forward the assignment to a new independent marker without the student's name or original mark. **The new mark provided by the independent marker will be the final mark.**

Discussion Forums

All Discussion Forums are compulsory. There are no exceptions to this rule. The purpose of the Discussion Forum is to promote professional collaboration between students regarding a variety of topics that will be assigned by the Academic Advisor one week prior to the opening of the discussion. Discussion Forums are held for five days. **The student is expected to participate within their assigned topic thread three out of five days (excluding the introduction and summary), and contribute to other discussion topics a minimum of 3 out of 5 days that the forum is open.".** The Academic Advisor will assess the contributions of each student using the Discussion Forum rubric and assign a mark out of 100. Each Discussion Forum contributes a percentage to the final academic mark. Students are expected to demonstrate critical thinking that is evidence based and referenced. Plagiarism within the Discussion Forum will not be tolerated

Grading will be completed and posted in the grade book within 4 weeks of the closure of the Discussion Forum.

Exemption from a Discussion Forum

The dates and times for the Discussion Forum are specified in the course schedule. A student may, in special circumstances be exempted from the Discussion Forum and required to complete an assignment in lieu of participation. The decision to allow an exemption is at the sole discretion of the Academic Advisor in consultation with WOC Institute Chair and must be arranged at least one week before the start of the Discussion Forum. Only 1 exemption or extension may be granted per course.

Failure to Participate in the Discussion Forum

Failure to participate in a discussion forum or make prearrangements for an exemption will result in automatic zero on the forum. Students are encouraged to pay attention to the date and time (hour and time zone) forums will open and close. Students must maintain a 70% in a course in order to pass the course and continue to the clinical preceptorship.

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Failure of the Discussion Forum

Students who fail a Discussion Forum will be permitted to continue in the course but must achieve an average of 70% for theoretical part of the course to pass the course. They will not have the option to complete an assignment in lieu of a failed discussion forum.

Final Course Quiz

Each course includes a Final Course Quiz. The purpose of the Final Course Quiz is to confirm that the student has learned key principles and content of the course.

Completion of the Final Course Quiz is compulsory. There are no exceptions to this rule. Each student may make only one attempt at the Final Course Quiz. Students are encouraged to pay attention to the date and time (hour and time zone) quiz will open and close

Failure to Attempt the Final Course Quiz

The dates for the Final Course Quiz are posted in the course schedule. The failure to attempt the Final Course Quiz may result in automatic dismissal from the course.

Students dismissed from the course have the option to redo the course. The student will be required to redo all elements of the course and repay the fee. The student will need to confirm their intent to redo the course 4 weeks before the start date of the course. Readmission to a course is not guaranteed. If the course is full, the student will be notified of the next possible opening. If they are unable to complete the program within two years they will not graduate and will need to reapply to the program.

Failure to Complete the Final Course Quiz Due to a Systems Issue

In the event of a system failure in the WOC Institute Education Platform during the time the student is attempting the Final Course Quiz, the student must immediately notify the Academic Advisor and the WOC-EP Chair kleblanc@wocinstitute.ca who will evaluate the situation and determine the problem. A rewrite may be permitted at the sole discretion of the Academic Advisor in consultation with the WOC Institute Chair.

Failure of the Final Course Quiz

Students who fail the course quiz will not fail the course, but they must achieve an overall course average of 70%. If the quiz failure reduces their course average below 70% they will have failed the course and will have to re-take the course in order to complete the program.

Readmission to a course is not guaranteed. If the course is full, the student will be notified of the next possible opening. If they are unable to complete the program within two years they will not graduate and will need to reapply to the program.

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If a student wishes to challenge their mark on a quiz question this must be done within 5 business days of the end of the Quiz week. They must send an email to the WOC Institute Chair and Academic Advisor stating the question and identifying the chapter and page of the text or journal article from which their challenge stems.

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Clinical Preceptorship Experience

Purpose

To assist the student to plan a clinical preceptorship that will meet their learning needs and program requirements.

CONTACTS:

Nicole Denis,

Preceptorship Manager

Canadian Placement Coordinator [French]

ndenis@wocinstitute.ca

Victoria Wallace

Canadian Placement Coordinator [English]

vwallace@wocinstitute.ca

Preceptorship is an essential and compulsory component of the WOC Institute, Wound, Ostomy & Continence Education Program. **Each** clinical course: Ostomy Management, Continence Management, and Wound Management **require 10 days** (75 hours) of preceptorship (225 hours total). The preceptorship and associated learning activities are worth 20% of your final mark per course.

There are no exemptions possible for preceptorships. The clinical preceptorship is MANDATORY and students must PASS the preceptorship (achieve at least a 70%) in order to pass the course even if they obtain greater than 70% in the course. The clinical preceptorship allows the student to integrate newly acquired knowledge and apply it to the clinical setting. The overall goal of the clinical preceptorship is to facilitate the application of knowledge into practice. The Preceptorship is 225 hours in length, which is divided into 75-hour blocks, to be taken at the end of each clinical course (Ostomy, Continence and Wound).

The Preceptor Manager must approve all plans for preceptorships prior to the beginning of each clinical placement. An unauthorized preceptorship will not be valid.

All preceptorship placements must be supervised by a Nurse Specialized in Wound, Ostomy & Continence (NSWOC) or another clinical expert approved by the WOC Institute to be a Preceptor.

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The Preceptor Manager has sole authority for the approval of preceptorship plans.

Preceptors are experienced NSWOCs, other nurse specialists or allied health care professionals who meet the established criteria articulated by the WOC Institute. They must have completed a WCET accredited Enterostomal therapy/WOC nursing program, or other specialist certifications and have a minimum of 2 years recent clinical experience. Preceptors include clinical experts such as Nurse Continence Advisors, Physiotherapists, and Advanced Practice Nurses in Wound Management.

Preceptors work in a variety of settings including teaching hospitals, community hospitals, clinics, long-term care facilities and home health settings. To be approved as a preceptor they must be able to provide specific learning opportunities for students. It is strongly recommended that at least 100/225 hours be acquired in a hospital setting. Not all learning opportunities will be available in each setting and students are encouraged to plan a variety of experiences throughout the program. Students may arrange to have several different preceptors for each course to allow for a greater depth of clinical experience and to experience working with various experts in the field.

All preceptors MUST be approved by the Preceptor Manager with NO exceptions. Failure to obtain approval from the Preceptor Manager will result in the need to repeat the preceptorship. **The WOC Institute insurance will not cover students who do not have approval from the Preceptor Manager for their preceptor placement**

Students who fail to maintain an average of 70% for the theory in the course **may not** be allowed to start their Preceptorship. If a student wishing to start a clinical preceptorship has a course average of below 70%, the Academic Advisor in consultation with the Preceptor Manager and the Clinical Preceptor will determine if the student may begin their clinical preceptorship.

The WOC Institute has a **legal responsibility** to ensure that all students meet the following pre-requisites prior to any placements, by having these documents in each WOC student's file. This holds true even if you are doing your clinical placement in your place of employment.

You must download the following WOC Institute pre-requisites in your student file PRIOR to requesting a placement.

You are responsible for any costs associated with any pre-requisites.

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Occupation Health and Infectious Disease Requirements

Preclinical Placement Requirements for WOC-EP Students (Appendix A) outlines immunization and other occupational health requirements that WOC-EP students need before they begin any clinical placement in a health facility throughout the WOC-EP program.

The medical literature documents the potential for health care workers to acquire infections, both in and outside the workplace, and for them to transmit infection to patients, co-workers, and family members.[1,2 ,3, 4] These infections may be spread through the airborne route (e.g. tuberculosis, varicella, measles), droplets (e.g. respiratory syncytial virus, influenza, rubella, pertussis), contact (e.g. hepatitis A, group A streptococcus), and mucosal or percutaneous exposure (e.g. hepatitis B and C, HIV).[5] The majority of these vaccine preventable infections may be transmitted from person-to-person. With that in mind, both the Steering Committee on Infection Control Guidelines and the National Advisory Committee on Immunization have provided recommendations for health care worker immunization.[6]

The following forms (Appendix B) (WOC-EP Student Immunization Record and Mandatory Tuberculosis Skin Test) are to be completed by a health care professional (physician, nurse practitioner, public health nurse or pharmacist) prior to commencement of clinical learning experiences (WOC-EP preceptorships). It is advised that all immunizations be up-to-date before starting the program as some immunization schedules take several months to complete. Please read the form carefully as there are different documentation requirements for some of the diseases. Students will be required to comply with all requests for documentation. Students must present the completed forms (Appendix B) to the WOC Institute administrative assistant prior to starting the program. It is the student's responsibility to ensure that throughout the program records are kept up to date.

[1] Health Canada. Prevention and control of occupational infections in health care. CCDR 2002; 28S1.

[2] Sepkowitz K.A. Occupationally acquired infections in health care workers. Part 1.Ann Intern Med 1996; 125:826-34.

[3] Sepkowitz K.A. Occupationally acquired infections in health care workers. Part II. Ann Intern Med 1996; 125:917-28.

[4] Patterson W.B., Craven D.E., Schwartz D.A., Nardell E.A., Kasmer J., Noble J. Occupation hazards to hospital personnel. Ann Intern Med 1985; 102:658-80.

[5] Health Canada. Routine practices and additional precautions for preventing the transmission of infection in health care.CCDR 1999; 25S4.

A. **IMMUNIZATION RECORDS - MANDATORY**

Tuberculosis Screening Requirements within the PAST 12 MONTHS

Scenario A: Provide records of 2-step Tuberculin Skin Test (TST or Mantoux) onboarding and subsequent annual uninterrupted 1-step maintenance tests. If unable to provide part or all of these records, proceed to **Part A**.

Scenario B: Provide records of a previous BCG vaccine (prior to 2007). If you received this vaccine, you do not require any additional screening.

Scenario C: If you had a documented severe reaction (e.g. necrosis, blistering, anaphylactic shock, or ulcerations) to the Tuberculin Skin Test (TST or Mantoux), a documented positive result, or have received previous treatment for active or latent Tuberculosis, proceed to **Part B**.

PART A - A 2-step onboarding Tuberculin Skin Test (TST or Mantoux) is required if a record of a previous 2-step onboarding is not available or subsequent annual 1-step maintenance doses have been missed.

PART B - Provide report of a chest X-Ray taken within the past 12 months.

MANDATORY Measles, Mumps, Rubella Requirements

Please note the mandatory 2-step Tuberculin Skin Test should be done 4-6 weeks before/after the administration of an MMR.

Provide documentation record of two MMR vaccinations at least one month apart received within the PAST TWENTY YEARS.

OR

If you are unable to document 2 MMR vaccinations, documentation of a booster is required.

OR

Provide a serology report demonstrating immunity.

MANDATORY Varicella (Chicken Pox/Shingles) Requirements
within the **PAST TWENTY YEARS**
Provide documented history, by a physician, of Varicella (Chicken Pox/ Shingles).
OR
If history is uncertain, provide a Serology report demonstrating immunity to naturally acquired Varicella. Please do not order serology if you are vaccinated or will be vaccinated.

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OR
Provide documentation record of two doses of Varicella vaccination given at least one month apart. Please do not order serology after vaccination.

MANDATORY Hepatitis B Requirements (PART A) within the PAST TWENTY YEARS
Provide documentation of Hepatitis B vaccination series (3 Doses).
AND
HBsAb (Anti –HBs) Serology report demonstrating immunity taken at least 4-8 weeks
after immunization.

If Serology results above show you are not immune to Hepatitis B, it is mandatory to complete Part B below.

Hepatitis B Repeat Series (PART B)

To be completed if serology results in PART A signify non-immunity

Provide documentation of Dose 1 Repeat Series

Serology may be taken one month after first dose of repeat series to assess immunity if original series was completed more than 6 months before a negative HBsAb serology.

If serology results still demonstrate non-immunity, provide documentation of Dose 2 and Dose 3 of the Repeat Series.

AND

Repeat HBsAb Serology report to demonstrate immunity; taken at least 4-8 weeks after immunization.

MANDATORY Tetanus, Pertussis and Diphtheria Requirements within the PAST TEN YEARS

Provide documentation of tetanus, diphtheria and pertussis vaccine, (e.g. Adacel™ or Boostrix™).

