

**Curriculum
basic seminar
“Physician
Woundexpert ICW®”**

2022-2023

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1. Basic information

The seminar of Physician Woundexpert ICW® is a specific educational concept of the ICW/TÜV qualifications only for doctors of human medicine. Due to demographic change and the increase in chronic diseases, additional competencies are necessary in the health care system in order to guarantee medical care for those affected.

1.1. Key objective

The completion of the basic seminar of the „Initiative Chronische Wunden e.V. (ICW“) enables the participants to carry out the professional care for people with chronic wounds and the implementation of preventive, diagnostic and local therapeutic measures.

1.2. Target group

The seminar is aimed exclusively at physicians, however, no explicit wound specific qualification is required for participation.

1.3. Qualification objectives

- Basic knowledge of wound formation and wound healing
- Profound knowledge of assessment and wound documentation
- Detailed knowledge of typical clinical pictures and wound causes
- Complexity of the care of people with chronic wounds
- Strategies for the implementation of therapeutic treatment objectives
- Ability to organise and ensure hygiene aspects
- Knowledge and skills in the use of wound care products
- Differentiated knowledge of relevant legal regulations
- Structural possibilities for multi-professional cooperation

1.4. Examination

The exam is carried out in accordance with the specifications of the “normative document professional personnel”. The basic seminar concludes with a two-part examination which is structured as follows:

- Written exam with 23 questions from different subject areas of the curriculum. This is issued by the recognition and certification body.
- For the colloquium the participant chooses a typical case (patient with a chronic wound) from the practice. A presentation or paper will be prepared for this case (for more details see point colloquium). If the own field of work does not offer an adequate case, a clinical practice can be made for this purpose in consultation with the seminar management.

1.5. Certificate

After passing both parts of the exam, the participants obtain the degree "Physician Woundexpert ICW®". The certificate is valid for five years. After this period, a re-certification must take place (see information on *re-certification*).

2. Seminar structure

The seminar consists of at least 56 teaching units (45 minutes each) in attendance.

Mandatory from 2023, currently recommended: As part of the seminar, a work shadowing/clinical practice of eight (60 minutes each) takes place in a facility with focus on the treatment of patients with chronic wounds. The place of work shadowing/clinical practice will provide a certificate confirming the time spent on work shadowing (see § 6 *Certificate of work shadowing/clinical practice basic seminar Physician Woundexpert ICW*).

The seminar concludes with a two-part certificate of achievement, consisting of an exam and a colloquium (see 1.4) . Participants must also calculate time for self-organized learning of approximately 30 teaching units (45 minutes each) for exam preparation.

The total period of time including all teaching units and the proof of performance amounts to a maximum of six months.

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. and 4. The learning objectives and 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.

Institution	Location of the course including detailed address
Professional management (same as application):	Educational management (same as application):

Information in topic heading:
 Red: No change option
 Green: Variable
 Blue: Weighing up

3. Schedule/curriculum „Physician Woundexpert ICW®“ in table form

Objective: Professional care for people with chronic wounds

It includes at least 56 teaching units (45 minutes each).

The focus is on the competence to act in regards to: professional, methodical, social and personal competence.

1. Part

Learning objectives of the participant

TU of 45 min	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
Day 1 - Seminar introduction/organisation and basics					Provider date:
1	3.1. ICW and course concept as well as introduction and getting to know each other				
	This topic must take place at the beginning of the course				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Understand the objectives of ICW as a medical scientific association and its educational concepts ☺ Know the requirements of the certification 	<ul style="list-style-type: none"> ♥ Develop an awareness of the importance of a medical scientific association ♥ Consider the importance of lifelong learning as an important part of the professional self-image. 		<ul style="list-style-type: none"> ⇒ Information about the ICW as a medical scientific association and its objectives ⇒ Definition of objectives, explanation of the course concept ⇒ Basic knowledge of the certification procedure including re-certification of the binding standards and the proof of performance 	<ul style="list-style-type: none"> 📄 Position paper of the ICW e.V. 📄 Curriculum including exam regulations 📄 Homepage, flyer and brochures of the ICW

1	3.2. Wound morphology/wound physiology Must be taught at the beginning of the course				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Differentiate wound healing disorders ☺ Differentiate between various classification systems for wound description and diagnostics ☺ Distinguish different therapeutic approaches in wound therapy ☺ Differentiate the wound healing process in its phases and appearance 	<ul style="list-style-type: none"> ♥ Take responsibility for the learning process within the framework of the basics ♥ Identifying wounds as a disorder of physical integrity 		<ul style="list-style-type: none"> ⇒ Wound phase/wound closure/wound healing ⇒ Wound exudate (components and factors influencing quality and quantity, influence of wound exudate on wound healing) ⇒ Acute wound vs. chronic wound ⇒ Chronic wounds (characteristics, chronification, demarcations) ⇒ Differentiation of chronic wounds from tumours, pyoderma, vasculitis ⇒ Microbiology of the wound ⇒ Concepts of modern wound therapy ⇒ Local or systemic wound healing disorder 	<ul style="list-style-type: none"> ☞ Definitions of the ICW ☞ Case studies/pictures
2	3.3. Wound assessment and documentation Must be taught at the beginning of the course				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Apply criteria of correct and professional documentation of wound status/treatment ☺ Assess wounds according to standardised quality characteristics ☺ Justify the specifications and recommendations for the photo documentation 	<ul style="list-style-type: none"> ♥ Realise the documentation as an object of professional self-conception ♥ Consider the wound documentation as a continuous process for the comprehensibility of the current situation and the course of healing ♥ Be sensitised to the ethical and legal aspects of photography and other wound documentation 	<ul style="list-style-type: none"> ☞ Take the individual wound history according to pre-defined criteria ☞ Observe data protection regulations ☞ Create a meaningful photo documentation 	<ul style="list-style-type: none"> ⇒ Documentation options (form, free text, analogue vs. digital documentation) ⇒ Photo documentation (legal aspects, handling a digital camera) ⇒ Surveying options (linear method, planimetry, digital surface measurement, depth measurement: metric or by means of the tissue structure, calibration) ⇒ Methods and criteria of wound documentation ⇒ Nomenclature for wound description, wound margin and wound surrounding 	<ul style="list-style-type: none"> ☞ Exercises on the basis of case studies ☞ Evaluation of different photos ☞ Background definitions of the ICW and international/national guidelines ☞ Algorithms in assessment according to guidelines

