ACCREDITATION CRITERIA & APPENDICES 2020

(SECTION 9 AND APPENDICES A – L)

FOR THE ACCREDITATION OF WOUND, OSTOMY, AND CONTINENCE NURSING EDUCATION PROGRAM
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9. CRITERIA FOR ACCREDITATION OF WOC NURSING EDUCATION PROGRAMS

❖ Purpose of Criteria
The criteria for accreditation of WOC Nursing Education Programs (hereinafter “WOCNEP”) were developed by the WOCN Society’s Accreditation Committee (hereinafter the “Accreditation Committee”) in collaboration with the program directors and approved by the WOCN Society’s board of directors (hereinafter “board of directors”). The criteria are designed to assist the program faculty in developing and improving nursing education programs. By a process of systematic self-study, a program will assure continuous evaluation and improvement. The purpose of the Self-study Report is for a program to demonstrate the degree to which the criteria have been met. The Self-study Report provides the program an opportunity to identify its strengths and areas for improvement. The criteria provide the measures by which the Accreditation Committee evaluates each program.

❖ Each criterion consists of:
1) The criterion statement which provides the evidence for the criterion.
2) A description of compliance with each criterion and/or complete suggested tables to include with the Self-study Report.
3) Supporting documents that are submitted with the Self-study Report documentation requirements.
4) On-site review and validation of criterion materials.

(Note: The program may submit additional or alternative evidence if appropriate.)

9.1. Philosophy, Mission, and Goals of the Program
The philosophy, goals and outcomes should be congruent with the WOCN Society (hereinafter the “Society”) and indicate whom the program serves and what it intends to accomplish.

❖ Documents to be submitted with Self-study Report:
➢ Program’s philosophy, mission and goal statements.
➢ Description of program’s outcomes.
➢ Description explaining how the program’s philosophy, mission and goals:
   • Reflect those of the Society.
   • Relate to program outcomes.

9.2. Program Director(s) Qualifications
All persons with the title of director as well as the individual named as the interim program director must meet all of the following qualifications:

9.2.1. Education
❖ Master’s or doctoral degree in nursing.

9.2.2. Certification
(a) Full Scope Program: CWOCN certification.
(b) Specialty Course: WOCNCB certification in specialty area.

9.2.3. Experience

❖ Clinical Practice: At least 3 years’ full-time experience in WOC specialty after certification:
  ➢ Full-Scope: WOC nursing practice including wound, ostomy and continence management.
  ➢ Specialty Course: WOC nursing practice in specialty area.

❖ Teaching: Experience in didactic and clinical instruction beyond patient education/preceptor roles.
  ➢ The program director and co-directors document knowledge of curriculum design, test construction and program evaluation as evidenced by one or more of the following:
    ▪ Transcripts documenting relevant course work.
    ▪ Evidence of completion of appropriate continuing education courses.
    ▪ Relevant work-related experience; such as full-time nursing faculty employment with responsibilities for a course.

❖ Documents to be submitted with Self-study Report:
Submit the following for each of the directors and the interim director:
  ➢ Current curriculum vitae.
  ➢ Copies of current certification certificate(s).
  ➢ Current role/job description which includes:
    ▪ Qualifications.
    ▪ Responsibility for implementation and evaluation of program.
    ▪ Responsibility for appointment and evaluation of faculty and clinical preceptors.

❖ For initial accreditation and/or a change in program director(s) or co-director(s) or interim director only, the following additional items are required:
  ➢ Official transcripts from all educational programs and academic institutions attended that indicates conferred degree(s).
  ➢ All transcripts must be official and sent directly from the college to the National Office.

9.2.4. Additional Requirements for AP WOC Programs

❖ Instructors and preceptors must be APNs
9.3. **Program Faculty/Clinical Preceptors/Alternate Clinical Provider/Guest Lecturers Qualifications**

The program’s instructional research, clinical, and service components are devised, developed, monitored and supported by qualified professionals.

9.3.1. Program faculty and/or clinical preceptors must meet the following criteria:

9.3.1.1. **Education**
(a) RN with a minimum of a Baccalaureate Degree.

9.3.1.2. **Certification**
(a) Has current CWOCN or
(b) Has current WOCNCB specialty certification in the specialty in which they teach/precept or
(c) Has certification through a national specialty nursing organization or national nursing credentialing center in the specialty in which they teach/precept.

9.3.1.3. **Clinical Experience**
(a) At least 1 year of full-time specialty practice after certification.

9.3.1.4. **Teaching Experience**

- **Faculty**
  (a) Experience in didactic and clinical instruction beyond patient education/preceptor roles.

- **Preceptor**
  (a) Preceptors must demonstrate completion of a preceptor workshop or other structured learning program that included principles of adult learning, critical teaching strategies and clinical evaluation methodology or
  (b) Demonstrate evidence of prior preceptor or clinical nursing educator experience.

9.3.2. **Alternate Clinical Provider and Guest Lecturer**
(a) In order to meet a program’s or student’s objectives when a nursing certified preceptor is not available to teach a specific skill (such as urodynamic testing or sharp debridement), clinical time with an alternate clinical provider (see **Glossary**) may be arranged. The program director is responsible for assuring that the clinical objectives are clearly defined and congruent with the selected learning experience. The alternate clinical provider is responsible for providing written evidence of clinical competency from their facility or manager. The program is responsible for maintaining evidence of the credentials of the alternate clinical provider.
(b) Content presented by guest lecturer (see Glossary) may only account for 30% of the material offered in the curriculum. Content co-presented with program faculty does not count toward the 30% guest lecturer total.

❖ Documentation to be submitted with Self-study Report:

➢ Role/job description for program faculty, clinical preceptors, alternate clinical provider and guest lecturers to include:
   ▪ Qualifications.
   ▪ Participation in development, implementation and evaluation of program.
   ▪ Provision of instruction.
   ▪ Participation in student evaluations.
   ▪ Demonstration of current practice in specialty area(s).

➢ Program faculty, clinical preceptors, alternate clinical provider, guest lecturers’ records for past 1 year in Table 1. (see Appendix I) with prior 6 years’ records available for review on site.

9.4. Clinical Resources
Clinical resources support attainment of the program outcomes for the number of students and types of programs/courses.

9.4.1. The average daily census supports clinical learning experiences. Simulated patient experiences may be used to supplement the clinical experience needed to meet this criterion. Students must document clinical experiences to enable them to achieve the appropriate clinical competencies as defined by the Society. (For sample tool, see Appendix E.) Note: the program must ensure that the tool reflects the current WOCN Society’s Curriculum Blueprint for the WOCN Educational Programs (hereinafter “Curriculum Blueprint”; see Appendix L).

9.4.2. The maximum ratio of clinical instructor on-site to students is 1:2 at one time.

❖ Documents to be submitted with Self-study Report

➢ For each preceptor, complete Table 2. (see Appendix J), or agency form that reflects all data requested in Table 2.

❖ On-site Evaluation

➢ Student documentation of numbers and types of clinical learning experiences.

➢ Policy regarding contracts and/or actual contracts with clinical facilities.

➢ Simulation experiences offered and clinical hours allotted for each.

