

THE CAET Standards

for Enterostomal Therapy
Nursing Practice 2nd edition



The Canadian Association
for Enterostomal Therapy

Association Canadienne
des Stomothérapeutes

**The Canadian Association for
Enterostomal Therapy
CAET**

**The CAET Standards
for Enterostomal Therapy
Nursing Practice
2nd edition
April 2016**



Canadian Association for Enterostomal Therapy
66 Leopolds Drive
Ottawa, Ontario
K1V 7E3

Phone: 1-888-739-5072
Fax: 613-523-1878
Website: www.caet.ca
E Mail: office@caet.ca

© 2016 All rights reserved.

Table of Content

Background.....	5
Acknowledgements.....	5
Method.....	6
History of Enterostomal Therapy	6
What is an ET Nurse?.....	7
Value of ET Nursing.....	7
Educational Preparation.....	7
Maintaining Competency - CNA Certification	8
Standards of Practice.....	8
Purpose of the standards.....	8
Ethics	9
Clinician.....	9
Consultant	10
Educator.....	10
Leader	11
Researcher	11
STANDARD 1.....	12
ASSESSMENT.....	12
STANDARD 2.....	12
NURSING DIAGNOSES.....	12
STANDARD 3.....	13
GOAL SETTING	13
STANDARD 4.....	13
CARE PLAN DEVELOPMENT	13
STANDARD 5.....	14
IMPLEMENTATION/INTERVENTION	14
STANDARD 6.....	15
EVALUATION	15
STANDARD 7.....	15

ETHICS	15
STANDARD 8.....	16
PROVIDES EDUCATION	16
STANDARD 9.....	17
LEADERSHIP	17
STANDARD 10	18
ADVOCACY.....	18
STANDARD 11	19
CONSULTANT	19
STANDARD 12	20
RESEARCHER.....	20
GLOSSARY	22
REFERENCES.....	24

Background

The Canadian Association for Enterostomal Therapy (CAET) developed the first CAET Standards for Enterostomal Therapy Nursing Practice in 1997. A need to update those standards was recognized, and the CAET board made a call for member involvement. Key functions included researching current evidence-based standards of practice for ET nursing, and identifying principles of practice describing the knowledge and skill needed to practice ET nursing in Canada.

Acknowledgements

The following CAET members volunteered their time and participated in the development of the second edition of The CAET Standards for Enterostomal Therapy Nursing Practice.

Mary Mark, MCISc(WH), MHS, RN, GNC(C), CETN(C), Alberta

Jillian Brooke, BSc(hons), MCISc(WH), RN, CETN(C), Ontario

Kathy Esligar, BN, RN, CETN(C), New Brunswick

Tanya Girouard-Stringer, BN, ET, RN, Manitoba

Connie Harvey, BScN, RN, CETN(C) Nova Scotia

Karen Napier, BScN, MCISc(WH), RN, CETN(C), Alberta

Joan Peddle, BN, RN, CETN(C), CCHN(C), New Brunswick

Anna Tumchewics, BScN, Dip. OPN, RN, CETN(C), North West Territories

Lisa-Marie Tyo, BScN, ET, RN, Ontario

Anne Voll-Reitzel, BScN, MCISc (WH), RN, CETN(C), Ontario

Method

Literature searches were conducted for evidence-based practice standards in the domains of ostomy, wound and continence nursing, for the roles of clinician, consultant, educator, leader, and researcher. The following databases were searched: CINAHL, Medline, PubMed, ProQuest, and Scopus. Search terms were identified and agreed upon prior to conducting the search. Limits included English language and a ten-year time span. Reference lists were examined and further articles retrieved. Hand and Internet searches were also conducted for standards of practice related to: enterostomal therapy nursing, wound, ostomy and continence nursing, provincial/territorial nursing standards and Nursing Association Standards of Practice. Other specialty nursing standards of practice were also examined including: CAET 1997 Standards of Practice, Wound, Ostomy and Continence Nursing Scope & Standards of Practice, Canadian Community Health Nursing Standards of Practice, Canadian Standards of Psychiatric-Mental Health Nursing, Gerontological Nursing Competencies and Standards of Practice, and the Canadian Association of Medical and Surgical Nurses National Practice Standards. Results were reviewed and vetted based upon pre-selected inclusion and exclusion criteria.

History of Enterostomal Therapy

Enterostomal Therapy (ET) nursing originated in the United States in the 1950s and was introduced into Canada in the 1960s. The Canadian Association for Enterostomal Therapy (CAET) was incorporated in 1982 and represents nurses who use their specialized knowledge to care for individuals with wound, ostomy, and continence related health issues.

In 2007 ET nursing was recognized by the Canadian Nurses Association (CNA) as a nursing specialty eligible for CNA certification (CETN(C)) ([CAET, 2013](#)). ET nursing practice is well established across Canada in hospitals, ambulatory care clinics, rehabilitation programs, continuing and long-term care settings, community care, independent practice and the medical device industry. In addition to the CAET standards of ET nursing practice, ET nurses follow the CNA

Code of Ethics for Registered Nurses, their provincial/territorial professional nursing association requirements for licensure and standards of practice, provincial/territorial legislation, and their organizational policies and procedures.

What is an ET Nurse?

An ET Nurse is a registered nurse with advanced and specialized knowledge and clinical skills in wound, ostomy and continence care.

Value of ET Nursing

Evidence based nursing practice promotes improved patient outcomes and reduced healthcare cost ([WOCN, 2013](#)). The application/use of specialized knowledge and skill in implementing evidence-based practice in wound, ostomy and continence nursing improves quality of practice and outcomes for individuals with wound, ostomy and continence related health issues ([WOCN, 2013](#)).

Results of a systematic review conducted on the value of ET nursing revealed positive benefits such as a decreased number of patient visits, reduced wound-healing times, reduced cost of wound care, greater support for nurses and families, fewer emergency department visits and fewer hospital readmissions (Baich et al, 2010). Additional benefits of ET nurse involvement resulted in the development of standardized protocols for wound care as well as increased interest in wound management education among other nurses (Baich et al., 2010).

Results of a retrospective cost-effectiveness analysis study demonstrated that direct and indirect involvement in wound management by ET nurses resulted in shorter healing times and reduced costs (Harris and Shannon, 2008).

