



Wound  
Ostomy and  
Continence  
Nurses  
Society™

## **The History of the Wound, Ostomy and Continence Nurses Society (WOCN)**

(This history of the organization and of the badge design was written by Michele Rizzo, RN, ET, and Associate Editor of the ET Journal for publication in the 1977, Winter, Spring and Summer Issues. Using material on file in the archives and the recollections of the people responsible for the birth and progress of WOC(ET) Nursing, the Journal staff compiled the story of steady growth and independence.)

Behind any successful achievement, there is perseverance and dedication by people who care. Behind the story of the IAET are dozens of people who fit that description. To trace the beginning of organized stomal care, it's necessary to follow the paths of two people in Ohio until they inevitably met.

In Akron, Norma Gill, a young vital woman, had been plagued with chronic ulcerative colitis. Mother of four children and granddaughter of a colostomate, Norma finally found relief after having an ileostomy. During her convalescence, Norma became interested in working with other ostomy patients. Many, like her grandmother, had to wear dressings before bags were available. To other ostomates in Akron, Norma offered pointers to help their adjustment and comfort.

After three years of informal consultation, Norma's path crossed that of one of the nation's leading colon and rectal surgeons, Dr. Rupert Turnbull of the Cleveland Clinic. He needed help, he told her, with ostomy care at his clinic from an ostomate who could serve as a liaison between him and the patient. The aim, he said, was better rehabilitation.

The dynamic Norma Gill, he decided, was the woman for the job. On that day in October of 1958, enterostomal therapy was born. It would not be presumptuous to say that Dr. Rupert Turnbull and Mrs. Norma Gill, therefore, can be considered the "father" and "mother" of stomal care.

Working at the Cleveland Clinic in a paid position as an "ostomy technician", Norma became the first professional enterostomal therapist ET. Yet, Norma could not desert the ostomates in Akron who depended upon her. So, she traveled 35 miles each way between Cleveland and Akron, seeing patients at the clinic by day, and then doing consultations in Akron hospitals by night.

Her reputation as an enterostomal therapist was growing. Because patients in her hometown could not find the supplies they needed so badly, they called on Norma for help. She began stocking supplies in her home to have available when people called.

It was like an underground. The word spread that Norma Gill could answer the Akron ostomates' problems. People began knocking at her front door asking for equipment. After running out of space in her home, she decided to open her own supply store.

By 1961 there was a desperate need for additional therapists. Norma Gill and Rupert Turnbull opened the School of Enterostomal Therapy at Cleveland Clinic, requiring only that the trainee be an ostomate. Her first student was Joy Richey who journeyed all the way from California with her own funds. She had no position to return to at the end of her training but she, and succeeding students, all made their own positions when they returned to their homes. Students were trained on a one-to-one basis, and they were dedicated to make the lives of ostomates more comfortable.

By 1968, a substantial number of people had received training at Cleveland Clinic. Some of these were present when the United Ostomy Association (UOA) held its annual meeting in Phoenix, Arizona. It became apparent to Dr. Turnbull that this new specialty was here to stay as an important adjunct to the medical profession.

At Dr. Turnbull's suggestion, a group of 12 stomal therapists lounging near the hotel pool after the UOA meeting adjourned to the nearby room of Darlene Larson to discuss forming their own organization. At his suggestion, the group was named the American Association of Enterostomal Therapists, AAET. It was September 6, 1968.

The original 12 founders were Alveda Ahnafield, Indianapolis, Indiana; Jean Alvers, San Francisco, California; Charlotte Blackman (Carter), Baltimore, Maryland; Kay Carlson, St. Paul, Minnesota; Robert Draper, Somerville, New Jersey; Virginia Geimer, Chicago, Illinois (now of Mountain Home, Arkansas); Norma Gill; Patricia Klemens, Los Angeles, California; Darlene Larson, Minneapolis, Minnesota; Edith Lenneberg, Boston, Massachusetts; Bertha Okun, Montreal, Quebec, Canada; and Jane Walker, Atlanta, Georgia.

As the group's mentor, Dr. Turnbull helped call the first meeting of the AAET for January 23, 1969, at the Cleveland Clinic Foundation Education Building auditorium. In his letter announcing the meeting, Dr. Turnbull said, "The meeting will begin...at 8:30 a.m. with a Scientific Session consisting of talks and demonstrations by members...the afternoon hours will be devoted to a Business meeting...the objectives of the Association will be discussed along with the requirements for membership, bylaws and other pertinent information."