9.5. Curriculum and Instruction
The curriculum focuses on the discipline of wound, ostomy, and continence nursing, builds on the knowledge and competencies of baccalaureate nursing education and supports the
attainment of advanced knowledge and practice. It is adequate in scope and depth to prepare
the graduate for specialty practice in the areas of wound, ostomy, and/or continence
nursing. The length of each program or specialty course offered is appropriate to enable
students to achieve the program/course outcomes and to acquire the knowledge and skills
necessary for employment in the field. The type of program offered and the geographic
location of the facility in which the education is delivered influence the program design.

Teaching-learning practices and environments (classroom, clinical, laboratory, simulation,
distance education) support achievement of expected individual student outcomes
identified in course objectives. Clinical practice experiences are a part of all programs,
including those with distance education offerings.

9.5.1. Principles of adult education are used throughout the program.

9.5.2. Educational materials are organized so that knowledge, understanding and skills
are developed and measured throughout the program.

9.5.3. Program outcomes focus on acquisition of knowledge and skills at the nurse
specialty practice level and are outcome oriented.
   ❖ Outcomes are appropriate in scope and depth.
   ❖ Outcomes are appropriate to the domain (i.e., cognitive, affective
     or psychomotor).
   ❖ Outcomes are written in behavioral terms that are measurable.
   ❖ Outcomes include higher levels of domain (i.e., application synthesis, analysis).

9.5.4. Full Scope didactic content addresses all areas of the Curriculum Blueprint
in adequate depth.

9.5.4.1. The four curricular content areas are:
   ❖ Professional Practice Issues.
   ❖ Fecal and Urinary Diversion Ostomy Assessment and Management.
   ❖ Continence Assessment and Management.
   ❖ Wound Assessment and Management.

9.5.4.2. Each student will ideally have experiences in more than one type of care
setting (i.e., acute care, home care, extended care, outpatient care, etc.).
Acute care is preferred as the primary site due to the higher numbers and
variety of patients.

9.5.4.3. A program offering wound, ostomy and continence management includes at
least 240 hours of student contact with at least 120 hours of didactic to
include wound, ostomy, continence and professional practice.
9.5.4.3.1. At least 20 hours of didactic content for each of the four program areas are covered. The additional 40 hours are distributed according to student needs and faculty discretion.

9.5.4.3.2. At least 120 hours of clinical patient care, which is divided as follows:
   - 30 hours minimum in ostomy.
   - 30 hours minimum in wound.
   - 30 hours minimum in continence.
   - 30 hours clinical emphasis to be determined by program director and clinical faculty based on students’ individualized learning needs, for example professional role.

9.5.4.4. All areas of the Curriculum Blueprint are included in didactic content.

9.5.4.5. Clinical hours support and reinforce didactic learning and role development.

The program will have in place alternate resources for students in the event that the student’s preceptor(s) is no longer available or willing to serve in that capacity. If suitable preceptors are not eminently available, then the program will have an established policy for modification of the standard time for program completion until such time that preceptors can be found. It is expected that students will modify their program plans and expectations to accommodate reasonable preceptor substitutions and work in good faith with the program to meet their objectives for program completion.

The program may use a simulation lab for a clinical experience that is not attained in the process of clinical experiences. Simulation may not exceed more than 50% of the required clinical time. Simulation clinical experience time may be altered during a national emergency/crisis. Changes in simulation experience must be submitted to the Accreditation Committee for review. Following approval, the Committee Chair will notify the Board of Directors.

9.5.4.6. Each didactic and clinical hour must be identified by specialty module (wound, ostomy, continence or professional practice) on the class and clinical schedules.

9.5.4.7. Students may begin clinical experience after successfully completing the didactic component of both the professional practice and specialty content.

9.5.5. Specialty Scope: A specialty course focusing on wound, ostomy or continence management provides at least 80 hours of student contact per specialty: 40 hours of didactic, covering professional practice and specialty concepts; and at least 40 hours of clinical patient care for each specialty.

9.5.6. Information Resources and Technology:
9.5.6.1. Information resources, materials and technology are current, accessible and of adequate scope, quantity and quality to facilitate the program’s pursuit of its total educational program.

9.5.6.2. Access to appropriate information and technology is provided for students and staff.

9.5.6.3. Orientation about the use of media services, learning resources and equipment is provided to the students.

9.5.6.4. Information resources reflect social and cultural diversity.

9.5.6.5. Information resources are appropriately supported annually with funding from the program’s budget.

9.5.6.6. Information resources are properly catalogued, housed and annually reviewed for relevancy and currency.

9.5.6.7. Information technology equipment is current, functional and well maintained.

9.5.6.8. If online resources and/or a media center are available for students attending the program, staff is sufficiently and appropriately qualified to provide effective services for students.

9.5.6.9. Students are provided opportunities to offer input into the types, quality, and format of the information resources provided.

9.5.6.10. The program establishes a strategic plan addressing its long-range planning for technology enhancement taking into consideration facilities and finances as appropriate and assuring that the program keeps pace with technological changes.

9.5.7. Information resources and technology specific to Distance Learning Programs

9.5.7.1. Student interactions with faculty and other students are facilitated through a variety of electronic means as an essential characteristic of the educational program.

9.5.7.2. Prior to admission into program, the prospective student is advised about the technical competence required to participate and learn in the educational program.
9.5.7.3. Appropriate technical skills and competencies required for students to utilize a distance education model effectively and efficiently are included as part of the educational program and instructional process.

9.5.7.4. The program implements written policies and procedures to ensure that students fulfill program requirements personally and without inappropriate assistance.

9.5.7.5. The program implements written policies and procedures to ensure the identity of the students when assessment of learning is conducted electronically or by means other than in a location in which the student is in the presence and under the direct supervision of a staff member.

9.5.7.6. The technology system is adequate to deliver the educational program.

9.5.7.7. The program provides the students with technical support for the educational technology hardware, software and delivery system required to implement the educational program.

9.5.8. **Documents to be submitted with Self-study Report:**

- Course and unit outcomes.
- Course schedule.
- Curricular plan showing content areas and time allotted.
- List of course requirements including required reading for each module/unit.
- Copy of current reading list, or description of plan for assisting student in accessing electronic resources.
- Submit in narrative form a synthesis description of the:
  - Program’s curricular plan and explain how it meets the Society’s Accreditation criteria and
  - How it prepares the program’s graduates for specialty practice.
  - How the program’s outcomes focus on acquisition of knowledge and skills at the nurse specialty practice level and are outcome oriented.
- An overview of the information resources and technology available for students.
- How/when students are able to access available information resources.
- Students’ orientation process to information resources and technology.
- Process for validating that resources are culturally diverse, e.g., discusses ethnic backgrounds of students and populations in practicum that they serve; uses information resources that are culturally appropriate.
- Process for annually reviewing information and technology for relevancy and currency. Changes/upgrades made since last Accreditation based on this annual review.
- Maintenance plan for technology.
- Opportunity for students to provide input into the types, quality, and format of the information resources provided.
❖ Strategic plan for technology enhancement, including financial resource allocation.

9.5.9. Distance Learning Programs: Include in detailed summary areas specific to distance learning program:

1) Policies and procedures re:
   (a) Technical skills and competencies needed to complete the program.
   (b) Required technology needed to complete the program (e.g. web cam with microphone, high speed internet access, etc.).
   (c) Educational program that prepares students for the knowledge and skills related to information systems/technology and patient care technology needed to complete the program.
   (d) School must have platform in place for distance education.
   (e) Process for student identity verification and adequate security measures for testing and evaluation of learning.

