

Curriculum advanced Seminar

“Woundtherapist ICW®”

2020-2023

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1. Basic information

The seminar Woundtherapist ICW® represents an advanced inter-professional course with high practice orientation. In the seminar, a great range of topics is taken up and the theoretical background is deepened. Furthermore, the background knowledge will be connected the theory with practice.

The seminar Woundtherapist ICW® represents an advanced inter-professional seminar with a high practical relevance which also takes up a great range of additional topics. The aim of the seminar is to deepen the theoretical background knowledge and to link it with the practical work.

1.1 Key objective

The Woundtherapist ICW® focuses on the required competencies in the operative and organisational area of wound care. This enables Woundexperts ICW® to take over the care of people with chronic wounds by benefitting from their extended practical skills and abilities.

The seminar also aims at organising a wound care unit and developing communicative skills in patient interaction. In addition, the necessary skills for network coordination will be developed.

In addition, the skills required for the certification of institution with the "Wound Seal ICW®" are also provided.

1.2 Target group

The advanced seminar is designed for graduates of Woundexperts ICW®. Those who have completed a comparable recognised degree from another educational concept can take an examination to qualify as Woundexpert ICW®. This can be made at the certification body (see "Information for lateral entrants"). The seminar can also be completed following on the Physician Woundexpert ICW®.

1.3 Qualification objectives

The training is to impart the following skills:

- Advanced understanding of causes and illness of typical chronic wounds
- Knowledge about rare wound causes
- Comprehensive knowledge about common measures for wound care
- Skills to support or apply causal therapeutic measures
- Knowledge about special measures
- Skills for handling medical tools
- Knowledge and skills for setting up and managing a wound care unit
- Development of procedure instructions, documentation plans and workflows
- Preparation for certification procedures for the "Wound Seal ICW®"

Caution: The role of the Woundtherapist ICW® is derived from basic professional training and additional qualification. Additional qualifications (= advanced training) do not automatically legitimise a different position in the inter-professional team as the applicable legal framework remains unaffected.

2. Potential fields of activity

In addition to the tasks of the Woundexpert ICW[®], the Woundtherapist ICW[®] is able to perform tasks on the following fields of activity:

- Responsible handling of wound management in facilities such as surgeries, hospital wards, and outpatient clinics that treat a high proportion of people with chronic wounds
- Working in wound centres and wound clinics, including organisational/professional management
- Collaboration in the wound management of hospitals as well as organisational/professional management
- Consulting activity in the health care sector
- Consulting and developing activities in commercial enterprises
- Participation in further training sessions
- Preparation of certification procedures for a wound care unit
- Deployment in outpatient nursing services with focus on wound care
- Activities as a consultant or expert at paying authorities and insurance companies

3. Comparison of focal points of the seminars

	Woundexpert ICW[®]	Physician Woundexpert ICW[®]	Woundtherapist ICW[®]	Woundcare specialist ICW[®]
Objectives/ tasks (focal points)	Wound care	Diagnosis and therapy of chronic wounds	Comprehensive wound care including causal and supporting therapeutic measures Establishing and managing a wound care unit	Case management Self-care requirement Project development within the context of wound care
Healthcare professional group	Therapeutic team*	Doctors	Therapeutic team*	Nursing staff
Field of activity	All areas of work where people with chronic wounds are treated	Medical workplaces in the inpatient and outpatient areas	Areas of work in special units for wound care such as outpatient wound care, and/or -centre, wound care clinic	Workplaces in clinics and outpatient services, health services, medical and health care supplier especially in senior positions,
Contents	Basic knowledge about chronic wounds	Medical knowledge about medical treatment of chronic wounds	Advanced professional practical knowledge for the treatment of chronic wounds	Nursing-specific knowledge for the care of people with chronic wounds

* The therapeutic team is assigned to the professional groups, which are listed in Woundexperts ICW[®] (Registered nurses, physicians and podiatrists)

4. Contents

The knowledge acquired from the seminar Woundexpert ICW® will be deepened, supplemented and expanded in content. The knowledge refers to clinical pictures of pressure ulcers, diabetic foot syndromes, leg ulcers of different causes, burns and postoperative wound healing disorders. Special therapy options and palliative wound care are addressed as well as forms of organisation, educational and economic aspects.

The detailed learning objectives and contents are listed in the table "Curriculum in table form". Additional recommendations in the table refer to the implementation of the lessons. Further explanations can also be found under points 3. in addition, 4. The learning objectives and learning contents are to be seen in the context of the respective national health system. Nevertheless, differences of the content taught must be agreed by the certification body.

In addition to attending classes and the work shadowing/clinical practice, each participant should plan a period of 30 hours for self-organized learning (exam preparation, preparation of presentations for the colloquium, etc.).

5. Seminar process/concept

The theoretical part includes **120 teaching units** (45 minutes each) in attendance, which are to be completed in a maximum of 6 months.

The concept is supplemented by 40-hour work shadowing/clinical practice (60 minutes each), which guarantees a practical transfer of the theoretical contents and an introduction to patient-related care structures. The work shadowing/clinical practice is carried out in facilities with the specialist focus on the care (diagnostic therapy; nursing and management) of patients with chronic wounds. For further details, see point "work shadowing/clinical practice".

The theoretical part is followed by the written exam and the colloquium after the work shadowing/clinical practice. The total duration of the seminar including all examination parts should not exceed 12 months.

6. Examination

The exam is carried out in accordance with the specifications of the normative document and the examination regulations of the seminar Woundtherapist ICW®. The written exam is composed of 30 questions from different subject areas of the curriculum. The recognition and certification body issues this.

The **colloquium** is the second part of the examination and includes the presentation of a patient with a chronic wound from diagnosis to wound care.

Participants acquire the **certificate** "Woundtherapist ICW®" after fulfilling the criteria according to the examination regulations; its validity is limited to 5 years. In order to obtain recertification, the specified number of ICW-recognized educational courses must be documented and verified after 5 years (see re-certification participants information and application).

7. Curriculum of the advanced seminar "Woundtherapist ICW®" in tabular form

Methodological information:

The teaching units are planned to provide using a variety of teaching methods of adult education. The seminar planning should correspond to the curricular chronology and consider the contents of the literature references.

Admission of lecturers:

For some topics, company representatives or employees of the medical supply industry are also permitted. They may only give a lecture on the subject under the supervision of a lecturer approved by the certification body.

Medical doctors are supposed to be lecturers in the fields of pathophysiology and diagnostics of the individual clinical pictures. All lecturers must confirm that they are aware of the requirements of the curriculum as well as the content of the guidelines or expert standards. The lecturers must present in a product-neutral manner and may not represent any one-sided interests.

Information on references:

In addition to the general topic classification of literature in the bibliography direct references on the topic.

Subject areas:

In addition, the topics local wound care and communication/education are systematically listed under point 8. in addition, 9.

Day	Units 45 min. each			
1	24 TU* = total per chap- ter	Chapter title <u>Sub-chapter</u>		
		Levels of learning objectives: <i>K= Knowledge, S = Skills, A= Attitude (cf. Knigge-Dermal)</i>	Learning content	Methodological/didactic information
	(8) of which TU par- tial topic		Section heading: <u>Sub-heading</u> ⇒ Lists ○ Lists (subgroups) <i>Information on references</i>	Suggestions for methodologi- cal design and didactic con- siderations

Institute:

Location of the course:

Detailed address!

Professional management (same as application):

Educational management (same as application):

Please highlight changes compared to the approved version in **yellow** (except hourly exchange in sequence)

Day	2	7.1 Course introduction			
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>	
	TU distribution:	Learning objectives	Learning content	Methodical/didactic recommendations	
1	(2)	K: Know the objectives of ICW and the seminar S: Be able to access information on the ICW homepage K: Understand the content and organisational focus and performance requirements of the seminar	Introduction ⇒ Presentation of ICW including the principles of ICW/TÜV certification ⇒ Information about the course of the seminar, its goals and records of achievement	ICW provides PPT- Presentation available on request Obtain the signature of the participants	
Day	1	6 TU	7.2 Chronic wounds		
			<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodical/didactic recommendations	
1	(2)	K: Define chronic wounds based on their characteristics and causes K: Explain the pathophysiological mechanisms of chronic wounds S: Assign different wounds to causes S: Select wound diagnostic procedures and evaluate the results	Fundamentals ⇒ Pathophysiology <ul style="list-style-type: none"> ○ Characteristics of secondary as opposed to the primary wound healing ○ Characteristics of cornification (fibrinogenesis, necrosis as well as matrix metalloproteases/pH value with their measurement methods) ⇒ Diagnostic of wounds <ul style="list-style-type: none"> ○ Wound diagnostic procedures such as imaging, laboratory chemical, histological and clinical examinations <i>Influence of pH on wound healing: a new perspective for wound-therapy? (Schneider et al., 2007)</i>		
			<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
1	(4)	K: Use appropriate assessment tools for different wounds on a case by case basis S: Consider clinical observation features and patient-related information for evaluating clinical characteristics	Anamnesis and general wound documentation ⇒ Components of wound-related history (social history, risk and influencing factors, wound specific assessment) ⇒ Use of disease-related assessment tools or risk profiles (CVI, POAD, DFS)	Case study/role play: Record anamnesis/wound documentation using prescribed tools.	

		<p>A: Become sensitised to the impact of a chronic wound on the patient's quality of life</p> <p>S: Evaluate different systems for wound documentation</p> <p>A: Look at the patient in his physical and psychological integrity and as an individual</p>	<p>⇒ Patient observation for detecting early signs such as skin observation (in assessments)</p> <p>⇒ Wound documentation systems as part of the medical history</p>	<p>Followed by further questioning.</p> <p>Problem analysis</p>
Day	24 TU*	7.3 Leg ulcer/ulcus cruris (part 1)		
		Lecturer:	Time: from _____ to _____	Teaching method:
	TU distribution:	Learning objectives	Learning content	Methodical/didactic recommendations
2	(1)	<p>K: Differentiate the anatomical structure of the venous, arterial and lymphatic systems</p> <p>K: Interpret the physiological interaction of the venous, arterial and lymphatic systems</p> <p>A: Develop an awareness of interdependent systems</p>	<p>Fundamentals</p> <p>⇒ Repetition of the anatomy and physiology of the arterial, venous and lymphatic vascular systems</p>	<p>Repetition as an introduction</p>
7.4 Ulcus cruris venosum/venous leg ulcer				
		Lecturer:	Time: from _____ to _____	Teaching method:
2	(2)	<p>K: Explain the origin of ulcus cruris venosum/venous leg ulcer and the subsequently clinical signs</p> <p>K: Levels of wound and illness situations based on a suitable classification system</p> <p>A: Understand potential complications as a risk potential for patients</p> <p>S: Select appropriate diagnostic procedures individually and explain their need</p> <p>K: Understand the importance of mobility in the context of clinical characteristics</p> <p>S: Delimitate different clinical pictures on the basis of their typical forms of progression</p>	<p>Causes and pathophysiology of CVI</p> <p>⇒ Course of disease including clinical characteristic and potential complications</p> <p>⇒ Classification systems CEAP and Widmer</p> <p>⇒ Diagnostic procedures</p> <ul style="list-style-type: none"> ○ Clinical examination and anamnestic examination ○ Duplex sonography ○ Colour-coded doppler sonography (FKDS) differentiated <p>⇒ Post thrombotic syndrome</p> <p>⇒ Failure of the superficial versus deep system</p> <p>⇒ Recording overall patient mobility</p> <p>⇒ Mobility analysis for muscle pump function and hydrostasis</p>	<p>Exemplary application of classification systems based on case studies</p> <p>Comparison of systems with strengths and weaknesses analysis</p>
	(1)	<p>A: Empathically perceive the individual suffering of those affected</p> <p>K: Differentiate different causes of oedema</p> <p>K: Distinguish between lipoedema and lymphoedema</p> <p>K: Differentiate the therapeutic approaches for lipoedema and lymphoedema</p>	<p>Causes/differential diagnostics oedema</p> <p>Different causes of oedema, distinctive criterion</p> <p>⇒ Lymphoedema, not caused by CVI (degree of severity and identification)</p> <p>⇒ Lipoedema (differentiation from lymphedema, importance for those affected)</p>	

