



Choosing a Wound Care Organization

DPMs have a number of options for both membership and certification.

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Editor's Note: The Forum is an occasional PM feature that provides podiatrists with the opportunity to offer their personal perspectives on topics of interest to the profession. Readers should be aware that our publication does not endorse particular management or certification programs. The opinions herein are the author's, and not necessarily those of PM.

The specialty of wound healing is becoming increasingly complex and competition between the different medical specialties vying for your support has significantly increased. How does the podiatrist select an organization that best fits their needs? It's not possible to cover all the numerous organizations that claim to represent the wound care professional in this short article. Rather I thought I could discuss the leaders in the field and why I chose to join these societies.

Wound certifications are important because most hospitals and wound healing centers are requiring these for physicians who wish to be part of their medical team. Among all the societies available, the most important are those that are associated with "certifying" organizations. None of these have actually been approved by the American Board of Medical Specialties and therefore are not recognized as true "boards" in allopathic or osteopathic medicine. They are rather individual societies that issue

certifications similar to "letters of added qualification".

There are three basic types of wound care certification organizations available to podiatrists: 1) those involved with multiple disciplines, 2) those specific to physicians, and 3) those that are specific to podiatric medicine. Which type of board is best for you as a podiatric physician dealing with wound care? Podiatric physicians are readily accepted as equal players with allopathic and os-

teopathic medicine in the United States and is endorsed and recognized by the Academy of Physicians in Wound Healing, American College of Lower Extremity Surgeons, the Taiwan Wound Care Association, the Israeli Wound Care Association and several more. Members can become fellows once certified and use the designation FAPWHc in their credentials.

The American Academy of Wound Management changed its

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teopathic medicine in the specialty of wound care. Being certified by the same body that also certifies allopathic and osteopathic physicians is an important consideration when choosing an organization and one of the primary factors in my choice of a society.

The Council for Medical Education and Testing (CMET) was established in 2007. To this day it is the only wound certifying organization that is physician-specific, certifying all prescribing physicians, MD, DO, and DPM. There are other multidisciplinary organizations that offer a physician-specific version of their exam. CMET is the first and most widely accepted physician-specific

name a few years ago and is now known as the American Board of Wound Management. This organization was the first to offer multidisciplinary certification in wound healing. Prior to that the only certification available was that for nursing through the Wound Ostomy and Continence Nursing Society (WOCN). The original AAWM exam was a single test provided for nurses, physical therapists, physicians, etc. Providers that are certified by this used the mnemonic "CWS". Recently allopathic, osteopathic, and podiatric physicians were given a special physician version of the exam and allowed to use the CWSP designation.

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Over the past four years another certification has developed—the American Board of Wound Healing provides certifications for different providers, including one for physicians. In its 4 to 5 years of existence it has produced a significant number of alternative field-specific examinations. In contrast, the development of the original CMET examination 10 years ago was two years in the making with beta testing on three different occasions. It used a large cohort of physicians to write the test and perform the psychometric analysis to ensure that scores were as reliable and valid as possible. During this process a pool of 500 questions was developed, each referenced to an article or text selected specifically from a library of documents chosen by the committee. The 500 questions were ultimately scaled down to the 150 questions used in the final certification exam. It was a tedious and arduous process but produced a credible exam for certification purposes.

In my mind a rationale for selecting a certification organization for podiatric physicians leads one to either CMET or ABWM. They both have the longest track record and have established their exams with significant investment in the process. They both are well accepted in the marketplace. Of the two my personal preference is for the CMET, as it is the only one that is physician-specific, certifying DPM's with their osteopathic and allopathic colleagues.

There are also wound healing membership organizations available. There are many to choose from. The Wound Ostomy and Continence Nursing Society (WOCN) is the oldest and most well-established and represents nurses specifically providing advocacy, education and a well-respected certification exam. The work of the WOCN has been the primary reason for the advances in wound healing made by the nursing profession since its inception.

The Association for the Advancement of Wound Care is the oldest and largest multidisciplinary organization. Though it represents all

disciplines involved in wound care, the majority of its membership consists of nurses. Physicians make up a much smaller percentage of the membership. All fields appear to be represented on the Board of Directors. The organization provides education and advocacy for wound healing. The American Professional

colleagues in an organization placing all of us on an equal playing field. As much as they try to represent us, a multidisciplinary organization simply can't effectively advocate for physicians. In summary, wound healing certification is important. Organizations that best represent podiatric physicians are

Podiatric physicians should join their other physician colleagues in an organization placing all of us on an equal playing field.

Wound Care Association was formed several years after the AAWC. It also is multidisciplinary, has a smaller membership than the AAWC, with a similar mix of professionals primarily consisting of nurses.

The Academy of Physicians in Wound Healing is the corollary to the WOCN for physicians. The organization was formed in 2011 with a unique ability to direct all of its resources to the interests, education and advocacy of physicians. No other organization in wound care does this as effectively because of their multidisciplinary focus or their specific focus on the nurse's role in wound healing. An organization like the APWH was essential to a field that is moving forward toward what many believe will be recognition by the American Board of Medical Specialties as a new specialty. One example of the need for a physician-specific advocacy group was demonstrated this past summer when one of the major CMS carriers proposed new guidelines that would no longer provide reimbursement for chronic wounds that did not demonstrate continued wound healing. The APWH was formative in identifying the challenges in the new directive. The APWH solicited involvement of other professional societies, met with legislators in Washington, and took a leadership role. This is one example of several in which the Academy has been successful in coordination with other societies as well.

In my opinion, podiatric physicians should join their other physi-

CMET and CWSP. My preference is CMET because it is a physician-specific organization dedicated solely to advocacy and education of physicians in the wound healing field. Among the membership organizations the APWH is important and I encourage all podiatric physicians involved in wound care to become active members. If we do not speak up for ourselves we will have nobody to blame when other professions fill the void provided by physicians who abdicated their role by stepping back and allowing them to claim ownership. The APWH is the only organization that devotes all of its resources to these physician challenges. History clearly demonstrates the need and effectiveness for a field-specific organization. Nurses have had the benefit of the WOCN; we now have the benefit of the APWH. **PM**



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