9.5.10. On-site Evaluation

1) Inspection of media center when available.
2) Opportunity to review at least one distance learning educational class; choice of program at discretion of accreditation team.
3) Demonstration of one component of orientation process.

9.6. Student Evaluation

Assessment of student learning demonstrates that, at graduation, or other appropriate points, the institution’s students have knowledge, skills and competencies consistent with the Wound, Ostomy and Continence Nursing Scope and Standards of Practice.

9.6.1. All areas of the curriculum content are evaluated through a variety of strategies such as examination, student projects, and demonstration of clinical competencies.

9.6.1.1. Projects and Papers

❖ Each student is required to complete a project and/or paper that demonstrate his/her implementation of professional practice concepts in each specialty area.

❖ Clear directions and grading criteria or rubrics for papers, projects and examinations are available to the student in advance.

9.6.2. Evaluation is based on the stated outcomes. Examination plans reflect content in the Curriculum Blueprint.

9.6.3. Tests and examinations may be in the form of case studies, essays, multiple-choice questions, etc.

9.6.3.1. Examination questions test relevant and key concepts.
9.6.3.2. Examination questions are consistent with the test plan.

9.6.3.3. Examination questions adhere to established standards of test construction and include a defined grading methodology or rubric (see Glossary).

9.6.3.4. Examinations reflect the three domains of learning defined by Blooms Taxonomy as cognitive, affective and psychomotor. Within the cognitive domain (knowledge, comprehension, application, analysis, synthesis and evaluation) no more than 10% of the examination may include knowledge/comprehension levels.

9.6.3.5. A comprehensive final exam is required. The exam may include case studies, essays, multiple choice questions or projects to meet this criterion.

9.6.3.6. Full-Scope Program
   (a) 75% of the examination should be based on the curricular content areas and 25% covering each area (i.e., wound, ostomy and continence).
   (b) 25% at the program director’s discretion.
   (c) Examination must have a defined grading methodology or rubric.

9.6.3.7. Specialty Program
   (a) 75% of the examination should be based on the curricular content areas.
   (b) 25% at the program director’s discretion.
   (c) Examination must have a defined grading methodology or rubric.

9.6.4. All examinations must show evidence of being secure before and during the actual testing with validation of student identity.

9.6.5. Documentation of clinical competencies must include all core competencies, as defined by the Curriculum Blueprint that are relevant to the specific course or program. (See sample form, Appendix E.)

❖ Documents to be submitted with Self-study Report:

➢ Documentation must address how each objective is attained and evaluated (i.e., method of evaluation) and must address attainment of core clinical competencies.

➢ Include comments on how the program measures and facilitates academic progression and supports students needing remediation.

➢ Clinical tool and criteria for evaluation of student performance. (For sample tool, see Appendix E.) The program must ensure that the tool reflects the current Curriculum Blueprint.

➢ Copy of all examinations and corresponding test plan (see Appendix K) with analysis of question type using Blooms Taxonomy written on the exam as well as the correct answer indicated. Relationship of test question to specific area in the Curriculum Blueprint must be included.
➢ A summary of comprehensive exam test item analysis including the review process for item analysis, and changes made based on item analysis.
➢ Copy of directions, requirements and grading criteria for projects and papers.

❖ On-site Evaluation
➢ Samples of completed student clinical competency forms and student evaluations.
➢ Evidence of examination security and validation of student identity.
➢ Samples of graded student assignments.

9.7. Program Effectiveness: Assessment and Achievement of Program Outcomes
The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

9.7.1. A systematic process is used to determine program effectiveness

A. The program uses a systematic process to obtain relevant data to determine program effectiveness:
   • Written, ongoing and exists to determine achievement of program outcomes;
   • Comprehensive review of completion and certification rates;
   • Identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;
   • Includes timelines for collection, review of expected and actual outcomes and analysis; and
   • Is periodically reviewed and revised as appropriate.

B. Program completion rates demonstrate program effectiveness.
The program demonstrates achievement of required program outcomes regarding completion:
   • The completion rate for each of the three most recent calendar years is provided. The program specifies the entry point and defines the time period to completion.
   • The program describes the formula it uses to calculate the completion rate.
   • The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial
barriers and decisions to change major or to transfer to another institution of higher education.

- A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

- A program will provide a written explanation/analysis with documentation if the program has not enrolled at least one student or does not have at least one completer over a 1-year period.

C. Certification pass rates demonstrate program effectiveness.
The program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination.

- Data are provided regarding the number of graduates and the number of graduates taking each certification examination.

- The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.

- The certification pass rate for each examination is at or higher than national average rate as determined by WOCNCB for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than the national average as determined by WOCNCB for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is at the national average or higher as determined by WOCNCB for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is at the national average or higher as determined by WOCNCB for first-time takers when the annual pass rates for the three most recent calendar years are averaged or (3) the pass rate for that certification examination is at the national average or higher as determined by WOCNCB for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

- A program with a pass rate of less than the national average as determined by WOCNCB for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the national average certification pass rate as determined by WOCNCB for first-time takers. The explanation may include trend data, information about numbers of test takers and data on repeat takers.

- This criterion is not applicable to a new program that does not yet have individuals who have taken certification examinations.

D. Program outcomes demonstrate program effectiveness.
Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the certificate programs offered and may include (but are not limited to) student
learning outcomes; student and alumni achievement; and student, alumni and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

E. Program defines and reviews formal complaints according to established policies.
The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program’s definition of formal complaints includes, at a minimum, student complaints. The program’s definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

F. Data analysis is used to foster ongoing program improvement.
The program uses outcome data for improvement. Data regarding completion, certification, other program outcomes; and formal complaints are used as indicated to foster program improvement.
- Data regarding actual outcomes are compared to expected outcomes.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing and analyzed for effectiveness.
- Faculty are engaged in the program improvement process, including but not limited to review of student evaluations.

SUPPORTING DOCUMENTATION FOR PROGRAM EFFECTIVENESS
1. Aggregate student outcome data (not applicable to new programs without graduates), including:
   a. Completion rates for each specialty program.
   b. Certification pass rates by specialty.
   c. Student evaluation of program/faculty.
   d. Student evaluation of preceptor.
   e. Preceptor evaluation of student.
   f. Preceptor evaluation of program.
   g. Other aggregate data, as appropriate.
2. Summary of aggregate faculty outcomes since last evaluation/re-evaluation with an analysis of aggregate faculty outcomes in relation to expected faculty outcomes.
3. Program policies related to formal complaints.
4. Record of formal complaints, if any, since last evaluation/re-evaluation, and any action(s) taken to foster program improvement.
5. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to assessment of program outcomes.
6. Examples of use of aggregate data to foster program improvement when indicated.
9.8. Program Records
Program records provide accurate documentation of the admission process, materials submitted by the applicant and grades. Student records shall be retained for at least 7 years. The graduation/attendance certificate and/or transcript for each student is saved indefinitely. Should the school close, the WOCN National Office will be notified of the location where students can obtain their graduation/attendance certificate and/or transcript.

❖ Self-study Report
➢ Submit a brief description of record keeping system including security, access, and retention policy.