Day		7.5 Ulcus cruris/venous leg ulcer (part 1) continued		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodological didactic recommendations
2	(1)	<p>K: Differentiate operative procedures for CVI K: Assess the surgical treatment regarding to indication S: Apply measures to ensure the success of therapeutic interventions S: Evaluate necessary postoperative care measures A: Be aware of preventive measures as a core element of the treatment process</p>	<p>Operational interventions in venous ulcers</p> <ul style="list-style-type: none"> ⇒ Surgical indications to improve venous function ⇒ Different surgical procedures and their advantages and disadvantages ⇒ Improvement of the decongestion performance by surgery on the venous system (exhaireisis/crossectomy of the superficial stem veins – ligature of the insufficient perforating veins) ⇒ improvement of the chronic compartment (fasciotomy, fasciectomy) ⇒ Local wound base conditioning, programmed surgical rehabilitation by fasciectomy ⇒ Following operative rehabilitation (fasciectomy, NPWT, meshgraft) ⇒ Role of compression therapy, mobility and skin care..(details see day 4) 	
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
2	(3)	<p>K: Evaluate pathophysiological interactions and effects of wound exudate on wound healing K: Derive possible causes for increased exudate S: Use appropriate exudate management measures, considering the cause and specific wound situation S: Optimise wound care through professional use of the materials A: Form an opinion on wound therapeutics also under economic aspects</p>	<p>Focus of local wound therapy (see overview of the topic wound treatment)</p> <ul style="list-style-type: none"> ⇒ Exudate management <ul style="list-style-type: none"> ○ Exudate composition, effect on wound healing ○ Causes for quantitative and qualitative changes ○ Systematic evaluation of exudate ○ Cause related treatment for unwanted exudate ○ Local wound therapy including adequate materials ○ Consequences of inadequate exudate management ○ Wound edge protection and skin care <p style="text-align: center;"><i>Consensus Document Wound Exudate, effective assessment and management (WUWHS 2019)</i></p>	<p>Experimental exercises with dressing material regarding fluid absorption/retention (if necessary under compression)</p> <p>Creation of a checklist for mode of action and indication with cost analysis</p> <p>Practical exercises with wound dressings</p>

Day	24 TU	7.6 <i>Ulcus cruris (part 2) arteriosum/mixtum</i>		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribu- tion:	Learning objectives	Learning content	Methodological didactic recommendations
3	(2)	<p>S: Determine exemplary risk factors for PAOD A: Evaluate the PAOD in its importance for the person concerned A: Understand potential complications as a risk potential for patients S: Interpret changes and symptoms of PAOD S: Classify wound and illness situation(s) based on a suitable classification system S: Select appropriate diagnostic procedures individually and explain their need S: Carry out the measurement of the ABI and interpret the results</p>	<p>Causes and pathophysiology of PAOD</p> <ul style="list-style-type: none"> ⇒ Risk factors of PAOD ⇒ Courses of the disease including potential complications ⇒ Classification systems according to Fontaine and Rutherford ⇒ Importance of accompanying CVI <p>Diagnostic procedures</p> <ul style="list-style-type: none"> ⇒ Clinical examination and anamnestic evaluation, typical comorbidities ⇒ Pulse status – doppler closure measurement ABI ⇒ Evaluation of measurement results/quantification and qualification of the perfusion disorder ⇒ Other apperative and invasive diagnostics <ul style="list-style-type: none"> ○ Duplex sonography, transcutaneous oxygen partial pressure measurement ○ Angiography ⇒ Clinical function test <ul style="list-style-type: none"> ○ Treadmill analysis, RATSCHOW test 	<p>Perform and evaluate ABI measurement</p>
3	(2)	<p>K: Differentiate operative procedures for PAOD K: Differentiate perfusion-safeguarding and special pain-reducing measures K: Reflect postoperative monitoring procedures after peripheral arterial and venous vascular diseases S: Assess clinical signs for evaluating the (restored) perfusion K: Explain the requirements and principles of systematic gait training S: Guiding patients and colleagues to supportive measures and behaviour after interventions S: Ensure the professional implementation of blood flow regulating interventions K: Reflect the complexity of the mixed arterial-venous disorder K: Assign symptoms of mixed lesion to the different causes A: Take the responsibility to ensure the required balance in therapy</p>	<p>Interventions for arterial ulcers</p> <ul style="list-style-type: none"> ⇒ Medical support of perfusion (prostavasin, pletal) ⇒ Gait training as preventive and rehabilitative strategy ⇒ Spinal cord stimulation as a neuro-modulatory procedure ⇒ General measures to support perfusion, avoid damaging effects ⇒ Invasive or operational re-perfusion therapy (PTA, TEA, bypass procedures) and post-interventional aspects ⇒ Interpretation of the reperfusion result (post-interventional ABI, post-interventional oedema, persistent perfusion failure) <p>Diagnostics with mixed ulcers</p> <ul style="list-style-type: none"> ⇒ Extent of the drainage disorder (oedema despite PAOD) ⇒ Differentiation of the arterial inflow disease (ABI) ⇒ Interventional reperfusion as a prerequisite for the required compression ⇒ Criteria and prospects of success of varicose veins surgery if the leg cannot be compressed sufficiently (cf. CVI operational procedure) ⇒ Definition of the therapeutic compression level with corresponding criteria 	<p>Presentation with photo material/possibly a film</p> <p>Reflectively developing questions about the overlapping of the clinical pictures</p>

Day		7.7 Ulcus cruris (part 2) amputation		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodological didactic recommendations
3	(4)	<p>K: Explain the indications for amputation and the surgical procedure S: Develop strategies to save the limb S: Organise postoperative care after amputation S: Evaluate the prosthetic fitting after amputation A: Be aware of the potential risks after amputation A: Evaluate the significance of the physical and psychological consequences for the person concerned</p>	<p>Amputation</p> <ul style="list-style-type: none"> ⇒ Differentiation of the terms minor and major amputation ⇒ Therapeutic approach to avoid amputations ⇒ Indications for amputation ⇒ Consequences for the person concerned ⇒ Amputation margins ⇒ Aftercare after amputations (major amputation) ⇒ Amputation stump conditioning ⇒ Preparation for the prosthetic fitting 	<p>Have the prosthesis procedure explained by an orthopaedic technician, demonstration material</p>

Day		7.8 Ulcus cruris (part 3)		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodological didactic recommendations
4	(5)	<p>K: Identify a correlation between indications and the objective of compression therapy S: Choose compression types based on individual circumstances S: Evaluate the objectives of different types of compression and be aware of potential complications S: Apply compression materials and their aids according to the manufacturer's instructions A: Be sensitised to the causes of a patient's refusal of compression therapy K: Get an overview of the legal requirements for prescription of compression systems, including supplementary materials S: Compare the cost of different compression systems</p>	<p>Compression therapy</p> <ul style="list-style-type: none"> ⇒ Indication/contraindication for compression therapy ⇒ Compression classes/target pressure values of bandages ⇒ Compression types and their differences. <ul style="list-style-type: none"> ○ Short- to long-stretch bandages ○ Multi-component systems ○ Stocking supply (type of knitting, sizes, etc.) ○ Ready-made leg ulcer stocking systems (double layer compression stocking) ○ Intermittent compression ⇒ Techniques and aids (dressing and undressing aids, padding/pelotte) ⇒ Care instructions for various materials ⇒ Problems that lead to the rejection of compression (adherence) ⇒ Potential iatrogenic injuries ⇒ Pressure measurement and success control ⇒ Prescription details and cost aspects 	<p>Practical exercises for the different systems</p> <p>Instruction and exercise incl. dressing aids; if necessary integrate in the topic "Instructions" *</p> <p>Verification of the achieved compression strength with measuring unit</p> <p>Fictitious prescribing according to objectives</p>

		Lecturer:	Time: from _____ to _____	Teaching method:
4	(3)	<p>A: Be aware of the importance of patient education as a basis for active health management</p> <p>S: Assign the different sub-areas of education to the aspects to be taught</p> <p>K: Understand which situations/conditions have a motivational-promoting or motivational-inhibiting effect</p> <p>A: Consider your role in the patient relationship as a partnership and accept the patient's autonomy</p> <p>A: Assess the promotion of patient motivation as a basic prerequisite for successful cooperation</p> <p>K: Identify determining factors of behaviour</p> <p>K: Define potential ways to enhance patient motivation</p> <p>S: Apply basic educational skills in a disease-related/behavioural way</p>	<p>Patient related communication</p> <p><u>Overriding contents</u></p> <p>⇒ Basics of patient education, repetition Woundexpert ICW®</p> <ul style="list-style-type: none"> ○ Definition, objectives, areas: Information, training/instruction, advice (delimitation of the sub-areas under decubitus and DFS) <p>⇒ Motivation</p> <ul style="list-style-type: none"> ○ Concept of motivation, motivation promotion and inhibition ○ Extrinsic and intrinsic motivation ○ Motivation using the example of the health belief model or trans theoretical model (Prochaska, Di Clement, 1994) ○ Basic contents to promote patient motivation (examples: objectives of the measures, background information, also about causes, effects of the measures, expected course of events...) <p><u>Clinical characteristics-related contents</u></p> <p>⇒ Educational content for people with ulcera crurum with exemplary topics</p> <ul style="list-style-type: none"> ○ Instructions for proportionate self-sufficiency ○ Skin observation, skin care for flaky, barky, sensitive skin ○ Itching reduction ○ Vein training, dealing with tightening aids ○ Recurrence prevention 	<p>Exercises on the basis of case studies</p> <p>*</p> <p>The clinical-characteristics-related content can be combined with the topics from the higher-level content or tested in exercise sequences.</p>

