Wound
Ostomy and
Continence
Nurses
Society®

WOCN® Society's
Policy & Procedure Manual

Appendices D-S
The Development of WOCN Documents

Updated January 2018

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Appendix D: Guideline for Developing WOCN Society Clinical Documents

Introduction

Authors of WOCN Society clinical documents have an obligation to provide current and accurate information to members and adhere to best practices in publication. Documents should be reviewed every five years and updated to ensure content reflects current information.

It is the responsibility of the author(s) to adhere to ethical and legal standards for publishing, including the following: ethical conduct of research, avoiding conflict of interest/bias in publication, using proper reference citations, and obtaining permission to use materials from copyrighted sources to avoid plagiarism (including self-plagiarism) and copyright violations. All documents will have a WOCN Society copyright. Each task force/committee developing a document is expected to adhere to these guidelines for content, format, and reference citations.

Purpose

This guideline has been developed to assist members of task forces/committees who develop documents on behalf of the WOCN Society. If members have specific questions about the process for developing documents, they should consult with the clinical editor.

Types of Clinical Documents

The most common clinical documents developed by task forces/committees include: fact sheets; white papers; clinical resource guides (previously known as quick reference guides); position papers; evidence-based, clinical practice guidelines; best practice documents; professional practice manuals; and continuing nursing educational materials. Some of the key differences among the documents are the focus or purpose, source of content, and type of review prior to publication.

- Focus/purpose of document.
  - Provides general information or facts about a topic, presents educational content, or presents a position about a topic or issue (e.g., fact sheet, white paper, clinical resource guide, continuing nursing education program, position paper).
  - Provides information and recommendations to guide clinical practice based on a consensus of expert opinion in areas where research/evidence is lacking (e.g., best practice guidelines).
  - Provides research/evidence-based guidelines and specific recommendations for clinical practice (e.g., evidence-based, clinical practice guidelines).
- Source of content/recommendations.
  - Expert opinion: Content does not have sufficient, research-based evidence to support specific recommendations (e.g., Convex pouching systems: Best practice for clinicians; 2017).
  - Research, evidence-based: Content is developed from an exhaustive, systematic search and review of literature, an evaluation of data, and synthesis of research/evidence. Based on the strength of evidence, recommendations are rated with a level of evidence (e.g., Guideline for management of wounds in patients with lower-extremity arterial disease; 2014). In addition, recommendations are classified for potential harms versus benefits, and evidence and recommendations are rated for quality.
- Type of review.
  - Peer review: Documents undergo review by a panel of independent reviewers/clinical experts.

- o Content validation: Content validation is a structured, review process for documents that do not have a research/evidence basis and are based on a consensus of expert opinion (i.e., best practice documents). Content validation is coordinated and conducted by the WOCN Society's clinical editor and the website and publications editor.
- o Expedited review: In some unique situations, an expedited review and approval by the Board of Directors may be utilized for time sensitive materials, such as legislative action papers. The clinical editor may be requested to assist with review and editing prior to submission to the Board.

Review Process

Role of the Clinical Editor

Clinical documents are reviewed and edited by the clinical editor prior to peer review, content validation, and/or review by the Board of Directors. The clinical editor is available to consult with the authors during the initial planning stages and development of the document.

Independent Review Process

WOCN Society clinical documents undergo independent review (i.e., peer review or content validation) prior to publication. Peer reviewers and content validation reviewers are selected on the basis of content expertise. The website and publications editor arranges for the recruitment of reviewers and coordinates the communication process. The website and publications editor reviews the list of WOCN Society members who have volunteered to serve as peer or content validation reviewers to determine if their background and expertise is appropriate for the content under review, and contacts them to verify their willingness and availability to participate. If reviewers are needed in addition to those available, the website and publications editor contacts the chair of the task force or committee who developed the document to obtain recommendations for expert reviewers. The clinical editor and Board of Directors might also be consulted to suggest individuals with relevant content expertise. Nonclinical reviewers or individuals who are not clinical experts might be needed, in some selected instances, to determine reading levels or address certain content areas.

Peer Review

Clinical practice guidelines, fact sheets, white papers, clinical resource guides, and position papers undergo peer review prior to publication by five to eight individuals who were not involved in developing the document. The purpose of peer review is to ensure that content is accurate, complete, and representative of current best practice, research, and/or expert opinion.

Peer review is conducted based on predetermined criteria to solicit feedback about the content in the following areas: accuracy, clarity, organization, comprehensiveness, completeness, relevance of supplemental materials (e.g., glossary, appendices), and readability. A sample template is provided for peer reviewers' responses that can be adapted to fit the needs of the document under review (see Appendix E).

A specific time frame is established for the content experts to complete their review (e.g., two weeks). The website and publications editor collates results from the peer reviewers and provides them to the clinical editor. The clinical editor reviews the feedback and provides it to the task force/committee chair to review and address as appropriate. If significant conflicts or disagreements arise related to the peer reviewers' feedback, the task force/committee chair should contact the clinical editor to discuss an appropriate response to resolve the issue.

Content Validation

WOCN Society best practice documents undergo content validation by an independent group of clinical experts. Content validation is a process for building consensus about best practice among experts in wound, ostomy, and/or continence (WOC) nursing in areas where there is an insufficient evidence base from research about the topic under consideration. Content validation is a structured process to assess if the content is accurate, thorough, appropriate, and current. Content validation is designed to reach consensus among experts by providing a standardized method for review. In addition, bias is reduced by including clinicians with relevant clinical experience who represent varied geographical locations and practice settings. Types of documents that do not undergo content validation include the following: position papers; evidenced-based, clinical practice guidelines; fact sheets; white papers; clinical resource guides; and legislative action papers.

Content validation is conducted by a group of WOC certified nurses, who did not participate in developing the document. Reviewers are recruited by the website and publications editor in collaboration with the task force/committee chair and/or clinical editor, if needed. The number of reviewers for content validation might differ according to the content of the document, or if the availability of reviewers for certain topics is limited. In most instances, 20 reviewers are recruited. The website and publications editor coordinates the content validation process in collaboration with the clinical editor. The website and publications editor formats the document in the statement format used in the content validation review process and collaborates with clinical editor and the task force/committee chair that developed the document to clarify any issues with the content.

Consensus building. The content validation process utilized by the WOCN Society is based on a modified Delphi process (Haines, Miklich, & Rochester-Eyeguokan, 2016). The Delphi method uses several rounds of review to achieve consensus among experts. The reviews are conducted asynchronously, and reviewers do not meet face to face. Therefore, the reviewers' responses are not swayed by the opinions of others.

Best practice documents may undergo up to five rounds of independent review to reach a consensus of the clinical experts. When 80% or more of reviewers reach consensus on accepting a statement, it is considered validated. Building consensus of written statements usually takes three to four reviews/rounds of voting. Specific instructions are provided on voting and other pertinent information via email for each Review. The purpose of each Review is as follows:

- *Review 1: Original statements*—The purpose of Review 1 is to review ALL the original statements for the first time. The statements can be accepted, or changes can be proposed by reviewers. Proposed changes for statements in Review 1 are sent for review and voting in Review 2. Statements that pass 80% consensus in Review 1 are considered validated and are not voted on again. *Note:* If a revised statement fails to pass consensus, the same statement **CANNOT** be proposed again, and it will be eliminated from the next Review. If proposed changes do not reach consensus in subsequent reviews, the original statement is retained.
- *Review 2: Proposed changes from review 1*—The purpose of Review 2 is to vote on ALL proposed changes from Review 1, and it provides an opportunity for reviewers to propose new changes. Statements that pass 80% consensus in this Review are considered validated and are not voted on again.
- *Review 3: Proposed changes from review 2*—The purpose of Review 3 is to continue building consensus by voting on ALL new proposed statements from Review 2; and if necessary, NEW changes can be proposed. If a statement has already passed 80% consensus in previous reviews, it is not voted on again.
- *Reviews 4 & 5:* Additional rounds are only completed if necessary with a few statements to vote on. No new proposed changes are accepted in either of these Reviews.

Expedited Review

Documents such as legislative action papers or sign-on documents related to public policy and advocacy issues generally undergo an expedited review and approval by the Board of Directors due to their time

sensitive nature. In some cases, the clinical editor may be asked to review and edit the documents prior to review/approval by the Board of Directors.

<center>**How to Start the Document**</center>

Determine the Purpose/Aim of the Document

When developing a document, it is necessary to know the origin of the request, the purpose, the target audience, format, and method of dissemination for the final product. For example, prior to starting the document, answers to the following questions should be determined:
- Has the Board of Directors requested the document based on a members' educational needs survey or from a strategic planning meeting?
- Who is the target audience (e.g., WOC nurses, other healthcare providers, nursing administrators, legislators, patients, etc.)?
- Is it a new document or an update/revision of an existing document?
- What is the type of document (e.g., fact sheet; white paper; position paper; clinical resource guide; best practice document; evidence-based, clinical practice guideline; consensus-based clinical guideline; presentation for a continuing nursing education program; patient guide; or legislative action paper)?
- What is the format/plan for dissemination (e.g., print, web-based, PowerPoint slides, WOCN Society's continuing education center, mobile app, journal article)?