❖ On-site Evaluation
➢ Student files.
➢ List of program graduates since previous certification review with contact information.
➢ Samples of completed evaluation forms as listed above.
➢ Faculty meeting minutes.
➢ Documents listed under supporting effectiveness listed in section above

9.9. Administrative Resources
Administrative support is adequate for initial and ongoing development of the program.

❖ Documents to be submitted with Self-study Report:
➢ Describe how the physical and fiscal resources support the program’s achievement of goals and objectives by submitting a description of:
  ▪ Learning and communication resources including: classroom and conference rooms, office and storage space, computer, telephone, fax, answering machine, and other communication equipment.
  ▪ Administrative and clerical/secretarial support.
  ▪ Support of program director’s continuing education, attendance at the Society’s annual conference and program director’s meetings.
  ▪ Support provided by multi-disciplinary advisory committee (if used), medical director (if used), academic, and/or other community resources.

➢ Describe the contingency plan for extended unavailability of the program director including when and how this is activated and the anticipated time it will be in effect, should an interim program director be necessary. This person must meet the qualifications for a program director and a completed Program Director Application (see Appendix A) must be included in the submitted documents. (Note: activation of this contingency plan necessitates notification to the Accreditation Committee by submission of a Program Director Application)
by the interim program director, to the National Office, within 5 business
days of activation of this plan.)

➢ List of numbers of students per program and faculty, administrative/clerical
staff available.
➢ Role description for the support staff in the program (administrative/clerical).
➢ Documentation of the program director’s attendance at conferences
and meetings essential to WOC nursing education and practice.

9.10. Student Admission
The program adheres to established standards for student admission as published in the
student handbook. Students are admitted without discrimination.

❖ Criteria for admission are:
(a) RN with a Baccalaureate Degree or higher.
(b) One year of RN clinical nursing experience following RN licensure.
(c) Current clinical nursing experience within 5 years prior to application to a
WOCNEP. Documentation of currency of clinical nursing experience within last
5 years: current, active practice, completion of a nurse refresher course, or a
clinical performance examination.
(d) Technical skills and competencies needed to complete the program.
(c) Required technology needed to complete the program (e.g. web cam
with microphone, access to the Internet, etc.)

❖ Documents to be submitted with Self-study Report
➢ Description of standards for student admission and process for assuring
that students meet established Society standards.
➢ Description of the written process for applicant’s required materials.
➢ Copy of program/course application form.
➢ Tracking form for student admission.

❖ On-site review
➢ Current and graduate student files.

9.11. Policies and Procedures
The program demonstrates honesty, integrity, and professionalism in its practices and
relationships.

9.11.1. The program conducts itself with honesty, integrity, and professionalism in all
communications with the Society, the general public, prospective students, and
current students. Accurate and consistent information is communicated verbally
as well as in all written materials including but not limited to publications,
advertisements, letters, and student handbooks.

The program has an academic integrity policy which includes academic misconduct and
academic misbehavior.
**Academic misconduct** means any activity that tends to compromise the academic integrity of the institution or subvert the education process. All forms of academic misconduct are prohibited: plagiarism, cheating, fabrication, and other (i.e., unauthorized use of resources; substitute taking exam; selling, buying or stealing exams, falsifying patient information, etc.).

Students who commit or assist in dishonest acts are subject to downgrading (i.e., failing grade on exam, paper or entire course) and/or additional sanctions designated by the program (i.e., dismissal from the program).

Academic misbehavior is any activity that tends to compromise the academic integrity of the institution or subvert the educational process. It includes (a) physical abuse of another person or conduct that threatens or endangers another; (b) verbal or physical threats; (c) disorderly behavior; (d) illegal use, possession, or distribution of drugs; (e) theft of property or services; (f) conduct that is a crime; (g) knowingly furnishing false information; (h) disclosing patient information inappropriately such as photographs and personal identifying information.

Students who commit academic misbehavior are subject to sanctions designated by the program (i.e., failing grade for the course, dismissal from the course and/or program, etc.).

9.11.2. Program meets corporate compliance standards, if applicable.

9.11.3. The program includes a written statement regarding the required tuition, fees, and length of program.

9.11.3.1. A written policy for student reimbursement is present.

9.11.4. Student policies and procedures regarding student issues and rights are written and available to the student.

9.11.4.1. A file of complimentary letters and a file of grievance letters about the program and resolutions are maintained.

9.11.4.2. Complaints are dealt with in a timely and professional manner.

❖ **Documents to be submitted with Self-study Report**

➢ Data regarding number and nature of complaints.

➢ A brief description of the process or the policy for safeguarding student rights and handling student grievances, including issues regarding grades, disciplinary actions, etc., and the process used to inform students about policies and procedures.

➢ Copy of the student handbook providing this information with clear delineation of the student’s and program’s rights and responsibilities.
On-site review
➢ Files for complaints and compliments.
➢ Files of National Office correspondence, if requested.
➢ Permission letters/evidence of compliance with established corporate compliance standards, if available.

9.12. Challenge Options
Requirements for challenge options (where available) are clearly described.

❖ Documents to be submitted with Self-study Report:
➢ A brief description or overview of the challenge options available.
➢ Information for student regarding qualifications for consideration for exercising the challenge option, time to allow for the process and the fee structure.
➢ Description of the methods used to determine student’s knowledge and skills.
➢ Outcome data comparing challenge option students to regular students.
GLOSSARY

Accreditation Committee On-Site Evaluation Report: The document summarizing the accreditation visitors' evaluation of the WOCNEP.

Alternate Clinical Provider: An alternate clinical provider is any licensed health care provider other than a WOC certified specialty nurse. This may include but is not limited to physicians, advanced practice nurses, physical therapists (for components of wound care such as debridement or pulse lavage if there is no CWOCN or CWCN in the area that does this); urological technicians, RNs with AD preparation, or LPNs (for urodynamics and electrical stimulation for continence if there is no CWOCN or CCCN in the area that does this).

Annual Report: A document submitted to the National Office by the program director between January and March of each year. This report provides current information on the status of the program and issues relevant to the accreditation process. It is not required for the calendar year of a planned on-site evaluation.

Clinical & Didactic Hour: A 60 minute hour.

Clinical Competency: The ability to perform at the WOC nurse entry level.

Clinical Experience: The actual time spent with a client in the clinical setting and with a preceptor. The client could be an actual patient or a simulated patient experience. It excludes the use of clinical time as library time or travel time to and from experiences.

Distance Learning: Education that uses various technologies to facilitate student-teacher and student-student communication as an alternative to traditional classroom-based instruction.

Evaluation/Re-evaluation: Traditionally referred to as on-site evaluation. Process to evaluate that all components in the accreditation manual have been satisfactorily met.

Grading Methodology/Rubric: A scoring tool for subjective assessments. It is a set of criteria and standards linked to learning objectives that is used to assess a student's performance on papers, projects, essays, and other assignments.

Guest Lecturer: A health care professional or consumer with additional specialized knowledge or experience that provides a unique didactic learning opportunity for students.

Information Resources: Electronic, print, and other media, as well as interactive learning materials available through a library, in the classroom, or in the wider community that complement course materials and textbooks and enhance the educational program.

Program (WOCNEP): Program offering full scope and/or specialty courses. The program learning formats may include one or more of the following: traditional on-site, split-option, distance learning.
**Full Scope:** Program offering professional practice/role implementation, wound, ostomy and continence: WOC nursing.

**Specialty Course:** Program offering professional practice/role implementation, and one or more of the following: wound, ostomy, or continence WOC nursing.

**Traditional On-site:** Didactic and clinical are provided at the program facility.

**Split-Option:** Didactic provided by program faculty, either at the program facility or at an off-site (satellite) location and clinical experience provided by preceptors off-site.