Day	24 TU	7.9 Decubitus/pressure ulcer (part 1 + 2)		
		Lecturer:	Time: from _____ to _____	Teaching method:
	TU distrib- ution:	Learning objectives	Learning content	Methodology didactic recommendations
5	(4)	<p>S: Evaluate of decubitogenic factors in a concrete situation</p> <p>K: Examine the pathophysiology of decubitus formation in a more detailed way</p> <p>S: Classify decubital ulcers according to EPUAP/NPUAP/PPPIA levels and differentiate them by differential diagnosis</p> <p>S: Record risk factors individually and anamnestically</p> <p>A: Consider prophylactic measures in the context of the professional self image</p>	<p>Fundamentals</p> <ul style="list-style-type: none"> ⇒ Causes, risk factors and origination mechanism ⇒ Principles for risk assessment, risk identification ⇒ Pathophysiology ⇒ Evaluation of visible tissue layers according to EPUAP/NPUAP/PPPIA 	Development of a target group specific risk checklist; group work with classification based on graphical material
		Lecturer:	Time: from _____ to _____	Teaching method:
5	(2)	<p>S: Carry out a systematic differential diagnostic evaluation of typical skin changes</p> <p>S: Use the assessment for IAD correctly and derive an adequate therapy</p> <p>K: Distinguish therapeutic interventions of pressure induced damage from those of the IAD</p> <p>K: Explain common problems of both damages</p>	<p>Differential diagnosis</p> <ul style="list-style-type: none"> ⇒ Differential diagnosis of non-pressure induced skin changes ⇒ Causes, clinical picture and measures for <ul style="list-style-type: none"> ○ Incontinence Associated Dermatitis (IAD), including assessment for classification ○ Intertrigo and mycosis 	Assessment exercises
		Lecturer:	Time: from _____ to _____	Teaching method:
5+6	(6)	<p>A: Be aware of the elementary importance of causal therapeutic approaches of pressure reduction and relief measures</p> <p>S: Distinguish different types and modes of action of aids and appliances for pressure distribution and relief</p> <p>K: Define selection criteria/indications for use of aids and appliances</p> <p>K: Determine requirements for different aids and appliances</p> <p>S: Apply aids and appliances with the described requirements and take the patient specific situation into account</p> <p>S: Evaluate the effectiveness of aids and appliances used</p> <p>A: Assess the patient's feelings and needs regarding the use of aids and appliances and offer alternatives if necessary</p> <p>K: Know the prescription and reimbursement criteria of aids and appliances in the context of pressure ulcer prophylaxis and treatment</p>	<p>Aids and appliances for pressure distribution, pressure relief and reduction of shearing force</p> <ul style="list-style-type: none"> ⇒ Differentiation of different modes of action (of bed, chair and other aids) <ul style="list-style-type: none"> ○ Pressure distribution/pressure reduction - pressure relief ○ Energetic/ non-energetic, additional functions, regulation of the microclimate ⇒ Criteria for the selection of aids and appliances (e.g. weight and weight distribution, body size, mobility, activity, incontinence, mental ability, underlying disease and therapy, reimbursement...) ⇒ Instructions for use and operation, handling of the aids <ul style="list-style-type: none"> ○ Seating aids ○ Transfer aids ○ Lying aids for pressure distribution and pressure relief (mattresses, beds, heel boot...) <p>Possibilities of pressure distribution when using external devises (e.g. splints, drainages, masks for respiratory therapy)</p> <ul style="list-style-type: none"> ⇒ Evaluation of the selected measures/aids and appliances Evaluation criteria, proceeding 	<p>Development of an evaluation matrix for aids and appliances</p> <p>Application of various aids and their evaluation on the basis of the evaluation matrix</p>

Day	24 TU	7.10 Decubitus (continued part 1+2)		
		Lecturer:	Time: from _____ to _____	Teaching method:
6	(4)	<p>A: Accept educational measures for decubitus prophylaxis as a challenge for those affected</p> <p>K: Justify the basic educational goals for people with a decubitus or with a decubitus risk</p> <p>S: Understand the educational needs and the educational skills systematically</p> <p>S: Plan and apply guidance steps specifically for the area of decubitus prophylaxis</p> <p>S: Develop and evaluate educational aids with the help of specified criteria</p>	<p>Patient and relative related communication</p> <p><u>Overriding contents</u></p> <ul style="list-style-type: none"> ⇒ Assessment of the educational needs and the educational ability ⇒ Formulation of goals including planning ⇒ Instructions as an educational form (sub steps of the instructional process) ⇒ Educational aids and sources <ul style="list-style-type: none"> ○ Information brochures and their evaluation (Wittener List) ○ Internet, self-help groups, information centres <p><u>Disease specific contents</u></p> <ul style="list-style-type: none"> ⇒ Instructions with focus on content (e.g. sitting, transfer techniques) ⇒ Training on risk identification and background knowledge of decubitus <ul style="list-style-type: none"> ○ Organisation of aids and their application ○ Self-monitoring, e.g., skin observation including finger test ○ Objectives and background information on planned measures 	<p>Checklist to determine the educational needs, development of questions to assess the evaluation options</p> <p>Evaluation of information brochures using examples</p> <p>Instruction of relatives in role play</p>

Day		7.11 Decubitus continued (part 3)		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodology didactic recommendations
7	(2)	<p>S: Record possible options to improve the physical condition as a complementary measure</p> <p>K: Know prescription options for nutrition therapy</p> <p>S: Plan dietary adjustment and training on the basis of the assessment and formulation of objectives</p> <p>S: Inform patients or relatives about reimbursement possibilities</p>	<p>Therapy planning for an existing decubitus</p> <ul style="list-style-type: none"> ⇒ Creation of a therapy plan ⇒ Pressure relief (see aids/prophylaxis) ⇒ Improvement of the general and nutritional condition <ul style="list-style-type: none"> ○ Indications for nutritional optimization ○ Prescription criteria for nutritional supplements 	Participants create a therapy recommendation
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
7	(6)	<p>K: Assess special aspects of wound care for decubital ulcers with regard to localisation</p> <p>K: Evaluate debridement techniques taking into account the individual wound situation and specify criteria for the decision</p> <p>S: Organise wound care for mechanical supply systems</p> <p>K: Reflect on different treatment options for deep wounds and difficult wound localisations</p> <p>A: Learn handling instructions as an opportunity to optimize wound care</p> <p>S: Know the possibilities of the plastic surgery covering procedures and ensure the success of the operation by appropriate measures</p>	<p>Focuses of local wound therapy</p> <ul style="list-style-type: none"> ⇒ Special requirements caused by the localisation of the wound <ul style="list-style-type: none"> ○ Practical tips and handling instructions such as dressing fixation ⇒ Debridement techniques <ul style="list-style-type: none"> ○ Main focus UAW <p>Mechanism of action/indications/contraindications/hazards/requirements for hygiene/application modalities</p> <ul style="list-style-type: none"> ○ maggot therapy <p>Mechanism of action/indications/contraindications</p> <ul style="list-style-type: none"> ⇒ Care of deep wound cavities <ul style="list-style-type: none"> ○ Special aspects of wound cavities: exudate drainage, undermining cavity products ⇒ Local negative pressure therapy <ul style="list-style-type: none"> Mechanism of action, types, indications, application, monitoring ⇒ Skin transplantation (grafting/flap graft) <ul style="list-style-type: none"> Indications, basic principles and requirements Aftercare, especially pressure relief Wound care, appropriate local therapy of the transplant and donor sites Monitoring of graft and donor sites <p style="text-align: right;"><i>(Infection control see DFS)</i></p>	<p>Practical exercises</p> <p>Practice handling of ultrasound-assisted debridement</p> <p>or</p> <p>applying a local negative pressure therapy</p>

Day	TU 24	7.12 Diabetic foot syndrome (part 1)		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distrib- ution:	Learning objectives	Learning content	Methodology didactic recommendations
8	(4)	<p>K: Understand the pathophysiological processes of foot changes</p> <p>S: Identify the differences of vascular and neurological manifestations and differentiate the different path anatomical changes.</p> <p>A: Assess the preventive measures and the basic diagnostics as essential factors in the treatment process.</p> <p>S: Classify the foot changes and the current wound situation using assessment instruments</p>	<p>Fundamentals</p> <p>⇒ Pathophysiological changes in a diabetic foot</p> <ul style="list-style-type: none"> ○ Peripheral polyneuropathy and its effects on a foot ○ Angiopathy and sequelae ○ Charcot foot (neuropathic osteoarthropathy) <p>⇒ Typical wound types such as diabetic foot ulcer (malum perforans) gangrene...</p> <p>⇒ Classification of DFS</p> <ul style="list-style-type: none"> ○ Risk classes according to IWGDF (International Working Group on the Diabetic Foot) ○ Degrees of severity: Wagner/Armstrong and PEDIS 	<p>Delimitate of pathophysiological changes based on image material including case description</p>
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
8	(4)	<p>K: Apply common examination methods as instructed</p> <p>S: Interpret study results and derive further requirements</p> <p>A: Consider diagnostics as a requirement for an adequate therapy</p> <p>K: Explain the observation criteria and localization of typical changes in the foot</p>	<p>Diagnostics</p> <p>⇒ Foot examination</p> <ul style="list-style-type: none"> ○ Handling monofilament ○ Tip therm ○ Tuning fork <p>⇒ Diagnostics on the foot</p> <ul style="list-style-type: none"> ○ Malpositioning of the toes ○ Hyperkeratosis ○ Limited joint mobility ○ Osteopathies (e.g., osteomyelitis, osteolysis, osteitis) 	<p>Survey of a "foot evaluation sheet" according to recommendation with the examination methods/ use of the instruments</p>