Develop a Plan

After the purpose/need and type of document are determined, select the coordinator for the project, determine the primary author/co-authors and choose the lead writer. Next, create a plan and timeline for developing the document and allocate specific responsibilities for its completion.
- Review the available document template (e.g., fact sheet, position paper, clinical resource guide, etc.) to plan the format/content of the document. Consult with the clinical editor if there are questions about the type of document or format.
- Develop a content outline of the key topics or questions the document should address.
  - Consider what WOC nurses (or the target audience) need to know about the topic: What are the gaps/needs?
  - Avoid duplicating content in other available resources or textbooks.
  - Determine "must know" versus "nice to know" content.
  - If updating a document, determine what content to add or delete and replace outdated references, when possible.
  - Conduct a preliminary literature review, including the WOCN Society's documents, to scan what information is available and determine key areas to include or questions to address.
- Divide the work among the task force/committee members (topics, questions).
  - Seek individuals with access/skills for using electronic databases for literature searches (e.g., employer's medical library or physicians' library; university/college library). Some sources offer free downloads of articles.
  - Determine if a consultant research librarian is needed; check with WOCN Society National Office Staff (chief operations officer [previously known as executive director]) regarding the availability of a librarian.
  - Determine the time frame for the literature search.
  - Determine the inclusion and exclusion criteria for the search: diagnosis, MeSH terms, age, gender, type information/publications (e.g., peer-reviewed, research studies [dates of publications, sample size, human versus animal studies, language], literature reviews, systematic reviews, meta-analyses, clinical practice guidelines).
- Conduct the literature search.
  - Databases: PubMed, MEDLINE, CINAHL, COCHRANE Library, and National Guideline Clearinghouse.

- WOCN Society members have online access to search and download articles from the *Journal of Wound, Ostomy and Continence Nursing (JWOCN)*.
- Compile and submit charges to the WOCN Society for fees paid to obtain articles.
- Review relevant WOCN Society guidelines and documents for information pertinent to the topic to ensure consistency with existing documents/guidelines.
- Use the most current information available for updates/revisions and new publications.
  - For general literature reviews, information published within the previous 5 to 6 years is considered current. If the plan is to review the extant research (all that exists) for a systematic review, older relevant studies may be included. Older studies may be the only available or landmark research about a topic, or they may be important classical/historical references.
  - Use primary sources/reports for research studies (i.e., research results should be taken from the original published source and not extracted from a secondary report such as a literature review article).
  - When reporting research, briefly describe the study: author, type study, purpose/aim of the study, subjects/sample size, results (statistical significance such as *p* value, if provided), and conclusions.
- Use peer reviewed literature that is published in journals/books that can be retrieved.
  - For clinical information and statistical data, avoid webpages and sources without identified authors or dates.
  - Check websites/webpages prior to publication; if they have changed or are no longer retrievable, update or omit the reference (American Psychological Association [APA], 2010).

Prepare the Document

Write a draft of the document. Organize the content for clarity and coherence: introduction, purpose, body of document, summary/conclusion, glossary (if needed), references, and appendices (if needed).
- Prepare the document according to the format on the appropriate WOCN Society document template or another appropriate format based on consultation with the clinical editor.
- Include headings and subheadings for major/main topics.
- Prepare the document and references in accordance with APA style (APA, 2010). Exceptions to APA reference style must be approved in advance by the clinical editor.
  - Include proper citations in the text and a complete reference list of all sources cited in the document.
  - Do not include references in the reference list that are not cited in the text. All citations in the text should be in the final reference list (except for personal communication).
- Review the draft: Edit, correct, and revise the document as necessary.
  - Check all citations in the text and final reference list.
  - Citations in the text and reference list should be consistent.
- Include a table of contents for lengthy documents.
- Include a cover page with a complete title of the document, names of the task force/committee members that developed the document (i.e., full name, title, credentials, academic degrees, employer, employer's city/state, contact information), and the date of submission. Identify the primary author(s), corresponding author, and the contributing authors.
- Obtain permission to use large amounts of text/information and/or to reprint or adapt content from copyrighted materials (e.g., tables, figures [charts, diagrams, art work, drawings, images/photographs], procedures, etc.).
- Start early to request permission so that peer review or content validation and publication are not delayed. In some cases, permission might not be granted or the copyright holder might charge high fees to use the material. (See Appendix F for a sample Copyright Permission Request.)

Complete and Submit the Document

After the document is completed, submit the document as a Word document to the clinical editor with a copy to the website and publications editor for review and editing. Along with the manuscript, submit the completed Committee/Task Force Document Submission Checklist form (see Appendix G), which includes the following information:

- Name of the group/chair; key contact
- Title and type of document
- Date submitted; dates of development; date completed
- Suggestions for peer or content validation reviewers
- Expected final format
- Copyright disclaimer/permissions
- Abstract
- Target market
- List of all contributors/authors with their names, credentials, academic degrees, title, employer and employer's city/state, and contact information

Publication and Dissemination

After documents are finalized and approved, the website and publications manager arranges for final formatting, publication, and dissemination of the documents. Depending on the type of document, it may be available online through the WOCN Society's website (www.wocn.org) in the members' library, the public library, or printed for sale in the WOCN Society's Online Bookstore.

- Position papers and legislative action papers will include the date the document was approved by the Board of Directors.
- Best practice documents will contain a statement acknowledging content validation.
- A sample algorithm/flow chart is provided as an overall guide regarding the development; editing, review and approval process for WOCN Society Clinical Documents (see Appendix H).

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Document Definitions and Process

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Fact Sheet

   Definition. A fact sheet is a compilation of available facts or data from published resources, databases, or from research studies about a particular subject or topic that is relevant to WOC nursing. Fact sheets can address answers to commonly asked questions and/or provide lists or statistics related to a topic. Fact sheets should emphasize key points of interest and condense information into a concise, straightforward format that is easy to read and use. Fact sheets should be brief (1–2 pages, excluding figures and references).
   Process. Based on an identified need, the Board of Directors appoints/approves a task force or committee and chair to develop a fact sheet. The Board of Directors notifies the designated group about the request along with information about the target audience and an expected plan for publishing/disseminating the completed document (e.g., format, media). The task force/committee charged with developing the fact sheet examines the available information and research/data about the topic.
   The fact sheet is developed using the appropriate document template or another appropriate format based on consultation with the clinical editor. A sample template is provided as a guide to the key information to include in the fact sheet (see Appendix J). The task force/committee chair should keep the Board of Directors updated on the group's progress through regular reports.
   After the task force/committee has completed the fact sheet, it is forwarded to the clinical editor who reviews the document and coordinates any final edits and corrections with the task force/committee chair. After the fact sheet is finalized, it is submitted to the website and publications editor to arrange peer review by a group of experts who were not involved in developing the document. Recommendations from the peer reviewers are collated by the website and publications editor and returned to the clinical editor.

The clinical editor reviews the feedback and provides it to the task force/committee to review. After the task force/committee has addressed the peer reviewers' feedback, the document is returned to the clinical editor who reviews the document for any final edits and corrections and submits the document to the website and publications editor for final formatting. After the clinical editor approves the final document, the website and publications editor arranges for publication and dissemination of the document and notifies the Board of Directors of the final publication.

White Paper

 Definition. A white paper is a detailed or authoritative report (Merriam-Webster, n.d.-a) that describes/discusses key policy issues, current problems, or other relevant topics that have a direct impact on WOC specialty nursing practice. White papers are used to inform, educate, or propose activities to solve problems; and/or facilitate decision-making by providing an overview about a topic. White papers should be brief (5–10 pages, excluding figures and references).

 Process. Based on an identified need, the Board of Directors appoints/approves a task force or committee and chair to develop a white paper. The Board of Directors notifies the designated group about the request along with information about the target audience and an expected plan for publishing/disseminating the completed white paper (e.g., format, media). The task force/committee charged with developing the white paper examines the available research or published expert opinion about the topic.

 The paper is developed using the appropriate document template or another appropriate format in consultation with the clinical editor. A sample template is provided as a guide to the key content to include in the white paper (see Appendix K). The task force/committee chair should keep the Board of Directors updated on the group's progress through regular reports.

 After the task force/committee has completed the white paper, it is forwarded to the clinical editor who reviews the document and coordinates any final edits/corrections with the task force/committee chair. After the white paper is finalized, it is submitted to the website and publications editor to arrange peer review by a group of experts who were not involved in developing the document. Recommendations from the peer reviewers are collated by the website and publications editor and returned to the clinical editor. The clinical editor reviews the feedback and provides it to the task force/committee to review. After the task force/committee has addressed the peer reviewers' feedback, the document is returned to the clinical editor who reviews the document for any final edits and corrections and submits the document to the website and publications editor for final formatting. After the clinical editor approves the final document, the website and publications editor arranges for publication and dissemination of the document and notifies the Board of Directors of the final publication.

