

Curriculum international “Woundexpert ICW[®]”

1. Guiding objective

Attending the basic seminar of the “Initiative Chronische Wunden e.V. (ICW)” enables the attendees to treat people with chronic wounds correctly and to implement preventive and local therapeutic measures. The seminar entails at least 56 lessons (of 45 minutes) plus 16 hours (60 minutes) of sitting in and closes with a two-part proof of performance, comprising a written examination and a written paper.

The differentiated learning objectives have been listed in the following table together with the matching contents of learning. Supplementary explanations can be found in the annex.

The learning objectives and contents of learning are to be seen in the context of the national health system.

2. Target groups

The basic seminar is aimed at the following professional groups ¹²:

- nursing personnel (state-registered nurses, state-registered paediatric nurses, geriatric nurses)
- physicians (human medicine)

Only the professional groups named in the target groups can obtain the certification of the ICW/TÜV PersCert as a wound expert ICW[®].

3. Sitting-in

The 16-hour sitting-in is done in an institution with a focal point of treatment of persons with chronic wounds. The institution in question documents the period of sitting-in by means of a certificate. (More details, see *Sitting-in, wound expert*)

4. Examination

The examination is held according to the requirements of the *Wounds Normative Document* for trained staff. The basic seminar is concluded with a two-part examination, which is structured as follows:

- written examination with 23 questions from the various subject areas of the curriculum. It is issued by the acknowledgement and certification office.
- five-page written paper with the focal point of case description and a part area describing the sitting-in. More details are provided by the *Examination regulations, wound expert ICW* and the form *Sitting-in and written paper, wound expert ICW*.

¹ The list of the group admitted contains the professional designation valid at the time. Thus, all formerly equivalent qualifications with a different designation, e.g. doctor's assistant, now trained medical assistant, are also admitted.

² Alphabetical order

5. Certificate

After passing both parts of the examination, the attendees acquire the qualification "Wound expert ICW®". The certificate is valid for five years. After this, re-certification is necessary (see Information *Recertification*).

Curriculum Basic Seminar “Woundexpert ICW®”

Objective: correct treatment of persons with chronic wounds

It entails at least 56 lessons (45 minutes) plus 16 hours (60 minutes) of sitting-in (excluding the examination).
The focal point is professional competence of action with the part areas: technical, methodical, social and personnel competence.

45 min les- son	Cognitive learning objectives The attendees...	Affective learning objectives The attendees ...	Psychomotoric learning objectives The attendees ...	Contents of learning	Remarks
Day 1 - Course introduction/course organisation and fundamentals					
1	ICW and course concept				
	<ul style="list-style-type: none"> • Summarise the fundamental structures and tasks of the medical-scientific case company ICW • Demonstrate the educational concept of ICW in its conceptional structure 	<ul style="list-style-type: none"> • Assign an important factual role specific to the vocation to the treatment of persons with chronic wounds • Observe the importance of life-long learning as an important integral part of the vocational self-concept 		<ul style="list-style-type: none"> ⇒ Specialist company/association ⇒ Setting targets (tasks/panels) ⇒ Membership ⇒ Offers of additional and further training ⇒ Certification/recertification ⇒ Requirements for attending the seminar/the certification ⇒ Homepage of ICW 	<ul style="list-style-type: none"> ☞ ICW presentation for providers ☞ ICW flyer ☞ ICW positional paper ☞ Current publications and brochures www.icwunden.de
2	Skin/skin care				
	<ul style="list-style-type: none"> • Explain structure, function and importance of the skin as an organ • Identify typical changes to the skin in persons with chronic wounds • Portray damaging exogenous influential factors on the skin • Differentiate measures for skin protection and skin care as a demarcation to the use of dermal therapeutics 	<ul style="list-style-type: none"> • Are sensitised for the consequences of skin damage for people affected and their integrity • Assess skin assessment and skin care as important measures in the treatment concept 	<ul style="list-style-type: none"> • Assess the skin properties including edge and surroundings of the wound, taking the situation specific for the patient into account • Apply skin protection and skin care measures relative to the indication • Identify factors potentially damaging the skin • Use skin protection and 	<ul style="list-style-type: none"> ⇒ Anatomy and physiology of the skin ⇒ General changes to the skin, (old-age skin, dry, flaky, moist, damaged skin) ⇒ Skin damage in connection with chronic wounds (maceration, scarred skin as opposed to intact skin) ⇒ Edge and surrounding of wound ⇒ Substances with an effect poten- 	<ul style="list-style-type: none"> ☞ Integrate typical skin damage of the clinical pictures to the subjects in question, e.g. Intertrigo and IAD with the differential diagnosis decubitus