A total of 33 therapists had joined the Association, and 21 of them were present at its first national meeting. The fledgling group elected Edith Lenneberg president, although she was not at the meeting. Norma Gill was elected to the important post of secretary.

The first meeting received advice of the legal-medical nature as well as professional consultation from a number of physicians including Dr. Turnbull.

The word "North" was added to the name, and objectives for the coming year set forth.

Because of the amount of work to be accomplished, the NAAET voted to hold a mid-year meeting on August 20, in Columbus, Ohio, a day in advance of the UOA convention. Dues were set at \$10 per year, and the treasurer was authorized to open a bank account on behalf of the NAAET.

The treasurer was an ileostomate whose own stoma problems had been solved by Norma Gill and who owned a successful surgical supply house. Over \$300 was thought to have been raised in dues payments when members of the group tried to get in touch with its first treasurer. All efforts were in vain. Phone contact was impossible, and letters went unanswered.

Less than a year old, the NAAET was bankrupt. Neither the treasurer nor the funds were ever seen again.

Undaunted, the group persevered. Committee chairmen were appointed, the NAAET readied itself for the mid-year meeting.

Although the primary focus of that meeting was the presentation of case studies, business also was transacted. The agenda included discussion of existing committees, membership, curriculum for training, incorporation of the organization, and product research.

It was as if a dam had been unplugged. Ideas flowed forth. The major thrust of the new profession that year was the establishment of the second school at Harrisburg, Pennsylvania.

The organization forged ahead, holding its second meeting in Cleveland January 21 and 22, 1970. At that session, it was decided to coordinate future meetings with those of the UOA. The purpose and incorporation of the group also was discussed.

August 24 and 25 of that year, a meeting just prior to the UOA's was held in Boston. Ferguson-Droste-Ferguson, Grand Rapids, Michigan, was accredited as the third training center for Enterostomal Therapy. The business meeting addressed the subjects of American Nurses' Association (ANA) accreditation and continuing education in the new field.

Despite its unexpected financial difficulty the year before, the NAAET had managed to recover so that by mid-1970 the treasury showed a respectable balance in excess of \$400.

With the scheduling of its next annual meeting for August 1971, in Hollywood, Florida, the NAAET had begun to come of age.

During those first difficult years after the founding of the North American Association for Enterostomal Therapy (NAAET), it seemed an inordinate amount of perseverance and dedication was needed to assure the group's survival. Because educational standards were maintained strictly at an incredibly high level, the number of new stomal therapists

entering the profession was very small. And since membership fees provided the major funding for the Association, money for programs and expansion was limited.

But as the decade of the Seventies opened, a new development phase also opened--maturation. The specialty was catching on. Interest in enterostomal therapy was coming from other countries as well as the U.S. and Canada.

Meeting in Hollywood, Florida, for its third conference, August 23 and 24, 1971, the NAAET became the IAET, the International Association for Enterostomal Therapy.

A new president was elected during that conference--Henrene Honesty of Chicago, Illinois. She recalls the considerable discussion at annual meetings about incorporating and writing bylaws to govern the new organization. However, in consultation with an attorney, the IAET decided first to delineate still further the needs of the group.

The third conference continued to address those problems: the relationship to the ANA (as well as to another allied organization, the American Cancer Society, ACS); a set of objectives (which were approved); and development of further objectives for training institutes.

An educational program was established at Roswell Park Memorial Institute in Buffalo, New York, the fourth program in the nation.

With the amount of work to be accomplished, the IAET also decided to lengthen the conference to three days.

A major turning point for the organization, however, came the following year at the fourth annual conference in San Francisco, California. The first set of bylaws was drawn up; standards for the training schools were established which included the length of each program and requirements for certification; a bibliography was compiled; a salary and patient census survey was made; and a fifth school of enterostomal therapy was accredited at Emory University, Atlanta, Georgia.

Equally as important, the first IAET seminars were sponsored.

It was during this period that substantive development in the nature of the organization occurred--the UOA was invited to participate actively in the IAET conference. Yet, at the same time, the IAET began to exercise some influence on the UOA in choosing the site of the conference.

