

Wound, Ostomy and Continence Institute

Wound, Ostomy and Continence Education Program

OCTOBER 2021

Recognition of Prior Learning



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Chapter 1: Recognition of Prior Learning

1.1 Purpose

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 level consistent with completion of a WOC-EP course (Ostomy, Continence, or Wound).

Students wishing to apply for RPL must meet the pre-determined criteria. 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.

If the student has received education from a program not listed in chapters [2](#), [3](#) or [4](#), they may coordinate with their program of study to apply for program recognition from the WOC-Institute (see [Chapter 5](#)).

For further information regarding the RPL process please contact the WOC Institute Chair at chair@wocinstitute.ca

1.2 Overview

1. 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 related to the course the received RPL e.g., highest marks in the wound management course etc.
2. Students may be granted RPL for **Theory and Preceptorship** or **Theory only** depending on the outcome of the review. Students must be granted RPL Theory in order to challenge the Preceptorship.
3. Students must apply for RPL prior to the start of the course they wish to challenge.
4. 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.**

1.3 Application Process for Recognition of Prior Learning

1. The student must have their employer send a letter on company letterhead directly to the WOC-Institute Chair chair@wocinstitute.ca attesting that the student has worked for TWO years FULL TIME or THREE years PART-TIME in the role as an Advanced Practice Wound Care Nurse.
2. The student must provide an updated resumé which supports that they have been working in the role as an Advanced Practice Wound Care Nurse.
3. Students must have the program they have completed send an official transcript to the WOC-Institute registrar@wocinstitute.ca indicating that they have completed the program in question and is in good standing.

If the student is approved for RPL for the theory portion of the course, steps 4-6 must be completed in order to challenge the preceptorship.

4. The student must submit the name and contact information of the individual who will be their reference. The student must have worked alongside this individual and the individual must attest that the student possesses the knowledge, skills, and judgement to be granted RPL.

A suitable reference is a nurse who is an advanced practice wound, ostomy, or continence nurse with at least two years of experience in the role and is an NSWOC, or a nurse who has demonstrated that they are an advanced clinician in the area in question (wound, ostomy, or continence). The reference may also be a physician or nurse practitioner who are recognized as advanced wound, ostomy, or continence clinicians.

5. If the student's reference is approved, the student must provide the individual with the direct link to complete the online competency checklist.
6. The student must then independently complete the same checklist and attest to their own skill level.

Chapter 2: Wound Management Course Challenge

2.1 Wound Management Theory

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.

Courses which we currently recognize for theoretical RPL include:

1. Master of Clinical Science in Wound Healing, Western University (MCISc-WH)
2. International Interprofessional Wound Care Course (IIWCC–CAN)
3. Master in Community Health Wound Prevention and Care, University of Toronto, Faculty of Public Health
4. Quebec Post-Graduate Program, Université de Sherbrooke

If successful, students would be given credit for the theory portion of the WOC-EP Wound Management Course, however, may be required to complete the preceptorship program.

2.2 Wound Management Course Preceptorship Challenge

1. Student MUST be granted RPL Theory in order to challenge the preceptorship.
2. The student must have their employer send a letter on company letterhead directly to the WOC-Institute Chair chair@wocinstitute.ca attesting that the student has worked for TWO years FULL TIME or THREE years PART-TIME in the role as an Advanced Practice Wound Care Nurse.
3. The student must provide an updated resume which supports that they have been working in the role as an Advanced Practice Wound Care Nurse.
4. Students must have the program they have completed send an official transcript to the WOC-Institute registrar@wocinstitute.ca.
5. The student must submit the name and contact information of the individual who will be their reference. The student must have worked alongside this individual and the individual must attest that the student possesses the knowledge, skills, and judgement to be granted RPL.

A suitable reference is a nurse who is an advanced practice wound care nurse with at least two years of experience in the role and is an NSWOC, Graduate from a Master's in Wound Healing program or an International Interdisciplinary Wound Care Course (IIWCC) graduate who has

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demonstrated that they are an advanced wound care clinician. The reference may also be a dermatologist, plastic surgeon, infectious disease specialist, vascular surgeon, family physician or nurse practitioner who are recognized as advanced wound care clinicians.

6. If the student's reference is approved, the student must provide the individual with the direct link to complete the online competency checklist.
7. The student must then independently complete the same checklist and attest to their own skill level.

2.3 Preceptorship Evaluation Checklist

Checklist must be completed online by both the student and the person providing the reference.

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 provide, 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 preceptorship component of the Wound Management Course, individuals must achieve a score equal to or greater than 518 on the skills checklist.