	<ul style="list-style-type: none"> • Derive care measures according to the current skin condition 		<p>skin care products according to the therapeutic requirements and the manufacturer's information</p>	<p>tially irritating the skin and triggering intolerability reactions</p> <ul style="list-style-type: none"> ⇒ Skin protection and care (distinction in objectives and warranty) ⇒ Various product groups (W/O and O/W lotion, urea products) 	
3	<u>Kinds of wounds and wound healing</u>				
	<ul style="list-style-type: none"> • Understand the interconnection between kinds of wounds and wound healing • Formulate the various origination mechanisms of wounds • Compare chronic and acute wounds • Differentiate primary and secondary wound healing • Distinguish various causes of wound healing disorders, incl. infection • Compare the characteristics of the individual phases of wound healing 	<ul style="list-style-type: none"> • Assign a fundamental importance to the cause of the wound • Are motivated to use the cause of the wound with the current wound situation as the basis for the treatment strategy • Are conscious of the complex sequences of wound healing and the influencing factors 	<ul style="list-style-type: none"> • Analyse wound situations according to their appearance and anamnesis criteria • Identify disturbing factors for wound healing by means of the current wound situation 	<ul style="list-style-type: none"> ⇒ Kinds of wounds ⇒ Preconditions of physiological wound healing ⇒ Primary and secondary wound healing ⇒ Wound healing phases and wound exudate ⇒ Wound properties ⇒ Local and systemic disturbing factors ⇒ Chronic wounds ⇒ Biofilm (origination and importance) 	<ul style="list-style-type: none"> ☞ Kinds of wounds can be taken up again in the subject wound documentation as securing of results/refreshing. ☞ Have both subjects taught by one lecturer
2	<u>Pain</u>				
	<ul style="list-style-type: none"> • Compare chronic and acute pain • Compare various assessment instruments for recording pain • Distinguish the possibilities for medication and non-medication pain therapy or avoidance • Interpret the structure of the WHO pain relief ladder • Distinguish various groups of analgesics • Assess pain-triggering situations in wound treatment 	<ul style="list-style-type: none"> • Assign a central importance to the patient with his individual pain situation • Regard combating and avoiding pain as an essential therapeutic objective 	<ul style="list-style-type: none"> • Use pain assessment instruments with an orientation to the target groups • Implement measures for avoiding and combating pain • Support persons with chronic wounds in the endeavour for pain reduction or freedom from pain 	<ul style="list-style-type: none"> ⇒ Origination of pain and kinds of pain (chronic and acute pain) ⇒ Pain assessment (pain scales and recording without scales) ⇒ Non-medication pain therapy and psychosocial aspects incl. pain-increasing and pain-reducing factors ⇒ Pain avoidance (see local wound treatment) ⇒ WHO pain relief ladder (only overview of groups of medication) 	Present pain scales

Day 2 - Wound healing/wound assessment/documentation/proofs of performance

Sitting-in and proofs of performance

2					
	<ul style="list-style-type: none"> • Know the concept of the proofs of performance • Name the structure of the written examination and the written paper incl. the setting of focal points • Demonstrate the focal points of sitting-in 	<ul style="list-style-type: none"> • Assess the written paper as a chance for own transfer of knowledge and as a critical concern with the contents of learning • Develop a consciousness for the theory-practice transfer • Reflect routines of action by a change of perspective 	<ul style="list-style-type: none"> • Produce a written paper with the help of required criteria • Implement normative requirements within the framework of the proofs of performance 	<ul style="list-style-type: none"> ⇒ Book accompanying learning ⇒ Written examination (example) ⇒ Formal and content criteria for the production of the written paper ⇒ Assessment criteria of the written paper ⇒ Requirements/objective for the sitting-in ⇒ Periods 	<ul style="list-style-type: none"> ☞ Form for the Wound Expert ICW® ☞ Normative documents ☞ Use of the Wound Expert ICW® book accompanying learning
3	Hygiene in wound treatment				
	<ul style="list-style-type: none"> • Describe guidelines for hygiene in changing bandages and also of the hands • Recognise typical sources and chains of infections within the framework of wound treatment • Understand the peculiarities for patients with problem germs • Plan the necessary hygienic measures for problem germs • Portray the spectrum of the typical problem germs • Describe the principles in taking examination material 	<ul style="list-style-type: none"> • Implement the necessities of hygienic measures in treatment of persons with chronic wounds • Are conscious of the responsibility with a view to their own action as a role model function 	<ul style="list-style-type: none"> • Implement hygienic guidelines when changing bandages in the ambulant and stationary area • Take measures for personal hygiene and also that of the patient • Take smears correctly • Initiate necessary measures with problem germs • Initiate hygienic measures towards third parties and persons involved in the treatment process 	<ul style="list-style-type: none"> ⇒ Fundamentals of infection studies (disinfection and clinical) ⇒ Hygienic measures for interruption of infection chains, e.g. hygienic hand disinfection and moistening gaps, protective clothing, application and removal, dealing with disposable gloves ⇒ Preparation, implementation and after-work on change of bandages, complying with hygienic guidelines ⇒ Problem germs (e.g. MRSA) in wounds ⇒ Technique for taking smears ⇒ Tasks of the Robert Koch Institute (RKI) ⇒ Demarcation KRINKO/RKI against other publications 	<ul style="list-style-type: none"> ☞ Practical exercises for hand disinfection ☞ Demonstration for taking smears
3	Wound assessment and wound documentation				
	<ul style="list-style-type: none"> • Interpret content and formal requirements of wound documentation 	<ul style="list-style-type: none"> • Reflect the meaning of technical language • Take on responsibility for a 	<ul style="list-style-type: none"> • Record an individual wound anamnesis according to binding criteria 	<ul style="list-style-type: none"> ⇒ Objectives of wound documentation ⇒ Legal and content requirements 	<ul style="list-style-type: none"> ☞ ICW definitions for wound treatment ☞ Exercises for wound assess-

