



## Expectations Related to Clinical Experience

### Levels of Wound Care Expertise

In addition to creating and/or collecting the contents of the 'Toolkit', which serves as a basis for evidence-informed skin and wound care delivery across the South West Local Health Integration Network (LHIN), Program members deliberated over the qualifications of those interdisciplinary professionals involved in the assessment and management of people with skin and wound care issues. It is recognized that not only do different members of the integrated team hold differing types of knowledge and skills dependent on their specialty, but that each member of the same profession have different levels of experience, knowledge, skill, and judgment. For example, some nurses will be competent to assess the wound and change the dressing, but not to take a leadership role in determining the causative intrinsic, extrinsic, and iatrogenic factors affecting wound healing, formulating a plan of care to address these, and collaborating with the various individuals needed for the integrated team approach.

Benner describes health care disciplines as not being merely "applied fields" due to practices being complex, varied, and undetermined<sup>1</sup>. Good care requires astute clinical judgment informed by experience, scientific evidence, and technological development that can be applied to the specific situation. Experiential learners are engaged, open, and responsive and don't use a 'cookie-cutter' approach to wound care. Excellent skin and wound care requires the practitioner to recognize the incremental changes in signs and symptoms, and responses to appropriate treatments in order to make good clinical decisions, regardless of the discipline.

Program members have attempted to describe and quantify levels of skin and wound care expertise using the Dreyfus Model of Skill Acquisition<sup>2</sup>, incorporating Benner's definitions regarding levels of proficiency, and combining both with Orsted's model for wound care<sup>3</sup>. However, expertise in skin and wound care also requires a very deliberate educational component. These may include industry produced modules that are presented as seminars, e-learning offerings from Wounds Canada, resources developed for specific assessments, clinician-created and recorded presentations, workshops, courses that provide certificates, and Master's level university degrees. The Program members have incorporated formal and informal wound care education into the model in order to plan the educational programming that will be needed in order to sustain the South West Regional Wound Care Program (SWRWCP) across the sectors regionally. It is an expectation that organizations/agencies will have policies and procedures around competencies and scope of practice to support clinicians beyond what this 'Toolkit' of resources offers.

The intent of this document is to create a tool that can be used to identify whether there are gaps in knowledge, skills and expertise within agencies and organizations regarding skin and wound care, and to match knowledge and experience with components of educational programs. Similar to the original intent of the Dreyfus model, it can help to define a desired level of competence that could be integrated into performance appraisal tools, to support the development of educational programs that accommodate varying learning needs and styles, that sustain progress in skill development, and that identify individuals who are capable of mentoring others.



## Competency in Skin and Wound Care

Adapted from Benner<sup>1</sup>, Dreyfus<sup>2</sup>, and Orsted<sup>3</sup>

Knowledge	Standard of Practice	Professional Autonomy	Coping with Complexity	Perception of Context	Components of Wound Care Knowledge to Achieve this Level	Academic Education to Achieve this Level
<p><b>Novice</b></p> <p>These inexperienced healthcare professionals function at the level of instruction from undergraduate school. They are unable to make the leap from the classroom lecture to individual people. Often they apply rules learned in undergraduate school to all people and are unable to discern individual person needs. These healthcare professionals are usually new graduates, or those whom have returned to the workplace after a long absence and are re-educated in refresher programs, and have no experience in the situations in which they are expected to perform.</p>						
<p>Minimal, or 'textbook' knowledge without connecting it to practice.</p> <p>New to skin and wound care practices.</p> <p>Becoming familiar with expectations, agency policies, and the work setting.</p>	<p>Unlikely to be satisfactory unless closely supervised.</p> <p>Able to collect information.</p>	<p>Needs close supervision or instruction.</p> <p>Needs assistance in sorting information, setting priorities, and making decisions.</p>	<p>Little or no conception of dealing with complexity.</p> <p>Must be able to recognize signs and symptoms of wound infection and deterioration when seeing people with wounds independently.</p>	<p>Tends to see actions in isolation.</p> <p>Staff that is new may be in the novice level for the first four-six weeks post-graduation.</p>	<p>Minimal or 'textbook' knowledge regarding wound care and prevention.</p>	<p>Undergraduate healthcare professional student or new graduate.</p>