Wound Preceptorship Evaluation Checklist

	1= no experience 2= beginner level 3= competent 4= advanced 5= expert					
	Level of Performance – Check One	1	2	3	4	5
	Learning Outcome #1					
	Discuss the anatomy and physiology of the skin and accessory organs to effectively recognize risk factors for skin breakdown.					
1	1.1 Describe the structure and function of the skin including: The layers of the epidermis, the layers of the dermis and dermal proteins.					
2	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.					
3	1.3 Explain the functions of the skin including:					

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	Protection, immunity, thermoregulation, sensation, metabolism and communication.					
4	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 wound healing</u> processes to effectively differentiate normal wound healing from abnormal wound healing.						
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.					
6	2.2 Differentiate partial thickness wounds from full thickness wounds in terms of tissue damage and destruction.					
7	2.3 Describe healing differences between partial and full thickness wounds including: Epidermal and dermal repair.					
8	2.4 Explain the difference between acute and 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.					
9	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, etc.					
10	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 <u>conduct a skin assessment</u> to differentiate normal from abnormal presentations, in the person at risk for, or living with, skin breakdown.						
11	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.					
12	3.2 Describe primary and secondary skin lesions including: Location, shape, arrangement, and borders/margins and associated changes within the lesion that are remarkable.					
13	3.3 Discuss trauma to the skin including: Intrinsic diseases,					

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	maceration, pressure, shear, friction, stripping, tearing, lacerations, chemical, allergic, infectious, inflammatory, and vascular damage.					
14	3.4 Discuss interventions to optimize the integumentary environment to maintain skin integrity including: Strategies to prevent moisture damage, chemical damage and burns.					
15	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.						
16	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.					
17	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.					
18	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.					
19	4.4 Interpret laboratory tests including: Hemoglobin, hematocrit, cholesterol, triglycerides, homocysteine, prothrombin times, International Normalized Ratio (INR) if taking Warfarin.					
20	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.					
21	4.6 Explain the importance of macro and micronutrients 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.					
22	4.7 Describe the accommodations that must be made when					

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	managing the morbidly obese person including: Surgical considerations, transportation, equipment, dietary and health professional human resources.					
23	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 <u>complete a compressive lower limb assessment</u> (legs and feet) to differentiate lower limb pathologies.					
24	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.					
25	5.2 Explain the significance of the Ankle Brachial Pressure Index.					
26	5.3 Demonstrate the ability to conduct an ABPI.					
27	5.4 Explain the significance of the Toe Pressure Test					
28	5.5 Demonstrate the ability to conduct a Toe Pressure Test (ABPI).					
29	5.6 Demonstrate the ability to complete a focused VLU patient assessment.					
	Learning Outcome #6					
	Describe how to <u>effectively manage edema</u> to promote patient comfort and symptom management.					
30	6.1 Explain the pathophysiology and significance of edema including: Types of edema including; lymphedema, lipedema, 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.					
31	6.2 Describe the anatomy and physiology of the lymphatic system including: lymphatic fluid constituents, lymph transport and lymph node function.					

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32	6.3 Explain the etiology of edema including: Specific conditions, abnormal lymphatic structures (congenital), surgery, bacterial, radiation and trauma.					
33	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.					
34	6.5 Describe the stages of Lymphedema including: The manifestations of each of the 3 stages.					
35	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.					
36	6.7 Describe the presentation of edema including: Consistency, distribution, effect of elevation, bilateralism, pain, and skin condition.					
37	6.8 Distinguish Lymphedema from Lipedema including: Etiology, presentation, and management.					
38	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.						
39	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.					
40	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.					
41	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					

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	Assessment Tool, and the Leg Ulcer Measurement Tool.					
42	7.4 Explain wound measurement methods including: Linear, volumetric, photography, planimetry, tracings, wound molds, fluid instillation, structured light and computer-based measurement systems.					
43	7.5 Describe wound classification systems including: The National Pressure Injury Advisory Panel Staging System (NPIAP), Wagner system for staging Diabetic Foot Ulcers, The University of Texas Treatment Based Diabetic Foot Classification System and classification by colour.					
44	7.6 Explain why reverse staging is incorrect when using the NPIAP 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.					
45	8.1 Explain the concept of increased bacterial bioburden including: Contaminated, colonized, critical colonization and infection.					
46	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 breakdown, increased exudate, foul odor.					
47	8.3 Explain the clinical significance of inflammation in chronic wounds.					
48	8.4 Distinguish inflammation from infection.					
49	8.5 Discuss the significance and presentation of inflammation in patients with Diabetes.					
50	8.6 Discuss the indicators of infection in ischemic wounds including: Increased pain, edema, necrosis, fluctuance of the peri-wound tissues, halo of erythema around wound, diminished signs of infection, odor and moisture.					
51	8.7 Describe wound swabbing and culture techniques including: Levine method, Z Technique, wound lavage, and punch biopsy.					
52	8.8 Describe the pros and cons of wound swabbing in the diagnosis of infection in chronic wounds.					
53	8.9 Describe the etiology and symptoms of gangrene including wet gangrene and dry gangrene.					
54	8.10 Discuss osteomyelitis in the diabetic foot.					
	Learning Outcome #9					
	Describe how to effectively <u>manage wound related pain</u> to ensure that patient's pain is controlled to their expectations.					