Educational Preparation

In Canada, the title ET nurse refers to a nurse who is a graduate of an accredited Enterostomal Therapy Nurse Education Program ([ETNEP](#)), or an accredited Wound, Ostomy and Continence education program (Baich et al., 2010). Since

1996 CAET has operated a distance education program recognized by the World Congress of Enterostomal Therapy ([CAET, 2013](#)).

The CAET ETNEP program provides advanced theory and practice in three clinical courses: wound, ostomy, continence, and a professional practice course. The wound, ostomy, and continence courses each include 12 weeks of theory (120 hours each) and two weeks of clinical practice (75 hours each). The professional practice course includes six weeks (60 hours) of theory for a total of 42 weeks of theory and 225 hours of clinical practice throughout the program.

Maintaining Competency - CNA Certification

The Canadian Nurses Association (CNA) recognizes ET nurses as nursing specialists in wound, ostomy, and continence care ([CAET, 2013](#)). The Canadian Nurses Association (CNA) offers an Enterostomal Therapy Nursing certification credential as part of its national certification program. Certification credentials demonstrate to patients, employers, the public, and professional licensing bodies, that the certified nurse is qualified, competent and current in a nursing specialty. Certified nurses have met the rigorous requirements to achieve this expert credential (CNA cited in CAET, 2013). CNA certification must be renewed every five years and confirms proficiency in the nursing specialty ([CAN, 2013](#)).

Standards of Practice

Purpose of the standards

Practice Standards for ET nurses not only define the nursing specialty, but also set out professional expectations for practicing ET nurses. ET nursing Practice Standards for the domains of wound, ostomy, and continence care support ET nurses in their roles as clinician, consultant, educator, leader, and researcher, and promote high quality ET nursing care. Through application of advanced knowledge, and expert practice, the ET nurse provides competent professional care and ensures the holistic needs of individuals and families with acute and chronic wounds, ostomies, and urinary and fecal continence issues are met (WOCN, 2013).

Ethics

A professional code of ethics for nurses provides guidance for everyday nursing practice, and ensures high quality, safe, and ethical nursing care (Chau, 2010). The CNA (2008) code of ethics is a framework that guides Canadian nurses in daily nursing practice. While the breadth of the CNA code of ethics includes ET nursing, the various roles and practice environments of the ET nurse warrant further consideration. ET nurses are responsible for the provision of safe, competent, culturally sensitive and ethical nursing care of patients with wound, ostomy, and continence related health issues. Gaps in quality care and service should be identified and minimized to provide comprehensive nursing care, education, and access to resources and services for patients with wound, ostomy and continence health issues (Walker and Lachman, 2013). Ethical dilemmas that may potentially arise for the ET nurse include: resource allocation, assistance provided to patients in the selection of products and services, obtaining informed consent, protecting privacy and securing information, and assisting patients to navigate through systems and resources (Pangman and Pangman 2010).

Clinician

The ET nurse in the role of clinician provides specialized, comprehensive, and holistic assessment and management of patients from all age ranges with wound, ostomy, and continence related concerns. ET nurses practice as employees or independent practitioners in a variety of environments including but not limited to: acute care, primary care, outpatient clinics, rehabilitation, long term care, continuing/residential care, urban and rural community settings and industry. The clinician may interact face to face with clients or use enabling technologies such as the Internet for synchronous or asynchronous consultations. Within these diverse environments, the ET nurse frames his/her clinical practice around the nursing process of assessment, nursing diagnosis, goal setting, planning care, implementation of the intervention and evaluation involving the patient and interprofessional team.

The ET nurse considers the social determinants of health (SDOH): income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (Public Health Agency of Canada, 2010) in the provision of comprehensive, quality care.

Consultant

The ET nurse in the role of consultant provides formal and informal consultation at the professional practice, administrative and senior management levels (CAET, 2013). Consultation involves the delivery of expertise by an individual with specialized knowledge in a clinical area (McNally Forsyth et al., 2002). ET nurse consultation may involve; clinical practice issues and recommendations, policies, procedures, guidelines, standards, and education. It may also involve project design and management, healthcare accreditation required organizational practices (ROP), quality assurance and improvement activities, as well as leadership and research initiatives. ET nurse consultation includes liaising with members of the interprofessional team, an essential element in providing comprehensive care (Bethell, 2006). ET nurses consult with local health authorities, and both provincial and federal government health care sectors to ensure the highest levels of wound, ostomy and continence care are delivered to the public.

Educator

The ET nurse in the role of educator utilizes the specialized knowledge, skill, and experience of ET nursing to educate, advise, guide and/or mentor individuals, families, health care professionals, students, and other groups in wound, ostomy, and continence care. The ET nurse provides formal and informal education in individual or group settings, to meet the needs of individuals, families, and others coping with ostomy, wound, and continence issues. As educator, the ET nurse works both independently and in collaboration with the interprofessional team.

The ET nurse provides consistent, accurate, and reliable information compassionately and ethically to promote and maintain health, prevent and treat wound, ostomy and continence problems or support a dignified death in palliative circumstances. The ET nurse ensures the needs of the individual with an ostomy, wound or continence issues are identified and prioritized, and goals are individualized. The ET nurse integrates appropriate evidence-based methodologies into ET nursing practice, and educates individuals, families, health care professionals and others about the role of the ET Nurse.

Leader

The ET nurse in the role of leader engages in activities that advance the health of individuals with wound, ostomy, and continence issues. This includes acting as a role model, resource person, collaborator, facilitator, negotiator, decision maker, and coordinator of wound, ostomy, and continence care and management. ET nurses are in a unique position within the health care system to identify gaps and make innovative recommendations to promote practice changes that positively influence outcomes in wound, ostomy, and continence care. Individually and collectively, ET nurses have a role in the generation of evidence-based recommendations, and advocate for the highest quality wound, ostomy, and continence care for the public. ET nurses collaborate with community organizations that improve the health and quality of life of individuals with wound, ostomy, and continence issues.