Clinical Resource Guide

 Definition. A clinical resource guide (previously known as a quick reference guide) provides an overview of literature about a specific topic or procedure that is important to WOC specialty nursing practice and meets an identified need or gap in information. Published expert opinion and limited research form the basis for the content. *Note*: Clinical resource guides are not based on a systematic review of the literature, and specific, evidence-based recommendations for care are not provided. The manuscript should be no more than 18–25 pages in length, excluding figures and references.

 Process. Based on an identified need, the Board of Directors appoints/approves a task force or committee and chair to develop a clinical resource guide. The Board of Directors notifies the designated group about the request along with information about the target audience and an expected plan for publishing/disseminating the completed document (e.g., format, media). The task force/committee charged with developing the clinical resource guide examines the available literature, published expert opinion, and any available research about the topic.

 The paper is developed using the appropriate document template or another appropriate format in consultation with the clinical editor. A sample template is provided as a guide to the key content to

include in the clinical resource guide (see Appendix L). The task force/committee chair should keep the Board of Directors updated on the group's progress through regular reports.

After the task force/committee has completed the clinical resource guide, it is forwarded to the clinical editor who reviews the document and coordinates any final edits and corrections with the task force/committee chair. After the clinical resource guide is finalized, it is submitted to the website and publications editor to arrange peer review by a group of experts who were not involved in developing the document. Recommendations from the peer reviewers are collated by the website and publications editor and returned to the clinical editor. The clinical editor reviews the feedback and provides it to the task force/committee to review. After the task force/committee has addressed the peer reviewers' feedback, the document is returned to the clinical editor who reviews the document for any final edits and corrections and submits the document to the website and publications editor for final formatting. After the clinical editor approves the final document, the website and publications editor arranges for publication and dissemination of the document and notifies the Board of Directors of the final publication.

Position Paper

Definition. A position paper is a detailed report that advocates a specific course of action (Merriam-Webster, n.d.-b). The paper describes opinions and/or a position taken by the WOCN Society on an important issue that is related to WOC nursing practice. A position paper includes the rationale for the position and support from available research or published expert opinion, but it might not provide detailed plans for implementing a course of action. A position paper should be brief (5–10 pages, excluding figures and references).

Process. Based on an identified need, the Board of Directors appoints/approves a task force or committee and chair to develop a position paper. The Board of Directors notifies the designated group about the request along with information about the target audience and an expected plan for publishing/disseminating the completed document (e.g., format, media). The task force/committee charged with developing the position paper examines the available evidence/research and published expert opinion about the topic.

The paper is developed using the appropriate document template or another appropriate format in consultation with the clinical editor. A sample template is provided as a guide to the key content to include in a position paper (see Appendix M). The task force/committee chair should keep the Board of Directors updated on the group's progress through regular reports.

After the task force/committee has completed the position paper, it is forwarded to the clinical editor who reviews the document and coordinates any final edits and corrections with the task force/committee chair. After the position paper is finalized, it is submitted to the website and publications editor to arrange peer review by a group of experts who were not involved in developing the document. Recommendations from the peer reviewers are collated by the website and publications editor and returned to the clinical editor. The clinical editor reviews the feedback and provides it to the task force/committee to review. After the task force/committee has addressed the peer reviewers' feedback, the document is returned to the clinical editor who reviews the document for any final edits and corrections and submits the document to the website and publications editor for final formatting. The website and publications editor submits the completed position paper to the Board of Directors for review and approval. After the Board of Directors approves the document, the website and publications editor arranges for publication and dissemination of the document.

Best Practice Document

Definition. It is generally accepted that healthcare should be based on evidence from reliable research, and various clinical practice guidelines are available that aim to define best practice based on systematic reviews of research evidence (Bosch, Tavender, Bragge, Gruen, & Green, 2012). However, research evidence is often lacking in areas that are important to WOC nursing practice. Therefore, for its clinical documents, the WOCN Society has differentiated evidence-based, clinical practice guidelines that are based on systematic reviews of research evidence from "best practice" documents that are based on

expert opinion. As reported by Gray et al. (2002), a best practice document contains specific guidance/recommendations for critically important issues or procedures relevant to WOC nursing practice where research or evidence is lacking, and therefore is based on a consensus of expert opinion. The content may include definitions, clinical presentations, interventions/strategies including indications, precautions, and contraindications; and serves as a reference at the point of care (Dutcher, 2004). *Note:* A best practice document is not based on a systematic review of the literature, and the recommendations are based on a consensus of expert opinion. The manuscript should be no more than 18–25 pages in length, excluding figures and references.

Process. Based on an identified need, the Board of Directors appoints/approves a task force or committee and chair to develop a best practice document. The Board of Directors notifies the designated group about the request along with information about the target audience and an expected plan for publishing/disseminating the completed document (e.g., format, media). The task force/committee charged with developing the document examines the current literature/expert opinion about the topic and determines if there is any relevant research.

The document is developed using the template for best practice documents or another appropriate format based on consultation with the clinical editor. A sample template is provided as a guide to the key content to include in a best practice document (see Appendix N). The task force/committee chair should keep the Board of Directors updated on the group's progress through regular reports.

After the task force/committee has completed the best practice document, it is forwarded to the clinical editor who reviews the document and coordinates any final edits and corrections with the task force/committee chair. After the best practice document is finalized and approved by the clinical editor, it is submitted to the website and publications editor to prepare the document for content validation.

After the document completes content validation, the website and publications editor prepares and formats the document, which is sent to the clinical editor and authors for review (*Note:* No changes are made to the content of the document after it has completed content validation other than corrections for errors or typos). After review and approval by the clinical editor, the document is forwarded to the website and publications editor for final preparation. The website and publications editor arranges for publication and dissemination of the document and notifies the Board of Directors of the final publication.

Clinical Practice Guideline

Definition. A clinical practice guideline (CPG) is a document that includes recommendations intended to optimize patient care. The recommendations are based on current data from a systematic review of evidence and an assessment of the benefits and harms of alternative care options (Institute of Medicine, 2011). CPGs provide the best current information on a particular subject and identify the level of evidence to support the guideline's recommendations. A CPG is developed and issued by the WOCN Society to promote evidence-based clinical practice among its members and other healthcare providers. To be eligible for consideration by the National Guideline Clearinghouse, the CPG must meet the following criteria (National Guideline Clearinghouse, 2016):

- Contains systematically developed statements including recommendations intended to optimize patient care and assist physicians and/or other healthcare practitioners and patients to make decisions about appropriate health care for specific clinical circumstances.
- Was produced under the auspices of a medical specialty association; relevant professional society; public or private organization; government agency at the Federal, State, or local level; or a healthcare organization or plan.
- Was based on a systematic review of evidence as demonstrated by documentation of the following features in the guideline or its supporting documents:
  - An explicit statement that the guideline was based on a systematic review.
  - A description of the search strategy: database(s) searched; summary of search terms; and the specific time period covered by the literature search, including the beginning date (month/year) and the ending date (month/year).

- o A description of study selection: Provides a summary of inclusion and exclusion criteria, the number of studies identified, and the number of studies included and excluded.
- o A synthesis of evidence from the selected studies (e.g., detailed description or evidence tables).
- o A summary of the evidence synthesis (included in the guideline) that relates the evidence to the recommendations (e.g., descriptive summary or summary tables).
- Contains an assessment of the benefits and harms of recommended care and alternative care options.
- A full text of the guideline is available in English to the public upon request (for free or for a fee). Upon submission of the guideline to the National Guideline Clearinghouse, the application must indicate whether the systematic review or other supporting documents for the CPG are available in English to the public upon request (for free or for a fee).
- Must be the most recent version published (developed, reviewed, or revised within the past five years), as evidenced by documentation (e.g., the systematic review or detailed description of methodology).

Process. Based on an identified need, the Board of Directors appoints/approves a task force and chair to develop the CPG. The Board of Directors notifies the designated group about the request along with information about the target audience and an expected plan for publishing/disseminating the completed document (e.g., format, media). Task force members must meet the following qualifications: minimum baccalaureate degree (master's degree or doctorate preferred), access to a medical library, ability/skills to conduct literature searches by computer, ability to critically appraise research studies, and able to commit to the expected timeline to complete the project (i.e., 2 to 2 ½ years on average).