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55	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.					
56	9.2 Describe the differences between types of wound pain including: Nociceptive, somatic, visceral, referred, and cutaneous.					
57	9.3 Differentiate the types of pain including: Chronic, cyclic, non-cyclic, and procedural.					
58	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 warm, wound cleansing, distraction, hypnosis, reframing, relaxation, visual imagery, and biofeedback.					
59	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.					
60	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.					
61	9.7 Describe pain assessment scales including: faces, numeric and analogue scales.					
Learning Outcome #10						
Discuss the <u>principles of wound bed preparation</u> to effectively select dressings and therapies to manage wounds.						
62	10.1 Discuss the necessary elements required for the body to heal including blood supply, hemoglobin, oxygen saturation, albumin.					
63	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.					
64	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.					
65	10.4 Discuss the pros and cons of various wound cleansing agents including: Sodium hypochlorite, hydrogen peroxide, crystal violet, mercuric chloride, chlorhexidine, acetic acid,					

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	povidone iodine, commercial wound cleansers, tap/well water, distilled water, and normal saline, showering and bathing with a wound.					
	Learning Outcome #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 management of a wound.					
66	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.					
67	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.					
	Learning Outcome #12					
	Explain how to <u>select the appropriate wound management product or therapy</u> to ensure that wound bed characteristics are handled cost-effectively.					
69	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.					
70	12.2 Define the healable wound.					
71	12.3 Define the maintenance wound.					
72	12.4 Define the non-healable wound.					
73	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 Outcome #13					
74	Explain the elements of care required to <u>effectively manage Lower Extremity Venous Disease (LEVD) and Venous Leg Ulcers (VLUs)</u> to promote the prevention and management of these wounds.					
75	13.1 Discuss the prevalence and incidence of VLUs in Canadian clinical settings including: community care, residential care, long term care, nursing homes and acute care.					

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76	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.					
77	13.3 Describe the anatomy and physiology of the leg veins including: the deep leg veins, the superficial leg veins, and the perforator veins.					
78	13.4 Explain the pathophysiology of a 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.					
79	13.5 Describe management goals for the person living with a VLU including: Identification, edema reduction, complication reduction, pain management, patient centered concerns.					
80	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.					
81	13.7 Describe the special considerations for the use of compression in those people with mixed disease.					
82	13.8 Discuss the medications and topical agents used to treat people with VLUs including: Pentoxifylline, growth factors, chestnut seed extract.					
83	13.9 Discuss surgical options for managing VLUs including: Vein ligation, perforator surgery and skin grafting.					
84	13.10 Discuss alternative therapies for VLUs including: Skin substitutes, whirlpool therapy, exercise therapy, laser therapy, electromagnetic therapy, electrical stimulation, ultrasound, negative pressure wound therapy, hyperbaric oxygen therapy, and small intestinal submucosa therapy.					
Learning Outcome #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.						
85	14.1 Discuss the prevalence and incidence of LEAD in Canadian clinical settings including: Community care, residential care, long term care, nursing homes and acute care.					
86	14.2 Discuss the risk factors for LEAD including: Advanced age, sedentary lifestyle, smoking, atherosclerosis, Buerger's					

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	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.					
87	14.3 Explain the etiology of ischemic ulcers including: Progressive ischemia, effect of trauma and external pressure.					
88	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 Outcome #15						
Explain the elements of care required to <u>effectively manage Lower Extremity Neuropathic Disease (LEND) to promote the prevention and management of these wounds.</u>						
89	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.					
90	15.2 Discuss the Incidence of ulcers at various sites of the foot including: metatarsal heads especially the third and forefoot.					
91	15.3 Discuss the relationship between elevated glucose and wounds including: Infection and poor healing.					
92	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, anhidrosis, fungal infections, bacterial foot infections, temperature variance between feet, edema, adequacy of perfusion, cellulitis.					
93	15.5 Discuss 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.					
94	15.6 Explain Neuropathy Testing including: Sensory neuropathy, Motor neuropathy, Autonomic neuropathy					
95	15.7 Explain the steps in the chain that lead to amputation including: Neuropathy, ischemia, deformity, callus, swelling, skin breakdown, infection, and necrosis.					
96	15.8 Explain the etiology and significance of callus formation					