Researcher

The ET nurse in the role of researcher participates in research that supports evidence-based practice that contributes to the specialized ET nursing body of knowledge, and contributes to the integration of evidence-based research into practice. The ET nurse researcher critically reviews existing literature, and communicates evidence to the appropriate professionals. Identifying new research problems, designing and conducting scientific studies, collaborating and building partnerships among members of interprofessional teams, scientists,

engineers, other researchers and research managers, developing mechanisms for measuring outcomes, collecting and analyzing data, and reporting research findings are all elements of the ET nurse researcher role.

STANDARD 1

ASSESSMENT

The ET nurse:

- Assesses patients presenting with health concerns related to wound, ostomy and continence
- Performs a focused, systematic, continuous assessment of the patients health status including history, physical, and biopsychosocial assessment
- Collects data pertinent to the patients' health and situation (review of records, reports, consultations, previous and current services and other sources) including patient expectations
- Obtains data through consultation with the patient and/or caregiver, and the interprofessional team
- Uses validated assessment tools to support evidence-based assessment
- Documents and communicates data according to agency or institution policies and professional standards

STANDARD 2

NURSING DIAGNOSES

The ET nurse:

- Develops nursing diagnoses in collaboration with the patient and/or caregiver and interprofessional team
- Bases nursing diagnoses on validated assessment data that is consistent with current knowledge and practice
- Compares the identified data with established norms and/or the individuals previous conditions to determine health deviations
- Communicates and documents nursing diagnoses according to agency or institution policies and professional standards

STANDARD 3

GOAL SETTING

The ET nurse:

- Formulates goals in collaboration with the patient and/or caregiver, and the interprofessional team
- Considers available resources and considers the social determinates of health when formulating goals
- States goals in terms of measurable outcomes that are achievable within an identifiable period of time
- Ensures that goals consider associated risks, benefits, costs (patient and healthcare system), current scientific evidence, and clinical expertise
- Sets goals designed to maximize patient wellness that are congruent with present and potential capabilities
- Ensures goals are communicated and documented according to agency or institution policies and professional standards

STANDARD 4

CARE PLAN DEVELOPMENT

The ET nurse:

- Collaborates with the patient and/or caregiver, and interprofessional team when developing the plan of care
- Ensures the care plan is patient-centered and considers the values, beliefs, preferences, and current health practices of the patient
- Provides chronic disease self-management support
- Considers the personal, social, cultural, professional and economic impact of the plan for the patient
- Exercises fiscal responsibility in relation to the health care system when developing the plan of care
- Uses innovation and creativity when developing the plan of care
- Integrates research and evidence based practices into the plan of care
- Develops a care plan that supports continuity and quality of care, and provides

direction to the patient and/or caregiver, and interprofessional team

- Ensures that the nursing care plan reflects comprehensive knowledge of the pathophysiology of the gastrointestinal, genitourinary, integumentary, and related systems, as well as complications that may be associated with the disease or treatment
- Develops and communicates a discharge plan and documents the discharge plan following organizational policy and professional standards

STANDARD 5

IMPLEMENTATION/INTERVENTION

The ET nurse:

- Recommends actions/interventions designed to achieve the identified goals in collaboration with the patient, caregivers and the interprofessional team
- Designs a care plan with a logical sequence of actions designed to attain each goal
- Involves community resources and required supports to implement the plan
- Recommends the most appropriate care provider to perform the prescribed wound, ostomy, and continence interventions
- Interventions may include but are not limited to the following specific ET nurse actions:
 - ❖ Pre and postoperative counseling/stoma site marking, and ongoing education related to ostomy management
 - ❖ Perform specialized skills in ostomy, wound and continence care according to organizational policy and procedures, such as conservative sharp wound debridement (CSWD), Silver Nitrate (AgNo3) application, digital examination of the stoma, fistula management, physical examination, etc. Such specialized skills must have been preceded by the appropriate education, training, and a period of clinical mentorship.
 - ❖ Selection of the most appropriate wound, ostomy, and continence products to assist the patient to attain an optimum level of rehabilitation and quality of life

- ❖ Provision of education to the patient and/or caregiver/significant other(s) and interprofessional team
- Executes planned interventions safely, and with skill and efficiency
- Communicates and documents the plan of care and interventions according to organizational policies and professional standards

STANDARD 6

EVALUATION

The ET nurse:

- Determines the degree of effectiveness of the implementation/intervention(s) initiated in response to the assessment and diagnosis
- Utilizes validated tools to measure outcomes
- Bases evaluation on outcome measures directly related to the plan of care
- Involves the patient, caregiver, and interprofessional team throughout the evaluation process
- Amends the plan of care as appropriate, and communicates amended plan per organizational process
- Documents the results of evaluation according to organizational/employer policies and professional standards
- Recommends changes to organizational policies, procedures and guidelines if needed based on outcomes of evaluation
- Ensures processes are in place to enhance the quality of ET nursing practice through evaluation

STANDARD 7

ETHICS

The ET Nurse:

- Provides safe, competent, ethical, and culturally sensitive wound, ostomy, and continence nursing care to the public
- Follows the CNA (2008) Code of Ethics for Registered Nurses
- Maintains privacy and confidentiality of patient information per organizational

policy, professional association regulation, and provincial/territorial legislation

- Advocates for quality care for patients with wound, ostomy and continence issues
- Promotes health and well-being of patients with wound, ostomy, and continence issues
- Ensures informed consent and respects decisions and wishes of patient in delivering ET nursing care
- Uses ethical and legal judgment, and follows organizational policy when using technology in clinical practice
- Maintains professional boundaries with patients
- Adheres to professional ethics and organizational code of conduct in all aspects of ET nursing care

STANDARD 8

PROVIDES EDUCATION

The ET nurse:

- Incorporates age appropriate education with patients, caregivers, significant others, colleagues and other groups to provide quality wound, ostomy, and continence education
- Applies principles of learning when providing individualized wound, ostomy, and continence education
- Assesses the learning needs of the patient, caregiver/family, and health professional
- Plans, implements and evaluates competency based education of individuals/families/communities, and other health professionals in wound, ostomy, and continence care
- Applies educational theory and evidence-based strategies to the educational process
- Uses evidence based practice and current research when providing wound, ostomy, and continence education
- Creates an effective learning situation to promote the learner's active

involvement and participation in care

- Evaluates wound, ostomy, and continence education in collaboration with the learner and the multidisciplinary team
- Fosters independence through the utilization of self-management teaching strategies
- Documents the education planned, implemented and/or evaluated per organizational process
- Teaches the principles and procedures of evidence-based use and application of wound, ostomy, and continence care products, independent of the vendor or manufacturer
- Contributes to the professional development of peers and colleagues
- Pursues professional growth and development and maintains competency through continuing education and certification
- Identifies own learning needs through reflective practice, self evaluation, feedback from colleagues, consumers, managers, and seeks appropriate learning opportunities
- Participates in professional development of students and other health professionals through the role of coach, mentor and preceptor
- Acts as a positive role model, demonstrates collegiality and collaboration, and transmits expert knowledge to the student