After the task force members are selected, two members are designated as primary authors of the guideline, and the other members serve as reviewers. The systematic process for developing a CPG is extensive and time consuming. The task force chair should keep the Board of Directors updated on the group's progress through regular reports. The process for developing a CPG is described in the following discussion with the responsible individual(s) included in parenthesis after the selected tasks (Adolphus, 2013; Bonham, 2017; Mancini et al., 2014):

1. Identify the topic for the guideline and appoint the task force members/chair (Board of Directors).
   a. Select and convene the guideline task force (chair, task force).
   b. Determine who will serve as the primary authors of the guideline.
2. Determine the content of the guideline (chair, task force).
   a. Develop the key issues/questions/problems that will be included in the guideline.
   b. Categorize how the content will be organized and develop a topical outline.
   c. Assign questions for the literature search (primary authors).
3. Develop inclusion/exclusion criteria for selecting research studies to review for evidence (primary authors, task force).
4. Search the literature for evidence (primary authors).
   a. Literature searches are exhaustive to look for all available, relevant research. Often landmark/classical research may be in older literature (beyond the last five to six years).
   b. Examine available databases to identify relevant studies: PubMed, MEDLINE, CINAHL, Cochrane Library, EMBASE, etc.
      - Research studies.
      - Meta-analyses.
      - Systematic reviews.
      - National guidelines.
   c. Search for research studies in which the data are available and specifically reported about the phenomena of concern (i.e., subject of the guideline).
      - Review research studies: randomized controlled clinical trials (RCTs), prospective or retrospective investigations, uncontrolled studies, etc.

- Examine primary sources of research for evidence. Secondary sources (i.e., literature reviews, text books, opinion articles) should not be relied on for the evidence. Examine the original study's report.
- Use Medical Subject Headings (MeSH) for searches. Search using older terms for a condition or disease (e.g., decubitus ulcer) if MeSH terms are not tracking to the desired condition in the searches.
  d. Review bibliographies/reference lists to retrieve additional relevant research (e.g., studies, national guidelines, literature reviews, systematic reviews).
5. Review and search the literature until saturation (i.e., no new information is obtained) is achieved (primary authors).
   a. To facilitate analysis and synthesis of the research, extract and record data from the studies in a chart or table format: author, title, date, journal, purpose, aims, hypothesis, study type (Level I–VI), sample (e.g., participants, sample size), methods (interventions), results/findings/outcomes (significance levels), conclusions, limitations, and notes/comments.
   b. A sample table has been provided as a guide for extracting and recording data from research studies (see Appendix O).
6. Evaluate the research evidence (primary authors), and rate each research study Level I to Level VI, according to the following criteria (Cook, Guyatt, Laupacis, & Sackett, 1992; Sackett, 1989; WOCN, 2016):
   a. Level I. RCTs that demonstrate a statistically significant difference in at least one important outcome defined by $p < .05$. Level I trials can conclude that the difference is not statistically significant if the sample size is adequate to exclude a 25% difference among study arms with 80% power.
   b. Level II. RCTs that do not meet Level I criteria.
   c. Level III. Nonrandomized trials with contemporaneous controls selected by some systematic method. A control might have been selected because of its perceived suitability as a treatment option for an individual patient.
   d. Level IV. A before-and-after study or a case series with at least 10 patients using historical controls or controls drawn from other studies.
   e. Level V. Case series with at least 10 patients with no controls.
   f. Level VI. Case report with less than 10 patients.
7. Organize the content of the guideline (primary authors).
   a. Synthesize information from the research and prepare a draft of the guideline's text.
   b. Conduct conference calls as needed with the task force to discuss/review the guideline and arrive at final consensus of the content and recommendations.
   c. Cite studies supporting the guideline in the text and list all citations in the reference list.
8. Develop and refine the format/content of the guideline based on task force input (primary authors).
9. Develop recommendations and assign a level-of-evidence rating (A, B, C) based on strength of the evidence (Bergstrom et al., 1992, 1994; Cook et al., 1992; Sackett, 1989; WOCN, 2016). If a level-of-evidence rating is not included, the recommendations represent a consensus of opinion by the task force members (primary authors, task force,).
   a. Level A. Two or more supporting RCTs of at least 10 humans with the condition under consideration (at Levels I or II), meta-analysis of RCTs, or Cochrane Systematic Review of RCTs.
   b. Level B. One or more supporting controlled trials of at least 10 humans with the condition under consideration or two or more supporting nonrandomized trials of at least 10 humans with the condition under consideration (at Level III).
   c. Level C. Other studies that do not meet Level B criteria, two or more supporting case series of at least 10 humans with the condition under consideration, or published expert opinion.
   d. Task Force Consensus (TFC): The information or recommendation represents a consensus of the task force members.

10. Assess/classify benefit versus harm for recommendations. (sSe Appendix P for benefit versus harm criteria.)
11. Rate the quality of evidence and recommendations. (See Appendix Q for quality criteria.)
12. Develop supplements, appendices, etc. to enhance the guideline (primary authors/task force).
    a. Glossary
    b. Algorithms, decision trees, etc.
13. Ensure the reference list is complete and accurate. Crosscheck the text citations and reference list (primary authors).
14. Submit any requests that are needed for permission to use large amounts of information or to reprint or adapt copyrighted materials (e.g., tables, figures [charts, diagrams, art work, drawings, images/photographs, etc.]). Start early to request permission to avoid delaying peer review or content validation and publication. In some cases, permission might not be granted, or the copyright holder might charge fees to use the material.
15. Complete a final draft of the guideline for the task force to review and approve (primary authors, task force chair).
16. Send the final CPG draft to the task force chair who will review/edit the document and coordinate any final corrections/edits (primary authors/task force chair). Consult with the clinical editor as needed for review/editing.
17. Submit the finalized CPG (primary authors/task force chair) to the website and publications editor to arrange peer review.
    a. Peer review of the CPG is conducted by an independent group of experts who were not involved in developing the guideline (website and publications editor).
    b. Peer reviewers' comments are collected and collated, and the feedback provided to the task force chair, and primary authors (website and publications editor).
18. Evaluate and address the comments from the peer reviewers (primary authors/task force).
19. Complete the any final requested edits (primary authors/task force).
20. Submit the completed CPG to the clinical editor and website and publications editor to prepare for publication after all corrections and edits have been completed (primary authors/task force chair).
21. Format/prepare the final document and publish and disseminate the guideline (website and publications editor).
22. Contact the chair of the WOCN Society's National Conference Planning Committee; arrange to provide an oral presentation/overview of the CPG and recommendations at the next WOCN Society's annual conference (primary authors/task force chair).
23. Prepare an executive summary (ES) of the CPG's recommendations for *JWOCN* publication (primary authors).
    a. Consult with the clinical editor (and the editor in chief of the *JWOCN*) as needed regarding the ES.
    b. If needed, submit a draft of the ES to the clinical editor who will review the manuscript, coordinate any final corrections, and assist with submission of the ES to the *JWOCN* as needed.
24. Coordinate with the website and publications editor (and clinical editor if warranted) to prepare the application to submit the CPG to the National Guideline Clearinghouse for publication on their website at http://www.guideline.gov (primary authors/task force chair).
25. *Note:* The CPG is submitted to the National Guideline Clearinghouse on behalf of the WOCN Society rather than the individual authors or task force.

<div align="center">

General Tips for Preparation of the Manuscript

</div>

Citations and References

Proper attribution of sources conveys best practice and ensures validity and quality of information/evidence. In addition, citation of references supports answers to test questions for continuing

nursing education programs, provides sources so readers can follow up and access the references, and (perhaps most importantly) helps provide protection from plagiarism (including self-plagiarism) and copyright infringement.

Permission is required from the copyright holder to use and/or adapt tables, figures (e.g., charts, diagrams, art work, images, photographs, drawings, etc.) or large amounts of information/text from an article. Authors should start early to request permissions to prevent delaying peer review or content validation and publication. Many publishers have online sites to request permissions, and some may charge fees to use the materials. (See Appendix F for a sample Copyright Permission Request.)

Plagiarism. Authors must guard against plagiarism (including self-plagiarism). Plagiarism is the intentional or unintentional use of someone else's words, ideas or other materials without giving credit, which can have severe consequences for the author(s) and the WOCN Society (APA, 2010; Stolley, Brizee, & Paiz, 2013). "Self-plagiarism refers to the practice of presenting one's own previously published work as though it were new" (APA, 2010, p. 170). Duplication of one's own previously published work should be limited and should be cited (APA, 2010).

Writers must be cautious to avoid using exact or only slighted changed ideas, plans, phrases, sentences, paragraphs, graphs, art work, or diagrams from another source without acknowledgement of the author/source. The source of information for paraphrased material and/or exact quotes from other sources should always be credited (APA, 2010; Stolley et al., 2013). Authors should check the current APA manual for guidance regarding quotations. Stolley et al. (2013) identifies the following factors to consider regarding plagiarism:

1. Plagiarism applies to information found on the Internet, electronic or online sources, images, movies, television, newspapers, letters, advertisement, interviews, etc.
2. Some material may not need attribution of credit such as the author's own personal lived experiences, observations, insights, thoughts, conclusions, artwork, photos (unless copyright was previously transferred to another publisher); and common knowledge or generally accepted facts.
3. If a question arises whether to cite or not to cite—cite when in doubt!