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	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.					
97	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.					
98	15.10 Discuss offloading techniques including: Orthotics, total contact casting, custom made shoes, wedge sole shoes and walking splints.					
90	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.					
91	15.12 Describe the components of a patient education program including: Regular foot screening, selection of appropriate footwear, sizing of footwear, self-care techniques, foot cleansing and toenail care, access to diabetes and foot specialists and compensation strategies for sensory or visual deficits.					
	Learning Outcome #16					
	Explain the elements of care required to <u>effectively manage Pressure Injuries</u> to promote the prevention and management of these wounds.					
92	16.1 Discuss the prevalence of pressure injuries in Canadian clinical settings including: Community care, residential care, long term care, nursing homes and acute care.					
93	16.2 Explain the etiology of pressure related wounds including: Pressure intensity, duration of pressure, tissue tolerance, nutrition, obesity, mobility, activity, incontinence, cognition, shear, pressure and friction.					
94	16.3 Describe the cellular changes of tissue as a result of pressure.					
95	16.4 Describe the Kennedy Terminal Ulcer.					
96	16.5 Explain the concepts of pressure reduction including: Pressure mapping, pressure redistribution, pressure relief, pressure reduction, offloading and downloading.					
97	Learning Outcome #17					
98	Explain the elements of care required to <u>effectively manage postoperative surgical wound complications</u> to promote the prevention and management of these wounds.					

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99	17.1 Discuss the prevalence and incidence of post- operative surgical site infections in Canada.					
100	17.2 Discuss the classification of surgical site infection including: Category 1, Category 2, and Category 3.					
101	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.					
102	17.4 Describe the presentation of the phases of healing in a surgical wound including: Hemostasis, proliferation, epithelialization, and maturation.					
103	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 Outcome #18					
	Explain the elements of care required to <u>effectively manage metastatic and fungating wounds</u> to promote patient comfort and symptom management.					
104	18.1 Describe the pathophysiology of radiation induced skin damage including: acute and late reactions.					
105	18.2 Describe the extent of tissue damage resulting from extravasation including: The effects of vesicants, and irritants.					
106	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.					
107	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.					
108	18.5 Describe the stages of irradiation damage including: Inflammation, dry desquamation, moist desquamation, and epilation.					
109	18.6 Describe management strategies for irradiated skin including: Injury prevention, measures to promote cleanliness, measures to provide comfort.					
110	18.7 Describe the manifestation of fungating wounds including: Appearance, odor, drainage, infection potential, periwound skin and size/shape.					
111	18.8 Discuss interventions that promote quality of life for the patient with a fungating tumor including: Odor reduction,					

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	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 Outcome #19					
	Explain the elements of care required to <u>effectively manage traumatic wounds</u> to promote the management of these wounds.					
112	19.1 Describe the characteristics of a traumatic wound including: hematoma, necrosis, sustained inflammation due to foreign bodies in the wound, infection, and odor.					
113	19.2 Describe the etiologies of a skin tear including: Changes to aging skin, precipitating factors and causation.					
114	19.3 Describe management techniques to prevent skin tears including: Clothing, mobility, skin tear and education.					
115	19.4 Describe the ISTAP Skin Tear Classification System for Skin Tears including: Appearance at each classification and appropriate therapy.					
	Learning Outcome #20					
	Explain the elements of care required to <u>effectively manage burns</u> to promote the management of these wounds.					
116	20.1 Discuss the types of burn injury including: Thermal, flame, contact, radiation, chemical, alkalis, acids, organic compounds, tar and electrical.					
117	20.2 Discuss inhalation injury including: Carbon monoxide poisoning, upper airway injury, lower airway injury,					
118	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,					
119	20.4 Discuss American Burn Association burn categories and referral criteria including: Burn categories: Minor, moderate and major. Local factors and systemic factors.					
120	20.5 Describe the Lund-Browder chart for estimating burn size.					
121	20.6 Describe systemic support including: Stabilization, fluid resuscitation, pulmonary support and cardiovascular support.					
122	20.7 Discuss surgical interventions including: Escharotomy and fasciotomy.					
123	20.8 Describe the goals of burn management including: Prevention of infection, preparation for closure, elements determining healing potential, psychological aspects (delirium, grief, anxiety).					
124	20.9 Discuss the differences in approach to burn care related to burn depth including: topical antibiotics, silver					

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	nitrate, antimicrobial dressings, biosynthetic dressings, biologic dressings, skin substitutes, burn excision, autografting.					
125	20.10 Discuss the characteristics of the rehabilitation phase including: Scarring, contractures and itching.					
126	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 Outcome #21						
Explain the elements of care required to <u>effectively manage uncommon wounds to promote management of these wounds.</u>						
127	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.					

Chapter 3: Continence Management Course

3.1 Continence Management Theory

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.

Course which we currently recognize for theoretical RPL include:

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

If successful, students would be given credit for the theory portion of the WOC-EP Continence Management Course, however, may be required to complete the preceptorship program.

