

Wound, Ostomy and Continence Institute

Wound, Ostomy and Continence Education Program

March 2020

Recognition of Prior Learning



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

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.

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.

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.

WOUND CARE

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 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 (MCISc-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. Quebec Post-Graduate Program Université de Sherbrooke

Wound Course Preceptorship

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 the 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 evaluation should be completed and signed by the referee and sent directly to the WOC-Institute administration by the advanced practice wound care specialist.
3. Complete the clinical evaluation checklist independently. 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.
2. By the Referee(s) to attest to the competency of the applicant.

Step 1:

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

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.

Step 3:

To be eligible to receive RPL for the clinical component of the Wound Management Course, individuals must achieve at least 70% (a score equal to or greater than 486) on the skills check list.

Clinical Evaluation Checklist: Wound Care Management					
Completed By:					
Date:					
Signature:					
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 <u>normal</u> wound healing processes to effectively differentiate normal wound healing from abnormal wound healing.					

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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					

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Explain how to <u>conduct a skin assessment</u> 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 <u>complete a comprehensive patient assessment</u> 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					

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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,					

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disfigurement, loss of income and time for treatment.					
Learning Outcome #5					
Explain the process used to <u>complete a compressive lower limb assessment</u> (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.					

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Learning Outcome #6					
Describe how to <u>effectively manage edema</u> 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					

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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 <u>complete a comprehensive wound assessment</u> 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,					

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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 <u>recognize increased bacterial burden and infection</u> 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.					

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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, foulodor.					
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					

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Describe how to effectively <u>manage wound related pain</u> 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					

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Discuss the <u>principles of wound bed preparation</u> 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 <u>recognize wound management products</u> 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,					

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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 <u>select the appropriate wound management product or therapy</u> 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.					

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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 <u>effectively manage Lower Extremity Venous Disease (LEVD) and Venous Leg Ulcers (VLU)</u> 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					

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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 <u>effectively manage Lower Extremity Arterial disease(LEAD)and ischemic leg and foot ulcers</u> to promote the prevention and management of these wounds.					

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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					
<u>Explain the elements of care required to effectively manage Lower Extremity Neuropathic disease (LEND) to promote the prevention and management of these wounds.</u>					
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.					

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<p>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.</p>					
<p>15.3 Discuss the relationship between elevated glucose and wounds including: Infection and poor healing.</p>					
<p>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.</p>					
<p>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</p>					
<p>15.6 Explain Neuropathy Testing including: Sensory neuropathy, Motor neuropathy, Autonomic neuropathy</p>					
<p>15.7 Explain the steps in the chain that lead to amputation including: Neuropathy, ischemia, deformity, callus, swelling, skin breakdown, infection and necrosis.</p>					
<p>15.8 Explain the etiology and significance of callus formation including: Location, indicative of shear, indicative of increased pressure, indicative of bone pathology, indicative of neuropathy, potential portal of entry for bacteria and evidence of hemorrhage.</p>					

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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 <u>effectively manage Pressure Ulcers</u> 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,					

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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 <u>effectively manage postoperative surgical wound complications</u> 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.					

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17.5 Differentiate normal from abnormal healing in the surgical wound including. Incisional integrity, healing ridge, sustained inflammation, drainage, and presence of closure materials.					
Learning Objective #18					
Explain the elements of care required to <u>effectively manage metastatic and fungating wounds</u> 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					

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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 <u>effectively manage traumatic wounds</u> 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 <u>effectively manage burns</u> to promote the management of these wounds.					

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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: topical antibiotics, silver nitrate, antimicrobial dressings, biosynthetic dressings, biologic dressings, skin substitutes, burn excision, autografting.					

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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 <u>effectively manage uncommon wounds</u> 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.					

CONTINENCE CARE

Didactic Continence 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 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 are required. If successful, students would be given credit for the didactic portion of the WOC- EP Continence Course, however they would be required to complete the preceptorship program.

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

Continence Course Preceptorship

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 the clinical evaluation checklist (see below) completed and signed independently by a referee such as an advanced practice continence care specialist and/or a physician specializing in continence care (example: urologist, gastroenterologist etc.) (see check list below). This evaluation should be completed and signed by the referee and sent directly to the WOC-Institute administration by the advanced practice continence care specialist.
3. Complete the clinical evaluation checklist independently. Submit a **current resume** which includes relevant clinical experience, publications, presentations at conferences, research activities, evidenced commitment to continuing education in continence 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.
4. By the Referee(s) to attest to the competency of the applicant.

Step 1:

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

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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.

Step 3:

To be eligible to receive RPL for the clinical component of the Wound Management Course, individuals must achieve at least 70% (a score equal to or greater than 175) on the skills check list.

Continence Course Preceptorship					
Completed By:					
Date:					
Signature:					
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.					

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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					

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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).					

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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

Didactic Ostomy Course

RPL could be given for the THEORETICAL 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.

The Stoma Care program would need to apply for recognition of educational equivalence from the WOC-Institute. If the stoma care program is deemed to be equivalent the student may proceed with application for recognition of prior learning. 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.**

Ostomy Course Preceptorship

To challenge the preceptorship the student must:

1. Provide proof from their employer that they are currently working in a 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 the clinical evaluation checklist (see below) completed independently by a referee such as an, NSWOC, advanced practice ostomy care specialist and/or a physician specializing in ostomy care (example: urologist, gastroenterologist, general surgeon etc.) (see check list below). This evaluation should be completed and signed by the referee and sent directly to the WOC-Institute administration by the advanced practice wound care specialist.
3. Complete the clinical evaluation checklist independently. Submit a **current resume** which includes relevant clinical experience, publications, presentations at conferences, research activities, 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:

1. By the applicant to determine if they are a suitable candidate for the RPL process.
2. By the Referee(s) to attest to the competency of the applicant.

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Step 1:

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

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.

Step 3:

To be eligible to receive RPL for the clinical component of the Wound Management Course, individuals must achieve at least 70% (a score equal to or greater than 486) on the skills check list.

Ostomy Course Preceptorship					
Completed By:					
Date:					
Signature:					
Elements of Performance Likert Scale					
1 = No experience / cannot asses					
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)					

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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)					

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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					

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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)					

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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

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<p>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)</p>					
<p>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)</p>					
<p>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)</p>					
<p>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)</p>					
<p>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)</p>					
<p>Learning Outcome #10</p>					

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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					

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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					

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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)					

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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)					

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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.					

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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).					



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