
Clinical practise **Basic Seminar "Woundexpert ICW[®]"**

In order to present the objective of the clinical practise to all those involved,
this form should be submitted to the clinical practise site.

1. Information on clinical practise

1.1 Timely requirements

The clinical practise will be completed over a period of 16 hours, which can be divided into individual blocks. The clinical practise must be completed within three months after the written examination. By this point, the written paper must also be submitted.

1.2 Objectives/Content

The clinical practise is intended to meet two objectives:

- a) Firstly, the participants should be made aware as a "Woundexpert ICW" of the general conditions of other participants involved in care. This is an important concern due to the increasing need for the integration of all health care providers.
- b) Moreover, the clinical practise is designed to provide the participant with an insight into treatment structures and therapeutic concepts and to connect the knowledge so gained with that acquired during the seminar. For this reason, the clinical practise will be conducted after completion of the theoretical content. This may already be before the written examination if it is not directly dated following the theory. Participants can contact a wound patient with the consent of the facility management and develop a case report through file inspection, survey and monitoring as well as assessing the expected course with the patient's agreement (see case report).

1.3 Facilities

The participants independently look for an clinical practise place. The clinical practise should be completed in a facility that focuses on practising the care of chronic wounds. The clinical practise can be divided up according to different departments (e.g. diabetic foot clinic, podiatry practice, wound clinic/consultation hours etc.). In order to meet the goal of the clinical practise, it should preferably not be done at their own facility and definitely not in their own workplace.

1.4 Certificate

The clinical practise agency certifies the participants who performed the clinical practise on the form "Certificate of Clinical practise Basic Seminar Woundexpert ICW[®]".

Notice about language usage: to simplify reading, we will only use the masculine form, but we also implicitly mean the female form.

Certificate of Clinical practise

Basic Seminar "Wundexpert ICW®"

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To be filled by the participant:

Name of the education and training institute (training provider,) where the basic seminar Woundexpert ICW® was completed:

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To be completed by the clinical practise site:

Facility, wherein the clinical practise is performed:

(Name/ Address)

We confirm Ms./Mr.

(Name/ Address)

has successfully completed his / her clinical practise as part of the **Basic Seminar "Wundexpert ICW®"** in our organization / company at the listed time.

Description of the operational area: _____

Time(s) of Clinical practise:

Date: _____	Number of hours: _____
Date: _____	Number of hours: _____
Date: _____	Number of hours: _____
Date: _____	Number of hours: _____

The above-mentioned guest student has **not** raised any patient data in order to use them outside of our facility for the written paper.

The guest student, as part of clinical practise is applicable to raise patient data in order to use them outside of our facility for the written paper. In consultation with our department, the patient to whom the report concerns 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 informed consent is documented in the medical record.

Place, Date

(Name in block letters)

Signature/Stamp

*In case of several clinical practise positions, **only** one certificate each must be issued!*