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RECOMMENDED FLU Vaccination within the PAST 12 MONTHS.
If you decline the flu vaccine, there is no guarantee that you will be accommodated for placement during flu season.
Provide documentation of most recent annual flu vaccination.

REQUIRED Polio
MANDATORY if you lived or visited a country in which there has been a recent Polio outbreak. Provide documentation of Primary Series.

B. POLICE RECORD CHECK AND VULNERABLE SECTOR CHECK

A Police Record Check (PRC) will determine if you were charged and convicted of a crime. A Vulnerable Sector Check (VSC) will determine if you have a record or suspension (pardon) for offenses related to a vulnerable population. A vulnerable person is defined as a person (child or adult) who, because of their age, disability, or other circumstances, whether temporary or permanent, are (a) in a position of dependence on others or (b) are otherwise at a greater risk than the general population of being harmed by a person in a position or authority or trust relative to them.

WOC-EP students will provide both a PRC and a VSC.

A PRC and VSC are valid for 12 months. If you have not completed all your preceptorships with 12 months or if the placement site requires an updated check within 6 months, you must sign a waiver provided by your Placement Coordinator.
A PRC and VSC are available from the RCMP, Provincial and Local Police Department.
At some placement locations, students must submit a letter of good standing. This is available from WOCI's Professional Assistant. Please contact ssarda@wocinstitute.ca
Students requesting a PRC and VSC from the Toronto Police Department require a special

form. This is available from your Placement Coordinator.

Please contact vwallace@wocinstitute.ca or ndenis@wocinstitute.ca

You are responsible for the cost of the PRC/VSC.

C. CARDIOPULMUNARY RESUCITATION

You must provide a certificate showing you have completed the Cardiopulmonary Resuscitation [CPR] training within the past 24 months. If the certificate expires during your studies, you are responsible to provide an updated certificate upon request.

D. MASK-FIT TESTING

You must provide a certificate showing a completed Mask-Fit Testing within the past 24 months. If the certificate expires during your studies, you are responsible to provide an updated certificate upon request.

PLACEMENT APPROVAL PROCESS

Your Placement Coordinator must approve ALL placements before the start date.
Placements may take 3 months or more to finalize. Delayed pre-requisites will restrict you from completing your placements in a timely fashion.

The recommended preceptorship dates for each session are in your course schedule however, the preceptorship timelines are flexible. The WOC-EP allows 2 calendar years [24 months] from your start date to complete all program requirements – theory and preceptorship. However, you must communicate any plans to defer a preceptorship to your Placement Coordinator at least 1 week before the end of that clinical course.

We strongly recommend that you attend the preceptorship information sessions at the start of the program and each course.

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You should select your placement preceptors for the entire WOC program in the first few weeks of your Ostomy studies and submit your plan to your Placement Coordinator. Dates can be flexible and/or changed as you progress through the program, but if placements and affiliation agreements are arranged well in advance, most delays and disappointments can be avoided.

Appropriate Preceptors by Course

Ostomy

Appropriate preceptors for the **Ostomy Management** course are NSWOCs who have an ostomy component in their practice. Consideration may be given to spending one to two days in the operating room viewing an ostomy related surgery and/or one to two days in a GI Unit viewing procedures and/or one day with a supplier/distributor of ostomy related products.

Continence

Appropriate preceptors for the Continence Management course are NSWOCs who have a continence component in their practice, Nurse Continence Advisors (NCA) or Physiotherapists who specialize in pelvic floor rehabilitation. Consideration may be given to spending one to two days in the operating room viewing continence related surgery and/or one to two days in the urodynamics lab or specialized urology clinic viewing procedures and/or one day with a supplier/distributor of continence related product.

Wound

Appropriate preceptors for the **Wound Management** course are NSWOCs who have a wound component in their practice, Advanced Practice Nurses or Clinical Nurse Specialists whose focus is wound care and who have advanced education in this area, Physicians who specialize in wound care (e.g. dermatologists, plastic surgeons, vascular surgeons). Consideration may be given to spending one to two days in the operating room viewing wound related surgery and/or one to two days day in a vascular lab or specialized wound related clinic viewing procedures and/or one to two days in a specialized chiropody clinic and/or one day with a supplier/distributor of wound related product.

Student Responsibilities

The student is responsible to:

- Find an appropriate Preceptor. Preceptors are volunteer Clinical Faculty and do not receive compensation from the WOC Institute. In view of this the WOC Institute cannot guarantee their availability at any specific time. The process of approval requires contact with the Preceptor Manager and the completion of application paperwork.
- Develop a preceptorship plan based upon individual identified learning needs.
- Meet the requirements of the preceptor's practice facility.

The Student Will:

- Arrange to be available for the dates and times arranged for the preceptorship.
- Assume all costs associated with the preceptorship.
- Communicate the names & dates to the Preceptor Manager.
- Arrive **on time** and prepared for the clinical day, if the student is late they may be sent home and will have to make up the time lost.

Dress Code

Students will dress in an appropriate and professional manner.

Students are expected to verify site specific dress code with preceptors prior to starting preceptorship.

Yoga pants, jeans, sweat pants, short shorts are NOT appropriate attire. If the student arrives inappropriately dressed they may be sent home and will have to make up any time lost.

Students must wear their WOC-EP name tag at all times during clinical preceptorships.

Students are discouraged from wearing excessive jewelry.

Cost of Preceptorship

The course tuition fee does NOT cover any costs associated with the preceptorship. Students are responsible to ensure that all preceptorship fees are paid in full. The cost varies and is determined by the clinical setting and the availability of an approved preceptor.

The WOC Institute makes no guarantee of a preceptor being available in the student's geographical area. Students may have to travel outside their geographical area and are responsible for all costs associated with the preceptorship. Inability to travel outside their own geographical area may be grounds for inadmissibility to the WOC-EP.

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Additional Requirements of the Preceptorship

The Preceptor Manager will assist the student with the negotiation of the contract with the clinical setting(s). However, the clinical setting(s) may have additional requirements such as proof of nursing registration, extra malpractice insurance, evidence of recent criminal screening and current immunizations. These requirements are not within the jurisdiction or control of the WOC Institute and students are advised to check for these requirements carefully so as not to lose their eligibility for placement. The clinical setting has the right to terminate the preceptorship for any reason.

Insurance

The WOC Institute provides liability insurance for students. The Preceptor Manager, upon request from the facility or student, will provide proof of insurance.

Workplace Safety and Insurance Board

As a not-for-profit organization located in Ontario, NSWOCC and the WOC Institute can offer WSIB coverage for the province of Ontario only. Students from outside of Ontario must provide their own WSIB coverage and sign a waiver exempting the NSWOCC and the WOC Institute from any liability related to workplace safety.

Exemption from Clinical Preceptorship

There are limited and specific situations in which a student is exempt from clinical preceptorship. Please see Recognition of Prior learning requirements (Appendix D).

Clinical Preceptorship Evaluation, Grading and Extensions

The clinical preceptorship is compulsory. There are no exceptions to this rule. The preceptor evaluates the student's integration of knowledge into practice and the student's clinical performance during the clinical preceptorship. The clinical evaluation form will be completed by the preceptor in consultation with the student and submitted online by the preceptor. It is the student's responsibility to ensure this is done in a timely fashion, as failure to receive this evaluation will impact the timeliness of course completion and the posting of grades. The Preceptor Manager uses this evaluation to calculate a mark out of 100. This grade contributes a percentage to the final academic mark.

Extension or Deferrals of the Clinical Preceptorship

In some instances, students may request to extend or defer the clinical preceptorship. The student must contact the Preceptor Manager at least 1 week prior to the end of the session / course to make the request. Failing to contact the Preceptor Manager to make prior arrangements for an extension or postponement before the end of the session / course will result in failure to complete the course. Students who fail a course have the option to redo the course. The student will be required to redo all elements of the course and repay the fee. The student will need to confirm their intent to redo the course 4 weeks before the start date of the course.

Failure of the Clinical Preceptorship

Should the clinical evaluation submitted by the preceptor(s) be less than 70% the student may be required to spend an additional amount of supervised clinical time or repeat the entire clinical experience with another preceptor. This decision is at the sole discretion of the Preceptor Manager in consultation with the WOC Institute Chair.

Students who fail the preceptorship have the option to redo the preceptorship. The student will be required to redo all elements of the preceptorship and repay preceptorship fees. The clinical preceptorship is MANDATORY and students must PASS the preceptorship in order to pass the course even if they obtain greater than 70% in the course.

If the student fails the preceptorship a second time, the student must repeat the entire course. The student will be required to redo all elements of the course and repay the tuition fee. The student will need to confirm their intent to redo the course and pay applicable tuition 4 weeks before the start date of the course. Readmission to a course is not guaranteed. If the course is full, the student will be notified of the next possible opening. If they are unable to complete the program within two years they will not graduate and will need to reapply to the program.

Clinical Journal

The student will complete a clinical journal that will be evaluated by the Preceptor Manager or delegate. Each clinical journal is graded out of 100. This grade contributes a percentage to the final academic mark. Pass mark is 70%.

Length and Format of Clinical Journal

Students are required to adhere to the clinical journal guidelines. The clinical journal has 2 sections. The first section is a summary of clinical activities and must be completed using the legend provided. The second section is a personal reflection and students must respect the WOC Institute's style, length and table format. A personal reflection that is found to be in variance to the requested format or 10% longer than the guidelines will not be marked and will be returned to the student. The student will be allowed one week to resubmit the Clinical Journal. If not resubmitted within one week the student will be given 0% on the Clinical Journal mark.

Extensions for Submitting the Clinical Journal

The date for submission of the Clinical Journal is 2 weeks after the completion of the preceptorship. In extenuating situations, an extension may be granted. Since each student will have a variable schedule depending on the preceptorship dates, the student should contact the Preceptor Manager at least one (1) week before the end of the preceptorship to negotiate an extension. Last minute extensions are rarely granted other than in exceptional circumstances.

Delay in Submitting Clinical Journals

For unauthorized delays in submitting a Clinical Journal, the student will receive a 10% penalty deduction for each day late up to 120 hours (5 days). After 120 hours, the grade will automatically be 0% and the student will be in the position of having failed the Clinical Journal. See "Failure of a Clinical Journal" below.

Failure to Submit a Clinical Journal

The failure to submit a Clinical Journal or make pre-arrangements for an extension will result in automatic failure of the clinical journal. Students MUST submit a clinical journal in order to pass the preceptorship portion of their course.

Failure of a Clinical Journal

If a student fails to achieve a 70% on the clinical journal they will have the opportunity to complete a second journal but will only be awarded a maximum of 70% for a rewrite. Students may fail the clinical journal and still pass the course if their total preceptorship grade is greater than 70% including the journal mark.

Grievance

Purpose

To outline the grievance process.

Students may formally grieve marks, penalties or other academic or clinical occurrences. Every effort will be made to resolve the grievance to the satisfaction of both parties.

Process

Step 1

The student must discuss the issue with the Academic Advisor or Preceptor Manager.

Step 2

If the grievance is not resolved, the student may submit the grievance in writing to the WOC Institute Chair. A clear description of the grievance and of all the attempts to resolve it is required. The WOC Institute Chair will review the student's case with the Academic Advisor or Preceptor Manager.

Step 3

If the WOC Institute Chair cannot resolve the grievance, the student may ask the WOC Institute Chair to submit the complaint, in writing, to the WOC Institute Grievance Committee. This committee will not review the complaint unless the previous two (2) steps have been followed. The decision of the Grievance Committee is final. The chair of the committee will submit the decision in writing to the WOC Institute Chair. The Chair will inform the student of the decision.

The WOC Institute Grievance Committee is comprised of three NSWOCC board members, the NSWOCC Executive Director and an independent healthcare professional with experience in adult education at the university level who is exterior to the NSWOCC and WOC Institute.

(July 2019)

Dismissal from the Program

Purpose

To identify situations that will result in dismissal from the program

A student may be dismissed from the program if the student:

- Does not abide by the rules of conduct established by the program
- Does not meet the academic expectations of the program
- Does not meet the clinical expectations of the program
- Fails to complete the program within the established time frames (2 years from start date)
- Is unable to provide proof of Nursing Licensure.

A student may only fail and repeat one course (ostomy, continence or wound). If they fail more than one course they will be dismissed from the program. They will need to reapply to the program and no credit will be given for work previously completed.

