



## Examination Handbook

Certified Wound Ostomy Continence Nurse (CWOCN®)  
Certified Wound Ostomy Nurse (CWON®)  
Certified Wound Care Nurse (CWCN®)  
Certified Ostomy Care Nurse (COCN®)  
Certified Continence Care Nurse (CCCN®)  
Certified Foot Care Nurse (CFCN®)  
Wound Treatment Associate-Certified (WTA-C)

Advanced Practice:  
CWOCN-AP®  
CWON-AP®  
CWCN-AP®  
COCN-AP (SM)  
CCCN-AP (SM)



# Examination Handbook



# WOCNCB®

## EXAMINATION HANDBOOK

For the following credentials:

Certified Wound Ostomy Continence Nurse (CWOCN®)

Certified Wound Ostomy Nurse (CWON®)

Certified Wound Care Nurse (CWCN®)

Certified Ostomy Care Nurse (COCN®)

Certified Continence Care Nurse (CCCN®)

Certified Foot Care Nurse (CFCN®)

Advanced Practice:

CWOCN-AP®

CWON-AP®

CWCN-AP®

COCN-AP<sup>SM</sup>

CCCN-AP<sup>SM</sup>

A publication of the Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB®)

Revised October 2021

NOTE: *The examination handbook may also be downloaded and printed from the [www.WOCNCB.org](http://www.WOCNCB.org) website.*

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## WOCNCB® EXAMINATION HANDBOOK

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It is the responsibility of certificants/candidates to ensure they are using the appropriate edition of the *Examination Handbook* and following the most current eligibility requirements.

## INTRODUCTION

Congratulations! You have taken your first step to becoming a Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB®) certified nurse. We thank you for choosing the Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB®) as your certifying agency. There are thousands of WOCNCB® certified nurses worldwide. We welcome you to join this select group of healthcare professionals.

## ABOUT THE WOCNCB®

WOCNCB® was established in 1978 by the International Association of Enterostomal Therapy (IAET), now known as the Wound, Ostomy, and Continence Nurses Society (WOCN®). It is incorporated as a separate, distinct and financially independent entity. The WOCNCB® is a national, non-governmental certifying agency organized to grant certification credentials to qualified nurses who are involved in providing care or education to individuals with wounds, ostomies, continence, or foot care issues. The organization is dedicated to promoting excellence in the profession of wound, ostomy, continence, and foot care nursing through development, maintenance and protection of the certification process. This process consists of fulfilling rigorous eligibility requirements that allow an individual to take the WOCNCB® certification exam.

Upon passing wound, ostomy, continence, or foot care exams, individuals receive these credentials:

- CWOCN®** - Certified Wound Ostomy Continence Nurse
- CWCN®** - Certified Wound Care Nurse
- COCN®** - Certified Ostomy Care Nurse
- CWON®** - Certified Wound Ostomy Nurse
- CCCN®** - Certified Continence Care Nurse
- CFCN®** - Certified Foot Care Nurse

Upon passing the wound treatment associate exam, individuals receive the credentials:

### **Wound Treatment Associate – Certified (WTA-C)**

Advanced Practice:

- CWOCN-AP®**
- CWCN-AP®**
- COCN-AP<sup>SM</sup>**
- CWON-AP®**
- CCCN-AP<sup>SM</sup>**

The CWOCN®, CWCN®, COCN®, CWON® and CCCN® certification programs are accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA). Accreditation by the prestigious ABSNC and NCCA assures that the WOCNCB® has met the most stringent and rigorous of standards in issuing its credentials. By meeting these standards, the WOCNCB® helps to ensure safe and expert practice of wound, ostomy, and continence nursing.

Additionally, the WOCNCB® believes that ABSNC and NCCA accreditation assures that:

- The validity and integrity of credentials issued by the WOCNCB® are unquestionable and of the highest caliber.
- Fair and equitable standards have been met for each certificant who is certifying or recertifying.
- WOCNCB® certified nurses have earned credentials that are esteemed and valued among their peers, other medical professionals and employers.

*The WOCNCB® is proud of the hard-earned ABSNC and NCCA accreditation, and we hope our certificants share our pride.*

## STATEMENT OF NONDISCRIMINATION POLICY

The WOCNCB® does not discriminate among certificants on any basis that would violate any applicable laws.

## (RE)CERTIFICATION PHILOSOPHY

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The WOCNCB® endorses the concept of voluntary, periodic certification. WOCNCB® certification focuses specifically on the individual and is an indication of current knowledge in a specialized area of nursing practice. Certification provides formal recognition of nursing knowledge in:

- wound
- ostomy
- continence
- foot care

The objectives of the WOCNCB® certification programs are to promote excellence in wound, ostomy, continence, or foot care nursing by:

1. Recognizing formally those individuals who meet all the requirements of the WOCNCB®.
2. Encouraging continued professional growth in the practice of wound, ostomy, continence, and foot care nursing.
3. Establishing and measuring the level of knowledge required for certification in wound, ostomy, continence, and foot care nursing.
4. Providing a standard of knowledge required for certification, thereby assisting the employer, public and members of health professions in the assessment of wound, ostomy, continence, and foot care nursing.

Recertification via examination is an indication that nurses in the specialty demonstrate continual learning and professional growth using current evidence-based practices in the area of wound, ostomy, continence, or foot patient care. The WOCNCB® also established the Professional Growth Program (PGP) to recognize activities which go beyond routine WOC practice, or which represent progression of practice along the novice-to-expert continuum.

## TESTING AGENCY

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Scantron is the professional testing agency secured by contract to assist the WOCNCB® in the development, administration, scoring and analysis of the certification examinations. Scantron services also include the processing of applications and the reporting of examination results to candidates. Scantron conducts professional competency assessment, job analysis survey and reporting and provides test administration for the credentialing programs.

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Morrisville, NC 27560  
919-572-6880  
email [candidatesupport@scantron.com](mailto:candidatesupport@scantron.com)

## ABOUT THE EXAMINATIONS

The WOCNCB® offers examinations in these specialty areas of nursing practice: Wound Care, Ostomy Care, Continence Care, Foot Care and Advanced Practice. Scantron, our testing agency, provides the WOCNCB® with computerized multiple-choice examinations developed by our Wound, Ostomy, and Continence (WOC), Foot Care and Advanced Practice Committees. These committees include certified nurses with expertise in wound, ostomy, continence, foot care or advanced practice nursing. All questions are reviewed for relevancy, consistency, accuracy and appropriateness by the examination committee as well as by a special committee dedicated to item review.

There are 110 scored questions on the WOC and Foot Care exams, and 80 scored questions on the AP level exams. All exams have 10 non-scored pretest questions which are not identified as scored or non-scored. Pretesting items allows the WOCNCB® to continually evaluate new examination questions so that we maintain high quality examinations. Pretesting is an accepted psychometric practice that allows the WOCNCB® to continually evaluate potential examination questions and facilitates the process for candidates receiving instant scores. The statistical performance of the pretest questions is evaluated, and questions that perform well can then be included on future examinations as scored questions. To keep the credentialing examinations secure and reflective of current practice, new questions are continuously developed and introduced in versions of the examinations. Examination scores are based upon only previously used examination questions.

Candidates are allowed 120 minutes to complete the WOC and Foot Care examinations, or 90 minutes for the AP exams. Examinations are administered individually and can be scheduled to be taken sequentially or on separate days.

**Please note that the passing score can change from one examination to the next due to slight differences in content / difficulty on varying exams administered. Therefore, WOCNCB does not publicly publish the number of questions needed for a passing score.**

## CREDENTIALS

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All WOCNCB® credentials are registered trademarks and can only be used after successfully completing the necessary examinations. Candidates passing the wound, ostomy, and continence examinations within 12 months from the time of application will be awarded the Certified Wound Ostomy Continence Nurse (CWOCN®) or Advanced Practice (CWOCN-AP®) tri-specialty credential. Those passing the wound and ostomy exams within 12 months of exam application will be awarded the Certified Wound Ostomy Nurse (CWON®) or Advanced Practice (CWON-AP®) credential. Those passing two, three or four examinations outside 12 months will receive individual credentials as Certified Wound Care Nurse (CWCN®), Certified Ostomy Care Nurse (COCN®), Certified Continence Care Nurse (CCCN®), Certified Foot Care Nurse (CFCN®), or the Advanced Practice (COCN-AP®) (CCCN-AP<sup>sm</sup>) (CWCN-AP®). Candidates passing the wound treatment associate examination will be awarded the Wound Treatment Associate – Certified (WTA-C™) credential.

The above eleven credentials are the only valid/trademarked credentials issued by the WOCNCB®, and use of any other combination is prohibited. **CREDENTIALS ARE VALID FOR A PERIOD OF FIVE YEARS.**

## ELIGIBILITY REQUIREMENTS FOR WOUND, OSTOMY, OR CONTINENCE EXAMS

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Candidates that do not currently hold the desired certification are considered an initial candidate, including candidates whose certification has lapsed. All candidates must take a certification exam to earn credentials initially.

DO NOT submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

*NOTE: Applications incomplete after 90 days from the date of submission will be closed, and the examination fee will be forfeited.*

### INITIAL (FIRST-TIME) CANDIDATES MUST:

1. Have a current RN License.
2. Hold a bachelor's (or higher) degree.
3. Have completed ONE of the following pathways of education or practice:
  - A. TRADITIONAL PATHWAY
    - Graduate from an accredited WOC (or WCET international) Nursing Education Program. See page 16 for the program codes. For the most current list of programs, visit [http://www.WOCNCB.org/pdf/WOCNEP\\_overview.pdf](http://www.WOCNCB.org/pdf/WOCNEP_overview.pdf)
    - The WOC(ET) Nursing Education Program must have been completed within the past 5 years (from date of exam application), or otherwise you must prove eligibility via the Experiential Pathway.
    - The WOC/ET Nursing Education Program must be accredited by the WOCN® Society /WCET International at the time of graduation.
  - B. EXPERIENTIAL PATHWAY
    - The accumulation of direct patient clinical hours and continuing education credits (contact hours) must be earned post-bachelor's degree while practicing as an RN.
    - For each specialty for which certification is sought, 50 CE/CME credits (contact hours) or an equivalent in college course work must be completed over the five years previous to the date of application. All CE/CME credits (contact hours) or college course work must directly apply to the specialty area for which applied. Multi-day conferences may include professional practice topics or may be focused on a specific type of treatment i.e. hyperbaric oxygen (HBO). Professional practice topics do not relate directly to any clinical focus and are not accepted. HBO education programs receive partial credit but are usually not accepted in their entirety.
    - For each certification specialty, 1500 direct patient clinical hours must be completed within the previous five years. Further, 375 hours must have occurred within the year prior to application.
4. Submit exam application with applicable fee and support materials (see checklist on page 10).

### RETAKE CANDIDATES MUST:

1. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must accompany a completed application, if it has expired since your last exam.
2. There is a 30-day waiting period before retesting after an unsuccessful exam.
3. Submit exam application with applicable fee.
4. Successfully complete exams.

**RECERTIFYING CANDIDATES MUST:**

1. Be currently certified by the WOCNCB® with the credential in which recertification is being sought. See below.
2. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must accompany a completed application.
3. Submit renewal application with applicable fee.
4. Successfully complete exams.

**ANOTHER OPTION FOR RECERTIFICATION****PROFESSIONAL GROWTH PROGRAM (PGP)**

As an alternative to testing for recertification, eligible candidates may choose to submit a professional portfolio online via the WOCNCB®'s Professional Growth Program. Visit the WOCNCB® website at [www.WOCNCB.org/pgp/](http://www.WOCNCB.org/pgp/) for more information about application and portfolio submission requirements.

**ELIGIBILITY REQUIREMENTS FOR ADVANCED PRACTICE WOUND, OSTOMY, OR CONTINENCE EXAMS**

Do Not submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

*NOTE: Applications incomplete after 90 days from the date of submission will be closed, and the examination fee will be forfeited.*

To be eligible for the Advanced Practice certification exam(s) by the WOCNCB®, a certificant must fulfill the following requirements:

1. Hold a current RN or APN license. (A copy of the current license must be submitted with your application.)
2. Have completed a MSN or higher nursing degree program to become an APRN (Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Nurse-Mid Wife (NMW), Certified Registered Nurse Anesthetists (CRNA)). Candidates must document advanced licensure/education by submitting a copy of at least one of the following:
  - Transcript showing Nurse Practitioner or Clinical Nurse Specialist education at the Masters Level
  - Diploma showing Nurse Practitioner or Clinical Nurse Specialist education at the Masters Level
  - Current licensure as a Nurse Practitioner or Clinical Nurse Specialist
  - Current certification, by a nationally recognized body, as a Nurse Practitioner or Clinical Nurse Specialist
  - Letter from school of nursing stating MSN program prepared graduate as a CNS or NP.
3. Fulfill ONE of the following requirements to document basic Wound, Ostomy, and/or Continence knowledge:
  - a. Accredited Education Program Pathway (Fulfill ALL of the following requirements)
    - i. Complete a WOC Nursing Education Program that is accredited by WOCN®.
    - ii. Candidates are required to successfully complete exam(s) within five years of graduation from a Wound, Ostomy, Continence Education Program. Beyond five years, candidates are required to prove eligibility via the Experiential Pathway in order to take exams.
    - iii. The WOC Nursing Education Program must be accredited at the time of graduation.
    - iv. A copy of your certificate of completion/graduation must be submitted with your application. Please contact an accredited program for more information.
  - b. Experiential Pathway (Fulfill ALL of the following requirements)
    - i. Within each specialty for which certification is sought, 50 contact hours or an equivalent in college course work post-Bachelor's, must be completed over the previous five years. All contact hours or college course work must directly apply to the specialty area for which you apply. Multi-day conferences may include professional practice topics or may be focused on a specific type of treatment i.e. hyperbaric oxygen (HBO). Professional practice topics do not relate directly to any clinical focus and are not accepted. HBO education programs receive partial credit but are usually not accepted in their entirety.
    - ii. For each certification specialty, 1500 clinical hours must be completed over the previous five years. Further, 375 of those hours must have occurred within a year prior to application.
    - iii. Accumulation of contact and clinical hours must be earned post-Bachelor's and while functioning as an RN. Please read the complete instructions regarding documentation required in the Experiential Pathway section of this Handbook.



- c. Hold current entry-level WOCNCB® certification in the specialty or specialties for which Advanced Practice certification is sought.

PLEASE NOTE: *These AP examinations DO NOT provide the individual with certification within an Advanced Practice role and population. These examinations provide specialty certification.*

**RETAKE CANDIDATES MUST:**

1. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must accompany a completed application, if it has expired since your last exam.
2. There is a 30-day waiting period before retesting after an unsuccessful exam.
3. Submit retake exam application with applicable fee.

**RECERTIFYING CANDIDATES MUST:**

1. Be currently certified by the WOCNCB® with the credential in which recertification is being sought.
2. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must accompany a completed application, if it has expired since your last exam.
3. Submit fees with exam application or AP portfolio using AP Handbook requirements.

**ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM**

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Candidates that do not currently hold the desired certification are considered an initial candidate, including candidates whose certification has lapsed. All candidates must take a certification exam to earn credentials initially.