STANDARD 9

LEADERSHIP

The ET nurse:

- Provides leadership within the specialty practice of ET nursing
- Adapts to changes in the health care system exhibiting creativity and flexibility
- Mentors other nurses to become more proficient in the care of the person with a wound, ostomy, or continence issues
- Creates an environment that welcomes questions related to wound, ostomy and continence care
- Initiates and participates in activities that promote ET nursing

- Demonstrates behaviors that reveal a passion and excitement for quality ET nursing practice
- Acknowledges and respects the value of each member of the interprofessional team
- Serves on or chairs committees where the expertise of the ET nurse is required
- Engages in agency/organizational strategic planning activities
- Develops, implements, and evaluates policies, procedures, and guidelines related to area of expertise
- Promotes the role of the ET nurse through information sharing and education
- Describes the role and responsibilities of the ET nurse to patients, significant others, members of the interprofessional team and the community
- Promotes current evidence based trends and practices while recognizing budgetary limitations
- Provides information to public audiences promoting healthy lifestyles and positive health outcomes
- Educates the public to increase awareness of the ET nursing specialty
- Builds capacity of colleagues/peers through the transfer of knowledge of wound, ostomy and continence care
- Works with community organizations to raise awareness of situations and health conditions that require the expertise of ET Nurses
- Engages in knowledge dissemination with her/his community of practice by presenting at local, national, or international conferences

STANDARD 10

ADVOCACY

The ET nurse:

- Raises public and political awareness about health care needs of patients with wounds, ostomy, and continence issues
- Advocates for practice environments that meet the unique health needs of patients with wound, ostomy and continence health issues

- Supports CAET to advocate as a national voice for equitable healthcare across Canada for patients with wound, ostomy or continence related healthcare needs
- Advocates for best practice interventions based on current evidence for wound, ostomy, and continence care in collaboration with the interprofessional team and health care system
- Assists patients to navigate the healthcare system to obtain necessary resources and financial assistance
- Informs patients/caregivers of Ostomy Chapter in their area for community support
- Advocates for access to translation services to address language barriers if required
- Advocates for access to an ET nurse preoperatively for preoperative counseling and stoma site marking
- Advocates for access to an ET nurse for ongoing follow-up after an ostomy is created
- Advocates for cultural sensitivity throughout all aspects of the patients health care experience

STANDARD 11

CONSULTANT

The ET nurse:

- Consults with various levels of government to advise and/or lobby on behalf of patients with wound, ostomy and/or continence issues
- Consults with patients and relevant stakeholders to gather data needed for assessment and formulation of the plan of care
- Conducts formal and informal consultations in the provision of expert wound, ostomy, and continence nursing care
- Recommends evidence based interventions and negotiates how interventions will be delivered, by whom, and if follow-up is required
- Recommends referrals to other healthcare professionals as needed for further

assessment/management

- Directs and coordinates the care of patients in various healthcare settings considering the scope of practice of each member of the healthcare team
- Identifies and addresses clinical practice concerns and provides recommendations to nurses, and other members of the healthcare team
- Develops education for patients and/or caregivers and other members of the healthcare team
- Develops policies, procedures, guidelines and standards
- Develops programs and services to support and promote best practice in wound, ostomy, and continence care
- Provides expertise in clinical practice, education, leadership, and research in wound, ostomy, and continence nursing

STANDARD 12

RESEARCHER

The ET nurse:

- Conducts a clinical research needs assessment and uses the results to plan for clinical research in the area of wound, ostomy, and continence nursing
- Participates in quality improvement initiatives including, but not limited to chart audits, prevalence and incidence studies, discharge reviews
- Develops quality indicators for data collection
- Uses evidence based tools to appraise the quality of research (AGREE II, SIGN etc)
- Critically analyzes and evaluates current practice against research findings
- Implements and evaluates evidence-based research and applies to all areas of ET nursing practice
- Shares research findings with the health care community
- Serves on internal and external committees related to evidence based practice and research
- Identifies practice gaps, develops and submits research proposals designed to

improve the quality of wound, ostomy and continence care

- Attends regular education courses, seminars, conferences, and keeps current with recent literature
- Updates self with the latest products, equipment, health issues and treatment strategies in order to deliver safe, and competent care
- Presents research findings at conferences and meetings to promote best practice in wound, ostomy and continence nursing

GLOSSARY

Advocate: Supporting others in speaking for themselves or speaking on behalf of those who cannot speak for themselves (CNA, 2008, p. 22)

Accreditation: An organized approach used by healthcare organizations to improve patient/client outcomes and health system performance. Accreditation helps the organization work toward creating a focus on safety and quality. (Accreditation Canada, 2013)

AGREE II: A tool to assess the quality and reporting of practice guidelines (AGREE, 2014).

Assessment: Appraisal or evaluation of a patient's condition based on clinical data, laboratory data, medical history, and the patient's perspective (Taber's Medical Dictionary, 2013)

Canadian Association for Enterostomal Therapy (CAET): The Canadian Association for Enterostomal Therapy (CAET) is a national, not-for-profit organization representing and promoting Enterostomal Therapy Nursing. CAET advocates for the highest quality of specialized (Enterostomal Therapy) nursing to individuals with challenges in wound, ostomy and continence (CAET 2013).

Competencies: "The integrated knowledge, skills, abilities and judgment required to practice nursing safely and ethically" (CARNA 2013, p. 19 para.5).

Consultant Nurse: A consultant nurse is an expert practitioner as a generalist nurse or within a specialty practice area and provides expert knowledge and/or advise (Manley, 2000).