If a student is to be dismissed from the program, they will receive a letter from the WOC Institute Chair outlining the reasons.

A student dismissed from the program will not receive a certificate of completion or refund. The official transcript will reflect the dismissal from the program.

Withdrawal from the Program

Purpose

To outline the process for withdrawal from the program

A student in good standing who withdraws from the program may re-apply within two (2) calendar years from the original admission date and receive credit for completed courses of the program. Students must reapply into the program.

Students are expected to complete the program within two (2) calendar years from their original start date. Course semesters are approximately thirteen (13) to sixteen (16) weeks.

A student in good standing may withdraw from a course but will have to redo the entire course and repay the tuition fees for the course. Students must advise the WOC Institute's administration and the Academic Advisor of this decision. They must also confirm their intent to enroll and pay all course fees in the next course 4 weeks before the start date of the course.

Space in courses is limited and there is no guarantee that space will be available in the next available course. Students are encouraged to apply early if they are repeating or deferring a course.

(July 2019)

Refunds

Purpose

To outline the process for refunds

Refunds Before the Program Starts

Written notification of intent to withdraw must be received by the WOC Institute Administrator (email: registrar@wocinstitute.ca) at least fifteen (15) working days prior to the start of the program or course.

The WOC Institute will retain a $300.00 administrative fee from the course tuition fees and refund the balance ($1200) **excluding cost of text books**.

If written (email: registrar@wocinstitute.ca) notification of withdrawal is received less than 15 work days before the commencement of any course, there will be NO refunds.

Refunds after the Program Starts

NO refunds will be issued after the program starts

(July 2019)

Recognition of Prior Learning

Purpose

To outline the process and requirements for recognition of prior learning.

The WOC Institute recognizes that education at the level of the NSWOC graduate can occur outside of the WOC-EP. Recognition of prior learning (RPL) is a prescribed process wherein a student accepted into the WOC-EP, who has an extensive theoretical and clinical background prior to starting the program, can demonstrate that they have already achieved advanced beginner level consistent with completion of a WOC-EP course (Ostomy, Continence or Wound). It is a rigorous assessment. If successful in demonstrating that this level of learning has been achieved outside of the WOC-EP, the applicant will be given credit for this learning, in the theoretical and/or clinical portion of the course.

For further information regarding the Recognition of Prior Learning process please contact the WOC Institute Chair chair@caetacademy.ca .

Recognition of Prior Learning

Students must apply for RPL prior to starting the WOC-EP. Students must apply and be accepted into the WOC-EP and pay all applicable fees prior to file review. A fee of **$250 per course** being challenged must be paid prior to file review. Students who obtain RPL will NOT be eligible for educational awards.

Students who achieve RPL for the theory portion of the course and not the clinical component must complete a clinical preceptorship and **an additional fee of $250 per course will be applied**. Students wishing to apply for recognition of prior learning must meet the pre-determined criteria See Appendix D.

Recognition of prior Learning Criteria:
All individuals wishing to challenge for RPL in any WOC-EP course must submit a **current resume** which includes relevant clinical experience, publications, presentations at conferences and any other leadership activities.

(July 2019)

Letters of Reference

Purpose

To outline the WOC-Institute's position on providing references for students.

Preamble

The WOC-Institute does not provide references for students.

Academic information can be obtained by the student in the form of transcripts. Students requesting transcripts post-graduation must do so in writing, including student number and year of graduation to the WOC Institute administration admin@caetacademy.ca.

(July 2019)

Student Responsibility for Personal Information

Purpose

To outline the student's responsibility in relation to their demographic and personal information.

Preamble

It is the student's responsibility to ensure that information provided to the WOC-Institute is up to date, legible and accurate. Address or name changes must be made as soon as possible. The WOC-Institute takes no responsibility for lost, stolen or otherwise delayed documents or correspondence due to incomplete or inaccurate information provided by the student or delegate.

(July 2019)

Appendix A

Admissions Rubric

Student Name:						
Element	**0**	**1**	**2**	**3**	**4**	**5**
1. References						
Appropriate References						
2. References: Scoring by referees						
0= No basis for judgment 1= Below Average 2= Average 3= Good (above average) 4= Excellent top 10% 5= Best Known top 5%						
Academic Potential						
Writing Skills						
Computer and technology						
Leadership						
Judgement						
Ability to work independently						
Adaptability						
Interpersonal relationships						
Rapport with patients/clients/residents						
Oral communicational and presentation skills						

Overall rating						
Total Score						
3. GPA (Grade Point Average) 0= < 2.00 1= 2.00 - 2.50 2= 2.51 - 3.00 3= 3.01 - 3.40 4= 3.41 - 3.70 5= 3.71 - 4.00						
4. University Educational Background / Level 0= none provided 1= Bachelors, unrelated to nursing 2= Bachelors of nursing 3= Masters, unrelated to nursing 4= Masters of nursing 5= Doctorate (any)						
5. Ostomy, Continence, Wound-related continuing education 0= None 1= Industry sponsored 2= Facility based in-services 3= Conferences 4= Certificate based programs 5= University based programs (IIWCC, Masters of Wound Healing Western etc)						
6. Professional Memberships/Certifications in other practice areas 0= None 1= Non- Ostomy, Continence, Wound-related memberships 2= Ostomy, Continence, Wound-related memberships; local level 3= Ostomy, Continence, Wound-related memberships; provincial level						

4= Ostomy, Continence, Wound-related memberships; national level 5= Non- Ostomy, Continence, Wound-related certifications						
7. Volunteer Work-related to Ostomy, Continence, Wound 0= None 1= Non- Ostomy, Continence, Wound-related volunteer work 2= Ostomy, Continence, Wound-related volunteer work; local level 3= Ostomy, Continence, Wound-related volunteer work; provincial level 4= Ostomy, Continence, Wound-related volunteer work; national level 5= Ostomy, Continence, Wound-related volunteer work; international level						
8. Publications 0= None 1= Non- Ostomy, Continence, Wound-related publications; non-peer reviewed 2= Ostomy, Continence, Wound-related publications; non-peer reviewed 3= Ostomy, Continence, Wound-related publications; peer reviewed (1 - 3 publications) 4= Ostomy, Continence, Wound-related publications; peer reviewed (4 - 6 publications) 5= Ostomy, Continence, Wound-related publications; peer reviewed (> 6 publications)						
9. Conference Presentations (pick highest applicable level) 0= None 1= Non- Ostomy, Continence, Wound-related conference presentations 2= Ostomy, Continence, Wound-related conference presentations; local level						

3= Ostomy, Continence, Wound-related conference presentations; provincial 4= Ostomy, Continence, Wound-related conference presentations; national 5= Any conference presentation; international						
10. Awards and Recognitions 0= None 1= Industry sponsored 2= Facility-based / Local 3= University 4= Other Competitive Awards (e.g. Ostomy Canada, RNAO, Research Grants) 5= International						
11. Supplemental Questionnaire 0= Poor 1= Below Average 2= Average 3= Good (above average) 4= Excellent 5= Highest						
12. Demonstrated leadership in Ostomy, Continence, Wound (derived from resume) 0= Poor 1= Below Average 2= Average 3= Good (above average) 4= Excellent 5= Highest						
13. Relevant work experience with Ostomy, Continence, Wound (derived from resume) 0= Poor 1= Below Average 2= Average 3= Good (above average)						

4= Excellent 5= Highest						
14. Letter of confirmation ETN job offer						
0= None 1 = Yes						
15. Language proficiency (English or French)						
0 = Neither 1 = Either 2 = Both						
Overall Impression:						
Recommendation:	**High priority**		**Average priority**		**Decline**	
Completed by:	**Date:**					

Appendix B

Preclinical Placement Requirements

Preclinical Placement Requirements for WOC-EP Students

This document outlines immunization and other occupational health requirements that WOC-EP students need before they begin any clinical placement in a health care facility through the course of the program.

The medical literature documents the potential for health care workers to acquire infections, both in and outside the workplace, and for them to transmit infection to patients, co-workers, and family members.[7,8 ,9, 10] These infections may be spread through the airborne route (e.g. tuberculosis, varicella, measles), droplets (e.g. respiratory syncytial virus, influenza, rubella, pertussis), contact (e.g. hepatitis A, group A streptococcus), and mucosal or percutaneous exposure (e.g. hepatitis B and C, HIV).[11] The majority of these vaccine preventable infections may be transmitted from person-to-person. With that in mind, both the Steering Committee on Infection Control Guidelines and the National Advisory Committee on Immunization have provided recommendations for health care worker immunization.[12]

The following forms (WOC-EP Student Immunization Record and Mandatory Tuberculosis Skin Test) are to be completed by a health care professional (physician, nurse practitioner, public health nurse or pharmacist) prior to commencement of clinical learning experiences (WOC-EP preceptorship). It is advised that all immunizations be up-to-date before starting the program as some immunization schedules take several months to complete. Please read the form carefully as there are different documentation requirements for some of the diseases. Students will be required to comply with all requests for documentation. Students must present the completed forms to the WOC-EP administrative assistant prior to starting the program. It is the student's responsibility to ensure that throughout the program records are kept up to date.

Please see below the list of immunization requirements for WOC-EP students. Please have a health care professional (physician, nurse practitioner, public health nurse or pharmacist) complete the

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6 Health Canada. Prevention and control of occupational infections in health care. CCDR 2002; 28S1.

7 Sepkowitz K.A. Occupationally acquired infections in health care workers. Part 1. Ann Intern Med 1996; 125:826-34.

8 Sepkowitz K.A. Occupationally acquired infections in health care workers. Part II. Ann Intern Med 1996; 125:917-28.

9 Patterson W.B., Craven D.E., Schwartz D.A., Nardell E.A., Kasmer J., Noble J. Occupation hazards to hospital personnel. Ann Intern Med 1985;102:658-80.

10 Health Canada. Routine practices and additional precautions for preventing the transmission of infection in health care.CCDR 1999; 25S4.

11 Health Canada. Canadian Immunization Guide. https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html and https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html

form indicating your **present** immunization status. Please double check that the form is fully complete prior to submitting to the WOC-EP administrative assistant.

Failure to complete this form will delay entrance into preceptorships and possible delay your completion of the program. Students may NOT enter clinical preceptorship without completion of this form. Students are responsible for the costs of vaccines, TB and blood tests, if applicable.

