Krishna Vishwa Vidyapeeth (Deemed to be University) Krishna Institute of Nursing Sciences, Karad



Syllabus

Postgraduate Diploma in Wound Care Management

Choice Based Credit System (C.B.C.S.)

Program code: 4503 Course code: 4503-11

Preface

In recent years, the care of people with acute, chronic and palliative wounds has made enormous progress throughout globe and India. To bring existing evidence-based and best practice knowledge to all professional nurses is a key objective of KIMS Deemed To Be University For this reason KIMS deemed To Be University has developed a wound management curriculum for nurses.

This curriculum takes into account that individuals with chronic wounds have very specific therapy and care needs related to their clinical presentation and the challenges related to multiple comorbidities. In the following, the term 'chronic wounds' explicitly includes non-healing wounds (or hard-to-heal wounds). Moreover, it includes wounds that do not fall into the category of chronic wounds because of duration but are considered to be a chronic wound and therefore have a higher probability of following a chronic course (i.e. pressure ulcers). To be able to apply a holistic approach to and provide effective management of individuals with wounds, the nurse must therefore have specific knowledge, practical skills and awareness about patient safety, local wound care, the overall patient status and multidisciplinary teamwork. The nursing process provides the overarching framework for the curriculum and takes into account the outcomes of the interventions in the course of care (prevention, diagnostics and treatment).

The curriculum explores a range of comprehensive nursing interventions such as the assessment, planning, interventions and evaluation related to individuals with acute and chronic wounds. It should allow the students to extend their knowledge of wound care to obtain specific competencies. This constitutes explicit knowledge of the relationships between the underlying diseases with the onset of chronic wounds, as well as their guideline-based care in terms of causal, local and concomitant therapy. Finally, the curriculum also aims to support the development of the nurse's ability to assess the psychosocial and behavioural aspects of patients with wounds and to promote the patient's quality of life (QoL).

Structure of Syllabus

Unit	Hours	Learning objectives	Content	Teaching Learning	Assessment method
				activities	
1	14	Aim- This unit of study aims	Acute wounds	Lecture	Long answer
	Hours	to increase the understanding	• Epidemiology of acute	Discussion	and Short
	3	of the assessment and	wounds	Demonstration	answer
	practic	management of acute wounds	• Definitions	Explain using	questions
	al	(including surgical and	• Classification of acute	models, torso,	Objective
	120	traumatic wounds as well as	wounds i.e surgical, trauma	charts, slides	Type and
	clinica	burn injuries).	and burn injuries including	and specimens	Short notes
	1	Learning outcomes-	aetiology and	Journal.	
		On completion of the unit of	symptomatology	PPT	
		study a student will be able to:	• Classification of burns by	Demonstration	
		K: define an acute wound K: characterise wounds	depth and severity		
		K: characterise wounds healing by primary and	(including chemical and electrical burns)	treatment modalities.	
		secondary intention	• Wounds related to	modandes.	
		K: identify when delayed	burns—donor site wounds		
		primary closure may be	and grafted wounds		
		appropriate to use	• Paediatric burns and		
		K: explain the characteristics	wounds seen in burns		
		of a surgical wound	intensive care		
		K: discuss the principles of	• Management of burns and		
		surgical incisions and wound	scarring and wounds		
		repair	related to burns		
		K: understand the principles	• Psychosocial issues		
		of the reconstructive ladder	related to burns		
		and surgical reconstruction	• Prevention of burns		
		K: describe the features of a	• Wound healing by		
		traumatic wound	primary and secondary		
		K: discuss the principles of	intention		
		traumatic wound management	• Delayed primary		
		including first aid measures	closure/tertiary intention • Factors, affecting, wound		
		according to the classification of injury i.e. abrasions,	• Factors affecting wound healing (in relation to acute		
		lacerations, crush wounds,	wounds)		
		penetration and puncture	• Principles of asepsis and		
		wounds	antisepsis and hygiene in		
		K: identify the different	relation to acute wounds		
		causes of burn injury i.e.	(including isolation		
		fire/flame, scalding thermal	nursing/barrier system of		
		and chemical	care)		
		K: summarise the first aid	• Surgical incisions and		
		measures for each type of	principles of wound		
		burn injury	closure		

