

Curriculum basic seminar

“Woundexpert ICW[®]”

2022-2023

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1. Basic information

The seminar wound expert is an inter-professional seminar and represents the first step into the seminar concepts of the „ICW/TÜV qualifications. It is the admission requirement for the advanced seminar Woundtherapist ICW®.

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 and local therapeutic measures.

1.2. Target group

The basic seminar is aimed at the following professional groups¹: Only these professional groups can obtain the “ICW/TÜV PersCert” certification as Woundexpert ICW®.

- Physicians (human medicine)
- Podiatrists
- Registered nurses

Further professional qualifications can only be accepted by application to the certification body.

1.3. Qualification objectives

The teaching and learning objectives are based on the German Qualifications Framework (DQR) and represent at least Level 4. Competences are described below "which are required for the independent planning and processing of technical tasks in a comprehensive, changing field of learning or field of occupational activity (DQR, 2020). The professional and personal competences outlined in the DQR are described below (see point 3 Curriculum) using the taxonomy of Bloom and Krathwohl et al² (differentiation according to cognitive, affective and psychomotor level). The general qualification goals are listed first:

- Basic knowledge of wound formation and wound healing
- Knowledge of assessment and wound documentation
- Knowledge of typical clinical pictures and wound causes
- Knowledge of treatment goals
- Skills for applying individual therapy options
- Ability to ensure hygienic aspects
- Knowledge and skills in the use of wound care products
- Understanding of educational aspects
- Knowledge of legal requirements

¹ alphabetic order

² Bloom B. (1976): Taxonomie von Lernzielen im kognitiven Bereich, 5. Auflage, Beltz Verlag, Weinheim und Bloom B., Krathwohl et al (1976): Taxonomie von Lernzielen im affektiven Bereich, Beltz Verlag, Weinheim.

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.
- Five-page case report/term paper with a focus on case description and a section describing the work shadowing/clinical practice. For further details see point 6 and 7 “*examination regulations for work shadowing/clinical practice and case report/term paper*”.

1.5. Certificate

After passing both parts of the exam, the participants obtain the degree "Woundexpert ICW®". The certificate is valid for five years. After this period, a re-certification must take place (see point 12 information on *re-certification*).

2. Seminar structure

The seminar comprises at least 56 hours of teaching units (45 minutes each) in attendance. In addition, there are 16 hours (60 minutes each) of work shadowing/clinical practice in a facility that mainly treats patients with chronic wounds. The place of work shadowing/clinical practice will provide a certificate confirming the time spent on work shadowing (see point 8 “work shadowing/clinical practice”). In addition, each participant must calculate an amount of approximately **30-35 teaching units (TU) for self-directed learning** in preparation for the exam as well as the completion of the case report/term paper.

The seminar concludes with a two-part certificate of achievement, consisting of an exam and a case report/term paper. Participants must also calculate time for self-organised learning for exam preparation. The total period of time including the work shadowing/clinical practice and parts of the examination 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 learning contents are to be seen in the context of the respective national health system. **Nevertheless differences of the content taught must be agreed by the certification body.**

Educational Institute:
Location of the course (<i>detailed address</i>):
Country:
Professional management (<i>same as application</i>):
Educational management (<i>same as application</i>):

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

3. Curriculum of the basic seminar “Woundexpert ICW®” in tabular form

Objective: Professional care for people with chronic wounds

It includes at least 56 hours of teaching (45 minutes each) plus 16 hours (60 minutes each) of work shadowing/clinical practice (excluding the examination). The focus is on the professional competence to act with the sub-areas: Professional, methodical, social and personal competence.

Learning objectives of the participant

TU of 45 min.	Cognitive learning objectives	Affective learning objectives	Psycho motoric learning objectives	Learning content	Comments
Day 1 – Seminar introduction/organisation and basics					provider date:
1	3.1. ICW and course concept				
	<u>Lecturer:</u>	Time: From _____ to _____		<u>Teaching method:</u>	
The profession-specific further education to become a wound expert is considered under the current professional and vocational necessity and is intertwined with the self-responsibility for one's own educational process. Lifelong learning is understood as guiding the planning, completion and evaluation of learning processes.					
☺	Summarize the basic structures and tasks of the medical scientific association ICW	♥ Assign an important profession-specific and professional role to the care of people with chronic wounds	✋ Use the forms and templates for content orientation and communication	⇒ Expert association/society ⇒ Aims (tasks/panels) ⇒ Membership	☞ ICW presentation for providers ☞ ICW flyer

<p>☺ Demonstrate the educational concept of ICW</p>	<p>♥ Consider the importance of lifelong learning as an important part of the professional self-image.</p>		<p>⇒ Educational programmes ⇒ Certification/re-certification ⇒ Requirements for the graduation of the seminar/the certification ⇒ Homepage of ICW</p>	<p>🔗 ICW position paper 🔗 Current publications and brochures 🔗 www.icwunden.de 🔗 books on display including Study Book for Wound Expert ICW</p>
<p>2 3.2. Skin/skin care</p>				
<p><u>Lecturer:</u></p>		<p>Time: From _____ to _____</p>	<p><u>Teaching method:</u></p>	
<p>The skin as a borderline organ is considered in its physiological task versus pathophysiological processes and deviations are verified within the framework of a multidimensional view. Nursing and therapeutic interventions, which include the individuality of people, refer to the areas of prophylaxis and treatment and find a goal-oriented application.</p>				
<p>☺ Explain the structure, function and significance of the skin as an organ</p> <p>☺ Identify typical skin changes in people with chronic wounds</p> <p>☺ Describe damaging exogenous influential factors on the skin</p> <p>☺ Differentiate measures for skin protection and skin care compared to the use of dermal therapeutics</p> <p>☺ Derive care measures according to the actual skin condition</p>	<p>♥ Are sensible to the consequences of skin damage for the affected persons and their integrity</p> <p>♥ Evaluate skin assessment and skin care as important measures in the treatment concept</p>	<p>✋ Evaluate the skin condition and taking into account the patient-specific situation</p> <p>✋ Identify potential skin damaging factors</p> <p>✋ Use skin protection and skin care products according to the therapeutic requirements and the manufacturer's information</p>	<p>⇒ Anatomy and physiology of the skin</p> <p>⇒ General skin changes, (aged skin, dry, scaly, moist or damaged skin)</p> <p>⇒ Skin damage in relation to chronic wounds (maceration, scar tissue in demarcation to intact skin)</p> <p>⇒ Substances with potentially skin-irritating and intolerance symptoms</p> <p>⇒ Skin protection and care (objectives and ensuring)</p> <p>⇒ Various product groups</p> <ul style="list-style-type: none"> ▪ water-in- oil emulsion/ oil-in-water emulsion ▪ urea products 	<p>🔗 Integrate typical skin damage of the clinical pictures into the respective topics.</p>

3	3.3. Wound types and wound healing				
Lecturer:		Time: From _____ to _____		Teaching method:	
<p>The genesis of wounds is considered under a linear and systemic focus and under the influence of a timely dimension. The correlation between the development and manifestation of wounds is analysed as a guideline for further interventions and therapeutic approaches in terms of phase-specific wound healing.</p>					
<ul style="list-style-type: none"> ☺ Understand the relation between wound types and wound healing ☺ Define the different mechanisms of wound formation ☺ Compare chronic and acute wound healing ☺ Differentiate primary and secondary wound healing ☺ Distinguish various causes of wound healing disorders including 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 take 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 disruptive factors for wound healing based on the current wound situation and anamnesis informations 	<ul style="list-style-type: none"> ⇒ Preconditions of physiological wound healing ⇒ Wound types according to cause and appearance ⇒ Primary and secondary wound healing ⇒ Wound healing phases and wound exudate with respective characteristics ⇒ Wound condition ⇒ Local and systemic disturbing factors ⇒ Chronic wounds (definition of ICW) ⇒ Treatment goals for different wound situations 	<ul style="list-style-type: none"> ☞ Wound types can be discussed again in the topic wound documentation as an assurance of results/repetition. ☞ Have both subjects taught by one lecturer ☞ Details regarding infection see topic Infection management 	
2	3.4. Pain				
Lecturer:		Time: From _____ to _____		Teaching method:	
<p>The phenomenon of pain is differentiated and perceived under a local and systemic as well as a timely focus, both in its development and in its treatment. The sequence anamnesis-problem-target-intervention and evaluation is understood as an expression of professional pain management. Pain therapy is recognised as multidimensional and is not exclusively drug-oriented.</p>					
<ul style="list-style-type: none"> ☺ Compare chronic and acute pain ☺ Compare various assessment instruments for recording pain ☺ Distinguish the possibilities for pharmacological and non-pharmacological interventions or pain 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 pain control and pain prevention as an essential therapeutic objective 	<ul style="list-style-type: none"> ✎ Use pain assessment instruments in a target group-oriented manner ✎ Implement measures to prevent and control pain ✎ Support people with chronic wounds in pain reduction or pain relief 	<ul style="list-style-type: none"> ⇒ Origination and types of pain (acute and chronic pain) ⇒ Pain assessment with pain scales and recording without scales ⇒ Non-pharmacological pain therapy and psychosocial aspects inclusive pain-increasing and pain-reducing factors ⇒ Typical pain-causing factors in wound care and measures to avoid them ⇒ Topical anesthesia with lidocaine-prilocaine cream ⇒ WHO pain relief ladder (overview medication groups) 	<ul style="list-style-type: none"> ☞ Presentation of pain scales for communicatively impaired people e.g. PAINAD (pain assessment in advanced dementia) 	