Day		7.13 Diabetic foot syndrome continued (part 2)		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodology didactic recommendations
9	(5)	<p>K: Record possibilities and limitations of podological treatment K: Classify aids according to their specific suitability and the prescription principles S: Critical evaluation of shoe supply options S: Test aids and derive generally valid principles for application S: Apply principles of different pressure relief interventions specifically for different disorders</p>	<p>Supporting and preventive measures</p> <ul style="list-style-type: none"> ⇒ Podological complex treatment <ul style="list-style-type: none"> ○ Prescription and reimbursement option ○ Manual and technical interventions ⇒ Supply of aids with criteria of pressure distribution, immobilisation and walking behaviour <ul style="list-style-type: none"> ○ Shoe supply (shoe supply according to the supply guidelines) ○ Orthoses, such as Total Contact Cast (TCC) ○ Relief shoes/boots (e.g., Aircast, Vacoped Diabetic) ○ Reasons and risks of obsolete forms of care ○ Pressure redistributing external relief (felting) basic principles, advantages and disadvantages, implementation 	<p>Handling exercise for the application of aids</p> <p>Self-awareness about walking with clawed toes, applying a relief system</p> <p>Exercises of felting to relief pressure</p>
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
9	(3)	<p>A: Strive the development of the problem awareness in patients S: Plan and carry out educational processes for prevention and support of the affected person S: Evaluate education processes in relation to planning S: Organise a consulting situation under the aspects of a partner-like and respectful communication A: Consider the development and promotion of concordant behaviour based on partnership between the person concerned and the care team as a key prerequisite for successful communication</p>	<p>Patient related communication</p> <p><u>Overriding contents</u></p> <ul style="list-style-type: none"> ⇒ Relationship formation <ul style="list-style-type: none"> ○ Questioning techniques ○ Measures to promote concordant behaviour ○ Participation, in decision making ○ Partnership between the person concerned and the care team ⇒ Options for the evaluation of patient education <ul style="list-style-type: none"> ○ Review of knowledge and skills <p><u>Clinical picture specific contents</u></p> <ul style="list-style-type: none"> ⇒ Show connections: Nerve changes and foot complications due to diabetes ⇒ Body image disturbance ⇒ Promoting awareness of the problem in the absence of suffering. Importance and content of preventive medical check ups ⇒ Training in preventive and therapeutic interventions ⇒ Self-monitoring, recognition of dangerous situations and avoidance strategies ⇒ Handling and procurement of therapeutic products and aids 	

Day		7.14 Diabetic foot syndrome continued (part 3)		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distribution:	Learning objectives	Learning content	Methodology didactic recommendations
10	(5)	<p>K: Describe the causes and consequences of biofilm on the wound S: Apply measures to combat biofilm K: Analyse the pathogenicity and therapeutic requirements of different infectious agents K: Understand the objectives of different collection techniques S: Take microbiological samples professionally and evaluate their results S: Identify severity of infection based on clinical signs/symptoms S: Plan therapeutic measures on the basis of a systematic assessment S: Manage infection prevention and initiate infection control local measures S: Differentiate different treatment goals for different wound types within the framework of DFS S: Select suitable measures for therapeutic interventions according to the defined treatment goals K: Distinguish indications for local antiseptic treatment to necessary systemic treatment</p>	<p>Infection management</p> <p>⇒ Identification of infection</p> <ul style="list-style-type: none"> ○ Clinical classification of foot infection ○ Biofilm and its role in microbial reduction measures Biofilm made easy (Phillips et al., 2010) ○ Bacteria detection tests (type of smear collection, indication related, when depth, when surface, "Essen gyroscope", Levin..., processing of the sample, what to specify...) ○ Microbiological results including evaluation of consequences ○ Typical infectious pathogens, causes and different clinical signs (Staphylococcus aureus, Pseudomonas aeruginosa) <p>⇒ Infection control</p> <p>Stage specific therapy for DFS with infection</p> <p>Criteria for immobilisation</p> <p>Options for local therapeutic intervention</p> <ul style="list-style-type: none"> - Specific measures related to the pathogen type (water bug, multi resistant pathogens, anaerobes) - Local disinfecting therapy incl. plasma therapy, antiseptics with spectrum of activity, indications and instructions for use - Antiseptic wound dressings under the aspect of economy, effectiveness, side effects and their handling - Cleansing procedure for local wound cleansing (biofilm removal using different mechanical and surgical interventions) <p>Systemic antibiois (indications and special characteristics DFS) (UAW and debridement; see decubitus)</p>	<p>Practical demonstration of swab collection</p> <p>Discussion of collected findings</p>
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
10	(3)	<p>K: Distinguish between different treatment objectives for the different wound types of the DFS S: Select suitable measures for therapeutic interventions according to the defined treatment goals S: Assess the healing process of infected wounds using valid criteria</p>	<p>Focuses of local wound therapy</p> <p>⇒ Special treatment requirements for:</p> <ul style="list-style-type: none"> ○ Exposed bones and tendons ○ Interdigital lesions ○ Gangrene/necrosis ○ Diabetic foot ulcer/hyperkeratosis <p>⇒ Specific wound therapeutics like:</p> <ul style="list-style-type: none"> ○ Haemoglobin, collagen, hyaluronic acid 	<p>Recommendation: Practical tips and handling instructions such as dressing fixation, positioning of the wound dressing, practical exercises</p> <p>Examples of care and healing results</p>

Day	TU 12	7.15 Specific wound types (part 1) tumour wounds, thermally caused wounds		
Tumour wounds				
		Lecturer:	Time: from _____ to _____	Teaching method:
	TU distribution:	Learning objectives	Learning content	Methodological didactic recommendations
11	(2)	<p>S: Classify tumour wounds according to their location/penetration</p> <p>K: Explain concomitant symptoms of tumorous wounds and their significance for the affected person</p> <p>A: Strive to give priority to measures to improve the quality of life in palliative wound situations</p> <p>S: Initiate local and general measures to improve the wound and general situation</p>	<p>Fundamentals</p> <ul style="list-style-type: none"> ⇒ Different tumour types <ul style="list-style-type: none"> ○ Wound cavity forming tumour ○ Exulcatory tumours ⇒ Effects of tumour wounds and possible interventions <ul style="list-style-type: none"> ○ Odour ○ Pain ○ Bleeding ○ Wetness ○ Itching ○ Body image disturbance ○ Social isolation 	
11	(2)	<p>K: Know problems of local wound care including fixation of dressings due to the specific disease and general situation</p> <p>S: Implement application possibilities for optimizing wound care</p> <p>A: Weigh the use of dressing materials under individual aspects and explain the decision</p>	<p>Focuses of local wound therapy</p> <ul style="list-style-type: none"> ⇒ Determine the objective of wound treatment under individual premises (curative, palliative) ⇒ Individual dressing materials and techniques ⇒ Atraumatic local therapy/wound dressings ⇒ Odour reducing materials ⇒ Organisation of the dressing change taking into account the individual problem situation 	Tips and handling instructions from practice such as dressing fixation, positioning of the wound dressing, practical exercises
Thermal wounds				
11	(1)	<p>K: Distinguish between pathophysiological processes in thermal injuries</p> <p>S: Classify thermal wounds using internationally valid systems</p> <p>S: Identify potential risks of typical complications due to the thermal injury</p>	<p>Fundamentals</p> <ul style="list-style-type: none"> ⇒ Pathophysiology of <ul style="list-style-type: none"> ○ Burn ○ Scalding ○ Frostbite ⇒ Classification systems <ul style="list-style-type: none"> ○ Burn degree (depth and clinical picture) ○ Wallace rule of nines (total body surface area (BSA)) ○ WHO classification of frostbite ⇒ Risk analysis (risk of infection, fluid deficit, compartment syndrome) 	Participants classify thermally caused wounds
11	(1)	<p>K: Define objectives in the care of thermal wounds</p> <p>S: Implement and evaluate specific wound management measures for thermal injuries</p>	<p>Focuses of local wound therapy</p> <ul style="list-style-type: none"> ⇒ Objective of wound care for thermal injuries ⇒ Special requirements/materials ⇒ Evaluation criteria 	

Day	TU 12	7.16 Specific wound types (part 2) dermatological wounds		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distrib- ution:	Learning objectives	Learning content	Methodological didactic recommendations
11	(2)	<p>K: Establish a relationship between typical symptoms and specific wound situations</p> <p>S: Differentiate between the typical chronic wounds and those with dermatological origin</p> <p>K: Identify the needs of dermatological interventions</p> <p>S: Ensure adequate wound care until differential diagnostic confirmation</p>	<ul style="list-style-type: none"> ⇒ Delimitation in abnormalities of frequent ulcer causes ⇒ Dermatological wounds – examples <ul style="list-style-type: none"> ○ Dermatoses <ul style="list-style-type: none"> ↗ Pyoderma gangrenosum ↗ Bullous pemphigoid ○ Vasculitis <ul style="list-style-type: none"> ↗ Allergic vasculitis ↗ Wegener’s granulomatosis (WG) ○ Dermatoses <ul style="list-style-type: none"> ↗ Livedoid vasculopathy ○ Infections <ul style="list-style-type: none"> ↗ Ecthyma ○ Metabolic causes <ul style="list-style-type: none"> ↗ Calciphylaxis ↗ Necrobiosis lipoidica ○ Syndrome <ul style="list-style-type: none"> ↗ Antiphospholipid syndrome (APS) ↗ CREST syndrome (limited systemic scleroderma, Thibierge Weissenbach syndrome) ⇒ Treatment principles 	

Day	TU 12	7.17 Specific wound types (part 3) complex wound situations		
		Lecturer:	Time: from _____ to _____	Teaching method:
12	(4)	<p>S: Identify risks and causes of postoperative wound healing disorders</p> <p>S: Identify the signs of a postoperative wound healing disorder and initiate necessary measures</p> <p>A: Recognise the limitations for the patient resulting from a postoperative wound healing disorder</p> <p>S: Identify risk factors and causes of erysipelas in its various manifestations</p> <p>K: Know typical pathogens and the pathogen specific therapy as well as local treatment options</p> <p>S: Evaluate the course of the disease and initiate appropriate treatment adjustments</p>	<p>Surgical wound complications (SWCs)</p> <ul style="list-style-type: none"> ⇒ Pathophysiology and causes of wound healing by secondary intention ⇒ Characteristics of wound healing disorders and potential complications ⇒ Typical wound situations using examples <ul style="list-style-type: none"> ○ Infections ○ Seromas, haematomas ○ Wound dehiscences/ruptures including abdomen ○ Soft tissue necrosis ⇒ Required strategies to support wound healing <ul style="list-style-type: none"> ○ Local and systemic measures <p>Erysipelas</p> <ul style="list-style-type: none"> ⇒ Pathophysiology and causes related to erysipelas ⇒ Symptoms of erysipelas ⇒ Treatment measures for the rehabilitation of erysipelas <ul style="list-style-type: none"> ○ General, local and systemic measures 	Use risk scores
Day	TU 4	7.18 Pain		
		Lecturer:	Time: from _____ to _____	Teaching method:
	TU distribution:	Learning objectives	Learning content	Methodology didactic recommendations
12	(4)	<p>S: Explain specific pain situations in connection with temporal and local factors</p> <p>S: Carry out an individual pain assessment with special groups of patients</p> <p>S: Identify potentially painful situations and pain triggering measures in wound care</p> <p>K: Know typical, painful wound situations</p> <p>S: Apply local measures to reduce pain in the wound area in a professional manner</p> <p>K: Know the effects and side-effects of the various analgesics and assign them to the WHO pain relief ladder</p> <p>A: Be aware of the importance of individual pain experience and psychosocial aspects</p> <p>S: Use of existing pain therapeutics for the professional care of patients</p> <p>S: Arrange institutional contacts (e.g. outpatient pain clinic) for difficult pain conditions</p>	<p>Pain management</p> <ul style="list-style-type: none"> ⇒ Pathophysiology of the development of pain especially wound pain ⇒ Individual experience of pain and its significance in the context of professional wound care ⇒ Pain assessment in special patient groups, for example: <ul style="list-style-type: none"> ○ People with dementia, children, polyneuropathy ⇒ Phantom pain and chronic pain <ul style="list-style-type: none"> ○ Peripheral and central mechanisms ○ Neuropathic pain ⇒ Potentially pain inducing situations in wound care (e.g. patient positioning, debridement, mobilisation) ⇒ Pain therapy <ul style="list-style-type: none"> ○ Local pain reducing measures (pharmacological and non-pharmacological interventions) ○ Drug therapies according to WHO pain relief ladder (pharmacology and pharmacokinetics) ○ Care options such as outpatient pain clinic, psychologist, pain nurse 	<p>Participants compare different assessment tools in pair work</p> <p>Participants assign pain situations and medication regimens to the WHO pain relief ladder</p>