K: identify the key principles					
of wound management					
according to the type and					
aetiology of an acute wound					
K: describe adjunctive					
interventions that may be used					
in the management of a					
patient with an acute wound					
i.e. negative pressure wound					
therapy (NPWT), skin					
grafting, skin replacement					
K/P: examine intrinsic and					

- K/P: examine intrinsic and extrinsic factors which may impact on acute wound healing
- K/P: define and identify surgical site infection (SSI) and use appropriate classification systems to determine the severity
- K/P: describe risk factors for SSI and apply appropriate preventive measures
- K/P: explain the principles of preoperative, intraoperative and postoperative care
- P: select the most appropriate method of wound cleansing/irrigation in relation to the type and aetiology and symptomatology of an acute wound
- P: apply the principles of wound assessment taking into account the classification of wound i.e. surgical, trauma or burn injuries
- P: educate patients and their relatives/carers in the principles of management of surgical/trauma wounds and burn injuries
- P: discriminate between the most appropriate methods of debridement in relation to the type of acute wound

A: recognise the importance of the principles of asepsis and hygiene in the management of patients with

- Trauma wounds (abrasions, lacerations, crush wounds, penetration and puncture wounds)
- Burn injuries (fire/flame, scalding and thermal)
- First aid treatment for traumatic wounds and burn injuries
- Principles of history taking and examination of acute wounds—surgical, trauma and burn injuries
- Principles of management of minor and major traumatic wounds
- SSI: prevention, definition, assessment and surveillance strategies
- Debridement options for acute wounds— surgical, trauma and burn injuries
- Adjunctive therapies/devices for acute wounds i.e. NPWT
- Reconstructive ladder and principles of surgical reconstruction
- Cosmesis and function in acute wounds
- Practical examples.

		acute wounds (including isolation nursing/ barrier system of care) A: appreciate the patient's concerns and presence of pain A: be aware of the need for appropriate surveillance and preventative measures.			
2	09 Hours 3 practic al 120 clinica 1	Aim This unit of study aims to increase the knowledge and understanding of physiological and pathological wound healing. Learning outcomes On completion of the unit of study a student will be able to: K: differentiate between the phases of wound healing K: define different types of healing K: explain the connection between wound healing and systemic (intrinsic), extrinsic or local factors K: define chronic wounds based on their characteristics and causes K: outline disorders of wound healing and their consequences K: analyse factors that promote and delay wound healing in relation to patient cases P: relate the stages of normal healing to the clinical presentation of a wound P: recognise the characteristics of different wounds in relation to different wounds in relation to different chronic diseases; such as diabetes (diabetic foot ulcers, DFU) and vascular diseases (leg ulcers, LU) P: categorise the wound based on standardised criteria A: value the wound healing pathophysiology as a starting point for treatment,	Wounds And Wound Healing •Physiology of normal wound healing Blood coagulation (effect of anticoagulation substances on wound healing) • Phases of wound healing, i.e. inflammation, proliferation and remodelling • Primary wound healing • Primary wound healing (a repair process), delayed primary closure • Pathophysiology and microbiology of chronic wound healing • Factors affecting healing (such as infection and reduced perfusion) • Wound Culture & • Practical Wound culture demo 5hrs • Practical examples.	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.	Long answer and Short answer questions Objective Type and Short notes