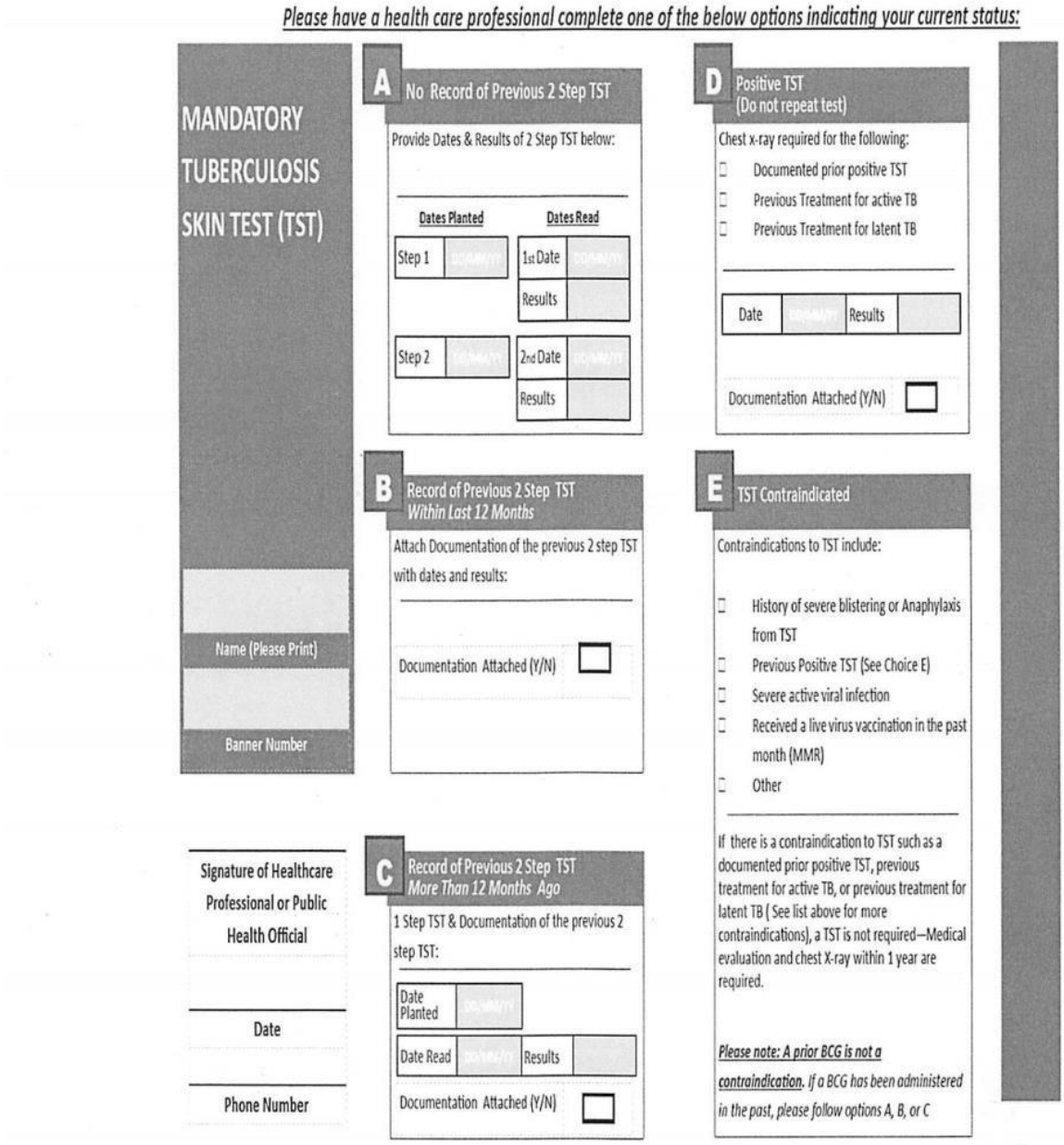
First Name (please type or print)	**Last Name (please type or print)**
Date of Birth	
DD/MM/YY	
MANDATORY MMR Requirements *Please note the mandatory 2-step TB skin test should be done 4-6 weeks before/after the administration of an MMR.*	
Documentation record of <u>two</u> MMR vaccinations at least one month apart OR	DD/MM/YY DD/MM/YY
If you are unable to document 2 MMR vaccinations a booster is required	DD/MM/YY
MANDATORY Varicella (Chicken Pox/Shingles) Requirements	
Documented history of Varicella (Chicken Pox/ Shingles)? OR If history is uncertain, attach serology report demonstrating immunity to naturally acquired Varicella. Please do not order serology if student is vaccinated or will be vaccinated.	☐ ☐
Documented record of two doses of Varicella vaccination given at least one month apart. Please do not order serology after vaccination.	DD/MM/YY DD/MM/YY
MANDATORY Tetanus, Pertussis and Diphtheria Requirements	
Documentation of dose of tetanus, diphtheria and pertussis vaccine, administered within the PAST TEN YEARS (e.g. Adacel™ or Boostrix™). Please provide a booster if needed.	DD/MM/YY
MANDATORY Hepatitis B Requirements (PART A)	
Documentation of Hepatitis B vaccination series (3 Doses) AND	DD/MM/YY DD/MM/YY DD/MM/YY
HBsAb (Anti –HBs) Bloodwork Titre Level Result -taken at least 4-8 weeks after immunization. (Please attach copy of Serology lab report results)	Results DD/MM/YY
If titre results above show you are not immune to Hepatitis B, it is mandatory to complete Part B (see below	

Hepatitis B Repeat Series (PART B) **To be completed if tire results in PART A signify non-immunity**	
Dose of 1 Repeat Series	DD/MM/YY
Serology may be taken one month after first dose of repeat series to assess immunity if original series was completed more than 6 months prior to a negative HBsAb test.	
Dose of 2 Repeat Series	DD/MM/YY
Dose of 3 Repeat Series	DD/MM/YY
Repeat HBsAb (Anti –HBs) Bloodwork Titre Level Result – taken at least 4-8 weeks after immunization. (Please attach copy of Serology lab results)	Results DD/MM/YY

RECOMMENDED Annual FLU Vaccination	
Date of most recent annual flu vaccination	DD/MM/YY
Polio **MANDATORY if lived/ visited a country in which there has been a recent Polio outbreak.**	
Documentation of Primary Series	DD/MM/YY

Name of Healthcare Professional or Public Health Official	Phone Number
Signature	DD/MM/YY Date

(July 2019)



https://cdn.dal.ca/content/dam/dalhousie/pdf/healthprofessions/School%20of%20Nursing/Clinical/Immunization%20Form%20Updated%202018.pdf

(July 2019)

Appendix C: Application to Graduate

You may have completed your studies, but you will still have to make a formal application to graduate. On this page you will find instructions on how to successfully complete the Application to Graduate (A2G) process. ***It is important to follow each step listed in order on this page.*** Completion of an Application to Graduate does **not** guarantee the awarding of a diploma / certificate.

*** New*** Starting with COHORT 25. In order to graduate students must provide proof of registration for the Canadian Nurses Association (CNA) Wound, Ostomy and Continence (WOCC(C)) certification exam.

All applications are subject to academic review by the faculty or school, and approval by the WOC-EP Chair.

In order to attend the convocation graduates must register for the NSWOCC conference. Full conference or one-day Saturday registration is required. A student/new graduate discount will apply. Graduates may purchase additional banquet tickets if they would like family members to attend the banquet/convocation.

Step 1: Application to graduate application window: Students will email their completed form **no later than March 1, 2019** to the WOC Institute's Executive Assistant at admin@caetacademy.ca.

Step 2: To successfully apply for graduation, you will need to have met all of the academic requirements for the program.

If you require assistance in meeting these requirements, you will need to speak to the WOC Institute's Executive Assistant Suzanne Sarda (admin@caetacademy.ca) or WOC Institute's Chair Kimberly LeBlanc (chair@nswoc.ca).

(July 2019)

Once you are confident that you have, or will (by May 1, 2019), satisfy the requirements for the diploma/certificate you wish to receive, you can begin the Application to Graduate process.

Step 3: Students will complete and sign the "Application to Graduate" form. Ensure that your name is spelt EXACTLY how you want it to appear on your graduation diploma/certificate.

Step 4: Students will email their completed form and indicate if they will attend convocation **no later than March 1, 2019** to the WOC Institute's Executive Assistant at admin@caetacademy.ca. Convocation will take place Saturday evening, May 25, 2019 at our annual NSWOCC conference in Gatineau, Québec.

Step 5: If you are on the final convocation list, and selected 'mail diploma' when you applied to graduate, your diploma will be shipped to your primary address as listed with the **WOC Institute three to four weeks after your ceremony**.

Please ensure your address is up-to-date (including your phone number as this is a mailing requirement).

Important Notice: As per the WOC Institutes policy on Student Debtors; **if you have an outstanding debt to the WOC Institute or NSWOCC your diploma/Certificate will not be printed**. Once you clear your debt, you may contact the WOC Institute's Executive Assistant at admin@caetacademy.ca to request to have it printed.

See the Application to Graduate (APG) form below

Application to Graduate (APG)

Name EXACTLY as you would like to it to appear on your diploma / certificate

First Name:
Family Name:
Student ID #:
Mailing Address:
City, Province:
Postal Code:
Telephone #:
Email Address:
Will you be attending convocation on May 25, 2019? Yes No
Signature: Date:

*** In order to attend the convocation graduates must register for the NSWOCC conference. Full conference or one-day Saturday registration is required. A student/new graduate discount will apply. Graduates may purchase additional banquet tickets if they would like family members to attend the banquet/convocation.

Please note, this application form will not be considered complete until you have received a confirmation email from the Executive Assistant.

Please send proof of registration for the CNA Certification Exam with the letter of intent.

(July 2019)

Appendix D

Recognition of Prior Learning

Wound Care

1.1 Didactic Wound Course:

Didactic Wound Course:

RPL could be given for the THEORETICAL portion of a course to those who have completed one of the programs listed below. Other national or international wound care programs may be considered if the student is able to demonstrate that the key NSWOC competencies and learning objectives were met in the program.

Transcripts from the program completed as well as two letters of recommendation from an instructor from their program of study and a work colleague in a direct supervisory role are required. **If successful, students would be given credit for the didactic portion of the WOC-EP Wound Course, however they would be required to complete the preceptorship program.**

1. Master of Clinical Science in Wound Healing, Western University (MClSc-WH)
2. International Interprofessional Wound Care Course (IIWCC–CAN) (IIWCC modules must be marked at the master's level)
3. Masters in Community Health Wound Prevention and Care University of Toronto Faculty of Public Health
4. Wound Management Grant McEwan Edmonton, Alberta
5. Quebec Post-Graduate Program Université de Sherbrooke

1.2 Preceptorship Wound Course:

To challenge the preceptorship the student must:

1. Provide proof from their employer that they are currently working in a wound care specialty position and have done so for a minimum of 2 years full time or 3 years part time (over the past 3 years).
2. Have a support letter and a clinical evaluation checklist (see below) completed independently by a referee such as an advanced practice wound care specialist and/or a physician specializing in wound care (example: dermatology, vascular surgeon etc) (see check list below). This support letter and evaluation should be completed and sent directly to the WOC-Institute administration by the advanced practice wound care specialist.
3. Provide two letters of recommendation sent directly to the WOC-Institute administration, from an instructor from their program of study related to wound care and a work colleague in a direct supervisory role are required. This letter should attest that the student has been practicing as an advanced wound care practitioner.
4. Complete the clinical evaluation checklist independently.
5. Submit a **current resume** which includes relevant clinical experience, publications, presentations at conferences, research activities, evidenced commitment to continuing education in wound care and other leadership activities.

Clinical Evaluation Checklist
How to Use the Clinical Evaluation Checklist
This Checklist will be used twice:

1. By the applicant to determine if they are a suitable candidate for the RPL process. and if so it is again used

2. By the Referee(s) to attest to the competency of the applicant.

Checklist Step 1

Read through the checklist completely to get a sense of the breadth of knowledge required.

Checklist Step 2

Work through each learning outcome including the elements of performance and referring to the Likert scale provided rate yourself or your candidate in terms of the level of competency you feel you/they have. For each element of performance place a check in the appropriate column.

Checklist Step 3

To be eligible to apply for RPL for the clinical component of the Wound Management Course individuals must achieve at least a 70% (a score equal to or greater than 486) on the skills check list. Each element of performance is worth 1 mark.