2 3.5. Work shadowing/clinical practice and examinations				
<u>Lecturer:</u>		Time: From _____ to _____		<u>Teaching method:</u>
The different formats for assessing performance are seen as meaningful for the professional self-image. The transfer of theoretical knowledge into professional practice is documented in a comprehensible manner and reflected upon critically. Performance assessments require self-organisation and preparation, whereby normative guidelines are adhered to.				
<p>☺ Know the concept of the proofs of performance</p> <p>☺ Name the structure of the written examination and the case report/term paper including the setting of focal points</p> <p>☺ Recognise the focal points of clinical practice/work shadowing</p>	<p>♥ Evaluate the case report/term paper as an opportunity to transfer their own knowledge and as a critical reflection on the teaching content</p> <p>♥ Develop awareness for the theory-practice transfer</p> <p>♥ Reflect routines of action by a change of perspective</p>	<p>✎ Produce a case report/term paper with the help of required criteria</p> <p>✎ Implement normative requirements within the framework of the proofs of performance</p>	<p>⇒ Written examination (example)</p> <p>⇒ Formal and content criteria for the production of the case report/term paper</p> <p>⇒ Assessment criteria of the case report/term paper</p> <p>⇒ Requirements/objective for the work shadowing/clinical practice</p> <p>⇒ Deadlines</p>	<p>☞ Forms for the Woundexpert ICW®</p> <p>☞ Normative documents</p> <p>☞ Use of the Study Book Wound Expert ICW accompanying learning</p> <p>☞ Request for a sample exam by the provider possible</p>
3 3.6. Hygiene in wound treatment				
<u>Lecturer:</u>		Time: From _____ to _____		<u>Teaching method:</u>
Hygiene represents the basis for professional action in health care professions. Guidelines in the field of hygiene are considered binding and are addressed to all those involved in the care process. Hygienic measures are seen as protective. Hygienic problem areas are identified and appropriate monitoring is initiated.				
<p>☺ Describe hygiene guidelines for dressing changes and hands</p> <p>☺ Recognise typical sources and chains of infections within the framework of wound treatment</p> <p>☺ Understand the peculiarities for patients with problem germs</p> <p>☺ Portray the spectrum of the typical problem germs</p> <p>☺ Describe the principles in taking examination material/sample</p>	<p>♥ Reflect the requirements of hygienic measures in treatment of persons with chronic wounds</p> <p>♥ Are aware of the responsibility regarding their own actions as role models</p>	<p>✎ Implement hygienic guidelines for dressing change in the out-patient and hospital area</p> <p>✎ Take measures for personal hygiene and patient hygiene</p> <p>✎ Take swabs correctly</p> <p>✎ Initiate necessary measures with problem germs</p> <p>✎ Initiate hygienic measures towards third parties and persons involved in the treatment process</p>	<p>⇒ Basics of infection studies (disinfection and clinical)</p> <p>⇒ Hygienic measures to stop infection chains</p> <ul style="list-style-type: none"> ▪ distinction between duty and protective clothing ▪ hygienic hand disinfection and moistening gaps ▪ personal hygiene with a focus on hand hygiene ▪ putting on and taking off protective clothing, dealing with disposable gloves ▪ role of protective goggles and masks <p>⇒ Preparation, implementation and follow up of dressing change complying with hygienic guidelines</p>	<p>☞ Practical exercises for hand disinfection</p> <p>☞ Demonstration for taking swabs</p>

				⇒ Problem germs (e.g. MRGN) in wounds ⇒ Technique for taking swabs ⇒ Handling of sterile materials	
3	3.7. Wound assessment and wound documentation				
	Lecturer:	Time: From _____ to _____	Teaching method:		
Documentation is seen as the continuation of an individual and personal process, as a result of which legal and organisational criteria are observed. Documentation is understood as a responsible and ethical task that uses a uniform professional terminology. Documentation uses different analogue and digital formats whose effectiveness is weighed up.					
<ul style="list-style-type: none"> ☺ Interpret content and formal requirements of wound documentation ☺ Interpret the content and formal requirements of wound documentation. ☺ Describe the assessment criteria in detail ☺ Differentiate various kinds of tissue and tissue structures in wound documentation ☺ Substantiate the requirements and recommendations for photo documentation 	<ul style="list-style-type: none"> ♥ Reflect the meaning of technical language ♥ Take on responsibility for a meaningful wound documentation ♥ 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 healing process 	<ul style="list-style-type: none"> ✋ Record an individual wound anamnesis according to binding criteria ✋ Document the wound situation regularly according to the legal requirements ✋ Use professional terms correctly in the context of wound documentation ✋ Take data protection law directives into account ✋ Produce a meaningful photo documentation ✋ Evaluate the current wound situation and the wound healing process ✋ React adequately to changes 	<ul style="list-style-type: none"> ⇒ Objectives of wound documentation ⇒ Legal and content requirements of wound documentation ⇒ Components of wound anamnesis and wound assessment ⇒ Wound assessment/written documentation including professional termini and classifications ⇒ Continuous monitoring ⇒ Photo documentation including technical criteria for making the photos ⇒ Ethical aspects of the photo documentation ⇒ Data protection in photo documentation 	<ul style="list-style-type: none"> ☞ ICW definitions for wound treatment ☞ Exercises for wound assessment and documentation ☞ Combination with the subjects: wound types, phase-related wound management/case management ☞ General data protection see topic legal aspects 	

2	3.8. Caring and quality of life by patient with chronic wounds			
<u>Lecturer:</u>	Time: From _____ to _____		<u>Teaching method:</u>	
Chronic wounds are often symptoms of a chronic disease that significantly affects the daily life of the persons affected. Measures to improve quality of life are to be understood in the context of guidance, counselling on everyday activities in dealing with the wound and the wound- and therapy-related effects to improve health-related self-management.				
<p>☺ Describe typical wound- and therapy-induced limitations of everyday life for persons with chronic wounds</p> <p>☺ Understand the causes of emotional impact and difficult emotions by patient with chronic wounds</p> <p>☺ Explain the objective of individual support</p> <p>☺ Define the difference between patient-centred as opposed to wound-focused view</p> <p>☺ Understand the importance of the educational measures</p> <p>☺ Demonstrate the role of self-management</p>	<p>♥ Are conscious of the wound- and therapy-induced limitations with a view to the quality of life of persons with chronic wounds</p> <p>♥ Assess individual patient objectives such as well-being as a guiding requirement</p> <p>♥ Are motivated to support the patients in their autonomy</p> <p>♥ See the individual with his chronic wound(s) in the focus of their professional work</p>	<p>✎ Carry out the tasks specified in the expert standard as part of the care process for people with chronic wounds</p> <p>✎ Apply the assessment-related criteria in the wound anamnesis and documentation</p> <p>✎ Evaluate the care process*</p>	<p>⇒ Influencing of the quality of life wound and therapy-induced limitations</p> <p>⇒ Coherences of psychological effects like, anger and anxiety, depression</p> <p>⇒ Meaning of self-management competences, support of self-management</p> <p>⇒ Role of disease understanding</p> <p>⇒ Objective of nursing</p> <p>⇒ Coordination of the care process</p>	<p>☞ Create a link to the topic case report/written paper *see topic case report/term paper with survey and compilation</p> <p>☞ Coordination with lecturer of the topic documentation</p> <p>☞ Discussion based on statements of concerned patient</p> <p>☞ Using examples, the participants should be able to put themselves in the position of the person concerned</p>

6 3.9. Leg ulcer prevention/treatment					
Lecturer:		Time: From _____ to _____		Teaching method:	
<p>Differentiate arterial from venous disease using valid tools or metric measures. Reflect on the resulting different vascular diseases in the context of chronic wound. Evaluate vascular preventive and curative interventions. Instruct affected persons in vascular-induced therapies and recommendations. Accompany or take responsibility for causal therapeutic measures in the context of venous vascular diseases.</p>					
<ul style="list-style-type: none"> ☺ Recognise causes, appearances and subsequent damage of vascular leg ulcer ☺ Compare venous and arterial ulcers ☺ Explain classifications of PAOD and CVI and fundamental diagnostic measures ☺ Justify cause-specific therapeutic interventions ☺ Identify measures for prevention of vascular leg ulcers ☺ Explain the objectives and effectiveness of compression therapy ☺ Distinguish various compression treatments and systems ☺ Know the contra indications of compression therapy 	<ul style="list-style-type: none"> ♥ Assign a decisive significance to the cause-related treatment of leg ulcers ♥ Assess compression therapy as significant in prevention and therapy of venous ulcers and mixed forms of vascular 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 ✎ Palpate foot pulses ✎ Assess the angle-brachial index (ABI) and derive requirements for action ✎ Choose adequate compression treatment and apply it correctly ✎ Educate patients about compression therapy and provide information for its use ✎ Evaluate the compression therapy used on the basis of valid criteria 	<ul style="list-style-type: none"> ⇒ Forms of vascular ulcers (arterial, venous, mixed forms) ⇒ Appearance of venous and arterial leg ulcers ⇒ Demarcation against non-vascular ulcers (only overview) ⇒ Pathophysiology of venous leg ulcer/arterial leg ulcer ⇒ Classification CEAP and Fontaine (only overall concept) ⇒ Diagnostics and therapy methods of vascular disorders (only overview) ⇒ Basic knowledge compression therapy ⇒ Distinction between decongestion and maintenance phase and prevention ⇒ Indications and contraindications of compression therapy ⇒ Overview of various compression materials for the different treatment stage ⇒ Bandaging techniques (fundamentals) ⇒ Donning and doffing aids for compression stockings (overview) ⇒ Stocking care (regarding fabric) ⇒ Evaluation of the compression therapy with consideration of the apparative pressure measurement 	<ul style="list-style-type: none"> ☞ Demonstration: palpate foot pulses ☞ Interpretation of ABI figures, e.g. with table grid ☞ Exercises on bandaging with short-stretch bandages including examination criteria that can be used for evaluation in practice. ☞ Effectivity control with pressure measurement can be recommended for the exercises ☞ The intensification lessons can be used for a "bandaging workshop" 	