Continuing Competence: The ongoing ability to apply the knowledge, skills, judgment and personal attributes required to practice nursing safely and ethically in a designated role and setting (CNA 2004).

Determinants of HEALTH: income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child

development, biology and genetic endowment, health services, gender and culture (PHAC, 2010)(Public health Agency of Canada. (2010) *What Determines Health?* www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php

Enterostomal Therapy Nurse: A registered nurse with advanced and specialized knowledge and clinical skills in wound, ostomy and continence care (CAET 2013)

Ethics: Moral practices, beliefs and standards of individuals and/or groups (CNA, 2008)

Evidence-based Practice: Integration of clinical expertise with the best external clinical evidence (Newhouse, 2007)

Informed Consent: Providing sufficient information for individuals to make decisions about care, treatment and involvement in research (CNA, 2008)

Interprofessional Team: “Multiple health disciplines with diverse knowledge and skills who share an integrated set of goals and who utilize interdependent collaboration that involves communication, sharing of knowledge and coordination of services to provide services to patients/clients and their care-giving systems” (RNAO, 2006, p. 62)

Patient Centered Care Plan: Integrating patient identified needs and goals into the plan of care

SIGN: The Scottish Intercollegiate Guidelines Network (SIGN) aims to improve the quality of health care in Scotland by reducing variation in practice and outcome, through the development and dissemination of national clinical guidelines containing recommendations for effective practice based on current evidence (SIGN 2014).

Standard: level of expected performance against which actual performance can be compared (CNA, 2002)

Standards of Practice: Professional statements that identify acceptable practice and can be used to measure quality of nursing care (CNA, 2002)

REFERENCES

- Accreditation Canada (2013). Accreditation Basics. Retrieved from:
<https://accreditation.ca/accreditation-basics>
- AGREE (2014). Agree II, 2010 International Tool. Retrieved from:
www.agreetrust.org/resoure-centre/agree-ii/
- American Nurses Association (2010). Scope and Standards of Practice. (2nd ed)
American Nurses Association, Maryland.
- Appleby, S., L. (2011). Role of the wound ostomy continence nurse in the home care setting: A patient case study. *Home Healthcare Nurse*, 29(3), 169-179.
- Arnold, M., & Weir, D. (1994). Retrospective analysis of healing in wounds cared for by ET nurses versus staff nurses in a home setting.
Journal Wound Ostomy Continence Nursing, 24, 456-60.
- Baich, L., Wilson, D., Cummings, G. (2010). Enterostomal therapy nursing in the Canadian home sector, what is its value.
Journal Wound, Ostomy, Continence Nursing, 37(1), 53-64.
- Beitz, J., M. (2012). Predictors of success on wound ostomy continence nursing certification board examinations: A regression study of academic factors.
Journal of Wound, Ostomy & Continence Nursing, 39(4), 377-381.
- Beitz, J., Gerlach, M., Ginsburg, P., Ho, M., McCann, E., Schafer, V., Turnbull, G. (2010). Content validation of a standardized algorithm for ostomy care.
Ostomy Wound Management, 56(10), 22-22-4, 26, 28
- Bethell, E. (2006). The Role of the Tissue Viability Clinical Nurse Specialist.
Journal of Wound Care. 15(1). S11-S13.
- Bliss, D., Z., Westra, B., L., Savik, K., & Hou, Y. (2013). Effectiveness of wound, ostomy and continence-certified nurses on individual patient outcomes in home health care.
Journal of Wound, Ostomy & Continence Nursing, 40(2), 135-142.
- Bohbot, S., France., D., & Konz., E. (2007). *Clinical Evaluation of a New Contact Layer Dressing for the Local Management of Acute and Chronic Wounds*.
- Hollister Incorporated. Retrieved April 15th 2013 from
<http://www.hollisterwoundcare.com/files/pdfs/posters/909916.pdf>
- Bolton, L., McNees, P., Van Rijswijk, L., de Leon, J., Lyder, C., Koba, L., et al. (2004). Wound-healing outcomes using standardized assessment and care in clinical practice.
Journal Wound. Ostomy Continence Nursing, 31, 65-71.

Bryant, R., & Nix, D. (2007). *Acute & Chronic Wounds: Current management Concepts*. (3rd ed.). St. Louis, MO: Elsevier Mosby, 2-20.

Burch, J. (2005). The pre- and postoperative nursing care for patients with a stoma. *British Journal of Nursing*, 14(6), 310.

Canadian Association for Enterostomal Therapy (2013). About Us: CAET – Who We Are. Available at: <http://www.caet.ca/>

Canadian Association for Enterostomal Therapy. (2013). CAET Position Statement: Enterostomal Therapy Nursing. Retrieved from:

<https://caet.ca/wp-content/uploads/2015/02/caet-position-statement.pdf>

Canadian Association for Enterostomal Therapy (1997). Standards of Enterostomal Therapy Nursing Practice.

Canadian Association of Wound Care. A Statement from the Public Policy Committee in Response to Questions on Protocols. Available at:

<http://www.cawc.net/open/library/public-policy/protocols.html>. Accessed July 27, 2003.

Canadian Federation of Mental Health Nurses (2006). Canadian Standards for Psychiatric – Mental Health Nursing. (3rd ed.). Retrieved from:

<http://cfmhn.ca/sites/cfmhn.ca/files/CFMHN%20standards%201.pdf>

Canadian Gerontological Nursing Association (2010). Gerontological Nursing Competencies and Standards of Practice. Retrieved from:

http://cgna.net/uploads/CGNAStandardsOfPractice_English.pdf

Canadian Association of Medical and Surgical Nurses (2008). National Practice Standards. Retrieved from:

<http://www.medsurgnurse.ca/CAMSNnationalstandards.pdf>

Canadian Nurses Association (2013). What is Certification: Benefits of Certification. Retrieved from:

<http://www.nurseone.ca/Default.aspx?portlet=StaticHtmlViewerPortlet&plang=1&ptnme=SpecialtyCertificationWhatIsCertification>

Canadian Nurses Association (2008). Code of Ethics for Registered Nurses.

Retrieved from:

http://www.cna-aiic.ca/~media/cna/page%20content/pdf%20fr/2013/09/05/18/05/code_of_ethics_2008_e.pdf

Canadian Nurses Association and Canadian Association of Schools of Nursing. (2004).

