

# WOCN Society Position Statement: Competency and WOC Nursing

Competency assessment has been a concern in all healthcare areas since 1997 when the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) incorporated competency language into its indicators. Since then, many state accreditation agencies and surveyors have also incorporated competency language into reviews of hospital and nonhospital healthcare providers.

Competency is a concept derived from the legal arena. The term broadly includes training and skill, as well as judgment in the application of training and skill. Actions are measured against the “prudent professional” clause, meaning that in the same circumstances, similarly prepared and functioning professionals would make the same judgment and perform similarly.

## Establishing Competency

JCAHO surveyors have interpreted competency indicators with great latitude and have accepted many ways of ensuring competent healthcare staff. Indicators are broad and offer many alternatives and various circumstances for successful achievement. Currently, the standard that addresses staff competency is **Standard HR.5**, which indicates an organization’s responsibility to assess the staff’s ability to meet performance expectations from their job description (JCAHO, 2003).

Competence documentation of general staff registered nurses includes education, licensure, and internal orientation. In addition, it includes documentation of position descriptions and special privileges and the credentials, education, and training that support the individual in meeting position responsibilities. Performance evaluations and competency assessments measure an individual’s ability to function within the scope of a position description.

For registered nurses with a specialty practice, such as wound, ostomy, continence (WOC) nurses, the process is similar. There is no requirement for performance assessment by another WOC nurse and special skills and techniques do not need to be demonstrated to such an individual. It is critical, however, that the annual performance evaluation tool match the position description, which must specify the special privileges, credentials, education, training and certification necessary to perform the associated role and functions. For advanced practice nurses in WOC roles, there is additional documentation required for practice privileges and practice agreements.

## Applying Competency

The concept of applied competency becomes complex when a healthcare professional assesses and applies knowledge to an actual patient. Despite a standardized Wound, Ostomy, Continence Nurses Society Education Program (WOCNEP) blueprint and a valid

certification examination, WOC practices vary greatly from practitioner to practitioner.

Competency is not skill demonstration. It is skill application in a contextual patient situation that includes assessment and differential diagnosis with the development and application of a plan of care, evaluation, and reassessment.

Current methods of documenting competency for entry-level WOC nurses can include, but are not limited to, the following:

- written exams and clinical demonstration during the WOCNEP
- satisfactory completion of the WOCNEP
- adequate clinical hours
- satisfactory completion of the Wound, Ostomy, Continence Nurses Certification Board certification examination that measures knowledge, application, clinical reasoning and judgment.

WOC competency assessment is complicated for several additional reasons. Despite a standard blueprint, WOC curricula vary from program to program based on interpretation, faculty, and delivery methods (e.g., distance, online, onsite). In addition, sitting for the certification exam or maintaining certification credentials to practice the specialty is voluntary. Other issues related to competency include the various practice settings and the differences in educational preparation and role design that WOC nurses have.

## Moving Forward

JCAHO has softened its demand for defined, standardized methods of assessing competence in part because there is no way to assure a patient of a practitioner’s critical thinking and judgment. In addition, the logistics of instituting a standardized method of assessment from state to state and institution to institution are unmanageable (JCAHO, 2003).

The legal community also has not found a standard method to judge competence but has demonstrated that there are “prudent professionals” who reach varying defensible outcomes. Critical thinking and judgment can be argued successfully from both sides of the bench.

While competency is to some a simple concept and to others a complex one, it is important to remember for the purposes of actualization, it is defined as “an assessment of the individual’s ability to meet the performance expectations stated in the job description” (JCAHO, 2003).

## References

- Joint Commission on Accreditation of Healthcare Organizations. (2003). *CAMH: Comprehensive Accreditation Manual for Healthcare Organizations (Automated): The Official Handbook*. Oakbrook, IL: Author.

# Questions and Answers

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## **Does graduation from an accredited WOCN education program indicate competency?**

No. To document competence of general staff registered nurses there must be evidence of education, licensure, and internal orientation. This includes position descriptions and documentation of special privileges and the credentials, education, and training that support the individual in meeting position responsibilities. Annual performance evaluations and assessments measure an individual's ability to function within the scope of his or her position description. Registered nurses with a specialty practice, such as WOC nurses, document competence the same way. However, graduation from an accredited WOC education program is one way to document competence for the entry-level WOC nurse.

## **If my supervisor comes to me and tells me I need to have my skills checked off to demonstrate competence, how can I respond?**

Competency is not skill demonstration. It is skill application in a contextual patient situation that includes assessment and differential diagnosis with the development and application of a plan of care, evaluation, and reassessment. There is no specific requirement for performance assessment by another WOC nurse or peer and special skills and techniques do not need to be demonstrated to such an individual. It is essential that the annual performance evaluation tool matches the position description, and specifies any special privileges, credentials, education, training, and certification necessary to perform the associated role and functions.



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