4	3.10. Decubitus/prevention and therapy			
<u>Lecturer:</u>	Time: From _____ to _____		<u>Teaching method:</u>	
<p>Describe the etiology of decubitus and apply assessment tools. Integrate the criteria of pressure and time as well as pressure relief and pressure distribution into a nursing context and organise care. Recognise decubitus and differentiate other localised efflorescences. Realise measures for the prophylaxis and treatment of decubitus within the framework of the profession-specific responsibility over time. Assess interventions within the framework of an evaluation and alter the procedure if necessary.</p>				
<p>☺ Describe the origination mechanism of pressure ulcers regarding the factors of pressure, time, shear forces and friction.</p> <p>☺ Recognise the specific importance of high pressure</p> <p>☺ Identify risk factors and risk groups</p> <p>☺ Explain principles of pressure-distributing and relieving and also movement-supporting measures</p> <p>☺ Distinguish between toppers, mattresses and systems</p> <p>☺ Classify decubital ulcers by means of EPUAP/NPIAP/PPPIA</p> <p>☺ Differentiate between other skin damages that are often wrongly diagnosed as pressure ulcers.</p> <p>☺ Describe evaluation criteria for assessment of the interventions</p> <p>☺ Understand therapeutic principles in existing decubitus</p> <p>☺ Identify the particular need for surgical intervention</p>	<p>♥ Develop a critical consciousness towards assessment instruments</p> <p>♥ Are aware of the importance of initial screening and differential assessment.</p> <p>♥ Reflect the importance of consistent decubitus prevention and causal therapy</p> <p>♥ Perceive movement support and mobilisation as activation processes</p> <p>♥ Adopt a responsible and economical attitude towards the use of offloading devices and positioning systems</p>	<p>✎ Carry out an initial risk screening and, if necessary, a differentiated risk assessment.</p> <p>✎ Detect movement restrictions</p> <p>✎ Create a movement and measure plan based on patient resources</p> <p>✎ Initiate measures individually and in a specific way</p> <p>✎ Select pressure-distributing and pressure relieving aids</p> <p>✎ Use aids and applicants individually and under consideration of professional and economic aspects</p> <p>✎ Asses the effectivity of selected measures</p> <p>✎ Guarantee after-treatment of a surgical decubitus treatment</p> <p>✎ Perform "finger pressure test" as part of skin inspection</p>	<p>⇒ Causes (pressure, shearing forces and pathomechanisms)</p> <p>⇒ Risk factors</p> <p>⇒ Predilection points and risk assessment</p> <p>⇒ Classification according to EPUAP/NPUAP/PPPIA (excluding mucosal lesions)</p> <p>⇒ Differential diagnostics (IAD, intertrigo, burns)</p> <p>⇒ Prevention and causal and concomitant therapy</p> <ul style="list-style-type: none"> ▪ movement support ▪ mobility ▪ selection/assessment of pressure-distributing and pressure relieving measures <p>⇒ Possibilities of surgical treatment of a decubitus (overview) including aftercare</p>	<p>☞ A therapy plan with an existing decubitus could be included in an optional lesson or in case work after the teaching unit wound treatment</p>

4	3.11. Diabetic Foot Syndrome (DFS)/prevention and therapy				
Lecturer:		Time: From _____ to _____		Teaching method:	
Describe the genesis of diabetic foot syndrome and establish a link to the specific assessment tools and examination methods. Derive prophylactic local measures from the complexity of the clinical picture. Consider diabetes in its systemic dimension and initiate educational processes. Differentiate between conservative and surgical interventions, including nursing support and aftercare.					
<ul style="list-style-type: none"> ☺ Compose causes, appearances and subsequent damage of the Diabetic Foot Syndrome (DFS) ☺ Differentiate angiopathic and neuropathic form ☺ Justify the most important prophylactic measures ☺ Describe the classification according to Wagner/Armstrong ☺ Demonstrate the essential examination methods ☺ Explain the fundamental therapeutic steps ☺ Justify 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 ♥ Become aware of the change due to the patient's felt body (loss of sensation) ♥ Become aware of the importance about the syndrome from a demographic view ♥ Are aware of the importance of diabetes counselling 	<ul style="list-style-type: none"> ✋ Inspect the foot (shoes/footwear) for specific changes and initiate necessary measures. ✋ Provide guidance on the implementation of prophylactic measures ✋ Advising affected persons regarding foot care, foot inspection, clothing and footwear ✋ Select pressure relieving measures and apply them and other prophylactic measures ✋ Establish a constant comparison between the foot changes in DFS for the purpose of early detection and recurrence prophylaxis ✋ Coordinate pressure-relieving measures 	<ul style="list-style-type: none"> ⇒ Genesis of foot ulcers ⇒ Localisation of foot ulcers ⇒ Role of keratosis and other wound-triggering factors ⇒ Demarcation DFS versus Diabetic Foot Ulcer ⇒ Differentiation of peripheral polyneuropathy, angiopathy, mixed forms ⇒ Examination methods and techniques ⇒ Classification according to Wagner/Armstrong (overview) ⇒ Preventive measures, e.g. foot inspection and foot care, podological treatment, diabetes counselling ⇒ Shoes supply, foot-wear ⇒ Options for pressure relief (overview) 	<ul style="list-style-type: none"> ☞ ICW comment: „Vorfußentlastungsschuh“ [front foot relief shoe] ☞ PAOD and Fontaine stages see topic leg ulcer ☞ Terms of localisation of foot ulcers, images/exercises on the basis of case examples ☞ Demonstration of shoe fitting useful ☞ Connection with the subject education recommended ☞ Coordination with lecturer of the subject leg ulcer regarding foot pulse palpation 	

6 3.12. Principals of wound treatment and wound dressings

Lecturer: _____ **Time:** From _____ to _____ **Teaching method:** _____

Provide a correlation between a manifest chronic wound, the current wound healing phase and adequate care. Wound care is selected according to different criteria and adapted to the healing process. Ethical and economic dilemmas are reflected. Wound management is planned according to the needs of the person concerned and aims at maintaining the quality of life.