				<ul style="list-style-type: none"> ⇒ Classification of the wound phases, tissue vitality, tissue type, anatomical structure and wound localisation ⇒ Documentation options for exudate, odour, infection and pain ⇒ Assessment of the wound dressing ⇒ Documentation of the wound dressing performed 	
3	3.4. Basics of an up-to-date local wound therapy To be taught before special wound therapy and case work				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Understand the basic principle of moist wound treatment as opposed to dry wound treatment ☺ Identify criteria for suitable wound care products and classify them according to product categories. ☺ Assign modes of action and material components to product categories 	<ul style="list-style-type: none"> ♥ Developing a set of values for dealing with supply products ♥ Show an open mind to dynamic processes 	<ul style="list-style-type: none"> ✎ Select indications for moist wound treatment 	<ul style="list-style-type: none"> ⇒ Turner criteria (ideal wound dressing) ⇒ Passive, interactive and active products ⇒ Appropriate individual wound care ⇒ Materials/techniques for moist wound treatment ⇒ Materials and overview of product groups and their characteristics as systematics 	<ul style="list-style-type: none"> ☞ Products from different manufacturers/product groups are available and used
1	3.5. Plastic surgery options for wound therapy To be taught after wound assessment and wound documentation				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Know different surgical techniques ☺ Determine the indications for the application of plastic surgery coverages ☺ Weigh up the possibilities and limits of plastic surgery coverages ☺ Checking the success rate of plastic surgery coverages ☺ Initiate necessary aftercare 	<ul style="list-style-type: none"> ♥ Develop a discursive attitude towards surgical interventions ♥ Put the person affected at the centre of attention 		<ul style="list-style-type: none"> ⇒ Indications for plastic surgery coverages of chronic wounds ⇒ Advantages and disadvantages of plastic surgery coverages compared to conservative treatment ⇒ Possibilities and limits of plastic surgery processes ⇒ Different techniques of plastic surgery coverages ⇒ After-treatment and success control after plastic surgery coverages 	<ul style="list-style-type: none"> ☞ Explaining options and results using the example of a decubitus and/or DFS

Day 2 - Main topics: Local therapy/infection/hygiene					Provider date:
TU	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
2	3.6. Wound therapy according to wound healing phases According to topics from day 1, (except plastic surgery) to be taught before special wound therapy				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Justify wound care in the context of cause and effect ☺ Taking economic aspects into account in the care process ☺ Align the therapy with anamnestic facts ☺ Distinguish between current and obsolete wound care products 	<ul style="list-style-type: none"> ♥ Form a general value system regarding the suitability of wound dressings for wound situations ♥ Feeling responsible for the patient 		<ul style="list-style-type: none"> ⇒ Wound dressing depending on the condition of the wound (wound coatings, fibrin, exudate quantity, biofilm, infection) ⇒ Treatment objectives for different wound situations and assignment of product groups/characteristics ⇒ Orientation of wound care to individual patient needs vs. economic efficiency ⇒ Further options for local therapy ⇒ Outdated local therapeutic agents, dyes ⇒ Reimbursement /costs of wound care products 	<ul style="list-style-type: none"> ☞ Case scenarios ☞ Differentiation from infection management
2	3.7. Exudate and odour management and protection of wound margins According to topics from day 1, (except plastic surgery) to be taught before special wound therapy				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Organise wound care with regard to large amounts of exudate ☺ Describe the consequences and causes of inadequate exudate management ☺ Evaluate exudation under systemic aspects 	<ul style="list-style-type: none"> ♥ Form a concept for exudate management ♥ Be sensitised to the reflected use of various local therapeutic substances ♥ Classify wound therapeutics in the overall wound management complex 	<ul style="list-style-type: none"> ☞ Use wound products in the context of liquid capacity ☞ Initiate local and systemic intervention to resolve the wound problem ☞ Master the special measures for odour-forming wounds 	<ul style="list-style-type: none"> ⇒ Objectives of exudate management ⇒ Influences on the exudate quantity ⇒ Material-dependent absorption of exudate ⇒ Exudate absorption under compression ⇒ Maceration and wound margin protection ⇒ Substitution in case of protein, liquid and electrolyte losses ⇒ Causes of wound odour, odour-reducing treatment 	<ul style="list-style-type: none"> ☞ Practical demonstrations/exercises ☞ Coordination of odour management with palliative wound care

2	3.8. Infection management <i>Coordination with hygiene useful, to be taught after wound basics</i>				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Explain the indication for local antiseptic therapy ☺ Describe potential side effects of antiseptic products ☺ Identify correlations between biofilm and wound healing disorders ☺ Identify the risk of wound infection ☺ Name typical pathogen spectra ☺ Initiating and justifying therapy steps for wound infections 	<ul style="list-style-type: none"> ♥ Consider the infection situation as a guide to action ♥ Take the importance of infection monitoring as an elementary task 	<ul style="list-style-type: none"> ✋ Select local antiseptic measures according to relevant criteria 	<ul style="list-style-type: none"> ⇒ Biofilm (development, influence on wound healing and measures) ⇒ Modern antiseptics/anti-infectives and active substances in distinction to "old" antiseptics ⇒ Risk of wound infections (systemic/local) ⇒ Typical pathogens and assessing wound infections ⇒ Treatment strategies for wound infections ⇒ Antimicrobial local therapy (antiseptics, antimicrobial local therapeutics) 	<ul style="list-style-type: none"> ☞ <i>Opinion on local therapy with antiseptics and time limitation of use</i>
2	3.9. Hygiene <i>Coordination with infection management useful, to be taught after wound basics</i>				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Justify necessary hygienic measures in connection with wound care ☺ Analyse the multifactorial importance of hygiene ☺ Record the special features of patients with problem germs 	<ul style="list-style-type: none"> ♥ Consider hygiene as a central value in the chain of action ♥ Understand self-protection and protection of others as elementary ♥ Be aware of the responsibility regarding their own actions in the sense of being a role of model 	<ul style="list-style-type: none"> ✋ Practicing hygienic measures under the aspects of self-protection and protection of others ✋ Initiate hygienic measures towards third parties or persons involved in the healthcare process 	<ul style="list-style-type: none"> ⇒ Hand hygiene → identification of moistening gaps ⇒ Putting on and taking off protective clothing ⇒ Other hygienic measures (e.g. isolation) ⇒ "Robert Koch Institute" (RKI) hygiene guidelines (with regard to tap water, isolation) ⇒ Role of tap water ⇒ Hygienically correct dressing change ⇒ Multi resistant pathogens and measures 	<ul style="list-style-type: none"> ☞ <i>Consensus recommendation of ICW</i> ☞ <i>Practical exercises, moistening gaps, putting on and taking off protective clothing</i>