Day	TU 16	7.19 Organisation (part 1)		
		Lecturer:	Time: from _____ to _____	Teaching method:
	TU distrib- ution:	Learning objectives	Learning content	Methodology didactic recommendations
13	(8)	<p>A: Recognise the need for a quality assurance system in connection with professional activity</p> <p>K: Identify the conceptual features of the quality assurance system Wound Seal ICW®</p> <p>K: Describe the spatial, technical and structural requirements for a wound care facility</p> <p>K: Define the hygienic requirements and explain their necessity</p> <p>S: Determine the quantitative and qualitative personnel requirements and plan the organisational process</p> <p>S: Organise the implementation of treatment standards based on current evidence</p> <p>S: Coordinate different therapeutic professionals in their professional setting and actions</p> <p>K: Know the focus of the audit for Wound Seal ICW®</p> <p>K: Understand the constructive evaluation of an audit</p>	<p>Organisation of a wound outpatient clinic</p> <ul style="list-style-type: none"> ⇒ Certification procedures for clinical institutions <ul style="list-style-type: none"> ○ Goals and backgrounds ○ Presentation of the Wound Seal ICW® ⇒ Contents of the wound seal certification procedure <ul style="list-style-type: none"> ○ Spatial requirements ○ Personnel requirements (qualification, areas of responsibility and responsibilities, objectives agreed on with employees) ○ Work process organisation: Procedure and organisational chart ○ Hygienic requirements ○ Treatment standards ○ Interaction in an interprofessional team ○ Communication across institutions ○ Network coordination and network building 	<p>Participants work out sub tasks of the wound seal certification</p> <p>Creation of a complete or partial organisational chart</p> <p>Group work for the evaluation of quality aspects</p>

Day	TU 16	7.20 Organisation (part 2)		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distrib- ution:	Learning objectives	Learning content	Methodology didactic recommendations
14	(4)	<p>S: Determine the quantitative and qualitative personnel requirements and plan the organisational process</p> <p>S: Organise the implementation of treatment standards based on current evidence</p> <p>S: Plan and organise discharge management from a clinic</p>	<p>Wound management in a clinic</p> <p>⇒ Organisation of wound management in a clinic on the basis of the specifications of the Wound Seal ICW®</p> <ul style="list-style-type: none"> ○ Work process organisation: Procedure instructions and organisational chart and ○ Subareas of the organisational structure such as duty rota, patient appointment, material organisation... ○ Tasks and responsibility areas ○ Discharge management 	<p>Group work on the organisational structure of an outpatient clinic in various subareas</p> <p>Develop a transfer sheet for external care</p>
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
14	(2)	<p>A: Understand the legal basis for wound documentation</p> <p>A: Make fundamental ethical and data protection considerations regarding patient specific documentation</p> <p>K: Compare different concepts and products for wound documentation and identify typical sources of error</p> <p>S: Name requirement profiles for wound documentation systems in different organisations</p> <p>S: Evaluate different documentations and justify your decision</p>	<p>Wound documentation systems</p> <p>⇒ Documentation requirements from regulatory and quality assurance aspects</p> <p>⇒ Presentation of different electronic wound documentation systems</p> <p>⇒ Technical equipment inclusive documentation software</p> <p>⇒ Communication structures within and across institutions (WEB-based data transfer)</p>	<p>Companies present their programs. Patient related data previously acquired by the group are entered.</p>
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
14	(2)	<p>A: Evaluate the examination concept as target oriented for their own work and competence development</p> <p>K: Know the examination system</p> <p>K: Implement the recommendations for preparing the presentation in the colloquium</p>	<p>Exam preparation</p> <p>⇒ Practice exam</p> <p>⇒ Assistance for exam preparation</p> <p>⇒ Systematics of the Colloquium</p> <p>⇒ Creation of a presentation for the colloquium</p>	<p>Request a sample exam from the certification body Going through the practice test</p> <p>Present the colloquium in the order of the content</p>

Day	TU 8	7.21 Health economics		
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
	TU distrib- ution:	Learning objectives	Learning content	Methodology didactic recommendations
15	(2)	K: Know the concept of primary, secondary and tertiary care and the details of regular health care A: Understand the basic concept of cross-sectoral care as a way of co-operation and coordination S: Explain the implementation possibilities of cross-sectoral care in wound care	Forms of health care provision ⇨ Primary, secondary and tertiary care with a focus on regular health care ⇨ Cross-sector care/design <ul style="list-style-type: none"> ○ Cross sector network ○ Obstacles to and needs of sector crossover 	
		<u>Lecturer:</u>	Time: from _____ to _____	<u>Teaching method:</u>
15	(6)	A: Develop an understanding of healthcare billing services S: Explain the possibilities and limitations of the reimbursement system for healthcare services S: Plan care under consideration of economic aspects	Financing and prescription ⇨ Cost efficiency principle ⇨ Budgets and benchmarks ⇨ Prescription and reimbursement possibility ⇨ Economic prescription ⇨ ICD (International Classification of Diseases) according to WHO and legal background	Calculate the reimbursement possibility of a nursing service for outpatient wound care
= 120		Total Hours		

Duration	7.22 Proof of performance		
	<u>Test supervisor:</u>	Time: from _____ to _____	<u>Teaching method:</u>
120 minutes	Written exam	⇨ 30 exam questions, issued by the certification office	
40 hours	Work shadowing/clinical practice of 40 hours in a suitable institution/workplace (see point work shadowing/clinical practice)	⇨ Following the theoretical part	
	<u>Examiner:</u>	Time: from _____ to _____	<u>Teaching method:</u>
20 minutes	Colloquium: Oral presentation of a case (see point the examination regulations) 10 minutes presentation and 10 minutes discussion per participant	⇨ In front of the examination committee (chairpersons or their representative and second examiner, see examination regulations)	

8. Overview of local wound treatment with the distribution of the topic contents

The topic of wound care is addressed within the clinical pictures each with a subarea of the local therapeutic priorities. The following table provides additional orientation for a better differentiation of topics.

Wound care subtopic	Thematic block	TU	Day
Exudation management	Ulcus cruris venosum	3	2
Amputation ⇒ Major amputation <i>(minor amputation in DFS)</i>	Ulcus cruris arteriosum and mixtum	4	3
Debridement methods ⇒ Focal point UAW ⇒ Shaving procedures ⇒ Maggot therapy	Decubitus	6	7
Care of deep wound cavities			
Negative pressure wound therapy methods			
Skin transplantation methods			
Infection control ⇒ Local disinfecting therapy, systemic antibiotics ⇒ Antiseptics with spectrum of activity, indications and instructions for use...	DFS	5	10
Biofilm and cleansing methods			
Special treatment requirements for ⇒ Exposed bones and tendons ⇒ Interdigital lesions ⇒ Gangrene/necrosis ⇒ Diabetic foot ulcer/hyperkeratosis ⇒ Specific wound therapeutics like: Haemoglobin, collagen, hyaluronic acid		3	
Treatment of tumour wounds	Specific wound types	2	11
Treatment of thermal injuries		1	11
Surgical wound complications Erysipelas		4	12

9. Overview on the distribution of the topics communication/education

Communication/education subtopic	Thematic block	TU	Day
<p>Patient related communication</p> <p><u>Superordinate contents</u></p> <ul style="list-style-type: none"> ⇒ Basics of patient education, repetition Woundexpert ICW® <ul style="list-style-type: none"> ○ Definition, objectives, areas: Information, training/instruction, advice (delimitation of the sub-areas under decubitus and DFS) ⇒ Motivation <ul style="list-style-type: none"> ○ The concept of motivation, motivation promotion and inhibition ○ Extrinsic and intrinsic motivation ○ Motivation using the example of the health belief model or trans theoretical model (Prochaska, Di Clement, 1994) ○ Basic contents to promote patient motivation (examples: objectives of the measures, background information, also about causes, effects of the measures, expected course of events...) <p><u>Clinical characteristics-related contents</u></p> <ul style="list-style-type: none"> ⇒ Educational content for people with ulcera crurum with exemplary topics <ul style="list-style-type: none"> ○ Instructions for proportionate self-sufficiency ○ Skin observation, skin care for flaky, barky, sensitive skin ○ Itching reduction ○ Vein training, dealing with tightening aids ○ Recurrence prevention 	Ulcus cruris	3	3
<p>Patient and relative related communication</p> <p><u>Superordinate contents</u></p> <ul style="list-style-type: none"> ⇒ Assessment of the educational needs and the educational ability ⇒ Formulation of goals including planning ⇒ Instructions as an educational form (sub steps of the instructional process) ⇒ Educational aids and sources <ul style="list-style-type: none"> ○ Information brochures and their evaluation (Wittener List) ○ Internet, self-aid groups, information centres <p><u>Disease specific contents</u></p> <ul style="list-style-type: none"> ⇒ Instructions with focus on content (e.g. sitting, transfer techniques) ⇒ Training on risk identification and background knowledge of decubitus <ul style="list-style-type: none"> ○ Organisation of aids and their application ○ Self-monitoring, e.g., skin observation including finger test ○ Objectives and background information on planned measures 	Decubitus	3	6
<p>Patient related communication</p> <p><u>Superordinated contents</u></p> <ul style="list-style-type: none"> ⇒ Relationship formation <ul style="list-style-type: none"> ○ Questioning techniques ○ Measures to promote concordant behaviour ○ Participation, in decision making ○ Partnership between the person concerned and the care team ⇒ Options for the evaluation of patient education <ul style="list-style-type: none"> ○ Review of knowledge and skills <p><u>Clinical picture specific contents</u></p> <ul style="list-style-type: none"> ⇒ Show connections: Nerve changes and foot complications due to diabetes ⇒ Body image disturbance ⇒ Promoting awareness of the problem in the absence of suffering. Importance and content of preventive medical check ups ⇒ Training in preventive and therapeutic interventions ⇒ Self-monitoring, recognition of dangerous situations and avoidance strategies ⇒ Handling and procurement of therapeutic products and aids 	DFS	3	9

10. Work shadowing/clinical practice Woundtherapist ICW®

10.1 Time requirements

The work shadowing/clinical practice will be completed over a period of 40 hours (á 60 min.) which can be divided into individual blocks. It may begin accompanying the theoretical part and must be completed no later than the second examination date (colloquium).