<p>Product groups</p> <ul style="list-style-type: none"> ☺ Explain the requirements made of wound dressings and the various product groups with a view to structure, effects, indications and contra-indications ☺ Demonstrate application options of product groups ☺ Follow the manufacturer's instructions <p>Therapy matching the phase</p> <ul style="list-style-type: none"> ☺ Describe 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 ☺ Explain the connection between wound situation, choice of product and dressing changing intervals <p>Exudate management</p> <ul style="list-style-type: none"> ☺ Emphasise the tasks of exudate management and develop solution strategies <p>Odour management</p> <ul style="list-style-type: none"> ☺ Substantiate odour 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 ♥ Consider restrictions in the everyday life of affected patients by the selection of suitable wound dressings as a guide for action ♥ Assign great importance to a wound treatment matching the phase ♥ Are sensitised for the psychosocial effects of an exuding wound ♥ Value the development of odour as a factor limiting the quality of life 	<ul style="list-style-type: none"> ✎ Choose materials related to the indication in accordance with the wound and individual life situation of the patient ✎ Apply products or combinations of products according to the indication and as intended ✎ Use treatment alternatives in accordance with the clinical picture ✎ Adjust dressing change intervals to the wound situation ✎ Consider the objective of non-traumatic procedure when changing a dressing 	<ul style="list-style-type: none"> ⇒ Objectives and evaluation of local therapy ⇒ Criteria of an "ideal" wound dressing ⇒ Wound dressings by 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 foils/film dressing ▪ Hydrogel (amorphous/pad, preserved, unpreserved) ▪ Hydrocolloid and hydrocolloid-like dressing ▪ Superabsorber ▪ Foam dressing ▪ Hydro fibre, ▪ Alginate ▪ Contact layer, wide-meshed tulle ▪ Activated carbon/active coal dressing ▪ (Combinations of products) ⇒ Differentiation <ul style="list-style-type: none"> ▪ Primary- secondary dressing ▪ Wound filler ▪ Fixation ⇒ Obsolete therapies ⇒ Negative pressure wound therapy (NPWT) (only overview) ⇒ Influencing factors for the dressing changing intervals (local wound situation, patients situation, economic efficiency) 	<ul style="list-style-type: none"> ☞ A representative selection of products from various manufactures must be kept for the product groups and demonstrated to the participants ☞ Exercising of absorption capacity including evaluation by the participants ☞ All product groups are to be presented
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2	3.13. Wound cleansing/wound rinsing				
	Lecturer:	Time: From _____ to _____	Teaching method:		
Consider wound cleansing and the associated debridement techniques as initial procedures in wound healing. An analysis of debridement techniques is made including various criteria. The needs of the patients as well as the risk and costs are considered and evaluated. The techniques are carried out under sterile conditions within the framework of professional responsibility.					
<ul style="list-style-type: none"> ☺ Define the term wound debridement ☺ Justify the indications for wound cleansing ☺ Know the indications and contraindications for the debridement methods ☺ Distinguish various debridement methods with a view to their effectivity, availability, economics, pain sensation and risks ☺ Know the indications for wound irrigation ☺ Describe various wound rinsing solutions in their handling 	<ul style="list-style-type: none"> ♥ Are conscious of the requirements and risks of the individual debridement methods ♥ Assess wound cleansing as an essential precondition for wound healing ♥ Are aware of the responsibility to avoid pain ♥ Respect their role in the therapeutic team regarding debridement. 	<ul style="list-style-type: none"> ✎ Select debridement methods appropriately ✎ Perform wound cleansing 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 ✎ Use only sterile materials for debridement 	<ul style="list-style-type: none"> ⇒ Indications for wound debridement ⇒ Differentiation of the debridement depth in the avital and vital area of the "wound structures". ⇒ Debridement techniques and methods with advantages and disadvantages as well as legal aspects ⇒ Products for <ul style="list-style-type: none"> ▪ mechanical debridement (microfibre and foam pads,...) ▪ autolytic wound cleansing (alginates, hydro fibres, hydrogels, medical honey, wound dressings for wet therapy...) ⇒ Types of wound irrigation solutions <ul style="list-style-type: none"> ▪ preserved and unpreserved-wound rinsing solutions ▪ differentiation from antiseptic solutions ⇒ Handling of sterile-filter-attachments in use of tap water ⇒ Maggot therapy and ultrasound-assisted wound cleansing (only operation principle) 	<ul style="list-style-type: none"> 👉 Presentation of materials and instruments including allocation to methods 	

2		3.14. Infection management			
<u>Lecturer:</u>		Time: From _____ to _____		<u>Teaching method:</u>	
Objectively assess wounds according to infection signs and initiate a criteria based infection management. Antiseptics are used and monitored according to the instructions for use.					
<p>☺ Assign the stages of germ colonisation up to infection to the corresponding characteristics/terms</p> <p>☺ Define the term biofilm and explain its importance for wound healing</p> <p>☺ Explain the indications of an aseptic local therapy</p> <p>☺ Know the options for use of antimicrobial dressings</p> <p>☺ Explain the mode of action of antiseptics</p> <p>☺ Know about different exposure times</p> <p>☺ Know application guidelines and limits for antiseptic solutions</p> <p>☺ Describe potential side effects of antiseptic products</p> <p>☺ Differentiate antiseptic from antibiotic therapy</p>	<p>♥ Perceive the importance of infection monitoring as an original task</p> <p>♥ Are aware for the reflected use of various antiseptic substances</p> <p>♥ Feel responsible for the correct and time limited use of antiseptics.</p>	<p>✋ Select topical antiseptic measures according to relevant criteria</p> <p>✋ Master the special measures for infected wounds and wounds developing odour</p> <p>✋ Apply antiseptics and antimicrobial wound dressings in accordance with the guideline regulations</p>	<p>⇒ Infection stages of wounds from contamination to infection/systemic infection</p> <p>⇒ Causes and characteristics of infected wounds</p> <p>⇒ Options of treatment for germ reduction</p> <p>⇒ Differentiate of preserved wound rinsing solutions and antiseptics</p> <p>⇒ Types of antiseptic substances (silver, octenidine, polyhexanide, iodine...)</p> <p>⇒ Application (reaction time, application duration) proper storage of antiseptics</p> <p>⇒ Product combinations and contra indications of antiseptics</p> <p>⇒ Passive products for physical germ binding (hydrophobic wound dressings...)</p>		

2	3.15. Case management				
Lecturer:		Time: from _____ to _____		Teaching method:	
Derive a wound care situation from an exemplary case. The focus is primarily on the person with his/her chronic wound and on the social environment. The understanding of the case and the transfer of the learning content are generalised via a problem-solving process.					
<p>☺ Put theoretical knowledge into practice on the basis of a specific case example</p> <p>☺ Recognise the relevant aspects of the wound treatment process and discuss alternatives of action</p> <p>☺ Explain the value of local therapy, causal therapy and accompanying therapy in the context of the case examples</p> <p>☺ Derive the therapeutic requirements on the basis of the wound-specific assessment</p>	<p>♥ Perceive the importance of treating persons with chronic wounds in a holistic view</p> <p>♥ Recognise high importance of treatment with individual adaptation</p> <p>♥ Are willing to critically question the previous care process</p> <p>♥ Are aware of the diversity of therapeutic possibilities</p>	<p>✎ Name treatment goals</p> <p>✎ Identify wound healing inhibiting and promoting factors by example</p> <p>✎ Select measures and products purposefully on the basis of existing information and specialist knowledge</p> <p>✎ Apply local and causal therapeutic measures on a case-specific basis</p> <p>✎ Document the wound situation in appropriate professional language and communicate the therapeutic procedure</p>	<p>⇒ Case example(s) with statements for a holistic description of the individual patient</p> <p>⇒ Assessment of the wound situation including the underlying cause(s)</p> <p>⇒ Planning of the cause-related and accompanying measures</p> <p>⇒ Selection of local treatment options and justification</p> <p>⇒ Discussion on alternative treatment options for local therapy</p>	<p>☞ Cases can be taken from the "Study Book Wound Expert ICW"</p> <p>☞ Allocation/discussion of causal and local therapy</p> <p>☞ Suitable for preparation for the term paper/case report</p>	
1	3.16. Financing of wound treatment				
Lecturer:		Time: From _____ to _____		Teaching method:	
Wound care is considered with regard to financial feasibility and guidelines. The conflict between opportunities in wound care and economics is made visible. An awareness and responsibility for the economic use of products is developed.					
<p>☺ Discuss the various financing situations</p> <p>☺ Know the differing costs of wound treatment</p> <p>☺ Understand the principle of economic use of materials.</p>	<p>♥ Develop consciousness towards the individual requirements and the economic framework conditions</p> <p>♥ Assume responsibility towards the people involved in the treatment process</p>	<p>✎ Monitor the economic use of aids and treatment products</p> <p>✎ Observe the treatment process under the patient's current and individual situation</p> <p>✎ Determine the costs for the planned wound treatment</p>	<p>⇒ Possibility of reimbursement</p> <p>⇒ Costs of wound dressings</p> <p>⇒ Oversupply of dressing products</p>	<p>☞ Participants calculate the costs for a wound treatment on the basis of an example</p> <p>☞ Examples of economical and uneconomical use of materials for wound treatment</p>	

1	3.17. Legal aspects of wound treatment				
	Lecturer:	Time: From _____ to _____	Teaching method:		
Are aware of the legal framework in the care of people with chronic wounds. Legal requirements are implemented responsibly. Realise the limits of their own professional competence.					
☺ Know the specific legal of difference health care professions in connection with treatment of chronic wounds ☺ Refer to the liability law framework in the case in question	♥ Are conscious of the importance of the legal requirements for own and third parties' actions	✎ Act in the legal leeway for action of the profession in question ✎ Identify the legal limits of action in the profession in question ✎ Taking data protection into account	⇒ Importance of the instructions for use of medicinal devices ⇒ Responsibility for orders, implementation and organisation ⇒ Profession-specific reservations of action with the example of medical reservations and ability to delegate ⇒ Data protection	☞ The topics should only be taught in relation to the wound-specific topic and with practical examples.	
2	3.21. Miscellaneous wound situations only international seminars				
	Lecturer:	Time: From _____ to _____	Teaching method:		
The topic of burns and postoperative wound healing disorders are considered from the perspective of differentiation from common chronic wounds and the implementation of differentiated therapy measures. The correlation between the development and manifestation of miscellaneous wounds is a guideline for further therapeutic interventions.					
☺ Understand the classification of burns and the depth of burns ☺ 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	♥ Be aware for the potential subsequent damage in cases of burn wounds ♥ Recognise high importance to the monitoring of postoperative wounds	✎ Assess the extent of a burn ✎ Initiate the local treatment measures following an indication	⇒ Burn wounds <ul style="list-style-type: none"> ▪ Classification of the burn wounds by surface and depth ▪ Focal points of treatment of burn wounds ⇒ Postoperative wound healing disorders <ul style="list-style-type: none"> ▪ Risks for their origination ▪ Avoidance ▪ Indications ▪ General therapy principles 	☞ Not the burn illness as a complete subject, only the burn with its local incidents on the wound and treatment	

