

Setting a Leadership Standard for Wound, Ostomy and Continence Care: The Importance of the CETN(C) Title as Certification for Specialized Registered Nurses

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Wound, ostomy and continence tri-specialty care is a challenging yet rewarding field of practice. Individuals receiving care, however, may be confused by the specific role and academic preparation of any individual nurse. It becomes even more difficult to sort out the role and competency of the different providers as they increase over episodes of care. Professional colleges are responsible for identifying a nurse's specific scope of practice; however, members of the public may not have the resources or interest to review each health-care provider's licensing standards.


The educational preparation of clinicians involved in wound, ostomy and continence care is differentiated into continuing education, post-graduate courses, workshops and foundational knowledge obtained during each program. It is foundational education that forms the basis of any particular professional licence. Scope of practice is defined by regulatory bodies, which differ in regions and countries. Though extended education may be considered by regulatory bodies in some regions in special circumstances, this is not universal, and clinicians should consult

with their own regulatory body to determine any effect of educational advancement on their scope of practice.

The Canadian Association for Enterostomal Therapy (CAET) has long recognized that a standardized expectation of knowledge is required for effective wound, ostomy and continence leadership and care provision. Such standardized expertise and knowledge have been found to be beneficial, improving outcomes and reducing costs when an enterostomal therapy nurse (ETN) is involved.¹ Standardization of expertise ensures development of strong local programs and provides consistently high standards of effective care while decreasing patient and provider confusion. The Canadian Nurses Association (CNA) certification process provided a natural vehicle to develop such a standard in partnership with the CAET.

Certification

In 1990, the CNA, which is currently the only body officially recognizing nursing specialties eligible for certification in Canada, began a process to formalize nursing specialization that would be transferrable across health-care settings, and



provinces and territories. The process of CNA certification involves evaluating and acknowledging a national program that can be recognized across the country. One of the most important effects of certification is to reduce role confusion and clarify terminology related to the expert clinician. Other benefits include recognition of specialized knowledge by colleagues, employers and patients. The completion of the ETN certification has been described as a source of pride for the recognition of knowledge and skills.

Certification is defined by the American Board of Nursing Specialties as “the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.”² Notably, *certification* is a separate term from *licensure*, which provides the legal authority for an individual to practise professional nursing. It is also separate from the term *specialty nursing practice*, which concentrates on a specific aspect of clinical nursing. Such specialty nursing focus may be related to age (such as gerontology), a specific issue (such as infection prevention and control), disease process (such as cancer) or a particular practice setting (such as community health).³

Terminology

Importantly, distinction is to be made between nurses working in specialty practice and those who have advanced to clinical nurse specialist. Another title for clinical nurse specialist is advanced practice nurse, and these positions

require a master’s or doctoral degree in nursing combined with expertise in a clinical specialty.⁴ Furthermore, certain titles are protected by legislation: for example, doctor, registered nurse, physiotherapist, occupational therapist, and registered or licensed practical nurse. Certification is a separate entity from these terms, providing clear and formal recognition for specialized knowledge, skills and experience beyond licensure.

Note that members of a regulatory college are not generally allowed to call themselves a “specialist” in any area of practice unless this is clearly stated by regulation or policy. The term *specialist* is often confusing for providers and patients alike. Generally specialist titles are used in areas in which a practitioner is registered, and so cannot be used just because the name fits a clinical practice area.⁵ Specialty titles must refer to certifications reflective of significant skills and learning accomplished. Certification is earned by the criteria explained on page 26.

With so many terms, it is perhaps not surprising that there is frequent confusion among nurses and administrators on what is required to attain the specialist role. Certification provides a formal recognition process that clearly defines those with expertise. This approach may be especially important in Canada, where nursing licensure is a provincial responsibility that differs across 10 provinces and three territories, each with its own nursing licensing body. To date, these provincial nursing bodies oversee general and extended class nursing licensing but do not provide a means for Canada-wide credentialing or specialized nursing certification.