10.2 Objectives/Content

During the work, shadowing the participants should:

- Gain insights into the fundamental structures and procedures followed by different stakeholders in the care of people with chronic wounds
- Analyse structural and process-related requirements on the organisations
- Differentiate between the tasks of different health care professionals and institutions
- Reflect professional specifics of wound treatment in the practice
- Develop a critical view on the practical implementation of treatment concepts
- Understand the application of care components in terms of cause and effect
- Assess the need for networking of healthcare providers

10.3 Facilities

The participants organise their work shadowing/clinical practice place independently (contacting, scheduling ...). The work shadowing/clinical practice should be completed in facilities that focus on practicing the care of chronic wounds or is closely linked to healthcare in this field. In order to meet the goal of the work shadowing/clinical practice, it should preferably not be done at their own facilities and definitely not in their own workplace. The work shadowing/clinical practice can be divided up according to different departments.

Suitable work shadowing/clinical practice place include:

- Diabetic foot clinic
- Podiatry practice
- Wound clinic/wound care centre
- Medical surgeries with the corresponding focus of wound care
- Orthopaedic shoemaker/technician
- Institutions with wound seal certification
- Medical supply or home care companies
- Clinical departments with main focus on the treatment of chronic wounds
- Outpatient care services with focus on care of chronic wounds

10.4 Certificate

The organisation where the work shadowing/clinical practice took place certifies the participants who performed the work shadowing/clinical practice on the form "Certificate of work shadowing/clinical practice advanced seminar Woundtherapist ICW®".

⇒ *Print template in the annex*

10.5 Work shadowing/clinical practice key aspects - checklist

To support the transfer of knowledge from theory to practice, the ICW recommends focusing on work shadowing/clinical practice in core areas as listed below. This serves as an orientation guide for the selection of a work-shadowing placement and the content design.

10.5.1 Diagnostics

- Perform of an ABI (ABPI)
- Duplex sonography, venography and angiography
- Foot sensory examination according to the International Working Group on the Diabetic Foot, IWGDF Guidelines on the prevention and management of diabetic foot disease (tip-therm, tuning fork test, Semmes-Weinstein 10g monofilament)
- Plantar pressure measurement (plantar pressure measurement or measurement in the context of other supplies such as seat cushions, mattresses)
- Transcutaneous oxygen measurement
- Skin inspection in risk of decubitus
- Differences between moisture-associated skin damage and decubitus
- Clinical picture of auto-immune lesions
- Histology in case of special questions
- Take a swab
- Evaluation of imaging diagnostics
- ...

10.5.2 Provision of aids and supportive therapy

- Compression therapy
 - including leg measurements and supply of stockings, advice
 - Compression bandaging
 - Intermittent compression
- Diabetes training programs
- Custom-made shoes and insoles, as well as foot measurement by orthopaedic shoe-technician for DFS
- Application of orthoses (ready-made orthoses, total contact cast)
- Prosthetic fitting
- Gait training and vascular sport
- Aids as part of decubitus prevention and/or therapy
 - Pressure-reducing cushions
 - Special beds and mattresses
 - Special aids such as heel and elbow protectors
- ...

10.5.3 Palliative care

- Care for tumour wounds/exulcerations
- Measures to deal with wound odour
- Measures against risk of bleeding/bleeding
- Care of wounds in palliative situations
- ...

10.5.4 Special (local) treatment

- Debridement methods
 - Surgical debridement
 - Ultrasound-Assisted Wound Debridement (UAW)
 - Shaving
 - Larvae or maggot therapy
- NPWT/local negative pressure therapy
- Laser treatment
- Electrostimulation
- Hyperbaric oxygen therapy
- Plasma therapy
- ...

10.5.5 Pain therapy

- Pain assessment of people with chronic wounds
- Pain assessment of people with limited ability to communicate, as in cases of dementia
- Systemic pain therapy
- Local pain therapy and prevention strategies in wound care
- No pharmacological therapy for pain
- ...

10.5.6 Organisational structure of care institutions

- Work process organisation
- Standard application
- Procedural instructions
- Wound assessment and documentation
- ...

(Where possible, part of the work shadowing should be completed at an institution certified according to the "Wound Seal ICW®". Please refer to the list of institutions certified according to the Wound Seal ICW® at www.icwunden.de.)

11. Examination regulations Woundtherapist ICW®

§1 Admission

Only participants in/graduates of a “Woundtherapist ICW®” seminar recognised according to the requirements of the ICW are admitted to the examination. The participant must also be in possession of a valid “Woundexpert ICW®” or “Physician Woundexpert ICW®” certificate. This is to ensure that he or she has a relevant licensed professional qualification. The participant must have attended at least 80 % of the course. To keep track of the times of absenteeism, an attendance list is maintained by the provider. The participant must provide signed confirmation that he is familiar with the requirements of ICW/TÜV certification (position paper, normative document, examination regulations and syllabus relating to the “Woundtherapist ICW®”).

§ 2 Recognition of seminar

The content, duration and structure of the seminar correspond to the syllabus included in the “Woundtherapist ICW®” curriculum. The training course has been checked by the joint recognition and certification body of PersCert TÜV and ICW (in the following referred to as the certification body). Recognition of the education provider is confirmed in the form of a recognition certificate.

§ 3 Examination procedure

A two-part examination is held to demonstrate the knowledge, skills and competencies acquired through participation in the qualification measure “Woundtherapist ICW®”.

1. **Written examination** consisting of 30 questions on the topics covered by the syllabus
2. **Colloquium** (oral examination) in the form of the presentation of a case and subsequent discussion

In view of the fact that the length of the overall qualification process must not exceed one year, the education provider sets the **dates** for the written examination and the colloquium. Participants are informed in writing of the dates at the beginning of the course (e.g. on the registration form). The parts of the examination are scheduled immediately, or at the latest three months, after completion of theoretical instruction.

The education provider’s **examination committee**, as confirmed by the certification body and in accordance with the specified evaluation criteria conducts the examination.

§ 4 Written examination

The written examination is to be conducted in such a way that there is no possibility of cheating. Participants are therefore to sit at separate tables or at a sufficient distance from each other. If this is not possible, two versions of the written examination, A and B, are to be requested from the certification body.

The written examination is compiled by the certification body based on the exam question catalogue confirmed by the ICW expert panel. The paper consists of 30 questions on the topics covered by the syllabus, which are to be answered in 120 minutes.

The **assessment** of the tasks is done by the examination board by using the solution sheet provided by the joint recognition and certification body of PersCert TÜV and ICW. The solution specifications are to be seen as absolutely binding in regards to the multiple choice questions whereas they have to answer the open questions in a meaningful way.

The **points for the open questions** are shown in the questionnaire. Each correct answer results in one point. The answers are evaluated in order so that if four answers are required, only the first four are taken into account. Incorrect answers result in 0, but not in minus points. In individual cases, half point may be awarded for an incomplete but correct answer.

The **points awarded for the multiple choice questions** are not shown since no correct or incorrect conclusion can be drawn regarding the number of desired answers. In the evaluation, each correct entry will be awarded one point, each incorrect selection will be deducted from it, but a multiple question can result in a maximum of 0 points. Half points are not possible here. In the evaluation, the solutions recognized as correct are clearly marked by the examiner (✓).

§ 5 Colloquium

In the colloquium, the graduates are to give a presentation lasting ten minutes describing a genuine case to the examination committee. The two examiners subsequently ask further questions that are more specific on the case described. Exam performance is assessed by the two examiners based on the assessment matrix specified by the certification body. The graduate is notified individually of the examination result. The colloquium takes the form of an individual examination.

The main focus of the colloquium is on explanation, the formulation of objectives, planning and reflection on therapeutic measures as well as educative and communicative aspects. More detailed information is laid down in the annex “Woundtherapist ICW®” colloquium.

The certification body must approve **the examination committee**. For the colloquium, the committee consists of two examiners, of which one is from the professional seminar management (and, in agreement with the certification body the educational seminar management, where applicable). The second examiner must have taught topics in the seminar, which are relevant to the examination.

§ 6 Evaluation of examination performance

The parts of the examination are considered to have been passed if the candidate achieves a minimum grade of 4.0.

Grade key					
%	100 - 92	91 - 81	80 - 67	66 - 56	< 56
Grade:	1	2	3	4,0	< 4,0
	passed	passed	passed	passed	failed

The examination committee refers to the answer sheet provided by the certification body when grading the exam questions. The written examination and performance in the colloquium are graded separately.

In the colloquium, each of the examiners keeps a separate record of his evaluation of the graduate in the assessment matrix. If the two examiners’ evaluations of the colloquium differ by more than one grade, they are to discuss the reasons for their evaluation and agree upon a single grade. A precise breakdown of the grading process is to be found in the assessment matrix “Colloquium Woundtherapist ICW®”. The assessment matrix is archived together with the other examination documents for five years.

§ 7 Work shadowing/clinical practice

The work shadowing/clinical practice of 40 hours is part of the qualification measure. The participants look for a work shadowing/clinical practice place by themselves. A division into several time periods is recommended. The clinical practice takes place in areas of work related to caring for people with chronic wounds. The participant is guided by the specifications in the chapter “work shadowing” when selecting a place for the work shadowing.

The confirmation of a completed work shadowing to the training provider on the form *certificate of Work shadowing/clinical practice advanced seminar Woundtherapist ICW®* is a prerequisite for admission to the colloquium. The work shadowing should only be completed when the relevant contents have been taught in theory, but can be started during the ongoing seminar.

§ 8 Passing/failing the examination

The test is considered as passed if the candidate has achieved a grade of at least 4.0. Participants who **fail to attend** the examination date and/or violate any of the examination rules without a valid reason (e.g. illness) and **without a valid reason will not pass** the examination. Participants who have not passed the examination at their final attempt will receive a certificate of attendance from the educational provider. The educational provider can communicate the result to the participants in the form of grades, subject to confirmation by the joint recognition and certifying body of PersCert TÜV and ICW.

§ 9 Re-examination

If a candidate fails the examination, he may request a repetition. He only needs to retake the parts of the examination that were failed. The colloquium and the examination can be repeated twice. A failed part of the examination can be repeated at the earliest after four weeks and at the latest within twelve weeks after the announcement of the result.

Participants who have not achieved the educational objective after a repeated examination can only be readmitted to the examination by participating in a course once again.

§ 10 Examination rules

1. Cheating: No contact with other exam candidates is permitted.
2. Exam transcript: Permitted only on the exam papers made available.
3. Aids: The use of aids is not permitted.
4. Disruption: Anything preventing the examination from proceeding in an orderly manner must be excluded.
5. Leaving the examination room: On application candidates may leave the room individually but for no longer than 10 minutes.
6. Questions: Only to the test supervisor, no questions on content permitted.
7. Exclusion: If the above rules are not observed, the candidate will be deemed to have failed the examination.
8. Deliberate deception: A retake is ruled out if the participant has committed a deliberate deception (e.g. submitted case report/term paper is demonstrably not his own work, using of permitted aids).