Day 7 - Education/Nutrition/Available Lessons				provider date:	
4 3.18. Education					
Lecturer:		Time: From _____ to _____		Teaching method:	
Integrate those affected into the care process according to their competences and adherence. Education is understood as a task that enables those affected to remain independent. Counselling is understood as a cybernetic cycle and communication as an essential building block for building relationships.					
Have an overview of the fundamentals of patient education Give reasons about the objectives of patient education Distinguish the central processes of patient education such as forwarding of information, consultancy, coaching and instruction Understand motivating conversations in the education process Explain methods of instruction and coaching	Bring their own attitude towards patient education into question Perceive patient education as an essential module in a therapy plan Aim to support the patients in their autonomy/self-care Become aware for potential disturbing factors from the patient's point of view	Discuss objectives to be aimed for together with the patients Apply educational measures in the care process Evaluate typical errors in discussions Conduct an information discussion with structural requirements Evaluate the success of the education	⇒ The aim of patient education ⇒ Areas and possibilities of patient education ⇒ Methodological options for instruction and training (brochures, demo material,...) ⇒ Supportive and inhibitive aspects in education ⇒ The <i>active listening discussion technique</i> as a foundation of patient education	The contents are to be taught under the specific aspect of the situation of persons with chronic wounds in the treatment setting. A close practical connection must be established. <ul style="list-style-type: none"> ▪ Applying conversation techniques ▪ Example of educational measures: instructions for caring relatives in case of existing decubitus or risk of it, training on skin care... 	
2 3.19. Nutrition/diet					
Lecturer:		Time: From _____ to _____		Teaching method:	
The nutritional and general condition of those affected can be assessed according to subjective and objective criteria. The need for fluids and nutrients can be measured using valid criteria and subsituated. A connection between an existing chronic wound and individual nutritional status is established.					
Know the basics for determining the fluid and nutrient needs Know the connection between deficient nutrition and impaired wound healing Explain the nutrients which are relevant for wound healing and their essential functions Name clinical criteria for assessment of the nutritional status Compare assessment instruments for assessment of the nutritional status exemplarily Distinguish additional nutrition	Observe nutrition of patients with chronic wounds as an important factor Feel responsible for understanding malnutrition and dehydration as potential risk factors at an early stage	Assess the nutritional and hydration state using subjective and clinical criteria Determine the need for fluid and nutrients in people with chronic wounds Apply nutrition assessments according to a purposeful selection Administrate food supplements for specific indications Select aids for food intake and food preparation Provide information relevant to everyday life on how to adjust calorie and fluid intake.	⇒ Nutritional assessment criteria and also assessment instruments ⇒ Determination of requirements on the basis of selected instruments ⇒ Aids for food intake and food supplements as well as their reimbursement options ⇒ Impact of the diet on wound healing ⇒ Malnutrition and dehydration with causes and consequences ⇒ Assessment of nutritional situation, role of BMI, skinfold thickness, mid-upper arm circumference	Portals or calculation aids for nutrition needs Apps for smartphones calculating nutrition	

2	3.20. Intensification lesson				
	Lecturer:	Time: From _____ to _____		Teaching method:	
The broad spectrum of acquired cognitive and practical skills is used for independent or group-oriented task processing and problem solving in the sense of transfer. Alternatives for action and interactions with related professions or areas of activity are taken into account.					
Preparation for the written exam with accompanying book/alternatively practical exercises Knowledge transfer e.g. application of bandaging techniques for compression					
= 56 TU total exclusive examination					

Examination

Day 8 – Review of the educational objectives/knowledge transfer		
2 (14)	Written exam	The exam must be scheduled on a separate day after the theoretical part has been taught in full. On the day of the examination, no further teaching relevant to the examination may be given.
Lecturer/supervision:		Time: From _____ to _____
16 Practice	Work shadowing/ clinical practice	16 hours in a specialized institution (see form work shadowing/clinical practice and case report/term paper)
		Time: Starts at the end of the theoretical part. Completion by submission date of the case report/term paper
(16)	Case report/term paper	16 hours in a specialized institution (see form work shadowing/clinical practice and case report/term paper)
		Submission deadline: _____

For the exam preparation (e.g. with the Study Book Wound Expert ICW) 14 hours (à 45 minutes) are estimated.

For the preparation of the case report/term paper 16 hours of self-directed learning are estimated.

Notes are only relevant if the curricular order is changed.

Red = binding chronological order, blue = deviations possible, green = variable order

4. Order of the teaching units

Day 1 – Seminar introduction/organisation and basics	
ICW and course concept	
To begin with	Basic information
Skin/skin care	
To begin with	Prerequisite for understanding classification and wound documentation
Wound types and wound healing	
To begin with	Prerequisite for understanding classification, wound documentation and wound care
Pain	
Variable	Coordination with wound care/debridement: painless wound treatment, preparation for debridement
Day 2 – Wound healing/wound assessment/documentation/proof of performance	
Work shadowing/clinical practice and proof of performance	
Variable	But not recommended on the first day
Hygiene in wound care	
Variable	If necessary, coordination with infection management
Wound assessment and wound documentation	
Prior to wound treatment	Recommended before clinical pictures, since a meaningful sequence leads to the assessment before treatment.
Day 3 – Quality of life/leg ulcers	
Caring and quality of life by patient with chronic wounds	
Variable	Coordination with the topic documentation/education if necessary
Leg ulcer prevention/treatment	
Partly variable	After wound types and wound healing basics and skin, if possible after wound assessment
Day 4 – Decubitus/diabetic foot syndrome (DFS)	
Decubitus/prevention and therapy	
Partly variable	After wound types and wound healing basics and skin, if possible after wound assessment
Diabetic foot syndrome (DFS)/prevention and therapy	
Partly variable	After wound types and wound healing basics and skin, if possible after wound assessment
Day 5 - Local therapy/w. dressing categories/exudate management/therapy matching the phase/debridement	
Principals of wound treatment and wound dressings	
Partly variable	After wound types and wound healing basics and skin, can be picked up before or after wound cleansing
Wound cleansing/wound rinsing	
Partly variable	After wound types and wound healing basics and skin, coordination with infection management/biofilm
Day 6 – Infection management/financing/law	
Infection management	
Partly variable	After basic wound care, if necessary, link with the topic of hygiene or wound cleansing
Case management	
At the end of the seminar	Educational objective: Summary & transfer performance from the topics wound care, clinical pictures and infect management. Therefore, these subjects must have been completed. It is also an objective to understand cases in the context of the case report/term paper to be written.
Financing wound care	
Partly variable	After basics of wound assessment and treatment, if necessary before case management
Legal aspects in wound treatment	
Variable	Coordination with financing intended
Miscellaneous wound situations	
Partly variable	After basics of wound assessment and treatment, if possible after decubitus, leg ulcer und DFS
Day 7 – Education/nutrition/intensification lesson	
Education	
Variable	Useful at the end of the seminar, according to clinical pictures
Nutrition	
Variable	
Intensification lesson - subject must be named in the timetable	
Partly variable	At the end of the seminar, if for exam preparation. If practical exercises on a topic are planned, then variable
Proof of performance	
Exam at the end of the seminar	Takes place on a separate day, after the theoretical part is completed. It is possible to plan intensification lessons or no curricular contents on the same day.

5. 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. The Study Book Wound Expert ICW must be on display.
- 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.

6. 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. (5. Auflage erscheint voraussichtlich bis Ende 2021) ICW, Quedlinburg.
Basic literature/ definitions	ICW e.V. (Hrsg.) (2020): Standards des ICW e. V. für die Diagnostik und Therapie chronischer Wunden. https://www.mhp-medien.de/fileadmin/MHP/Zeitschriften/Wundmanagement/ICW/2017_WM_02_ICW_Standards.pdf (vom 10.08.2021)
Basic literature/extensive, cross-border including nursing care measures	Wound, Ostomy and Continence Nurses Society® (2015): Core Curriculum: Wound Management Core Curriculum: Wound Management. Wolters Kluwer.
	Lippincott Williams & Wilkins (2015): Wound Care made Incredibly Easy! 3rd edition. Wolters Kluwer.
	EWMA (2014): Managing wounds as a team - a joint position document. JWC, AWMA, AAWC, EWMA.
	Panfil E-M, Schröder G (Hrsg.) (2015): Pflege von Menschen mit chronischen Wunden. Lehrbuch für Pflegenden und Wundexperten. 3. Auflage. Hogrefe Verlag, Bern.
Basic literature/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.
	Dissemond J u. Kröger K für die ICW e.V. (Hrsg.) (2019): Chronische Wunden, Diagnostik, Therapie, Versorgung. Elsevier Verlag, München.
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.
	ICW e.V. (Hrsg.) (2021): Poster „Dekubitus“ ICW, Quedlinburg.
	Bauerfeind G, Strupeit S (2015): Dekubitusprophylaxe und -behandlung. Praxisleitfaden zum Expertenstandard „Dekubitusprophylaxe in der Pflege. Kohlhammer Verlag, Stuttgart.
	Graupner, I., Freitag, S, Schröder, G. et al. (2017): PflegeKolleg. Gekonnt Lagern. In: Pro-Care 22, 33–43.
	Kottner, J, Kolbig, N, Bültemann, A et al. (2020): Inkontinenzassoziierte Dermatitis: ein Positionspapier. Hautarzt 71, 46–52.
	Schilling, K, Kottner, J & Tannen, A (2020): Präventive Auflagen zur Dekubitusprophylaxe. Pflegez 73, 59–64.
	Schröder, G (2017): Richtige „Lagerung“ bei Dekubitus. Heilberufe 69, 16–18.
DFS	International Working Group on the Diabetic Foot (IWGDF) (2019): Guidelines on the prevention and management of diabetic foot disease. https://iwgdfguidelines.org (vom 16.12.2020)