DO NOT submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

NOTE: *Applications incomplete after 90 days from the date of submission will be closed and the examination fee will be forfeited.*

**ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM**

**INITIAL (FIRST-TIME) CANDIDATES MUST:**

1. Have a current RN License.
2. Hold a Bachelor's Degree (or higher)
3. Complete BOTH of the following:
  - a. Accumulate a minimum of 24 CE/CME credits (contact hours) specific to foot care. Please note: 8 of 24 CE/CME may be in basic skin and wound care.  
FAST TRACK for the CWCN, CWON, CWOCN – your CWCN will replace the 8 CE in basic skin/wound care, leaving 16 CE specific to foot care.  
and
  - b. Accumulate a minimum of 40 clinical hours under the direct supervision of an expert in foot care for example: Physician, Podiatrist, Nurse Practitioner, Physician Assistant, or a CFCN®. The expert MUST HAVE experience relevant to foot care. Please note: 12 of 40 clinical hours may be in basic skin and wound care, under the direct supervision of a wound care expert. FAST TRACK FOR THE CWCN, CWON, CWOCN – your CWCN will replace the 12 clinical hours in basic skin/wound care, leaving 28 clinical hours in foot care.
    - Both the CE/CME credits (contact hours) and clinical hours must be specific to foot care and must be completed within the previous 5 years from the date of the application while functioning as an RN.
    - Note: Candidates that do not currently hold the desired certification are considered an initial candidate, including candidates whose certification has lapsed. All candidates must take a certification exam to earn credentials initially. All who currently hold the certification at that time will maintain and be able to recertify their CFCN® credential as long as there is no lapse in certification. If credentials lapse, a Bachelor's degree will be required for establishing certification.

**RETAKE CANDIDATES MUST:**

1. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must accompany a completed application, if it has expired since your last exam
2. There is a 30-day waiting period before retesting after an unsuccessful exam.
3. Submit exam application with applicable fee.

**RECERTIFYING CANDIDATES MUST:**

1. Be currently certified by the WOCNCB® as a Certified Foot Care Nurse (CFCN®).
2. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must accompany a completed application.
3. Submit renewal application with applicable fee.

**ANOTHER OPTION FOR RECERTIFICATION****PROFESSIONAL GROWTH PROGRAM (PGP)**

As an alternative to testing for recertification, eligible candidates may choose to submit a professional portfolio via the WOCNCB®'s Professional Growth Program. Visit the WOCNCB® web site at [www.WOCNCB.org/recertification/foot-and-nail/pgp.php](http://www.WOCNCB.org/recertification/foot-and-nail/pgp.php) for the Foot Care Nursing PGP Handbook, and visit [www.WOCNCB.org/pgp](http://www.WOCNCB.org/pgp) to complete your portfolio online.

**ELIGIBILITY REQUIREMENTS: WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C)**

To earn the WTA-C credentials, a candidate must meet all WTA eligibility requirements listed below and pass the WTA certification examination. All candidates must take a certification exam to earn credentials initially.

Do not submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

Note: Applications incomplete after 90 days from the date of submission will be closed and the examination fee will be forfeited.

**A. TRADITIONAL PATHWAY**

You must complete all of the following:

1. Hold a current LPN/LVN or RN license.
2. Complete the WOCN Society's WTA Program, or the WebWOC "SWA" program, within the past five (5) years, under the direction of an approved WOCNCB nurse and hold a current WTA Program or SWA Program certificate of completion.
3. Accumulate 16 clinical hours under the direct supervision of an expert in wound care, for example: Physician, Nurse Practitioner, Physician Assistant, or an RN or APRN certified in wounds through WOCNCB®. The expert **MUST HAVE** experience relevant to wound care. Click here to download the Verification Form for clinical hours.
4. Submit all of the above within the online exam application, at: <https://www.scantronassessment.com/Connect/wocncb-wta>

**B. EXPERIENTIAL PATHWAY**

You must complete all of the following:

1. Hold a current, active LVN, LPN or RN license
2. Complete 24 Continuing Education hours (CEs) specific to wound care within the past 12 months meeting the WTA Detailed Content Outline (link below).  
<https://www.wocncb.org/UserFiles/WoundTreatmentAssociateCertifiedExamContentOutline.pdf>
3. Complete 160 hours of clinical preceptorship within the past 12 months
  - a. Acceptable preceptors to meet WTA-C clinical requirements:
    - Any RN holding an active wound care certification through the WOCNCB, i.e. CWCN® or CWCN-AP®. An active WTA-C® is not an acceptable clinical preceptor.
    - MD, NP or PA holding an active certification through the American Board of Wound Management, i.e. CWS®, CWSP®. An active CWCA® is not an acceptable clinical preceptor
    - The expert **MUST HAVE** experience relevant to wound care. (You will download a verification form from the online application that is signed by the expert.) Click here to download the Verification Form for clinical hours.
4. Complete a clinical skills checklist with the preceptor to include:
  - Monofilament testing
  - Ankle Brachial Index (ABI)
  - Compression wrap
  - Negative pressure wound therapy
5. Submit all of the above within the online exam application, at: <https://www.scantronassessment.com/Connect/wocncb-wta>

## LAPSED CREDENTIALS (RECERTIFICATION WOC CANDIDATES)

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If credentials lapse, candidates must:

1. Be currently licensed as RN,
2. Hold a Bachelor's (or higher) degree,
3. If lapsed less than 6 months, see "Grace Period" below,
4. If lapsed more than 6 months, follow Eligibility via the Experiential Pathway, or, complete an Accredited WOC Nursing Education Program within the past 5 years (from the date of exam application),
5. Successfully complete exams.
6. Candidates who are actively testing and their credentials lapse due to unsuccessful testing, are allowed to take the exam within ninety (90) days of the last exam attempt. Note: click on "retake" link within your current exam application. If you have tested unsuccessfully beyond 90 days, you must apply as an initial candidate and adhere to the Experiential Pathway requirements. You may not utilize the 6-month grace period below.

### GRACE PERIOD FOR LAPSED CREDENTIALS LESS THAN 6 MONTHS (RECERTIFICATION CANDIDATES)

If you have a lapsed credential of six (6) months or less and wish to recertify, you may utilize a one-time grace period to recertify via examination. The following rules apply:

- A one-time \$100 grace period fee must be paid upon application for each single specialty (not bundled per application for multi-specialties).
- You are not certified during the grace period.
- You must document current RN licensure in the exam application and WOCNCB will verify your lapsed credentials date for your eligibility to utilize the grace period.
- Do NOT use the Experiential Pathway because the 6 month grace period is Exempt from this criteria.
- The 180 day grace period request must occur within 180 days of credentials expiration.
- Candidates must test within the 180 day grace period. Please allow for sufficient amount of time for application processing and exam scheduling – we recommend at least two weeks.
- The 180 day grace period starts with your credential expiration date, and only allows for one 180 day grace period.
- The 180 day grace period may not be combined with the 90 day grace period.
- Once you pass exam(s) during the 180-day grace period, credentials revert to your original credentials expiration plus 5 years.
- You are allowed four exam attempts within the 180-day grace period (initial exam plus 3 retakes) and the policy of a 30-day wait period between exam attempts applies.
- If exam(s) are not passed during the 180-day grace period, candidates must submit a new application and follow published Eligibility Requirements as a new candidate.

## INSTRUCTIONS FOR EXPERIENTIAL PATHWAY

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### VERIFICATION OF CONTINUING EDUCATION

Please upload or submit the following with your application:

1. Complete the online submission of Continuing Education.
2. If using college credits, upload or submit a copy of the college transcript and a course syllabus that includes specific content areas and evidence of course hours.
3. If using CE/CME credits upload or submit a copy of all official CE/CME (contact hours) certificates.

Guidelines for submitting CE/CME Credits:

1. Accumulation of CE/CME credits are to be earned while practicing as an RN (and for wound, ostomy, continence specialties, post-bachelor's degree).
2. CE/CME credits (contact hours) required for each specialty must directly relate to the clinical focus and be completed over the last 5 years from the date of application. Accumulation of CE/CME credits are to be earned while practicing as an RN (and for wound, ostomy, continence specialties, post-bachelor's degree). You must identify the program date, course title, course provider and approved accrediting organization. If a submitted educational program covers multiple topics, the program brochure or topic outline with times listed must also be included with the application. Multi-day conferences may include professional practice topics or may be focused on a specific type of treatment i.e. hyperbaric oxygen (HBO). Professional practice topics do not relate directly to any clinical focus and are not accepted. HBO education programs receive partial credit but are usually not accepted in their entirety. A copy of all CE/CME certificates must be uploaded or submitted with the application. CE/CME credits (contact hours) required for each specialty must directly relate to the clinical focus and be completed over the last 5 years from the date of application.

3. CE/CME credits (contact hours) may only be used once; duplicate courses will not be accepted.
4. Certificates that are incomplete will not be accepted. Complete certificates must contain the name of the provider of the credits, an official signature, full course name and date, name of attendee, number of hours/credits, etc.
5. A list of tips is found on the [www.WOCNCB.org](http://www.WOCNCB.org) website.

Programs must be provided by an accredited provider or approver of nursing continuing education (i.e. American Nurses Credentialing Center (ANCC) or state board of nursing) or sponsored by organizations, agencies, or educational institutions accredited or approved by the ANCC or state board of nursing (i.e. WOCN® Society).

### **VERIFICATION OF EXPERIENCE**

Candidates applying for certification through the Experiential Pathway must complete the online verification of experience. The WOCNCB® will contact your current supervisor to verify that in the past 5 years, you performed the required hours of direct patient care for the specialty area in which certification is being sought.

*NOTE: For foot care verification, clinical hours must be completed under the supervision of a foot care expert (i.e. podiatrist, nurse practitioner or CFCN®).*

### **ELIGIBILITY PERIOD**

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Applications are processed on a rolling basis.

#### **INITIAL CANDIDATES:**

Once an application is approved, a Notice to Schedule (NTS) will be sent to you via email. At this time you will be able to schedule your exam session(s) during the next 12 months. You can only retake an exam 3 times within each 12 month period and must wait a minimum of 30 days between each testing attempt. At the end of 12 months if unsuccessful, you must reapply as an initial candidate to sit for future exams.

#### **RECERTIFYING CANDIDATES:**

Candidates will receive periodic email reminders about recertification beginning 18 months prior to the credential expiration date. To find your expiration date, either reference your official credential certificate or login to your account at: [www.scantronassessment.com/wocncb](http://www.scantronassessment.com/wocncb). Candidates may submit a Recertification Application up to 18 months prior to the credential expiration date and once the application is approved, a Notice to Schedule (NTS) will be sent. Testing eligibility begins the day the NTS is received for the next 365 days. Exams must be completed prior to credentials expiration. An exam can only be retaken 3 times within each 12 month period and Candidates must wait a minimum of 30 days between each testing attempt. If any attempts are unsuccessful or the credentials lapse, reapplication as an initial candidate must be completed. (For WTA-C candidates, the application login is found at: <https://www.scantronassessment.com/Connect/wocncb-wta> ).

### **STATUS OF YOUR APPLICATION**

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Allow sufficient time for application review (up to 30 days, depending on eligibility pathway). Candidates are encouraged to submit applications and supplemental materials as early as possible to allow for any unanticipated delays.

Application status can be checked online at any time by logging in to your account at [www.scantronassessment.com/wocncb](http://www.scantronassessment.com/wocncb), or by calling Scantron at 919-572-6880 for the status.

## EXAMINATION AND PGP FEES

Examination fees may be paid online with credit card or by mail via credit card, check or money order payable to Scantron in USD. DO NOT SUBMIT CASH.

All fees must be submitted with the application.

1 Specialty	\$395 USD
2 Specialties	\$510 USD
3 Specialties	\$610 USD
4 Specialties	\$670 USD
WTA-C Specialty Exam	\$250 USD

This fee schedule applies to all certification and recertification pathways:

by examination or Professional Growth Program, or combination of specialty examinations (i.e., wound, ostomy, continence, or foot care certification).

Returned checks and credit card transactions that are declined will be subject to a \$50 handling fee. You must then send a certified check or money order for the amount due PLUS the \$50 USD handling fee to Scantron.

## FIRST RETAKE EXAM FEES

Candidates failing their first exam attempt may submit a retake application for their next attempt with a \$100.00 discount. This discount is limited to one (1) use and subsequent retake applications will use the full exam fee schedule listed above.

## SURCHARGE FEES (ONLY APPLIES TO EXAMINATIONS)

Candidates who have applied for more than one specialty examination can choose to schedule exams in a single testing period or multiple testing periods (see below).

- One examination (single 2-hour testing period)
- Two examinations (single 4-hour testing period)
- Three examinations (single 6-hour testing period)
- Four examinations (single 8-hour testing period)

Candidates who choose to schedule multiple testing periods will be charged a one-time surcharge fee of \$75.00.

A notification of the surcharge fee will occur during the scheduling process when a candidate selects multiple testing periods for more than one specialty exam in which they are eligible. The payment of the fee must be made at that time. The candidate will have the opportunity to change scheduling prior to payment submission and the surcharge will not occur.

EXAMPLE			
Eligible For	Single testing periods	Multiple testing periods	Surcharge
W, O, C	Three exam period (6 hour)		\$ 0
W, O, C		One exam period (2 hour) One exam period (2 hour) One exam period (2 hour)	\$75
W, O, C		Two exam period (4 hour) One exam period (2 hour)	\$75
W, O	Two exam period (4 hour)		\$ 0
W, O		One exam period (2 hour) One exam period (2 hour)	\$75

## APPLICATION PROCESS

Review the Examination Handbook prior to completing the application. Failure to follow the instructions can lead to the denial of an application. **For questions regarding the application process, please contact Scantron at 919-572-6880 or [candidatesupport@scantron.com](mailto:candidatesupport@scantron.com)**

### APPLICATION CHECKLIST

- 1. Complete the online application ([www.scantronassessment.com/wocncb](http://www.scantronassessment.com/wocncb)). Only online applications will be accepted.**  
You must apply under the name that appears on your government-issued photo identification card. Please include maiden name if it is needed to confirm experience or training requirements. Provide complete information including all ZIP/postal codes, telephone numbers, and email addresses in order to expedite processing. (For WTA-C candidates, the application is found at: <https://www.scantronassessment.com/Connect/wocncb-wta> ).  
  
In order to receive important electronic correspondence regarding certification, please ensure that your email program will accept emails from [candidatesupport@scantron.com](mailto:candidatesupport@scantron.com).
- 2. Proof of appropriate nursing license**  
Upload or submit a copy of the license, showing expiration date and state(s).
- 3. Proof of Education applicable to eligibility requirements**  
Upload or submit a copy of the required diploma or transcripts for the specialty level exam, according to the eligibility outlined on pages 5-7.
- 4. If applying via Traditional Pathway, proof of successful completion of a WOC (ET) or WTA Program**  
Enter the education program codes that are outlined in the handbook on page 20 (WOC Codes).  
  
Upload or submit a copy of the certificate of completion or diploma.
- 5. If applying via Experiential Pathway, proof of continuing education credits for each specialty exam.**  
Complete the Continuing Education Verification Form (online).  
  
For each specialty exam, upload or submit copies of CME/CE certificates, all earned in the past 5 years and **post-bachelor's degree**.
- 6. If applying via Experiential Pathway, verification from your supervisor of clinical hours for each specialty exam.**  
Complete Specialty Clinical Experience online (Step 8).  
  
Agree to the electronic attestation of clinical hours worked.
- 7. Include documentation of special disability if requesting special testing accommodations.**
- 8. Include examination fee.**  
Submit examination fee by secure online payment or make check payable to Scantron in USD.

## EXAMINATION PROCESS

### SCHEDULING A TESTING SESSION

Upon approval of your application, Scantron will send notification of eligibility to sit for the examination(s) and will provide a username, password, and directions on how to schedule a testing session. If you are eligible for more than one examination, you may schedule a single testing session for all examinations for which you are eligible, or you may schedule a separate testing session for each examination. Testing sessions are filled on a first-come, first-served basis, based on test center availability. At most computer-based testing locations, morning examinations begin at 9:00 a.m., and afternoon examinations begin at 1:00 p.m.

1. Schedule online. Visit Scantron's website at [www.scantronassessment.com/wocncb](http://www.scantronassessment.com/wocncb).  
—OR—
2. Call Scantron at 919-572-6880 to schedule a testing session.

When scheduling your examination, you will be asked the date, time and location you prefer. Allow ample time prior to credential expiration to schedule your exam(s) for preferred dates and test centers and to ensure date and site availability. We recommend applying at least 90 days prior to credentials expiration.

**IMPORTANT:** Be sure your scheduled exam is a date you can commit to. There is a \$50 re-scheduling fee if you must change this exam date. See "Rescheduling a Testing Session" on page 12 for more information.