Day 3 - Main topics: Ulcus cruris (CVI, PAOD, mixtum, differential diagnostics)					Provider date:
TU	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
1	3.10. PAOD pathophysiology Thematic block (CVI compression therapy + sub-themes PAOD) should be taught together, to be taught after wound basics				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ The clinical picture of PAOD is made accessible in all medical and wound therapy treatments ☺ Understand the PAODs from a systemic perspective	♥ Understand possible developments for the patient ♥ Perceive the PAOD as a situation that restricts the quality of life	✎ Use specific classifications correctly	⇒ Anatomy and physiology of the arteries ⇒ Pathogenesis/causes of PAOD (arteriosclerosis, inflammatory causes, etc.) ⇒ Classifications of the PAOD ⇒ Chronic critical limb ischaemia (CLI) and differentiation from claudication intermittent (CI)	
1	3.11. PAOD therapy				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Distinguish different therapeutic strategies ☺ Plan the therapy of PAOD according to evidence-based knowledge	♥ Weigh up therapeutic interventions from a multifactorial perspective ♥ Consider the amputation as last option	✎ Practice exercise-oriented interventions for vascular damage	⇒ Therapy goals depending on the damage ⇒ Gait training and foot gymnastics ⇒ Surgical intervention options (overview: stent, thrombectomy, balloon angioplasty, bypass) ⇒ Drug treatment (overview: thrombolysis, anticoagulants, prostavasin) ⇒ Amputation (indications, borderline localisation and aftercare, stump care)	
1	3.12. CVI pathophysiology				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ The clinical picture of CVI is made accessible in all medical and wound therapy dimensions ☺ Consider the CVI from a systemic perspective	♥ Integrate assessment tools into information and decision-making ♥ Weigh up therapeutic interventions from a multifactorial perspective	✎ Use specific classifications correctly	⇒ Anatomy, physiology and pathophysiology of the veins ⇒ Risk factors for CVI ⇒ Differentiation PTS and varicosis ⇒ Pathophysiology and clinic of the CVI ⇒ Widmer's and CEAP classification	

1	3.13. <i>Ulcus cruris diagnostics and differential diagnostics</i>				
	Lecturer		Time: From _____ to _____		Teaching method:
	☺ Select appropriate diagnostic measures ☺ Assign diagnostic and anamnestic results to vascular disease patterns	♥ Develop a critical attitude towards solely technology-based anamnesis	✎ Use diagnostic measures within the framework of practical exercises/skills lab ✎ Associate local changes in the leg with venous or arterial dysfunctions	⇒ Differentiation from other ulcer forms ⇒ Clinical and technical diagnostics (duplex sonography, Doppler) and ankle-brachial index (ABI/ ABPI) ⇒ Limits of imaging techniques	✎ Practical demonstrations/exercises ✎ Coordination with the lecturer ("rare causes of ulcers")
1	3.14. <i>Ulcus cruris venosum therapy/invasive procedures</i>				
	Lecturer		Time: From _____ to _____		Teaching method:
	☺ Plan the therapy of venous leg ulcer according to evidence-based knowledge ☺ Assign interventions according to the phases of compression	♥ Adapting the value system to current scientific knowledge		⇒ Step plan of ulcer therapy ⇒ Decongestion phase, maintenance phase, recurrence prophylaxis (see compression therapy)	✎ Current study situation ✎ Coordination with topic compression
1	3.15. <i>Oedema and its differential diagnostic</i>				
	Lecturer		Time: From _____ to _____		Teaching method:
	☺ Differentiate oedema using differential diagnostic criteria	♥ Consider oedema formation as a symptom inherent system	✎ Use diagnostic measures for differentiation	⇒ Lipoedema characteristics ⇒ Lymphoedema (stages + therapy goals) ⇒ Cardiac oedema ⇒ Orthostatic oedema distinguished from CVI	
2	3.16. <i>Compression with CVI</i> To be taught after theoretical part of CVI				
	Lecturer		Time: From _____ to _____		Teaching method:
	☺ Analyse the compression therapy taking into	♥ Internalise the possibilities of compression	✎ Carry out bandaging as part of practical instructions	⇒ Indications and contraindications ⇒ Basic terms of different compression systems	✎ Practical exercises ✎ Current study results

	account all relevant factors ☺ Implement guidelines for the prescription of compression therapy	therapy as an essential part of a therapy	✎ Use techniques to apply compression materials	⇒ Compression bandage, compression stocking, compression materials ⇒ Prescription of compression systems	
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Day 4 - Main topics: DFS/networks/treatment pathway/palliation/law					Provider date:
TU	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
1	3.17. Clinical picture of diabetic foot syndrome Thematic block DFS coherent, to be taught after wound basics				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ The clinical picture of diabetic foot syndrome is made accessible in all medical and wound-therapeutic dimensions	♥ Abstract the clinical picture under epidemiological aspects		⇒ Definition and pathophysiology of diabetes mellitus in relation to neuropathy and angiopathy ⇒ Incidence and development as well as clinic and effects of diabetic foot syndrome	
1	3.18. Diabetic foot syndrome diagnostics				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Understand the complexity of the diabetic foot syndrome ☺ Differentiate angiopathic and neuropathic forms ☺ Use classification systems on an indicator basis	♥ Perceive metabolic diseases in their systemic effects	✎ Differentiation using metric data and photo documentation of diabetes-related tissue damage	⇒ Extrinsic causes of wounds of DFS ⇒ Diagnostics - neurological and algorithmical examination of DFS, including technical equipment and imaging procedures ⇒ Classification Wagner/Armstrong ⇒ Differential diagnosis of and angiopathy and neuropathy forms ⇒ Diabetic neuro osteoarthrosis (DNOAP)	☞ Foot examination exercises

2	3.19. Diabetic foot syndrome therapy				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Derive therapeutic approaches from differential diagnostic findings ☺ Organise aftercare, prevention and recurrence prophylaxis in accordance with evidence-based guidelines	♥ Develop a value system of conservative and surgical intervention options ♥ Sensitised to the risks of the various pressure relief methods	✎ Evaluate the multidimensional therapy of DFS, including the relevant factors	⇒ Pharmaceutical, vascular surgery, Indications and focus of surgical intervention (foot surgery) ⇒ Minor and major amputation ⇒ Special features of local wound management of DFS ⇒ Options of pressure relief ⇒ Footwear supply on the basis of the DGL/DDG guidelines ⇒ Podiatry (for prescriptions see remedies and aids) ⇒ Aftercare and disease management programmes (DMP)	☞ Amputation consultation with lecturer of PAOD ☞ Statement of ICW's forefoot relief shoe including specifications for shoe prescription.
1	3.20. Treatment pathways, networks using the example of DFS				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Plan treatment and therapy approaches for problem wounds reflect the tasks of the network actors in an exemplary manner ☺ Identify the tasks of the individual network members	♥ Evaluate the systematics of the treatment pathways as guiding ♥ Develop an awareness of multi-professional cooperation	✎ Use criteria for the establishment and evaluation of networks	⇒ Interprofessional treatment options - representation of the professionals in a "foot network" ⇒ Development of a treatment network, structural potential and forms of cooperation ⇒ Networking on a current example	☞ Concrete care examples: Comparison of clinical and outpatient care
2	3.21. Palliative wound treatment				
	Conditionally variable, rather towards the end of the seminar, to be taught after local therapy basics				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Analysing the special life situation of people in palliative care with chronic wounds ☺ Systematise situation-specific and individual strategies for wound care	♥ Look at the complex wound management from an ethical point of view ♥ Develop an attitude towards palliation and curation	✎ Select different strategies for the individual treatment of palliative wounds	⇒ Definition of palliative care and palliative medicine ⇒ Basics of palliative therapy - symptom control ⇒ Exuding tumours in palliative medicine (malignant skin tumours, lymphomas, breast carcinoma...)	

