



COMMENTARY

Wound care certification: The grin without a cat

The Cheshire Cat faded away leaving nothing in the tree branch but its grinning teeth. Alice thought to herself, "Well, I've often seen a cat without a grin but never a grin without a cat! It's the most curious thing I have ever seen."

—Lewis Carroll, *Alice in Wonderland*

The professional seeking wound care certification is in much the same situation as was Alice when she encountered the elusive Cheshire Cat. The pathway to clinically meaningful wound care certification is confusing as there are several competing avenues, none of which appears to be either "a cat with a grin" or "a grin with a cat." When we advise our hospital administrators and colleagues that there is no standard examination for wound care certification, they are bewildered by the response. In most clinical settings, certification is an important part of credentialing for privileges and, at times, determining eligibility for reimbursement. After all, certification is available for most specialized clinical services. It would appear reasonable to ask why wound care is different.

The purpose of this paper is twofold: (1) to investigate the paths available for certification in wound care so that those seeking additional professional credentialing can make an informed decision on the certification route that is most appropriate to their professional setting, and (2) to invite dialogue from the wound care community regarding the feasibility of consolidating these serpiginous trails into a clear, concise common route.

The discipline of wound care has made great strides in the past few years, with growth in both the basic and clinical sciences. Advanced diagnostic and therapeutic modalities now available often require specialized knowledge in order to ensure appropriate utilization and application. As in other professional fields, the professional involved in wound care will seek certification in order to validate their specialized expertise. Healthcare professionals from a variety of areas seek certification in order to demonstrate to the public, their colleagues, their employer, third-party payers, the tort system, and the government that they possess the knowledge and skills to which they lay claim. Our referring colleagues appreciate certification as it assures them that the professionals to whom they are referring their patient are competent in their fields. Hospital credentialing committees use certification status to grant privileges in order to fulfill their charter to provide quality care. Third-party payers wish to be assured that they are purchasing quality care for their enrollees. The healthcare provider attaining wound care certification benefits from all of the above as well as from the satisfaction that comes from realizing a goal pursued.

An Internet search reveals numerous wound care certifications available to healthcare professionals. While there are courses available that offer a posttest and subsequent issuing of a "certificate," the course and postcourse evaluation is minimal. Although these courses have merit for the wound care neophyte, the Wound Healing Society envisions a certification that assures a rigorous standard of preparation,

knowledge, and practice. To that end, those certifying organizations that require an application, documentation of experience, and successful completion of a comprehensive written examination are the subject of this paper. There are currently four such venues for physicians, three available to nurses and two for physical therapists. If we have failed to identify others, no oversight was intended. Be forewarned, though, the nomenclature of these organizations is confusing.

CERTIFICATION FOR PHYSICIANS

The American Board of Wound Management (ABWM, formerly known as the American Academy of Wound Management [AAWM]) offers an examination to become a Certified Wound Specialist (CWS) to professionals from a variety of backgrounds (MD, DO, DPM, RN, PT), and has done so for well over a decade. They were the first to offer wound care certification to such a wide array of professionals. Their website asserts that they are "the standard of excellence in multidisciplinary wound certification." The members of the Board of Directors are listed on the website. As of June 30, 2012, 916 individuals holding an MD, DO, or DPM degree had taken and passed the initial CWS exam. There are several thousand RNs and PTs who have also done so (see below). In 2009, they began offering an additional certification examination specifically designed for prescribing physicians (i.e., those with an MD, DO, or DPM degree and license) who had previously taken and passed the broad-based CWS examination. Upon passing that additional examination, they would be credentialed as a Certified Wound Specialist, Physician (CWSP). As of June 30, 2012, of more than 900 physicians who hold a CWS certificate, less than 8% had taken and passed the CWSP. The CWSP examination is challenging, with an average pass rate of just under 80%. A combined CWS/CWSP exam has recently been offered to streamline the process. In June 2012, the fee for the CWSP exam was \$775 and \$995 for the combined exam. However, there is an annual fee of \$150 to maintain the certification which is valid for 10 years (Table 1).