Joint position statement: Promoting continuing competence for Registered Nurses. Ottawa, Canada: Author. Retrieved from:

http://www.cna-aiic.ca/sitecore%20modules/web/~/_media/cna/page%20content/pdf%20fr/2013/09/05/18/06/ps77_promoting_competence_e.pdf#search=%22continuing%20competence%22

Chau, J., Lam, L., Lui, M., Ip, W., Chien, W., Lee, I., & Thompson, D. (2010). A Survey of Registered Nurses' Perceptions of the Code of Professional Conduct in Hong Kong.

Journal of Clinical Nursing, 19, 3527- 3534.

Colwell, J. C., & Beitz, J. (2007). Survey of wound, ostomy and continence (WOC) nurse clinicians on stomal and peristomal complications:

A content validation study. *Journal of Wound, Ostomy & Continence Nursing*, 34(1), 57- 69.

College and Association of Registered Nurses of Alberta (2013). Entry-to-Practice Competencies for the Registered Nurses Profession.

Retrieved from:

http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/RN_EntryPracticeCompetencies_May2013.pdf

College of Nurses Practice Standards. (2009). *Practice Guidelines: Informed Consent*. Pub. No. 41020. Retrieved April 27th 2013, from

http://www.cno.org/Global/docs/policy/41020_consent.pdf

Community Health Nurses Association of Canada (2008). Canadian Community Health Nursing Standards of Practice. (2nd ed). Retrieved from:

http://www.chnc.ca/documents/chn_standards_of_practice_mar08_english.pdf

Cook, L. (2011). Wound assessment: exploring competency and current practice.

British Journal of Community Nursing Wound Care, 16(12), 34-40.

Cullen, B. (2008). Roles for the WOC nurse in a disaster.

Journal of Wound, Ostomy & Continence Nursing, 35(3), 282-286.

Danielson, A., Soerensen, E., Burcharth, K., & Rosenber, J. (2013). Impact of a temporary stoma on patients' everyday lives: feelings of uncertainty while waiting for closure of the stoma.

Journal of Clinical Nursing, 22, 1343-1352.

Dingwall, L., & Mclafferty, E. (2006). Do nurses promote urinary continence in hospitalized older people?: An exploratory study.

Journal of Clinical Nursing, 5(10), 1276-1286.

Duke University (2009). Duke University Human Resources: *Research Nurse Scientist Job Description*. Retrieved April 25th 2013, from

http://www.hr.duke.edu/jobs/job_descriptions/duhs/select.php?ID=5517

Du Moulin, M., Hamers, J., Paulus, A., Berendsen, C. L., & Halfens, R. (2007).

Effects of introducing a specialized nurse in the care of community- dwelling women suffering from urinary incontinence: A randomized controlled trial.

Journal of Wound, Ostomy & Continence Nursing, 34(6), 631-640.

Elcoat, Catherine; *Gastrointestinal Nursing*, Demonstrating your value as a clinical nurse specialist 2011 May; 9 (4): 6. 1479-5248

Enoch, S., Fan, W., Guul, S., et al., (2009). How to undertake research in wound healing. *Wounds UK*, 5(3), 76-84.

Finnie, A. & Wilson, A. (2003). Development of a tissue viability nursing competency framework.

British Journal of Nursing, 12(6), S38-44.

France, N. (2005). Strengthening clinical nurse specialist role socialization.

Clinical Nurse Specialist, 19(6), 294-295.

Hägglund, D. (2010). District continence nurses' experiences of their continence service in primary health care.

Journal of Nursing Management, 18(2), 225-233.

Haigh, C., & Williamson, T. (2009). Research Ethics: Royal College of Nurses Guidance for Nurses. Retrieved May 12th 2013, from

http://www.rcn.org.uk/_data/assets/pdf_file/0007/388591/003138.pdf

Haram, R., Ribu, E., & Rustøen, T. (2003). Wound care. the views of district nurses on their level of knowledge about the treatment of leg and foot ulcers.

Journal of Wound, Ostomy & Continence Nursing, 30(1), 25-32

Harris, C., & Shannon, R. (2008). An innovative enterostomal therapy nurse model of community wound care delivery.

Journal Wound. Ostomy Continence Nursing, 35, 169-183.

Heinsler, C. (2004). My scope of practice. Individualized care.

Ostomy Wound Management. 50 (4): 17-20

Herbst, A., Swengros, D., & Kinney, G. (2010). How to teach human caring.

Journal for Nurses in Staff Development, 26(4), E6-E11.

Herzberger, S. (2008). Nursing media-educated patients.

Journal for Nurses in Staff Development, 24(3), 101-104.

Huff, J., M. (2011). Adequacy of wound education in undergraduate nursing curriculum.

Journal of Wound, Ostomy & Continence Nursing, 38(2), 160-164.

- James, K. (2013). WOC nursing practice in the home care setting. *Journal of Wound, Ostomy, Continence Nursing*, 40(4), 356-358.
- Karadag, A., & Addis, G. (2005). Nurse perspectives on stoma care in Turkey. *World Council of Enterostomal Therapists Journal*, 25(1), 14.
- Keilman, L., J., & Dunn, K., S. (2010). Knowledge, attitudes, and perceptions of advanced practice nurses regarding urinary incontinence in older adult women. *Research & Theory for Nursing Practice*, 24(4), 260-279.
- Kelly, J., & Isted, M. (2011). Assessing nurses' ability to classify pressure ulcers correctly. *Nursing Standard*, 26(7), 62.
- Kitson, A., Harvey, G., McCormack, B. (1998). Enabling the implementation of Evidence based practice: a conceptual framework. *Quality in Health Care*, 7, 149-158
- Klopp, A. (1986). The ET nurse as researcher: governing our practice. *Journal of Enterostomal Therapy Nursing*, 13(6), 232-234.
- Kozell, K., Kuhnke, J., & Parslow, N. (2012). Nurses advancing wound, ostomy and continence nursing. *Journal of Wound, Ostomy, and Continence Nursing*. 39(3), 240-242.
- Kozell, K., McNaughton, V. (2010). Professional practice: ETNs in the Consultation Role. *The Link*.18, 20.
- Lawrence, K., Catanzaro, J.A., Eddins, C.W., Jacobson, T.M., Slachta, P.A. (2012). Scope and Standards for Wound, Ostomy and Continence Specialty Practice Nursing: A White Paper From the WOCN Society. *Journal of Wound Ostomy and Continence Nursing*. 37(1), 53-64.
- LeBlanc, K., & Martins, L. (2012). Becoming a Consultant. MCISc Wound Healing Program Lecture, Jan 20, 2012.
- LeBlanc, K., & Christensen, D. (2005). Addressing the challenge of providing nursing care for elderly men suffering from urethral erosion. *Journal of Wound, Ostomy & Continence Nursing*, 32(2), 131-134.
- Le Blanc, K, Christenson, D. & McNaughton, V. (2005). The Evolving Role of the Enterostomal Therapy . *The Link*. February 2005. 14-22.
- Lin, S., Wang, R., Lin, C., & Chiang, H. (2012). Competence to provide urinary incontinence care in taiwan's nursing homes: Perceptions of nurses and nurse assistants. *Journal of Wound, Ostomy & Continence Nursing*, 39(2), 187-193.
- Mackey, D. (2008). Leadership: able, willing, and available. *Journal of Wound, Ostomy & Continence Nursing*. 32 (2): 81-2.