1.2.1 Learning Outcomes Checklist

Elements of Performance Likert Scale					
1 = No experience/ Cannot assess 2 = Beginner 3 = Competent 4 = Advanced 5 = Expert					
Learning Outcome #1					
Discuss the anatomy and physiology of the skin and accessory organs to effectively recognize risk factors for skin breakdown					
Level of Performance – Check One	1	2	3	4	5
1.1 Describe the structure and function of the skin including: The layers of the epidermis, the layers of the dermis and dermal proteins,					
1.2 Describe the structure and function of the skin accessory organs and structures, including: Melanocytes, hair, arrector pili muscle, nails, sebaceous glands, sudoriferous glands, merocrine glands apocrine and eccrine glands.					
1.3 Explain the functions of the skin including: Protection, immunity, thermoregulation, sensation, metabolism and communication					

1.4 Explain the factors that alter the normal characteristics of the skin including: Age, sun,					

hydration, soaps, nutrition, medications and pressure.					
Learning Outcome #2					
Discuss normal wound healing processes to effectively differentiate normal wound healing from abnormal wound healing.					
Level of Performance – Check One	1	2	3	4	5
2.1 Explain the process and function of the five phases of the normal wound healing process and identify cells and substances active during each phase including: Hemostasis, inflammation, granulation, epithelialization and maturation.					
2.2 Differentiate partial thickness wounds from full thickness wounds in terms of tissue damage and destruction.					
2.3 Describe healing differences between partial and full thickness wounds including: Epidermal and dermal repair.					
2.4 Explain the difference between acute and a chronic wounds including: The healing trajectory, cellular components, scarring, requirements for healing, intrinsic and extrinsic wound healing factors, risk of infection, wound bed characteristics and bioburden.					
2.5 Describe the cellular components (cells and substances) and their activities in a wound during the healing process including: Platelets, endothelial cells, macrophages, fibroblasts, neutrophils, leukocytes, T lymphocytes, proteases (MMPS and TIMPS), keratinocytes, growth factors, collagen, extracellular matrix, proteases, cytokines,					
2.6 Explain the function of chemical, environmental and molecular wound healing mediators including: Nitric oxide, calcium, extra cellular matrix, pH, regulatory substances, cell receptors and cell activation mechanisms.					
Learning Outcome #3					
Explain how to conduct a skin assessment to differentiate normal from abnormal presentations, in the person at risk for, or living with, skin breakdown.					
Level of Performance – Check One	1	2	3	4	5

3.1 Describe the components of a skin assessment including: Integrity, colour, pigmentation, moisture, temperature, olfaction, mobility, texture, turgor, lesions, injury, xerosis, nails and hair.					
3.2 Describe primary and secondary skin lesions including: Location, shape, arrangement, and borders/margins and associated changes within the lesion that are remarkable.					
3.3 Discuss trauma to the skin including: Intrinsic diseases, maceration, pressure, shear, friction, stripping, tearing, lacerations, chemical, allergic, infectious, inflammatory and vascular damage.					
3.4 Discuss interventions to optimize the integumentary environment to maintain skin integrity including: Strategies to prevent moisture damage, chemical damage and burns.					
3.5 Discuss the constituents of, indications for the use and application of skin products including: Moisturizers, emollients, hydrators, creams, no-rinse cleansers and protective barriers.					
Learning Outcome #4					
Explain the process used to complete a comprehensive patient assessment using a variety of assessment tools to provide the basis for appropriate therapeutic regimens.					
Level of Performance – Check One	1	2	3	4	5
4.1 Explain the importance of the key historical data collected during a patient assessment including: The reason for the assessment, patient's cultural, medical, nutritional, psychological and social history.					
4.2 Explain the importance of systems assessments made during the patient assessment including: Respiratory system, cardiovascular system, gastrointestinal system, genitourinary system, peripheral vascular system, neurologic system, musculoskeletal system, hematologic system and endocrine system.					
4.3 Discuss the impact of medications on wound management including: Vasodilators, rheologic agents, immunosuppressants, diuretics,					

anticoagulation therapy, antiplatelet therapy, herbal / naturopathic agents, analgesics and diuretics.					
4.4 Interpret laboratory tests including: Hemoglobin, hematocrit, cholesterol, triglycerides, homocysteine, prothrombin times, International Normalized Ratio (INR) if taking Warfarin.					
4.5 Describe the components of a nutritional assessment including: Weight, height, body mass index, mid arm muscle circumference, skin fold measurements and head circumference.					
4.6 Explain the importance of macro and micro nutrients in wound healing including: Fat, Protein, Carbohydrates, Vitamin A, Vitamin B, Vitamin C, Vitamin D, Vitamin E, Vitamin K, Copper, Zinc, Magnesium, Iron and Calcium.					
4.7 Describe the accommodations that must be made when managing the morbidly obese person including: Surgical considerations, transportation, equipment, dietary and health professional human resources.					
4.8 Discuss Quality of Life measurements and why they are important to the patient with skin breakdown including: Pain, cost of care, disfigurement, loss of income and time for treatment.					
Learning Outcome #5					
Explain the process used to complete a compressive lower limb assessment (legs and feet) to differentiate lower limb pathologies.					
Level of Performance – Check One	1	2	3	4	5
5.1 Explain the significance of the elements of the bilateral limb assessment including: Skin assessment, hemosiderin staining, lipodermatosclerosis, woody fibrosis, inverted bottle shaped limb, ankle flare and dermatitis, elevational pallor, dependent rubor, venous filling time, capillary refill time, auscultation for bruits, assessment of pulses, Ankle Brachial Pressure Index, Toe Brachial Pressure Index, segmental and digital plethysmography, CT Scan, transcutaneous oxygen pressure measurements ($TcPO_2$), magnetic resonance					

imaging, Duplex ultrasound, MRI, contrast catheter angiography, arterial imaging and venous imaging.					
5.2 Explain the significance of the Ankle Brachial Pressure Index					
5.3 Demonstrate the ability to conduct an ABPI.					
5.4 Explain the significance of the Toe Pressure Test					
5.5 Demonstrate the ability to conduct a Toe Pressure Test (ABPI).					
5.6 Demonstrate the ability to complete a focused VLU patient assessment.					
Learning Outcome #6					
Describe how to effectively manage edema to promote patient comfort and symptom management.					
Level of Performance – Check One	1	2	3	4	5
6.1 Explain the pathophysiology and significance of edema including: Types of edema including Lymphedema, Lipidema, obesity related edema, ascites, oncology related edema, brawny edema, location, measurement, evidence or absence of pitting, Stemmer's sign, capillary permeability, blockage of lymphatic drainage, symmetry of edema, effect of medications on edema, evidence of infection.					
6.2 Describe the anatomy and physiology of the lymphatic system including: Lymphatic fluid constituents, lymph transport and lymph node function.					
6.3 Explain the etiology of edema including: Specific conditions, abnormal lymphatic structures (congenital), surgery, bacterial, radiation and trauma.					
6.4 Review the classification of Lymphedema based on causality including: Primary: Congenital and Praecox. Secondary: Filariasis, lymph node excision, tumor invasion, infection trauma or others.					
6.5 Describe the stages of Lymphedema including: The manifestations of each of the 3 stages.					
6.6 Discuss the diagnostic tests used for Lymphedema including: Observation for changes in edema texture (non pitting to pitting), colour changes and fibrotic changes, lymphoscintigraphy and other imaging studies.					

6.7 Describe the presentation of edema including: Consistency, distribution, effect of elevation, bilateralism, pain and skin condition.					
6.8 Distinguish Lymphedema from Lipidema including: Etiology, presentation and management.					
6.9 Discuss the nursing management of Lymphedema including: The role of the Lymphedema specialist, manual lymphatic drainage, compression wraps and garments, compression pumps, skin care, surgery, medications and exercise.					
Learning Outcome #7					
Explain how to complete a comprehensive wound assessment using a variety of assessment tools to determine appropriate therapeutic regimens.					
Level of Performance – Check One	1	2	3	4	5
7.1 Explain the purposes of wound assessment including: Etiology, wound severity, wound status, healability, establishing a wound progression baseline, care planning and the monitoring of wound changes over time.					
7.2 Describe the significance of the elements of a comprehensive wound assessment tool including: Location, wound age, wound size, wound stage or tissue depth, presence of undermining or tunneling, presence of necrotic tissue, presence of swelling, presence of inflammation, presence of peri wound inflammation, crepitus, friability of tissues, absence of granulation, absence of an advancing edge, absence of epithelialization, exudate quality and quantity, maceration and characteristics of adjacent tissues.					
7.3 Differentiate wound assessment tools including: The Pressure Sore Status Tool, the Bates Jensen Wound Assessment Tool, the Sussman Wound Healing Tool, the Asepsis Incision Assessment Tool, the Photographic Wound Assessment Tool and the Leg Ulcer Measurement Tool.					
7.4 Explain wound measurement methods including: Linear, volumetric, photography, planimetry, tracings, wound molds, fluid instillation, structured light and computer based measurement systems.					
7.5 Describe wound classification systems including: The National Pressure Advisory Panel Staging					

System (NPUAP), Wagner system for staging Diabetic Foot Ulcers, The University of Texas Treatment Based Diabetic Foot Classification System and classification by colour.					
7.6 Explain why reverse staging is incorrect when using the NPUAP Staging System.					
Learning Outcome #8					
Describe how to recognize increased bacterial burden and infection in wounds to recognize symptoms early in the wound management.					
Levels of Performance – Check One	1	2	3	4	5
8.1 Explain the concept of increased bacterial bioburden including: Contaminated, colonized, critical colonization and infection.					
8.2 Explain the significance of signs and symptoms of increased bacterial burden/ infection in chronic wounds including: Non healing, bright red granulation tissue, friable granulation tissue, pale granulation tissue, new areas of break down, increased exudate, foul odor.					
8.3 Review the literature on the diagnosis of infection, including: Work by Sibbald and Woo and work by Susan Gardner					
8.4 Explain the clinical significance of inflammation in chronic wounds.					
8.5 Distinguish inflammation from infection.					
8.6 Discuss the significance and presentation of inflammation in patients with Diabetes.					
8.7 Discuss the indicators of infection in ischemic wounds including: Increased pain, edema, necrosis, fluctuance of the periwound tissues, halo of erythema around wound, diminished signs of infection, odor and moisture.					
8.8 Describe wound swabbing and culture techniques including: Levine method, Z Technique, wound lavage and punch biopsy.					
8.9 Describe the pros and cons of wound swabbing in the diagnosis of infection in chronic wounds.					
9.10 Describe the etiology and symptoms of gangrene including: Wet gangrene and dry gangrene.					
8.11 Discuss osteomyelitis in the diabetic foot.					

Learning Outcome #9					
Describe how to effectively manage wound related pain to ensure that patient's pain is controlled to their expectations.					
Level of Performance – Check One	1	2	3	4	5
9.1 Explain the physiological elements of pain that impact wound healing including: Vasoconstriction, change in cortisol and epinephrine levels, cytokine levels, inflammatory mediators and immune system function.					
9.2 Describe the differences between types of wound pain including: Nociceptive, somatic, visceral, referred and cutaneous.					
9.3 Differentiate the types of pain including: Chronic, cyclic, non cyclic, and procedural.					
9.4 Describe non pharmacological interventions to reduce pain including: Positioning, dressings, transcutaneous electrical nerve stimulation, surgery, dressing frequency, dressing removal, applications of cold or warmth, wound cleansing, distraction, hypnosis, reframing, relaxation, visual imagery and biofeedback.					
9.5 Describe pharmacological interventions to manage wound related pain including: Non-narcotic analgesics, the use of adjuvant analgesics, anti-inflammatory analgesics, narcotic analgesics, the World Health Organization analgesic ladder, topical analgesics and nerve block.					
9.6 Describe the elements of a pain assessment including: Pain history, description, exacerbating factors, intensity and character, location, duration and effect on functional capacity.					
9.7 Describe pain assessment scales including: Faces, numeric and analogue scales.					
Learning Objective # 10					
Discuss the principles of wound bed preparation to effectively select dressings and therapies to manage wounds.					
Level of Performance – Check One	1	2	3	4	5
10.1 Discuss the necessary elements required for the body to heal including: Blood supply, hemoglobin, oxygen saturation, albumin.					

10.2 Explain the clinical significance of the paradigm of "wound bed preparation" including: The concepts of treat the cause, patient centered concerns, local wound care, debridement, bacterial balance, infection, inflammation, moisture balance and wound edge effect.					
10.3 Discuss debridement and differentiate the various methods of debridement including: Selective and non-selective methods; surgical, conservative sharps, enzymatic, autolytic, biologic and mechanical.					
10.4 Discuss the pros and cons of various wound cleansing agents including: Sodium hypochlorite, hydrogen peroxide, crystal violet, mercuric chloride, chlorhexidine, acetic acid, povidone iodine, commercial wound cleansers, tap/well water, distilled water and normal saline, showering and bathing with a wound.					
Learning Objective #11					
Describe how to recognize wound management products and therapies by form and function to be able to predict their effect on the wound management.					
Level of Performance – Check One	1	2	3	4	5
11.1 Describe the form and function of a variety of advanced wound care products and therapies including: Films/membranes, non-adherent dressings, adherent dressings, hydrogels, hydrocolloids, calcium alginates, hydrofibres, composite dressings, honey, foams, charcoal, hypertonic dressings and solutions, hydrophilic films, antimicrobials, protease inhibitors, maggots, electrical stimulation, ultraviolet light, laser, hyperbaric oxygen, negative pressure wound therapy, growth factors and skin substitutes,					
11.2 Describe the kinds of dressings and the goals for their use for various wound presentations including: Dry wounds, moist wounds, wet wounds, tunneling wounds, macerated wounds, deep wounds, shallow wounds, undermined wounds, infected wounds, stalled wounds, bleeding wounds, wet necrotic wounds, dry necrotic wounds, ischemic wounds, burns and malignant wounds.					