	<ul style="list-style-type: none"> • Describe the assessment criteria in detail • Differentiate various kinds of tissue and structures in wound documentation • Substantiate the requirements and recommendations for photo documentation 	<p>meaningful wound documentation</p> <ul style="list-style-type: none"> • Are sensitised for ethical and legal aspects of photo and other wound documentations • Regard the wound documentation as a continuous process to understand the current situation and also the sequence of healing 	<ul style="list-style-type: none"> • Document the wound situation regularly according to the legal requirements • Use technical terms correctly in the course of the wound documentation • Take data protection law directives into account • Produce a meaningful photo documentation 	<p>of wound documentation</p> <ul style="list-style-type: none"> ⇒ Components of wound anamnesis ⇒ Wound assessment/written documentation incl. technical terms and classifications ⇒ Continuous monitoring ⇒ Photo documentation incl. technical criteria for production ⇒ Ethical aspects of the photo documentation ⇒ Data protection in photo documentation 	<p>ment and documentation</p> <ul style="list-style-type: none"> ☞ Combination with the subjects: kinds of wound, phase-related wound management/case management ☞ Data protection in general in the subject of Law <p>Individual classification see DFS/UC/Decubitus</p>
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Day 3 - Expert standard/ Ulcus cruris

2	Caring and Quality of Life by patient with chronic wounds				
	<ul style="list-style-type: none"> • Describe typical wound- and therapy-induced limitations of everyday life for persons with chronic wounds • Understand the causes of body image disturbances and fears • Explain the objective of individual support • Define the difference between patient-centred as opposed to wound-focused view 	<ul style="list-style-type: none"> • Are conscious of the wound- and therapy-induced limitations with a view to the quality of life of persons with chronic wounds • Assess the individual patient-centred objectives such as well-being as requirements guiding actions • Are motivated to support the patients in their autonomy • See the individual with his chronic wound(s) in the focus of their professional action 	<ul style="list-style-type: none"> • Implement the tasks provided for in the expert standard in the course of the nursing process for persons with chronic wounds • Apply the assessment-related criteria in the wound anamnesis and documentation • Plan measures on the basis of the assessment-related judgment of the total situation with the focal point of supporting autonomy 	<ul style="list-style-type: none"> ⇒ Influencing of the quality of life wound and therapy-induced limitations ⇒ Role of fears and body image disturbances ⇒ Meaning of self-management competences, support of self-management ⇒ Objective of nursing ⇒ Coordination of the treatment process 	<ul style="list-style-type: none"> ☞ Produce connection to the subject of house work ☞ Coordination with the subject/teacher documentation ☞ Cf. expert standard nursing of persons with chronic wounds DNQP
6	Ulcus cruris prophylaxis / treatment				
	<ul style="list-style-type: none"> • Recognise causes, appearances and subsequent damage of vessel-induced Ulcera crurum • Compare venous and arterial ulcers • Explain classifications und fundamental diagnostic measures • Derive cause-specific therapeutic interventions • Identify measures for prevention of leg ulcers • Explain objective and way of working of compression therapy • Distinguish various compression treatments and systems 	<ul style="list-style-type: none"> • Assign a decisive significance to the cause-related treatment of Ulcera crurum • Assess compression therapy as significant in prophylaxis and therapy of venous ulcers • Are conscious of the risks within the framework of compression therapy 	<ul style="list-style-type: none"> • Identify local changes to the legs and ascribe them to venous or arterial functional disorders • Assess the angle-brachial index (ABI) and derive requirements for action • Choose adequate compression treatment and apply it correctly • Inform patients about the compression therapy and give information for its handling • Evaluate the existing compression therapy on the basis of valid criteria 	<ul style="list-style-type: none"> ⇒ Forms of vessel-induced ulcers ⇒ Demarcation against non-vessel-induced ulcers as an overview ⇒ Pathophysiology UCV/UCA ⇒ Classification CEAP and Fontaine (only overall concept) ⇒ Diagnostics and therapy methods of vessel-induced disorders (only overview) ⇒ Basic knowledge compression therapy, indications and contraindications ⇒ Various compression materials (short-stretch compared with long-stretch bandages and finished bandage systems) 	<ul style="list-style-type: none"> ☞ Demonstration: palpate foot pulses ☞ Interpretation of ABI figures, e.g. with grid ☞ Bandaging with short-stretch bandages including verification techniques which can be used for evaluation in practice. ☞ The intensification lessons can be used for a "bandaging workshop" ☞ Effectivity control with pressure measurement can be recommended for the exer-

				<ul style="list-style-type: none"> ⇒ Bandaging techniques (fundamentals of bandaging technique and compression values in bandaging) ⇒ Medicinal compression stockings and compression classes ⇒ Ulcus stocking systems (principle) ⇒ Help in putting on and taking off (overview) ⇒ Evaluation of the compression therapy 	cises
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Day 4 - Decubitus/Diabetic Foot Syndrome (DFS)