Manley, K. (2000). Organizational Culture and Consultant Nurse Outcomes: Part 1 Organizational Culture. *Nursing Standard*. 14(36), 34-38.

Marquis, P., Marrel, A., & Jambon, B. (2003). Quality of life in patients with stomas: The montreux study. *Ostomy Wound Management*, 49(2), 48.

Mclsaac, C. (2005). Managing wound care outcomes. *Ostomy/ Wound Management*, 51(4), 54-68.

McNally Forsyth, D., Rhudy, L., Johnson, L.M. (2002). The Consultation Role of a Nurse Educator.

Journal of Continuing Education in Nursing. 33(5). 197- 202.

McNaughton, V., Brown, J., Hoeflok, J., Martins, L., McNaughton, V., Nielsen, E. M., Estendorp, C. (2010). Summary of best practice recommendations for management of enterocutaneous fistulae from the Canadian association for enterostomal therapy ECF best practice recommendations panel.

Journal of Wound, Ostomy & Continence Nursing, 37(2), 173-184

Mitchell JR; Topics in Spinal Cord Injury Rehabilitation, Development of the advanced practice nurse role in wound management, 2003 Fall; 9 (2): 1-7. 1082-0744

Newhouse, R. P. (2007). Creating Infrastructure Supportive of Evidence-Based Nursing Practice: Leadership Strategies.

Worldviews on Evidence Based Nursing. First Quarter 2007, pp. 21-29.

Retrieved from: [http://onlinelibrary.wiley.com/store/10.1111/j.1741-](http://onlinelibrary.wiley.com/store/10.1111/j.1741-6787.2007.00075.x/asset/j.1741-6787.2007.00075.x.pdf?v=1&t=hpg4mwpf&s=8f5bb86b39702b79698c995730405d68c93a1b6b)

[6787.2007.00075.x/asset/j.1741-](http://onlinelibrary.wiley.com/store/10.1111/j.1741-6787.2007.00075.x/asset/j.1741-6787.2007.00075.x.pdf?v=1&t=hpg4mwpf&s=8f5bb86b39702b79698c995730405d68c93a1b6b)

[6787.2007.00075.x.pdf?v=1&t=hpg4mwpf&s=8f5bb86b39702b79698c995730405d68c93a1b6b](http://onlinelibrary.wiley.com/store/10.1111/j.1741-6787.2007.00075.x/asset/j.1741-6787.2007.00075.x.pdf?v=1&t=hpg4mwpf&s=8f5bb86b39702b79698c995730405d68c93a1b6b)

Nursing & Midwifery Council. (2007). The code: Standards of conduct, performance and ethics for nurses and midwives. Retrieved May 12th 2013, from [http://www.nmc-](http://www.nmc-uk.org/Documents/Standards/nmcTheCodeStandardsOfConductPerformanceAndEthicsForNursesAndMidwives_TextVersion.pdf)

[uk.org/Documents/Standards/nmcTheCodeStandardsOfConductPerformanceAndEthicsForNursesAndMidwives_TextVersion.pdf](http://www.nmc-uk.org/Documents/Standards/nmcTheCodeStandardsOfConductPerformanceAndEthicsForNursesAndMidwives_TextVersion.pdf)

Ostaszkiwicz, J. (2006). A clinical nursing leadership model for enhancing continence care for older adults in a subacute inpatient care setting.

Journal of Wound, Ostomy & Continence Nursing, 33(6), 624-629.

Pancorbo-Hidalgo, P., García-Fernández, F., López-Medina, I., & López-Ortega, J. (2007). Pressure ulcer care in Spain: Nurses' knowledge and clinical practice. *Journal of Advanced Nursing*, 58(4), 327-338.

Pangman, V.C. & Pangman C. (2010). Reassessing Leadership Competencies: Ethical Decision Making. In *Nursing Leadership from a Canadian Perspective*. Walters Kluwer, Lippincott Williams & Wikins, Philadelphia.