11.3 Describe the form and function of a variety of advanced wound care products and therapies including: Films/membranes, non-adherent dressings, adherent dressings, hydrogels, hydrocolloids, calcium alginates, hydrofibres, composite dressings, honey, foams, charcoal, hypertonic dressings and solutions, hydrophilic films, antimicrobials, protease inhibitors, maggots, electrical stimulation, ultraviolet light, laser, hyperbaric oxygen, negative pressure wound therapy, growth factors and skin substitutes,					
Learning Objective #12					
Explain how to select the appropriate wound management product or therapy to ensure that wound bed characteristics are handled cost effectively.					
Level of Performance – Check One	1	2	3	4	5
12.1 Discuss the characteristics of the healable, maintenance and non-healable wound for revising management plans as the wound changes, to support wound management goals.					
12.2 Define the healable wound.					
12.3 Define the maintenance wound.					
12.4 Define the non-healable wound.					
12.5 Define the goals of care for the healable, maintenance, and non-healable wound including: Wound bed preparation, Frequency of dressing change, Patient centered concerns and Local wound factors.					
Learning Objective #13					
Explain the elements of care required to effectively manage Lower Extremity Venous Disease (LEVD) and Venous Leg Ulcers (VLU) to promote the prevention and management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
13.1 Discuss the prevalence incidence of VLU in Canadian clinical settings including: Community care, residential care, long term care, nursing homes and acute care.					
13.2 Discuss the risk factors leading to LEVD including: Deep vein thrombosis, thrombophlebitis, thrombophilia, obesity, multiple pregnancies, age, sedentary lifestyle, and loss of calf muscle pump					

action, intravenous drug use, arthritis and vascular surgery.					
13.3 Describe the anatomy and physiology of the leg veins including: The deep leg veins, the superficial leg veins and the perforator veins,					
13.4 Explain the pathophysiology of VLU including: Elevated venous pressures, calf muscle pump failure, incompetent valves, white blood cell infiltration of the skin (the fibrin cuff theory), plugging of the capillaries by white blood cells (the White Cell Theory) and the entrapment of growth factors in the dermis.					
13.5 Describe management goals for the person living with VLU including: Identification, edema reduction, complication reduction, pain management, patient centered concerns.					
13.6 Explain the action of compression therapies including: Long stretch bandages, short stretch bandages, pneumatic pumps, and stockings. Demonstrate the ability to use these systems.					
13.7 Describe the special considerations for the use of compression in those people with mixed disease.					
13.8 Discuss the medications and topical agents used to treat people with VLU including: Pentoxifylline, growth factors, chestnut seed extract.					
13.9 Discuss surgical options for managing VLU including: Vein ligation, perforator surgery and skin grafting,					
13.10 Discuss alternative therapies for VLU including: Skin substitutes, whirlpool therapy, exercise therapy laser therapy, electromagnetic therapy, electrical stimulation, ultrasound, negative pressure wound therapy, hyperbaric oxygen therapy, and small intestinal sub mucosa therapy.					
Learning Objective #14					
Explain the elements of care required to effectively manage Lower Extremity Arterial disease (LEAD) and ischemic leg and foot ulcers to promote the prevention and management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
14.1 Discuss the prevalence incidence of LEAD in Canadian clinical settings including: Community					

care, residential care, long term care, nursing homes and acute care.					
14.2 Discuss the risk factors for LEAD including: Advanced age, sedentary life style, smoking, atherosclerosis, Buerger's Disease, Diabetes, hypercholesterolemia, dyslipidemia, hypertension, hyperhomocysteinemia, family history of cardiovascular disease, ethnicity, Chlamydia Pneumoniae, periodontal disease, biomarkers associated with ischemic heart disease, C Reactive Protein levels and D-dimer screens,					
14.3 Explain the etiology of ischemic ulcers including: Progressive ischemia, effect of trauma and external pressure.					
14.4 Discuss the differences in the development of LEAD in the Diabetic and non-Diabetic population including: Onset, progression, vessel involvement, bilateral leg involvement, and likelihood of requiring surgery.					
Learning Objective #15					
Explain the elements of care required to effectively manage Lower Extremity Neuropathic disease (LEND) to promote the prevention and management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
15.1 Discuss the prevalence incidence of Diabetes in Canadian clinical settings including: Community care, residential care, long term care, nursing homes and acute care, the prevalence of amputation and potential for amputation prevention.					
15.2 Discuss the Incidence of ulcers at various sites of the foot including: Incidence of ulcers at various sites of the foot including: metatarsal heads especially the third, forefoot.					
15.3 Discuss the relationship between elevated glucose and wounds including: Infection and poor healing.					
15.4 Discuss the risk factors for LEND and ulceration including: History of previous ulcers, ischemia, skin irritation, inflammation, evidence of shear, callus elevated plantar pressures, rigid foot					

deformity, duration of diabetes, diabetes control, lifestyle factors, footwear, infection, necrobiosis lipoidica, xerosis, anhydrosis, fungal infections, bacterial foot infections, temperature variance between feet, edema, adequacy of perfusion, cellulitis.					
15.5 Discuss laboratory results including: Laboratory results including: Fasting blood sugar, 2 hour postprandial blood glucose, HbA1c levels, Glucose tolerance test, C-reactive protein, Blood urea nitrogen, Creatinine, Erythrocyte sedimentation rate, Serum B-12 levels, Thyroid stimulating hormone levels					
15.6 Explain Neuropathy Testing including: Sensory neuropathy, Motor neuropathy, Autonomic neuropathy					
15.7 Explain the steps in the chain that lead to amputation including: Neuropathy, ischemia, deformity, callus, swelling, skin breakdown, infection and necrosis.					
15.8 Explain the etiology and significance of callus formation including: Location, indicative of sheer, indicative of increased pressure, indicative of bone pathology, indicative of neuropathy, potential portal of entry for bacteria and evidence of hemorrhage.					
15.9 Describe management goals for the person living with LEND including: Identification of people at risk, regular medical follow up, routine glucose monitoring, ulcer prevention, early recognition of Charcot foot deformity to prevent exacerbation, callus reduction and the necessity for strict glucose control.					
15.10 Discuss offloading techniques including: Orthotics, total contact casting, custom made shoes, wedge sole shoes and walking splints.					
15.11 Describe the components of a proper diet for a person with Diabetes including: Elements of a Canadian Diabetes Associated diet, Micronutrients and macronutrients,					
15.12 Describe the components of a patient education program including: Regular foot					

screening, selection of appropriate foot wear, sizing of foot wear, self-care techniques, foot cleansing and toe nail care, access to diabetes and foot specialists and compensation strategies for sensory or visual deficits.					
Learning Objective #16					
Explain the elements of care required to effectively manage Pressure Ulcers to promote the prevention and management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
16.1 Discuss the prevalence of pressure ulcers in Canadian clinical settings including: Community care, residential care, long term care, nursing homes and acute care.					
16.2 Explain the etiology of pressure related wounds including: Pressure intensity, duration of pressure, tissue tolerance, nutrition, obesity, mobility, activity, incontinence, cognition, sheer, pressure and friction.					
16.3 Describe the cellular changes of tissue as a result of pressure					
16.4 Describe the Kennedy Terminal Ulcer.					
16.5 Explain the concepts of pressure reduction including: Pressure mapping, pressure redistribution, pressure relief, pressure reduction, offloading and downloading.					
Learning Objective #17					
Explain the elements of care required to effectively manage postoperative surgical wound complications to promote the prevention and management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
17.1 Discuss the prevalence incidence of post-operative surgical site infections in Canada.					
17.2 Discuss the classification of surgical site infection including: Category 1, Category 2, and Category 3.					
17.3 Describe the causes of healing failure in surgical wounds including: Smoking, age, oxygenation, hyperglycemia, alcohol intake, medications, obesity, length of stay in hospital, method of skin cleansing, type of surgery (clean or dirty), surgical technique and tension on stitches.					

17.4 Describe the presentation of the phases of healing in a surgical wound including: Hemostasis, proliferation, epithelialization and maturation.					
17.5 Differentiate normal from abnormal healing in the surgical wound including. Incisional integrity, healing ridge, sustained inflammation, drainage, and p5esence of closure materials.					
Learning Objective #18					
Explain the elements of care required to effectively manage metastatic and fungating wounds to promote patient comfort and symptom management.					
Level of Performance – Check One	1	2	3	4	5
18.1 Describe the pathophysiology of radiation induced skin damage including: Acute and late reactions.					
18.2 Describe the extent of tissue damage resulting from extravasation including: The effects of vesicants, and irritants.					
18.3 Explain how to prevent extravasation including: Recognition of risk factors, the development of written guidelines for delivery of vesicants and irritants, infusion site factors, needle type, and patient age.					
18.4 Discuss interventions to reduce the effect of extravasation including: Discontinuation of infusion, aspiration of fluid, antidotes, elevation, application of heat or cold and site monitoring.					
18.5 Describe the stages of irradiation damage including: Inflammation, dry desquamation, moist desquamation and epilation.					
18.6 Describe management strategies for irradiated skin including: Injury prevention, measures to promote cleanliness, measures to provide comfort.					
18.7 Describe the manifestation of fungating wounds including: Appearance, odor, drainage, infection potential, periwound skin and size/shape.					
18.8 Discuss interventions that promote quality of life for the patient with a fungating tumor including: Odor reduction, pain management, drainage management and minimizing disfigurement, controlling bleeding and trauma and pain at dressing procedures, spirituality, involvement of loved ones and managing the environment.					

Learning Objective #19					
Explain the elements of care required to effectively manage traumatic wounds promote the management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
19.1 Describe the characteristics of a traumatic wound including: Hematoma, necrosis, sustained inflammation due to foreign bodies in the wound, infection and odor.					
19.2 Describe the etiologies of a skin tear including: Changes to aging skin, precipitating factors and causation.					
19.3 Describe management techniques to prevent skin tears including: Clothing, mobility, skin tear and education.					
19.4 Describe the Payne Martin Staging System for Skin Tears including: Appearance at each stage and appropriate therapy by stage.					
Learning Objective #20					
Explain the elements of care required to effectively manage burns to promote the management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
20.1 Discuss the types of burn injury including: Thermal, flame, contact, radiation, chemical, alkalis, acids, organic compounds, tar and electrical.					
20.2 Discuss inhalation injury including: Carbon monoxide poisoning, upper airway injury, lower airway injury,					
20.3 Describe how to assess the extent of tissue damage including: Zone of tissue damage, severity of the burn, calculation of body surface involved in adults and in children,					
20.4 Discuss American Burn Association burn categories and referral criteria including: Burn categories: Minor, moderate and major. Local factors and systemic factors.					
20.5 Describe the Lund-Browder chart for estimating burn size.					
20.6 Describe systemic support including: Stabilization, fluid resuscitation, pulmonary support and cardiovascular support.					

20.7 Discuss surgical interventions including: Escharotomy and fasciotomy.					
20.8 Describe the goals of burn management including: Prevention of infection, preparation for closure, elements determining healing potential, psychological aspects (delirium, grief, anxiety).					
20.9 Discuss the differences in approach to burn care related to burn depth including: opical antibiotics, silver nitrate, antimicrobial dressings, biosynthetic dressings, biologic dressings, skin substitutes, burn excision, autografting.					
20.10 Discuss the characteristics of the rehabilitation phase including: Scarring, contractures and itching.					
20.11 Describe the characteristics of non-accidental burning including: Multiple bruising/scarring, other concurrent injuries, history of prior hospitalization for accidents, unexplained delay getting help, inconsistencies in story, excessive withdrawal of child, scalds on hands and feet, isolated burns on buttocks and shaped burns (cigarettes).					
Learning Objective #21					
Explain the elements of care required to effectively manage uncommon wounds to promote management of these wounds.					
Level of Performance – Check One	1	2	3	4	5
21.1 Describe the characteristics of uncommon wounds including: Pyoderma Gangrenosum, vasculitis, Calciphylaxis, Epidermolysis Bullosa, Toxic Epidermal Necrolysis, Frostbite, Host Versus Graft Disease, spider bites.					

1.3 Didactic Continence Course:

RPL could be given for the THEORETICAL portion to those who have completed one of the programs listed below. Other national or international continence care programs may be considered if the student is able to demonstrate that the key NSWOC competencies and learning objectives were met in the program.

