



## **PGP “Model” Portfolio**

This PGP model portfolio has been created for easy reference, and is meant to assist you when compiling your materials, putting together the point logs and verification forms.

The forms included here are a representation of acceptable PGP documentation.

## PGP WOUND POINT LOG

Name: Model Portfolio

- ✓ Logs must be typed or computer generated, or they will be returned to the certificant.
- ✓ Summarize total points for each PGP category you submit activities. (Itemize activities on Verification Forms.)
- ✓ Fill out a separate verification form for each entry listed on this Point Log
- ✓ See page 7 or instructions on how to fill out forms.

<b>EXAMPLE POINT LOG</b>			
A	1	Total CEUs	30
B	6	Quality Improvement Project	25
D	12	Writing Pamphlet/Brochure	15
E	3	Precepting	10
<b>TOTAL PGP POINTS = 80</b>			

Category	Activity	Description	Total Points	<input checked="" type="checkbox"/> Check here
A	1	Total CEUs	30	<input type="checkbox"/> Verification form attached
B	4	Established an Independent practice	50	<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
<b>Total PGP Points for Wound</b>			<b>80</b>	

**VERIFICATION FORM  
CATEGORY A  
CONTINUING EDUCATION ACTIVITY**

Name: Model Portfolio

1. Complete a separate form for each specialty area. Wound Ostomy Continence
2. Minimum of 10 PGP points **directly related** to specialty required.\*  
(\*Note: You have the option to include up to a Maximum of 30 – of which 20 must then relate to the specialty.)
3. Point calculation: 1 PGP point for each CEU, CME or contact hour.
4. List individual educational session/course titles separately. Do not list as “conference” with the total CEUs. (Total CEUs are to be provided on Point Log.)
5. Please add to comments section if you need to submit explanation for Professional Practice CEUs.

*It is not acceptable to transfer points from one specialty to another. (E.g., points related to wound or ostomy cannot be applied to the continence category.)*

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are Professional Practice or W-O-C related	
6/2005	<b>Example:</b> How to Market the Value of Your Credential	WOCN	WOCN	3	PP	
8/2005	<b>Example:</b> Ethics in Wound Management	County General Hospital	Ohio Nurses Association	3		Wound
6/2008	Wounds and the Wounded: The Ethic of Care	WOCN	WOCN	5		Wound
6/2008	How do Wound Care Teams Affect Quality and Outcomes	WOCN	WOCN	5		Wound
6/2008	How are Diabetic Ulcer Outcomes Tracked and Measured Over Time	WOCN	WOCN	8		Wound
5/2005	Issues in Wound Management: Nutrition and Debridement	WOCN	WOCN	8		Wound
6/2006	Quality of Life Issues: Lower Extremity	WOCN	WOCN	4		Wound
<b>Total PGP Points</b> <i>(Transfer this total to Point Log)</i>				<b>30</b>		

**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT DEVELOPMENT**

Name: Model Portfolio

Check one:    wound            ostomy            continence

Check one activity number:    1    2    3    4    5    6    7    8    9    10    11    12  
13    14    15    16    17    18

Complete this form for **each program or project**.

1. **Date activity completed:**    4/2005

2. **Summarize purpose and/or assessment of need for program, project, or case as it relates to specialty area.**

To establish an independent wound, ostomy and continence practice to meet the needs of people within my community. I live in a community with a high incidence of diabetics and cardiovascular disease. The local hospital closed its wound center last year leaving this population of patients without services. Local physicians are supportive of the clinic.

3. **Provide an overview of the implementation of program / project as it relates to specialty area.**

The project started with a business plan and projections for a 5-year growth in the services. Development of policies and procedures as well as billing practices were studied and developed. The clinic opened with one RN and myself. I plan to add another certified WOC nurse once I have 50 patients. I visited an independent practice and received valuable input from a colleague.

4. **Evaluation of program / project (implications for clinical practice) as it relates to specialty area.**

The clinic has been open for 1 year now. I currently have 35 – 45 patients at any given time. I am in the process of interviewing for another certified WOC nurse. I am using the satisfaction surveys developed by the WOCNCB for my patients and professionals who refer patients to me. I am on track with my business plan.

5. **For activity B-6, please summarize your QI project by answering the following questions on the Verification Form:**

1. What was the problem?
2. How was the problem identified?
3. What actions were implemented to correct the problem?
4. How long did you evaluate the action plan?
5. What were the results of the project?

PGP Points claimed for this activity: <u>50</u> <i>(Transfer this total to Point Log)</i>
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## PGP OSTOMY POINT LOG

Name: Model Portfolio

- ✓ Logs must be typed or computer generated, or they will be returned to the certificant.
- ✓ Summarize total points for each PGP category you submit activities. (Itemize activities on Verification Forms.)
- ✓ Fill out a separate verification form for each entry listed on this Point Log
- ✓ See page 7 or instructions on how to fill out forms.