		recognition of type of wound			
		bed etc. A: be aware of the			
		consequences of chronic wounds and the impact they			
		have on a patient's daily life.			
3	09	Aim This unit of study aims	Moist wound healing	Lecture	Long answer
3	Hours	to increase the understanding	Worst wound hearing	Discussion	and Short
	2	of the appropriate use of	•Principles of moist wound	Demonstration	answer
	practic	different wound dressings in	therapy in relation to the	Explain using	questions
	al	relation to the phase of wound	phase of wound healing	models, torso,	Objective
	120	healing.	• 'Ideal' wound dressings	charts, slides	Type and
	clinica	Learning outcomes On	(requirements for	and specimens	Short notes
	1	completion of the unit of	appropriate therapeutic	Journal.	Short notes
	1	study a student will be able to:	materials)	PPT	
		K: understand the principles	• Review the role of gauze	Demonstration	
		of phase-appropriate wound	in wound management	of advance	
		treatment with respect to local	• Water and wound	treatment	
		therapy	cleansing solutions, e.g.	modalities.	
		K: differentiate between types	wound irrigation solutions	modunities.	
		of dressings and outline the	and antiseptics		
		indications/contraindications	• Dressing categories with		
		for use K: explain the criteria	different material		
		for the ideal use of wound	properties: indications,		
		care products and categorise	contraindications		
		these into different groups of	and application		
		products (dressings, solutions	• Contact layer/wound		
		etc.)	gauze		
		K: define the product	• Transparent polyurethane		
		characteristics and indications	• Alginates		
		for wound therapy	• Foams (fine-pored		
		P: apply the products	polyurethane foam		
		correctly in an appropriate	dressings)		
		situation	• Hydrogels (see		
		P: evaluate and select	debridement)		
		products taking into account	 Hydroactive dressings 		
		the patient's QoL	• Hydrofibers		
		P: select the appropriate	•		
		dressing from the available			
		therapeutic products in	Superabsorbent dressing		
		practice, based on	• Active dressings		
		indications/contraindications,	containing (see examples		
		health economic aspects, and	below)		
		the preferences of the	Glycosaminoglycans		
		individual patient	• Hyaluronic acid		
		P: involve the patient (and/or			
		carer/relative in their wound	• Specialised active agents		
		care depending on his/her	• Topical antiseptics		
		abilities and wishes	(antiphlogistics)		
		P: evaluate local wound	*		
		therapy with the patient	Agents supporting		

		depending on the treatment goals A: accept and value responsibility concerning economic aspects of wound healing (cost effectiveness measures) A: be aware of the coherence between local wound therapy and general treatment of overall condition and patient's QoL.	tissue • Specific wound situations (see examples below) • Pain in relation to dressing change • Control of wound odour (e.g. activated charcoal) • Exudate management (type, level, and amount) • Combating biofilm and bioburden • Signs and symptoms of local and systemic infection (see examples below) • Bleeding • Contact and irritant dermatitis • Practical examples.		
4 0°s	7hour	Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of nutrition on wound healing. Learning outcomes On completion of the unit of study a student will be able to: K: discuss the importance of adequate nutrition for a patient with a wound K: discuss the function of nutrients in the normal wound healing process K: outline common conditions that affect an individual's nutritional requirements K: outline the use of nutritional screening tools in the assessment K: explain the influence of malnutrition onwound healing K: discuss the role of the dietician in the management of patients with wounds K: explain the hospital-related factors which cause an altered food intake K: discuss risk of malnutrition in an inpatient and outpatient	• Specific requirements of individuals with special chronic diseases (i.e. diabetes)	PPT Demonstration	Long answer and Short answer questions Objective Type and Short notes