3.2 Continence Management Course Preceptorship Challenge

1. Student MUST be granted RPL Theory in order to challenge the preceptorship.
2. The student must have their employer send a letter on company letterhead directly to the WOC-Institute Chair chair@wocinstitute.ca attesting that the student has worked for TWO years FULL TIME or THREE years PART-TIME in the role as an Advanced Practice Continence Care Nurse.
3. The student must provide an updated resumé which supports that they have been working in the role as an Advanced Practice Continence Care Nurse.
4. Students must have the program they have completed send an official transcript to the WOC-Institute registrar@wocinstitute.ca.
5. The student must submit the name and contact information of the individual who will be their reference. The student must have worked alongside this individual and the individual must attest that the student possesses the knowledge, skills, and judgement to be granted RPL.

A suitable reference is a nurse who is an advanced practice Continence care nurse with at least two years of experience in the role and is an NSWOC, or nurse continence advisory. The reference may also be physician or nurse practitioner who are recognized as an advanced continence care clinician.

6. If the student's reference is approved, the student must provide the individual with the direct link to complete the online competency checklist.

7. The student must then independently complete the same checklist and attest to their own skill level.

3.3 Preceptorship Evaluation Checklist

Checklist must be completed online by both the student and the reference.

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 preceptorship component of the Continence Management Course individuals must achieve a score equal to or greater than 110 on the skills check list.

Continence Preceptorship Evaluation Checklist

	1= no experience 2= beginner level 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	1.1 Understands the anatomy of micturition and defecation					
2	1.2 Understands the physiology of micturition and defecation and age-related changes.					
3	1.3 Understands the pathophysiology of bladder and bowel dysfunction.					
4	1.4 Understands the surgical procedures that result in urinary and fecal incontinence.					
5	1.5 Understands the indications for and use of continence management products and applications.					
	Learning Outcome #2					
	Discuss Assessment of Continence related issues.					
6	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					

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	disorders, age, medical comorbidities, bladder, and bowel habits, diagnostic and laboratory tests)					
7	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).					
8	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).					
9	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						
10	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.					
11	3.2 Selects containment products and devices (e.g., briefs, pouches, condom catheter).					
12	3.3 Identifies pharmacological treatment.					
13	3.4 Understands surgical options related to bowel and urinary incontinence.					
14	3.5 Initiates referrals to healthcare professionals (e.g., sexual health counselling, dietitian).					
15	3.6 Refers to community resources and other healthcare professionals.					
Learning Outcome #4						
Discuss Urinary Continence Care						
16	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,					

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	trauma, obstructions, diabetes, Paget’s disease)					
17	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).					
18	4.3 Identifies classification of urinary incontinence (e.g., stress, urge, overflow, functional, reflex).					
19	4.4 Establishes a plan of care for a client with urinary incontinence.					
20	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).					
21	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						
22	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)					
23	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).					
24	5.3 Identifies classification of bowel incontinence (e.g., constipation, fecal impaction, neurogenic).					
25	5.4 Establishes a plan of care for a client for a client with bowel incontinence.					
26	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, antegrade colonic procedures, training, and management follow-up).					

Chapter 4: Ostomy Management Course

4.1 Ostomy Management Theory

RPL could be given for the THEORETICAL portion of a course to those who have completed an international program 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.

If successful, students would be given credit for the theory portion of the WOC-EP Ostomy Management Course, however, may be required to complete the preceptorship program.

4.2 Ostomy Management Course Preceptorship Challenge

1. Student MUST be granted RPL Theory in order to challenge the preceptorship.
2. The student must have their employer send a letter on company letterhead directly to the WOC-Institute Chair chair@wocinstitute.ca attesting that the student has worked for TWO years FULL TIME or THREE years PART-TIME in the role as an Advanced Practice Ostomy Care Nurse.
3. The student must provide an updated resumé which supports that they have been working in the role as an Advanced Practice Ostomy Care Nurse.
4. Students must have the program they have completed send an official transcript to the WOC-Institute registrar@wocinstitute.ca.
5. The student must submit the name and contact information of the individual who will be their reference. The student must have worked alongside this individual and the individual must attest that the student possesses the knowledge, skills, and judgement to be granted RPL.

A suitable reference is a nurse who is an advanced practice Ostomy care nurse with at least two years of experience in the role and is an NSWOC, or nurse continence advisor. The reference may also be physician or nurse practitioner who are recognized as advanced ostomy care clinicians.

6. If the student's reference is approved, the student must provide the individual with the direct link to complete the online competency checklist.
7. The student must then independently complete the same checklist and attest to their own skill level.

4.3 Preceptorship Evaluation Checklist

Checklist must be completed online by both the student and the reference.

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 preceptorship component of the Ostomy Management Course individuals must achieve a score equal to or greater than 380 on the skills checklist.