## TESTING CENTERS

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Scantron's computer-based testing network consists of more than 450 domestic (U.S. and Canada) test centers and over 200 international testing centers. For a list of testing centers visit: <https://www.scantron.com/test-site-cities/>.

You may schedule up to four exams in one day or on separate days, as long as all days are within the eligibility period for which you applied.

### **SCHEDULING OUTSIDE OF THE US AND CANADA FOR INTERNET BASED TESTING (IBT)**

When you receive your Notice to Schedule (NTS) via email from Scantron, you will have the option of taking the IBT examination outside of the U.S. and Canada. Please note that there is an additional fee of \$150 per testing session (up to two examinations per session) for international test sites. This additional fee will be collected by secure e-commerce when you submit your scheduling request.

*PLEASE NOTE: Scantron cannot guarantee the availability of testing sessions at specific international locations, and the international testing locations are subject to change. Scantron will make every effort to accommodate your request wherever possible.*

### **REMOTE PROCTORED EXAM OPTION**

Live remote proctoring allows you to take WOCNCB® exams on a desktop or laptop computer in your home or other location while a proctor watches you live online via your computer and records audio and video of the exam session.

To take an exam via live remote proctoring, your computer must meet certain technical requirements including having a webcam and microphone to record the exam session and Internet access. Prior to the start of the exam, the proctor will require candidates to move the webcam or laptop around to show there is no one else in the room and no unauthorized books, papers, or other materials that could compromise the integrity of the exam. You may select the remote proctored exam option when scheduling exams, and are available to schedule on a 24/7 basis. Please see the [www.wocncb.org](http://www.wocncb.org) website for additional details.

## SPECIAL ADA ACCOMMODATION REQUEST

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Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided based upon the individual's specific request, disability, documentation submitted and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g., walking, talking, hearing and performing manual tasks); have a record of such physical or mental impairment; or are regarded as having a physical or mental impairment.

To apply for reasonable accommodations, the candidate must submit documentation provided by an appropriate licensed professional on the professional's letterhead. The documentation must include a diagnosis of the disability and specific recommendations for accommodations and must be submitted with your exam application.

It is our expectation ADA special requests can be accommodated in a remote environment since the candidate would likely test in their own home and use their own special equipment such as special seating, reading or medical device. If there are other requests that fall within ADA guidelines that cannot be accommodated, the candidate will be notified we will make every attempt to come to mutual agreement on providing reasonable accommodations.

## RESCHEDULING A TESTING SESSION

If a candidate needs to cancel or reschedule the testing session, the request must be submitted through Scantron's online scheduling system **at least two (2) business days** prior to the test date. A \$50 rescheduling fee will apply.

Day of Testing Appointment:	Must reschedule/cancel by:
Monday	Tuesday (of the previous week)
Tuesday	Wednesday (of the previous week)
Wednesday	Thursday (of the previous week)
Thursday	Friday (of the previous week)
Friday	Monday (of the current week)
Saturday	Tuesday (of the current week)

**If the candidate does not appear for the testing session and has not cancelled or rescheduled at least four (4) business days prior to the scheduled test date, the testing fee will be forfeited. Candidates will be required to complete a Retake Application and pay an additional testing fee.**

Exceptions to this policy will be made only for substantiated emergencies. Emergencies should be directed to [candidatesupport@scantron.com](mailto:candidatesupport@scantron.com). If a computer is not accessible, please call Scantron directly at 919-572-6880.

## EXAMINATION RULES

Scantron follows industry standard testing rules as outlined below:

- Candidates will be notified of the exact test location, date, and time. Please plan to arrive at least 15 minutes prior to the start of the testing session. Those who arrive late will not be permitted to test.
- Candidates must bring photo identification with signature to the examination site. Acceptable forms of identification are driver's licenses, passports and government-issued identification cards **only**.
- Each examination consists of 120 multiple-choice questions. Candidates will be permitted 120 minutes to complete each examination.
- Prohibited Items: Candidates are expressly prohibited from bringing the following items to the test site:
  - cameras, cell phones, optical readers or other electronic devices that include the ability to photograph, photocopy or otherwise copy test materials
  - notes, books, dictionaries or language dictionaries
  - book bags, purses, handbags or luggage
  - Ipods, MP3 players, headphones or pagers
  - calculators (except as expressly permitted by the test sponsor), computers, PDAs or other electronic devices with one or more memories
  - personal writing utensils (i.e., pencils, pens and highlighters)
  - watches
  - food and beverage
  - hats, hoods or other headgear
  - coats and jackets

Please note that sweaters and sweatshirts without pockets or hoods are permitted.

If it is determined that a candidate has brought any such items to the test site, they may be requested and held by Scantron testing staff. Scantron reserves the right to review the memory of any electronic device to determine whether any test materials have been photographed or otherwise copied. If the review determines that any test materials are in the memory of any such device, Scantron reserves the right to delete such materials or retain them for subsequent disciplinary action. Upon completion of the review and any applicable deletions, Scantron will return the device, but will not be responsible for the deletion of any materials that may result from the review, whether or not such materials are test materials. By bringing any such device into the test site in violation of Scantron policies, the candidate expressly waives any confidentiality or other similar rights with respect to the device, the review of the memory of the device and/or the deletion of any materials. Scantron, the examination site, and the test administration staff are not liable for lost or damaged items brought to the examination site.

**ENVIRONMENTAL DISTRACTIONS:** Every attempt, within reason, is made to ensure a quiet and comfortable testing environment for all candidates. However, last minute needs and emergencies by building operators cannot be anticipated. It is suggested that



candidates wear appropriate clothing to help adapt to a cooler or warmer climate in the examination room. Examination room temperature can be unpredictable. Bring ear plugs to muffle noise distractions.

## EXAMINATION RESULTS

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### SCORE REPORTS

WOCNCB uses a scaled scoring method for reporting your examination results. Results are printed and given to you immediately after taking the exam. In addition, candidates may view their score results by logging in through the online credentialing system at [www.scantronassessment.com/wocncb](http://www.scantronassessment.com/wocncb). Scores will not be released by telephone or fax. Please contact Scantron immediately if you do not receive the printed results after your exam (1-919-572-6880).

### PASSING POINT

Passing point studies are conducted for each of the examinations, based on performance standards. Performance standards refer to the minimum level of competency that must be met to receive a credential or license to practice. In certification testing, the goal is to identify a passing point, or cut score, that distinguishes candidates who meet this minimum level of competency from those who do not. The technique used for a performance standard typically are referred to as standard-setting methods. Most standard-setting methods start with an assembled examination that is presented to a panel of subject matter experts (SME's). Data are collected from the SME panelists to try to identify the score that a candidate on the border between acceptable and unacceptable (or between competent and incompetent) would achieve on the examination. WOCNCB follows this standard setting process for all examination forms to determine a passing point which are then converted to a scaled score as explained below.

### WHAT ARE SCALED SCORES?

Scaled scores are raw scores transformed by a numerical procedure. By using scaled scores, certification agencies make sure that they can provide reports to candidates that are consistent and without concern for test security or confusion about the scores.

For every possible raw score on a test form, there is a corresponding scaled score. When multiple forms of a test are used, or when results are compared from year to year, scaled scores are needed to adjust for possible differences in test form length or difficulty.

This transformation is similar to converting from pounds to kilograms. The weight of the object has not changed; only the units being reported have changed.

### WHY ARE SCALED SCORES USED?

Scaled scores provide a consistent scale of measurement so that the same scaled score represents the same level of knowledge from one test administration to the next. Testing programs often use multiple test forms to limit exposure of test questions. While the different forms are built to the same test specifications and are designed to be similar in difficulty, rarely are they exactly equal in the level of difficulty. If two candidates take different forms of different levels of difficulty but get the same number of questions correct, the candidate with the more difficult form demonstrated a higher level of knowledge. A scaled score ensures comparability in reporting across test forms.

### DO SCALED SCORES CHANGE WHO PASSES OR FAILS?

Scaled scores do NOT affect individual candidate pass or fail decisions. The decision is always made by comparing the number of items answered correctly to the number of items required to pass the test form that was established using the criterion-referenced process.

## CERTIFICATES / WALLET CARDS

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After passing the examination(s), candidates will receive a personalized certificate suitable for framing and a wallet card. Certificates are issued the month following your last completed exam, once you have taken all the specialties you applied for.

## EXAMINATION RETAKES

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If a candidate does not pass the examination, he or she may apply to retake the examination following a 30-day waiting period from his or her last testing attempt. Candidates must complete a Retake Application and pay applicable fees. Your retake application is accessed from your initial application, by logging into the online account and selecting "Retake." You do not need to re-establish eligibility or begin a new application. The application may be accessed at [www.scantronassessment.com/wocncb/](http://www.scantronassessment.com/wocncb/). If a candidate has not successfully completed the examination after three attempts, he or she will be required to submit a new application and supporting documentation following a six-month waiting period, during which additional study and training are recommended.

## PREPARATION FOR THE EXAMINATION

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### DEMO TEST

Scantron offers a free online tutorial and demo test to familiarize candidates with the computer-based testing environment. The online demo and tutorial are accessible at any time through any computer with Internet access. Candidates may access the tutorial and demo on Scantron's web site [www.scantronassessment.com](http://www.scantronassessment.com).

### PRACTICE TEST

The WOCNCB®'s Self Assessment Exam (SAE), which simulates the actual testing experience, is available on Scantron's web site at <https://www.scantron.com/programs/wound-ostomy-and-continenence-nursing-certification-board/>. The SAE includes multiple-choice questions that reflect the content areas, level of difficulty and format of the actual certification examination. The SAE is accessible at any time through any computer with Internet access. There is a nominal fee for the practice test, which must be paid by credit card (MasterCard or Visa) through secure e-commerce. Usage of the SAE's is intended as a resource and will not guarantee your passing the exam.

WOCNCB has many other resources found on the [www.wocncb.org](http://www.wocncb.org) website, under "Certification / Exam Preparation".

## POLICIES

### CONFIDENTIALITY

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Information about candidates and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

### PRIVACY POLICY

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The Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB) has created this privacy statement ("Policy") in order to demonstrate its firm commitment to the privacy and the confidentiality of its certificants. It explains how we collect, use, and share the information you provide to us or we gather from you.

### COLLECTING PERSONAL INFORMATION

Certification records shall be retained by the WOCNCB via electronic database. Records are password protected by many layers on the computer network: Windows sign-in id and password, database sign-in id and password, as well as firewall and virus protections on the network. These passwords are further protected by requiring periodic changes by the user.

WOCNCB contracts with a professional testing company to process exam applications, create and administer exams, and maintain data on candidate certification status. WOCNCB will maintain records of all passing candidates to reflect their certification data (e.g. contact information, demographics, credential type(s), certification issue dates and expiration dates, certification ID number, candidate testing ID number).

WOCNCB certification data is downloaded from the testing company on a monthly basis via a secured server operating system and then transferred into the secured database. The database has a pre-determined outline of the data fields, so that data is placed in the appropriate field.

Example of a database record:

Jane Doe, RN BSN CWOCN  
350 Main Street  
Anytown, WI 53000  
E-mail: jane.doe@gmail.net  
Phone: (414) 123-4567  
Certified Wound, Ostomy, Continence Nurse (CWOCN)  
Earned: 7/15/2005 valid through September 30, 2010  
Certification Number: 2005000000

Updates are made to mailing address, email address, credentials, and certification and recertification dates on a monthly basis when the data is transferred into WOCNCB's secured database. Old information is stored in each activity record for historical purposes

showing date changed and previous data. If a certificant contacts WOCNCB by mail, email, fax, or phone, staff may access the database to make immediate updates.

Candidates' personal information shall be protected by all parties involved. At the conclusion of the review of any documents containing personal identifying information, the materials will be permanently destroyed (i.e. shredded or deleted). WOCNCB staff, reviewers, committee and Board members must further sign and adhere to the confidentiality policies stated in the WOCNCB Policy Manual.

Verification of certification credentials and expiration dates is available online to the public at [www.WOCNCB.org](http://www.WOCNCB.org) with all other information being held private (such as contact and demographic information). Each certificant gives permission to allow the public viewing of their records via signature on the exam application.

Our website uses forms for customers to order products and make donations. We collect user's contact information (e.g. name, mailing address, and email address) and financial information (e.g. credit card numbers). Financial information is used to bill the user for products/donations. Contact information is used to send orders and contact the user regarding any problems with the order. Individuals who are not WOCNCB certificants will not receive promotional emails from WOCNCB.

Credit card information obtained for purposes of application processing, ordering products, or making donations is not stored with the certificant record. WOCNCB staff retain this information separately for internal processing only. WOCNCB is compliant with the Payment Card Industry Data Security Standard (PCI-DSS) and does not store the entire credit card number for any period of time. The following information shows in plain (unencrypted) format (which is PCI-DSS compliant):

- The card type (AMEX, MC, VISA)
- The last four digits of the card number
- The expiration date

The rest of the credit card number, as well as the credit card validation code, are never stored in any form.

## **USE OF PERSONAL INFORMATION**

The specific responsibilities of the WOCNCB and staff are listed below.

### **WOCNCB**

The WOCNCB has access to your contact information as a part of its oversight responsibilities. These duties include:

- Oversight of activities of the WOCNCB staff
- Communicating with certificants and committees on issues and coming events
- Reporting on WOCNCB activities, goals and achievements
- Developing strategic and tactical direction for the WOCNCB

As part of its reporting, WOCNCB aggregates and de-identifies certain information about our certificants, for example, to calculate the number of applications submitted or the number of active certifications during a specific time period.

### **WOCNCB Staff**

The WOCNCB's staff uses this information to maintain records on certificant status, and to provide all current certificants with standard Board communications. These include:

- WOCNCB e-mail notices (i.e., e-Newsletters, updates)
- WOCNCB recertification notices and information
- WOCNCB elections ballot notices
- Online web site access support

Certificants may unsubscribe from these emails by emailing [info@wocncb.org](mailto:info@wocncb.org). WOCNCB does not share or sell its mailing or email lists of certificants.

### **Web Site Access**

Certificant-only use of the WOCNCB website, if applicable, will be accessed with an email address and a password created by the certificant. WOCNCB staff do not have access to that password.

### **Security**

This website has security measures in place to protect against the loss, misuse and alteration of the information under our control. The site is audited on a periodic basis to attempt to keep it up to date with security best practices, and protective measures are implemented on the site hosts. Certificant information is not stored on the web server.

### Corrections & Updates

Individuals may contact us at any time to:

- Request access to information that we have about you.
- Correct any information that we have about you.
- Delete information we have about you.

These requests may be sent:

1. via email to: info@wocncb.org
2. via mail to:  
WOCNCB  
555 E. Wells Street, Suite 1100  
Milwaukee, WI 53202
3. via fax to: 414-276-2146
4. via phone: 888-496-2622 or 414-289-8721

### Changes to this Policy

The WOCNCB may amend this Policy from time to time. If we make any substantial changes to the way we use certificants' Personal Information we will notify them by e-mail and a prominent notification on our website.

### Enforcement

If you have any questions about this privacy statement, the practices of this website, or your dealings with it, or have a concern that these privacy provisions are being violated in some way, please contact the WOCNCB.

## LAPSED CREDENTIALS

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Refer to Eligibility Requirements on page 9 for those with lapsed credentials.

## REFUNDS

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A written explanation of extenuating circumstances must be submitted for refund consideration by the WOCNCB®. All refund requests must be submitted to the WOCNCB® office via email at info@WOCNCB.org.

The following rules apply:

### ELIGIBLE REFUND REQUESTS FOR CONSIDERATION (MUST BE IN WRITING)

- Applicants who do not meet eligibility requirements
- Applications not completed within 90 days of submission
- Applicants who do not schedule an examination within the designated eligibility period
- Applicants withdrawing from an examination

If a refund is granted, the refund amount will be the original fee paid.