	<ul style="list-style-type: none"> ☺ Organise wound management under palliative aspects ☺ Take possible complications into account in the therapeutic considerations ☺ Explain the specificity of the pain experience in the palliative situation 			<ul style="list-style-type: none"> ⇒ Other wound types in palliative care (decubitus, iatrogenic wounds, chronic wounds, secondary skin damage) ⇒ Treatment of wound-related symptoms (pain, exudate management, wound odour, bleeding, skin damage) ⇒ Use of modern wound therapeutics in palliation 	
1	3.22. Law, medical device law and pharmaceutical law Variable, can be exchanged with hygiene if necessary				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Plan the legally compliant preparation of work and handling instructions and delegation descriptions 	<ul style="list-style-type: none"> ♥ Weigh up legal and economic requirements against an ethical attitude ♥ Regard legal requirements as guiding principles 	...	<ul style="list-style-type: none"> ⇒ Delegation/Substitution ⇒ Dealing with remonstrations ⇒ Creation of work instructions ⇒ Professional duties using the example of recent case law ⇒ Correct handling of medical products, including their after-use preparation 	<ul style="list-style-type: none"> ☞ Coordination with the topic of cost reimbursement ☞ Practical elaboration on the focus of wound care

Day 5 - Main topics: Decubitus/DFS/networks/treatment pathways					Provider date:
UE	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
2	3.23. Decubitus Variable, to be taught after wound basics				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Evaluate epidemiological facts about the decubitus ☺ Make the tissue damage of the decubitus accessible in all medical, wound therapeutic and prophylactic dimensions ☺ Use different assessment instruments according to indication ☺ Derive therapeutic approaches in an interdisciplinary team ☺ Use criteria for effective use of aids and appliances	♥ Value systemic and individually indexed guidelines for care ♥ Consider decubitus as a loss of physical integrity for the person affected ♥ Realise possibilities and limits of prophylaxis	✎ Consider movement and mobility as guiding factors for action ✎ Implement guidelines for treatment and prophylaxis according to the individual facts available	⇒ Definition and development of decubitus, triggering factors ⇒ Theory of tissue damage ⇒ Difference between decubitus and secondary skin damage as well as intrinsic/extrinsic factors ⇒ Incidence and prevalence of decubitus ⇒ Role of nursing care using the example of the expert standard for decubitus prophylaxis ⇒ Different classification systems and system comparison ⇒ Diagnostics for various forms of decubitus - imaging techniques ⇒ Decubitus therapy, forms of pressure relief and use of aids ⇒ Local therapy - conservative phase-specific wound therapy versus plastic surgery, indication and contraindication	✎ EPUAP/NPUAP/PPPIA classification
1	3.24. Nutrition using the example of decubitus To be taught after basics of decubitus				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Consider the nutritional status as a component relevant to wound healing	♥ Combining local damage and systemic interventions ♥ Consider nutrition in its cultural, social and individual dimensions	✎ Planning a nutritional concept according to metric and subjective guidelines	⇒ Definition of malnutrition and consequences of malnutrition ⇒ Diagnostics - laboratory diagnostics ⇒ Symptoms and triggering factors (depression, infection, comorbidities) and social factors	✎ Preparation of a nutrition plan taking into account the wound situation

	<ul style="list-style-type: none"> ☺ Organise nutritional therapeutic interventions taking into account the individual metabolic situation ☺ Correlate local damages with systemic interventions ☺ Knowing the limits and possibilities of different food intake 			<ul style="list-style-type: none"> ⇒ Food pyramid, distribution of energy supply and energy turnover ⇒ Wound healing from an energy consumption perspective ⇒ Strategies of nutrition therapy - parenteral versus enteral ⇒ Importance and suppliers of protein, glucose, vitamins and trace elements 	
2	3.25. Transition management/case management <i>Variable, link with network from DFS if necessary</i>				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Describe the tasks of transfer management ☺ Apply structural guidelines individually ☺ Plan the healthcare process in the transition to different sectors ☺ Know the tasks and competencies of the professions involved ☺ Apply transition management guidelines in a person-centred manner 	<ul style="list-style-type: none"> ♥ Develop an attitude towards sustainability ♥ Realise the significance of multi-professional cooperation 	<ul style="list-style-type: none"> ✋ Organise the healthcare process when changing sectors 	<ul style="list-style-type: none"> ⇒ Goals and steps of transition management ⇒ Special characteristics of patients with chronic wounds ⇒ Implementation of transition in different sectors ⇒ Social services/nursing facilities 	<ul style="list-style-type: none"> ☞ <i>Coordination with the topic of documentation and network</i> ☞ <i>Explanation with practical examples</i>
1	3.26. Medical aids and treatment measures with DFS, decubitus and ulcus cruris <i>Variable, link with law if necessary</i>				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Organise aids individually and in cooperation with other professional groups ☺ Take into account the legal basis 	<ul style="list-style-type: none"> ♥ Take a change of perspective towards the person affected 	<ul style="list-style-type: none"> ✋ Draw up an exemplary prescription in the area of medical aids and treatment products. 	<ul style="list-style-type: none"> ⇒ Principles of prescription of aids and treatment measures in wound therapy (manual lymph drainage, complex physical decongestive therapy (CPD), podological complex treatment, 	<ul style="list-style-type: none"> ☞ <i>Exercises based on case studies</i>

	☺ Name the principles of prescription for materials in wound care				
1	3.27. Financing of wound treatment in the hospital and in the community Variable, link with law if necessary				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Be familiar with the national reimbursement system and apply this in the context of wound treatment ☺ Cost efficiency principle ☺ Budgets and benchmarks ☺ Prescription and reimbursement possibility ☺ Economic prescription ☺ ICD (International Classification of Diseases) according to WHO and legal background	♥ Develop a connection between individual necessity and economy		⇒ Financing wound care in a national context ⇒ Cost efficiency principle ⇒ Budgets and benchmarks ⇒ Prescription and reimbursement possibility ⇒ Economic prescription ⇒ ICD (International Classification of Diseases) according to WHO and legal background	