Ostomy Preceptorship Evaluation Checklist

	1= no experience 2= beginner level 3= competent 4= advanced 5= expert					
	Level of Performance – Check One	1	2	3	4	5
	Learning Outcome #1					
	Discuss the anatomy and physiology of the gastrointestinal system in relation to the general principles of ostomy, fistula and percutaneous care.					
1	1.1 Describes the anatomy of the gastrointestinal system including the upper gastrointestinal tract (e.g., mouth, esophagus, stomach).					
2	1.2 Describes the anatomy of the gastrointestinal system including small intestine (e.g., duodenum, jejunum, ileum).					
3	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).					
4	1.4 Describes the anatomy of the gastrointestinal system including accessory organs (e.g., biliary system, pancreas, liver).					
5	1.5 Understands the physiology of the gastrointestinal system including motility (e.g., esophagus, stomach, small intestine, colon).					
6	1.6 Understands the physiology of the gastrointestinal system including absorption (e.g., stomach, small intestine, colon).					
7	1.7 Understands the physiology of the gastrointestinal					

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	system including secretion (e.g., small intestine, biliary system, pancreas, liver).					
8	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						
5	2.1 Understands the pathophysiology of the gastrointestinal system including inflammatory (e.g., ulcerative colitis, Crohn's disease, radiation enteritis, diverticular disease).					
6	2.2 Understands the pathophysiology of the gastrointestinal system including infectious (e.g., enteritis, pseudo membranous colitis).					
7	2.3 Understands the pathophysiology of the gastrointestinal system including ischemic (e.g., necrotizing enterocolitis, mesenteric thrombosis).					
8	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).					
9	2.5 Understands the pathophysiology of the gastrointestinal system including malignant (e.g., bowel, rectal, anal, metastatic disease of prostate, uterus, cervical, ovarian, vaginal).					
10	2.6 Understands the pathophysiology of the gastrointestinal system including other (e.g., familial adenomatous polyposis, intestinal trauma).					
11	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						
12	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).					
13	3.2 Understands types of continent diversions (e.g., Kock continent ileostomy, ileoanal reservoir performed as a one, two or three-step procedure).					
14	3.3 Understands types of stoma construction (e.g., end					

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	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					
15	4.1 Understands the anatomy of the urinary system including upper urinary tract (e.g., kidneys, ureters).					
16	4.2 Understands the anatomy of the urinary system including lower urinary tract (e.g., urinary bladder, urethra, pelvic floor support structures).					
17	4.3 Understands the physiology of the urinary system including urine formation and elimination.					
18	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					
19	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, omphalocele, atresias, posterior urethral valves).					
20	5.2 Understands the pathophysiology of the urinary system including malignant (e.g., bladder, ureters, urethral, prostate, uterus, cervical, ovarian, vaginal).					
21	5.3 Understands the pathophysiology of the urinary system including other (e.g., trauma).					
	Learning Outcome #6					
	Describes surgical procedures involving the urinary system					
22	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).					
23	6.2 Understands types of stoma construction (e.g., end stoma, loop stoma).					
24	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)					
25	7.1 Understands the anatomy of the reproductive system: male (e.g., testes, epididymis, vas deferens, spermatic cord,					

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	seminal vesicles, prostate, penis, scrotum).					
26	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).					
27	7.3 Understands the physiology of the reproductive system male (e.g., vasculature, neurology, impotence, erectile dysfunction).					
28	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.						
29	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						
30	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).					
31	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).					
32	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,					

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	perfusion, devices such as rods, catheters, stents, retraction, prolapse, lacerations, necrosis/ischemia, bleeding, stenosis, polyps).					
33	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).					
34	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					
35	10.1 Establishes a plan of care for a client with an ostomy fistula or percutaneous site.					
36	10.2 Facilitates understanding of diagnosis and surgical procedures for a client with an ostomy, fistula or percutaneous site.					
37	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).					
38	10.4 Implements interventions including assessing and determining stoma site location.					
39	10.5 Implements interventions including selecting products.					
40	10.6 Implements interventions including managing complications (e.g., stomal, peristomal).					
41	10.7 Implements interventions including referrals to community resources and other health-care professionals (e.g., funding programs, support groups, retail outlets).					
	Learning Outcome #11					
	Discuss the principles of fecal and urinary diversion management (Colostomy, Ileostomy, Urostomy)					
42	Colostomy					
43	11.1 Differentiates locations of colostomies and expected output.					