If a refund is granted, a complete application, examination fee and documentation of eligibility are required to reapply for examination.

### INELIGIBLE REFUND REQUESTS

- Applicants who are more than 15 minutes late to the scheduled examination
- Applicants who fail to appear for an examination on the scheduled date and did not cancel or reschedule at least 5 days in advance
- Applicants who fail to have proper identification at the examination site
- Applicants who violate examination rules and are dismissed from the Examination Center by the proctor

## CREDENTIAL EXTENSIONS

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Applicants currently certified by the WOCNCB® may request an extension of their credentials for the following reasons only.

The following rules apply:

- Must request the extension prior to expiration of current certification
- Must be seriously ill (or member of immediate family seriously ill), suffer from personal illness or injury, experience unavoidable natural disaster, or be in active military duty outside the United States. Documentation may be requested
- Must request the extension in writing to the WOCNCB® office by emailing [info@WOCNCB.org](mailto:info@WOCNCB.org)
- It is recommended you submit requests at least 2 weeks prior to credentials expiration to allow time for an approval.

Once the extension request is received, it will be reviewed by the Credentialing and Review Committee, whereby a vote will determine if the candidate's credentials will be approved for extension.

If the extension is granted, it is for a maximum of six months only. No more than one extension request will be granted per candidate per five years.

## REVOCAION OF CERTIFICATION

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The WOCNCB® will revoke certification for any reason deemed appropriate including, but not limited to, the following:

- Falsification of the certification application or application materials.
- Falsification of any information requested by the WOCNCB®.
- Knowingly assisting another person or persons in obtaining or attempting to obtain certification or recertification by fraud.
- Misrepresentation of certification status.
- Illegal use of the certification certificate or falsification of credentials. This would include any lapse in professional license during the five-year period and any appearance of revocation, including those due to any misdemeanor or felony charges.
- Cheating (or reasonable evidence of intent to cheat) on the examination.
- Unauthorized possession or distribution of official WOCNCB® testing or examination materials.

The WOCNCB® provides an appeal mechanism for challenging revocation of certification. It is the responsibility of the former certificant to initiate this process. The complete process may be found on the WOCNCB® website at [www.WOCNCB.org](http://www.WOCNCB.org) by searching "Credentialing Review and Appeals." Written appeals should be forwarded to the WOCNCB® at the address listed on the website or the back cover of this handbook.

## APPEALS POLICY AND PROCEDURE

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An appeal policy and procedure is available to any Applicant or Certificant who has applied for WOCNCB® certification/recertification and wishes to contest any adverse decision affecting his/her certification/recertification status or eligibility. Any individual who does not file a request for an appeal within the required time limit shall waive the right to appeal.

1. Review of Eligibility Decisions. In the event of a determination that an individual has been denied certification or recertification, based on a failure to satisfy application or eligibility requirements, pay fees required by WOCNCB®, a change in certification status, or failure of the examination, the individual shall have thirty (30) days to file a written request for review.
2. Appeals process. The individual may file a written appeal request to the WOCNCB® office within thirty (30) days of the date of their receipt of the determination in the above instances. Once the request is received, it will be reviewed by the Credentialing and Review and Appeals Committee whereby, a vote will take place to determine if the eligibility decision will be upheld or reversed. If the eligibility decision is reversed, the Credentialing and Review and Appeals Committee will determine the terms and issue a decision in writing, on the request.

## COPYRIGHTED EXAM QUESTIONS

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All examination questions are the copyrighted property of the WOCNCB®. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part, without written permission. Doing so will subject you to severe civil and criminal penalties.

## WOUND, OSTOMY, OR CONTINENCE EXAMINATIONS

### CODES FOR WOC(ET) NURSING EDUCATION PROGRAMS

Below is a listing of the WOC(ET) Nursing Education Programs currently accredited by WOCN® Society. If you are applying through the Traditional Pathway, you must specify on your application the appropriate code for the WOCN® accredited school from which you graduated.

EDUCATION PROGRAM	CODE
Cleveland Clinic WOC(ET) Education – Cleveland, OH	
Distance Learning . . . . .	319
Emory University – Atlanta, GA	
Distance Learning . . . . .	321
Relias Wound Care Nurse Education Program . . . . .	341
Rutgers University, Camden, NJ	
Traditional . . . . .	157
The Valley Foundation School of Nursing, Wound and Ostomy Education Program, San Jose State University . . . . .	172
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If you have graduated from a recently accredited school, please call the WOCNCB® for the code.

## EXAMINATION CONTENT

To begin your preparation in an informed and organized manner, each candidate should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this Examination Handbook. The content outline will give you a general impression of the examination, and with closer inspection, can give specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis, a research study that involved sending surveys to practicing wound, ostomy, and continence nurses. An advisory committee of subject matter experts appointed by WOCNCB® reviewed a summary of the responses of hundreds of nurses. The committee determined the content of the examination by evaluating the practice activities judged by the respondents to be a part of practice and significant enough to warrant inclusion in the examination. The Content Outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

**Recall:** The ability to recall or recognize specific information is required.

**Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required.

**Analysis:** The ability to analyze and synthesize information, determine solutions or to evaluate the usefulness of a solution is required.

The entire examination consists of approximately 25 percent *recall* questions, 61 percent *application* questions and 14 percent *analysis* questions.

**Disclaimer:** WOCNCB embraces the latest evidence based practices in our specialty areas, incorporating such evidence into our testing. Exams are updated on a regular schedule. Exam development is a lengthy process, which ensures a quality product and adherence to best practices in testing. Candidates should be aware it is possible to see prior content while tests are updated.

## WOCNCB CWCN 2018 DETAILED CONTENT OUTLINE

	Classification	Test Specifications (Items)
<b>Domain I: ASSESSMENT AND CARE PLANNING (35.5% of exam; 39 items)</b>	<b>010000</b>	<b>39</b>
<b>Task 1: Obtain patient health history through interviews, established medical records, and questionnaires to determine the patient's current health and risk status. (9.1%; 10 items)</b>	<b>010100</b>	<b>10</b>
Knowledge of:		
a. Interview processes	010101	
b. Psychosocial factors affecting care (e.g., patient and caregiver ability to learn and perform care, economic implications, education, mental status)	010102	
c. Factors affecting wound healing (e.g., nutrition, comorbidities, medications, age, pain)	010103	
d. Etiologic and causative factors (e.g., circulation, pressure, sensation, moisture, trauma, medical devices, immobility, nutrition)	010104	
e. Basic diagnostic test results (e.g., lab values, imaging studies, vascular studies)	010105	
Skill in:		
f. Identifying and supporting patient and caregiver goals (e.g., preventive, palliative, maintenance, curative)	010106	
g. Evaluating pain by using verbal and nonverbal tools	010107	
h. Utilizing risk assessment tools (e.g., Braden Scale, Braden Q Scale, Norton Plus Scale)	010108	
<b>Task 2: Perform focused assessments to determine current skin and wound status. (10.0%; 11 items)</b>	<b>010200</b>	<b>11</b>
Knowledge of:		
a. Wound characteristics (e.g., tissue type, dimensions, location, exudate, odor, stage, wound edges, color)	010201	
b. Periwound characteristics (e.g., induration, warmth, fluctuance, denudation, maceration, cellulitis)	010202	

## WOCNCB CWCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

c. Phases of wound healing (e.g., hemostasis, inflammation, proliferation, maturation)	010203	
d. Adjunctive modalities for wound cleansing and treatment (e.g., hydrotherapy, biologic therapy, negative-pressure wound therapy, hyperbaric oxygen therapy, ultrasound)	010204	
e. Skin and wound classification systems (e.g., pressure injury stages, medical adhesive-related skin injury [MARS], moisture-associated skin damage [MASD], skin tears)	010205	
f. Wound etiology (e.g., pressure, friction, trauma, surgery, autoimmune disease, malignancy, thermal injury, infection)	010206	
g. Lower extremity assessment (e.g., arterial insufficiency, vasculitis, mixed disease, venous insufficiency, lymphatic disease, neuropathy)	010207	
h. Wound cultures (e.g., aspirate, Levine, punch biopsy)	010208	
i. Dermatological etiology (e.g., contact dermatitis, fungal infection, herpetic lesions)	010209	
Skill in:		
j. Identifying need for diagnostic studies (e.g., biopsy, blood values, imaging, vascular, toe-brachial index [TBI], ankle-brachial index [ABI], duplex scanning)	010210	
<b>Task 3: Develop a patient-centered plan of care by using health history and assessments to establish skin and wound management goals. (8.2%; 9 items)</b>	<b>010300</b>	<b>9</b>
Knowledge of:		
a. Principles of patient-centered care (e.g., psychosocial issues, access to care, cultural beliefs)	010301	
Skill in:		
b. Evaluating the effectiveness of the current treatment plan	010302	
c. Setting patient-focused goals (e.g., preventive, palliative, maintenance, curative)	010303	
d. Interpreting physical assessment results	010304	
<b>Task 4: Evaluate the patient-centered plan of care by using periodic assessments to promote optimal skin and wound management. (8.2%; 9 items)</b>	<b>010400</b>	<b>9</b>
Knowledge of:		
a. Characteristics of healing wounds (e.g., granulation, decreased dimensions, resurfacing)	010401	
b. Characteristics of non-healing wounds (e.g., infection, biofilm, closed edge)	010402	
Skill in:		
c. Interpreting patient responses to interventions	010403	
d. Modifying interventions based on revised patient needs and goals	010404	
<b>Domain II: INTERVENTION AND TREATMENT (40.0% of exam; 44 items)</b>	<b>020000</b>	<b>44</b>
<b>Task 1: Implement prevention measures to promote optimal skin health and prevent injury. (13.6%; 15 items)</b>	<b>020100</b>	<b>15</b>
Knowledge of:		
a. Preventive measures based on risk assessment (e.g., moisture management, pressure redistribution, offloading, friction and shear management, nutrition)	020101	
b. Risk assessment tools (e.g., Braden Scale, Braden Q Scale, Norton Plus Scale)	020102	
Skill in:		
c. Utilizing appropriate skin care products	020103	
d. Selecting support surfaces	020104	



## WOCNCB CWCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

<b>Task 2: Recommend and/or provide appropriate interventions to promote optimal wound management. (14.5%; 16 items)</b>	<b>020200</b>	<b>16</b>
Knowledge of:		
a. Wound bed preparation (e.g., debridement, infection management, moisture management, wound edge optimization)	020201	
b. Principles of wound care (e.g., filling of dead space, moisture balance, periwound skin protection)	020202	
c. Indications and contraindications for compression therapy	020203	
d. Topical therapies (e.g., absorbent dressing, antimicrobials, hydrating dressing)	020204	
e. Factors affecting wound healing (e.g., nutrition, comorbidities, medications, age, pain)	020205	
Skill in:		
f. Implementing interventions to manage wounds (e.g., adjunctive modalities, offloading, protective footwear, callus reduction, total contact casting, hyperbaric oxygen therapy, chemical cauterization)	020206	
g. Applying compression therapy (e.g., dynamic and static compression therapy)	020207	
h. Selecting and applying topical therapies	020208	
<b>Task 3: Recommend and/or perform debridement to promote wound healing. (11.8%; 13 items)</b>	<b>020300</b>	<b>13</b>
Knowledge of:		
a. Types of debridement (e.g., biologic, autolytic, chemical, mechanical, surgical, conservative sharp, excisional)	020301	
b. Indications and contraindications for debridement	020302	
Skill in:		
c. Selecting appropriate debridement modalities	020303	
<b>Domain III: EDUCATION AND REFERRAL (24.5% of exam; 27 items)</b>	<b>030000</b>	<b>27</b>
<b>Task 1: Instruct patients and caregivers by using the individualized skin and wound care plan to prevent complications, maintain optimal skin and wound health, and encourage patient autonomy. (8.2%; 9 items)</b>	<b>030100</b>	<b>9</b>
Knowledge of:		
a. Health literacy	030101	
b. Patient and caregiver goals	030102	
c. Factors supporting wound management (e.g., infection control, lifestyle changes, treatment goals, skin care, nutrition, moisture management, repositioning, tobacco cessation, glycemic control, trauma avoidance)	030103	
d. Transitions of care	030104	
Skill in:		
e. Educating the patient and caregivers on wound care procedures and preventive skin care strategies	030105	
f. Developing plans of care	030106	
<b>Task 2: Instruct other health care clinicians and providers on skin and wound care principles and techniques to promote optimal management and prevent complications. (8.2%; 9 items)</b>	<b>030200</b>	<b>9</b>
Knowledge of:		
a. Factors impeding wound healing (e.g., infection, nonadherence to care plans, edema, malnutrition, excess moisture, immobility, tobacco use, poor glucose control, repetitive trauma, pressure from medical devices)	030201	

## WOCNCB CWCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

b. Patient and caregiver goals	030202	
c. Transitions of care	030203	
Skill in:		
d. Educating health care clinicians and providers on wound care principles, procedures, and preventive skin care strategies	030204	
e. Developing plans of care	030205	
<b>Task 3: Collaborate with other health care professionals and make referrals to support patient-centered care. (8.2%; 9 items)</b>	<b>030300</b>	<b>9</b>
Knowledge of:		
a. Plans of care	030301	
b. Available resources (e.g., support and advocacy, supply access, post-acute care)	030302	
Skill in:		
c. Recommending referrals for other services (e.g., rehabilitation services, nutritionist, diabetic education, podiatry, surgical services, case managers, dermatologist)	030303	

## WOCNCB COCN 2018 DETAILED CONTENT OUTLINE

	<i>Classification</i>	<i>Test Specifications (Items)</i>
<b>Domain I: ASSESSMENT AND CARE PLANNING (32.7% of exam; 36 items)</b>	<b>010000</b>	<b>36</b>
<b>Task 1: Obtain patient health history through interviews, established medical records, and questionnaires to determine the patient's current health and risk status. (6.4%; 7 items)</b>	<b>010100</b>	<b>7</b>
Knowledge of:		
a. Informed consent	010101	
b. Interview processes	010102	
c. Psychosocial factors affecting care (e.g., patient and caregiver ability to learn and perform care, economic implications, education, coping skills)	010103	
d. Surgical procedures (e.g., ileal pouch-anal anastomosis [IPAA], continent reservoir, low anterior resection [LAR], total proctocolectomy, abdominal perineal resection [APR])	010104	
e. Surgical indications (e.g., cancer, inflammatory bowel disease [IBD], necrotizing enterocolitis, trauma, perforation, ischemia)	010105	
f. Specialty population considerations (e.g., neonatal, obstetric, pediatric, bariatric, differently abled)	010106	
Skill in:		
g. Identifying and supporting patient and caregiver goals	010107	
h. Evaluating ability to provide self-care (e.g., manual dexterity, vision, cognition)	010108	
i. Marking and selecting stoma sites (e.g., abdominal contours, clothing choices, pouching options, lifestyle, surgical procedures)	010109	
<b>Task 2: Perform focused assessments to determine current status of ostomies, fistulae, or percutaneous tubes. (7.3%; 8 items)</b>	<b>010200</b>	<b>8</b>
Knowledge of:		
a. Fecal diversion (e.g., colostomy, ileostomy, continent pouch)	010201	
b. Urinary diversion (e.g., urostomy, continent pouch, orthotopic neobladder)	010202	
c. Stomal complications (e.g., prolapse, retraction, necrosis, hernia)	010203	