Day 6 - Focus: Debridement/special treatment procedures/pain/palliation					Provider date:
TU	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
2	3.27. Rare ulcer causes In accordance with CVI and PAOD				
	Lecturer		Time: From _____ to _____	Teaching method:	
	☺ Highlight special characteristics of rare forms of ulcers ☺ Differentiate typical characteristics of potentially rare forms of ulcers	♥ Assign the importance to differential diagnostics	✋ Initiate necessary differential diagnostic examinations	⇒ Autoimmunological clinical pictures in appearance, diagnostics and therapeutic approaches, ⇒ Exemplary vasculitis/vasculopathies, pyoderma gangraenosum ⇒ Neoplasms with typical manifestations and diagnostics	
1	3.28. Debridement In accordance with wound basics				
	Lecturer		Time: From _____ to _____	Teaching method:	
	☺ Know forms of debridement and their use ☺ Weigh the advantages and disadvantages of different debridement methods ☺ Use options to avoid pain ☺ Organise the structural and procedural requirements for performing debridement	♥ Reflect on their own competence in the context of individual debridement procedures. ♥ Consider wound preparation as an essential factor in wound healing ♥ Perceive debridement as an impact upon bodily integrity	✋ Use individual forms of debridement according to the indication and the individual wound situation	⇒ Importance of wound cleansing/wound irrigation ⇒ Indications for debridement ⇒ Legal aspects and ability to delegate for debridement ⇒ Methods of debridement (autolytic, enzymatic, physical, surgical, bio surgical/maggots) ⇒ Criteria for the selection of the method ⇒ Special forms such as water jet technique and ultrasonic cleaning ⇒ Spatial requirements for debridement depending on method ⇒ Possibilities of pain reduction/avoidance during debridement ⇒ Local surface anaesthesia	📄 Biofilm: Consultation with the lecturer -> infection management 📄 Biofilm treatment see infection treatment

1	3.29. Special wound therapeutics/wound dressings				
	In accordance with wound basics and wound treatment				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Understand the options and limitations of specific wound therapeutics ☺ Know the limits of reimbursement on the basis of current legal requirements ☺ Have an overview of groups of special wound therapeutics and their therapeutic approach 	<ul style="list-style-type: none"> ♥ Developing an attitude towards dynamic knowledge processes with regard to wound care. 	<ul style="list-style-type: none"> ✎ Apply individual products in special wound situations 	<ul style="list-style-type: none"> ⇒ Indications, application objectives and selection criteria to: <ul style="list-style-type: none"> ○ Collagen ○ Hemoglobin ○ MMP modulators ○ Growth factors 	<ul style="list-style-type: none"> 🔗 Current scientific status
1	3.30. Externa				
	In accordance with wound basics, ideally as per the clinical pictures CVI, PAOD, DFS				
	Lecturer	Time: From _____ to _____		Teaching method:	
	<ul style="list-style-type: none"> ☺ Select externals based on treatment objectives. ☺ Justify the choice of externals for different skin conditions. ☺ Systematise externals on the basis of their galenics ☺ Differentiate between different glucocorticoid levels in external application 	<ul style="list-style-type: none"> ♥ Take a responsible position with regard to poly pragmatic application of externals 		<ul style="list-style-type: none"> ⇒ External (topical) therapies for the treatment of the skin at the wound edge and wound environment (differentiation: skin protection - skin care - therapeutic application). ⇒ Basics of galenics and assignment to skin situations or clinical pictures ⇒ Indications and mode of action based on relevant groups of active ingredients (focus: glucocorticoids and urea) ⇒ Topical application of glucocorticoids (indications, effects, side effects, drug classes, application(schemes)) ⇒ Topical application of urea (indications, effects, side effects, concentrations, application(schemes)) 	<ul style="list-style-type: none"> 🔗 Exemplary classification of common products

1	3.31. Special procedures in wound treatment In accordance with wound basics and wound treatment				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Classify different procedures for wound treatment in all relevant criteria. ☺ Evaluate the procedures from the perspective of the individual wound situation and economic efficiency.	♥ Consider the process of continuous learning as a fact ♥ Take a stance towards the technification of wound care		⇒ Biosurgery as a free runner/net bag (indications and contraindications, mode of action, application) ⇒ Local negative pressure therapy (mode of action, indication and contraindication) ⇒ Plasma therapy (mode of action and indications) ⇒ Billability of the procedures	
1	3.32. Casework Towards the end of the seminar, with sufficient preparation time for the exam or following individual topic units				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Analyse the existing wound and patient situation ☺ Derive diagnostic and therapeutic steps ☺ Transfer the developed competence and the subjective value system into a care situation	♥ Consider wound care from a subject and resource-orientated perspective. ♥ Include ethical factors in the overall assessment	✎ Develop a methodical and argumentative interaction process	⇒ Case presentation: diagnosis based on the discussed systematics ⇒ Discussion of treatment options ⇒ Progress assessment	☞ Well suited for partner or group work
1	3.33. Exam preparation Towards the end of the seminar, with sufficient preparation time for the exam				
	Lecturer	Time: From _____ to _____		Teaching method:	
	☺ Reflect on the learning process ☺ Recognise the acquired competences and existing resources	♥ Consider the performance record as a way of determining individual performance		⇒ Review of the learning objectives and learning content of the curriculum ⇒ Explanation of the main points of the examination ⇒ Sample exam and subsequent discussion of critical questions	☞ Sample exam ☞ Recommended reading

2. Part

Day 7 - Case discussion and implementation of the performance records					Provider date:
TU	Cognitive learning objectives	Affective learning objectives	Psychomotoric learning objectives	Learning content	Comments*
2 Optional (in case of a small group, case discussions may be added if the colloquium part of the exam is short)					
	Lecturer	Time: From _____ to _____		Teaching method:	
			<p>👉 Establish a diagnosis and differential diagnosis of a typical chronic wound.</p> <p>👉 Apply theoretical knowledge in the practical field and check it by means of generally valid criteria.</p>	<p>Case discussion</p> <p>⇒ Diagnosis and differential diagnosis</p> <p>⇒ Assessment of wound history</p> <p>⇒ Evaluation of the diagnosis differential diagnosis</p> <p>⇒ Local and causal therapy planning</p>	<p>☞ Case study in individual work, then comparison in partner work/plenary session</p> <p>☞ Participants can present their own case studies</p>
1	3.34. Examination instruction				
	Exam supervisor/examiner:	Time: From _____ to _____		Teaching method:	
	😊	♥ ...	👉 ...	⇒ Discussion of the test rules	☞ Exam protocol
2	3.35. Exam part 1: Written exam				
	😊 Reflect on theoretical knowledge regarding chronic wounds	♥ ...	👉 Use acquired knowledge	⇒ Written exam (duration 60 minutes)	☞ Examination prepared by ICW
	3.36. Work shadowing/clinical practice mandatory from 2023				
	😊 Reflect and analyse knowledge in regard to the treatment options and working methods at the place of clinical practice/work shadowing	♥ Consider the clinical practice/work shadowing as an opportunity for individual horizon expansion and collegial counselling		⇒ 8 hours (60 minutes each)	☞ The work shadowing/clinical practice place is chosen by the participant