Steps Toward CNA Certification

To attain CNA certification, specialty areas must follow this three-step process:

1. The group must be recognized by the CNA as a specialty.

CAET members were officially recognized by the CNA for their nursing specialty first in 2007, and then, after reassessment, they achieved a second recognition in spring 2017.

All registered nurses working in specialty practice areas must continue to adhere to the overall licensure, education and practice requirements of their respective provincially or territorially registered nursing regulatory body. Subsequently, the following nine criteria must be met to be defined as a nursing specialty practice area:³

Health-Care System Need and Demand: There must be a significant and evidence-based Canadian population need and demand for the specialty practice, thus requiring nurses with specific knowledge and skills.

Specialized Function: The specialization must represent an identifiable field of nursing practice that requires specific additional knowledge, skills and judgement that is distinct from other clinical nurse practice areas.

Specialty Association: The specialty practice is organized and represented by a national Canadian specialty association (who are members of or are eligible to become members of the CNA's Canadian Network of Nursing Specialties).

National Representation: There must be nurses from four or more provinces or territories who are members of the specialty association.

Standards of Practice: Standards define the specialty nursing practice and aim to foster continuing competence in the specialty as a prerequisite for the delivery of safe, ethical care. The standards aim to inspire excellence in practice and commitment to the ongoing development of that specialty of nursing. These standards are reviewed every two years to reflect current practice.



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Specialty Core Competencies: The specialty association has defined specialty nursing competencies, within a Canadian context, associated with the practice standards, which are beyond the expectations of general nursing practice.

Core Knowledge: The specialty has a well-derived nursing knowledge base, specific to the practice of the specialty, beyond what is learned in general nursing education and training.

Education: Specialty practice advanced knowledge and skills are gained through a Canadian accredited educational program (where available) that is based on the specialty core competencies and knowledge, providing education beyond what is obtained through general nursing education. Likewise, specialized nurses in a practice area are expected to engage in specific continuous learning to maintain their specialty practice competence.¹

Advancement of the Nursing Specialty:

Specialty practice associations strive to advance nursing practice and promote nursing excellence through leadership, advocacy, research and knowledge translation in their respective field. Formal mechanisms are in place to support, review and disseminate research.

Certification: Certification is available to acknowledge the specialty practice as an objective and reliable method of affirming a nurse's specialized skills, knowledge and ability to meet the designated Canadian standards and competencies of a given specialty.

2. A CNA certification exam must be developed from identified subject competencies.

A competency is an expected level of performance that integrates knowledge, skills, abilities and judgement that can be defined, measured and evaluated.

An exam in ETN in the field of wound, ostomy and continence care was developed. This exam measures a candidate's knowledge and skills against standards set by experts in the specialty of ETN. There is an established process in developing this certification exam by engaging national

experts in ETN from all geographic regions of Canada to develop competencies.

The ETN certification examination questions follow very specific competency-based criteria and were developed by groups of experienced ETNs representing all regions of the country, levels of education (baccalaureate and master's) and fields of practice (adult, pediatrics, wound, ostomy, continence, education, research, clinical, administration). The exams are offered in both official languages and are rigorously validated by subject matter experts from across Canada.

CNA experts trained these experienced ETNs to write examination questions. The ETN Examination Committee developed a blueprint of the number and type of questions and the pass mark. These experts collaborate with testing and measurement consultants, which ensures reflection of the latest evidence-based practices.

The Canadian ETN competencies are available online at the CNA Nurse One website:

<http://nurseone.ca/en/certification/what-is-certification/competencies-per-specialty-area-enterostomal-therapy-nursing>.

3. It must be determined that the individual is eligible for certification.

For ETNs to achieve the CETN(C) credential, they must meet the eligibility requirements, and the candidate must then successfully write the exam.