Transcripts from the program completed as well as two letters of recommendation from an instructor from their program of study and a work colleague in a direct supervisory role are required. **If successful, students would be given credit for the didactic portion of the WOC-Institute Continence Course, however they would be required to complete the preceptorship program.**

1. Nurse Continence Advisor Distance Education Certificate Program (NCA) (McMaster University)

1.4 Preceptorship Continence Course:

To challenge the preceptorship the student must:

1. Provide proof from their employer that they are currently working in a continence care specialty position and have done so for a minimum of 2 years full time or 3 years part time (over the past 3 years).
2. Have a support letter and a clinical evaluation checklist (see below) completed independently by a referee such as an advanced practice continence specialist and/or a physician specializing in continence care (example: urologist, gastroenterologist etc) (see check list below). This support letter and evaluation should be completed and sent directly to the WOC-Institute administration by the advanced practice continence care specialist.
3. Provide two letters of recommendation sent directly to the WOC-Institute administration, from an instructor from their program of study related to continence care and a work colleague in a direct supervisory role are required. This letter should attest that the student has been practicing as an advanced continence care practitioner.
4. Student must also complete the clinical evaluation checklist independently.
5. Submit a **current resume** which includes relevant clinical experience, publications, presentations at conferences, evidenced commitment to continuing education in continence care and other leadership activities.

2.3 Clinical Evaluation Checklist
How to Use the Clinical Evaluation Checklist
This Checklist will be used twice:

1. By the applicant to determine if they are a suitable candidate for the RPL process. and if so it is again used

2. By the Referee(s) to attest to the competency of the applicant.

Checklist Step 1

Read through the checklist completely to get a sense of the breadth of knowledge required.

Checklist Step 2

Work through each learning outcome including the elements of performance and referring to the Likert scale provided rate yourself or your candidate in terms of the level of competency you feel you/they have. For each element of performance place a check in the appropriate column.

Checklist Step 3

To be eligible to apply for RPL for the Continence Management Course individuals must achieve at least a 70% (a score equal to or greater than 175) on the skills check list. Each element of performance is worth 1 mark.

1.4.1 Learning Outcomes Checklist

Elements of Performance Likert Scale					
1 = No experience/ Cannot assess 2 = Beginner 3 = Competent 4 = Advanced 5 = Expert					
Level of Performance – Check One	1	2	3	4	5
Learning Outcome #1					
Identifies goals and factors affecting outcomes for a client with incontinence.					
1.1 Understands the anatomy of micturition and defecation					

1.2 Understands the physiology of micturition and defecation and age-related changes.					
1.3 Understands the pathophysiology of bladder and bowel dysfunction.					
1.4 Understands the surgical procedures that result in urinary and fecal incontinence.					
1.5 Understands the indications for and use of continence management products and applications.					
Learning Outcome #2					
Discuss Assessment of Continence related issues. Performs a focused assessment of a client with incontinence including.					
Level of Performance – Check One	1	2	3	4	5
2.1 Performs a focused assessment of a client with incontinence including a history and physical (e.g., risk factors, psychosocial, cognitive impairment, environmental barriers, functional impairment, caregiver availability, motivation, obstetrical history, previous surgeries, neuromuscular disorders, age, medical comorbidities, bladder and bowel habits, diagnostic and laboratory tests)					
2.2 Performs a focused assessment of a client with incontinence including biopsychosocial (e.g., cognitive status, safety factors, quality of life, socio-economic status, motivation, education level, living arrangements, body image, cause/effect of injury, family support, lifestyle, culture, ethnical, spirituality, language, coping skills, resource availability, social impact of incontinence, conservation of energy, impact of disease on self and family dynamics, adherence to treatment plan, gestational age, birth history, sexual health/trauma).					
2.3 Identifies risk factors for a client with incontinence (e.g., smoking, obesity, exercise, sexual health, obstetrical history, environmental factors, diet and hydration, radiation, UTIs).					
2.4 Performs an initial and ongoing assessment of a client with incontinence including: abdomen, skin, urogenital exam – external, pelvic exam, visual/digital					

exam, rectal exam, neuromuscular testing (e.g., anal wink, bulbocavernosus reflex), and external sphincter assessment.					
Learning Outcome #3					
Explain Principles of Continence Management					
Level of Performance – Check One	1	2	3	4	5
3.1 Teaches measures for bladder and bowel habits: dietary and fluid management, toileting schedule, emptying techniques (e.g., Credé manoeuvre, double voiding, abdominal massage), bowel and bladder training programs, skin care and pelvic muscle re-education.					
3.2 Select's containment products and devices (e.g., briefs, pouches, condom catheter).					
3.3 Identifies pharmacological treatment.					
3.4 Understands surgical options related to bowel and urinary incontinence.					
3.5 Initiates referrals to health-care professionals (e.g., sexual health counselling, dietitian).					
3.6 Refers to community resources and other health-care professionals.					
Learning Outcome #4					
Discuss Urinary Continence Care					
Level of Performance – Check One	1	2	3	4	5
4.1 Interprets data for a client presenting with urinary incontinence including history and physical (e.g., associated conditions such as UTI, vaginitis, pelvic organ prolapse, prostatic abnormalities, interstitial cystitis, fistula, pelvic pain syndrome, malignancies, neuromuscular conditions, trauma, obstructions, diabetes, Paget's disease)					
4.2 Interprets data for a client presenting with urinary incontinence including assessment of incontinence (e.g., diagnostic tests such as post-void residual urine					

measurement, EMG studies, bladder diary, urodynamics).					
4.3 Identifies classification of urinary incontinence (e.g., stress, urge, overflow, functional, reflex).					
4.4 Establishes a plan of care for a client with urinary incontinence.					
4.5 Implements nursing interventions to prevent urinary incontinence (e.g., behavioural management techniques such as bladder retraining, urge suppression techniques, environmental modifications, pelvic floor muscle exercises, bladder emptying, clean intermittent catheterization, scheduled or timed voiding).					
4.6 Implements nursing interventions to manage urinary incontinence (e.g., bladder emptying techniques such as double void, intermittent catheterization, indwelling urethral catheterization, suprapubic catheterization, catheter management).					
Learning Outcome #5					
Discuss Bowel Continence Care					
Level of Performance – Check One	1	2	3	4	5
5.1 Interprets data for a client presenting with bowel incontinence including a history and physical (e.g., bowel diary, associated conditions such as infection, pelvic organ prolapse, fistula, pelvic pain syndrome, malignancies, neuromuscular Conditions, trauma, obstructions, diabetes, hyperthyroidism, encopresis, congenital abnormalities)					
5.2 Interprets data for a client presenting with bowel incontinence including assessment of incontinence (e.g., diagnostic tests such as wink test, motility studies, anal-rectal manometry, endoscopic procedures).					
5.3 Identifies classification of bowel incontinence (e.g., constipation, fecal impaction, neurogenic).					
5.4 Establishes a plan of care for a client for a client with bowel incontinence.					
5.5 Implements nursing interventions to prevent and manage bowel incontinence (e.g., behavioural techniques such as bowel retraining, scheduled bowel evacuation, dietary management, pelvic					

floor muscle exercises, skin protection, containment devices, bowel cleansing, fluid and electrolyte management, antigrade colonic procedures, training and management follow-up).					

Ostomy Care

1.5 Didactic Ostomy Course

RPL could be given for the THERORETICAL portion to those who have completed programs such as the stoma care programs available in the United Kingdom and Australia. Such programs may be considered if the student is able to demonstrate that the key NSWOC competencies and learning objectives were met in the program.

Transcripts from the program completed as well as two letters of recommendation from an instructor from their program of study and a work colleague in a direct supervisory role are required. **If successful, students would be given credit for the didactic portion of the WOC-Institute Ostomy Course, however they would be required to complete the preceptorship program.**

1.6 Preceptorship Ostomy Course:

To challenge the preceptorship the student must:

1. Provide proof from their employer that they are currently working in an ostomy care specialty position and have done so for a minimum of 2 years full time or 3 years part time (over the past 3 years).
2. Have a support letter and a clinical evaluation checklist (see below) completed independently by a referee such as an advanced practice ostomy specialist and/or a physician specializing in ostomy care (example: urologist, gastroenterologist, general surgeon etc) (see check list below). This support letter and evaluation should be completed and sent directly to the WOC-Institute administration by the advanced practice ostomy care specialist.

3. Provide two letters of recommendation sent directly to the WOC-Institute administration, from an instructor from their program of study related to ostomy care and a work colleague in a direct supervisory role are required. This letter should attest that the student has been practicing as an advanced ostomy care practitioner.
4. Student must also complete the clinical evaluation checklist independently.
5. Submit a **current resume** which includes relevant clinical experience, publications, presentations at conferences, evidenced commitment to continuing education in ostomy care and other leadership activities.

Clinical Evaluation Checklist
How to Use the Clinical Evaluation Checklist
This Checklist will be used twice:

3. By the applicant to determine if they are a suitable candidate for the RPL process. and if so it is again used

4. By the Referee(s) to attest to the competency of the applicant.

Checklist Step 1

Read through the checklist completely to get a sense of the breadth of knowledge required.

Checklist Step 2

Work through each learning outcome including the elements of performance and referring to the Likert scale provided rate yourself or your candidate in terms of the level of competency you feel you/they have. For each element of performance place a check in the appropriate column.

Checklist Step 3

To be eligible to apply for RPL for the Ostomy Management Course individuals must achieve at least a 70% (a score equal to or greater than 329) on the skills check list. Each element of performance is worth 1 mark.

1.6.1 Learning Outcomes Checklist

Elements of Performance Likert Scale
1 = No experience/ Cannot assess 2 = Beginner 3 = Competent

4 = Advanced 5 = Expert					
Learning Outcome #1					
Discuss the anatomy and physiology of the gastrointestinal system in relation to the general principles of ostomy, fistula and percutaneous care.					
Level of Performance – Check One	1	2	3	4	5
1.1 Describes the anatomy of the gastrointestinal system including the upper gastrointestinal tract (e.g., mouth, esophagus, stomach)					
1.2 Describes the anatomy of the gastrointestinal system including small intestine (e.g., duodenum, jejunum, ileum)					
1.3 Describes the anatomy of the gastrointestinal system including large intestine (e.g., cecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum, anal canal)					
1.4 Describes the anatomy of the gastrointestinal system including accessory organs (e.g., biliary system, pancreas, liver)					
1.5 Understands the physiology of the gastrointestinal system including motility (e.g., esophagus, stomach, small intestine, colon)					
1.6 Understands the physiology of the gastrointestinal system including absorption (e.g., stomach, small intestine, colon)					
1.7 Understands the physiology of the gastrointestinal system including secretion (e.g., small intestine, biliary system, pancreas, liver)					
1.8 Understands the physiology of the gastrointestinal system including elimination and storage (e.g., liver, colon, rectum, anus)					
Learning Outcome #2					
Discuss the pathophysiology of the gastrointestinal system					
Level of Performance – Check One	1	2	3	4	5
2.1 Understands the pathophysiology of the gastrointestinal system including inflammatory (e.g., ulcerative colitis, Crohn's disease, radiation enteritis,					

diverticular disease)					
2.2 Understands the pathophysiology of the gastrointestinal system including infectious (e.g., enteritis, pseudo membranous colitis)					
2.3 Understands the pathophysiology of the gastrointestinal system including ischemic (e.g., necrotizing enterocolitis, mesenteric thrombosis)					
2.4 Understands the pathophysiology of the gastrointestinal system including obstructive (e.g., volvulus, intussusception, Hirschsprung's disease, Ogilvie's syndrome, meconium ileus, motility disorder)					
2.5 Understands the pathophysiology of the gastrointestinal system including malignant (e.g., bowel, rectal, anal, metastatic disease of prostate, uterus, cervical, ovarian, vaginal)					
2.6 Understands the pathophysiology of the gastrointestinal system including other (e.g., familial adenomatous polyposis, intestinal trauma)					
2.7 Understands the pathophysiology of the gastrointestinal system including congenital (e.g., imperforate anus)					
Learning Outcome #3					
Describes surgical procedures involving the gastrointestinal system					
Level of Performance – Check One	1	2	3	4	5
3.1 Understands surgical procedures involving the gastrointestinal system (e.g., abdominoperineal resection, low anterior resection, Hartmann's procedure, subtotal colectomy, ileorectal anastomosis, total proctocolectomy with end ileostomy, ileoanal anastomosis, colectomy bowel decompression, Bishop-Koop procedure, jejunostomy, esophagostomy)					
3.2 Understands types of continent diversions (e.g., Kock continent ileostomy, ileoanal reservoir performed as a one-, two- or three-step procedure)					
3.3 Understands types of stoma construction (e.g., end stoma, loop stoma, double-barrel stoma, end-loop stoma, mucous fistula, non-mature stoma)					
Learning Outcome #4					