4	3.37. Exam part 2: Case work/colloquium				
	☺ Reflect on theoretical knowledge regarding chronic wounds	♥ ...	✎ Use acquired knowledge in a case-related manner	⇒ Colloquium with expert discussion (see examination part 2 PWE) ⇒ Alternatively, written case work of 60 minutes duration (issued by the ICW certification body).	☞ Presentation of self-chosen case studies ☞ 10 minutes per participant
	Feedback and ending				☞ Feedback forms

Notes on exam preparation:

The case presentation to be made in the colloquium and the work shadowing/clinical practice (the latter mandatory from 2023) must be pointed out before the start of the course so that participants can plan this in terms of time.

4. Guidance for timetable planning/lecturer selection

- The seminars are aimed at the development of competence. The topics are to be processed in an appropriate didactic and methodical way. For example, content can be taught in the form of projects, group work, case discussions, exercises and demonstrations.
- Wound dressings, compression material, etc. must be available in an adequate volume. Product samples of at least five manufactures should be displayed.
- Current issues of corresponding literature and expert standards must be displayed in an adequate volume. The attached literature list serves as an example.
- Content is to be taught in a meaningful and chronological manner. The order determined in the curriculum serves as a binding recommendation. In this way a continuous learning process is initiated (see explanations "order").
- For the topics marked with "overview" only basic information should be given. No details are to be provided.
- The lecturers must have a traceable professional expertise for the respective subject and the chairpersons must also be integrated as lecturers in the seminar.
- The participation of at least three lecturers must be planned. None of them is allowed to conduct more than half of the teaching units.
- The lecturers confirm the completed teaching units by signing the topics in the verification document.
- Please mark any changes to the approved version in **yellow** (except for exchanging hours in sequence).

5. 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	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	ICW e.V. (publisher) (2020): Chronic Wounds Diagnostics-Therapy-Health Care.
	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).
	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 Pflegendende und Wundexperten. 3. Auflage. Hogrefe Verlag, Bern.
Basic literature/cross-border	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.
	Protz K (2019): Moderne Wundversorgung. 9. Auflage. Elsevier Verlag München.
Financing	Wounds International (2013) International Consensus: Making the case for cost-effective wound management.
	Sozialgesetzbuch (SGB V) Gesetzliche Krankenversicherung (2019): § 31 SGB V Arznei- und Verbandmittel, Verordnungsermächtigung (ggf. Aktualisierungen im Gültigkeitszeitraum des Curriculums beachten!)
	Kassenärztliche Vereinigung Westfalen Lippe: Rationale und günstige Verordnung von Verbandstoffen (Stand 01.04.2019); URL: https://www.kvwl.de/arzt/verordnung/arzneimittel/info/invo/verbandstoffe_invo.pdf (vom 15.12.2020)
	Kassenärztliche Bundesvereinigung (2017): Einheitlicher Bewertungs-Maßstab URL http://www.kbv.de/tools/ebm/ vom 28.02.2020
	Institut für das Entgeltsystem im Krankenhaus (2017): Fallpauschalen_Katalog_2017 URL: https://www.g-drg.de/G-DRG-System_2019/Fallpauschalen-Katalog/Fallpauschalen-Katalog_2019 vom 28.02.2020
	GKV (2017): Fragen und Antworten zum DRG-System. URL: https://www.gkv-spitzenverband.de/krankenversicherung/krankenhaeuser/drg_system/fragen_und_antworten_drg/fragen_und_antworten_drg.jsp vom 28.02.2020
	Institut für das Entgeltsystem im Krankenhaus (2017): Fallpauschalen_Katalog_2017 URL: https://www.g-drg.de/G-DRG-System_2019/Fallpauschalen-Katalog/Fallpauschalen-Katalog_2019 vom 28.02.2020