§ 11 Appeals/inspection of examination documents

Appeals and complaints must be addressed to the Director of the joint recognition and certifying body PersCert TÜV/ICW within two weeks of the announcement of the examination results. Complaints/appeals will be handled in accordance with the standard operating procedure for handling complaints/appeals by PersCert TÜV.

In the event of an appeal against the examination result the candidate can inspect his examination documents on completion of all examination parts. To do this, he must submit a written application to the educational provider, who will allow the candidate to inspect the documents in the presence of a supervisor. The examination documents cannot be copied or handed to the candidate to take away with him. An informal record of the process must be kept. A copy of the minutes and of the examination documents must be passed on to the recognition and certifying body within one week.

§ 12 Certification

After the end of the exam the examination commission sends the exam transcript to the joint recognition and certifying body.

The certifying body of PersCert TÜV and ICW checks compliance with the requirements for *Woundtherapist ICW®* (admission requirements and examination results) defined in the "Normative document" and issues its certification. As a result of the review a certificate is issued confirming that the participant has successfully participated in the "*Woundtherapist ICW®*" course recognised according to the principles of the ICW. The certificate is **valid for 5 years**. Then, a recertification must be obtained (see forms recertification). The participant certificates are sent by the certifying body to the educational provider that issues them to the participants.

§ 13 Re-certification

A renewal of the certificate for another 5 years is possible when the validity of the certificate expires. Renewal is only possible upon written application. The application should be submitted at the earliest 3 months before the valid certificate expires.

For re-certification, annual proof of at least eight re-certification points from ICW/TÜV recognized re-certification events during the period of validity of the certificate must be provided. The evidence can be provided by copies of the certificates of participation.

§ 14 Rights of use of trademarks

TÜV Rheinland and ICW grant certified graduates the non-exclusive and non-transferable right to refer to their awarded qualification in the form of "Woundtherapist ICW®".

Participants who have been successfully certified as "Woundtherapist ICW®" are also given the opportunity - after acceptance of the terms of use - to acquire the test certificate signet from PersCert TÜV with personal ID for promotional purposes.

The right of use does not include the use of other logos, brands or other intellectual property rights of TÜV Rheinland or of cooperating companies according to §§ 15 ff. AktG, in particular not the use of the word or picture mark TÜV Rheinland.

§ 15 Monitoring

The correct use of the certificate issued is monitored by TÜV Rheinland within the scope of its possibilities. Any indications, e.g. by third parties, regarding misuse will be investigated. The certificate holder must inform TÜV Rheinland if he/she becomes aware that third parties are misusing his/her certificate. The certificate may not be used in an abusive or misleading manner. In particular, it is forbidden to create the impression that the certificate holder is an employee of TÜV Rheinland or that/her services were provided by TÜV Rheinland or on its behalf.

PersCert TÜV reserves the right to take legal action in the event that violations of these terms of use become known.

§ 16 Changes in the certification system

The joint certification body of TÜV Rheinland and ICW are authorised to change the certification system. The examination regulations valid at the beginning of the seminar apply. These regulations must be presented to the examination participants on request.

12. Colloquium

12.1 General

The colloquium is the second part of the examination. In the colloquium the graduate describes the care of a patient with a chronic wound (or several wounds). The objective is to test competence, in relation to the case in question, as acquired through the transfer of knowledge to practical experience.

The **case presentation** relates to the care of a wound patient from diagnostics to current wound care and its evaluation.

12.2 Time requirements

12.2.1 Scheduling

In view of the fact that the length of the overall qualification process should not exceed one year, the educational provider sets the date for the written examination and the colloquium. Participants/graduates are informed of the dates at the beginning of the course (e.g. on the registration form) and the dates are passed on to the certification body in writing upon registration for the course. The certification body and the participant must be informed of any changes at least four weeks before the scheduled examination date. If changes need to be made at short notice, these must be agreed in writing with the participant (e.g. change of day or time of colloquium), and the certification body must be informed of the reasons for the change.

12.2.2 Duration of colloquium

The total time should not exceed 20 minutes per graduate. The colloquium begins with the presentation of the case lasting ten minutes. The following technical discussion lasts ten minutes. If the presentation is not finished after ten minutes, the chairman of the examination committee may move on with the discussion.

12.3 Preparation for colloquium

12.3.1 Handouts for colloquium

A clear and comprehensive breakdown of the content and sequence of the presentation is to be presented by the graduate to the examiners in the form of a handout at the latest on the date of the examination. The scope of the handout should not exceed one A4 page or five PowerPoint slides.

12.3.2 Use of media and other aids

Additional media may be used to support the presentation. Media required for the presentation may need to be prepared in consultation with those responsible at the venue. Additional media may include posters, flip charts, moderation cards, video projector or pinboard.

12.4 Content structure

The main topics should be dealt with in the sequence described below:
(Structure of Colloquium in blue words)

1. [Short presentation of professional activity](#)

At the beginning of the colloquium the graduate briefly describes his professional activities and area of work. This should enable the examiners to establish a link between the subject related presentation and the graduate's practical work.

2. [Presentation by the graduate](#)

First of all, the graduate gives a brief overview of the planned content. The subsequent presentation should include the following main topics:

For the case presentation:

- Introduction of the patient
- Reasons for choosing the patient
- Medical history
- Diagnosis, diagnostics and wound description
- Therapy plan (causal, local and accompanying therapy) as well as educational measures
- Implementation of planned measures
- Evaluation of interventions
- Reflection on overall situation

3. [Technical discussion](#)

The technical discussion takes place directly after the presentation. The examiners open up a discussion on the basis of the presentation and ask situational and further questions on the case.

12.5 Performance assessment

The two examiners subsequently evaluate the presentation and technical discussion. Performance in the colloquium is evaluated by the examiners according to the evaluation criteria (table 1) and expressed as a grade. The presentation in the colloquium is recorded by one of the two examiners in the assessment matrix.

Evaluation criteria	max. points
Presentation	4
Presentation of case (see 4.2)	6
Professional aspects	6
Communicative aspects	4
total	20

Tab. 1: Evaluation criteria - Colloquium "Woundtherapist"

The evaluation criteria are listed in more detail in an assessment matrix (see annex). The graduate is subsequently informed orally of the examination result.

12.6 Assessment matrix

⇒ Print template in the appendix

13. Literature list

This list of German and international literature is a limited selection of relevant literature for the respective topics of the curriculum. It should be considered especially by the lecturers for the preparation of the teaching scripts/presentations. It does not claim to be complete. Further literature recommendations can be found in the Study Book Wound Expert at the end of each chapter on the different topics.

☞ **English literature is written in bold in the list!**

Topics a – z (order in German topic name)	Sources author, title, publisher, link
All topics of the seminar	ICW e.V. (publisher) (2014): Accompanying Study Book for Wound Expert ICW. 2nd edition.
	ICW e.V. (Hrsg.) (2019): Lernbegleitbuch zum Seminar Wundexperte ICW. 4. Auflage.
Basic literature/ definitions	ICW e.V. (Hrsg.) (2020): Standards des ICW e. V. für die Diagnostik und Therapie chronischer Wunden. https://www.mhp.medien.de/fileadmin/MHP/Zeitschriften/Wundmanagement/ICW/2017_WM_02_ICW_Standards.pdf (vom 15.12.2020).
Basic literature/extensive, cross-border including nursing care measures	Wound, Ostomy and Continence Nurses Society® (2015): Core Curriculum: Wound Management Core Curriculum: Wound Management. Wolters Kluwer.
	Lippincott Williams & Wilkins (2015): Wound Care made Incredibly Easy! 3rd edition. Wolters Kluwer.
	EWMA (2014): Managing wounds as a team - a joint position document. JWC, AWMA, AAWC, EWMA.
	Panfil E-M, Schröder G (Hrsg.) (2015): Pflege von Menschen mit chronischen Wunden. Lehrbuch für Pflegenden und Wundexperten. 3. Auflage. Hogrefe Verlag, Bern.
Basic literature wound healing and wound treatment	Dissemond J, Bültemann A, Gerber V, Jäger B, Kröger K, Münter C (2017): Diagnosis and treatment of chronic wounds: Current standards of Germany's Initiative for Chronic Wounds e.V.
	Bryant R (2015) Acute and Chronic Wounds: Current Management Concepts. 5th Edition. Elsevier publisher.
	Grey J & Harding K (2008): ABC of Wound Healing. 1st edition Blackwell Publishing.
	Bültemann A, Sellmer W u. Tigges W (2018): Wundfibel: Wunden versorgen, behandeln, heilen. 3. Auflage. Medizinisch wissenschaftliche Verlagsgesellschaft, Berlin.
	Dissemond J u. Kröger K für die ICW e.V. (Hrsg.) (2019): Chronische Wunden, Diagnostik, Therapie, Versorgung. Elsevier Verlag, München.
	Protz K (2019): Moderne Wundversorgung. 9. Auflage. Elsevier Verlag München.
	Asmussen P u. Söllner B (2010): Die Prinzipien der Wundheilung: Wundtypen, Wundheilungsvorgänge und Wundheilungsstörungen.
	Lippert H (2012): Wundatlas. Kompendium der komplexen Wundbehandlung. Thieme Verlag, Heidelberg.
	Deutsche Gesellschaft für Wundheilung und Wundbehandlung e.V. (2014): Lokalthherapie chronischer Wunden bei Patienten mit den Risiken periphere arterielle Verschlusskrankheit, Diabetes mellitus, chronische venöse Insuffizienz. http://www.awmf.org/leitlinien/detail/II/091-001.html (17.12.2020)
	Storck A, Dissemond J, Gerber v, Augustin M (2019): Kompetenzlevel in der Wundbehandlung. Empfehlungen zur Verbesserung der Versorgungsstruktur für Menschen mit chronischen Wunden in Deutschland. Gefäßchirurgie 24:388-398.
Amputation	Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF) (2019): S2K Leitlinie zur Rehabilitation nach Majoramputation an der unteren Extremität (proximal des Fußes). AWMF-Register Nr. 033/044. 4. Überarbeitung. https://www.awmf.org/uploads/tx_szleitlinien/033-044I_S2k_Rehabilitation_Majoramputation-untere_Extremitaet_2019-09.pdf (17.12.2020)
Decubitus	EPUAP (2019): Clinical Practice Guideline for the Prevention and Treatment of Pressure Ulcers/Injuries. European pressure ulcer advisory panel, Prag.