		context	D 1 1 ""		
		P: apply nursing-related			
		measures to support the	and none veg protein diet		
		individual's food intake	5hrs		
		P: conduct a nutritional assessment and prepare a			
		assessment and prepare a nutrition plan for the patient			
		P: select the appropriate food			
		supplements following a			
		comprehensive assessment			
		and in relation to difference			
		outcome—relate the			
		significance of effects of			
		malnutrition on wound			
		healing			
		A: acknowledge the			
		importance of assessment of nutrition as an important			
		nutrition as an important element of wound therapy			
		A: accept and respect the			
		individual's cultural beliefs,			
		views and attitudes			
		concerning their nutrition.			
5	14	Aim This unit of study aims	Relevant etiopathology	Lecture	Long answer
	Hours	to increase the nurse's	•Venous insufficiency,	Discussion	and Short
		knowledge and understanding	• thrombosis,	Demonstration	answer
		of the influence of etiopathology on wound	varicoseMacroangiopathy,	Explain using models, torso,	questions Objective
		healing.	•atherosclerosis,	charts, slides	Type and
		Learning outcomes On	•arterial insufficiency	and specimens	Short notes
		completion of the unit of	• Diabetic Neuropathy,	Journal.	
		study a student will be able to:	•microangiopathy,	PPT	
		K: discuss the various	•hyperglycaemia	Demonstration	
		aetiopathology of disease	•Immobility,	of advance	
		related to wound	•excessive pressure	treatment	
		K: discuss the role of	• hypertension	modalities.	
		aetiopathology in the normal wound healing process	•burn •infection		
		p- identify risk factors related	•Age		
		to aetiopathology in the	•Obesity •Hormonal		
		normal wound healing	imbalance		
		process in various disease			
		condition			
6	11	Aim This unit of study aims	Relevant anatomy	Lecture	Long answer
	urs	to increase the nurse's	physiology •Skin	Discussion Demonstration	and Short
		knowledge and understanding of the influence of anatomy	•Musculoskeletal system	Explain using	answer questions
		physiology on wound healing.	•Endocrine system	models, torso,	Objective
		Learning outcomes On	•Physiology of wound	charts, slides	Type and
		Learning outcomes on	Thysiology of would	charts, shacs	Type and

	study a student will be able to: K: discuss the anatomy physiologyrelated to wound K: discuss the physiology in the normal wound healing process p- identify risk factors related to physiology in the normal wound healing process in various disease condition	 Immunology cardiovascular system physiology of Blood ,coagulation Respiratory system Physiology of respiration ,oxygenation 	Journal. PPT Demonstration of advance treatment modalities.	
7 09 hours	Aim This unit of study aims to increase the understanding of the nature of infections in wounds with special focus on prevention and symptomatology of complications of infection. Learning outcomes On completion of the unit of study a student will be able to: K: explain the nature of infections in wounds K: recognise and define the severity of the wound infection K: identify the requirements for different treatment depending on the severity of wound infection K: analyse the case-related risks of wound infection K: discuss the potential consequences of wound infection for the patient K: explain the risks associated with spreading infection and a possible sepsis P: identify wounds with high risk of infection and typical causes of infection P: initiate hygienic and therapeutic measures for multidrug-resistant germs including patient and family education P: undertake/carry out the correct procedure to take a wound swab P: educate the patients and their relatives/carers to	colonisation and local and systemic infection symptomatology • Risk factors for wound infection. Balance of bacterial load and immunological status of patient • Commensal and saprophytic bacteria • The nature of multidrugresistant bacteria • Procedures for meticillinresistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE) and	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.	Long answer and Short answer questions Objective Type and Short notes