The second venue for physician wound certification is via the Council for Medical Education and Testing (CMET) Wound Care Certification Exam limited to prescribing physicians (MD, DO, and DPM). CMET asserts that they are "the only physician specific wound certification fully produced and administered by a physician specific organization." The exam was beta tested in 2008 and, according to their website, took several years of development prior to the initial offering. A personal communication from one of their representatives indicates that CMET has certified over 600 individuals with a pass rate of over 80%. The cost of the exam is \$850, with recertification required in 10 years. There is no annual fee to maintain the certificate. This exam was previously endorsed by the American Professional Wound Care Association (APWCA) but this endorsement was withdrawn in 2011. The

Table 1. Physician wound certification options

	CWSP	CMET	ABWH	ABWMS
Degree/License required	MD, DO, or DPM	MD, DO, or DPM	MD, DO, DPM	MD or DO plus ABME certified or eligible
Years in wound care practice	3	2	2	3
Cost of initial exam	\$775 with CWS \$995 CWS + CWSP	\$850	\$1,000	\$600
Annual fee	Yes, \$150	No	No	Yes, \$150
Years to required recertification	10	10	7	10
Year of first exam	2009	2008	2012	2012

Cost as of December 2012.

See text for full names of abbreviated entities.

exam is, however, endorsed by the Academy of Physicians in Wound Healing and recognized by the American College of Lower Extremity Surgeons. What constitutes the difference between “endorsing” and “recognizing” is unclear. While the name CMET implies a broad-based organization, it appears from their website that the only test they offer is the one for wound care certification and the only education they offer is a 2-day pretest course on wound care for those seeking CMET certification.

The third venue for physicians is via the American Board of Wound Healing’s (ABWH) certifying examination for prescribing physicians (MD, DO, and DPM). They held their first certifying examination in April 2012. This exam is endorsed by the APWCA. The cost for the examination and certification is currently \$1,000. The certification is valid for 7 years, with no annual fee. The ABWH also offers a certification in Hyperbaric Medicine that has recently been endorsed by the American College of Hyperbaric Medicine.

The latest and fourth addition to the physician wound care certification mix is the American Board of Wound Medicine and Surgery (ABWMS) which provides a certification examination limited to those with an MD or DO degree who also hold board certification or eligibility in one of the boards recognized by the American Board of Medical Specialties (ABMS). The ABWMS Board of Directors is listed on their website. ABWMS appears to have the most rigorous qualifications to be eligible for wound care certification. They solicited a “grandfathering” recognition as a Founding Diplomat to those actively practicing wound care, but that offer expired in the summer of 2012. In order to maintain their status, those “grandfathered” are required to take and pass the examination by 2015. The first examination took place in the summer of 2012. Their website does not indicate how many took or passed the initial exam. The current cost is \$600 with an annual fee of \$150. Recertification will be required after 10 years.

While the name “Board” appears in the designation of a number of these organizations, it is the authors’ opinion that this is an inappropriate use of the term. Legally, the terms “Board Examination” and “Board Certified” can only be used by one of the Boards recognized by the ABMS or the osteopathic counterpart, the Bureau of Osteopathic Specialists. In order to be eligible for certification by one of these boards, an individual must have successfully completed a residency

approved by the Accreditation Council for Graduate Medical Education. An MD or DO degree is required and those holding a DPM degree would not be eligible for ABMS certification. Although the word “Board” may appear in the name of some of the wound certification entities discussed in the preceding paragraphs, what is offered is a “certificate” that is clearly not the same as Board Certification. Unlike the Boards under the aegis of the ABMS, these certifying organizations are not subject to external independent scrutiny; they are “a grin without a cat.” The fact that there are currently four separate certification bodies, two of which have been established in the past few years, supports this assertion.