4 Decubitus/ Prophylaxis and Therapy					
<ul style="list-style-type: none"> • Describe the origination mechanism of decubitus ulcers • Identify risk factors and risk groups • Explain principles of pressure-distributing and relieving and also movement-supporting measures • Classify decubital ulcers by means of EPUAP/NPUAP • Describe evaluation criteria for assessment of the interventions • Demarcate other skin damage in differential diagnostics • Understand therapeutic principles in existing decubitus 	<ul style="list-style-type: none"> • Develop a critical consciousness towards assessment instruments • Reflect the importance of consistent decubitus prophylaxis and causal therapy • Perceive movement support and mobilisation as activation processes • Adopt a responsible and economical attitude towards use of aids and positioning systems 	<ul style="list-style-type: none"> • Carry out a systematic risk assessment • Produce a movement and measure plan with an orientation to resources • Select pressure-distributing and pressure-relieving as well as other prophylactic measures individually and purposefully • Use aids individually and taking economic aspects into due account • Assess the effectivity of selected measures • Guarantee after-treatment of a surgical decubitus treatment 	<ul style="list-style-type: none"> ⇒ Causes (pressure, shearing forces and pathomechanisms) ⇒ Predilection points and risk assessment ⇒ Classification according to EPUAP/NPUAP ⇒ Differential diagnostics (demarcation against IAD, Intertrigo, combustion) ⇒ Prophylaxis and causal therapy ⇒ Movement support/mobility ⇒ Choice/assessment of pressure-distributing and pressure-relieving measures ⇒ Possibilities of surgical treatment of a decubitus 	<ul style="list-style-type: none"> ☞ Therapy plan with existing decubitus could be included in an optional lesson or in case work after wound treatment 	
4 Diabetic foot syndrome (DFS) / Prophylaxis and Therapy					
<ul style="list-style-type: none"> • Portray causes, appearances and subsequent damage of DFS • Describe the classification according to Wagner/Armstrong • Demonstrate the essential examination methods • Explain the fundamental therapeutic steps • Substantiate the most important prophylactic measures 	<ul style="list-style-type: none"> • Register the requirement of specific observation and consultancy aspects on this subject • Develop consciousness towards the complexity of the clinical picture in its local and systemic implications • Assign importance to the syndrome from an epidemiological and demographic view 	<ul style="list-style-type: none"> • Select pressure-relieving measures and apply them and other prophylactic measures • Consult patients with a view to foot care, foot inspection and foot clothing as well as shoes • Inspect the foot for specific changes and initiate necessary measures • Produce a permanent comparison between the foot changes and the DFS for the purpose of early recognition and relapse prophylaxis in professional practice 	<ul style="list-style-type: none"> ⇒ Origination mechanism ⇒ Demarcation DFS vs. Diabetic Foot Ulcer ⇒ Pathophysiological aspects (pPNP, neuropathy forms and mixed forms) ⇒ Examination methods and techniques ⇒ Classification according to Wagner/Armstrong (overview) ⇒ Origination of foot ulcers, role of ceratoses and other wound-triggering factors ⇒ Preventive measures, e.g. foot inspection and foot care ⇒ Pressure relief by suitable aids (overview) 	<ul style="list-style-type: none"> ☞ ICW comments <i>Front foot relief show</i> ☞ pAVK and Fontaine stages in the subject of Ulcus Cruris ☞ Terms of localisation of foot ulcers image material / exercises on the basis of case examples ☞ Connection with the subject of Education recommended 	

Day 5 - Local therapy principles/product groups/exudates management/therapy matching the phase/débridement

6	Principals of wound treatment and wound dressings			
<p>Product groups</p> <ul style="list-style-type: none"> • Explain the requirements made of wound coverings and the various product groups with a view to structure, effects, indications and contraindications • Demonstrate application options of product groups <p>Therapy matching the phase</p> <ul style="list-style-type: none"> • Emphasise the principles of phase-related wound therapy • Assign products to the matching wound phases and wound situations • Name the treatment objectives in various wound healing phases • Know which products are obsolete <p>Exudate management</p> <ul style="list-style-type: none"> • Emphasise the tasks of exudate management and develop solution strategies • Explain the connection between wound situation, choice of product and bandage changing interval <p>Smell management</p> <ul style="list-style-type: none"> • Substantiate a smell management with inclusion of the patient's individual situation of life 	<ul style="list-style-type: none"> • Weigh up economic and patient-related objectives critically • Observe limitations in everyday life of sufferers by a choice of suitable wound bandages as being procedural • Assign great importance to a wound treatment matching the phase • Are sensitised for the psychosocial effects of exudate strains • Assess the development of smell as a factor restricting life 	<ul style="list-style-type: none"> • Choose materials relative to the indication in accordance with the wound and individual life situation of the patient in question • Apply products or combinations of products relative to the indication and as intended • Use treatment alternatives in accordance with the clinical picture • Adapt bandage changing intervals to the wound situation • Consider the objective of non-traumatic procedure when changing a bandage 	<ul style="list-style-type: none"> ⇒ The ideal wound covering ⇒ Wound coverings as product groups ⇒ Exemplarily individual products each in structure, mode of effect, indications and contraindications as well as application ⇒ Relevant product groups: <ul style="list-style-type: none"> ☞ Semi-permeable transparent foil ☞ Hydrogel ☞ Hydrocolloid ☞ Super-absorber ☞ PU foam ☞ Cavity ☞ Hydrofibre, alginate ☞ Distance bars ☞ Activated carbon ☞ (Combinations of products) ⇒ Silicone ⇒ Local therapeutics: negative list, obsolete therapy ⇒ Protection of edge of wound (see teaching: Skin) ⇒ Local underpressure therapy (only overview of the mode of function and the field of use) ⇒ Influencing factors for the bandage changing intervals 	<ul style="list-style-type: none"> ☞ A representative selection of products from various manufacturers must be kept for the product groups and demonstrated to the attendees ☞ Exercising of absorption capacity including evaluation by the attendees