## WOCNCB COCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

d. Peristomal complications (e.g., mucocutaneous separation, dermatitis, pyoderma gangrenosum)	010204	
e. Surgical complications (e.g., dehiscence, infection, ileus)	010205	
f. Percutaneous tubes (e.g., nephrostomy, gastrostomy, surgical drain)	010206	
g. Fistulae (e.g., enterocutaneous, colcutaneous, vesicocutaneous)	010207	
<b>Task 3: Develop a patient-centered plan of care by using health history and assessments to establish goals for the management of ostomies, fistulae, or percutaneous tubes. (6.4%; 7 items)</b>	<b>010300</b>	<b>7</b>
Knowledge of:		
a. Principles of patient-centered care (e.g., psychosocial issues, access to care and supplies, cultural beliefs)	010301	
Skill in:		
b. Evaluating the effectiveness of the current treatment plan	010302	
c. Setting patient-focused goals	010303	
<b>Task 4: Evaluate the patient-centered plan of care by using periodic assessments to promote optimal ostomy, fistula, or percutaneous tube management. (7.3%; 8 items)</b>	<b>010400</b>	<b>8</b>
Knowledge of:		
a. Containment modalities (e.g., pouches, absorptive dressings)	010401	
b. Skin health and protection (e.g., crusting, skin barrier)	010402	
c. Fluid and electrolyte balance	010403	
d. Medication management	010404	
e. Dietary management	010405	
Skill in:		
f. Interpreting patient responses to interventions	010406	
g. Modifying interventions based on revised patient needs and goals	010407	
h. Interpreting lab values	010408	
i. Utilizing securement techniques	010409	
<b>Task 5: Assess health-related quality of life of patients with ostomies, fistulae, or percutaneous tubes. (5.5%; 6 items)</b>	<b>010500</b>	<b>6</b>
Knowledge of:		
a. Coping mechanisms	010501	
b. Changes in body image	010502	
c. Intimacy issues	010503	
d. Available health care resources (e.g., support and advocacy, supply access, post-acute care)	010504	
Skill in:		
e. Engaging in active listening	010505	
f. Assessing verbal and nonverbal cues	010506	
<b>Domain II: INTERVENTION AND TREATMENT (40.0% of exam; 44 items)</b>	<b>020000</b>	<b>44</b>
<b>Task 1: Recommend and provide interventions to promote optimal management of ostomies. (16.4%; 18 items)</b>	<b>020100</b>	<b>18</b>
Knowledge of:		
a. Colostomy management (e.g., irrigation, closed-end pouches, odor)	020101	

## WOCNCB COCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

b. Ileostomy management (e.g., fluid and electrolyte management, food blockage, medications)	020102	
c. Urostomy management (e.g., mucus, stents, bedside drainage)	020103	
d. Continent diversion management (e.g., intermittent catheterization, irrigation)	020104	
e. Effluent quality, type, frequency, and volume	020105	
f. Complication management (e.g., crusting, cauterization, accessories, convexity)	020106	
g. Stoma types (e.g., end, loop, temporary, permanent)	020107	
h. Bridging systems (e.g., rod, loop)	020108	
Skill in:		
i. Selecting pouching systems and accessories (e.g., evaluation of body contours, stoma construction, patient preference)	020109	
j. Applying pouching systems and accessories	020110	
k. Collecting urine specimens from ileal conduits	020111	
l. Managing stomal and peristomal complications (e.g., crusting, cauterization, accessories, convexity)	020112	
<b>Task 2: Recommend and provide interventions to promote optimal management of fistulae. (13.6%; 15 items)</b>	<b>020200</b>	<b>15</b>
Knowledge of:		
a. Fistulae management	020201	
b. Etiologic factors (e.g., surgery, infection, obstruction, Crohn's disease)	020202	
c. Medications	020203	
d. Nutrition	020204	
Skill in:		
e. Monitoring fluid and electrolyte balance	020205	
f. Applying containment devices (e.g., pouches, absorptive dressings)	020206	
g. Protecting perifistular skin (e.g., crusting, skin barrier)	020207	
<b>Task 3: Recommend and provide interventions to promote optimal management of percutaneous tubes or drains. (10.0%; 11 items)</b>	<b>020300</b>	<b>11</b>
Knowledge of:		
a. Percutaneous tube management	020301	
b. Securement techniques	020302	
Skill in:		
c. Managing complications (e.g., dislodgement, hypertrophic tissue, blockage, leakage)	020303	
<b>Domain III: EDUCATION AND REFERRAL (27.3% of exam; 30 items)</b>	<b>030000</b>	<b>30</b>
<b>Task 1: Instruct patients and caregivers on management techniques to prevent complications and encourage patient autonomy. (10.9%; 12 items)</b>	<b>030100</b>	<b>12</b>
Knowledge of:		
a. Preoperative education (e.g., surgical procedures, lifestyle changes, stoma management, stoma site marking)	030101	
b. Postoperative education (e.g., pouching, activity, intimacy, nutrition, peristomal skin health)	030102	
c. Health literacy	030103	
d. Patient and caregiver goals (e.g., self-care, reliable pouch wear time, activity)	030104	

## WOCNCB COCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

e. Transitions of care	030105	
f. Supply and information resources	030106	
g. Specialty population considerations (e.g., neonatal, obstetric, pediatric, bariatric, differently abled)	030107	
Skill in:		
h. Educating the patient and caregivers on ostomy, fistula, and tube management	030108	
i. Developing plans of care	030109	
<b>Task 2: Instruct other health care clinicians and providers on care principles and techniques to promote optimal management and prevent complications. (9.1%; 10 items)</b>	<b>030200</b>	<b>10</b>
Knowledge of:		
a. Factors affecting optimal ostomy management (e.g., high output, ineffective pouching, peristomal skin injury)	030201	
b. Patient and caregiver goals (e.g., self-care, reliable pouch wear time, activity)	030202	
c. Transitions of care	030203	
Skill in:		
d. Educating health care clinicians and providers on ostomy, fistula, and tube management principles and procedures (e.g., fluid and electrolyte management, medications, nutrition)	030204	
e. Developing plans of care (e.g., supplies, pouching)	030205	
<b>Task 3: Collaborate with other health care professionals and make referrals to support patient-centered care. (7.3%; 8 items)</b>	<b>030300</b>	<b>8</b>
Knowledge of:		
a. Plans of care	030301	
b. Available health care resources (e.g., support and advocacy, supply access, post-acute care)	030302	
Skill in:		
c. Recommending referrals for other services (e.g., rehabilitation services, nutritionist, social services, mental health professional)	030303	

## WOCNCB CCCN 2018 DETAILED CONTENT OUTLINE

	<i>Classification</i>	<i>Test Specifications</i>
<b>Domain I: ASSESSMENT AND CARE PLANNING (35.5% of exam; 39 items)</b>	<b>010000</b>	<b>39</b>
<b>Task 1: Obtain patient health history through interviews, established medical records, and questionnaires to determine the patient's current health and risk status. (7.3%; 8 items)</b>	<b>010100</b>	<b>8</b>
Knowledge of:		
a. Normal micturition and defecation	010101	
b. Interview processes	010102	
c. Urinary incontinence (e.g., stress, urge, reversible, mixed, reflex, functional)	010103	
d. Causes of voiding dysfunction (e.g., medication, pelvic floor changes, hydration status, intake of irritants, infection)	010104	
e. Causes of bowel dysfunction (e.g., motility disorders, trauma, malignancy)	010105	
f. Psychosocial factors affecting care (e.g., patient and caregiver ability to learn and perform care, economic implications, education, coping skills)	010106	

## WOCNCB CCCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

g. Reversible causes of incontinence (e.g., delirium, infection, stool impaction)	010107	
h. Pediatric voiding and bowel dysfunction (e.g., enuresis, encopresis, congenital anomalies)	010108	
Skill in:		
i. Identifying and supporting patient and caregiver goals	010109	
j. Evaluating ability to provide self-care (e.g., manual dexterity, cognition, mobility, environmental factors)	010110	
<b>Task 2: Perform focused assessments to determine continence status. (7.3%; 8 items)</b>	<b>010200</b>	<b>8</b>
Knowledge of:		
a. Urinary incontinence (e.g., stress, urge, reversible, mixed, reflex, functional)	010201	
b. Bowel dysfunction (e.g., constipation, diarrhea, fecal impaction and incontinence, motility disorders)	010202	
c. Etiologies and contributing factors (e.g., diet, fluid intake, obstruction, functional impairment, neurological factors, retention)	010203	
d. Moisture-associated skin damage (MASD) (e.g., incontinence-associated dermatitis [IAD], intertriginous dermatitis [ITD])	010204	
Skill in:		
e. Interpreting voiding/bowel diaries	010205	
f. Interpreting diagnostic test results (e.g., urodynamics, postvoid residual, anorectal manometry and defecography)	010206	
g. Conducting physical assessments (e.g., digital exam, sensory awareness, pelvic exam)	010207	
h. Identifying continence complications (e.g., fungal skin infection, MASD, urinary tract infection)	010208	
<b>Task 3: Develop a patient-centered plan of care by using health history and assessments to establish goals for the management of voiding and bowel dysfunction. (6.4%; 7 items)</b>	<b>010300</b>	<b>7</b>
Knowledge of:		
a. Principles of patient-centered care (e.g., psychosocial issues, access to care and supplies, cultural beliefs)	010301	
b. Management techniques (e.g., continence devices, fluid management, digital stimulation, biofeedback, medication)	010302	
Skill in:		
c. Evaluating the effectiveness of the current treatment plan	010303	
d. Setting patient-focused goals	010304	
<b>Task 4: Evaluate the patient-centered plan of care by using periodic assessments to promote continence and prevention of complications. (8.2%; 9 items)</b>	<b>010400</b>	<b>9</b>
Knowledge of:		
a. Containment modalities (e.g., absorbent pads, fecal diversion systems, urethral inserts)	010401	
b. Skin health and protection (e.g., skin barriers, cleansers)	010402	
c. Medication management	010403	
d. Dietary management (e.g., foods that affect motility, absorption, and bulking)	010404	
e. Catheter management (e.g., external, indwelling, straight)	010405	
Skill in:		
f. Interpreting patient responses to interventions	010406	
g. Modifying interventions based on revised patient needs and goals	010407	

## WOCNCB CCCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

h. Interpreting lab values and diagnostic test results	010408	
<b>Task 5: Assess health-related quality of life of patients with continence issues. (6.4%; 7 items)</b>	<b>010500</b>	<b>7</b>
Knowledge of:		
a. Coping mechanisms	010501	
b. Changes in body image	010502	
c. Intimacy issues	010503	
d. Available health care resources (e.g., support and advocacy, supply access, post-acute care)	010504	
Skill in:		
e. Engaging in active listening	010505	
f. Assessing verbal and nonverbal cues	010506	
<b>Domain II: INTERVENTION AND TREATMENT (37.3% of exam; 41 items)</b>	<b>020000</b>	<b>41</b>
<b>Task 1: Recommend and provide interventions to manage voiding dysfunction and urinary incontinence. (19.1%; 21 items)</b>	<b>020100</b>	<b>21</b>
Knowledge of:		
a. Urinary incontinence (e.g., stress, urge, reversible, mixed, reflex, functional)	020101	
b. Causative factors (e.g., urethral hypermobility, obstruction, bladder irritants, infection)	020102	
c. Device management (e.g., catheters, pessary)	020103	
d. Containment strategies (e.g., absorptive products)	020104	
e. Behavioral strategies (e.g., biofeedback, bladder training, pelvic floor muscle exercise)	020105	
f. Medications	020106	
g. Surgical interventions (e.g., bladder sling, diversion)	020107	
h. Skin care (e.g., cleansers, skin barriers)	020108	
Skill in:		
i. Teaching intermittent catheterization	020109	
j. Applying containment devices	020110	
k. Treating continence complications (e.g., fungal skin infection, MASD)	020111	
<b>Task 2: Recommend and provide interventions to manage bowel dysfunction and fecal incontinence. (18.2%; 20 items)</b>	<b>020200</b>	<b>20</b>
Knowledge of:		
a. Bowel dysfunction (e.g., constipation, diarrhea, fecal impaction and incontinence, motility disorders)	020201	
b. Causative factors (e.g., dietary fluid, obstruction, muscle damage, neurogenic factors)	020202	
c. Device management (e.g., indwelling fecal diversion system)	020203	
d. Containment strategies (e.g., absorptive products, rectal pouch)	020204	
e. Behavioral strategies (e.g., biofeedback, bowel training, pelvic floor muscle exercise)	020205	
f. Medications	020206	
g. Surgical interventions (e.g., sphincter repair, fecal diversion)	020207	
h. Skin care (e.g., cleansers, skin barriers)	020208	
i. Dietary management (e.g., foods that affect motility, absorption, bulking, and flatulence)	020209	
Skill in:		
j. Selecting interventions for dysfunction	020210	

## WOCNCB CCCN 2018 DETAILED CONTENT OUTLINE — CONTINUED

k. Treating continence complications (e.g., fungal skin infection, MASD)	020211	
<b>Domain III: EDUCATION AND REFERRAL (27.3% of exam; 30 items)</b>	<b>030000</b>	<b>30</b>
<b>Task 1: Instruct patients and caregivers on strategies that promote optimal management and prevent complications. (10.0%; 11 items)</b>	<b>030100</b>	<b>11</b>
Knowledge of:		
a. Health literacy	030101	
b. Patient and caregiver goals (e.g., self-care, activity)	030102	
c. Supply and information resources	030103	
Skill in:		
d. Educating the patient and caregivers on voiding and fecal dysfunction management (e.g., emptying maneuvers, bowel and bladder training, skin care, diet modification, management techniques, tobacco cessation)	030104	
e. Developing plans of care	030105	
<b>Task 2: Instruct other health care clinicians and providers on care principles and techniques to promote optimal management and prevent complications. (9.1%; 10 items)</b>	<b>030200</b>	<b>10</b>
Knowledge of:		
a. Patient and caregiver goals (e.g., self-care, activity)	030201	
b. Supply and information resources	030202	
c. Reversible causes of incontinence (e.g., delirium, infection, stool impaction)	030203	
Skill in:		
d. Educating the patient and caregivers on voiding and fecal dysfunction management (e.g., emptying maneuvers, bowel and bladder training, skin care, diet modification, management techniques, tobacco cessation)	030204	
e. Developing plans of care	030205	
<b>Task 3: Collaborate with other health care professionals and make referrals to support patient-centered care. (8.2%; 9 items)</b>	<b>030300</b>	<b>9</b>
Knowledge of:		
a. Plans of care	030301	
b. Available resources (e.g., support and advocacy, supply access, post-acute care)	030302	
Skill in:		
c. Recommending referrals for other services (e.g., rehabilitation services, nutritionist, mental health professional, urology provider, gastrointestinal provider)	030303	



## SAMPLE QUESTIONS – WOUND, OSTOMY, AND CONTINENCE EXAMS

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These sample questions are representative of actual examination questions. Additional study questions are available in the WOCNCB® Self-Assessment Examinations (SAE) at [www.WOCNCB.org/become-certified/test-preparation/self-assessment.php](http://www.WOCNCB.org/become-certified/test-preparation/self-assessment.php). The SAE provides self assessment (or practice) to measure your professional knowledge and prepare you for the actual credentialing examination. The web-based SAEs give you instantaneous scoring and results, along with feedback and references on your answers.