ETN Certification Today

After much demanding work, an in-depth program analysis and a criteria review, in 2009, enterostomal therapy nursing became the 19th nursing specialty to be awarded specialty certification from the CNA. This means that the credential CETN(C) or CNA-certified ETN is a protected certification credential reflecting a pre-determined nationally recognized standard. The executive, board and members of the CAET believe that this certification ensures the public and our clinical partners that the holder of this credential has the knowledge and skills to develop programs and care for patients with complex wound, ostomy and continence issues.

The CAET is extremely proud to announce that one-third of their ETN members in Canada have become certified.⁷ The future target is that 100% of ETNs will be CNA-certified, to demonstrate their outstanding skills and expertise. The individual's certification is valid for five years, after which recertification is obtained by re-examination or through a CNA points-based system derived from continuing education, program or project development, research, publication, teaching, involvement in professional organizations and academic education. The candidate must continue to be eligible and an RN in good standing.

Today, the CNA ETN certification in the tri-specialty of wound, ostomy and continence provides a national certifying examination based on competencies designed for graduates of World Council of Enterostomal Therapist (WCET) enterostomal therapy educational programs, which include the CAET Academy ETNEP program. Certified ETNs are recognized nationally for their practice, excellence and commitment to lifelong learning. CNA certification is valued by employers because it

demonstrates specialized knowledge that brings many benefits and consistent outcomes to organizations. This credential is widely viewed as having enhanced professional credibility.⁶

For further information on ETN certification, please email the CAET at office@caet.ca.

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UNCOVERING HIDRADENITIS SUPPURATIVA

Dr. Shear, Dr. Tran and Dr. George discuss Hidradenitis Suppurativa.



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Q. WHAT IS HS?

A. Hidradenitis Suppurativa (HS) is a chronic, painful, inflammatory skin disease which affects 1-4% of the general adult population.^{1,4} It is characterized by boils usually occurring where certain sweat glands are located, such as under the breasts, buttocks and inner thighs. The boils can develop and connect, forming draining sinuses which discharge foul-smelling pus.^{1,2,4}

Q. WHAT CAUSES HS?

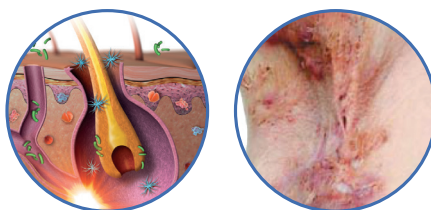
A. The cause of HS is unclear. It is thought that certain genetic markers and defects within hair follicles are at the root of the disease.² Risk factors include smoking and obesity.¹ About one-third of patients report a family history of HS.¹ HS has been reported to co-occur with several comorbid conditions—mostly, inflammatory bowel disease.¹

Q. HOW DOES HS IMPACT QUALITY OF LIFE?

A. HS is often undiagnosed or misdiagnosed.^{2,3,4} It interferes with social interactions, job performance and intimate relationships—often leading to isolation.¹ It is painful and causes embarrassment.¹

Q. DO PEOPLE SUFFERING FROM HS GO TO THE ER FOR TREATMENT?

A. People with HS come to the emergency room in severe pain and discomfort requiring assistance with the draining of the boils during a flare-up.⁴ It's not unusual for patients to go home undiagnosed.⁴



Q. IS THERE A CURE FOR HS?

A. There is currently no cure for HS.^{4,5} Early diagnosis and proper management is important for a patient's quality of life.¹ The first step for those with HS is to speak to their dermatologist to get an accurate diagnosis.¹

Q. HOW CAN HS BE TREATED?

A. Medical treatments for HS have included antibacterial washes, topical clindamycin, various systemic antibiotics, hormonal therapies, systemic retinoids, laser treatment, intralesional steroid injections and biologics.³ Surgical de-roofing or wide excision procedures have long been the definitive treatment for severe HS.³ There is no guarantee that HS will not recur in the previously excised areas.³

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