**Distance Learning:** Guided didactic learning materials provided by the program that the student completes independently as a self-study or web-based education. Clinical experience can be obtained either through off-site preceptors or on-site at the program.

**Program Outcomes:** Program outcomes are the knowledge, skills, and abilities students should possess when they graduate from a program. They are answers to the question, “What should program graduates know and be able to do at the time of program completion?”

**Site Coordinator:** Coordinator for off-site/satellite program; must meet same qualifications as the program director because the coordinator functions in the director’s absence by evaluating and arranging the student learning opportunities.

**Self-study Report:** The document prepared by the program director that is submitted to the Accreditation Committee. This report provides evidence of how the program complies with the Society.
Appendix A  WOCN Society Accredited Nursing Education Program Director/Co-Director Application

Program Name: ________________________________ Date: ______________

Proposed Program Director:

Name: __________________________________________

Address: ________________________________________

City/State/Zip: __________________________________

Phone (Home): ___________ (Work): ______________

Fax: __________________________ Email: _______________________

WOC Nursing Education

Name of school: ____________________________________

Date of graduation: __________________________________

Attach photocopy of diploma.

WOCN CB Certification (Initial and Subsequent)

☐ Wound
Date Certified: ________________

Ostomy

Date Certified: ________________

☐ Continence

Date Certified: ________________

☐ Foot and Nail

Date Certified: ________________

Other Certification: ________________

Wound, Ostomy and Continence Nurses Society™ (WOCN®)
Re-certification date(s): __________________________________________

Attach photocopy of current certification certificate.

Nursing Education

Baccalaureate

Name of school: ________________________________________________

Date of graduation: ____________________________________________

Masters and/or Doctorate in Nursing

Name of school: ________________________________________________

Date of graduation: ____________________________________________

The educational institution(s) must send a copy of all official educational transcripts to the National Office.

Teaching Experience

Provide narrative evidence as to how you meet program director qualification for the following:

A. Experience in course or curriculum design:

   Provide evidence in one or more of the following:
   1) Transcripts documenting relevant course work.
   2) Evidence of completion of appropriate continuing education courses.
   3) Relevant work related experience such as nursing faculty employment with responsibilities for a course.

B. Experience in course or curriculum implementation:

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Wound, Ostomy and Continence Nurses Society™ (WOCN®)
C. Experience/education in test construction using guidelines of psychometric testing, item analysis, evaluation of clinical experiences, and systematic program evaluation.

D. Description of knowledge and skills related to information systems/technology and patient care technology.

Clinical Experience

Provide narrative evidence as to how you meet the clinical qualifications for program director.

Experience with:

A. Wound:

B. Ostomy:

C. Continence:

Attach copy of current CV

Wound, Ostomy and Continence Nurses Society™ (WOCN®)
Appendix B  WOCN Society Accredited Nursing Education Program Feasibility Study Form

Prior to development of Feasibility Study, the proposed program will participate in a conference call with member(s) of the Accreditation Committee to discuss the Feasibility Study.

Please refer to sample Feasibility Study.

Name of Proposed Program:  

Address:  

City/State/Zip:  

Phone:  Fax:  

Email:  

Type of Program:

☐ Full Scope  
☐ Specialty  

Indicate Specialty:

☐ Wound  
☐ Ostomy  
☐ Continence  

Program Learning Formats:

☐ Traditional On-site  
☐ Split-option  
☐ Distance Learning  

In narrative format, address the following items:

1. Needs assessment (i.e., number/type of requests for program; epidemiological references from literature; how many open positions in the specialty in the area; need for additional specialty staff for optimal patient outcome) for this program:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________________________
2. Potential affiliation for graduate credit hours with letter(s) documenting interest by the university. If none current, state this:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Full time equivalents (FTEs) devoted to developing and maintaining the program (director, instructors, secretarial, other):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Classroom, office, computer, internet, phone, fax availability. For distance programs, give the resources available, where primary/corporate office is located, and where/how long-term storage of documents:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Library, audiovisual and IT support (Describe these resources):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Other support (education consultants, professionals, preceptors):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Financial support during development:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
8. Potential clinical sites/requirements (List institution, location, patient population):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NOTE: If program director information differs from previous submitted materials, please submit another Program Director Application Form.
**Narrative format examples: Feasibility Study**

<table>
<thead>
<tr>
<th>Items in Accreditation Manual</th>
<th>Example of Content to Include in the Feasibility Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please note that these are examples. It is critical that you provide as much detail as possible for what your program has and what you have explored.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs assessment for this program</th>
<th>Examples May Include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Number of requests for program</td>
</tr>
<tr>
<td></td>
<td>B. Number/epidemiology references (national and/or international if recruiting international students) from literature of types of patients needing WOC nursing care.</td>
</tr>
<tr>
<td></td>
<td>C. Number of open WOC positions locally, regionally, nationally, and/or internationally depending upon the program</td>
</tr>
<tr>
<td></td>
<td>D. Identified need for specialty staff for optimal patient care</td>
</tr>
<tr>
<td></td>
<td>E. Number of calls/emails from nurses seeking a program</td>
</tr>
<tr>
<td></td>
<td>F. Number of requests for a program from a survey you did at a conference or locally etc.</td>
</tr>
<tr>
<td></td>
<td>G. Number of requests for a program from an evaluation of a conference you presented</td>
</tr>
</tbody>
</table>

**Example:**

We have discussed the need of a WOC program for the past 2 years. As we talked with WOC nurses in surrounding areas, they noted the need for their agency to hire X WOC nurses. When ads have been posted for positions, it has taken x months to fill these positions. Statistics for the number of persons with wounds continues to increase (give statistics and references). Persons with incontinence is XX (give statistics and references). Persons with chronic GI problems and colorectal cancer is XX statistic (give statistics and references).
<table>
<thead>
<tr>
<th>Potential affiliation for graduate credit hours with letter(s) documenting interest by the university. If none, state this.</th>
<th>Describe your program’s affiliation. If not, say so. If you plan to consider it in the future, state that also.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
</tr>
<tr>
<td>At this time, the program is not associated with a university/college for graduate credit. If it is in the future, we will work with the school of nursing and university/college officials at XX to determine course development in terms of course content, credit hours and placement with the program.</td>
<td></td>
</tr>
</tbody>
</table>
Or

We are affiliating with XX college or university. The courses will be worth 3 credits each. Describe course delivery method/content.

<table>
<thead>
<tr>
<th>Full time equivalents devoted to developing and maintaining the program (director, instructors, secretary, etc.)</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proposed program will have a 12-month administrative structure to provide administrative coverage year-round that includes: a Program Director (X FTE) (<em>give name</em>), one assistant Co-Director (X FTE Part-time) (<em>give name</em>), and one secretary (XFTE Part-time) (<em>give name</em>). Resources will be added to the program in the future if programming such as online format is added (e.g. IT specialists, simulation specialist, etc.).</td>
<td></td>
</tr>
</tbody>
</table>

All faculty are experienced in classroom and clinical teaching, test construction and evaluation, nursing education, and board certified with appropriate WOCN credentials for teaching/clinical specialty (CWN, CON, CCN, CWOCN).