Citations for PowerPoint slide presentations. Cite information in a slide presentation in the same manner as for other documents. Cite the sources within the text (on the slide) for information that is taken and/or adapted from other sources (i.e., research findings, facts, definitions, content, tables, figures [charts, images, photographs, drawings] statistics, or quotations). Provide a complete reference list of sources cited in the text at the end of the slides. Obtain permissions as needed to use materials/images used from copyrighted sources. (See Appendix F for a sample Copyright Permission Request.)

Format/Style for WOCN Society Documents

Authors should consult available resources for information about writing style and APA (2010) format. Authors are expected to refer to appropriate medical dictionaries or *Merriam Webster's Collegiate Dictionary* for standard spelling references. Information about writing and preparing manuscripts in APA style is available from the online writing lab at Purdue (Paiz et al., 2016).

When authors plan to submit WOCN Society documents to other publishers (e.g., *JWOCN*), authors should consult with the clinical editor and check the publisher's requirements for preparing the manuscript, including the required style for reference citations. *JWOCN*'s (2016) instructions for authors and the online submission and review process are available online (http://edmgr.ovid.com/jwocn/accounts/ifauth.htm).

Text and pagination. Organize the content in a logical and orderly fashion. Use appropriate headings and subheadings to identify sections and topics in the paper. Narrative type manuscripts should be double-spaced using an 11-point or 12-point size font such as Times New Roman and one-inch page margins. Some documents may be formatted as tables or modified outlines and may use single spacing and narrow margins, if appropriate. Tables should be developed using the Table function in Word. Number all pages consecutively with Arabic numerals located in the lower, right-hand corner. Submit the paper as a Word document. A table of contents should be provided for lengthy documents.

Drugs/therapeutic agents. Refer to drugs and therapeutic agents by their accepted generic or chemical names, and do <u>not</u> abbreviate the names. Capitalize copyrighted or trade/brand names of drugs

and place them in parenthesis after the generic name of the drug. Provide names and locations of manufacturers of drugs, supplies, or equipment in parenthesis (i.e., city and state in the United States; city and country outside the United States). Express units of measure in the metric system and temperatures in degrees Celsius.

Figures/tables. For final publication, electronically submit high-resolution (at least 300 dpi), camera-ready images as TIFF, EPS, or JPEG. Refer to figures and tables consecutively in the text. Create tables using word processing software (Word). Do not use Excel or spreadsheet programs to create tables. Tables and figures should be numbered consecutively as they appear in the text. Each table should have a title placed over the top of the table. For figures, include the figure number and a title with a legend and caption **below** the visual display. Tables must contain at least two columns, and all columns should have headings. Tables should be self-explanatory and not duplicate the material in the text. If the tables, figures, or data are from another source, the source must be properly cited. To reprint or adapt tables or figures, permission must be obtained from the copyright holder (publisher/author). Large tables or figures should be placed in the appendix. It is the responsibility of the authors (task force/committee) to obtain permissions. (See Appendix F for a sample Copyright Permission Request.)

Reference style. Authors for WOCN Society clinical documents are expected to use APA format for citations and references. Authors are responsible for the accuracy of references. References are cited in the body of the text and in the final reference list. Authors are encouraged to refer to a text on APA format (APA, 2010) or the APA format and style guide at the online writing lab at Purdue, which is available at https://owl.english.purdue.edu/owl/resource/560/01/ (Paiz et al., 2016).

Sample citations within the text. APA reference style includes citations in the text of the author and date, which are then listed alphabetically in the reference list. A few common types of citing references within the text are provided in the following examples, which are not intended to be inclusive.

1. *Unpublished data or personal communications.* Cite personal communications only in the text.
    a. Citation within a sentence: According to D. L. Jones (personal communication, January 4, 2017).
    b. Citation at the end of the sentence (D. L. Jones, personal communication, January 4, 2017).
2. *A work by two authors*. Include the last names of both authors and the date each time you cite the work.
    a. Citation within a sentence: Research by Johnson and Perry (2017) supports . . .
    b. Citation at the end of the sentence (Johnson & Perry, 2017).
3. *A work by three to five authors*. In the text, list up to five authors' last names for the first citation; thereafter, list only the first author's last name, followed by et al. and the date.
    a. Citation within a sentence: Kelly, Cornwall, Sands, Bunch, and Hapwood (2017) reported . . .
    b. Citation at the end of a sentence (Kelly, Cornwall, Sands, Bunch, & Hapwood, 2017).
    c. In subsequent citations, use only the first author's last name followed by et al. (Kelly et al., 2017). When using et al., "et" is not followed by a period.
4. *Six or more authors.* Use only the first author's last name, followed by et al. and the date for all citations in the text.
    a. Citation within the sentence: Brown et al. (2017) or Brown and colleagues (2017) described . . .
    b. Citation at the end of the sentence (Brown et al., 2017).

Sample citations in the reference list. For journals, the reference includes the last name and first and middle initials of the author(s), publication year, volume/issue, page numbers, and the digital object identifier (doi), if provided. Italicize the name of the journal and volume number. For book chapters, include the author's last name and first and middle initials, publication year, chapter title, editors if applicable, book title, edition number (if not the first edition), page numbers, and the location and name of the publisher. A few examples are provided for common types of references for journals, periodicals, books, webpages, online/electronic sources, and references with missing information.

1. *Journal/periodical references.*
    a. *Single author.*
        • Author's last name, followed by the first and middle initials.

- Example: Vrtis, M. C. (2013). The economic impact of complex wound care on home health agencies. *Journal of Wound, Ostomy and Continence Nursing*, *40*(4), 360–363. doi:10.1097/WON.0b013e318297a2ec

b. *Two to seven authors.*
- List authors by their last names and their first and middle initials.
- Two authors: Use the ampersand (&) instead of "and."
- Example: Brindle, C. T., & Blankenship, J. (2009). Management of complex abdominal wounds with small bowel fistulae: Isolation techniques and exudate control to improve outcomes. *Journal of Wound, Ostomy and Continence Nursing*, *36*(4), 396–403. doi:10.1097/WON.0b013e3181aaf2b0

c. *Three to seven authors:* List up to seven authors' last names and their first and middle initials.

d. *More than seven authors.*
- List the last names and first and middle initials of the first six authors, place three ellipsis points
- (. . .), and end with the final author's last name and their first and middle initials.
- Example: Salvadalena, G., Hendren, S., McKenna, L., Muldoon, R., Netsch, D., Paquette, I., . . . Steinberg, G. (2015). WOCN Society and ASCRS position statement on preoperative stoma site marking for patients undergoing colostomy or ileostomy surgery. *Journal of Wound, Ostomy and Continence Nursing*, *42*(3), 249–252. http://dx.doi.org/10.1097/WON.0000000000000119

2. ***Example organization as author:*** Wound, Ostomy and Continence Nurses Society. (2014). *Guideline for management of wounds in patients with lower-extremity arterial disease. WOCN clinical practice guideline series 1*. Mt. Laurel, NJ: Author.

3. ***Example book citations.***
a. *Authored book:* Rumwell, C., & McPharlin, M. (2009). *Vascular technology* (4th ed.). Pasadena, CA: Davies Publishing, Inc.
b. *Article or chapter in an edited book:* Colwell, J. C. (2016). Postoperative nursing assessment and management. In J. E. Carmel, J. C. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy and Continence Nurses Society Core curriculum: Ostomy management* (pp. 113–119). Philadelphia, PA: Wolters Kluwer.

4. ***Example online/electronic reference with retrieval date:***
a. Include the universal resource locator (URL) for electronic sources.
b. Example: Gardner, S. E., Frantz, R., Hillis, S. L., Park, H., & Scherubel, M. (2007). Diagnostic validity of semi quantitative swab cultures. *Wounds: A Compendium of Clinical Research and Practice, 19*(2), 31–38. Retrieved June 19, 2017, from http://www.woundsresearch.com/article/6817

5. ***Example Web page reference with retrieval date:*** Stanway, A. (2016). *Cellulitis.* Retrieved June 15, 2017, from http://www.dermnetnz.org/bacterial/cellulitis.html

6. ***Missing pieces:*** If information is missing (e.g., author, date, title), move the available information forward to the previous spaces (Lee, 2012). For example, if the author and date are missing, list the title, include "n.d." in parenthesis for no date, and list the source. (See Appendix R for further information about how to write an APA style reference even when information is missing.)
a. Example: Merriam-Webster. (n.d.). *White paper. Merriam-Webster.com.* Retrieved June 14, 2017, from http://www.merriam-webster.com/dictionary/white%20paper
b. Information about how to handle missing pieces in APA citations is available online at http://blog.apastyle.org/apastyle/2012/05/missing-pieces.html (Lee, 2012).