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<p><b>Advanced Beginner</b>            These healthcare professionals are able to translate some didactic and clinical learning principles to individual people, but often lack the real life experiences that differentiate individual people.</p>						
<p>Working knowledge of key aspects of practice.</p> <p>Familiar with basics of skin and wound care through education and mentoring opportunities.</p>	<p>Straightforward tasks likely to be completed to an acceptable standard.</p> <p>College of Nurses (CNO) Standards of Practice – ensures that practice is based in theory and evidence and meets all relevant standards/guidelines; assesses/describes the situation of a person with a wound using a theory, framework, or evidence-informed tool; identifies abnormal or unexpected responses of the person with a wound and takes action appropriately.</p>	<p>Able to achieve some steps using own judgment, but supervision needed for overall task.</p> <p>May still need some advice and guidance in complex situations, including criteria for referrals to members of the integrated team including Wound Care Specialist.</p>	<p>Appreciates complex situations, but only able to achieve partial resolution.</p> <p>Is competent in taking steps to prevent skin breakdown, in recognizing signs and symptoms of infection in surgical and other wounds; understands rationale for swabs for culture and sensitivity (C&amp;S).</p>	<p>Sees actions as a series of steps.</p>	<p>SWRWCP “Initial Wound Assessment Form”, “Braden Scale for Pressure Ulcer Risk”, wound measurement, wound assessment, outcomes measurement tools, % reduction in wound size over time, signs and symptoms of wound infection, Levine Method of swab for C&amp;S, principles of aseptic technique as applies to the care setting, wound cleansing principles, pain assessment and management.</p>	<p>Licensed healthcare professional.</p>



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<p><b>Competent</b>            These healthcare professionals are able to plan and care for people on an individual basis following a plan of care or the lead of a more experienced healthcare professional. Competent healthcare professionals are able to provide safe care, but are not looked upon as formal or informal leaders. Their decision-making abilities usually consist of individual circumstances and rarely are they able to see how one situation affects the ‘big picture’.</p>						
<p>Good working and background knowledge of area of practice.</p> <p>Comfortable providing skin and wound care as above with additional knowledge, skills and judgment including: selection of the correct method of cleansing wounds; ability to complete a lower leg assessment [EXCLUDING Ankle Brachial Index (ABI) measurement]; competent in providing consistent and correct application of compression therapy as per agency/organizational policies, procedures and competencies; understands the classifications of wound dressings and the indications for</p>	<p>Fit for purpose, although may lack refinement.</p> <p>Adheres to the CNO Standards of Practice plus: recognizes limits of practice and consulting; plans approaches to providing care with the person; creates plans of care that address the person’s needs, preferences, wishes, and hopes; uses best practice guidelines to address person concerns and needs.</p>	<p>Able to achieve most tasks using own judgment.</p> <p>Utilizes evidence-informed wound care resources in creating treatment care plans.</p> <p>Develops care plans involving the person with a wound and family teaching and self-care.</p> <p>Recognizes need to seek guidance from a wound care resource or Wound Care Specialist based on wound assessment.</p>	<p>Copes with complex situations through deliberate analysis and planning.</p> <p>Makes appropriate referrals to physicians, Wound Care Specialists and other members of the integrated team.</p>	<p>Sees actions at least partly in terms of longer-term goals.</p> <p>Creates care plans using critical thinking skills; sees the person with a wound more holistically.</p>	<p>As above plus: SWRWCP “Interdisciplinary Lower Leg Assessment Form” (NOT ABI); principles of compression bandaging; advanced wound dressing classifications and indications; topical negative pressure wound therapy; wound infection treatment; effect of co-morbid factors on healing (healability); debridement (how/who/where/when); “Nestle Mini Nutritional Assessment Form”; can ‘treat the cause’ (Best Practice Guideline’s); understands etiology, key interventions, elements of teaching to improve self-care.</p>	<p>May have received academic and clinical preparation in the area of wound management and prevention.</p>