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44	11.2 Identifies a plan of care based on location of colostomy and a client's preferences and needs.					
45	11.3 Teaches management of retained distal segment of bowel (e.g., mucous fistula, rectal stump).					
46	11.4 Instructs in dietary modifications (e.g. to prevent constipation or reduce gas). Prepares for closure or permanent colostomy.					
47	11.5 When appropriate teaches irrigation to a client with a colostomy.					
	Ileostomy					
48	11.6 Differentiates location of ileostomy and expected output.					
49	11.7 Teaches strategies to prevent and correct fluid and electrolyte imbalances.					
50	11.8 Teaches about changes in absorption (e.g., medications, diet, B12).					
51	11.9 Teaches management of retained distal segment of bowel (e.g., mucous fistula, rectal stump).					
52	11.10 Teaches a client with an ileostomy about the signs and symptoms of obstruction.					
53	11.11 Teaches a client with an ileostomy about the signs and symptoms of fluid and electrolyte imbalance.					
54	11.12 Teaches a client with an ileostomy about the signs and symptoms of B12 deficiency.					
55	11.12 Teaches strategies to prevent and manage food blockage to a client with an ileostomy.					
56	11.13 Performs ileostomy lavage.					
57	11.14 Prepares for closure or permanent ileostomy.					
	Urostomy					
58	11.15 Differentiates location of urostomy and expected output.					
59	11.16 Teaches a client with a urostomy about adequate fluid intake.					
60	11.17 Teaches a client with a urostomy about dietary considerations.					
61	11.18 Teaches a client with a urostomy about use of night drainage system (e.g., blue bag syndrome).					
62	11.19 Teaches a client with a urostomy about mucous management.					
63	11.20 Recognizes and manages peristomal complications related to prolonged contact with urine (e.g., alkaline encrustations, pseudoverrucous lesions).					
64	11.21 Manages stents and catheters.					

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65	11.22 Teaches a client with a urostomy about signs and symptoms of urinary tract infections.					
66	11.23 Teaches a client with a urostomy about the proper method to obtain urine specimens					
	Learning Outcome #12					
	Discuss the management principles of continent diversions					
68	Fecal Diversions					
69	12.1 Instructs a client regarding expected outcomes of fecal diversions (e.g., number of bowel movements per day, continence, dietary modifications).					
70	12.2 Instructs a client regarding complications (e.g., pouchitis, valve failure, stricture, incontinence, pouch failure).					
71	12.3 The NSWOC implements nursing interventions in the immediate postoperative period following fecal diversions (e.g., perianal skin protection, intubation, irrigation, dietary modifications).					
72	12.4 Instructs a client how to integrate the management of a continent fecal diversion into daily care (e.g., skin protection, dietary modifications, intubation, irrigation, medication).					
73	Urinary Diversions					
74	12.5 Instructs a client regarding expected outcomes with urinary diversions (e.g., continence, fluid intake, mucous management).					
75	12.6 Instructs a client regarding complications (e.g., valve failure, pouchitis, stricture, infection, pouch failure, incontinence).					
76	12.7 Implements nursing interventions in the immediate postoperative period (e.g., managing drains and tubes, skin protection, intubation, irrigation).					
77	12.8 Instructs 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					
	Fistulas					
78	13.1 Identifies etiologic factors and manifestations of a fistula.					
79	13.2 Performs an assessment of a client with a fistula including source (e.g., bowel, bladder).					
80	13.3 Performs an assessment of a client with a fistula including location.					

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81	13.4 Performs an assessment of a client with a fistula including size (e.g., cutaneous opening, length of tract).					
82	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).					
83	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).					
84	13.7 Performs an assessment of a client with a fistula including perifistular skin (e.g., intact, macerated, erythematous, denuded, eroded, ulcerated, infected).					
85	13.8 Performs an assessment of a client with a fistula including fluid and electrolyte, dietary and nutritional considerations.					
86	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).					
87	13.10 Establishes a plan of care for a client with a fistula.					
88	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).					
89	13.12 Suggests pharmacological management for a client with a fistula.					
	Percutaneous Sites					
90	13.13 Identifies type and purpose of percutaneous tubes and drains (e.g., enteral, urinary).					
91	13.14 Assesses patency and placement of percutaneous tubes and drains.					
92	13.15 Recommends stabilization method for percutaneous tubes and drains.					
93	13.16 Initiates measures to prevent and manage complications for clients with percutaneous tubes and drains (e.g., tube migration, dislodgement, obstruction, leakage).					
94	13.17 Initiates measures to prevent and manage peritube skin damage (e.g., infection, hypergranulation, chemical, mechanical, perform chemical cauterization).					
95	13.18 Teaches a client with a percutaneous tube or drain about the care and use of equipment (e.g., hygiene).					