2	Wound cleaning/wound rinsing			⇒	
	<ul style="list-style-type: none"> • Substantiate the requirements of wound cleaning procedures • Know the indications and contraindications for the débridement methods • Distinguish various débridement methods with a view to their effectiveness, availability, economicness and risks • Describe various wound rinsing solutions in their handling 	<ul style="list-style-type: none"> • Are conscious of the requirements and risks of the individual débridement methods • Assess wound cleaning as an essential precondition for wound healing 	<ul style="list-style-type: none"> • Perform wound cleaning and wound rinsing properly within the framework of their legitimisation for action • Apply the various methods as intended • Assess effectivity of the measures applied in the sequence of treatment 	⇒ Débridement techniques and methods incl. instruments ⇒ Products for mechanical (microfibre and foampads,...) and autolytic wound cleaning (alginates, hydrofibres, hydro-gels, wound coverings for wet therapy) ⇒ Preserved and unpreserved wound rinsing solutions ⇒ Terminal water filters (sterile filters) in use of tap water ⇒ Biofilm treatment	<ul style="list-style-type: none"> ☞ Suitable info: Wounds International Paper on the subject of <i>Biofilm</i> ☞ Presentation of materials and instruments and allocation to methods

Day 6 – Infection management/financing/law

2 Infection management					
	<ul style="list-style-type: none"> • Assign the degrees of difficulty of the infection to the matching codes/terms • Substantiate the indications of an aseptic local therapy • Understand the mode of function and indications of antiseptics • Know exposure time and application requirements for antiseptic solutions • Describe potential undesired effects of antiseptic products 	<ul style="list-style-type: none"> • Perceive the importance of infection monitoring as an original task • Are sensitised for the reflected use of various antiseptic substances 	<ul style="list-style-type: none"> • Have a mastery of the specific measures for infected and smell-forming wounds • Select local antiseptic measures according to relevant criteria • Apply antiseptics in accordance with the provisions 	<ul style="list-style-type: none"> ⇒ Infection stages of wounds ⇒ Foundations of infected wounds ⇒ Possibilities of treatment for germ reduction ⇒ Demarcation of preserved wound rinses and antiseptics ⇒ Antiseptics (silver, octenidine and iodine ..) ⇒ Exposure times, application duration and storage of wound rinsing solutions and antiseptics ⇒ Application requirements and contraindications ⇒ Passive products for germ binding (hydrophobic wound coverings) ⇒ Product combinations 	<ul style="list-style-type: none"> ☞ Product selection of antiseptics and allocation to active ingredients ☞ Assess other antiseptics used in the state in question under the criteria of consensus recommendation
2 Case management					
	<ul style="list-style-type: none"> • Put theoretical knowledge into practice on the basis of a specific case example • Recognise the relevant aspects of the wound treatment process and discuss alternatives of action 	<ul style="list-style-type: none"> • Perceive the importance of treating persons with chronic wounds with a holistic mode of procedure • Ascribe high importance to treatment with individual adaptation 	<ul style="list-style-type: none"> • Select measures and products purposefully on the basis of existing information and specialist knowledge • Apply local and causal therapeutic measures relative to the case 	<ul style="list-style-type: none"> ⇒ Case example(s) with statements on the holistic description of the patient with cause of wound or clinical picture and the local wound situation and psychosocial aspects ⇒ Assessment of the wound situation incl. the underlying cause(s) ⇒ Planning of the cause-related and concomitant measures ⇒ Selection of local treatment options 	<ul style="list-style-type: none"> ☞ Cases can be taken from the book accompanying teaching ☞ Allocation/discussion of causal and local therapy ☞ Suited for preparation for the written paper

1	Financing of wound treatment				
	<ul style="list-style-type: none"> • Portray the various financing situations • Know the differing costs of wound treatment 	<ul style="list-style-type: none"> • Develop consciousness towards the individual requirements and the economic framework conditions • Assume responsibility towards the people involved in the treatment process 	<ul style="list-style-type: none"> • Monitor the economic use of aids and treatment products • Observe the treatment process under the patient's current and individual situation • Determine the costs for the planned wound treatment 	<ul style="list-style-type: none"> ⇒ Possibility of reimbursement ⇒ Costs of wound coverings ⇒ Excess provision ⇒ Demarcation drugs and banding equipment to aids and therapeutic means 	<ul style="list-style-type: none"> ☞ Attendees calculate the costs for a wound treatment on the basis of an example
1	Legal aspects of wound treatment				
	<ul style="list-style-type: none"> • Name the legal and statutory foundations of nursing persons with chronic wounds • Demarcate medicinal devices from drugs • Refer to the liability law framework in the case in question 	<ul style="list-style-type: none"> • Are conscious of the importance of the legal requirements for own and third parties' actions 	<ul style="list-style-type: none"> • Act in the legal leeway for action of the profession in question • Identify the legal limits of action in the profession in question 	<ul style="list-style-type: none"> ⇒ Medicinal Devices Act and Operators' Ordinance, German Drugs Act (<u>only</u> with regard to wound-specific subjects) ⇒ Importance of the instructions for use with medicinal devices ⇒ Pictograms in medicinal devices ⇒ Responsibility for orders, implementation and organisation ⇒ Vocation-specific reservations of action with the example of medical reservations and ability to delegate ⇒ Data protection 	
2	Miscellaneous wound situations				
	<ul style="list-style-type: none"> • Understand the [...] for classification of the surface of the burn and the depth of the burn • Describe the fundamental treatment requirements for burn wounds • Name the risk factors for postoperative wound healing disorders and preventive measures • Know the typical indications of a postoperative wound healing disorder 	<ul style="list-style-type: none"> • Are sensitised for the potential subsequent damage in cases of burn wounds • Ascribe high importance to the monitoring of postoperative wounds 	<ul style="list-style-type: none"> • Calculate the extent of a burn • Initiate the local treatment measures following an indication 	<ul style="list-style-type: none"> ⇒ Burn wounds ☞ Classification of the burn wounds by surface and depth ☞ Focal points of treatment of burn wounds ⇒ Postoperative wound healing disorders ☞ Risks for their origination ☞ Avoidance ☞ Indications ☞ General therapy principles 	<ul style="list-style-type: none"> Not the burn illness as a complete subject, but only the burn with its local incidents on the wound and treatment