		recognise warning symptoms			
		of infection and appropriate			
		measures to take			
		A: appreciate the significance			
		of resistant germs in wound			
		healing			
		A: develop a responsible			
		attitude towards risk			
		identification and early			
		detection of healthcare			
		associated infections			
		A: be aware of the need for			
		support in case of multi			
		resistant pathogen			
		infections—need for special			
		regimen, lifestyle changes etc.			
8	08	Aim This unit of study aims	Antimicrobial agents,	Lecture	Long answer
0	hours	to increase the nursing	hygiene and wounds	Discussion	and Short
	nours	understanding of the nature of	nygiene and wounds	Demonstration	answer
		antimicrobial therapy and	• Disinfection and	Explain using	questions
		prophylaxis with special focus	sterilisation	models, torso,	Objective
		on safety guidelines.	• Antiseptics	charts, slides	Type and
		Learning outcomes On	1	and specimens	Short notes
		completion of the unit of	dressings	Journal.	Short notes
		study a student will be able to:	• Hygiene and dressing	PPT	
		K: discuss the nature of	changes	Demonstration	
		antimicrobial therapy	• Antimicrobial	of advance	
		and prophylaxis	stewardship	treatment	
		K: explain the different	• Systemic antibiotic	modalities.	
		indications for use of local	• Practical examples.	modanties.	
		antiseptics as well as when	Tractical examples.		
		systemic antibiotic therapy is			
		indicated			
		P: Use local, national or			
		international evidence-based			
		guidelines for the use of			
		antimicrobial wound			
		therapeutics in clinical			
		practice appropriately			
		P: perform all hygienic			
		measures related to wound			
		care			
		P: follow the hygiene			
		guidelines with regards to			
		dressing changes and hand			
		hygiene			
		A: Appreciate the			
		responsibilities for different			
		aspects of hygiene.			
Subject	t Specifi		1	<u> </u>	1
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	15	This unit aims to increase nursing understanding related to theory A /P Able to do dressing	Elective Subjective specific Dressing theory	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.	Long answer and Short answer questions Objective Type and Short notes
Elective	generic				
	T- 15hrs P- 60hrs	Identity stress and learn how to manage it	Stress Management	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.	Long answer and Short answer questions Objective Type and Short notes
	T- 15hrs P- 60hrs	Demonstrate Human Values	Human values	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.	Long answer and Short answer questions Objective Type and Short notes
	T- 15hrs P- 60hrs	Explore Personality development	Personality development	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal.	Long answer and Short answer questions Objective Type and Short notes

		T			
				PPT	
				Demonstration	
				of advance	
				treatment	
				modalities.	
		CEN	MESTER II		
		SEI	VIESTER II		
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Clinic	al hours	-365			
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9	06	Aim This unit of study aims	Pressure ulcers	Lecture	Long answer
	hours	to increase the understanding		Discussion	and Short
		of the diagnosis, prevention	•Epidemiology of pressure	Demonstration	answer
		and treatment of pressure	ulcers	Explain using	questions
		ulcers (also called pressure	• Pathophysiology of	models, torso,	Objective
		injuries or decubitus ulcers).	pressure ulcers Risk factors	charts, slides	Type and
		Learning outcomes On	• Prevention strategies for	and specimens	Short notes
		completion of the unit of	pressure ulcers	Journal.	
		study a student will be able to:	• Classification of pressure	PPT	
		K: understand the	damage (NANDA/	Demonstration	
		pathophysiological	EPUAP/NPUAP/PPIAP)	of advance	
		mechanisms of pressure ulcer	Differential diagnoses	treatment	
		development K: identify the	(incontinence associated	modalities.	
		level of risk of patient in	dermatitis (IAD) resp.		
		pressure ulcers development	moisture associated		
		(ability to use appropriate	dermatitis (MAD),		
		tools and scales)	mycosis, burn) and its		
		K: select the appropriate	monitoring in collaboration		
		preventive strategies for	with MDT members		
		pressure ulcer depending on			
		the patient situation	• The role of positioning		
		K/P: categorise pressure	and pressure redistributing		
		ulcers according to the levels	equipment (e.g. pressure		
		defined by the European	relief mattress)		
		Pressure Ulcer Advisory	• The adequate supportive		
		Panel	(preventive or treatment)		
		(EPUAP/NPUAP/PPIA) in	position		
		theory and clinical practice	• Education and movement		
		K: select the available	motivation (keep moving		
		therapeutic options for	strategy)		
		pressure ulcer treatment,	• Therapeutic principles		
		depending on the patient	(see examples below)		
		situation	• Conservative therapy		
		K/P: examine factors that	• Pressure relieving		
		predispose an individual to	therapy		
		pressure damage	• Surgery and necrectomy		
		K: define risk factors related	(e.g. debridement)		
	1	to specific types of patients	aftercare		