their use; is competent in matching dressings to wound characteristics.						
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<p><b>Proficient</b>            The proficient healthcare professional frequently is able to assume clinical lead duties and lead a group of healthcare professionals in clinical practice. They are frequently able to manage care of several people without direct supervision. These healthcare professionals provide formal and informal leadership to the interdisciplinary team, and are often the healthcare professionals that are called upon by the less experienced to provide assistance.</p>						
<p>Depth of understanding of the discipline and area of practice.</p> <p>Is expertly positioned with knowledge, skills and judgment to care for people with heavily resourced, consuming wounds and mentor other healthcare professionals to increase their own knowledge and skills regarding these wounds.</p>	<p>Fully acceptable standard achieved routinely.</p> <p>CNO Standards of Practice as above plus:            Manages multiple nursing interventions simultaneously; evaluates/described the outcomes of specific interventions and modifying the plan/approach; identifies and addresses practice related issues and integrates research findings into professional service and practice.</p>	<p>Able to take full responsibility for own work (and that of others where applicable).</p> <p>Learns from experience.</p> <p>Uses conscious, deliberate, analytic problem solving techniques.</p> <p>Supports and provides preceptorship opportunities.</p> <p>Can bridge the knowledge gap between the novice healthcare professional and the expertise of the Wound Care Specialist by providing resource, coaching and consultative support to other health care professionals.</p>	<p>Deals with complex situations holistically.</p> <p>Decision-making more confident.</p> <p>May perform ABI measurement for individuals with lower leg ulceration, in conjunction with a lower leg assessment where agency/organizational policies, procedures and competency testing exist.</p> <p>RN may perform conservative sharp (instrumental) debridement of non-viable tissue, including paring of corns/callouses where agency/organizational policies, procedures and competency testing exist.</p>	<p>Sees overall 'picture' and how individual actions fit within it.</p> <p>Understands skin, wound, and ostomy care problems in terms of long term, flexible goals.</p> <p>Functions as a resource in wound care clinical practice and in educating peers.</p> <p>Recognizes the value of belonging to a professionally recognized wound care association which promotes the advancement of wound care practice, education, research and management.</p>	<p>As above plus:            conservative non-viable sharp debridement; ABI and initiation of compression based on lower leg assessment for non-complex leg ulcers; criteria for adjunctive therapy; criteria for interdisciplinary referrals.</p>	<p>Has received academic and clinical preparation in the area of wound management such as: Completion of Wounds Canada's 'Changing Practice through Applied Knowledge' workshop or Registered Nurses Association of Ontario's (RNAO) Wound Care Institute; RPNs who have taken the International Interdisciplinary Wound Care Course (IIWCC); RNs who have taken the IIWCC <b>without</b> any element of clinical mentorship or preceptorship such as through the RNAO Advanced Practice Clinical Fellowship (APCF),</p>



						or the Canadian Association of Enterostomal Therapy (CAET) Knowledge to Practice (K2P) Competency Builder Courses.
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<p><b>Expert</b>            “The expert performs their duties without thinking; they react automatically to situations and are often ‘thinking ahead’ during a situation. They frequently are formal leaders and are called upon to provide clinical expertise to other staff members. Many times experts are able to function seemingly ‘without thinking’ as their abilities seem to others to come as second nature.”</p>						
<p>Authoritative knowledge of the discipline and deep tacit understanding across area of practice.</p> <p>Expertly positioned with knowledge, skills, and judgment to care for people with heavily resourced, consuming wounds, and mentor other healthcare professionals to increase their own knowledge and skills regarding wounds.</p> <p>Supports quality healthcare through teaching, mentoring, program development and quality monitoring.</p> <p>Familiar with the research process, and may have conducted research in the area of wound management.</p>	<p>Excellence achieved with relative ease.</p> <p>CNO Standards of Practice as above plus: analyzes and applies a wide range of information using a variety frameworks or theories that result in a global approach and creative solutions; anticipates and prepares for possible outcomes by analyzing all influences; identifies a full range of options based on a depth and breadth of knowledge; creates comprehensive and creative plans of care that reflect the complexity of person needs regardless of complexity and predictability; analyzes and interprets unusual person responses; evaluates theoretical and research based approaches for</p>	<p>Able to take responsibility for going beyond existing standards and creating own interpretations.</p> <p>Consultation in wound management.</p> <p>Initiation and participation in product evaluation of new wound care products.</p> <p>Seeking of opportunities to participate in approved clinical research studies.</p> <p>Develop/utilize best-practice protocols and care maps as a member of the integrated team.</p> <p>Recognizes the team is an integral part of their own effectiveness, and has the ability to orchestrate collaboration of care among team members.</p>	<p>Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease.</p> <p>Learns to recognize subtle physiologic changes.</p> <p>This expert health care provider’s competencies and skills include aall in the previous levels, plus: assessment of etiological and external factors, wound status, nutritional status, ABI measurement for individual with lower leg ulceration, sensorimotor assessment for individuals with diabetic/neurotropic foot ulcers, causative factors of pressure injuries, and inflammatory ulcers.</p> <p>Recommendation of interventions to correct</p>	<p>Sees overall 'picture' and alternative approaches; vision of what may be possible. Has a holistic approach to the “whole person” assessment and care planning and role of integrated team.</p> <p>Promotes excellence in care by exercising evidence-informed and innovative best practice.</p> <p>Facilitates the appropriate and efficient use of human and healthcare product resources.</p>	<p>As above plus: ABI and initiation of compression based on lower leg assessment for complex and leg ulcers.</p> <p><b>Enterostomal Therapists</b> have a comprehensive list of competencies that were developed as part of the Canadian Nurses Association (CNA) certification process, based on the core curriculum of the Enterostomal Therapy (ET) educational program. These include: Skin integrity, wound principles, wound types, ostomies, fistulas, tubes, incontinence, assessment management, fistulas, percutaneous tubes and drains, and continence. There is now an ETN Certification exam through the CNA which is optional.</p> <p>The Master’s level</p>	<p>The Wound Care Specialist is an RN who has received academic and clinical preparation in the area of wound management from a recognized educational program such as the CAET’s Nursing Education Program (ETNEP) or other ETNEP program whose educational domains include wound care management; Western University’s MCISC Wound Healing program; The University of Toronto’s IIWCC <b>PLUS</b> a mentorship/ preceptorship such as through the RNAO APCF;</p> <p><b>Or</b></p>