Tag 7 - Education/Nutrition/Available Lessons

Tag 7 - Education/Nutrition/Available Lessons					
4	Education				
	<ul style="list-style-type: none"> • Have an overview of the fundamentals of patient education • Substantiate the objectives of patient education • Distinguish the central processes of patient education such as forwarding of information, consultancy, coaching and instruction • Understand discussions as a foundation in the education process • Explain methods of instruction and coaching 	<ul style="list-style-type: none"> • Scrutinize their own attitude towards patient education • Perceive patient education as an essential module in a therapy plan • Endeavour to support the patients in their autonomy/self-care • Are sensitised for potential disturbing factors from the patient's point of view 	<ul style="list-style-type: none"> • Apply discussion techniques in consultancy situations • Evaluate typical errors in discussions • Hold an information discussion with structural requirements • Discuss objectives to be aimed for together with the patients 	<ul style="list-style-type: none"> ⇒ The active listening discussion technique as a foundation of patient education ⇒ Objective, part areas and possibilities of patient education (overview) ⇒ Supportive and inhibitive aspects in education ⇒ Part elements in the course of education (instruction and coaching) 	<ul style="list-style-type: none"> ☞ The contents are to be taught under the specific aspect of the situation of persons with chronic wounds in the treatment setting. A close reference to practice is to be produced! ☞ Role games sensible: Apply discussion technique Example of education measures: <ul style="list-style-type: none"> ○ Anamnesis discussion ○ Instruction of nursing dependants in cases of existing or threatening decubitus ○ Coaching for skin care with UCV
2	Nutrition				
	<ul style="list-style-type: none"> • Produce an interconnection between deficient nutrition and wound healing disorder • Explain the nutrients relevant for wound healing and their essential functions • Name clinical criteria for assessment of the state of nutrition • Compare assessment instruments for assessment of the state of nutrition exemplarily • Distinguish additional nutrition 	<ul style="list-style-type: none"> • Observe nutrition of patients with chronic wounds as an important factor • Feel responsible for understanding nutrition and fluid defects as potential risk factors at an early stage 	<ul style="list-style-type: none"> • Assess the state of nutrition by means of subjective and clinical criteria • Determine the requirement of fluids and nutrients for patients with chronic wounds • Apply nutrition assessments according to a purposeful selection • Select aids for nutrition intake and preparation • Administer nutrient supplements relative to the indication • Take measures to determine patients' water balance 	<ul style="list-style-type: none"> ⇒ Clinical criteria of nutrition assessment and also assessment instruments ⇒ Determination of requirements on the basis of selected instruments ⇒ Aids and supplements and their possibility of reimbursement ⇒ Influence of nutrition on wound healing ⇒ Dehydration with causes and consequences 	<ul style="list-style-type: none"> ☞ Portals and calculation aids for nutrition requirements
2	Intensification lesson				

Preparation for the written exam with accompanying book/alternatively practical exercises				
= 56				
2	<u>Written examination</u>			

Examination of learning objectives/transfer of knowledge

90 Min.	Written examination paper	<ul style="list-style-type: none"> 23 exam questions, set by the acknowledgment and certification office
16 lessons of 60 min.	Sitting-in	<ul style="list-style-type: none"> In subject-related institution (see form Sitting-In and Written Paper)
	Written paper (To be submitted no later than three months after written exam) The submission date applies independent of repeated written exams or alternative central exam appointments attended by individual participants in the seminar.	<ul style="list-style-type: none"> Scope of five pages (see form Sitting-In and Written Paper), plus a separate wound documentation

Reference on organisation of further training:

- The seminars aim at development of action, which is why the subjects should be processed didactically and methodically. For example, contents can be taught in the form of projects, group work, case discussions, exercises and demonstrations.
- Wound coverings, compression materials etc. must be available to a suitable extent. The product examples should be available from at least five companies.
- Literature must be available to a suitable extent.
- The contents are to be taught in a sensible order based on one another. The order stated in the curriculum serves as a close recommendation. In this way, a continuous learning process is initiated.
- For the subject points marked with the comment “(Overview)”, only fundamental information is to be given. No details are to be taught here.

Selection of teachers

- The teachers must possess provable subject-based expertise.
- The two managers must be involved in the seminar as teachers.
- At least three teachers must be planned, with no more than half the teaching units being covered by any one of them.