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		K: analyse the possible case-	 Practical examples. 		
		related causes of a pressure			
		ulcer (decubitus)			
		P: discriminate between			
		different types of skin damage			
		in order to differentiate			
		damage due to pressure or			
		other causes, for example			
		moisture lesion, moisture-			
		associated skin damage,			
		mechanical device-related			
		damage			
		P: use appropriate pressure			
		redistributing equipment and			
		evaluate their effectiveness			
		P/A: assess the needs of			
		patients with respect to			
		pressure relief and pressure			
		redistribution and movement			
		P: educate the patients and			
		their relatives in the principles			
		of pressure ulcer prevention			
		and management			
		A: appreciate the risks of the			
		development of a pressure			
		ulcer to an individual,			
		especially those of a high			
		category			
		A: appreciate the effects of a			
		pressure ulcer on the			
		individual's			
		psychosocial/behavioural			
		situation			
		A: recognise the importance			
		of nursing intervention and			
		interactions on pressure			
		prevention and appreciate			
		multi disciplinarity in			
		preventive measures.			
10	8	Aim This unit of study aims	Diabetic foot syndrome	Lecture	Long answer
	hours	to increase the understanding		Discussion	and Short
		of the diagnosis, therapy, and	Epidemiology of DFS	Demonstration	answer
		prevention of diabetic foot	• Risk factors for ulceration	Explain using	questions
		syndrome/disease (DFS).	or amputation	models, torso,	Objective
		Learning outcomes On	• Prevention of	charts, slides	Type and
		completion of the unit of	complication	and specimens	Short notes
		study a student will be able to:	• Pathways to ulceration	Journal.	
		K: understand the relationship	• Pathways to amputation	PPT	
		between pathophysiological	• Costs of DFS and	Demonstration	
		processes and changes in the	amputation treatment	of advance	

foot K/P: identify the differences between vascular neurological manifestations K/P: recognise the influence pressure on development of malumperforins/neurotrophic K/P: categoryise changes in the foot using suitable assessment instruments, tools and/or scales K: differentiate between various types of wounds related to DFS P: apply investigative and assessment methods and diagnostic measures and analyse the results of the investigation P: select/evaluate appropriate tools for reducing pressure on the foot and apply them professionally in collaboration with physiotherapist/podiatrist P: apply the principles of

self-care to prevent ulceration

footwear to offload pressure P: educate and train the patients to use a pressure

A: recognise prevention of amputations as an important

aware

appropriate

of

the

wearing

minimising gait

goal for treatment

be

and

A:

including follow-up costs Pathophysiology Neuropathy • Ischaemia Clinical presentation of acute and chronic Charcot neuroarthropathy Infection Classification · Basic and more advanced diagnostics • MDT therapy · Healthcare services for patients with DFS and the importance communication • Principles of therapy • Pressure relieving and off-loading options? Forexample, total contact casting (TCC) Management of microbiology Revascularisation • Amputation and aftercare following minor and major MDT management that takes amputation • Prevention and podiatric into account the multifactorial nature of the treatment care depending on type, site, cause Identification and of ulcer and comorbidities education of high-risk P: perform gait analyses and patients evaluate those with the patient • Podology and podiatric relation management to local Supportive care competencies policy and and (law) medical devices design individualised educational programmes for patients (and their Amputee stump Dressing family/carers)to include foot

treatment modalities.

& stump Bandaging 5hrs

• Practical examples.