Other Publications

Executive Summary

Definition. An executive summary (ES) is a brief synopsis or overview of an original document (i.e., abbreviated version of a larger, complete document). The ES is often created as a stand-alone document to be published or reprinted in another form or journal, when the original document is considered too lengthy to publish in its entirety.

Process. If an ES of a WOCN Society approved document (e.g., clinical resource guide, best practice document, clinical practice guideline, etc.) is being submitted to the *JWOCN* for publication, the authors should review the Executive Summary Guide (see Appendix S), and consult with the clinical editor assistance in developing an ES. If needed, the clinical editor will consult with the editor in chief of the *JWOCN* to determine if an ES of the original document is suitable and appropriate for publication in the *JWOCN*. The clinical editor will coordinate the development of an ES and collaborate with the task force/committee chair or primary author (s) as needed. The document may require reformatting and conversion of the reference style from APA style to AMA style to meet the criteria for submission to the *JWOCN*. After the ES is finalized and approved by the clinical editor, it is submitted to the *JWOCN* using the online editorial manager (www.editorialmanager.com/jwocn/).

Abstract

Definition. An abstract is a brief, concise summary of a document/article and is used in databases to provide the reader with a brief overview of the contents of a published article. An abstract is typically required if a document is submitted to a journal for publication. In addition (not part of the abstract), key words may be requested by the publisher that reflect the major content areas/key topics to facilitate indexing and retrieval of the article from electronic databases.

Process. Authors should check the journal's submission requirements for the format and word limits for the abstract, which vary from 150–250 words (APA, 2010). The abstract should be placed on a new page at the beginning of the manuscript and labeled at the top of the page (*Abstract*). The abstract is presented as a single paragraph without indentation. The components of an abstract vary according to the type of article. Also, publishers may have specific requirements about the format, for example:

- Unstructured abstracts are generally provided for review articles that include a statement of the topic, rationale/need for the topic, and overview of the content/key topics included in the article.
- A structured abstract for a research article briefly describes the purpose/aim of the study, subjects/setting, research methods, results, and conclusions.

Legislative Action Paper

Definition. A legislative action paper is a brief, concise report that is developed to inform legislators and policy makers about an unmet need that is relevant to patients with wound, ostomy, and/or continence needs or WOC nursing practice. The paper identifies the problem, changes needed, proposed solution (s), and actions to support existing or proposed legislation.

Process. In response to an imminent legislative issue and/or request from the president/Board of Directors, the public policy and advocacy board liaison collaborates with the WOCN Society's legislative consultant to develop the legislative action paper. Because of the time sensitive nature of legislative matters, a legislative action paper undergoes an expedited review and approval process. The authors should review the legislative action paper template (see Appendix T) for content to include in the document. Upon completion of the legislative action document, it may be forwarded to the clinical editor for review and editing. After the document is finalized, the completed document is sent to the Board of Directors for final review and approval. After the Board of Directors approves the document, it is disseminated as appropriate with the assistance of the website and publications editor, if requested.

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Appendix E: Sample Peer Reviewer's Response Form

NAME OF DOCUMENT: _____

Directions: Please indicate your responses to the following questions about the above named document by checking Yes, No, or Not Applicable (NA) and provide comments as indicated.

1. **Is the content clear and concise?**
   a. Document   Yes ___ No
   b. Algorithm (if, applicable)   Yes ___ No
   c. Appendices (if applicable)   Yes ___ No
   d. Not applicable   NA

If no, what comments do you have to make it clear and concise?

2. **Is the format well organized and easy to read and follow?**
   a. Document   Yes ___ No
   b. Algorithm (if, applicable)   Yes ___ No
   c. Appendices (if applicable)   Yes ___ No
   d. Not applicable   NA

If no, what comments do you have to improve the organization or make it easy to read and follow?

3. **Is the content accurate, complete, comprehensive, and consistent with current best practice, research, or expert opinion**?
   a. Document   Yes ___ No
   b. Algorithm (if, applicable)   Yes ___ No
   c. Appendices (if applicable)   Yes ___ No
   d. Not applicable   NA

If no, what comments do you have to improve the content's accuracy, completeness, or comprehensiveness?

4. **Will the information be helpful to those providing care to people with (*condition*) _____?**
   a. Document   Yes ___ No
   b. Algorithm (if, applicable)   Yes ___ No
   c. Appendices (if applicable)   Yes ___ No
   d. Not applicable   NA

If no, what comments do you have to make it more helpful?

Please return your completed Reviewer's Response Form to (specify name/title)
_____ by (specify date) _____.

Appendix F: Copyright Permission Request

Directions: Sample form for permission request to use copyrighted materials in a publication.

Date:

To:

From: Name/Title: _____.
            Contact Information: _____.

Subject: Requesting permission to use copyrighted material.

Request (check all that apply):
I hereby request permission to ___reprint or ___adapt the following copyrighted material with proper attribution to the copyright holder (name, source, used with permission statement; check all that apply):
☐ Selected text
☐ Table/Chart
☐ Figure
☐ Image
☐ Other (specify)
☐ Attached is a copy of the material requested.

Source of requested copyrighted material (complete as appropriate):
    Authors(s):
    Name of Publication (journal, book, other; volume/issue, page number, year):
    Publisher:
    Title of Article:
    Title and/or number of material, table, figure (chart, graph, diagram, drawing, photograph, etc.); and page number of requested material:

Intended use of the requested material by the WOCN Society, a nonprofit, professional nursing organization (check all that apply):
☐ Educational purposes only.
☐ Publication in a book chapter _____, journal article _____, clinical guideline_____, or other educational resource (specify): _____.
☐ Name of the publication that will include the copyrighted material: _____.
☐ Include material in future editions, revisions, or updates of the publication (print and/or electronic).
☐ Component in a product for sale.
☐ Post on the WOCN Society's website for "members only" access.

Copyright holder's response:
Please indicate agreement for use of the materials by the WOCN Society by responding to the following statement. Check yes or no.
    Permission approved for use of material as described _____ Yes; _____ No
    Name of individual/organization holding copyright:
    Signature: _____Date: _____.
    Contact information of respondent:
    Comments (please indicate/describe any restrictions or fees for use of the materials):

Return to (name/contact information):

Appendix G: Committee/Task Force Document Submission Checklist

Directions: Please submit a **completed** Document Submission Checklist and a copy of the final clinical document (Word document) to the clinical editor and website and publications editor. Incomplete forms will be returned.

1. **Title of Document:**

2. **Committee/Task Force:**

3. **Date Submitted:**

4. **Contact Information** (for individual(s) submitting document):
   Name(s):
   Email(s):

5. **Point Person(s) Contact Information** (for questions, if different than above):
   Name(s):
   Email(s):

6. **Indicate if the submission is a new or updated/revised document:**
   ☐ New
   ☐ Updated/revised (please provide title & date of original document):

7. **Type of Document:**
   ☐ Best Practice
   ☐ Evidence-Based, Clinical Practice Guideline (based on a verifiable systematic review)
   ☐ Fact Sheet
   ☐ Position Paper
   ☐ Clinical Resource Guide
   ☐ White Paper
   ☐ Other (please specify):

8. **Dates During Which the Document was Developed:**
   Document Started – Month & Year:
   Document Completed – Month & Year:

9. **Clinical Abstract:**
   a. Statement of the topic:
   b. Rationale/need/purpose of the document:
   c. Brief description/overview (5–7 sentences):
   d. Target audience for the document (e.g., WOC nurses, advanced practice nurses [APRNs], other healthcare providers, legislators, administrators, patients, settings [acute care, outpatient clinic, home health care, long-term care, etc.]):

9. **How will the document be used in clinical practice?**

10. **What other organizations would benefit from this document?**

11. Suggested Criteria for Peer Reviewers or Content Validation Reviewers (e.g., CWOCN, CWCN, CWON, CCCN, APRN; preferred background [e.g., adult health, pediatrics, geriatrics, acute care, outpatient clinic, home health care, long-term care, etc.]):

12. Final Format:
- ☐ Online – Members Library
- ☐ Online – Public Library
- ☐ Printed – for sale in the WOCN Society's Online Bookstore
- ☐ Printed – other (please specify):
- ☐ CE program for the Continuing Education Center (CEC):
- ☐ Other (please specify):

13. Copyright Disclaimer:
a. If excerpts, tables, or figures (e.g., charts, graphs, diagrams, drawings, photographs, etc.) from copyrighted works are included in this document or adapted for inclusion in this document, **a written release or permission must be secured from the author, copyright holder, or patient (i.e., patient photographs). Credit must be given to the original publication/copyright holder.** (See Appendix F for a sample Copyright Permission Request.)
- ☐ Yes, proper permission has been obtained for use of copyrighted materials, and proper citation/credit provided to the copyright holder.
- ☐ All copyright permissions were obtained and are attached or otherwise provided (specify)_____.
- ☐ No (please explain):

b. All citations and references in the document acknowledging data, information or ideas from the works of others (i.e., even if paraphrased) are complete and have been checked for accuracy by the authors, including the universal resource locator (URL) or the digital object identifier (doi).
- ☐ Yes
- ☐ No (please explain):

14. Final Submission Checklist:
- ☐ Document is in proper APA Style.
- ☐ Document submitted as a Word document.
- ☐ Citations throughout the document (including PowerPoint slides) are in APA style and consistent with the final reference list.
- ☐ Final reference list is in proper APA style, and references are consistent with text citations.
- ☐ Copyright permissions have been received (include as separate attachments).
- ☐ Manuscript has been reviewed by the authors for organization, clarity, completeness, coherence, and accuracy.