List each faculty member with a brief bio sketch that specifies: WOCN certification, description of educational background and degrees/certification and clinical practice to support this position.
<table>
<thead>
<tr>
<th>Classroom, office, computer, internet, phone, fax availability</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The central office is equipped with X computers, internet access, X video conferencing, phone and fax capability. Locked file cabinets with sufficient space to store all administrative files, student files and teaching materials for the required 7 years.</td>
</tr>
<tr>
<td></td>
<td>The classroom is equipped with space for X students and a simulation/lab facility with sufficient supplies and manikins for wound, ostomy and continence demonstration (specialty only if applicable), practice and check-off of skills.</td>
</tr>
<tr>
<td></td>
<td>All course materials are available online for students who have been accepted into the program, registered for the class and paid their fees.</td>
</tr>
<tr>
<td></td>
<td>Students are required to bring a laptop computer with them to face-to-faces classes where course syllabi and materials can be downloaded, and notes taken during class. Students are required to</td>
</tr>
</tbody>
</table>
| Library, audiovisual, and IT support | Describe your program’s library (on site, or virtual), audiovisual, and IT support (X number, hours available).

Example:
We will use library XX located at hospital/university/college/etc. It has services available both onsite and online. The library’s holdings include numerous data bases such as CINAHL, Medline/PubMed, Cochrane, etc. Our institution uses the learning platform called XXX. This platform offers excellent onsite as well as online learning. We have IT support with it 24 hours per day/7 days per week. Students will be able to ask questions of IT as they need. The program will have access to excellent digital activities such as videos, lectures, clinical guides, etc. |
| Other support (educational consultant; other professionals; preceptors) | Describe your access to consultants/professionals/preceptors, etc. Example:
The program is in the Midwest region of the US. Although students can come from any area due to the onsite/online format of the program, the Midwest will be used as an example. The Midwest has XXX WOC nurses. We contacted XX of these nurses and XX% were willing to serve as consultants, guest speakers, and/or preceptors. We will assist students to find preceptors for the clinical portion of the program. In addition, physicians whose practices involve WOC type of patients (GI, urology, surgery, plastic surgery, etc.) have volunteered to give some guest lectures. Money (XXX) has been placed in the budget for educational consultation (i.e., program review, teaching strategies, testing strategies, faculty enrichment, etc.), if needed.
These statistics may actually be national, local, or international depending on the type of program being offered. |
| Financial support during development | Describe how funding for the program will be initiated, and then continuing support. Example:
We have applied for and received grant funding from XXX to assist with the startup costs of the program. XXX institution has agreed to ongoing support of the program for XX number of years. |
| Potential clinical sites/requirements | This component demonstrates the commitment of the program to student success. Describe how you will contract with clinical sites for practicum.  

Example:  

The program is situated within a community with several academic medical centers. These centers employ XX WOCNCB certified nurses who have expressed interest in allowing our students to precept with them. We have secured XX number of WOCNCB certified nurses who have expressed an interest in precepting the students who graduate from our program.  

OR  

Our program is being offered in an online format. We have contracted with local facilities who have agreed to allow our students to precept if they desire to do so. Additionally, we have a staff member (XX FTE) who will work with our students who wish to be precepted near their location. This staff member will assist with contracts, as well as assist students to locate a preceptor in the area of the country in which they reside. This will be accomplished by reaching out to affiliate/regional presidents to enlist the support of the established WOC community in their locale. |
Appendix C  Application for Accreditation/Re-Evaluation of WOCN Society Accredited Nursing Education Programs and Specialty Courses

Applying For:

- Accreditation
- Re-evaluation

Accreditation Dates:

Date of initial accreditation: ________________________________

Current accreditation expires: ______________________________

Name of Program: __________________________________________

Address: ________________________________________________

City/State/Zip: ___________________________________________

Phone: __________________________ Fax: _____________________

Email: __________________________________________________

Director: ____________________ Contact Person: _______________

Co-director(s): __________________________________________

Type of Program (check one):

- Full-Scope
  - WOC nurse

- Specialty Courses
  - Wound
  - Ostomy
  - Continence

Program Learning Format (indicate all that apply):

- Traditional On-site
  - Number of programs offered per year: _________________
  - Hours for theory: __________________________
  - Hours for clinical: __________________________
Please read the following instructions and schedule.

1. Please attach a schedule of Program classes for next year.

2. Submit this application to the National Office a minimum of 6 months prior to the desired on-site evaluation with payment of the application fee. All fees must accompany this application or it will not be processed.

3. The exact date for on-site evaluation and the names of the on-site evaluation team members will be confirmed a minimum of three months prior to the on-site evaluation.

4. Your Self-study Report is due to the National Office and on-site evaluation team 60 days prior to the on-site evaluation date or the on-site evaluation will be cancelled.

5. Applications from programs in financial arrears with the Society will not be processed.

_________________________  ______________________
Signature of Program Director  Date
Appendix D  Sample On-Site Evaluation Agenda

Date: ____________________________ Place: ____________________________

Members of the On-Site Evaluation Team: ____________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:30 a.m.</td>
<td>Breakfast with director to discuss day’s activities (if desired).</td>
</tr>
<tr>
<td>8:30 – 10:00 a.m.</td>
<td>On-site evaluation team’s conference to review all assembled and requested materials.</td>
</tr>
<tr>
<td>10:00 – 10:15 a.m.</td>
<td>Break.</td>
</tr>
<tr>
<td>10:15 – 11:00 a.m.</td>
<td>Interviews with students (virtual and/or in-person).</td>
</tr>
<tr>
<td>11:00 – 11:45 a.m.</td>
<td>Meeting with director, faculty and members of advisory committee (virtual and/or in-person).</td>
</tr>
<tr>
<td>11:45 – 12:15 p.m.</td>
<td>Review of program's financial structure with persons responsible for WOC nursing program funding.</td>
</tr>
<tr>
<td>12:15 – 1:15 p.m.</td>
<td>Lunch in quiet place. On-site evaluation team may choose to have executive conference during the lunch hour to expedite the on-site evaluation business.</td>
</tr>
<tr>
<td>1:15 – 2:00 p.m.</td>
<td>Meeting with clinical preceptors (virtual and/or in-person).</td>
</tr>
<tr>
<td>2:00 – 3:00 p.m.</td>
<td>Continue a review of materials and discussion with director or visit a major clinical facility and meet with WOC nurse on duty. Review nursing care plans, charting, and have further discussion of student clinical experience (optional).</td>
</tr>
<tr>
<td>3:00 – 3:15 p.m.</td>
<td>Break.</td>
</tr>
<tr>
<td>3:15 – 4:30 p.m.</td>
<td>On-site evaluation team only – executive session.</td>
</tr>
<tr>
<td>4:30 – 6:00 p.m.</td>
<td>On-site evaluation summary with program director and faculty, students, advisory committee, if desired.  (Note that on-site evaluation summary typically takes 45 minutes to an hour.)  (virtual and/or in-person)</td>
</tr>
</tbody>
</table>

Wound, Ostomy and Continence Nurses Society™ (WOCN®)
Appendix E  
SAMPLE – WOCN Society Accredited Nursing Education Program  
Clinical Competencies – Management of Ostomies, Continent Diversions, Fistulas

Programs need to create a document with the current Blueprint competencies.