- Parslow N. (2008). E.T. leadership in pressure ulcer prevention.
The Link. 32, 34. 1701-2473
- Peirce, B., Tiffany, M., Kinsey, H., & Link, M. (2006). Using OASIS data to quantify the impact of WOC nursing on patient outcomes in home healthcare: a multicenter study. ABSTRACT.
Journal of Wound Ostomy Continence Nursing, 33, Supplement 1, 532.
- Perry, G. (2011). Conducting a Nurse Consultation.
British Journal of Cardiac Nursing. 6(9). 433-438.
- Persson, E., Gustavsson, R., Hellström, A., Lappas, G., & Hultén, L. (2005). Ostomy patients' perceptions of quality of care.
Journal of Advanced Nursing, 49(1), 51-58.
- Pittman, J., Kozell, K., & Gray, M. (2009). Should WOC nurses measure health-related quality of life in patients undergoing intestinal ostomy surgery?
Journal of Wound, Ostomy & Continence Nursing, 36(3), 254-265.
- Profetto-McGrath, J., Smith, K. B., Hugo, K., Taylor, M., & El-Hajj, H. (2007). Clinical nurse specialists' use of evidence in practice: A pilot study.
Worldviews on Evidence-Based Nursing, 4(2), 86-96.
- Public Health Agency of Canada. (2010). *What Determines Health?*
Retrieved from www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php
- Registered Nurses Association of Ontario (2006).
Healthy Work Environments Best Practice Guidelines: Collaborative Practice Among Nursing Teams.
Retrieved from:
http://rnao.ca/sites/rnao-a/files/Collaborative_Practice_Among_Nursing_Teams.pdf
- Ryan, D., Perrier, L., & Sibbald, G. (2003). Searching for evidence-based medicine in wound care: an introduction.
Ostomy/Wound Management, 49(11), 67-75.
- Queen, D., Virani, T., Coutts, P., Orsted, H., Sibbald, G. (2007). Best practice: development, implementation. *Wound Care Canada*, 5(1), S28-S33. Salcido, R. (2008). Leadership in wound care.
Advances in Skin & Wound Care. 21 (5): 202, 204.
- Razmus, I. (2010). The role of the wound, ostomy, and continence nurse with children.
Journal of Wound, Ostomy & Continence Nursing, 37(4), 362-363. Sparks-DeFriese, B. (2004). My scope of practice. Building bridges among disciplines.

Ostomy Wound Management, 50 (3): 19-20.

Reading, L. A. (2005). Stoma management. hospital to home: Smoothing the journey for the new ostomist. *British Journal of Nursing*, 14(16), S16-20.

Registered Nurses' Association of Ontario. (2009). Clinical Best Practice Guidelines:

Ostomy Care and Management. Toronto, Canada. Registered Nurses' Association of Ontario.

Resnick, B., Keilman, L. J., Calabrese, B., Parmelee, P., Lawhorne, L., Paillet, J., & Ouslander, J. (2006). Continence care. Nursing staff beliefs and expectations about continence care in nursing homes.

Journal of Wound, Ostomy & Continence Nursing, 33(6), 610-618.

Richbourg, L., Thorpe, J. M., & Rapp, C. G. (2007). Difficulties experienced by the ostomate after hospital discharge.

Journal of Wound, Ostomy & Continence Nursing, 34(1), 70-79.

Rogan, M., Crooks, D., & Durrant, M. (2008). Innovations in nursing education: standards development for nurse educator practice.

Journal for Nurses in Staff Development, 24(3), 119-123.

Scottish Intercollegiate Guidelines Network (SIGN) (2014). What is SIGN?

Retrieved from: <http://www.sign.ac.uk/about/introduction.html>

Skingley, S. (2004). Changing practice: the role of the community stoma nurse.

British Journal of Nursing, 13(2), 79-86.

Sylvia, C. J., & Jones, V. (2010). The lived experience of the wound, ostomy, and continence nurse in wound care.

Journal of Wound, Ostomy & Continence Nursing, 37(3), 265-271

Taber's Cyclopedic Medical Dictionary. Edition 22. 2013. F.A. Davis Company, Philadelphia.

Tappe, A. T., McKenzie, F., Sheldon, J., Smith, A., Colton, B., & Woolley, D. (2005). Global stoma care challenges: A united approach.

World Council of Enterostomal Therapists Journal, 25(4), 15-21.

Thompson, J. (2012). Getting the Code of Ethics off the Shelf and Into Practice. *WCET Journal*. 32(3). 15-19.

Toth, P. E. (2006). Ostomy care and rehabilitation in colorectal cancer.

Seminars in Oncology Nursing, 22(3), 174-177.

Turnbull, G. B., Arnold, A., Aronson, L., Hawke, G., LeBlanc, K., Parslow, N., Zorzes, S. M. (2004). The role of industry in improving quality of life for persons with an ostomy: A canadian consensus [corrected] [published erratum

appears in OSTOMY WOUND MANAGE 2004 Oct; 50(10):7].

Ostomy Wound Management, 50(9), 78-85.

Unsworth, N., Johnson, D., Kuchta, B., McIsaac, C. (2011). Successful implementation of a professional development program for wound care in the community care setting. *Healthcare Quartely*, 14(1), 88-94.

Walker, C.A., Lachman, V.D. (2013). Gaps in the Discharge Process for Patients With an Ostomy: An Ethical Perspective. *Medsurg Nursing*. 22(1). 61-64.

Westra, B. L., Bliss, D. Z., Savik, K., Hou, Y., & Borchert A. (2013). Effectiveness of wound, ostomy, and continence nurses on agency-level wound and incontinence outcomes in home care.

Journal of Wound, Ostomy & Continence Nursing, 40(1), 25-33.

Wilson, D.W. (2008). Multiple Relationships in Nursing Consultation.

Nursing Forum. 43(2). 63-71.

Woodward, VA., Webb, C., Prowse, M. Nurse Consultants: their characteristics and achievements. *Journal of Clinical Nursing* 2005, 14, 845-854.

World Health Organization. (2002). *Handbook for Good Clinical Research Practice (GCP): Guidance for Implementation*.

http://apps.who.int/prequal/info_general/documents/GCP/gcp1.pdf

Wound Ostomy and Continence Nurses Society (2013). *Professional Practice Manual*. (4th ed.) Wolters Kluwer: Lippincott Williams & Wilkins.

Wound Ostomy and Continence Nurses Society (2004). *Prevalence and Incidence: A Toolkit for Clinicians*, Glenview, IL.

Yale Center for Clinical Investigation. (2003). CARE: Community alliance for research and engagement: *Beyond scientific Publication: Strategies for Disseminating Research Findings*. Retrieved April 29th 2013, from National Center for Research Resources, National Institutes of Health Web site: http://www.yale.edu/bioethics/contribute_documents/CARE_DisseminationStrategies_FINAL_eversion.pdf

Zachary, L.J. (2000). *The Mentor's Guide: Facilitating Effective Learning Relationships*. Jossey-Bass Publishers, San Francisco, CA

Zurakowski, T., Taylor, M., & Bradway, C. (2006). Effective teaching strategies for the older adult with urologic concerns. *Urologic Nursing*, 28(5), 355-361.