15. Contributors/Authors of Document:
Contributors/authors include committee/task force members, who were actively involved in the development of the document (e.g., participated in conducting research and acquisition or analysis of data; conducted a review/synthesis of the literature/evidence for development of the document; participated in writing; actively reviewed and provided input for the document's final content). Committee/task force members who did not actively participate are not considered authors/contributors even if they were on the committee/task force at the time of development. *Note:* Only list board and committee/task force liaisons as authors/contributors if they actively contributed to the document's development.

Chair	
Name:	
Credentials:	
Job Title:	
Employer:	
Employer City:	
Employer State:	
Email:	
Phone:	

Co-Chair	
Name:	
Credentials:	
Job Title:	
Employer:	
Employer City:	
Employer State:	
Email:	
Phone:	

Past-Chair	
Name:	
Credentials:	
Job Title:	
Employer:	
Employer City:	
Employer State:	
Email:	
Phone:	

Members			
Name:		**Name:**	
Credentials:		Credentials:	
Job Title:		Job Title:	
Employer:		Employer:	
Employer City:		Employer City:	
Employer State:		Employer State:	
Email:		Email:	
Phone:		Phone:	
Name:		**Name:**	
Credentials:		Credentials:	
Job Title:		Job Title:	
Employer:		Employer:	
Employer City:		Employer City:	
Employer State:		Employer State:	
Email:		Email:	
Phone:		Phone:	
Name:		**Name:**	
Credentials:		Credentials:	
Job Title:		Job Title:	
Employer:		Employer:	
Employer City:		Employer City:	
Employer State:		Employer State:	
Email:		Email:	
Phone:		Phone:	

Additional authors/contributors: Add additional rows to the table or list the author's name, credentials, job title, employer, employer's city and state, and contact information.

Appendix H: Algorithm for WOCN Society Document Development and Review

Need for WOCN Society Documents
- Strategic planning meetings
- Board identified need
- Member identified need
- Existing documents due for update

Board appoints/approves chair and task force (TF)/committee
- Board collaborates with clinical and publications editors regarding updates due.
- Board may recommend publishing/dissemination plan or request TF/committee to determine.

Task Force/Committee Work
- Review WOCN Society's Guide for Developing Documents.
- Select appropriate format for document (e.g., position paper, white paper, fact sheet, evidence-based clinical practice guideline, clinical resource guide, legislative action).
- Develop outline; determine primary author(s); determine search strategy (use of librarian?); assign tasks.
- Examine evidence/research and/or expert opinion.
- Prepare and discuss written document.
- Submit completed document to clinical editor for review and approval, along with Document Submission Checklist.

Clinical Editorial Review
- Clinical editor reviews, edits, and returns document with revisions/edits.
- Clinical editor reviews and coordinates corrections with TF/committee chair.
- After approval of clinical editor, final draft document submitted to National Office (i.e., website and publications editor) to arrange for peer review or content validation.

Peer Review (Clinical practice guideline, fact sheet, white paper, clinical resource guide)
- National Office, in collaboration with clinical editor: recruits reviewers, coordinates peer review, and collates feedback.
- National Office provides peer reviewers' feedback to Clinical Editor.
- Clinical editor reviews and provides peer reviewers' feedback to TF/committee chair.
- TF/committee addresses peer reviewers' suggestions.
- TF/committee chair submits revised/completed document to clinical editor for review and approval.
- Final document sent to National Office to prepare for publication.

Content Validation (CV; Best Practice documents)
- National Office, in collaboration with Clinical Editor, prepares document for CV: Prepares Excel sheets with each individual statement for CV.
- National Office, in collaboration with clinical editor: recruits reviewers; conducts orientation session for reviewers to explain CV; coordinates rounds of CV/voting (up to 5; average 3); collates feedback each round and final summary.
- National Office provides final CV feedback to clinical editor for review/approval.
- CV feedback provided to TF/committee chair (no changes can be made after content validation).
- National Office, in collaboration with clinical editor, prepares/formats final document.
- Board of Directors notified of final document.

Completed Document: Clinical practice guideline, fact sheet, white paper, clinical resource guide
National Office prepares document for publication and dissemination.

Completed Document: Position Paper or Legislative Action Paper
National Office prepares document for Board review and approval.

Board of Directors Review

Revisions
TF/Committee in collaboration with the clinical editor completes revisions.

Approval

Publication/Dissemination of Documents
- National Office, in collaboration with clinical editor, prepares/formats document for publication: PDF website; print (clinical practice guideline [CPG]); creative department prepares print documents.
- Publication/Dissemination: Documents are published on the website or are available in print from the bookstore. **CPG's**: Abstract of CPG is submitted to the National Guideline Clearinghouse and an Executive Summary (ES) sent to *JWOCN*, which may require additional development by TF/committee, National Office Staff, and Clinical Editor (as needed). Other selected types of documents or ES of documents may be submitted to *JWOCN*. Membership notified of publication.
- National office sends thank you letters to TF/committee.

Appendix I: Sample Template for Fact Sheets

Title:

Originated by (task force/committee):

Date Completed:

Introduction: Purpose/Aim

Background:
- **Problem**
- **Need**

Discussion/Description of a Specific Issue or Condition:
- **Definitions**
- **Key points: Brief/concise presentation of facts, statistics or information from current research or available data relevant to the specific topic.**

Implications for Practice, Education, Research, or Other:

Summary or Conclusion

Glossary (if needed)

References

Appendix

Appendix J: Sample Template for White Papers

Title:

Originated by (task force, committee):

Date Completed:

Introduction: Purpose/Aim

Background:
- **Problem**
- **Need**
- **Gaps in knowledge, practice, education, research, or other**

Discussion of the Issue: Overview of available current research and/or published expert opinion about a specific issue or topic.

Implications for Practice, Education, Research, or Other:

Summary or Conclusions

Glossary (if needed)

References

Appendix

Appendix K: Sample Template for Clinical Resource Guides

Title:

Originated by (task force, committee):

Date Completed:

Introduction: Purpose/Aim

Background:
- **Problem**
- **Need**

Discussion of the Condition(s):
- **Description: Definition(s), pathology, epidemiology (prevalence/incidence), clinical presentation, complications, etc.**
- **Overview of available research and/or published expert opinion**

Implications for Practice:
- **Assessment**

- **Management/Interventions: Indications, precautions, and contraindications, etc.**

- **Procedures/Protocols**

- **Patient education**

- **Indication for referrals**

Implications for Future Education or Research:

Summary or Conclusions

Glossary (if needed)

References

Appendix

Appendix L: Sample Template for Position Papers

Title:

Originated by (task force, committee):

Date Completed:

Statement of Position:

Purpose/Aim: Concise statement of the rationale for the position

History:
- **Background**
- **Refer to and/or discuss previous statements, if relevant**

Supportive Statements (Relevant research and/or published expert opinion):

Recommendations:
- **Practice**

- **Education**

- **Research**

- **Other**

Summary or Conclusion

Glossary (if needed)

Reference

Appendix

Date Approved by the WOCN Society Board of Directors

Appendix M: Sample Template for Best Practice Documents

Title:

Originated by (task force/committee):

Date Completed:

Introduction: Purpose/Aim

Background:
- **Problem**
- **Need**

Discussion of the condition(s):
- **Description: Definition(s), pathology, epidemiology (prevalence/incidence), clinical presentation, and complications.**
- **Supportive literature if available**

Recommendations for Practice:
- **Assessment**

- **Management/Interventions: Indications, precautions, and contraindications**

- **Procedures/Protocols**

- **Patient education**

- **Indication for referrals**

Recommendations for Future Education or Research:

Summary or Conclusion

Glossary (if needed)

References

Appendix

Statement Acknowledging Content Validation

Appendix N: Table for Extracting Data for Wound Clinical Practice Guidelines

Reviewer/Date:

Search Question/Topic:

Author, Title, Journal (date, volume, issue, APA format)	Study Type/ Design Aim, Purpose, hypothesis)	Rating Evidence (Level I–VI)	Sample (partici-pants) Sample size	Methods Interven-tions (instru-ments, measures)	Study Results/ Findings/ Outcomes (p values, reliability, validity, sensitivity, specificity, Cronbach's alpha)	Conclusions	Article Included or Excluded	Critical Apprai-sal (benefits versus harms; limita-tions of study)	Quality Rating of Study Comments