Student Name:  

Identification Number:  

At the end of the educational program, the student has had clinical experience with:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Date &amp; Signature of Evaluator</th>
<th>Method or Evidence To Document Competence Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stoma site selection including both of the following client situations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Average or usual person with a urinary stoma, small intestine stoma and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>large intestine stoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ One example of a person with special considerations, such as skin folds,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>paralysis, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Catheterized specimen collection from a urinary diversion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Instillation of fluids into stomas including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Irrigation of a colostomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Lavage of an ileostomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Selection of appropriate products for containing effluent including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Type of pouches (e.g., reusable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Two piece pouch systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ One piece systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Adhesive vs. non-adhesive systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Intubation of urinary and fecal continent diversions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Assessment of a stoma for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Viability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competencies</td>
<td>Date &amp; Signature of Evaluator</td>
<td>Method or Evidence To Document Competence Obtained</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>7. Assessment and management of peristomal skin including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Viability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Assessment and management of peristomal skin including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Skin infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Denudement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Contact dermatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Assessment and management of stomal complications:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Mucocutaneous Separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Herniation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Prolapse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Retraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Stabilization of tubes and drains such as feeding, suprapubic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Techniques of management for the following types of fistulas:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Small bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Large bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Pancreatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Peri-rectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Urinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Spit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Mucous fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Teaching and counseling persons with any of the above management needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Application of knowledge and skills related to information systems/technology and patient care technology:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Accessing information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Patient teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Personal protective equipment (PPE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nursing Management of Persons with Acute and Chronic Wounds, Fistulas, Drains and Tubes

Student Name:  

Identification Number:  

At the end of the educational program, the student has had clinical experience with:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Date &amp; Signature of Evaluator</th>
<th>Method or Evidence to Document Competence Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Using a pressure injury risk assessment tool.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identifying the type of wound/skin lesion and implementing a plan of care for nursing management for the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pressure injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Venous ulcer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Arterial ulcer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Neuropathic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dehisced/eviscerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assessment and, where appropriate, the staging or classification of the following wounds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pressure injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Venous insufficiency including ankle/brachial index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Arterial insufficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Neuropathic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dehisced/eviscerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Infected including: bacterial, viral, fungal</td>
<td></td>
<td></td>
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<tr>
<td>4. The debridement techniques:</td>
<td></td>
<td></td>
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<tr>
<td>• Conservative sharp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Enzymatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mechanical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Autolytic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Biological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competencies</td>
<td>Date &amp; Signature of Evaluator</td>
<td>Method or Evidence to Document Competence Obtained</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>5. Selection and use of wound care products for dressing the wound.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Selection and use of pressure relieving support products.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Wound culture techniques.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Wound care techniques including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Irrigating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Packing with a variety of materials including alginates, gauze, gels,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>granules, and powders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Peri wound skin management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Compression therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Stabilization of tubes and drains such as feeding, suprapubic.</td>
<td></td>
<td></td>
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<tr>
<td>13. Techniques of management for the following types of fistulas:</td>
<td></td>
<td></td>
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<tr>
<td>▪ Small bowel</td>
<td></td>
<td></td>
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<tr>
<td>▪ Large bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Pancreatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Peri-rectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Urinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Spit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Mucous fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Teaching and counseling persons with any of the above management needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Application of knowledge and skills related to information systems/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>technology and patient care technology:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Accessing information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Patient teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Personal protective equipment (PPE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nursing Management of Persons with Incontinence

Student Name: 

Identification Number: 

At the end of the educational program, the student has had clinical experience with:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Date &amp; Signature of Evaluator</th>
<th>Method or Evidence to Document Competence Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of the person who is incontinent including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Focused physical exam:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Rectal and bulbocavernosal reflex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Performance of simple urodynamics including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Observation of voided stream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Postvoid residual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Response to provocative maneuvers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Voiding diary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Teaching pelvic muscle exercises.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Teaching a bowel and bladder program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Performance and teaching of clean intermittent catheter (CIC).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Selection and use of products for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Containment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Skin protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Counseling the person who is incontinent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Application of knowledge and skills related to information systems/technology and patient care technology:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Accessing information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Patient teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Personal protective equipment (PPE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Professional Role Competency

Student Name: 

Identification Number: 

At the end of the educational program, the student has had clinical experience with:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Date &amp; Signature of Evaluator</th>
<th>Method or Evidence to Document Competence Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strategies to develop and manage agency wide programs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Use appropriate tools to collect, analyze and track patient data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Extrapolate specific data from report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Develop business plan for WOC role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Develop quality improvement initiatives (ex. monitoring, root cause analysis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Develop strategies for building critical thinking skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Describe history and evolution of WOC role, considerations for implementation justification for role.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Design plan of care/educational program for nursing staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Prevention and management of organization acquired pressure injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Documentation of assessment findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Risk assessment done per the Accreditation Manual with documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. WOC role in selection and implementation of products, such as product trials,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Development and maintenance of evidence based practice, utilization of research to develop/validate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Plan of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Policy, procedure, protocols</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F  On-Site Evaluation Form

Program/Course: ____________________________________________________________

Date of Visit: ____________________________________________________________

The Accreditation Committee requests feedback information regarding the recent accreditation on-site evaluation. This information will be discussed at the Accreditation Committee’s annual meeting and will be used to refine accreditation criteria, guidelines, and process. The program director completes and returns the form to the WOCN Society’s president-elect or the president-elect's designee who will review and forward to the Accreditation Committee chair.

1. During preparation of your Self-study Report, to what extent was the Accreditation Manual:

   A. Clear:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   B. Specific:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   C. Easy to follow:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. What suggestions for changes and improvements do you have for the manual?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. To what extent did the Self-study Report assist your program to identify the following:
A. Program strengths:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. Areas for program improvement:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Did the completed Self-study Report give a clear and accurate picture of the program?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. How did the need for outcome data affect the way you and the faculty gathered data for the report?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. What terms should be added to the glossary?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

E. Was the on-site evaluation team familiar with the criteria and guidelines? (If no, give examples.)

Wound, Ostomy and Continence Nurses Society™ (WOCN®)
F. Did the on-site evaluation team interpret the criteria and guidelines the same way you did? (If no, give examples.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

G. Did the on-site evaluation team ask for data other than that required by the criteria and guidelines? (If yes, give examples.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

H. Was there a criteria that was extremely difficult to document?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I. Other comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_________________________________________  _______________________________
Signature of Program Director                        Date
### Appendix G  Annual Report Form for WOCN Society Accredited Nursing Education Programs

**Name of Program:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has there been a change in accreditation status within the last 12 months?</td>
<td>No</td>
<td>Yes (please explain)</td>
</tr>
<tr>
<td></td>
<td>Explanation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did you have an Accreditation Committee on-site evaluation for any reasons other than for initial, full, or continuing accreditation within the last 12 months?</td>
<td>No</td>
<td>Yes (please explain)</td>
</tr>
<tr>
<td></td>
<td>Explanation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Date of Last Visit/Review:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Dates for Current Accreditation Period:</td>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>5. Has the program been required to notify the Accreditation Committee of any major changes within the past year?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If YES, please describe on the following form and list the date(s) notification occurred:
Below section is designed to demonstrate compliance with accreditation criteria. Italicized instructions are meant to guide your responses to each criterion.