	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.
	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/mbd/downloads/nvl/diabetes-mellitus/dm-2aufl-konsultation.pdf (vom 15.12.2020)
	Hochlehnert D, Engels G und Morbach S (2014): Das diabetische Fußsyndrom, Springer Verlag, Berlin/Heidelberg.
	Kellerer M & Müller-Wieland D, (2018): Praxisempfehlungen der Deutschen Diabetes Gesellschaft. 13. Jahrgang S 83-290. Thieme Verlag, Stuttgart.
	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)
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.
Creation of written papers	Zertifizierungsstelle ICW/PersCert TÜV of wound qualifications (2022): Forms for work shadowing & term paper, exam regulations in the document Curriculum Woundexpert ICW. www.icwunden.de
	Zertifizierungsstelle ICW/PersCert TÜV für Wundqualifizierungen (2021): Formulare zur Hospitation & Hausarbeit, Prüfungsordnung im Curriculum Woundexperte ICW. www.icwunden.de
Quality of life	EWMA (2020) Evidence for person-centered care in chronic wound care. Vol 29 No 9 EWMA document 2020.
	The ‘Wound-QoL’(2013): A Short Questionnaire Measuring Quality of Life in Patients with Chronic Wounds. Wound-Qol (2020) User manual Wound-Qol (2020) https://www.wound-qol.com/download/
	Wounds International (2018) Vol 9 Issue 3. Optimising quality of life for people with non-healing wounds.
	Deutsches Netzwerk Qualitätsentwicklung in der Pflege (DNQP) (Hrsg.) (2015): Expertenstandard Pflege von Menschen mit chronischen Wunden. 1. Aktualisierung, Osnabrück.
	Unterricht Pflege (2011): Expertenstandards vermitteln. 16. Jahrgang. Heft 2, Brake.
Education	London F (2010): Informieren, Schulen, Beraten. Praxishandbuch zur Patientenedukation. 2. Auflage. Huber Verlag, Bern.
	Unterricht Pflege (2008): Beratung. 13. Jahrgang, Heft 3. Prodos Verlag, Brake.
	Grundlagen Pflege für die Aus- Fort- und Weiterbildung (2008): Beratung gestalten. Heft 25. Prodos Verlag, Brake.
	Schaeffer D, Schmidt-Kaehler S (Hrsg.) (2011): Lehrbuch Patientenberatung. Auflage: 2. Auflage. Huber Verlag, Bern.
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)

Skin	Wounds International (2017): Incontinence Associated Dermatitis (IAD) made easy. London.
	International Skin Tear Advisory Panel (ISTAP) (2020) Skin Tear Classification. http://www.skintears.org/wp-content/uploads/2020/01/Ten-Years-of-ISTAP-2.pdf
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Further posters, charts, brochures, maps, recommendations and educational material:

See the ICW homepage at www.icwunden.de under the headings *Shop* and *Wound Knowledge and Standards*.

7. Learning objectives, background

The curriculum is structured according to learning objectives. The decisive factor is the intention of counteracting a one-sided, cognitive, knowledge-teaching alignment of the teaching. Learning objectives portray the learner's ability (action) which is to be achieved during the curriculum.

Motto:

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

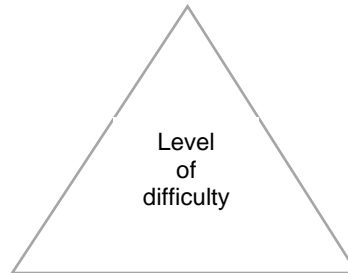
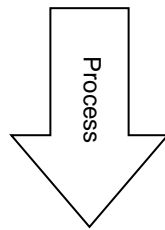
Structure of learning objectives

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 levels of difficulty, they partly result from the terms used (see sub-grouping of the learning objectives). Further differentiation must be determined by the teachers on site.

7.1. 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 points remembering or reproducing and also ones including the solution of an intellectual task in which main problems have to be determined and required material ordered 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

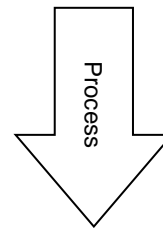


The level of difficulty increases with each phase.

7.2. 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:

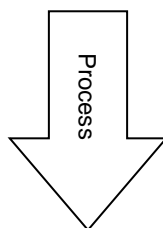
1. Becoming attentive, observing
2. Reacting
3. Assessing
4. Structured build-up of a system of values
5. Being fulfilled by a value or a value structure



7.3. Psycho motoric learning objectives

They relate to manual, muscular, implementation-orientated objectives and motor skills, coordination and imitation which have correct dealings with materials or objects as their focus. The gradation of the psycho motoric 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:

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8. Work shadowing/clinical practice

8.1. Information on work shadowing/clinical practice

- **Timing requirements**

The work shadowing/clinical practice will be completed over a period of 16 hours which can be divided into individual blocks. The work shadowing/clinical practice must be completed within 12 weeks after the written examination. For this reason, the work shadowing/clinical practice only takes place after completion of the theoretical contents. This can possibly be before the written exam if that is not dated directly after the theory part. By this point, the written paper must also be submitted.

- **Objectives/content**

The work shadowing/clinical practice is intended to meet two objectives:

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

- **Facilities**

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

- **Certificate**

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

8.2. Work shadowing/clinical practice proof of attendance of the basic seminar "Woundexpert ICW®"

⇒ *Print template in the appendix*

9. Case report/term paper

The case report/term paper is designed to assess the knowledge acquired by the participant and is divided into the following listed parts and their sub-sections.

Part 1	Description of the work shadowing/clinical practice site
Part 2	Case processing

For processing cases, a patient may be selected both during the work shadowing/clinical practice, as well as in their own institutions and at their own workplace. It relates to a patient with a **typical chronic wound** (diabetic foot ulcer, vascular leg ulcer, decubitus) starting from the evaluation performed as part of changing a dressing. The patient must be someone who the participant has visited in person for this purpose after the theory lessons. Purely document-based work using a past case is not allowed.

9.1. Formal guidelines

A written paper which is to be completed on a PC includes five A4 pages and is drafted in complete sentences written in your national language or in English (sentence structure, grammar, spelling, according to current rules). Please note the following:

- **Margins:** 2,5cm all circumference, line spacing 1,5
- **Font:** *Arial* font size 11 or *Times New Roman* with font size 12
- **Length:** Five A4 pages and is in complete sentences (As a guide, each page can be of approximately 350- 450 words). Reference are 1600 – 2000 words (10 000 – maximum 20 000 characters) all together
- **Page numbers/numbering** start/starts on the first page of text and end/ends on the last page of text (end). **The pages are counted starting from the description of the work shadowing/clinical practice site up to and including the final part/evaluation** (see [comments in blue font 2.](#))
- The number of pages may be exceeded by no more than three to a maximum of eight pages. If the written paper is longer, or if the number of pages is less than five, the written paper is considered as not passed.
- The **bibliography** and appendix are not included in the required page count.
- In a **print version**, the printout is printed on one side in bound or stapled form.
- The work can also be submitted in an **EDP version** as a PDF file with scan additions. This must be agreed with the educational provider beforehand.

9.2. Deadline of the case report/term paper

The written paper is part of the exam and must be demonstrably submitted by a fixed date **within 12 weeks after the written exam** at the educational institute (obligation). Unreceived case reports/term papers are to be marked as not submitted and are thus to be evaluated as "failed". The deadline may, in exceptional cases, such as illness or maternity leave be extended for the duration of the absence. This must be supported by a medical certificate. Other special circumstances may only be accepted as reason for an extension after prior approval with the recognition and certifying body.

9.3. Structure of the case report/term paper (sample structure)

Title page (cover sheet case report/term paper)

The cover sheet "Case report/term paper Woundexpert ICW®" is to be used. In addition the author can attach a self-made cover, but this is not mandatory.

Cover sheet case report/term paper ⇒ (Print template in the appendix)

1. Description of the work shadowing/clinical practice site

Information about general conditions of work shadowing/clinical practice

Participants should provide an overview of the operational areas of the work shadowing/clinical practice site. From this, the focus of the organisation and its functions in the care of patients with chronic wounds and their personnel resources should emerge. The intention in selecting the work shadowing/clinical practice fields may also be stated. If the work shadowing/clinical practice takes place in two locations, only one of the two needs to be described.

(approx. ½ - 1 page)

2. Case processing (main section)

The second, larger part of the case report/term paper describes the healing process and the specific care of a patient with a typical chronic wound (or multiple wounds).