	GKV (2017): Fragen und Antworten zum DRG-System. URL: https://www.gkv-spitzenverband.de/krankenversicherung/krankenhaeuser/drg_system/fragen_und_antwort_en_drg/fragen_und_antworten_drg.jsp vom 28.02.2020
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.
	EPUAP (2014): Prävention und Behandlung von Dekubitus. Kurzfassung der Leitlinie. 2. Ausgabe.
	Initiative Chronische Wunden e.V. (Hrsg.) (2015): Leitfaden Dekubitus 2015. Informationen für Fachpersonal. ICW e.V., Quedlinburg.
	Schröder G, Kottner J (Hrsg.) (2011): Dekubitus und Dekubitusprophylaxe. Hogrefe Verlag, Bern.
	Kottner J et al. (2018): Update Dekubitus 2018. Dekubitus erkennen und richtig klassifizieren: ICW e.V. https://www.icwunden.de/fileadmin/Fachinfos/Standards/Dekubitus_Update_2018.pdf (vom 15.12.2020)
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.
	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-2aufl-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.
	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)
Differential diagnoses/ rare wounds	Dissemond J (2016): Blickdiagnose chronischer Wunden. Über die klinische Inspektion zur Diagnose. 3. Auflage, Viavital Verlag, Köln.
Nutrition	Johnston E (2007): The role of nutrition in tissue viability. Wounds Essentials/Wounds International.
	Verdú S & et. al. (2014): Nutrition an 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.
Hygiene/ antiseptic/infection	Kramer A, Dissemond J, Kim S, Willy C, Mayer D, Papke R, Tuchmann F, an 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 (2019) Vol 10 issue 3. A focus on the Triangle of Wound Assessment – addressing the gap challenge and identifying suspected biofilm in clinical practice.
	Kramer A, Dissemond J, Willy C, Kim S, Mayer D, Papke R, Tuchmann F, Daeschlein G, Assadian O (2019). Auswahl von Wundantiseptika: Aktualisierung des Expertenkonsensus 2018. Wundmanagement 13(Suppl.): 3-23. Mhp-Verlag, Wiesbaden.
Compression therapy	Dissemond J, Assenheimer B, Bültemann A, Gerber V, Gretener S., Kohler-von Siebenthal E, Koller S, Kröger K, Kurz P, Läubli S, Münter C, Panfil E M, Probst S, Protz K, Riepe G, Strohal R, Traber J, Partsch H (2016) Compression therapy in patients with venous leg ulcers DOI: 10.1111/ddg.1309.1
	Wounds international (2013): Principles of compression in venous disease: A practitioner's guide to treatment and prevention of venous leg ulcers.
	Dissemond J, Assenheimer B, Bültemann A, Gerber V, Gretener S, Kohler v. Siebenthal E, Koller S, Kröger K, Kurz P, Läubli S, Münter C, Panfil EM, Probst S, Protz K, Riepe G, Strohal R, Traber J, Partsch H (2016): Kompressionstherapie bei Patienten mit Ulcus cruris venosum. J Dtsch Dermatol Ges 14: 1073-1089.
	Protz K, Dissemond J, Kröger K (2016): Kompressionstherapie. Ein Überblick für die Praxis. Springer- Verlag, Berlin.
	Deutschen Gesellschaft für Phlebologie e.V. (DGP). (2018): Leitlinie Medizinische Kompressionstherapie der Extremitäten mit Medizinischem Kompressionsstrumpf (MKS), Phlebologischem Kompressionsverband (PKV) und Medizinischen adaptiven Kompressionssystemen (MAK) AWMF-Registernummer: 037/005 https://www.awmf.org/uploads/tx_szleitlinien/037-005l_S3k_Medizinische-Kompressionstherapie-MKS-PKV_2019-05.pdf (vom 15.12.2020)
PAOD	Donnelly, R & London, N (2011): ABC of arterial and venous disease. 2nd edition. Chicester, United Kingdom.
	Deutsche Gesellschaft für Angiologie, Gesellschaft für Gefäßmedizin. (2015): Leitlinien zur Diagnostik und Therapie der peripheren arteriellen Verschlusskrankheit (pAVK). AWMF-Leitlinien-Register Nr. 065/003.
Legal aspects	Großkopf V und Klein H (2019): Recht in Medizin und Pflege. 5. Auflage. Spitta Verlag, Balingen.
	Höfert R (2011): Von Fall zu Fall – Pflege im Recht. 3. Auflage. Springer Verlag, Berlin.
Pain	EWMA position document (2002): Pain and wound dressing changes. London.
	Jenkins, S (2020) Vol 16, No 4. The assessment of pain in chronic wounds (part 2). Wounds UK.
	Deutsches Netzwerk für Qualitätsentwicklung in der Pflege (DNQP) Hrsg. (2011): Experte standard Schmerzmanagement in der Pflege bei akuten Schmerzen. 1. Aktualisierung. Osnabrück.
Ulcus cruris/compression therapy	Collier M, Gething G, Haesler, E & et al. (2016): Management of patient with venous leg ulcers: Challenges an current best practice. JWC document.
	Wounds International (2015). Consensus Recommendations: Simplifying venous leg ulcer management.
	Deutsche Gesellschaft für Phlebologie. (2008): Leitlinie: Diagnostik und Therapie des Ulcus cruris venosum. AWMF-Registernummer 037/009, (Zur Zeit in Überarbeitung)
	Deutsche Gesellschaft für Angiologie, Gesellschaft für Gefäßmedizin. (2015): Leitlinien zur Diagnostik und Therapie der peripheren arteriellen Verschlusskrankheit (pAVK). AWMF-Leitlinien-Register Nr. 065/003.
	Initiative Chronische Wunden e.V. Ankle-Brachial-Index (ABI) – Köchelarteriendruckmessung" aus WundManagement 2017; 1: 26-30.

Wound basics/wound care	Lippert H (2012): Kompendium der komplexen Wundbehandlung. Thieme Verlag, Stuttgart.
Wound care/wound dressing	Thomas Hess C (2019): Skin & Wound Care. Eighth Edition. Philadelphia: Wolters Kluwer.
	WUWHS Consensus Document (2019): Wound Exudate, effective assessment and management.
	Dissemond J, Assenheimer B, Engels P, Gerber V, Kröger K, Kurz P, Läubli S, Probst S, Protz K, Traber J, Uttenweiler S, Strohal R (2017): M.O.I.S.T. - a concept for the topical treatment of chronic wounds. J Dtsch Dermatol Ges 15: 443-445.
	Fleischmann W, Grassberger M, & Sherman, R (2004): Maggot Therapy - A Handbook of Maggot-Assisted Wound Healing. Stuttgart. Thieme.
	Dissemond J, Assenheimer B, Engels P, Gerber V, Kröger K, Kurz P, Läubli S, Probst S, Protz K, Traber J, Uttenweiler S, Strohal R (2017): M.O.I.S.T. - ein Konzept für die Lokalthherapie chronischer Wunden. J Dtsch Dermatol Ges 15: 443-445.
	Kröger K, Dissemond J, Gerber V, Jäger B, Münter C, Bültemann A (2016) Wundaufgaben ohne Wunden. Wundmanagement 10 (Suppl. 1): 13-15. Mhp Verlag, Wiesbaden.
Wound documentation/wound care/guidelines	Wounds Asia (2015): Triangle of Wound Assessment made easy.
	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 (Kurzfassung). https://www.awmf.org/uploads/tx_szleitlinien/091-001k_S3_Lokalthherapie_chronischer_Wunden_2015-ungueltig.pdf vom 28.02.2020
	Dissemond J, Bültemann A, Gerber V, Jäger B, Kröger K, Münter C (2017): Standards für die Diagnostik und Therapie chronischer Wunden. Wundmanagement 11: 81-86.
Wound basics/diagnosis	Dissemond J (2017): ABCDE rule in the diagnosis of chronic wounds. J Dtsch Dermatol Ges 15: 732-734.
	Dissemond J, Bültemann A, Gerber V, Jäger B, Münter C, Kröger K (2016): Definitionen und Schreibweisen für die Wundbehandlung. Hautarzt 67: 265-266.
	Dissemond J et al. (2016): Definitionen für die Wundbehandlung. In: Der Hausarzt S. 265-266. Springer Verlag, Berlin.
	Dissemond J (2017): ABCDE-Regel für die Diagnostik chronischer Wunden. J Dtsch Dermatol Ges 15: 732-734

6. 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:

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

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7. Examination regulations for the qualification “Physician Woundexpert ICW®”

§ 1 Admission

All participants in a course recognised according to the requirements of the ICW that leads to the qualification as "Physician Woundexpert ICW®" are admitted to this examination. The participants must be professionally licensed as physician (human medicine) and must have completed at least 80% of the course units. To keep track of the times of absence, an attendance list is maintained by the provider. Further professional qualifications can only be accepted by application to the certification body.

§ 2 Training courses/seminars

The content, duration and structure of the seminars correspond to the syllabus included in the curriculum of the "Initiative Chronische Wunden". The seminar was checked by the joint recognition and certifying body of PersCert TÜV and ICW and confirmed through recognition of the educational provider.