Financial gains were made, providing the funds needed so desperately to carry out the programs envisioned by the membership. Some of the "good times" changed, as well. Manufacturers of ostomy supplies, who had generously entertained members at conventions, began directing their funds toward professional activities instead. The fifth annual conference was held in Chicago, August 20 to 23, 1973, and another local woman

ascended to the presidency of the IAET. Mary Jane May, the third president, recalls that much was accomplished at that meeting.

The articles of association were approved, and a membership file was drawn up showing 227 certified Enterostomal Therapists. Guidelines on rehabilitation of the ostomy patient were proposed by first president, Edith Lenneberg, ET, and Constance Donovan, RN, MS, and categories of practice were suggested for enterostomal therapy.

Still active in the association she helped found, Norma Gill, ET, proposed at the meeting that the IAET try to identify separately from the UOA. Maturation was sowing the first seeds of independence.

The effects of having five educational programs also were beginning to be felt. The number of graduates escalated sharply to 351. And by the time of the sixth annual conference in Denver, Colorado, August 11 to 15, 1974, 304 stomal therapists were active members of the IAET.

That meeting was highlighted by the release of new salary and patient survey, an updated bibliography, and the approval of two additional training centers, one at the University of California in San Diego, another at Tucson (Arizona) Medical Center.

Educational activities were a major area of interest. Four seminars were conducted by the organization, and the IAET QUARTERLY, a rudimentary publication, became the ET JOURNAL. Guidelines were approved by the ANA, and a scholarship committee was established.

A code of ethics, job description, and objectives of the organization were also written. The ACS invited the IAET to serve on the Service and Rehabilitation Committee of the National Board of ACS, still further recognition of the profession.

Added to the list of accredited educational programs were those of M.D. Anderson Hospital and Tumor Institute, Houston, Texas, Denver (Colorado) School of Enterostomal Therapy, and Boston (Massachusetts) University School of Nursing.

In the following year, a new method of handling the burgeoning membership was devised, and at the seventh annual conference, August 17 to 20, 1975, in Toronto, Canada, the division into ten regions was proposed. By now, there were 405 active members, and closer coordination was a necessity.

A founding member, Patricia Zollars, RN, ET, of Toledo, Ohio, was elected president. The first IAET scholarship was awarded, and exhibit booths were developed. To encourage entry into the profession, a companion pamphlet, "E.T. A New Kind of Career in Patient Care", was published by Squibb.

During the next twelve months, other substantive changes took place. It was decided to separate the IAET annual conferences from those of the UOA and schedule them at

locations and times more convenient to the body of IAET members. The organization also received approval for membership by the Federation of Specialty Nursing Organizations.

By the time of the eighth annual conference in Pittsburgh, Pennsylvania, August 9 to 11, 1976, membership had soared to almost 600. Bylaw revisions incorporating changes in the governing of the growing organization and changes due to regionalization were approved, and a professional association manager was hired as Executive Director with central offices set up in Glenview, Illinois. Guidelines for regions were established, and two of the regions were divided further to make a total of 12. The second annual scholarship award was given.

A move of a more controversial nature was made when it was decided that only RNs would be admitted to enterostomal therapy educational programs for certification.

Branching out further, the IAET sent its president to the meeting of the International Ostomy Association and the first meeting of the World Council of Enterostomal Therapists in London, England.

In subsequent months, the IAET continued to grow in size and maturity. Professional seminars increased in frequency, and services to members became more sophisticated. The Organization continued to seek recognition of enterostomal therapy as a health care service so patients could receive reimbursement by insurance companies.

At the start of 1977, many of the original 12 founders still were active members, never having lost the dedication to the profession they helped begin and legitimize. To them and to all those "unsung heroes and heroines", the body at large sends its deep gratitude for the persistence and devotion that have inspired an essential new health care service.

Just as a pilot who had completed training is said to have earned his wings, so is a graduate of an enterostomal therapy education program thereafter entitled to wear a distinctive red, white, and black badge.

The badge was designed with forethought to be a symbol of specialization in the health care field. The need for that identification was perceived first by Dr. Rupert Turnbull, Jr., of the Cleveland Clinic Foundation, who also must be credited with other "firsts" in the field.