Discuss the anatomy and physiology of the genitourinary system in relation to the general principles of ostomy, fistula and percutaneous care.					
Level of Performance – Check One	1	2	3	4	5
4.1 Understands the anatomy of the urinary system including upper urinary tract (e.g., kidneys, ureters)					
4.2 Understands the anatomy of the urinary system including lower urinary tract (e.g., urinary bladder, urethra, pelvic floor support structures)					
4.3 Understands the physiology of the urinary system including urine formation and elimination					
4.4 Understands the physiology of the urinary system including homeostasis (e.g., water and hydration, sodium, potassium, calcium, phosphate and magnesium)					
Learning Outcome #5					
Discuss the pathophysiology of the gastrointestinal system genitourinary system in relation to the general principles of ostomy, fistula and percutaneous care					
Level of Performance – Check One	1	2	3	4	5
5.1 Understands the pathophysiology of the urinary system including congenital (e.g., cloacal exstrophy, cloacal anomaly, bladder exstrophy, prune belly syndrome, myelomeningocele, ureteropelvic junction obstruction, gastroschisis, oomphalocele, atresias, posterior urethral valves)					
5.2 Understands the pathophysiology of the urinary system including malignant (e.g., bladder, ureters, urethral, prostate, uterus, cervical, ovarian, vaginal)					
5.3 Understands the pathophysiology of the urinary system including other (e.g., trauma)					
Learning Outcome #6					
Describes surgical procedures involving the urinary system					
Level of Performance – Check One	1	2	3	4	5
6.1 Understands surgical procedures involving the urinary system (e.g., radical cystectomy and ileal conduit, ileal conduit, colon conduit, nephrostomy, vesicostomy, cystostomy, ureterostomy, continent diversions)					
6.2 Understands types of stoma construction (e.g., end stoma, loop stoma)					
6.3 Understands indications and types of urinary diversions (e.g., continent cutaneous diversions,					

orthotopic neobladder)					
Learning Outcome #7					
Discuss the anatomy of the reproductive system (male and female)					
Level of Performance – Check One	1	2	3	4	5
7.1 Understands the anatomy of the reproductive system: male (e.g., testes, epididymis, vas deferens, spermatic cord, seminal vesicles, prostate, penis, scrotum)					
7.2 Understands the anatomy of the reproductive system female (e.g., ovaries, fallopian tubes, uterus, vagina, mons pubis, labia majora, labia minora, clitoris, vestibular glands, hymen)					
7.3 Understands the physiology of the reproductive system male (e.g., vasculature, neurology, impotence, erectile dysfunction)					
7.4 Understands the physiology of the reproductive system female (e.g., dyspareunia, scar tissue, fertility, pregnancy)					
Learning Outcome #8					
Discuss containment products and applications					
Level of Performance – Check One	1	2	3	4	5
8.1 Understands the indications for and use of containment products and applications (e.g., convexity, paste, powder, belt, type of closure, extended wear barrier, transparent pouches such as one piece, two piece, closed-end, drainable).					
Learning Outcome #9					
Performs a focused assessment of a client with an ostomy, fistula or percutaneous site					
Level of Performance – Check One	1	2	3	4	5
9.1 Performs a focused assessment of a client with an ostomy, fistula or percutaneous site including history and physical (e.g., presenting symptoms, health history, family history, medications, allergies, nutrition, height and weight, comorbidities, smoking, substance use, pain, mobility, pregnancy, age, assistive devices, immune status, sensorimotor impairment, intake and output, visual impairment, diagnostic and laboratory tests)					
9.2 Performs a focused assessment of a client with an ostomy, fistula or percutaneous site including a					

biopsychosocial (e.g., cognitive status, safety factors, quality of life, socio-economic status, motivation, education level, living arrangements, body image, cause/effect of injury, family support, lifestyle, culture, ethnical, spirituality, language, coping skills, resource availability, social impact of ostomy, functional impact of ostomy, conservation of energy, impact of disease on self and family dynamics, adherence to treatment plan, gestational age, birth history, sexuality)					
9.3 Performs a focused assessment of a client with an ostomy, fistula or percutaneous site including the stoma (e.g., type, colour, moisture, turgor, profile, location, mucocutaneous junction, function, output, edema, size, shape, friability, perfusion, devices such as rods, catheters, stents, retraction, prolapse, lacerations, necrosis/ischemia, bleeding, stenosis, polyps)					
9.4 Performs a focused assessment of a client with an ostomy, fistula or percutaneous site including peristomal skin (e.g., intact, maceration, denuded, irritant contact dermatitis, pseudoverrucous lesions, encrustations, pressure ulcers, stripping injury, mucocutaneous separation, mucosal transplantation, candidiasis, folliculitis, allergic contact dermatitis, caput medusae, pyoderma gangrenosum, malignancy, psoriasis, bacterial infections, viral infections, hypergranulation, hernia)					
9.5 Performs a focused assessment of a client with an ostomy, fistula or percutaneous site including abdomen (e.g., contours, incisions, scars, folds, creases, bony prominences, belt line, drains, distension, bowel sounds, hernia)					
Learning Outcome #10					
Describe the principles of ostomy, fistula and percutaneous site management					
Level of Performance – Check One	1	2	3	4	5
10.1 Establishes a plan of care for a client with an ostomy fistula or percutaneous site					
10.2 Facilitates understanding of diagnosis and surgical procedures for a client with an ostomy, fistula or percutaneous site					
10.3 Implements interventions including teaching and counselling (e.g., perioperative, preoperative, long-term,					

diet,emergency identification, troubleshooting, product use and care, providing information to resume optimal lifestyle, sexual counselling, skin breakdown, prolapse, hernia, pouch leakage, obstruction)					
10.4 Implements interventions including assessing and determining stoma site location					
10.5 Implements interventions including selecting products					
10.6 Implements interventions including managing complications (e.g., stomal, peristomal)					
10.7 Implements interventions including referrals to community resources and other health-care professionals (e.g., funding programs, support groups, retail outlets)					
Learning Objective # 11					
Discuss the principles of fecal and urinary diversion management (Colostomy, Ileostomy, Urostomy)					
Level of Performance – Check One	1	2	3	4	5
Colostomy					
11.1 Differentiates locations of colostomies and expected output					
11.2 Identifies a plan of care based on location of colostomy and a client's preferences and needs					
11.3 Teaches management of retained distal segment of bowel (e.g., mucous fistula, rectal stump)					
11.4 Instructs in dietary modifications (e.g. to prevent constipation or reduce gas). Prepares for closure or permanent colostomy					
11.5 When appropriate teaches irrigation to a client with a colostomy					
Ileostomy					
11.6 Differentiates location of ileostomy and expected output					
11.7 Teaches strategies to prevent and correct fluid and electrolyte imbalances					
11.8 Teaches about changes in absorption (e.g., medications, diet, B12)					
11.9 Teaches management of retained distal segment of bowel (e.g., mucous fistula, rectal stump)					
11.10 Teaches a client with an ileostomy about the signs and symptoms of obstruction					

11.11 Teaches a client with an ileostomy about the signs and symptoms of fluid and electrolyte imbalance					
11.12 Teaches a client with an ileostomy about the signs and symptoms of B12 deficiency					
11.12 Teaches strategies to prevent and manage food blockage to a client with an ileostomy					
11.13 Performs ileostomy lavage					
11.14 Prepares for closure or permanent ileostomy					
Urostomy					
11.15 Differentiates location of urostomy and expected output					
11.16 Teaches a client with a urostomy about adequate fluid intake					
11.17 Teaches a client with a urostomy about dietary considerations					
11.18 Teaches a client with a urostomy about use of night drainage system (e.g., blue bag syndrome)					
11.19 Teaches a client with a urostomy about mucous management					
11.20 Recognizes and manages peristomal complications related to prolonged contact with urine (e.g., alkaline encrustations, pseudoverrucous lesions)					
11.21 Manages stents and catheters					
11.22 Teaches a client with a urostomy about sign and symptoms of urinary tract infections					
11.23 Teaches a client with a urostomy about the proper method to obtain urine specimens					
Learning Objective #12					
Discuss the management principles of continent diversions					
Level of Performance – Check One	1	2	3	4	5
Fecal Diversions					
12.1 Instructs a client regarding expected outcomes of fecal diversions (e.g., number of bowel movements per day, continence, dietary modifications)					
12.2 Instructs a client regarding complications (e.g., pouchitis, valve failure, stricture, incontinence, pouch failure).					
12.3 The enterostomal therapy nurse implements nursing interventions in the immediate postoperative period following fecal					

diversions (e.g., perianal skin protection, intubation, irrigation, dietary modifications)					
12.4 Teaches a client how to integrate the management of a continent fecal diversion into daily care (e.g., skin protection, dietary modifications, intubation, irrigation, medication)					
Urinary Diversions					
12.5 Instructs a client regarding expected outcomes with urinary diversions (e.g., continence, fluid intake, mucous management)					
12.6 Instructs a client regarding complications (e.g., valve failure, pouchitis, stricture, infection, pouch failure, incontinence)					
12.7 Implements nursing interventions in the immediate postoperative period (e.g., managing drains and tubes, skin protection, intubation, irrigation)					
12.8 Teaches a client how to integrate management of continent urinary diversion into daily care (e.g., skin protection, fluid intake, managing drains and tubes, intubation, irrigation, mucus management, urine specimens)					
Learning Objective #13					
Discuss the management principles of fistula and percutaneous sites					
Level of Performance – Check One	1	2	3	4	5
Fistulas					
13.1 Identifies etiologic factors and manifestations of a fistula					
13.2 Performs an assessment of a client with a fistula including source (e.g., bowel, bladder)					
13.3 Performs an assessment of a client with a fistula including location					
13.4 Performs an assessment of a client with a fistula including size (e.g., cutaneous opening, length of tract)					
13.5 Performs an assessment of a client with a fistula including topography (e.g., number of sites, proximity to bony prominences, scars, creases, incisions, drain, stoma, below, at, or above skin level, muscle tone surrounding opening)					
13.6 Performs an assessment of a client with a fistula including characteristics of output (e.g., type, source, volume, odour, consistency, gas, pH, colour)					

13.7 Performs an assessment of a client with a fistula including perifistular skin (e.g., intact, macerated, erythematous, denuded, eroded, ulcerated, infected)					
13.8 Performs an assessment of a client with a fistula including fluid and electrolyte, dietary and nutritional considerations					
13.9 Performs an assessment of a client with a fistula including factors that delay spontaneous closure (e.g., presence of foreign body, cancer, irradiated area, Crohn's disease, abscess)					
13.10 Establishes a plan of care for a client with a fistula					
13.11 Implements measures to manage a fistula (e.g., contain output, odour control, comfort measures, measurement of output, perifistular skin protection, optimize mobility, pouching system, dressing, suction, topical negative pressure therapy)					
13.12 Suggests pharmacological management for a client with a fistula					
Percutaneous Sites					
13.13 Identifies type and purpose of percutaneous tubes and drains (e.g., enteral, urinary)					
13.14 Assesses patency and placement of percutaneous tubes and drains.					
13.15 Recommends stabilization method for percutaneous tubes and drains.					
13.16 Initiates measures to prevent and manage complications for clients with percutaneous tubes and drains (e.g., tube migration, dislodgement, obstruction, leakage).					
13.17 Initiates measures to prevent and manage peritube skin damage (e.g., infection, hypergranulation, chemical, mechanical, perform chemical cauterization).					
13.18 Teaches a client with a percutaneous tube or drain about the care and use of equipment (e.g., hygiene).					

(July 2019)

(July 2019)