2.1. Preliminary information

The Introduction should be a concise case presentation. First of all, the area with which the case is concerned should be described. This relates either to the work shadowing/clinical practice site described at the beginning or the participant's own workplace, which then needs to be explained succinctly in a few sentences.

In the form of a medical history, the wound-related diagnostic and therapeutic history should be briefly outlined. The case history and the wound are assessed according to the topics "caring and quality of life by patient with chronic wounds". The anamnesis need to include the social situation. The wound is clearly stated in the main text in accordance with the medical diagnosis. An evaluation of wound healing and inhibiting factors has to be included.

(approx. 1 page)

2.2. Therapeutic plan

2.2.1. Explanation of the therapeutic plan in place

The therapeutic plan is based on a specific time about which a document is attached to the report (see "documentation").

The **causal therapy** (e.g. pressure relief/pressure reduction) should be explained first. If this has not been implemented, the reason must be explained conclusively. (priority setting, palliative situation,...).

In addition, the **local wound therapy** (wound debridement/wound dressing) will be explained in detail. The method of wound cleansing used, the wound care products selected and the fixation of the dressing are described.

The individual therapy components (wound fillers, wound dressings, etc.) are explained in own words in terms of their mode of action and objectives.

(approx. 1 page)

2.2.2. Own assessment/alternative suggestions

The participant rates the current treatment objectively and explains his own assessment. The choice of the respective local wound therapy product or wound dressing is discussed in context with the wound situation in question..

The following questions may be helpful as guidance:

- What is the justification for the choice of material?
- Which materials were selected and with what aim in relation to this wound situation?
- Which characteristics are desired?
- Which undesired characteristics/effects must be accepted or at least borne in mind?
- Which important notes on use must be taken into account (e.g. notes by manufacturers, combinations, contraindications)?

The participant lists at least one possible **alternative** treatment option for **local wound therapy** and justifies it or weighs it up in comparison to the previous treatment. (e.g. for wound irrigation solution, primary dressing and secondary dressing).

He also makes a brief assessment of the **causal therapy** listed with regard to its usefulness or the lack of causal measures (e.g. pressure relief).

(approx. 1 page)

2.2.3. Accompanying therapy

A statement on therapy supportive measures already received should be taken on a case- by-case basis. If applicable, the participant can add further/differing assessments of the accompanying therapy.

(approx. ½ page)

3.3. Prospects

Taking into account all results and findings, an outlook on the expected course should be formulated up to healing, where applicable. The medical history outlined at the beginning is reflected on and taken into account.

(approx. ½ page)

3. Evaluation (final part)

The evaluation relates to the work shadowing/clinical practice and the participant's own learning situation. The participant reflects on the extent to which he or she is able to transfer and apply findings from the seminar in practice. The participant highlights his or her own learning and own limits, if applicable, and future learning requirements. The following questions are recommended as a guideline:

- Which knowledge of the course content could be implemented?
- Which theoretical content has become clearer, if applicable, as a result of the practical experience?
- Which specialist knowledge has been deepened?
- Which findings have I gained as an expert in the field?
- How helpful was the clinical practice for my personal learning situation?

(approx. ½ page)

Appendix

The care of the patient must be documented accordingly. For this purpose, a suitable and current **documentation form** has to be used. The completed sheet is to be attached to the case report/term paper. With this step, the acquired knowledge can be detected in the documentation. With this work step, the acquired knowledge is proven in the documentation.

If the selected facilities and the patient (written consent) provide the option of **photo documentation**, a picture of the wound should be attached. The use of a photo is **strongly recommended** to increase the validity of the documentation.

☞ Please note:

Data protection provisions and confidentiality must be observed. Therefore, the documents attached **must not contain any personal patient data** that may allow the patient to be identified. This applies by the same to the patient's declaration of consent.

9.4. Assessment criteria for the case report/term paper

The report/case description is judged by the professional seminar management in question. The work shadowing/clinical practice site is not involved in the assessment. The detailed criteria for evaluation can be read in the appendix (Assessment matrix case report/term paper Woundexpert ICW®).

The examination is considered as passed if at least 56% of the possible points are achieved and the requirements are met. If these conditions are not fully met, the case report/term paper is also regarded as "failed" when all other criteria would allow a pass. These include exceeding or falling short of the required length (under five or over eight pages) or the lack of necessary appendices.

9.5. Assessment matrix case report/term paper

⇒ *Print template in the appendix*

Guidance on the use of the assessment matrix:

If the **requirements** are not fully met, the case report/term paper is also considered "not passed" if all other criteria would allow it to be passed. In this case, the homework is confirmed as failed without further correction.

The **improvement column** can, but does not necessarily always have to be used.

If the case report/term paper was rated "failed", suggestions for improvement should be given as feedback to the participant. In this case, the evaluation matrix should be handed over to the participant as a copy. The evaluation matrix must be stapled to the case report/term paper and archived according to the guidelines!

K.O. criteria endangering care

If there is a gross negligence of the proposed treatment of the graduate (active error) or if the graduate does not comment a gross negligence of the practitioners (passive error), this leads to the **failure of the case report/term paper**. These must be listed on the matrix. For this purpose, a corresponding field is inserted on the second page, which must be filled in by the educational institute. Evaluations that are the result of grossly negligent care must be submitted to the certification body.

☞ **Tip:** The appendix to the Study Book Wound Expert ICW includes a list of "Common mistakes made when completing a term paper". The chapter on case processing can also provide a guide for drawing up a case report/term paper.

9.6. Examination regulations for the qualification "Woundexpert ICW®"

§ 1 Admission

All participants in a course recognised according to the requirements of the ICW that leads to the qualification as "Woundexpert ICW®" are admitted to this examination. The participants must be professionally licensed as physician (human medicine), podiatrists or registered nurse 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 report/term paper with a focus on case processing

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 and open questions. Candidates will be given 90 minutes to complete the written exam. **The examination is "set" by the certification body and may not be changed by the education provider or persons from its examination committee.**

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

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

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

§ 5 Evaluation of written examinations

The examinations (case report/term paper and written exam) are to be evaluated as follows:

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

The assessment matrix is relevant for the term paper whereas the respective list of points from the solution sheet with the maximum achievable total points is relevant for the written examination.

The test is considered to have been passed if the candidate achieves a minimum grade of 4.0 (= 56%). The assessment is noted as a grade in the examination transcript. For the grade 4, the decimal place must also be indicated!

§ 6 Work shadowing/clinical practice

The work shadowing/clinical practice is part of the qualification measure. The participants look for a work shadowing/clinical practice place by themselves. The clinical practice comprises 16 hours and takes place in areas of work related to caring for people with chronic wounds. It cannot be conducted at the workplace of the examinee.

§ 7 Case report/term paper and its assessment

The five-page written paper (work shadowing report and case processing) is part of the examination and must be drawn up in accordance with the requirements of "Case report/term paper Woundexpert". A **deadline** (up to 12 weeks after the written exam) is set for the case report/term paper. This date is equivalent to an examination date. The case report/term paper must be demonstrably submitted to the educational institution (obligation of the participant). The deadline remains the same regardless of whether the written exam has to be repeated.

Failure to submit the case report/term paper is equivalent to failure to attend the examination and corresponds to grade 6 = "not passed" unless an exception (illness) is claimed. A new date for submission four weeks later (from the announcement of results) is set and the participant is informed in writing. If the deadline for submission has expired three times a further extension will not be granted and the participant will not receive a certificate.

The deadline may, in exceptional cases, such as illness or maternity leave be extended for the duration of the absence. This must be supported by a medical certificate. Other special circumstances may only lead to an extension following consultation with the recognition and certifying body.

The written paper is assessed by the **professional management** of the wound expert course **as a member of the examination committee** unless someone else has been registered and confirmed for this purpose. The work shadowing/clinical practice site is not involved in the assessment.

A case report/term paper is deemed to have been passed only when **completion of the work shadowing/clinical practice** has been confirmed by the work shadowing/clinical practice site on the form "Certificate of work shadowing/clinical practice basic seminar Woundexpert ICW[®]" to the recognition and certifying body, when it meets the requirements stipulated in the assessment matrix and when it was not awarded a grade below 4.0. The written paper is thus considered as not passed when it is less than five pages or more than eight pages long or the necessary appendices are missing.

The assessment is performed using the "**Assessment matrix case report/term paper**" and archived.

§ 8 Passing/failing the examination

The assessment of the two test parts is done separately and is combined into one result. 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 he 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.

Participants who **fail to attend** the examination date and/or violate any of the examination rules without a valid reason (e.g. illness) and **without a valid reason will not pass** the examination. Participants who have not passed the examination at their final attempt will receive a certificate of attendance from the educational provider. The exam transcript documents the procedure in writing.

§ 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 **written examination** can be retaken at the earliest 4 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.

Like the written examination, the **written paper** can be resubmitted twice. If it is not passed a new date for submission **four weeks later** (from the announcement of results) is set and the participant is informed in writing. The participant must be informed about the deadlines prior to the measure (please refer to the examination regulations). Applications for an extension to a deadline must be made to the certifying body in each individual case.