It was Turnbull who first recognized the need for specialists in stomal care. After recruiting Norma Gill, Akron, Ohio, to be the first practitioner, he developed the name for her work. Because he believed the word stoma would indicate a "mouth" type of opening, he added the prefix "entero" to specify "an opening into the abdomen". The addition of the word therapy indicated an area of specialization for the RN, LPN, or paramedic.

The badge actually was designed in 1963 as a collaboration between Turnbull, Gill, and Robert Reid, the staff artist at the Cleveland Clinic. The badge has now come to symbolize excellence in humane and technical care for ostomy patients and is worn by enterostomal therapists around the world.

Accreditation by the IAET was refined in late 1976 and enterostomal therapy programs were required to have periodical site visits every three years. Formal written reports of school activities were also required for obtaining reaccreditation. The high standards of schools were strengthened by this process.

In May 1980, the IAET provided its first National Board Certification Examination to the membership. The examination was an advancement reflecting the changes occurring in nursing specialization. Consumers across the country were demanding proof of continued proficiency of practice.

In 1978, the Enterostomal Therapy Foundation was developed. The Foundation provides exciting possibilities for the growth of the IAET through research and development, scholarships, and continuing education. The Association undertook a major research study in 1981, the IAET Strategic Planning Project, which was sponsored by a grant of \$28,500 from Bard Home Health Division. Other activities initiated in 1981 were a telecommunications project and the accreditation of our continuing education process.

In March 1982, the IAET became accredited as a provider and approver of continuing education programs by the National Accreditation Board (NAB) of the American Nurses' Association. This was a major achievement for the Association enabling the IAET to better fulfill its objectives and goals.

In 1982 a slide/tape program on children with spina bifida was developed and was funded by United.

In 1983 the Educational Assessment Symposium was held in Missouri, sponsored by Hollister, and led to the 1984 resolution of the Board to change the entry requirements to a baccalaureate degree with a nursing major. This was implemented in 1985.

In 1984, a Reimbursement Resource Manual was developed and printed with a grant from Johnson and Johnson.

In 1984, The House of Delegates was implemented as a means of increasing representation and input of the membership into the business of the Association.

In 1986, the ETNCB was incorporated to provide certification separate from the IAET Board of Directors. This step reflected the changing tides in the 80's.

## **History of the BADGE as written by Norma Gill, ET**

The new brochure being distributed to all hospitals in the United States, explaining our young field of enterostomal therapy is quite exciting. Seeing the arm patch on the model's sleeve conjures up many memories from the start of the specialty. Rupert B. Turnbull, M.D., Mr. Robert Reid, our artist at the Cleveland Clinic, and myself designed the patch. We recently met together to recall its origin.

In 1958, shortly after I started working at the Clinic, Dr. Turnbull decided my title should be Enterostomal Therapist. He felt that the word stoma, which means opening, would only indicate "mouth". He added the prefix "entero" to indicate "an opening into the abdomen". Later, in 1971, "therapist" was changed to "therapy" to indicate an area of specialization for the RN, LPN, ET or paramedic.

In March 1963, Dr. Turnbull felt that if we were to be training other persons to work in this area, we should have some means of identification--like a patch. The colors black, white, and red were chosen since it was apparent to Dr. Turnbull after attending many medical meetings that the three colors were predominant on papers or certificates related to medicine. He found the color combination eye catching and significant. Mr. Reid suggested two rings interlocked to signify the medical profession joined with the patient to work together for rehabilitation. This symbol was placed in the center with our two small initials ET and our full title on the outside, circling the patch.

Originally, Dr. Turnbull had asked the Cleveland Clinic Foundation to include the letters CCF on the patch but his request was refused. Perhaps this was for the best since now we have a universal patch by which all enterostomal therapists can be identified.

Our first certificates were issued on June 20, 1969. All persons trained prior to that date automatically received a certificate. The certificate indicates that the trainee has successfully met the requirements of our particular training school.

Our curriculum is basically the same as all schools and the course is constantly becoming more difficult and more professional. Each school issues its own certificates. Certification of each student's performance after training will eventually come from our international association through a certifying board.

Surely from these two circles connected together there should be a spirit whereby all ET Nurses would pledge themselves to an excelled continuity of care guided and unified by a responsible code of ethics. I am sure all ostomy patients worldwide will forever be indebted to all our pioneers in this specialty.

Credit Line - My appreciation to my Assistant, Joan Kerr, RN, ET, on writing this article.