1. The normal appearance of a wound on a patient with leukopenia 5 days following traumatic injury would most likely be
    - A. absence of inflammation.
    - B. hypertrophic scar formation.
    - C. intense erythema at the wound edges.
    - D. excessive granulation tissue in the wound bed.
  2. The most important intervention in the management of chronic venous insufficiency is
    - A. compression.
    - B. revascularization.
    - C. antibiotic therapy.
    - D. wound debridement.
  3. If a patient has full-thickness breakdown on both trochanters and partial-thickness breakdown on the sacrum, which of the following would be MOST appropriate for pressure relief?
    - A. water mattress
    - B. low air-loss bed
    - C. static air mattress
    - D. high density convoluted foam mattress
  4. What is the usual frequency of intubation 6 months following continent ileostomy surgery?
    - A. once daily
    - B. every 2 hours
    - C. 3 to 4 times in 24 hours
    - D. 8 to 10 times in 24 hours
  5. Which of the following is an appropriate behavioral objective for a patient with a new ileal conduit prior to discharge from the hospital?
    - A. Empty pouch.
    - B. Increase intake of orange juice.
    - C. Change appliance without assistance.
    - D. Rinse pouch once a week with vinegar and water.
  6. Which of the following patients requires immediate referral for further work-up?
    - A. a patient with stress incontinence, no residual volume, and no evidence of urinary tract infection
    - B. a patient with reflex incontinence, 50% residual volume, and symptoms of urinary tract infection
    - C. a patient with urge incontinence, low residual volumes, negative urinalysis, and frequency and urgency
    - D. a patient with constant incontinence related to vesicovaginal fistula
  7. The treatment of choice for reflex incontinence and bladder-sphincter dyssynergia is
    - A. bladder retraining.
    - B. indwelling catheter.
    - C. sympathomimetic drugs.
    - D. intermittent catheterization with anticholinergics.
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**ANSWER KEY**

Question	Correct Answer	Content Category	Complexity Level
1.	A	1E (10105)	Application
2.	A	4F (10406)	Recall
3.	B	3E (10305)	Analysis
4.	C	4A (20401)	Recall
5.	A	5A (20501)	Recall
6.	B	1E (30105)	Application
7.	D	2C (30203)	Application

## FOOT CARE EXAMINATION

CFCN®

### EXAMINATION CONTENT – FOOT CARE EXAM

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this examination handbook. The Content Outline will give you a general impression of the examination, and with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis completed in 2014. The job analysis involved development of a survey, distribution of that survey to practitioners and an analysis of the responses. Test specifications for the Certified Foot Care Nurse were developed on the basis of these data.

The Content Outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

**Recall:** The ability to recall or recognize specific information is required.

**Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required.

**Analysis:** The ability to analyze and synthesize information, determine solutions or to evaluate the usefulness of a solution is required.

The entire examination consists of approximately 24 percent *recall* questions, 57 percent *application* questions and 19 percent *analysis* questions. Note: Only generic drug names will be used in the examination.

**Disclaimer:** WOCNCB embraces the latest evidence based practices in our specialty areas, incorporating such evidence into our testing. Exams are updated on a regular schedule. Exam development is a lengthy process, which ensures a quality product and adherence to best practices in testing. Candidates should be aware it is possible to see prior content while tests are updated.

DOMAIN I: ASSESSMENT AND CARE PLANNING (32.5% OF EXAM)	Classification <b>010000</b>	Test Specifications # of Items <b>36</b>
<b>Task 1: Obtain comprehensive patient health history (e.g., current medications, comorbidities, health habits) through interviews, established medical records, and questionnaires to determine the patient's risk factors and current health status (e.g., mental, psychosocial, socioeconomic, cultural). (8.5% of exam; 9 items)</b>	<b>010100</b>	<b>9</b>
Knowledge of:		
a. Medications and alternative therapies (e.g., blood thinners, diabetes, steroids, autoimmune, neuropathic, homeopathy)	010101	
b. Comorbidities and conditions affecting the feet and lower extremities (e.g., vascular disease, neurological disease, diabetes, autoimmune disease, arthritis, trauma)	010102	
c. Factors affecting lower extremity health (e.g., smoking, diet, obesity, activity level, cognitive, socioeconomic, cultural)	010103	
d. Methods for mental health assessment	010104	
e. Functional disabilities (e.g., gait, mobility, balance, visual, cognitive)	010105	
Skill in:		
f. Collecting health history components	010106	
g. Evaluating health history components	010107	

## DETAILED CONTENT OUTLINE – FOOT CARE EXAM — CONTINUED

<b>Task 2: Perform focused lower extremity physical assessments (e.g., pain, integumentary, vascular, musculoskeletal, neurological) to determine current physical status. (9.1% of exam; 10 items)</b>	<b>010200</b>	<b>10</b>
<b>Knowledge of:</b>		
a. Anatomy and physiology of the lower extremities	010201	
b. Methods of pain assessment	010202	
c. Types of pain (e.g., neuropathic, musculoskeletal, vascular)	010203	
d. Compromised skin integrity (e.g., fissures, ulcers, corns, calluses, dermatitis)	010204	
e. Vascular status (e.g., temperature, hair growth patterns, pulses, blanching, capillary refill, rubor, pallor, edema, altered pigment)	010205	
f. Musculoskeletal function of the foot (e.g., range of motion, deformities, strength)	010206	
g. Neurological status (e.g., sensory, motor, autonomic)	010207	
h. Charcot arthropathy	010208	
<b>Skill in:</b>		
i. Performing pain assessment	010209	
j. Differentiating pain types	010210	
k. Palpating pulses (i.e., dorsalis pedis, posterior tibialis, popliteal)	010211	
l. Using a Doppler	010212	
m. Performing ankle-brachial index (ABI)	010213	
n. Interpreting ankle-brachial index (ABI)	010214	
o. Performing monofilament, vibratory, and proprioception tests	010215	
<b>Task 3: Develop an initial patient-centered plan of care using health history and physical assessment information to establish foot care goals. (7.6% of exam; 9 items)</b>	<b>010300</b>	<b>9</b>
<b>Knowledge of:</b>		
a. Patient-centered care	010301	
b. History and physical assessment findings	010302	
c. Appropriate interventions (e.g., treatments, education, referrals)	010303	
<b>Skill in:</b>		
d. Reviewing complete health history and physical assessment	010304	
e. Setting appropriate goals based on identified patient needs	010305	
f. Planning interventions based on patient-centered needs and goals (e.g., cultural, socioeconomic, physical)	010306	
<b>Task 4: Perform ongoing evaluation and modification of the patient-centered plan of care to optimize patient outcomes and promote care goals. (7.3% of exam; 8 items)</b>	<b>010400</b>	<b>8</b>
<b>Knowledge of:</b>		
a. Patient-centered care	010401	
b. Anticipated responses to current interventions	010402	
c. Appropriate modifications based on responses to interventions	010403	
<b>Skill in:</b>		
d. Evaluating patient responses to interventions	010404	
e. Modifying goals based on patient response	010405	
f. Modifying interventions based on revised patient needs and goals	010406	

DETAILED CONTENT OUTLINE – FOOT CARE EXAM — CONTINUED

	<i>Classification Code</i> <b>020000</b>	<i># of Items</i> <b>46</b>
<b>DOMAIN II: PREVENTION, INTERVENTION, AND TREATMENT (41.7% OF EXAM; 46 ITEMS)</b>		
<b>Task 1: Perform preventative care on feet and lower extremities to promote foot health and reduce the risk of complications. (7.1% of exam; 8 items)</b>	<b>020100</b>	<b>8</b>
Knowledge of:		
a. Integumentary system	020101	
b. Skin cleansing guidelines	020102	
c. Skin moisturizers (e.g., humectants, emollients)	020103	
Skill in:		
d. Selecting and applying appropriate skin care products (e.g., cleansers, moisturizers)	020104	
<b>Task 2: Recommend treatment and provide care for dermatological conditions affecting the feet and lower extremities to promote optimal skin health and integrity. (7.9% of exam; 9 items)</b>	<b>020200</b>	<b>9</b>
Knowledge of:		
a. Integumentary system	020201	
b. Signs and symptoms of skin impairments (e.g., blisters, hyperkeratotic lesions, stasis dermatitis, fissures, verucca vulgaris, trauma, tinea pedis, paronychia, maceration)	020202	
c. Skin cleansing guidelines	020203	
d. Skin moisturizers (e.g., humectants, urea, emollients, anti-itch)	020204	
e. Barrier products (e.g., dimethicone, petrolatum, zinc-based product)	020205	
f. Topical treatments (e.g., antiperspirant, antifungal)	020206	
Skill in:		
g. Managing skin impairments	020207	
h. Applying skin care products (e.g., cleansers, moisturizers, medications)	020208	
<b>Task 3: Recommend treatment and provide care for wounds affecting the feet and lower extremities to promote optimal wound management. (9.2% of exam; 10 items)</b>	<b>020300</b>	<b>10</b>
Knowledge of:		
a. Characteristics of wound types (e.g., vascular, neuropathic, traumatic, pressure injuries)	020301	
b. National Pressure Ulcer Advisory Panel (NPUAP) pressure injury staging system	020302	
c. Wagner grading system for diabetic foot ulcers	020303	
d. Appropriate topical treatment to maintain periwound integrity	020304	
e. Wound management (e.g., containment of drainage, eliminating dead space, reducing bioburden, controlling odor, debridement)	020305	
f. Compression therapy (indications and contraindications)	020306	
g. Advanced wound therapy (e.g., electrical stimulation, bioengineered tissue, negative pressure wound therapy, hyperbaric oxygen therapy)	020307	
Skill in:		
h. Selecting dressings and appropriate therapies for wounds	020308	
i. Applying dressings and appropriate therapies to wounds	020309	

## DETAILED CONTENT OUTLINE – FOOT CARE EXAM — CONTINUED

<b>Task 4: Perform nail care and debridement to reduce the risk of injury and promote comfort. (9.1% of exam; 10 items)</b>	<b>020400</b>	<b>10</b>
Knowledge of:		
a. Nail anatomy	020401	
b. Onychopathology (e.g., onychomycosis, onychocryptosis, onychogryphosis, paronychia)	020402	
c. Personal protective equipment (PPE) guidelines	020403	
d. Appropriate nail care debridement tools and equipment	020404	
e. Nail debridement techniques	020405	
f. Instrument disinfectant and sterilization guidelines (e.g., cold sterilization, autoclave)	020406	
Skill in:		
g. Identifying free nail border	020407	
h. Selecting nail care debridement tools and equipment	020408	
i. Using nail care debridement tools and equipment	020409	
<b>Task 5: Implement offloading interventions to prevent or manage injury (e.g., Charcot, ulceration, callus, trauma) and promote foot health. (8.3% of exam; 9 items)</b>	<b>020500</b>	<b>9</b>
Knowledge of:		
a. Appropriate footwear and garments (e.g., shoes, socks, hosiery, inserts)	020501	
b. Offloading modalities to reduce friction and shear and redistribute pressure	020502	
c. Offloading products and devices (e.g., lamb's wool, moleskin, silicone, padding, inserts, shoes, boots, total contact casts)	020503	
d. Wear patterns (e.g., pressure mapping)	020504	
Skill in:		
e. Identifying areas of pressure, friction, and shear	020505	
f. Selecting offloading products and devices	020506	
g. Applying offloading products and devices	020507	
<b>DOMAIN III: EDUCATION AND REFERRAL (25.9% OF EXAM; 28 ITEMS)</b>	<b>030000</b>	<b>28</b>
<b>Task 1: Instruct patients and caregivers on risk factors and foot care guidelines (e.g., hygiene, footwear, daily foot inspections) to prevent complications, maintain optimal lower extremity health, and facilitate patient autonomy. (12.9% of exam; 14 items)</b>	<b>030100</b>	<b>14</b>
Knowledge of:		
a. Comorbidities and conditions affecting the feet and lower extremities (e.g., vascular disease, neurological disease, diabetes, autoimmune disease, arthritis, trauma)	030101	
b. Age-related processes affecting the feet and lower extremities	030102	
c. Health habits affecting the feet and lower extremities (e.g., activity level, exercise, diet, smoking)	030103	
d. Preventive skin care strategies	030104	
e. Appropriate health care-related educational resources (e.g., websites, printed materials)	030105	
Skill in:		
f. Assessing the health literacy of patients and caregivers (e.g., learning style, readiness to learn, barriers to learning, cultural diversity, current understanding)	030106	
g. Educating patients and caregivers regarding important foot and nail care guidelines (e.g., prevention, dermatological conditions, wound management, offloading, managing underlying comorbidities, continued follow-up)	030107	

## DETAILED CONTENT OUTLINE – FOOT CARE EXAM — CONTINUED

<b>Task 2: Collaborate with interdisciplinary health care professionals and make appropriate referrals to optimize patient outcomes and promote care goals. (13.0% of exam; 14 items)</b>	<b>030200</b>	<b>14</b>
<b>Knowledge of:</b>		
a. Roles and responsibilities of specialized health care providers (e.g., vascular specialist, podiatrist, orthopedist, dermatologist, podorthist, orthotist, pain management specialist, diabetes educator, wound specialist, dietitian)	030201	
<b>Skill in:</b>		
b. Communicating with members of the interdisciplinary team	030202	
c. Identifying and accessing programs for specific lower extremity disease processes	030203	
d. Referring patients to appropriate health care providers	030204	

## SAMPLE QUESTIONS – FOOT CARE EXAM

These sample questions are representative of actual examination questions.

- A patient with heel spurs would MOST likely complain of
  - severe pain in the bottom of the foot.
  - itching on the heels.
  - swelling in the heels.
  - moderate pain throughout the foot.
- Assessment of a patient's toenails reveals brittle and massive thickening. These are MOST likely symptoms of
  - decreased circulation.
  - fungal infection.
  - dorsal nail plate trauma.
  - tinea pedis.
- Which of the following skin conditions can be prevented by community education in the proper use of communal washing facilities?
  - tinea pedis
  - skin maceration
  - scabies
  - plantar warts

### ANSWER KEY

Question	Correct Answer	Content Category	Complexity Level
1.	A	1B8	Recall
2.	B	1B10	Application
3.	A	2A8d	Application

## DETAILED CONTENT OUTLINE – WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C)

<b>DOMAIN I: DATA COLLECTION AND DOCUMENTATION</b>	<b>Number of Test Questions</b>
<b>Task 1: Identify wound and skin injury risk factors using medical records and patient/family interview to guide the development of the plan of care.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Pressure injury risk assessment tools (e.g., Braden, Braden Q, Norton)	
b. Factors that affect wound healing and skin health (e.g., medications, comorbidities, abnormal labs, incontinence)	
c. Lifestyle behaviors that affect skin health (e.g., smoking, diet)	
<b>Task 2: Collect objective skin-related and wound-related data to guide the development of the plan of care.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Skin and mucous membrane inspection	
b. Alterations in skin integrity	
c. Medical device-related skin and mucosal alterations	
d. Wound assessment components (e.g., wound measurement tools and techniques, tissue types, periwound characteristics)	
e. Wound characteristics (e.g., classifications, stages, etiologies)	
f. Testing, including rationale (e.g., ankle-brachial index (ABI) testing, monofilament testing)	
<b>Skill in:</b>	
g. Evaluating wound and periwound characteristics (e.g., dimensions, drainage, odor, color, maceration, temperature, delayed wound healing)	
h. Ankle-brachial index (ABI) testing	
i. Monofilament testing	
j. Classifying wound types	
k. Inspecting skin and mucous membranes	
<b>Task 3: Document and report skin-related and wound-related data and interventions to contribute to the development or modification of the plan of care.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Medical terminology related to skin and wound care (e.g., anatomical location, position, and direction)	
b. Components of comprehensive wound documentation (e.g., drainage, wound edges, wound dimensions, cleansing, treatment, patient response)	
c. Situations requiring immediate consultation with certified wound care nurse (CWCN)/licensed independent practitioner (LIP)	
<b>Task 4: Perform ongoing evaluation of patient, skin, and wound using direct observation and other assessment tools in order to ensure an appropriate and effective plan of care.</b>	<b>9</b>
<b>Knowledge of:</b>	
a. Expected wound healing characteristics (e.g., presence of granulation, decreased wound dimensions)	
b. Reportable signs and symptoms of skin deterioration (e.g., medical adhesive-related skin injury (MARS), moisture-associated skin damage (MASD), fungal overgrowth)	
c. Situations requiring immediate consultation with certified wound care nurse (CWCN)/licensed independent practitioner (LIP)	
d. Reportable signs and symptoms of wound-related adverse outcomes and complications (e.g., epibole, hypergranulation, induration, erythema, fluctuance)	