Literature list basic seminar: “Woundexpert ICW®“

Subject area, alphabetical <i>(in German)</i>	Literature source: Author, Title, Publisher	Suited for
All subjects of the seminar	ICW e.V. (publ.) (2016): Lernbegleitbuch zum Seminar Wundexperte ICW. 3 rd edition	Attendees (preparation for exam) Teachers (orientation)
Basic literature/extensive, cross-border incl. treatment of persons with chronic wounds. nursing measures	Panfil E-M., Schröder G (Hrsg.) (2015): Pflege von Menschen mit chronischen Wunden. Lehrbuch für Pflegendende und Wundexperten. 3 rd ed.. Hogrefe Verlag, Bern.	Teachers Attendees
Basic literature/cross-border incl. wound treatment, clinical pictures	Protz K (2016): Moderne Wundversorgung. 8. Auflage. Elsevier Verlag München.	Teachers Attendees
Decubitus	Deutsches Netzwerk für Qualitätsentwicklung in der Pflege (DNQP) Publ. (2010): Expertenstandard Dekubitusprophylaxe in der Pflege. 1 st update. Osnabrück.	Teachers Attendees
Decubitus	Initiative Chronische Wunden e.V. (2015): Informationen für Fachpersonal. Leitfaden Dekubitus 2015. Quedlinburg.	Teachers Attendees
Decubitus	Schröder G., Kottner J (Publ.) (2011): Dekubitus und Dekubitusprophylaxe. Hogrefe Verlag, Bern.	Teachers Attendees
DFS	Nationale Versorgungsleitlinie Typ-2-Diabetes (2009): Version 2.7; Träger: Bundesärztekammer, Kassenärztliche Bundesvereinigung, Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF). (Currently under review)	Teachers
DFS	Hochlehnert D, Engels G und Morbach S (2014): Das diabetische Fußsyndrom, Springer Verlag, Berlin/Heidelberg.	Teachers
Nutrition	Deutsches Netzwerk für Qualitätsentwicklung in der Pflege (DNQP) Hrsg. (2010): Expertenstandard Ernährungsmanagement in Pflege. Osnabrück (Currently under review)	Teachers
Production of written papers	Zertifizierungsstelle ICW/PersCert TÜV für Wundqualifizierungen (2017): Formulare zur Hospitation & Hausarbeit, Prüfungsordnung Wundexperte. www.icwunden.de	Teachers Attendees

Expert standard	Deutsches Netzwerk Qualitätsentwicklung in der Pflege (DNQP) (Publ.) (2015): Expertenstandard Pflege von Menschen mit chronischen Wunden. 1 st update, Osnabrück.	Teachers Attendees
Expert standard	Unterricht Pflege (2011): Expertenstandards vermitteln. 16 th year, booklet 2, Brake.	Teachers
Hygiene	Schwarzkopf A (2016): Multiresistente Erreger im Gesundheitswesen, 2 nd ed., mhp-Verlag 2016	Teachers
Hygiene	Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention (KRINKO) beim Robert Koch-Institut (2014): Empfehlungen zur Prävention und Kontrolle von Methicillin-resistenten Staphylococcus aureus-Stämmen (MRSA) in medizinischen und pflegerischen Einrichtungen.	Teachers Attendees
Hygiene	Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention beim Robert Koch-Institut (RKI) Robert-Koch-Institut (2005): Infektionsprävention in Heimen, Bundesgesundheitsblatt- Gesundheitsforschung-Gesundheitsschutz. 48:1061–1080, DOI 10.1007/s00103-005-1126-2.	
Hygiene	Empfehlung der Kommission für Krankenhaushygiene und Infektionsprävention beim Robert Koch-Institut (RKI) Robert-Koch-Institut (2007): Prävention postoperativer Infektionen im Operationsgebiet	Teachers
Compression therapy	Deutsche Gesellschaft für Phlebologie. (2009): Leitlinie: Phlebologischer Kompressionsverband (PKV). AWMF-Leitlinien-Register Nr. 037/005. (Currently under review)	Teachers
Compression therapy	Protz K, Dissemond J, Kröger K (2016): Kompressionstherapie. Ein Überblick für die Praxis. Springer- Verlag, Berlin.	Attendees Teachers
Compression therapy	Reich-Schupke S und Stücker M (2013): Moderne Kompressionstherapie. Viavital Verlag, Köln.	Teachers
Communication	Rogall-Adam R, Josuks H. und Adam G (2011): Professionelle Kommunikation in Pflege und Management: Ein praxisnaher Leitfaden (PFLEGE kolleg). 2 nd ed.	Teachers
Communication	Unterricht Pflege (2008): Beratung. 13. Jahrgang, Heft 3. Prodos Verlag, Brake.	Teachers
Communication	Grundlagen Pflege für die Aus- Fort- und Weiterbildung (2008): Beratung gestalten. Heft 25. Prodos Verlag, Brake.	Attendees
Law	Großkopf V und Klein H (2011): Recht in Medizin und Pflege. 4. Auflage. Spitta Verlag, Balingen.	Teachers