§ 3 Examination procedure

The examination to demonstrate knowledge, skills and competences acquired during participation in the seminar program consists of a written examination in two parts:

Part 1: Written examination

Part 2: Case work and colloquium

The examination is conducted by the examination committee of the educational institute. The examination committee has been appointed by the joint recognition and certifying body of PersCert TÜV and ICW and assessed according to the examination criteria stipulated by the recognition and certifying body.

§ 4 Written examination

The written examination is generated from the pool of questions of the joint recognition and certifying body of PersCert TÜV and ICW. It consists of a total of 23 questions, including multiple choice (MC) and open questions. Candidates will be given 60 minutes to complete the written exam.

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 (✓).

§ 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 core aspects of the colloquium are the presentation of the case, diagnostic steps, formulation of therapy goals in regard to the wound situation and discussion of treatment options. Further details are regulated under point "12. Colloquium".

§ 6 Evaluation of examination performance

The examination parts are assessed by the respective professional manager of the seminar as a member of the examination committee confirmed by the certification body, unless another person has been registered and confirmed for this purpose.

For the colloquium, the committee consists of two examiners, one of whom is the professional (or, in consultation with the certification body, pedagogical) seminar manager. The second examiner must have taught exam-relevant topics in the seminar as a lecturer.

The examinations (case report and colloquium) are to be evaluated as follows:

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 assessment is noted as a grade in the examination transcript. For the grade 4, the decimal place must also be indicated!

§ 7 Work shadowing/clinical practice

The work shadowing/clinical practice is a mandatory part of the qualification from 2023 onwards. The participant looks for a work shadowing/clinical practice place by themselves. The work shadowing/clinical practice comprises eight hours and is completed in an institution with a focus on the treatment of people with chronic wounds. It may not be carried out at the participant's own workplace.

§ 8 Passing/failing the examination

The assessment of the two test parts is done separately. If individual parts of the exam are failed, the failed tests can be repeated at most twice. The test is considered as passed if the candidate has achieved all the required performance levels. To do so the candidate needs to have achieved a **grade** of at least **4.0 (= 56%)** in all parts of the examination.

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. The participant is entitled to be informed of the performance rating.

Participants who fail to attend the examination date and/or violate any of the examination rules (see § 8) 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 exam transcript documents the

procedure in writing. The transcript will also be submitted in the event of a final failed examination.

§ 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.

A failed **examination part** can be retaken at the earliest four weeks and at the latest 12 weeks following the announcement of the results. If this involves the participant re-attending training days the usual deadlines apply.

§ 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. Once candidates have handed in the examination, they can no longer leave the room.
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 is demonstrably not his own work, using of permitted aids).

§ 11 Appeals/inspection of examination documents

Appeals and complaints must be addressed to the head 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** and the scoring to the joint recognition and certifying body PersCert TÜV and ICW in Berlin. The certifying body of PersCert TÜV and ICW checks compliance with the requirements for Physician Woundexpert 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 "Physician Woundexpert ICW®" course recognised according to the principles of the ICW.

The participant certificates are sent by the PersCert TÜV and ICW certifying body to the educational provider that issues them to the participants. A copy of the certificate remains with the educational provider. The certificate is valid for five years. Then, a recertification must be obtained (see forms re-certification).

§ 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 and at the latest 3 months after the valid certificate expires.

For recertification, annual proof of at least 8 recertification points from ICW/TÜV recognised recertification events during the period of validity of the certificate must be provided. The evidence can be provided by copies of the certificate 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 "Physician Woundexpert ICW®".

Participants who have been successfully certified as " Physician Woundexpert 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.

8. Colloquium – Physician Woundexpert ICW®

8.1 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.

If the participants agree, an examination can take place in the presence of the group (participants of the seminar). For the colloquium, the participant submits a summary of his/her presentation as a handout for the examiners before the start of the presentation.

The participant selects the case for the colloquium himself/herself. The case presentation refers to the care of a patient with a chronic wound from diagnosis to therapy planning and current wound care as well as further therapy measures and their evaluation. The case must relate to the curricular topics in the seminar.

8.2 Time requirements

12.2.1 Scheduling

In view of the fact that the length of the overall qualification process should not exceed three months, 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 five to maximum ten minutes. If the presentation is not finished after ten minutes, the chairman of the examination committee may move on with the discussion.

8.3 Preparation of colloquium

11.3.1 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.

11.3.2 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. For the Power-Point presentation, the training provider provides the media.

8.4 Content structure

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

1. 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:

a) Anamnesis

- Social history
- Medical history
- Wound anamnesis

b) Diagnosis/diagnostics

- Diagnostic procedures
- Diagnosis (clinical picture and wound classification)
- Status of the wound (healing phase, infection status, size specifications,...)

c) Wound analysis

- Assessment of the present wound situation by using a photo

d) Determinants of wound healing

- Wound healing inhibiting factors
- Resources

e) Treatment

- Wound related treatment goals
- Patient related goals
- Identification of the goals based on the evaluation of the Wound-QoL

f) Therapy/therapy strategies

- Local therapy
- Causal therapy
- Accompanying therapy

g) Case evaluation

- Expected progress
- Treatment alternatives

h) Evaluation of own situation

- Learning expectation
- Evaluation of own learning (not evaluation of the seminar in the form of feedback, this is done separately).

2. Professional discourse

After the presentation, the professional discourse takes place. Based on the presentation, the examiners initiate the professional discussion and ask specific and further case related questions.

8.5 Assessing performance

The two examiners then evaluate the presentation and the professional discourse. The performance in the colloquium is evaluated by the examiners using the given assessment criteria (Tab. 1) and summarised in a grade. The performance in the colloquium is recorded in the evaluation matrix by one of the two examiners.

Assessment criteria	Maximum points
Presentation	4
Case report (see 12.4.)	6
Professional aspects (see 12.4.)	6
Communicative accents	4
Maximum sum	20

Tab. 1: Tab. 1: Evaluation criteria – Colloquium Physician Woundexpert ICW

The assessment criteria are listed separately and in more detail in an assessment matrix (see annex). The examination results will be communicated orally to the graduates afterwards.

8.6 Assessment matrix

⇒ *Print template in the annex*

9 Autoren

Authors

Curriculum and literature list were produced by members of the expert panel of the ICW, current group:

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Annex

Certificate of work shadowing/clinical practice
basic seminar “Physician Woundexpert 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)

We confirm Mrs Mr Divers

.....

(Trainee: Name/address)

has completed his/her work shadowing/clinical practice as part of the **basic seminar “Physician Woundexpert 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: _____

Please delete unused lines before confirmation!

Place, date

Name (in block letters) + signature

Stamp of the site

There is no stamp for the organisation/company

Assessment matrix - Colloquium Physician Wound Expert ICW®

Mrs Mr Divers, if applicable title: _____

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

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.