Appendix O: Classification of Recommendations: Benefit/Effectiveness versus Harm (Hirsch et al., 2006; WOCN, 2016)

Class I	Class II	Class III	Class IV
There is evidence and/or agreement of expert opinion that a procedure or treatment is beneficial and effective with greater benefit than harm. Is indicated and recommended; **should be done**.	There is limited evidence and/or agreement of expert opinion that a procedure or treatment can be beneficial and effective with greater benefit than harm. May be indicated; is **reasonable to perform**; may be considered.	Evidence and/or agreement of expert opinion about a procedure or treatment is less well established or uncertain <u>and</u> has conflicting evidence or divergence of opinion about the benefit and effectiveness; <u>or</u> there are risks/side effects that may limit benefit. May be reasonable; **may be considered** in select instances.	There is evidence and/or agreement of expert opinion that a procedure or treatment is not beneficial or effective, <u>and/or</u> can be harmful in some cases where risks/side effects outweigh benefit. Is **not indicated** or recommended; **should not be performed.**

Appendix P: Quality of Evidence Ratings for Strength of Evidence for Recommendations in the Guidelines (Andrews et al., 2013; Balshem, et al., 2011; Eckel et al., 2014)

Type of Evidence	Quality Rating	Comments
• Well-designed and well-conducted, randomized, controlled trials (RCTs) or meta-analyses of such trials, which address the population of interest and directly assess effects on health outcomes. • Studies directly address the question; use adequate randomization, blinding, and allocation concealment; are adequately powered; use intention-to-treat analyses; and have high follow-up rates. • High level of certainty about the estimate of effect.	**High**	
• RCTs with minor limitations, which affect confidence in/or applicability of the results. • Well-designed, well-conducted controlled or observational studies. • Meta-analyses of such studies. • Moderate certainty about the estimate of effect.	**Moderate**	
• RCTs, nonrandomized controlled/quasi-experimental studies, or observational studies (prospective, retrospective cohort, case-control, cross-sectional studies) with major limitations affecting confidence in/or applicability of the results; or meta-analyses of such studies. • Limitations include: inadequate randomization; lack of blinding of participants or outcome assessors; inadequate power; outcomes of interest are not prespecified for the primary outcomes; low follow-up rates; and findings based on subgroup analyses. Whether the limitations are considered minor or major depends on the number and severity of the flaws in design or conduct of the study. • Uncontrolled clinical observations without an appropriate comparison group (e.g., case series or reports). • Low certainty about the estimate of effect.	**Low**	

Note: In most instances, the strength of recommendations closely aligns with the quality of the evidence; however, in some cases there may be valid reasons for making recommendations that are not closely aligned with the quality of the evidence (e.g., strong recommendation with moderate quality of evidence when the net benefits are far greater than any risks/harms from the service/intervention).

Appendix Q: **How to Write an APA Style Reference Even When Information is Missing**

How to Write an APA Style Reference When Information Is Missing

What's missing?	Solution	Reference template Position A (In-text citation)	Position B (In-text citation)	Position C	Position D
Nothing—all pieces are present	List information in the order of author, date, title (with description in square brackets if necessary for explanation of nonroutine information), and source	Author, A. A.	(date).	*Title of document* [Format]. *or* Title of document [Format].	Retrieved from http://xxxxx *or* Retrieved Month Day, Year, from http://xxxxx *or* Location: Publisher. *or* doi:xxxxx
Author is missing	Substitute title for author; then provide date and source	*Title of document* [Format]. *or* Title of document [Format].	(date).	n/a	
Date is missing	Provide author, substitute *n.d.* for *no date*, and then give title and source	Author, A. A.	(n.d.).	*Title of document* [Format]. *or* Title of document [Format].	
Title is missing	Provide author and date, describe document inside square brackets, and then give source	Author, A. A.	(date).	[Description of document].	
Author and date are both missing	Substitute title for author and *n.d.* for *no date*; then give source	*Title of document* [Format]. *or* Title of document [Format].	(n.d.).	n/a	
Author and title are both missing	Substitute description of document inside square brackets for author; then give date and source	[Description of document].	(date).	n/a	
Date and title are both missing	Provide author, substitute *n.d.* for *no date*, describe document inside square brackets, and then give source	Author, A. A.	(n.d.).	[Description of document].	
Author, date, and title are all missing	Substitute description of document inside square brackets for author, substitute *n.d.* for *no date*, and then give source	[Description of document].	(n.d.).	n/a	
Source is missing	Cite as personal communication (see §6.20) or find a substitute	n/a	n/a	n/a	n/a

Note. Italicize a title when the document stands alone (books, reports, etc.) but not when it is part of a greater whole (chapters, articles, etc.). The retrieval statement should reflect either a URL (for online documents without DOIs), a publisher location and name (for print sources), or a DOI (for any document that has one). Include a retrieval date with a URL only when a source is likely to change (e.g., wikis). Create an in-text citation by using the pieces from Positions A and B. For titles in Position A, use italics for works that stand alone (*Title of Document*, date) and quotation marks for works that are part of a greater whole ("Title of Document," date). Retain square brackets for descriptions of documents in Position A ([Description of document], date).

From: "How to write an APA style reference even when information is missing" by Lee, C. (2012). Retrieved June 20, 2017, from http://blog.apastyle.org/apastyle/2012/05/missing-pieces.html

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Appendix R: Executive Summary Guide

A. What is an executive summary?
- "An executive summary is an overview of a document, highlighting the main points of a document in a condensed form" (Bennett, n.d., para.1).

B. Purpose of an executive summary (ES)
- To provide a condensed version of a longer report/document.
- Accuracy is important because many individuals may make decisions based on the summary and not read the original, complete document (LeCourt, 2012).
- An ES is usually a "stand alone" document that is read independently of the full document (University of Maryland University College [UMUC], 2017).
- The ES should be interesting and encourage the reader to read the full document (Bennett, n. d.).
-

C. Format
- Length varies based on length of the original document, but it should be concise.
- Some sources suggest that the length of an ES should be 10%–15% of the original document or approximately 1–10 pages (Colorado State University [CSU], n. d.; LeCourt, 2012).
- When submitting an ES to a journal, follow the journal's guidelines for manuscript development and submission (e.g., page length, margins, font, placement of tables or figures).

D. Tips for Preparing the ES
- The ES is not written until after the original document is completed.
- Before developing the ES, summarize the major sections of the report (might copy text from the report and edit from that).
- Considerations/questions to ask (UMUC, 2017):
  - What is the purpose of the main document?
  - What is the main document about? What is the main theme, topic, or idea?
  - Who is the target audience/reader of the document, and what is essential that they know?
  - What sections are crucial to the readers' understanding and should be included in the ES?

E. Content/Components
- Background (Cember, Heavilon, Seip, Shi & Brizee, 2014; LeCourt, 2012):
  - Authors of the original document.
  - Statement of the problem/issue/topic.
  - Purpose of the report/document.
- Summary of the key points, results or findings.
  - Start with a concise statement of the main idea (Bird, n.d.).
  - Organize the content according to the sequence of information in the original document, and consider using headings that match headings in the full document (CSU, n.d.).
  - Include only the most significant and essential information (CSU, n.d.).
  - Include key tables that support the main points, keeping in mind this is a summary and not a detailed analysis of the document (Bennett, n.d.).
  - Do not include any new information that is not in the original document (CSU, n.d.).
- Recommendations and Conclusions.
  - Provide an overview of the key points and main recommendations in the document: Do not go into detail on data collection or analysis (Bennett, n.d.; LeCourt, 2012).
  - Include the justification/rationale/benefits for the recommendations (LeCourt, 2012; UMUC, 2017).
  - Conclusions.

- Include citations/references for the content and recommendations that are provided in the ES.
  - When submitting an ES to a journal, follow the journal's guidelines for citation/reference style.
  - The *Journal of Wound, Ostomy and Continence Nursing (JWOCN)* uses AMA style for references.

References

Bennett, R. (n. d*.). Components of an executive summary.* Retrieved June 16, 2017, from http://www.ehow.com/list_7710782_components-executive-summary.html

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LeCourt, D. (2012). *Writing @CSU writing guide: Executive summaries.* Retrieved June 16, 2017, from https://writing.colostate.edu/guides/pdfs/guide76.pdf

University of Maryland University College. (2017). *Executive summaries.* Retrieved June 16, 2017, from http://www.umuc.edu/writingcenter/writingresources/exec_summaries.cfm

Appendix S: Legislative Action Papers

Title:

Originated by (task force/committee):

Date Completed:

Introduction: (background)

Problem: Unmet needs, gaps

Solution: Change needed/proposed

Action: Statement of support for existing or proposed legislation

References

Date approved by the WOCN Society's Board of Directors