<b>EXAMPLE POINT LOG</b>			
A	1	Total CEUs	30
B	6	Quality Improvement Project	25
D	12	Writing Pamphlet/Brochure	15
E	3	Precepting	10
<b>TOTAL PGP POINTS = 80</b>			

Category	Activity	Description	Total Points	<input checked="" type="checkbox"/> Check here
A	1	Total CEUs	30	<input type="checkbox"/> Verification form attached
B	7	Ileostomy Clinical Pathway developed	25	<input type="checkbox"/> Verification form attached
B	7	Urostomy Clinical Pathway developed	25	<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
<b>Total PGP Points for Ostomy</b>			<b>80</b>	

**VERIFICATION FORM  
CATEGORY A  
CONTINUING EDUCATION ACTIVITY**

Name: Model Portfolio

1. Complete a separate form for each specialty area. Wound Ostomy Continenence
2. Minimum of 10 PGP points **directly related** to specialty required.\*  
(\*Note: You have the option to include up to a Maximum of 30 – of which 20 must then relate to the specialty.)
3. Point calculation: 1 PGP point for each CEU, CME or contact hour.
4. List individual educational session/course titles separately. Do not list as “conference” with the total CEUs. (Total CEUs are to be provided on Point Log.)
5. Please add to comments section if you need to submit explanation for Professional Practice CEUs.

*It is not acceptable to transfer points from one specialty to another. (E.g., points related to wound or ostomy cannot be applied to the continence category.)*

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are Professional Practice or W-O-C related	
					Professional Practice	W-O-C related
6/2005	<b>Example:</b> How to Market the Value of Your Credential	WOCN	WOCN	3	PP	
8/2005	<b>Example:</b> Ethics in Ostomy Management	County General Hospital	Ohio Nurses Association	3		Ostomy
6/2008	Ostomy Jeopardy	WOCN	WOCN	4		Ostomy
6/2008	Surgical Options for Continent Fecal Diversions	WOCN	WOCN	3.6		Ostomy
6/2008	State of the Science: Stoma Site Selection	WOCN	WOCN	3		Ostomy
5/2006	Small Bowel Transplantation	WOCN	WOCN	6.4		Ostomy
6/2006	Ostomies in Adolescence	WOCN	WOCN	5		Ostomy
6/2006	Ileal-anal Procedures: acute and Long-term management	WOCN	WOCN	8		Ostomy
<b>Total PGP Points</b>						
<i>(Transfer this total to Point Log)</i>				<b>30</b>		

**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT DEVELOPMENT**

Name: Model Portfolio

Check one:    wound            ostomy            continence

Check one activity number:    1    2    3    4    5    6    7    8    9  
   10    11    12    13    14    15    16    17    18

Complete this form for **each program or project**.

1. **Date activity completed:**    4/2007
  
2. **Summarize purpose and/or assessment of need for program, project, or case as it relates to specialty area.**  
The purpose of the clinical pathway for ileostomy patients is to ensure that each patient receives the education necessary to improve ostomy care.
  
3. **Provide an overview of the implementation of program / project as it relates to specialty area.**  
This project developed as a result of a chart audit to assess the level of care provided by the staff nurses. As I reviewed the charts, I realized the level of care varied dramatically. The development of the clinical pathway ensures each patient the quality care to ensure successful integration of the ostomy into their activities of daily living.
  
4. **Evaluation of program / project (implications for clinical practice) as it relates to specialty area.**  
The staff loved the clinical pathway. It gave them the confidence to instruct the patient in care of the ostomy and management of complications. Chart audits were conducted 6 months after the introduction of the clinical pathway was initiated. The documentation of care was improved and the length of stay decreased.
  
5. **For activity B-6, please summarize your QI project by answering the following questions on the Verification Form:**
  1. What was the problem?
  2. How was the problem identified?
  3. What actions were implemented to correct the problem?
  4. How long did you evaluate the action plan?
  5. What were the results of the project?

<b>PGP Points claimed for this activity: <u>25</u></b> <i>(Transfer this total to Point Log)</i>
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**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT DEVELOPMENT**

Name: Model Portfolio

Check one:    wound            ostomy            continence

Check one activity number:    1    2    3    4    5    6    7    8    9    10    11    12  
   13    14    15    16    17    18

Complete this form for **each program or project**.

1. **Date activity completed:**    4/2007
  
2. **Summarize purpose and/or assessment of need for program, project, or case as it relates to specialty area.**  
The development of clinical pathways to improve the quality of care occurred as a result of chart audits. Documentation and care of the urostomy patient varied tremendously. Patients with ileo-conduits had documentation of ileostomies. This was an educational issue for us.
  