**DETAILED CONTENT OUTLINE – WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C) – CONTINUED**

	<b>Number of Test Questions</b>
<b>DOMAIN II: SKIN AND WOUND CARE</b>	<b>61</b>
<b>Task 1: Implement preventive measures based on patient specific information to promote optimal skin health.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Skin care across the lifespan	
b. pH-balanced skin products	
c. Safe patient handling principles and devices	
d. Pressure redistribution principles and devices	
e. Moisture management (e.g., barrier ointments and creams, containment devices and garments)	
f. Relationships among nutrition, hydration, and skin health	
g. Prophylactic dressing indication (e.g., soft silicone foam, transparent dressing)	
h. Preventive interventions based on risk assessment subscale scores	
i. Edema management indication	
<b>Skill in:</b>	
j. Safe patient handling	
k. Turning and repositioning techniques for pressure redistribution	
l. Applying compression garments, wraps, and devices	
<b>Task 2: Provide wound care for lower extremity wounds (e.g., lower extremity arterial disease (LEAD), lower extremity venous disease (LEVD), lower extremity neuropathic disease (LEND)) by following evidence based practice guidelines to improve patient outcomes.</b>	<b>9</b>
<b>Knowledge of:</b>	
a. Pathophysiology of lower extremity arterial disease (LEAD), lower extremity venous disease (LEVD), lower extremity neuropathic disease (LEND) wounds	
b. Characteristics of and differences among lower extremity arterial disease (LEAD), lower extremity venous disease (LEVD), lower extremity neuropathic disease (LEND) wounds	
c. Periwound skin characteristics for lower extremity arterial disease (LEAD), lower extremity venous disease (LEVD), lower extremity neuropathic disease (LEND) wounds	
d. Normal and abnormal test results related to lower extremity arterial disease (LEAD), lower extremity venous disease (LEVD), lower extremity neuropathic disease (LEND) wounds	
e. Dressings and treatment options for lower extremity arterial disease (LEAD) wounds and periwound skin	
f. Dressings and treatment options for lower extremity venous disease (LEVD) wounds and periwound skin	
g. Dressings and treatment options for lower extremity neuropathic disease (LEND) wounds and periwound skin	
h. Dressings and treatment options for mixed-etiology wounds and periwound skin	
i. Lifestyle behaviors affecting lower extremity arterial disease (LEAD), lower extremity venous disease (LEVD), lower extremity neuropathic disease (LEND) wound healing	
<b>Skill in:</b>	
j. Selecting appropriate dressing category (e.g., hydrocolloid, thin film, foam) based on characteristics of lower extremity wound (within WTA scope of practice)	
k. Applying lower extremity venous disease (LEVD) compression garments, wraps, and devices	

**DETAILED CONTENT OUTLINE – WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C) – CONTINUED**

<b>Task 3: Provide pressure-related injury and wound care by following evidence-based practice guidelines to improve patient outcomes.</b>	<b>9</b>
<b>Knowledge of:</b>	
a. Pathophysiology of pressure-related tissue injuries and wounds	
b. Options for preventing skin/wound deterioration (e.g., support surfaces, devices, positioning)	
c. Characteristics of pressure-related tissue injuries and wounds (e.g., staging/classification according to the National Pressure Injury Advisory Panel (NPUAP) Classification System, partial versus full thickness, undermining, tunneling)	
d. Periwound skin characteristics for pressure-related tissue injuries and wounds	
e. Dressings and treatment options for pressure-related tissue injuries and wounds	
f. Relationship between lifestyle behaviors and the healing/reinjury of pressure-related tissue injuries and wounds	
<b>Skill in:</b>	
g. Selecting appropriate dressing category (e.g., hydrocolloid, thin film, foam) based on characteristics of pressure-related injury/wound (within WTA scope of practice)	
h. Safe patient handling related to pressure-related injury and wound care	
<b>Task 4: Provide medical adhesive-related skin injury (MARS) wound care by following evidence-based practice guidelines to improve patient outcomes.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Anatomy and physiology of normal skin	
b. Risk factors for medical adhesive-related skin injuries (MARS) (e.g., age, comorbidities, lifestyle behaviors)	
c. Methods and products for preventing medical adhesive related skin injuries (MARS)	
d. Characteristics of skin injuries/wounds related to medical adhesives	
e. Periwound skin characteristics for skin injuries/wounds related to medical adhesives	
f. Dressings and treatment options for skin injuries/wounds related to medical adhesives	
<b>Skill in:</b>	
g. Selecting appropriate dressings based on characteristics of skin injury (within WTA scope of practice)	
h. Applying and removing products containing adhesives	
<b>Task 5: Provide care for moisture-associated skin damage (MASD) (e.g., incontinence-associated dermatitis (IAD), intertriginous dermatitis (ITD)) by following evidence-based practice guidelines to improve patient outcomes.</b>	<b>9</b>
<b>Knowledge of:</b>	
a. Pathophysiology of moisture-associated skin damage (MASD)	
b. Risk factors for moisture-associated skin damage (MASD) (e.g., age, BMI, incontinence, tracheostomy, feeding tube, skin folds)	
c. Options for preventing moisture-associated skin damage (MASD)	
d. Characteristics of incontinence-associated dermatitis (IAD)	
e. Characteristics of intertriginous dermatitis (ITD)	
f. Dressings and treatment options for moisture-associated skin damage (MASD)	
g. Relationship between lifestyle behaviors and moisture associated skin damage (MASD)	
<b>Skill in:</b>	
h. Selecting appropriate dressing/topical therapy based on characteristics of moisture-associated skin damage (MASD) within WTA scope of practice	
i. Performing skin inspection techniques	

## DETAILED CONTENT OUTLINE – WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C) – CONTINUED

<b>Task 6: Provide wound care for partial-thickness and full thickness wounds (e.g., surgical wounds, traumatic skin tears, thermal wounds) by following evidence-based practice guidelines to improve patient outcomes.</b>	<b>9</b>
<b>Knowledge of:</b>	
a. Basic wound care principles	
b. Characteristics of partial-thickness and full-thickness wounds	
c. Dressings and treatment options for partial-thickness and full-thickness wounds	
d. Phases of wound healing (e.g., inflammatory, proliferative, maturation)	
e. Adverse outcomes/complications for partial-thickness and full-thickness wounds	
<b>Skill in:</b>	
f. Selecting appropriate dressing category (e.g., hydrocolloid, thin film, foam) based on wound characteristics (within WTA scope of practice)	
g. Applying negative pressure wound therapy	
<b>Task 7: Administer appropriate pharmaceutical and nonpharmaceutical pain management interventions related to wound and skin care in order to optimize patient comfort.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Pharmaceutical interventions for minimizing wound related pain (e.g., premedication, topical, oral)	
b. Non-pharmaceutical interventions for minimizing wound related pain	
c. Relationship between pain and type of wound	
d. Relationship between pain and wound care products/dressings	
<b>Skill in:</b>	
e. Dressing application and removal techniques	

	<b>Number of Test Questions</b>
<b>DOMAIN III: WTA PROFESSIONAL PRACTICE</b>	<b>16</b>
<b>Task 1: Collaborate with certified wound care nurse (CWCN)/licensed independent practitioner (LIP) when patient care needs exceed WTA scope of practice or established protocols.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. WOCN Society WTA Scope of practice	
b. Situations requiring immediate consultation with certified wound care nurse (CWCN)/licensed independent practitioner (LIP)	
c. Licensure scope of practice (i.e., state nurse practice acts, national council of state boards of nursing)	
d. Legal implications associated with exceeding WTA scope of practice	
e. Roles and responsibilities of the certified wound care nurse (CWCN)	
<b>Task 2: Educate patients, caregivers, and other health care professionals on wound care principles in order to promote consistent delivery of care.</b>	<b>8</b>
<b>Knowledge of:</b>	
a. Available skin and wound care resources (e.g., educational resources, supply resources, professional support)	
b. Relationship between lifestyle behaviors and effective self-care of skin and wounds (e.g., nutrition, hygiene, signs and symptoms of infection)	
c. Barriers to effective self-care of skin and wounds	
d. Strategies for educating patients, families, and other caregivers	
e. Strategies for educating other health care professionals	

## DETAILED CONTENT OUTLINE – WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C) – CONTINUED

Skill in:	
a. Communicating with members of the interdisciplinary team	

## SAMPLE QUESTIONS – WOUND TREATMENT ASSOCIATE – CERTIFIED (WTA-C)

These sample questions are representative of actual examination questions. It is recommended you review the Exam Content Outline for subject matter contained on the examination. The examination is based upon this outline and each question will have a cited reference in current evidence-based publications as in the examples below.

1. An oxygen-dependent patient presents with an ulcer to the back of the ear that measures 0.5 cm x 0.2 cm x 0.1 cm with less than 20% slough noted in the wound bed. The remainder is viable tissue. How should this pressure injury be staged?
  - A. Mucosal pressure injury
  - B. Stage II pressure injury
  - C. Stage III pressure injury
  - D. Unstageable pressure injury

### References:

**Book:** Author: R.A. Bryant & D.P. Nix Edited by R.A. Bryant & D.P. Nix, Copyright Date: 2012, Chapter: Glossary, *Title: Acute and Chronic Wounds: Current Management Concepts, 4th edition*, Published by Mosby in St. Louis, MO. Page 133

2. An ankle brachial index of 0.8 is indicative of which of the following?
  - A. Lower extremity arterial disease
  - B. A normal finding
  - C. Severe ischemia
  - D. An abnormally high reading

### References:

**Book:** Author: Bryant, R., & Nix, D. Edited by Bryant & Nix, Copyright Date: 2012, Chapter: Developing and Maintaining a Pressure ulcer Prevention Program, *Title: Acute and Chronic Wounds: Current Management Concepts, 4th edition*, Published by Elsevier, Inc. Page 185.

3. At which stage of the lifespan is skin approximately 13% of the total body weight?
  - A. Premature newborn
  - B. Term newborn
  - C. Adult
  - D. Elderly

### References:

**Book:** Author: Wysocki, A. Edited by Bryant, R., Nix, D., Copyright Date: 2012, Chapter: Anatomy and Physiology of Skin and Soft Tissue, *Title: Acute and Chronic Wounds: Current Management Concepts, 4 edition*, Published by Elsevier Mosby in St. Louis.

### ANSWER KEY

Question	Correct Answer
1.	C
2.	C
3.	A

## EXAMINATION CONTENT

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To begin your preparation in an informed and organized manner, each candidate should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this Examination Handbook. The content outline will give you a general impression of the examination, and with closer inspection, can give specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis, a research study that involved sending surveys to practicing wound, ostomy, and continence nurses. An advisory committee of subject matter experts appointed by WOCNCB® reviewed a summary of the responses of hundreds of nurses. The committee determined the content of the examination by evaluating the practice activities judged by the respondents to be a part of practice and significant enough to warrant inclusion in the examination. The Content Outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

**Disclaimer:** WOCNCB embraces the latest evidence based practices in our specialty areas, incorporating such evidence into our testing. Exams are updated on a regular schedule. Exam development is a lengthy process, which ensures a quality product and adherence to best practices in testing. Candidates should be aware it is possible to see prior content while tests are updated.

**Recall:** The ability to recall or recognize specific information is required.

**Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required.

**Analysis:** The ability to analyze and synthesize information, determine solutions or to evaluate the usefulness of a solution is required.

### DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – WOUND CARE

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#### WOUND CARE (80)

1. Comprehensive Assessment (19)
  - A. Collect the following information related to patient and family history:
    1. Chief complaint
    2. History of present illness
    3. Pain
    4. Past history
    5. Family history
    6. Social, personal, and developmental history
    7. Nutrition
    8. Allergies
    9. Medications
    10. Review of systems
  - B. Perform a problem-focused physical examination by:
    1. Assessing and interpreting wound characteristics
    2. Assessing for indications of infection
    3. Staging pressure ulcers
    4. Assessing pressure ulcers
    5. Assessing lower extremity ulcers (e.g., skin and toenails, sensorimotor status, pulses, and capillary refill)
    6. Assess for foot deformity (e.g., Charcot changes, hammer toes)
  - C. Recommend/order and interpret:
    1. Vascular studies
    2. Radiologic studies (e.g., x-ray, MRI, bone scan, ultrasound)
    3. Laboratory studies
    4. Culture and biopsy
  - D. Risk assessment and goals
    1. Conduct and interpret risk assessment
    2. Identify patient/family goals and factors affecting care
2. Diagnosis (15)
  - A. Differential diagnosis
    1. Determine differential diagnoses
  - B. Use assessment to determine a diagnosis related to altered skin integrity:
    1. Pressure ulcers
    2. Extremity ulcers (e.g., lymphedema, vascular insufficiency)
    3. Diabetic wounds
    4. Traumatic injury wounds
    5. Thermal injuries (e.g., burns, radiation)
    6. Atypical wounds
    7. Surgical wounds
    8. Autoimmune-related wounds
    9. Neoplastic wounds
    10. Allergic reactions
    11. Chemical trauma (e.g., incontinence-associated dermatitis)
    12. Mechanical trauma
    13. Skin infections (e.g., bacterial, fungal)
3. Planning (10)
  - A. Determine wound care management plans
  - B. Determine caregiver skills and access
  - C. Determine educational needs of patient and caregiver
  - D. Determine needed supplies and accessibility
  - E. Determine a plan for follow up care

## DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – WOUND CARE – CONTINUED

4. Implementation (18)
  - A. Health Teaching and Health Promotion
    1. Teach patient and/or caregiver about:
      - a. control of risk factors
      - b. care and prevention strategies (e.g., trauma, foot care)
    2. Provide anticipatory guidance for diagnostic or therapeutic interventions
  - B. Consultation and Coordination
    1. Provide consultation to other medical staff on wound care issues
    2. Coordinate clinical practice to meet patient needs
    3. Coordinate available program services
  - C. Therapeutic Intervention
    1. Recommend or prescribe:
      - a. medications
      - b. topical agents
      - c. cleansing procedures and solutions
      - d. measures to minimize risk of infection
      - e. hydrotherapy or pulsed lavage
      - f. autolytic debridement
      - g. enzymatic debridement (i.e., chemical)
      - h. mechanical debridement
      - i. surgical debridement
      - j. sharp instrument debridement
      - k. chemical cauterization
      - l. pressure, shear, and friction reduction modalities
      - m. hyperbaric oxygenation
      - n. growth factor treatment
      - o. negative pressure wound therapy
      - p. bioengineered tissue products
      - q. compression therapy (e.g., pumps, wraps, stockings)
    2. Recommend or prescribe modalities to:
      - a. eliminate dead space
      - b. reduce bacterial load
      - c. control odor
      - d. contain drainage and/or maintain moist wound surface
    3. Perform:
      - a. sharp instrument debridement
      - b. chemical cauterization
    4. Initiate pain control measures
    5. Manage the following systemic factors that affect wound healing:
      - a. perfusion
      - b. nutrition
      - c. glucose control
      - d. immune compromise (i.e., immunosuppression)
      - e. mobility
      - f. incontinence
      - g. other systemic factors
  - D. Referral
    1. Refer for medical/surgical interventions
    2. Refer patient for consultation with other disciplines
5. Evaluation (9)
  - A. Evaluate effectiveness of treatment (i.e., in relation to patient and provider goals)
  - B. Evaluate cost efficiency of treatment
  - C. Revise the plan of care based on evaluation
6. Evaluation (9)
  - A. Quality of Practice
    1. Participate on a quality/performance improvement (QPI) team
    2. Use QPI data to make decisions about practice
    3. Use QPI data to facilitate organizational policy and procedure changes
  - B. Education of the Health Care Team
    1. Identify learning needs
    2. Design educational programs colleagues
    3. Evaluate the effectiveness of education
  - C. Self Evaluation of Professional Practice
    1. Provide age appropriate care in a culturally and ethnically sensitive manner
    2. Engage in a formal process to seek feedback about practice
    3. Take action to achieve professional goals
  - D. Collaboration and Collegiality
    1. Collaborate with other members of the health care team
    2. Serve as a mentor
  - E. Ethics and Advocacy
    1. Serve as a resource to facilitate ethical decision making
    2. Support team decision making related to ethics
    3. Promote patients' autonomy, dignity, and rights
  - F. Research
    1. Use results from evidence-based literature to:
      - a. validate current wound care nursing practice
      - b. suggest changes to current wound care nursing practice
    2. Participate in clinical research activities (e.g., protocol development, subject selection, data collection, analysis, disseminate results)
  - G. Resource Utilization
    1. Evaluate resource options for efficient delivery of care
    2. Assist the patient in identifying and securing services
    3. Utilize community and organizational resources to enhance the plan of care
  - H. Leadership
    1. Promotes teamwork and healthy work environments within the organization
    2. Influence decision making bodies regarding wound care issues
    3. Promotes the advancement of the profession through participation in professional organizations

## DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – OSTOMY CARE — CONTINUED

### OSTOMY CARE (80)

1. Comprehensive Assessment (17)
  - A. Collect the following information related to patient and family history:
    1. Chief complaint
    2. History of present illness
    3. Pain
    4. Past history
    5. Family history
    6. Social, personal, and developmental history
    7. Nutrition
    8. Allergies
    9. Medications
    10. Review of systems
  - B. Perform a problem-focused physical examination by:
    1. Assessing stomal characteristics
    2. Assessing peristomal characteristics
    3. Assessing continent diversions/neobladder
    4. Assessing fistula characteristics (location; type, source, and volume of output)
    5. Assessing tubes and drains
    6. Assessing current products being utilized
  - C. Recommend/order and interpret:
    1. Radiologic studies
    2. Laboratory studies
    3. Culture and biopsy
  - D. Goals
    1. Identify patient/family goals and factors affecting care
2. Diagnosis (20)
  - A. Differential Diagnosis
    1. Determine differential diagnoses
  - B. Use assessment to determine a diagnosis related to peristomal complications
    1. Allergic dermatitis
    2. Irritant dermatitis
    3. Mechanical trauma
    4. Hernia
    5. Skin infections (e.g., bacterial, fungal)
    6. Pseudoverrucous lesions
    7. Mucosal transplantation
    8. Caput medusa
    9. Atypical complications (e.g. pyoderma gangrenosum, malignancy)
  - C. Use assessment to determine a diagnosis related to stomal complications
    1. Necrosis
    2. Bleeding
    3. Mucocutaneous separation
    4. Prolapse
    5. Retraction
    6. Stenosis
    7. Laceration
    8. Melanosis coli
  - D. Use assessment to determine a diagnosis related to continent urinary diversion complications
    1. Pouchitis
    2. Incontinence
    3. Urinary retention
    4. Urinary tract infections
  - E. Use assessment to determine a diagnosis related to continent fecal diversion complications
    1. Pouchitis
    2. Perianal/peristomal skin alteration
    3. Incontinence
  - F. Use assessment to determine a diagnosis related to fistulas
    1. Etiology
    2. Alteration in skin integrity
    3. Fluid and electrolyte imbalance
3. Planning (9)
  - A. Determine ostomy management plans
  - B. Determine caregiver skills and access
  - C. Determine educational needs of patient and caregiver
  - D. Determine needed supplies and accessibility
  - E. Determine a plan for follow up care
4. Implementation (16)
  - A. Health Teaching and Health Promotion
    1. Customize teaching based on developmental stage, readiness to learn, knowledge level, cultural background, and learning style.
    2. Provide patient education specific to medical diagnosis and surgical procedure
      - a. Medical diagnosis ( e.g. cancer, bowel or urinary dysfunction, genetic & congenital disease, necrotizing enterocolitis)
      - b. Surgical procedure (e.g. colostomy, ileostomy, urostomy, neobladder)
      - c. Pouching procedure (application, removal, emptying)
      - d. Irrigation (colon continence, mucus management)
      - e. Continent stoma intubation
      - f. Clean intermittent urethral catheterization
      - g. Tube management (e.g. irrigation, stabilization)
      - h. Management of retained distal segment of bowel
      - i. Dietary modifications (foods and fluids)
      - j. Changes in absorption of fluids, medications, and vitamins
      - k. Perianal skin care
      - l. Control of incontinence
      - m. Pelvic floor muscle exercises
      - n. Managing activities of daily living
      - o. Provide sexual counseling
      - p. Signs and symptoms requiring follow-up care (e.g. infection, pouchitis, stomal or peristomal complications, bleeding)

## DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – OSTOMY CARE — CONTINUED

- B. Consultation and Coordination
  - 1. Provide consultation to other medical staff on ostomy care issues
    - a. Stoma site marking
  - 2. Coordinate clinical practice to meet patient needs
  - 3. Coordinate available program services
- C. Therapeutic Intervention
  - 1. Recommend or prescribe
    - a. Medications
    - b. Non-prescriptive topical agents
    - c. Products
      - 1) Containment of urine, stool, fistula effluent
      - 2) Odor control
      - 3) Skin protection
    - d. Irrigation (intestine, internal pouch, rectal stump)
    - e. Fluid replacement
    - f. Chemical cauterization
    - g. Replace a gastrostomy tube in an established tract
    - h. Dilation
  - 2. Initiate pain control measures
- D. Referral
  - 1. Refer for medical/surgical interventions
  - 2. Refer patient for consultation with other disciplines
  - 3. Community and internet resources
- 5. Evaluation (9)
  - A. Evaluate effectiveness of treatment (i.e., in relation to patient and provider goals)
  - B. Evaluate cost efficiency of treatment
  - C. Revise the plan of care based on evaluation
- 6. Professional Issues (9)
  - A. Quality of Practice
    - 1. Participate on a quality/performance improvement (QPI) team
    - 2. Use QPI data to make decisions about practice
    - 3. Use QPI data to facilitate organizational policy and procedure changes
  - B. Education of the Health Care Team
    - 1. Identify learning needs
    - 2. Design educational programs
    - 3. Provide education to enhance professional growth of colleagues
    - 4. Evaluate the effectiveness of education
- C. Self Evaluation of Professional Practice
  - 1. Provide age appropriate care in a culturally and ethnically sensitive manner
  - 2. Engage in a formal process to seek feedback about practice
  - 3. Take action to achieve professional goals
- D. Collaboration and Collegiality
  - 1. Collaborate with other members of the health care team
  - 2. Serve as a mentor
- E. Ethics and Advocacy
  - 1. Serve as a resource to facilitate ethical decision making
  - 2. Support team decision making related to ethics
  - 3. Promote patients' autonomy, dignity, and rights
- F. Research
  - 1. Use results from evidence-based literature to:
    - a. validate current ostomy care nursing practice
    - b. suggest changes to current ostomy care nursing practice
  - 2. Participate in clinical research activities (e.g., protocol development, subject selection, data collection, analysis, disseminate results)
- G. Resource Utilization
  - 1. Evaluate resource options for efficient delivery of care
  - 2. Assist the patient in identifying and securing services
  - 3. Utilize community and organizational resources to enhance the plan of care
- H. Leadership
  - 1. Promotes teamwork and healthy work environments within the organization
  - 2. Influence decision making bodies regarding ostomy care issues
  - 3. Promotes the advancement of the profession through participation in professional organizations



## DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – CONTINENCE CARE

### CONTINENCE (80)

1. Comprehensive Assessment (18)
  - A. Collect the following information related to patient and family history:
    1. Chief complaint
    2. History of present illness
    3. Pain
    4. Past history
    5. Family history
    6. Social, personal, and developmental history
    7. Nutrition and fluid intake
    8. Allergies
    9. Medications
    10. Review of systems
  - B. Perform a problem-focused physical examination by:
    1. Assessing cognition
    2. Assessing functional status (e.g., environmental barriers, musculoskeletal [including ambulation], dexterity)
    3. Assessing abdomen
    4. Assessing skin
    5. Urogenital exam – external
    6. Pelvic exam (e.g., pelvic organ prolapse, pelvic muscle strength, infection)
    7. Rectal exam
    8. Neuromuscular testing (e.g., genital sensation, anal wink, bulbocavernosus reflex)
    9. External anal sphincter assessment
  - C. Recommend/prescribe/perform and interpret
    1. bladder and bowel diaries
    2. laboratory studies (e.g., PSA, LFT, CBC, chemistry)
    3. urine studies (e.g., urinalysis, microbiology, 24-hour creatinine clearance, cytology)
    4. post-void residual urine measurement (by catheter or bladder scan)
    5. urodynamics (e.g., cystometry, uroflowmetry, pressureflow, video)
    6. EMG studies
    7. radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound, renal scan, GI transit)
    8. urethral hypermobility testing (Q-tip during vaginal exam)
    9. provoked stress maneuvers (e.g., cough test, paper towel test)
    10. differentiation of urine from vaginal discharge
    11. differentiation of urethral vs. vesico-vaginal urine loss (e.g., pH, pattern, timing, amount, color)
  - D. Risk Assessment and Goals
    1. Conduct and interpret risk assessment for voiding and defecation dysfunction
    2. Identify patient/family goals and factors affecting care
2. Diagnosis (19)
  - A. Determine differential diagnoses
  - B. Use assessment and knowledge of pathophysiology to determine a diagnosis of:
    1. Urinary incontinence
      - a. Transient
      - b. Stress
      - c. Urge (e.g., OAB wet)
      - d. Mixed incontinence
      - e. Retention with overflow (e.g., BOO [anatomic or DSD], Detrusor hypocontractility)
      - f. Reflex
      - g. Nocturnal enuresis
      - h. Functional
      - i. Post-prostatectomy
    2. Other genito-urinary, lower GI dysfunction
      - a. Detrusor hyperactivity with impaired contractility
      - b. Neurogenic bladder with and without detrusor sphincter dyssynergia
      - c. Nocturia
      - d. Urgency/frequency without leakage
      - e. Bladder and pelvic pain syndromes
      - f. Pelvic relaxation syndromes (e.g., urethral/uterine/rectal prolapse, cystocele, rectocele)
    3. Bowel dysfunction
      - a. Constipation
      - b. Fecal impaction
      - c. Fecal incontinence
      - d. Diarrhea encopresis
    4. Incontinence associated dermatitis
    5. Bladder infections (e.g., simple, complex recurrent)
  - C. Manage situations that may warrant medical evaluation or consultation (e.g. high risk for / possibility of syndromes such as):
    1. Urinary calculi
    2. Pyelonephritis
    3. Pelvic organ prolapse
    4. Genito-urinary cancer
    5. Genito-urinary-gastrointestinal fistula
    6. Upper urinary tract damage related to lower urinary tract dysfunction
    7. Patient open to and condition possibly amenable to surgical intervention
    8. Prostatic enlargement
    9. Unexpected neurologic findings
  - D. Manage rehabilitation/cure potential
3. Planning (8)
  - A. Determine continence care management plans
  - B. Determine caregiver skills and access
  - C. Determine educational needs of patient and caregiver
  - D. Determine needed supplies and accessibility (e.g., containment and skin care products)
  - E. Determine a plan for follow-up care

## DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – CONTINENCE CARE — CONTINUED

4. Implementation (16)
  - A. Health Teaching and Health Promotion
    1. Teach patient to foster healthy bladder and bowel habits:
      - a. dietary and fluid management (including bladder irritants)
      - b. emptying maneuvers
      - c. bladder and bowel training program
      - d. skin care - topical treatment for prevention
  - B. Consultation and Coordination
    1. Provide consultation to other medical staff on voiding and defecation issues
    2. Coordinate clinical practice to meet patient needs
    3. Coordinate available program services
  - C. Therapeutic Intervention
    1. Recommend or prescribe and instruct on
      - a. medications (e.g., bladder relaxants, antibiotics, hormonal, bowel)
      - b. surgical evaluation
      - c. toileting programs (e.g., bladder training, scheduled toileting, prompted voiding)
      - d. containment products and devices
      - e. environmental modifications(e.g., bedside commode, urinal, clothing)
      - f. prevention strategies to maintain optimal bowel function
      - g. lifestyle modifications (e.g., diet, fluids, exercise)
      - h. measures to protect skin
    2. Recommend/prescribe/perform and instruct
      - a. pessary fitting and care
      - b. urgency suppression techniques (e.g., quick flicks, distraction)
      - c. catheterization (e.g., clean intermittent, indwelling)
      - d. suprapubic catheter care
      - e. the “Knack”
      - f. pelvic muscle rehabilitation including
        - (1) electrical stimulation
        - (2) biofeedback
    3. Instruct on self-care modalities for bowel dysfunction
      - a. prevention strategies to maintain optimal bowel function
      - b. lifestyle modifications (e.g., diet, fluids, exercise)
      - c. pharmacologic management of bowel dysfunction
      - d. pelvic muscle exercises
      - e. skin protection
      - f. bowel cleansing
      - g. sensory motor re-education (including biofeedback and manometer)
4. Manage the following systemic factors that affect continence:
  - a. Impaired glucose control
  - b. Impaired mobility
  - c. Neuromuscular diseases (e.g., MS, Parkinson’s, SCI)
  - d. Altered nutrition/absorption
  - e. Pain
5. Evaluation (10)
  - A. Evaluate effectiveness of treatment (i.e., in relation to patient and provider goals)
  - B. Evaluate cost efficiency of treatment
  - C. Revise the plan of care based on evaluation
6. Professional Issues (9)
  - A. Quality of Practice
    1. Participate on a quality/performance improvement (QPI) team
    2. Use QPI data to make decisions about practice
    3. Use QPI data to facilitate organizational policy and procedure changes
  - B. Education of the Health Care Team
    1. Identify learning needs
    2. Design educational programs
    3. Provide education to enhance professional growth of colleagues
    4. Evaluate the effectiveness of education
  - C. Self Evaluation of Professional Practice
    1. Provide age appropriate care in a culturally and ethnically sensitive manner
    2. Engage in a formal process to seek feedback about practice
    3. Take action to achieve professional goals
  - D. Collaboration and Collegiality
    1. Collaborate with other members of the health care team
    2. Serve as a mentor
  - E. Ethics and Advocacy
    1. Serve as a resource to facilitate ethical decision making
    2. Support team decision making related to ethics
    3. Promote patients’ autonomy, dignity, and rights
  - F. Research
    1. Use results from evidence-based literature to:
      - a. validate current continence care nursing practice
      - b. suggest changes to current continence care nursing practice
    2. Participate in clinical research activities (e.g., protocol development, subject selection, data collection, analysis, disseminate results)

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**DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – CONTINENCE CARE — CONTINUED**

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- G. Resource Utilization
  1. Evaluate resource options for efficient delivery of care
  2. Assist the patient in identifying and securing services
  3. Utilize community and organizational resources to enhance the plan of care
- H. Leadership
  1. Promotes teamwork and healthy work environments within the organization
  2. Influence decision making bodies regarding continence care issues
  3. Promotes the advancement of the profession through participation in professional organizations

## AP EXAM SAMPLE QUESTIONS<sup>1</sup>

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1. Which of the following vascular tests is the best choice to order when determining the location of the occlusion for surgical intervention?
  - A. Segmental limb pressure
  - B. Pulse volume recording
  - C. Doppler waveform studies
  - D. Skin perfusion pressure
  
2. Which medication, when prescribed for a patient with excessive ileostomy output requires thyroid function tests at baseline and periodically throughout treatment?
  - A. Loperamide
  - B. Diphenoxylate/atropine
  - C. Cholestyramine
  - D. Octreotide acetate
  
3. A 65-year old female reports recent, intermittent, postvoid fullness and difficulty starting her urinary stream. She underwent a mid-urethral sling procedure 2 years ago with no reported voiding problems after surgery. The APN should suspect which condition?
  - A. Cystocele beyond the hymenal ring
  - B. Rectocele at the hymenal ring
  - C. Sling erosion
  - D. Sling infection

<sup>1</sup>Thompson, Donna L.; Gallagher, Diana L. Getting Ready for Certification. WOCNCB<sup>®</sup> Certification: Entry-Level and AP-Level Examinations: Higher Expectations for Higher Level of Recognition. *J. Wound, Ostomy & Continence Nursing*. 2012;39(3):328–330. Used with Permission.

### ANSWER KEY

Question	Correct Answer	Content Category	Complexity Level
1.	A.	1C Task 3	Recall
2.	D.	4C Task 3.1a	Application
3.	A.	2B Task 2.2f	Analysis







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