Law	Höfert R (2011): Von Fall zu Fall – Pflege im Recht. 3 rd ed. Springer Verlag, Berlin.	
Pain	Deutsches Netzwerk für Qualitätsentwicklung in der Pflege (DNQP) Hrsg. (2011): Expertenstandard Schmerzmanagement in der Pflege bei akuten Schmerzen. 1 st update. Osnabrück.	Teachers Attendees
Ulcus cruris venosum /compression therapy	Deutsche Gesellschaft für Phlebologie. (2008): Leitlinie: Diagnostik und Therapie des Ulcus cruris venosum. AWMF-Leitlinien-Register Nr. 037/009, (Currently under review)	Teachers
Ulcus cruris arteriosum	Deutsche Gesellschaft für Angiologie, Gesellschaft für Gefäßmedizin. (2015): Leitlinien zur Diagnostik und Therapie der peripheren arteriellen Verschlusskrankheit (pAVK). AWMF-Leitlinien-Register Nr. 065/003.	Teachers
Wound/wound documentation	Dissemond J et al. (2016): Definitionen für die Wundbehandlung. In: Der Hausarzt S. 265-266. Springer Verlag, Berlin	Teachers Attendees
Wound treatment/wound coverings	Vasel-Biergans und Probst W (2011): Wundversorgung für die Pflege, 2. Auflage. Wissenschaftliche Verlagsgesellschaft, Stuttgart.	Teachers Attendees
Wound documentation/wound treatment/guideline	Deutsche Gesellschaft für Wundheilung und Wundbehandlung (DGfW) e. V. Lokalthherapie chronischer Wunden bei Patienten mit den Risiken periphere arterielle Verschlusskrankheit, Diabetes mellitus, chronische venöse Insuffizienz. 2012. AWMF-Leitlinien-Register Nr. 091/001, processing status 6/2012.	Teachers

Curriculum and literature list were produced by members of the experts' panel of the ICW:

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Annex:

Explanations on the structure of the learning objectives and on competence areas

The curriculum has been structured according to learning objectives. The decisive thing for this is the intention of counteracting a one-sided, cognitive, knowledge-teaching alignment of the teaching. Learning objectives portray the (action) ability of the learner which is to be achieved.

Motto:

The greatest objective of education is not knowledge, but action (H. Spencher)

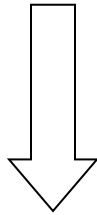
Structure of learning objectives

The structure is orientated to the three-phased system developed by Benjamin Bloom and David Krathwol. The learning objectives have not been sub-structured in phases of difficulty, they partly result from the terms used (see sub-grouping of the learning objectives). A further differentiation must be stipulated by the teachers on site.

1. Cognitive learning objectives

They relate to thinking, intellectual abilities, knowledge and problem-solving; starting with simple and specific through to more complex and more abstract matters. Learning objectives with the focal point remembering or reproducing and also ones including the solution of an intellectual task in which main problems have to be determined, required material ordered or combined are implied. The gradation of the cognitive learning objectives in rising order entails:

- a) Knowledge
- b) Understanding
- c) Application
- d) Analysis
- e) Synthesis
- f) Assessment

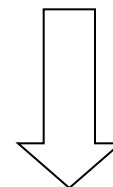


The degree of difficulty increases with each phase.

2. Affective learning objectives

They relate to the personal effects or motivation, interests, attitudes and stances as well as values and principles and opinions. The gradation of the affective learning objectives entails:

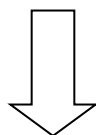
1. Becoming attentive, observing
2. Reacting
3. Assessing
4. Structured build-up of a system of values
5. Being fulfilled by a value or a value structure



3. Psychomotoric learning objectives

They relate to manual, muscular, implementation-orientated objectives and motor skills, co-ordination and imitation, which have correct dealings with materials or objects as their focus. The gradation of the psychomotoric learning objectives entails:

- a) Manipulation
- b) Precision
- c) Structuring of action
- d) Naturalisation



Competence areas

With a view to later activity, competence in action to be achieved is the focus of attention. It is not a question of accessing specialist knowledge, but the ability of each attendee to transfer the elements which have been learned to a specific case in practice with the necessary motivation, correctly and expertly, with a sense of responsibility. In addition, it is also a question of personally thought-out, target-orientated action for independent problem-solving and self-reflection.

For this, the following part competences are necessary:

1. **Method competence** (e.g. applying consultancy methods, carrying out research)
2. **Social competence** (e.g. cooperation and communication in therapeutic teams)
3. **Personal and self-competence** (develop an empathy capacity for certain nursing situations)
4. **Specialist competence** (ability to plan, implement and evaluate nursing actions independently)

To examine the learning objectives and competences, various examination elements are mandatory. They cover various learning objectives and degrees of difficulty and examine not only mere specialist knowledge, but also the acquired competences in various scopes.

Sources:

Bloom B (1976): Taxonomie von Lernzielen im kognitiven Bereich. 5. Auflage, Weinheim.

Mager R F (1994): Lernziele und Unterricht. Weinheim.

Sahmel K-H (Hrsg.)(2002): Grundfragen der Pflegepädagogik. Stuttgart

Schewior-Popp S (2005): Lernsituationen planen und gestalten. Handlungs-orientierter Unterricht im Lernfeldkontext. Stuttgart.

Sieger M (Hrsg.) (2001): Pflegepädagogik. Handbuch zur pflegeberuflichen Bildung

Wydra G (2002): Zusammenfassung der Taxonomie von Lernzielen im kognitiven Bereich (Bloom´sche Taxonomie).