The eligibility requirements to take the certifying examinations currently offered are generally less than rigorous. All four accept an MD, DO (three also accept a DPM degree), a license to practice one’s profession in the applicant’s state, and a letter from the applicant’s Medical Director verifying “wound care experience” or “active wound care practice.” These terms are not defined. In some wound centers, care is provided by a physician who practices wound care full time or nearly so. In others, there is a panel of physicians, each of whom may provide care for as little as one half-day per week. These are two very different levels of experience that cannot be distinguished by the eligibility requirements of the current certifying bodies. As there is no residency or fellowship requirement (and none available), the determination of sufficient relevant experience appears to reside with the Medical Director of the applicants’ institution.

All the aforementioned organizations state, either explicitly or implicitly, that when and if wound care is designated as a medical specialty by the ABMS, it will be their examination or its progeny that will ultimately be recognized as the certifying modality of merit for physicians. It is worth noting that the ABMS is composed of 24 Specialty Boards and it is those Specialty Boards that are responsible for the designation of subspecialty boards under their banner. In some instances, the appropriate subspecialty board finds a natural home, such as the Board of Endocrinology being a subsidiary of the Board of Internal Medicine. In other instances, the match seems a bit less intuitive such as Hyperbaric Medicine being a subsidiary of both the Boards of Preventive Medicine and of Emergency Medicine. With the diverse background of wound care practitioners, it is not clear where physician board certification in wound care will find a home if one is found at all. Whatever

Table 2. Nursing and physical therapy wound certification options

	WOCNCB	ABWM	NAWC
Degree/License required	BSN	BSN or LPT for CWS RN or PTA for CWCA	RN, LPT, or PTA + approved course
Years in wound care practice	1500 clinical hours	3 years	2 years FT or 4 years PT
Cost of initial exam	\$375–1 specialty \$575–WOCN	\$375–CWCA \$575–CWS	\$300
Annual fee	No	Yes, \$150	No
Years to required recertification	5	10	5
Year of first exam	1978?	2002?	2002

Cost is that of December 2012.

See text for full names of abbreviated organizations.

home it finds, full recognition of wound care as a board specialty will more than likely be at least a decade away. How and if an ABMS Specialty Board chooses one of these examinations as the road to certification is not clear. “None of the above” may be the answer and the lack of consensus on a certifying examination within our ranks will only serve to further delay ABMS designation of wound care as a specialty.

While there are many questions to be answered, we believe that those for whom wound care is a significant part of their practice should seek certification. But which to choose? Taking all four examinations makes little sense and could easily incur significant costs to the professional seeking certification. If one is seeking the certification with the longest tenure overall, then ABWM fits the bill. However, their venture into certification exclusively for physicians is only 3 years old. If one is seeking the one with the most physicians certified, then CMET satisfies that requirement. However, CMET appears to have lost the endorsement of the APWCA. If seeking the one that has some link to Hyperbaric Medicine, then the ABWH can make that claim. But its physician wound certification is a new venue and has only certified a few practitioners. For those with an MD or DO degree, the ABWMS credential would be an option; however, it, too, is new and its longevity is uncertain. Indeed, the long-term viability of all of these examinations can be called into question. What we have is either a “cat without a grin” or a “grin without a cat.”

CERTIFICATION FOR NURSES AND PHYSICAL THERAPISTS

Nurses have three venues, and physical therapists have two venues for wound care certification and the designations and abbreviations are no less confusing than those for physicians.

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) was established in 1978 and was the first certifying program in wound care for RNs. A bachelor’s degree or higher is required to sit for their examinations. Further, they require documentation of course work and significant clinical experience under a preceptor in order to be eligible for the certifying examination. They offer certifications in a variety of areas related to wound, ostomy, and continence nursing. There are several certification designa-

tions, including: Certified Wound Ostomy Continence Nurse, Certified Wound Ostomy Nurse, Certified Wound Care Nurse, Certified Ostomy Care Nurse, Certified Continence Care Nurse, and Certified Foot Care Nurse. Each of these certifications requires a separate examination and must be renewed every 5 years. Advanced practice certifications are also available in most of these areas.