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>DESCRIBE ANY CHANGES AND SUPPORTING DOCUMENTATION</th>
</tr>
</thead>
</table>
| **9.1: Philosophy, Mission, and Goals of the Program** | The philosophy, goals and outcomes should be congruent with the WOCN Society and indicate who the program serves and what it intends to accomplish.  
- *Describe any changes made to the philosophy, mission, or goals of the program.*  
- *Describe and attach supporting documentation if there has been a change of parent institution or transfer of administrative control to another institution.* |
| **9.2: Program Director** | All persons with the title of director as well as the individual named as the interim program director must meet all qualifications.  
- *Provide a list of individual(s) currently listed as Program Director(s).*  
- *Provide explanation, date, and copy of documentation previously provided to Accreditation Committee if there has been a change to program director(s) within the past 12 months,* |
<table>
<thead>
<tr>
<th>9.3: Program Faculty/Clinical Preceptors/Alternate Clinical Provider/Guest Lecturers Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program’s instructional research, clinical, and service components are devised, developed, monitored, and supported by qualified professionals.</td>
</tr>
<tr>
<td>• Provide a list of program faculty, including name(s), education credentials, certification(s) with expiration date(s), role within the program and relevant education, clinical and/or preceptor experience.</td>
</tr>
</tbody>
</table>
9.4: Clinical Resources

- Describe and attach a copy of CV if there has been a change in primary faculty within the past year.

Clinical resources support attainment of the program outcomes for the number of students and types of programs/courses.

- Describe any changes to the available clinical resources.

9.5: Curriculum and Instruction

The curriculum focuses on the discipline of nursing, builds on the knowledge and competencies of baccalaureate nursing education, and supports the attainment of advanced knowledge and practice. It is adequate in scope and depth to prepare the graduate for specialty practice in the areas of wound, ostomy, and/or continence nursing. The length of each program or specialty course offered is appropriate to enable students to achieve the program/course outcomes and to acquire the knowledge and skills necessary for employment in the field. The type of program offered and the geographic location of the facility in which the education is delivered influences the program design.

- Include enrollment numbers and trends.
- Describe any changes/adjustments to curriculum, and date Accreditation Committee was notified.
- Describe any changes/adjustments to instruction methods, and date Accreditation Committee was notified.

9.6: Student Evaluation

Assessment of student learning demonstrates that, at graduation, or other appropriate points, the institution’s students have knowledge, skills, and competencies consistent with the Wound,
<table>
<thead>
<tr>
<th>9.7: Program Effectiveness: Assessment And Achievement Of Program Outcomes</th>
<th>The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>● List how many students completed the program during the last year.</td>
<td></td>
</tr>
<tr>
<td>● List the Program’s attrition rate for the last year.</td>
<td></td>
</tr>
<tr>
<td>● How many first-time exam takers have passed the WOCNCB certification exam in the last year, if known.</td>
<td></td>
</tr>
<tr>
<td>● Using your program’s evaluation plan as a framework, describe efforts/initiatives implemented based on evaluation data. Include rationale and results. Progress made on recommendations at last on-site evaluation should be included until resolved.</td>
<td></td>
</tr>
</tbody>
</table>
| 9.8: Program Records | Program records provide accurate documentation of the admission process, materials submitted by the applicant, and grades. Student records shall be retained for at least 7 years. The graduation/attendance certificate and/or transcript for each student is saved indefinitely. Should the school close, the WOCN National Office will be notified of the location where students can obtain their graduation/attendance certificate and/or transcript.  

- *Describe the record keeping policies and procedures employed by the Program, including* |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| 9.9: Administrative Resources | Administrative support is adequate for initial and ongoing development of the program.  
- Describe any change to administrative resources available to the program within the past 12 months.  
- Provide date Accreditation Committee was notified of such change(s).  
- Attach a copy of the contingency plan. |
| 9.10: Student Admission | The program adheres to established standards for student admission as published in the student handbook. Students are admitted without discrimination.  
- Describe the standards for student admission into the program. |
| 9.11: Policies and Procedures | The program demonstrates honesty, integrity, and professionalism in its practices and relationships.  
- If any formal grievances have been filed within the past 12 months, please describe here and list the date when the National Office was notified. If the National Office was not notified, please explain why not. |
| 9.12: Challenge Options | Requirements for challenge options (where available) are clearly described.  
- Provide a brief description of challenge option(s) if used since your last report. |

---

Signature of Program Director  
Date
Appendix H  Committee Evaluation Tool for the Annual Report

Name of Program: ____________________________________________________________

Date: _____________________________________________________________________

1. Is the report complete?  
   Yes    No

2. Are all questions answered in adequate depth and detail? Yes    No

3. Was contact with program director required? Explain  
   Yes    No

Explanation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Were there any areas of concern related to responses? Yes No

5. Were supportive data attached and complete if indicated? Yes  No  Not Applicable

6. Were any trends of importance to the Accreditation Committee noted? Yes  No

7. Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Recommend approval of report?  
   Yes    No

_________________________ __________________________
Committee Member(s)            Date

Wound, Ostomy and Continence Nurses Society™ (WOCN®)
## Table 1 – Summary of Program Faculty/Clinical Preceptors/Alternate Clinical Provider/Guest Lecturers Qualifications

(Summary from the past year with prior 6 years’ records available for review on-site.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Educational Credentials</th>
<th>Certification and Expiration Dates</th>
<th>Role, Classroom, Preceptor, or Both</th>
<th>Relevant Education, Clinical Experience, Preceptor Experience</th>
<th>Last Date Precepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Table 2 – Preceptor's Clinical Statistics for the Previous 12 Months

In each column, identify the number of patients seen within the last 12 months.

Date: ____________________  Preceptor: _____________________________________

Facility(ies): ______________________________________________________________

Average Daily Census of WOC Patients: _________________________________________

<table>
<thead>
<tr>
<th>Clinical Content</th>
<th>Acute Care</th>
<th>Out-Pt Clinic</th>
<th>Home Health</th>
<th>ECF SNF</th>
<th>Other Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colostomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ileostomy</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urostomy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Continent Ileostomy (Kock, J-pouch, Pelvic pouch)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continent Urostomy (Kock, Indiana, Neobladder)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Wounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fistula and Drains</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pressure Injuries</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Venous Ulcers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuropathic Ulcers or Foot Care Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremity Arterial Ulcers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Irritation and/or Infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Incontinence/Bladder Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Incontinence/Bowel Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Areas Not Mentioned Above</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Table 3 – Suggested Format for Test Plan & Item Analysis

#### #________ of Questions

<table>
<thead>
<tr>
<th>Subject</th>
<th>Concept</th>
<th>Exam</th>
<th>Question Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Minimum 20%)</td>
<td>(Match content or objective to corresponding exam question)</td>
<td></td>
<td>1. Knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Comprehension</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Application</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Synthesis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. Evaluation</td>
</tr>
</tbody>
</table>

**Wounds**

# of questions #

________

% of questions

________%

**Ostomy**

# of questions #

________

% of questions

________%

**Continence**

# of questions #

________

% of questions

________%

**Professional Practice**

# of questions #

________

% of questions

________%
Appendix L  WOCN Society’s Curriculum Blueprint for the WOCN Educational Programs

To view the WOCN Society’s Curriculum Blueprint for WOCN Educational Programs, or the Curriculum Blueprint for Advanced Practice WOCN Educational Programs, please contact the National Office at info@wocn.org.

WOCN Society’s Curriculum Blueprint for the WOCN Educational Programs was approved by the WOCN Society Board of Directors: January 2019.

WOCN Society’s Curriculum Blueprint for the Advanced Practice WOCN Educational Programs was approved by the WOCN Society Board of Directors: August 2020.