<p>May have authored in peer reviewed, high impact publications.</p> <p>Has a clinical practice which is dedicated 50% or greater to wound care management.</p> <p>Recognizes the value of belonging to a professionally recognized wound care association which promotes the advancement of wound care practice, education, research and management.</p>	<p>application to practice.</p> <p>Functions as a consultant in skin and wound care.</p>		<p>etiologic and external factors.</p> <p>Utilizing evidence-informed research and review of the literature.</p> <p>Making or recommending referrals to the appropriate integrated team members.</p> <p>Application of specialized knowledge and expertise which contributes to the care and educational support of those people with draining wounds and fistulae, compression therapy where appropriate, at risk of compromised skin integrity, and of acute and chronic wounds.</p> <p>Coordinates specialty care to reduce re-admission or duplication of services.</p>		<p>programs offer various educational curriculum:</p> <p>Western University's <b>MCISc Wound Healing</b> program is designed to provide a graduate level, inter-professional program on the development of specialized clinical skills and research methodology needed to assess and treat people with chronic wounds. Participants develop and practice knowledge, skills, and behaviors needed to support and foster best practices in wound care, appreciate roles of the integrated wound care team members, and obtain research skills that will facilitate critical appraisal of research literature and active participation in wound care research.</p> <p>Cardiff University's <b>MSc/PgDip/PgCert Wound Healing and Tissue Repair</b>: The aim of the course is to enable individuals to explore and analyses existing and developing</p>	<p>University of Toronto MScCH in Wound Healing, <a href="http://www.phs.utoronto.ca/MScCH_WPC.asp">http://www.phs.utoronto.ca/MScCH_WPC.asp</a></p> <p><b>or</b></p> <p>The MSc/PgDip/PgCert Wound Healing and Tissue Repair, Cardiff, Wales, <a href="http://www.whru.co.uk/">http://www.whru.co.uk/</a></p> <p><b>Or</b></p> <p>Master's prepared Advanced Practice Nurse (APN) who has received formal education in skin and wound care.</p>
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					<p>theories and concepts that underpin wound healing and tissue repair facilitating professional and personal growth, building upon the individual's wide range of educational and vocational experience and developing their ability to become life-long learners.</p> <p>University of Toronto's <b>MScCH: Wound Prevention and Care (WPC) program:</b> Training for clinicians to convey new approaches effectively to their colleagues and students. Health practitioners who graduate from the program will have enhanced their professional leadership and teaching skills with a comprehensive understanding of public health, and their specific specialty areas. The program emphasizes critical, analytic, interpretive and scholarly skills. Furthermore, this program will help develop professional models for improved</p>	
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					integrated team practice and education spanning clinical, community and public health.	
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### References

- 1 Benner P. (1984). From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Menlo Park, California: Addison-Wesley Publishers, Menlo Park California. Retrieved from: <http://www.slideshare.net/PaulRoppFL/nu602-unit2-assignment-patricia-benner>. Accessed December 2, 2010.
- 2 Dreyfus SE, Dreyfus HL. (February 1980). A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition. Washington, DC: Storming Media. Retrieved from: <http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA084551&Location=U2&doc=GetTRDoc.pdf>. Accessed January 5, 2011.
- 3 Orsted H. (2000). SWAT Team Educational Program. Community Health Services (CRHA). Calgary, Alberta.