3. **Provide an overview of the implementation of program / project as it relates to specialty area.**  
This project developed as a result of a chart audit to assess the level of care provided by the staff nurses. As I reviewed the charts, I realized the level of care varied dramatically. The development of the clinical pathway ensures each patient the quality care to ensure successful integration of the ostomy into their activities of daily living.
  
4. **Evaluation of program / project (implications for clinical practice) as it relates to specialty area.**  
Follow-up audits revealed improved documentation and decreased length of stay as patients received the necessary education to manage the urostomy.
  
5. **For activity B-6, please summarize your QI project by answering the following questions on the Verification Form:**
  1. What was the problem?
  2. How was the problem identified?
  3. What actions were implemented to correct the problem?
  4. How long did you evaluate the action plan?
  5. What were the results of the project?

<b>PGP Points claimed for this activity: <u>25</u></b> <i>(Transfer this total to Point Log)</i>
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## PGP CONTINENCE POINT LOG

Name: Model Portfolio

- ✓ Logs must be typed or computer generated, or they will be returned to the certificant.
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- ✓ Fill out a separate verification form for each entry listed on this Point Log
- ✓ See page 7 for instructions on how to fill out forms.

<b>EXAMPLE POINT LOG</b>			
A	1	Total CEUs	30
B	6	Quality Improvement Project	25
D	12	Writing Pamphlet/Brochure	15
E	3	Precepting	10
<b>TOTAL PGP POINTS = 80</b>			

Category	Activity	Description	Total Points	<input checked="" type="checkbox"/> Check here
A	1	Total CEUs	30	<input type="checkbox"/> Verification form attached
B	7	Clinical pathway developed for functional incontinence	25	<input type="checkbox"/> Verification form attached
B	12	Prevalence & Incidence Study	5	<input type="checkbox"/> Verification form attached
D	5	Abstract on impact of functional incontinence in the home care patient	10	<input type="checkbox"/> Verification form attached
F	3	President of regional WOCN Society	10	<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
				<input type="checkbox"/> Verification form attached
<b>Total PGP Points for Continence</b>			<b>80</b>	

**VERIFICATION FORM  
CATEGORY A  
CONTINUING EDUCATION ACTIVITY**

Name: Model Portfolio

1. Complete a separate form for each specialty area. Wound Ostomy Continence
2. Minimum of 10 PGP points **directly related** to specialty required.\*  
(\*Note: You have the option to include up to a Maximum of 30 – of which 20 must then relate to the specialty.)
3. Point calculation: 1 PGP point for each CEU, CME or contact hour.
4. List individual educational session/course titles separately. Do not list as “conference” with the total CEUs. (Total CEUs are to be provided on Point Log.)
5. Please add to comments section if you need to submit explanation for Professional Practice CEUs.

*It is not acceptable to transfer points from one specialty to another. (E.g., points related to wound or ostomy cannot be applied to the continence category.)*

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are Professional Practice or W-O-C related	
6/2005	<b>Example:</b> How to Market the Value of Your Credential	WOCN	WOCN	3	PP	
8/2005	<b>Example:</b> Ethics in Continence Management	County General Hospital	Ohio Nurses Association	3		Continence
6/2008	Pelvic Pain Syndrome	WOCN	WOCN	6.4		Continence
6/2008	Bedside Urodynamics	WOCN	WOCN	4.6		Continence
6/2008	Toilet Tales: Stool Toileting Refusal, Encopresis, & Fecal Incont.	WOCN	WOCN	4		Continence
5/2007	Patient Selection for Behavioral Management	WOCN	WOCN	4		Continence
6/2006	Implementing a Bladder Program in a Long-term care center	WOCN	WOCN	8		Continence
6/2006	State of the Science in Incontinence Abstracts	WOCN	WOCN	3		Continence
<b>Total PGP Points</b> <i>(Transfer this total to Point Log)</i>				<b>30</b>		

**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT DEVELOPMENT**

Name: Model Portfolio

Check one:    wound            ostomy            continence

Check one activity number:    1    2    3    4    5    6    7    8    9    10    11    12  
13    14    15    16    17    18

Complete this form for **each program or project**.

1. **Date activity completed:**    4/2008
  
2. **Summarize purpose and/or assessment of need for program, project, or case as it relates to specialty area.**  
Since 1992, I have continued to assess our prevalence and incidence on a yearly basis. Although we keep monthly stats, it is important to obtain a yearly snapshot of our patient population.
  
3. **Provide an overview of the implementation of program / project as it relates to specialty area.**  
Our prevalence survey is done each November. Each unit assigns a staff member to accompany the CWOCN to assess each patient. Not only are we obtaining data but we are teaching at the same time. This also provides us data on whether we are capturing all the patients.
  