The next certification venue for nurses and the first for Physical Therapists is the ABWM, which, as mentioned in the physician section, has provided the designation of CWS to wound care providers for over a decade. Over 3,000 individuals have been certified. The examination had a pass rate of just less than 70% in 2012. RNs and Physical Therapist Assistants (PTAs) who do not hold a bachelor’s degree but who have 3 years of wound care experience are eligible to take the examination for designation as a Certified Wound Care Associate (CWCA). As of June 2012, the fee for CWS certification was \$575 and \$375 for CWCA. As for physicians, there is an annual fee of \$150 and recertification is required after 10 years.

The National Alliance of Wound Care (NAWC) is a national multidisciplinary wound care certification organization established in 2002 to credential providers as Wound Care Certified (WCC). Documentation of 2 years full time or 4 years part-time involvement in wound care is required. Wound care professionals are eligible for certification if they either complete an NAWC-approved *Wound Management Certification Training Course* or have 120 contact hours with an approved provider in direct patient care or hold an active certificate with another recognized wound care certification body, specifically WOCNCB, CWS, or CWCA. A bachelor’s degree is not required. RNs with an associate degree and PTAs are eligible, provided they meet the criteria for active involvement in wound care. Those whose activity in wound care is in management, education, or research are also eligible, provided they fulfill the other criteria. The current fee is \$300 with an additional cost for an approved course. The certificate is valid for 5 years (Table 2).

So again there is the dilemma of which certification path to choose. With a bachelor’s degree or higher in nursing, one is eligible for certification via all three venues. A nurse who desires more rigorous credentialing, limited to nursing peers, might prefer one of the WOCNCB certifications. A physical therapist is limited to the choice between the CWS or the

WCC. A nurse or PTA who does not hold a bachelor's degree is restricted to the CWCA or WCC.

SUMMARY

The aforementioned discussion contains a bewildering number of similar sounding organization names and a multitude of abbreviations. It seems neither feasible nor wise to gain every certificate for which one is eligible. While the initial fees may seem affordable, it is worth reiterating that recurring annual fees can significantly increase the total cost of certification over time.

So which should you choose? Perhaps we should ask the Cheshire Cat.

"Alice came to a fork in the road. 'Which road do I take?' she asked the Cat.

'That depends on where you wish to go?' responded the Cheshire Cat.

'I'm not sure,' Alice answered.

'Then,' said the Cat, 'it doesn't matter which way you go.' "

—Lewis Carroll, *Alice in Wonderland*

Is there a better answer? The science of chronic wounds surpasses the standard training of most healthcare professionals. The Wound Healing Society Education Committee acknowledges the need for recognition of expertise in the management of chronic wounds. We envision a certification process that requires a standard body of knowledge and competence appropriate for the clinicians' scope of practice. To be effective, we believe that this certification must be tied to ongoing "maintenance of certification" that includes a program of continuing education and experience. This will

ensure the consumer, including patients, healthcare providers, insurers, and healthcare organizations, that the practitioner is up to date in the rapidly evolving field of wound care. The challenge to the wound care community will be to develop a uniform certification process that meets high standards and is broadly recognized by the rest of the healthcare community. In other words, what we need is a "grin with a cat."

LIST OF WEBSITES

American Board of Wound Management (<http://www.aawm.org>)

Council for Medical Education & Testing (<http://www.councilmet.org>)

American Board of Wound Healing (<http://www.abwh.net>)

American Board of Wound Medicine and Surgery (<http://www.abwms.org>)

Wound, Ostomy and Continence Nursing Certification Board (<http://www.wocncb.org>)

National Alliance of Wound Care (<http://www.nawccb.org>)

Wound Healing Society Education Committee

Chair: Arti Masturzo, MD

Primary authors: William R. Beltz, MD,

Randall Cook, MD, Barbara Bates-Jensen, PhD,

Joyce Stechmiller, PhD, Holly Korzendorfer, PT, PhD

Editors: Kath Bogie, PhD, Judith A. Fulton, PhD,

Harvey Himel, MD, Arti Masturzo, MD,

Lisa J. Gould, MD PhD

Corresponding author: Lisa J. Gould MD PhD,

lgould44@hotmail.com