Chapter 5: Application for Wound, Ostomy and Continence (WOC) Institute's Recognized Education Program (REP)

1. Name of Program _____
2. Name of institution coordinating/administering the program _____
3. Name and title of primary educator involved in writing, reviewing, or teaching within the program

4. Primary location of program and years of operation _____Years

5. Name and title of Director/Administrator (If different from Primary educator) _____

For all WOC-Institute correspondence and enquiries

6. Name of REP (as listed in 2 above)

7. Name of contact person

8. Postal address (official address, not home address)

9. City and zip code

10. Country

11. Telephone (including country and area code please)

12. Fax (including country and area code please)

13. E-mail

Course Information

14. Next program – Proposed start date

15. Next program – Proposed completion date

16. How often is it planned to run this program?

17. Language in which program is conducted:

18. Mode of study (please indicate):

Split option with theoretical blocks and clinical management between students

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- Distance education program with clinical arrangements between student and preceptor
- Extended program over 6+months; specific clinical/theory days
- Other (please specify)

19. Number of theoretical hours:

20. Number of clinical hours:

21. Methods of theoretical assessment:

- Final written exam
- Weekly quizzes
- Workbooks
- Literature review
- Case study
- Topic paper
- Other (please specify)
- Written assignments
- Oral class presentation
- Research proposal

22. Methods of clinical assessment:

- OSCE (Objective Structured Clinical Examination)
- Clinical competency book
- Simulated observed practice
- Patient review
- Clinical teaching
- Direct preceptor observation
- Peer review
- Other (please specify)

23. Qualification to be granted on completion of program

Student Information

24. What are the professional requirements for students entering the program?

- Bachelor's degree _____ Other (please specify)_____

Teaching and Learning Resources

25. List main textbooks **students are advised to purchase and/or are available for purchase** during the program (Add more lines if required):

Author(s)	Title of book or journal	Date of publication	Publisher's name	Publisher's country

Please add additional list if required

26. List main textbooks **students are able to access** during the program: i.e. available in Library or online. (Add more lines if required.)

Author(s)	Title of book or journal	Date of publication	Publisher's name	Publisher's country

Please add additional list if required

Please submit all the following information by email to:

The WOC-Institute Chair: chair@wocinstitute.ca

This completed application form should be accompanied with a

x Course curriculum document which should detail:

- x Educational aims of the course
- x Learning outcomes for students
- x List of core competencies taught during the program
- x All methods of student assessment including criteria for course completion/passing
- x An example of a theory test or assignment
- x An example of a clinical test or competency

x Letter of support from National Nursing Association OR Wounds Canada OR Nurses Specialized in Wound, Ostomy and Continence Canada (or equivalent)

x Program Timetable (proposed)

This application will be subjected to review by the WOC-Institute Education Committee, and you will be notified of recommendations or recognition within 12 weeks of receipt of the application.

Signature of primary contact: _____ Date:

Signature of Director (if different from above): _____ Date:

Wound, Ostomy and Continence Institute

SCORING CRITERIA FOR WOUND, OSTOMY OR CONTINENCE NURSING EDUCATION PROGRAMS PRESENTED TO WOC INSTITUTE EDUCATION COMMITTEE FOR REVIEW

Name of program:

	Range	Score	Comments
1. The Program has an NSWOC or other specialist (Wound, Ostomy or Continence) as director OR consultant to develop or overview the program (Question 9*)	0 – 1		
2. The primary educator has completed a speciality program recognized by the WOC-Institute (<i>Education Chairperson to confirm</i>)	0 – 1		
3. The program is recognised by a national nursing association OR Wounds Canada OR Nurses Specialized in Wound, Ostomy and Continence Canada (or equivalent)	0 – 1		
4. Clinical preceptors have completed a WOC-Institute recognised programs	0 – 1		
5. The program has qualified theoretical teachers	0 – 1		
6. The program includes 160 theoretical hours in full, split, extended or distance mode.	0 – 1		

WOUND, OSTOMY AND CONTINENCE EDUCATION PROGRAM

7. The program includes 160 clinical hours (or its equivalent) in full, split, extended or distance mode.	0 – 1		
8. The program includes comprehensive continuous mechanisms for assessing students in theory	0 – 2		
9. Evidence of appropriate student evaluation methods, marking and passing criteria included with application	0 - 3		
10. The program includes comprehensive continuous mechanisms for assessing students clinical competence	0 - 2		
11. Evidence of evaluation methods and passing criteria for clinical competence included with application	0 - 3		
12. The program curriculum includes at least 80% of the WOC-EP core competencies	0-5		
14. Teaching and Learning resource material is current, applicable and accessible to students	0 - 3		
TOTAL	/25		

WOUND, OSTOMY AND CONTINENCE EDUCATION PROGRAM

Date sent to reviewer:

19 points or over: = 75% = REP
Less than 75 %: needs modification

I believe the Program should be:

- Granted WOC-Institute recognition
- Modified before recognition can be granted. Recommendations attached.

Please copy this form on a Word document. Complete it and email your evaluation to the Education Chairperson (chair@wocinstitute.ca):

Thank you.

Signature of reviewer: _____ Date: _____



www.wocinstitute.ca

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