§ 10 Examination rules

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

§ 11 Appeals/inspection of examination documents

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

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

§ 12 Certification

After the end of the exam the examination commission sends the **exam transcript** 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 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 "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 "Woundexpert ICW®".

Participants who have been successfully certified as "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.

10 Authors

Curriculum and literature list were produced by members of the expert panel of the ICW.

Current group:

Bernd Assenheimer, registered nurse, teacher for nursing professions, subject specialist /specialist author, Tübingen

Dr. med. Christoph Giebeler, specialist for surgery and vascular surgery, Wounds Consultancy Klinik am Eichert, ALB FILS Kliniken subject specialist/specialist author, Göppingen

Veronika Gerber, registered paediatric nurse; teacher for nursing professions, chairlady ICW e.V., coaching speaker chronic wounds, subject specialist/specialist author, Spelle

Prof. Dr. phil. Armin Leibig, teacher for nursing professions, degree as nursing educator (FH), M.A. (adult education), Erlangen University, Professorship for pedagogics for nursing professions, University of Applied Sciences, Ludwigshafen

Norbert Matscheko, B.Sc. and M.A. (adult education), teacher for nursing professions, health scientist, director of the Bavarian Nursing Academy, coaching speaker, Munich

Kerstin Protz, registered nurse, manager in the social and health care sector, Hamburg-Eppendorf University Hospital, Woundexpert ICW[®], expert analyst for nursing, member of the Advisory board ICW e.V., member of the board "Wundzentrum Hamburg e.V.", subject specialist/specialist author, Hamburg

Gerhard Schröder, registered nurse, specialist nurse in anaesthesia and intensive care/A/I, teacher for nursing professions, journalist, teaching and research commissions with specialisation decubitus, member of the Advisory Board ICW e.V., subject specialist/specialist author, Göttingen

PD Dr. med. Andreas Schwarzkopf, specialist for microbiology and infection epidemiology, expert analyst for hospital hygiene, subject specialist /specialist author, Bad-Bocklett

Werner Sellmer, specialist pharmacist for clinical pharmacy, member of the board Wundzentrum Hamburg e.V., member of the Advisory Board ICW e.V., subject specialist /specialist author, Norderstedt

Barbara Temme, registered specialist physician for surgery, Woundexpert ICW[®], hygiene commissioner, subject specialist, Berlin

Katja Teubner, registered nurse, Woundexpert ICW[®], Woundcare specialist ICW[®]; teacher for nursing professions, MSC health and nursing education, Munich

Ida Verheyen-Cronau, registered nurse, specialist nurse in anaesthesia and intensive care, teacher for nursing professions, Woundexpert ICW[®], Woundcare specialist ICW[®]; WACert[®], Head of the ICW/TÜV recognition and certification office, subject specialist, Frankenau

Annex

Certificate of work shadowing/clinical practice basic seminar “Woundexpert ICW®“

.....
To be filled by the participant:

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

.....

To be completed by the work shadowing site:

Organisation, wherein the work shadowing/clinical practice is performed:

.....
(Name/address)

We confirm Mrs Mr Divers

.....
(Trainee: Name/address)

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

Date: _____ number of hours: _____

Date: _____ number of hours: _____

Please delete unused lines before confirmation!

The above-mentioned trainee has **not** raised any patient data in order to use them outside of our organisation for the case report/term paper.

The trainee, as part of work shadowing/clinical practice is applicable to raise patient data in order to use them outside of our organisation for the case report/term paper. In consultation with our department the patient to whom the report refers is informed about the usage of the data. All diagnoses, surveys and photographs were created after prior information to and with the express consent of the patient. The written informed consent is documented in the medical record.

Place, date

Name (in block letters) + signature

Stamp of the site

There is no stamp for the organisation/company

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

Assessment matrix of case report/term paper Woundexpert ICW®

Including feedback for participants

Salutation, name, first name/given name:

Mrs Mr Divers, if applicable title: _____

Surname, first name/given name: _____

Testing organisation/

Educational provider: _____

Certifying body: For second marking As part of the subsequent certification

Marked paper

First submission First repetition Second repetition

Are the following requirements met?	Yes	No
Case report/term paper was submitted in time	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to stipulated length of case report/term paper	<input type="checkbox"/>	<input type="checkbox"/>
Required appendices have been submitted in full (<input type="checkbox"/> <i>Wound documentation form</i> <input type="checkbox"/> <i>cover sheet case report/ term paper</i> <input type="checkbox"/> <i>proof of required work shadowing/clinical practice</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Typical chronic wound according to the curriculum	<input type="checkbox"/>	<input type="checkbox"/>

Since not all requirements have been met, the term paper is failed.
There will be no further assessment of the content with points.

Assessment aspects	Max. points	Actual points
1. Formal structure/general requirements (3 points)		
Line spacing, margins, font size, page numbers, paper bound or stapled	1	
Required appendices in accordance with requirements (e.g. documentation forms) information on sources/bibliography created and comprehensible, data protection complied with	1	
Conformity of the wound documentation sheet with the explanations in the continuous text	1	
<i>Comments/options for improvement:</i>		
2. Chronology, structure, form (3 points)		
Stipulated structure followed (title page, general part, final part) All parts have the required length	1	
General part highlights the framework conditions of the work shadowing Case description includes required sub-items Final part includes reflection on learning situation	1	
Meaningful thematic structure of individual chapters, meaningful distribution for content weighting	1	
<i>Comments/options for improvement:</i>		
3. Language aspects (3 points)		
Comprehensibility, expression, factual correctness, reasonableness	1	
Spelling, grammar, word order	1	
Professional language, no colloquial expression used	1	
<i>Comments/options for improvement:</i>		

4. Professional accuracy (16 points)		
Presentation of case/medical history, attribution of the wound to the underlying illness or cause is correct, correct reasons offered	3	
Wound related assessment, wound analysis (clear medical wound diagnosis and classification), wound description in the text is complete and corresponds to the wound documentation sheet	3	
Causal therapy is explained in a comprehensible way and justified or questioned	4	
Local therapy is formulated independently, presented in a comprehensible and professionally correct manner, and the selection is justified	4	
Accompanying therapy adequately explained or need discussed	2	
Comments/options for improvement:		
5. Participants reflections on the case and the seminar content (12 points)		
Reflective analysis and evaluation of the previous treatment in relation to the local and causal therapy Assessment of overall and wound situation	3	
Learning from course content is visibly implemented	3	
Own alternative suggestions or confirmation of current treatment, in each case with accurate professional reasoning	3	
Outlook (progress of healing) Forward-looking planning and expectation of further development or further needs	2	
Evaluation of the work shadowing/clinical practice/learning situation	1	
Comments/options for improvement:		
Summary:	37	

	100- 92%	91- 81%	80- 67%	66-61%	60-56%	< 56%	<50- 32%	< 32%						
Points	37,0	34,0	33,5	30,0	29,5	25,0	24,5	22,5	22,0	20,5	< 20,5	19,0	12,0	11,5
							(3,75)		(4,0)		(4,5)			
Grade	1	2	3	4+	-	4	4-	5	6					
	passed						failed							

not passed

- Since the requirements are not met
- For cheating/attempting to cheat: _____
- The total score is below the minimum number/grade to be achieved
- The case report/term paper cannot be assessed as passed due to knock-out criteria. The certification body was informed of this in writing when the paper was sent in. The criteria are: _____
- Repetition possible, by deadline: _____
- Repetition not possible due to: _____

passed

overall grade: _____

Place, date

Name in block letters and signature of the examiner
(from the registered examination committee)

Cover sheet case report/term paper “Woundexpert ICW®” **(Work shadowing report and case processing)**

To be filled in by the participant:

Participant/course data

Mrs Mr Divers, if applicable title: _____

Surname, first name/given name: _____

Address: _____

Employment/workplace at the time of the work shadowing: _____

Created as part of the qualification for the “Woundexpert ICW®”

Name of the institute: _____

Course from: _____ to: _____

Written examination (first date) on: _____ Place of examination: _____

Created as part of the subsequent certification as Woundexpert ICW®

Work shadowing/clinical practice

Date: _____ number of hours: _____ from: _____

Date: _____ number of hours: _____ from: _____

Date: _____ number of hours: _____ from: _____

Date: _____ number of hours: _____ from: _____

Declaration

The present work within the qualification measure Woundexpert ICW® was created by my own. I declare that I have prepared the paper myself and that I have not used any aids other than those indicated. The sources I have used are in the text and listed in the bibliography. I am aware that a release of foreign texts without marking violates the copyright and the examination regulations and leads to the failure of the test.

I have sent or handed in the written paper on time on: _____

The patient to whom the case processing relates was informed about the use of data. All diagnoses, surveys and photographs were created after prior information to and with the express consent of the patient. The written informed consent is documented in the medical record.

Place, date

Signature of the participant

To be completed by the educational institute (or the certifying body):

Receipt of case report/term paper on: _____

on time not on time, *without reason as per examination regulations*

not on time, *however with proven reason as per examination regulations, e.g. doctor's certificate*

The case report/term paper is the

first examination 1st repetition 2nd repetition

Place, date

Name and signature of the examiner

The cover sheet must be stapled and archived with the assessment matrix for the case report/term paper.