4. **Evaluation of program / project (implications for clinical practice) as it relates to specialty area.**  
By maintaining a yearly survey, we can visualize the strengths and weaknesses of each department and implement new educational programs as well as review current practice.
  
5. **For activity B-6, please summarize your QI project by answering the following questions on the Verification Form:**
  1. What was the problem?
  2. How was the problem identified?
  3. What actions were implemented to correct the problem?
  4. How long did you evaluate the action plan?
  5. What were the results of the project?

<b>PGP Points claimed for this activity: <u>  5  </u></b> <i>(Transfer this total to Point Log)</i>
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**VERIFICATION FORM  
CATEGORY B  
PROGRAM / PROJECT DEVELOPMENT**

Name: Model Portfolio

Check one:    wound            ostomy            continence

Check one activity number:   1   2   3   4   5   6   7   8   9   10   11   12  
   13   14   15   16   17   18

Complete this form for **each program or project**.

**1. Date activity completed:**    4/2007

**2. Summarize purpose and/or assessment of need for program, project, or case as it relates to specialty area.**

The purpose of the clinical pathway for functional incontinence patients is to ensure that each patient receives the education necessary to improve functional incontinence.

**3. Provide an overview of the implementation of program / project as it relates to specialty area.**

I looked at our current practice in functional incontinence management. I reviewed 30 charts to assess education related to incontinence. There was little documentation related to incontinence. I saw a need to increase staff awareness regarding functional incontinence. I implemented this critical pathway following an educational program on Functional Incontinence: The Barriers in the Hall. Once the staff realized that incontinence is not a normal part of the aging process they were willing to use the critical pathway.

**4. Evaluation of program / project (implications for clinical practice) as it relates to specialty area.**

The functional incontinence critical pathway is still in use today. The use of adult diapers and briefs has decreased by 30% since the functional incontinence critical pathway was introduced.

**5. For activity B-6, please summarize your QI project by answering the following questions on the Verification Form:**

1. What was the problem?
2. How was the problem identified?
3. What actions were implemented to correct the problem?
4. How long did you evaluate the action plan?
5. What were the results of the project?

<b>PGP Points claimed for this activity: <u>  25  </u></b> <i>(Transfer this total to Point Log)</i>
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**VERIFICATION  
CATEGORY F  
INVOLVEMENT IN PROFESSIONAL NURSING/PATIENT ORGANIZATIONS**

Name: Model Portfolio

Check one:    wound            ostomy            contenance

# of Years Served	Year Served (e.g., 2005)	Name of Office, Task Force, or Committee	Organization	Points per Year	Total Points
1	2006	President	South Central WOCN Region	10	10
				<b>Total PGP Points</b> <i>(Transfer this total to Point Log)</i>	<b>10</b>

**VERIFICATION FORM  
CATEGORY D  
PUBLICATION ACTIVITY**

Name: Model Portfolio

Check one: wound ostomy contenance

Activity Area:           1A   1B   1C   2A   2B   2C   3A   3B   4   5  
                                  6   7A   7B   8   9   10   11   12   13

Complete a separate form for **each** activity/publication.

	EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
<b>Date of Publication</b>	January 2005	March 2008
<b>Title of Work / Publication</b>	Example: "Newsletter article: Pouching Strategies for Challenging Wound Patients"	The Impact of a Functional Incontinence Clinical Pathway on the Home Health Patient
<b>Synopsis of Material</b>	Article written to teach hospital staff specific strategies.	To demonstrate that development of a clinical pathway leads to successful care of patients.
<b>Type of Work (Book, Chapter, Journal)</b>	Article	Abstract
<b>Published In</b>	Rochelle Memorial Hospital Newsletter	Success Magazine
<b>Objectives</b>	<ul style="list-style-type: none"> <li>▶ To give new information.</li> <li>▶ To teach specific pouching techniques.</li> <li>▶ To show there are other resources.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Ensure patient receives education</li> <li>▶ Teach improved care</li> <li>▶ Increase level of patient care</li> </ul>
<b>Content Outline</b>	<ul style="list-style-type: none"> <li>▶ Identified patients with specific incidences.</li> <li>▶ Identified anatomical region associated with highest risk.</li> <li>▶ Outlined practice plans.</li> <li>▶ Cited strategies and resources.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Developed clinical pathway</li> <li>▶ Taught staff nurses</li> <li>▶ Integrated audits</li> <li>▶ Follow-up</li> </ul>
<b>PGP POINTS CLAIMED FOR THIS ACTIVITY <u>10</u></b> <i>(Transfer this total to Point Log)</i>		