	Deutsches Netzwerk für Qualitätsentwicklung in der Pflege (DNQP) Hrsg. (2017): Expertenstandard Dekubitusprophylaxe in der Pflege. 2. Aktualisierung. Osnabrück.
	Initiative Chronische Wunden e.V. (Hrsg.) (2015): Leitfaden Dekubitus 2015. Informationen für Fachpersonal. ICW e.V., Quedlinburg.
	Initiative Chronische Wunden e.V. (2018): Update Dekubitus: Expertenkonsens für die klinische Einschätzung und Klassifikation. Quedlinburg. https://www.icwunden.de/fileadmin/Fachinfos/Standards/Dekubitus_Update_2018.pdf (21.12.2020)
	Bauerfeind G, Strupeit S (2015): Dekubitusprophylaxe und -behandlung. Praxisleitfaden zum Expertenstandard „Dekubitusprophylaxe in der Pflege. Kohlhammer Verlag, Stuttgart.
	Initiative chronische Wunden e.V. (2018): Update Dekubitus 2018. Dekubitus erkennen und richtig klassifizieren. Quedlinburg. https://www.icwunden.de/fileadmin/Fachinfos/Standards/Dekubitus_Update_2018.pdf (17.12.2020)
	Steininger A, Juncic-Puntigam M, Urban W u. Müller G (2011): Delphi-Studie zur Inhaltsvaliditätsprüfung des deutschen Inkontinenzassoziierten Dermatitis Interventions Tool (IADIT-D). In: Pflegewissenschaft, 2, S. 85-92.
DFS	International Working Group on the Diabetic Foot (IWGDF) (2019) Guidelines on the prevention and management of diabetic foot disease.
	Edmonds M & Foster A (2014): Managing the Diabetic Foot. 3rd. London: Blackwell.
	Wounds international (2017): Management of wound biofilm made easy. London.
	Nationale Versorgungsleitlinie Typ-2-Diabetes (2020): Träger: Bundesärztekammer, Kassenärztliche Bundesvereinigung, Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF). 2. Auflage (gültig bis 27.08.2020): https://www.leitlinien.de/mdb/downloads/nvl/diabetes-mellitus/dm-2aufkl-konsultation.pdf (vom 15.12.2020)
	Initiative Chronische Wunden e.V. (Hrsg.) (2015): Vorfußentlastungsschuh bei Diabetischem Fußsyndrom – Eine Stellungnahme der Initiative Chronische Wunden e. V. (Internet: www.icwunden.de) Sonderdruck WundManagement 2015; 2: 60-62. mhp-Verlag, Wiesbaden.
	Hochlehnert D, Engels G und Morbach S (2014): Das diabetische Fußsyndrom, Springer Verlag, Berlin/Heidelberg.
	Kellerer M & Müller-Wieland D, (2018): Praxisempfehlungen der Deutschen Diabetes Gesellschaft. 13. Jahrgang S 83-290. Thieme Verlag, Stuttgart.
	Hochlehnert D, Engels G u. Morbach S (2015): Das Entitätenkonzept in der Behandlung des diabetischen Fußsyndroms. Medizin und Technik /Orthopädieschuhtechnik 11/15, S 28-33. https://www.ostechnik.de/images/Veranstaltungen/Entitaetenkonezpt_OST_2015_11.pdf (17.12.2020)
	International Working Group on the Diabetic Foot (IWGDF) (2019): Guidelines on the prevention and management of diabetic foot disease. Deutsche Übersetzung der DDG Arbeitsgemeinschaft Diabetischer Fuß. 2020. https://iwgdfguidelines.org (vom 16.12.2020)
	Dissemond J, Gerber V, Lobmann, R u. Kramer, A (2019): Positionspapier TILI (Therapeutischer Index für Lokale Infektionen) Wundmanagement 6/2019, mhp-Verlag, Wiesbaden.
	AG Diabetischer Fuß (o.J.): Fuß-Dokumentationsbogen der AG-Fuß in der DDG. https://ag-fuss-ddg.de/fileadmin/arbeitsgruppe/ag_fuss/Fussdokumentationsbogen DDG.pdf (31.12.2019)
	Uschok A (2008): Körperbild und soziale Unterstützung bei Patienten mit Ulcus cruris venosum. Huber Verlag, Bern.
	Phillips P L, Wolcott R D, Fletcher J u. Schultz G s (2019): Biofilme Einfach erklärt. In: Wounds international. Band 1, Ausgabe 3, Mai 2010. https://www.icwunden.de/fileadmin/Fachinfos/2010_biofilm_woundsinternational.pdf (17.12.2020)
Education/communication	London F (2010): Informieren, Schulen, Beraten. Praxishandbuch zur Patientenedukation. 2. Auflage. Huber Verlag, Bern.
	Schaeffer D, Schmidt-Kaehler S (Hrsg.) (2011): Lehrbuch Patientenberatung. Auflage: 2. Auflage. Huber Verlag, Bern.
Exudate	World Union of Wound Healing Societies: (2019): Consensus Document. Wound Exudate: Effective Assessment and Management. Wounds international, London.

	World Union of Wound Healing Societies: (2019): Konsensuddokument. Wundexsudat: Effiziente Beurteilung und Behandlung. Wounds international, London. https://omniamedsso.om-systems.net/sso/check_site_login/site_id/15/login_type/2/ip_hash/165a4341bc867d531a1448c659e640ab (31.12.2019)
Nutrition	Johnston E (2007): The role of nutrition in tissue viability. Wounds Essentials/Wounds International.
	Verdú S & et. al. (2014): Nutrition and chronic wounds. EWMA journal.
	Acton, C (2013), The importance of nutrition in wound healing Wounds UK, Vol 9, No 3.
	Deutsches Netzwerk für Qualitätsentwicklung in der Pflege (DNQP) Hrsg. (2017): Expertenstandard Ernährungsmanagement zur Sicherung und Förderung der oralen Ernährung in der Pflege. (1. Aktualisierung) DNQP, Osnabrück.
Expert standard	Deutsches Netzwerk Qualitätsentwicklung in der Pflege (DNQP) (Hrsg.) (2015): Expertenstandard Pflege von Menschen mit chronischen Wunden. 1. Aktualisierung, Osnabrück.
	Schmidt S (2019): Expertenstandards in der Pflege - eine Gebrauchsanleitung. 4. Auflage, Springer Verlag, Berlin.
Hygiene/antiseptic	Kramer A, Dissemond J, Kim S, Willy C, Mayer D, Papke R, Tuchmann F, Assadian O (2018): Consensus on wound antisepsis: Update 2018. Skin Pharmacol Physiol 31: 28-58.
	Dissemond J et al (2011): Classification of Wounds at Risk (W.A.R. Score) and their antimicrobial treatment with polihexanide - A practice-oriented expert recommendation. Skin Pharm Physiol 24: 245-255.
	Schwarzkopf A, Dissemond J (2015): Indications and practical implementation of microbiologic diagnostics in patients with chronic wounds. J Dtsch Dermatol Ges 13(3): 203-209.
	Lipsky B A, Lipinsky B & et al. (2016): Antimicrobial stewardship in wound care: A Position Paper from the British Society for Antimicrobial Chemotherapy and European Wound Management Association. Oxford.
	Wounds International (2014): Wound infection made easy. London.
	Wounds international (2017): Management of wound biofilm made easy. London.
	Wounds International (2019) Vol 10 issue 3. A focus on the Triangle of Wound Assessment – addressing the gap challenge and identifying suspected biofilm in clinical practice.
	Schwarzkopf A (2016): Multiresistente Erreger im Gesundheitswesen, 2. Auflage, mhp Verlag, Wiesbaden
	Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention beim Robert Koch-Institut (RKI) Robert-Koch-Institut (2007): Prävention postoperativer Infektionen im Operationsgebiet https://edoc.rki.de/bitstream/handle/176904/222/297Gug15s01A.pdf?sequence=1&isAllowed=y (vom 15.12.2020)
	Schwarzkopf A, Assenheimer B, Bültemann A, Gerber V, Hoppe H.D u. Kröger K (2012): Hygienefachliche und -rechtliche Bewertung der Anwendung von Leitungswasser als Wundspüllösung. Wund Management 05/2012: 195-197.
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Brochures, guidelines, consensus recommendations as well as the study book of the ICW can be ordered at www.icwunden.de in the ICW Shop. All forms and documents for the seminar are available for download: www.icwunden.de

14. Authors

Curriculum and literature list were developed by members of ICW's expert panel:

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Annex

Certificate of work shadowing/clinical practice
advanced seminar “Woundtherapist ICW®“

To be filled by the participant:

Name of the educational and training institute (educational provider) where the advanced seminar Woundtherapist ICW® was completed:

To be completed by the work shadowing site:

Organisation wherein the work shadowing/clinical practice is performed:

(Trainee: Name/address)

has completed the work shadowing/clinical practice as part of the **advanced seminar “Woundtherapist ICW®“** in our institution at the listed time.

Description of the operational area: _____

Time(s) of work shadowing/clinical practice:

Date: _____ number of hours: _____

Date: _____ number of hours: _____

Date: _____ number of hours: _____

Date: _____ number of hours: _____

Date: _____ number of hours: _____

Please delete unused lines before confirmation!

- The above-mentioned trainee has **not** raised any patient data in order to use them outside of our organisation for the case report/term paper.
- The trainee has collected patient data in order to use them outside of our organisation for the case report/term paper. In consultation with our department the patient to whom the report refers is informed about the usage of the data. All diagnoses, surveys and photographs were created after prior information to and with the express consent of the patient. The written consent is documented in the medical record.

Place, date Name (in block letters) + signature

Stamp of the institution
 There is no stamp for the organisation/company

*If there are several places of work shadowing/clinical practice, a certificate must be issued **for each!***

Assessment matrix - Colloquium Woundtherapist ICW®

Testing organisation:
Surname, first name/given name (graduate):
Place of exam, date:

Assessment criteria	maximum points	total points
1. Presentation	4	
Time management	(1)	
Course, structure of the presentation ("red thread"/central theme)	(2)	
Use of media	(1)	
Comments		
2. Presentation of the case	6	
Background information	(1)	
Chronology and systematics of the planning steps	(2)	
Priority setting and decision making	(1)	
Evaluation of the interventions and reflection on the overall situation	(2)	
Comments		
3. Professional aspects	6	
Reflection and evaluation of the initial situation of the patient	(2)	
Transfer of taught content and acquired skills	(2)	
Professional correctness and justification contexts	(2)	
Comments		
4. Communicative accents	4	
Comprehensibility, expression and language	(1)	
Development of problem-solving approaches and argumentation	(2)	
Overall performance	(1)	
Comments		
total maximum/summary:	20	

Grade key

%	100-92	91-81	80-67	66-56	< 56%
Grade:	1	2	3	4,0	< 4,0 = failed
Points:	20-18,5	18-16,5	16-13,5	13-11,5	<11

Summarising comments: _____

Overall grade: _____ passed not passed

Repetition possible: Repetition not possible due to: _____

Place, date

Name and signature of the examiner (from the registered examination committee)
One evaluation matrix must be filled in per examiner. See examination regulation.