	ı				
		opportunities and limitations			
		related to podiatric treatment			
		(As the educational			
		background of medical staff			
		entitled podiatrist varies			
		between European countries,			
		the opportunities and			
		limitations should be defined			
		according to the competencies			
		of this group within a specific			
		national setting)			
		A: be aware of the risks			
		related to reduced perception			
		of the patient (e.g. due to			
		cognitive function			
		impairment) when patient			
		self-care engagement is			
		needed in relation to the DFS			
		management.			
		A: be aware of the risks of			
		sepsis and gangrene.			
11	08	Aim This unit of study aims	Lower leg ulcers	Lecture	Long answer
	hours	to increase the understanding		Discussion	and Short
		of the common causes of leg	Classification of types of	Demonstration	answer
		ulceration including; diabetic,	leg ulcers	Explain using	questions
		venous, and arterial	• Varicose veins and	models, torso,	Objective
		(angiology) factors	varicosities	charts, slides	Type and
		influencing the diagnosis and	• Peripheral arterial	and specimens	Short notes
		treatment of lower leg ulcers.	occlusive disease	Journal.	
		Learning outcomes	• Chronic venous	PPT	
		On completion of the module	insufficiency	Demonstration	
		a student will be able to:	Mixed pathology	of advance	
		K: understand the most	• Venous oedema	treatment	
		important aetiological causes	• Lymphatic oedema	modalities.	
		for diagnosis and treatment of	Pyoderma gangrenosum		
		lower leg ulcers	• Rare causes of lower leg		
		K: differentiate between the	ulcers		
		signs and symptoms related to	• Prophylaxis/prevention		
		different clinical presentations	• The fundamentals of		
		of ulcers on the lower leg	compression therapy		
		K: understand and explain	(hosiery and		
		indications for use and range	· ·		
		of available options for	9		
		compression therapy	therapy and practical		
		K: appraise the regulations	1.0		
		concerning use of			
		compression systems,	• Role of drugs/medication		
		including supplementary	in treatment		
		materials supplementary	• Surgery		
		K: explain when to refer			
l]	ix. Capiani when to felci	· 1 ractical examples.		

		patients to specialist			
		consultation/diagnosis			
		P/K: recognise different			
		manifestations of venous			
		ulcers and differentiate			
		between their aetiologies			
		P: use appropriate			
		classification systems to			
		describe a wound/disease			
		P: apply different types of			
		compression systems based			
		on the specific patient			
		situation and be aware of the			
		potential complications			
		P: interpret the result of an			
		ankle brachial pressure index			
		(ABPI) assessment taking into			
		account the patient's clinical			
		signs and symptoms			
		A: appreciate the specific			
		therapy of the underlying			
		disease as a basic part of the			
		treatment			
		A: be aware of the need for			
		different actions/			
		interventions depending on			
		the aetiology of a leg ulcer.			
12	07	Aim This unit of study aims		Lecture	Long answer
	Hours	to increase the knowledge and	Skin tears	Discussion	and Short
		understanding of the	 Pathophysiology of skin 	Demonstration	answer
		prevention and management	tears development (related	Explain using	questions
		of skin tears. The unit will	to comorbidity, age of	models, torso,	Objective
		also examine risk factors for	patients)	charts, slides	Type and
		skin tears to enable the	• Prevalence and incidence	and specimens	Short notes
		participants to identify and	of skin tears across	Journal.	
		categorise/type skin tears to	different health-care setting	PPT	
		aid in consistent	 National/international 		
		documentation.	evidence-based practice/	of advance	
		Learning outcomes On	clinical guideline	treatment	
		completion of the module a	• The structure and	modalities.	
		student will be able to:	function of the skin,		
		K: define a skin tear	including changes to the		
		K: outline the epidemiology	skin during the aging		
		of skin tears and its impact on	process, and differences		
		health service provision	between newborn, elderly,		
		K: relate the anatomy and	acutely ill and healthy skin		
		function of the skin to how	in relation to the skin tears		
		skin tears occur K: discuss the relevant risk	• Identification of risk factors for skin tears		
		factors that predispose an	• Assessment: physical,		

_	1				
		individual to the development	psychological, social		
		of skin tears	(including pain, wound and		
		P: identify strategies to reduce	nutritional assessment)		
		the risk of skin tears	• Preventive measures,		
		(including role of patients,	including skin tear		
		healthcare provider and	reduction protocols and		
		setting)	programs		
		P: develop and evaluate a skin	• Importance of nutrition		
		tear prevention plan for an	and hydration by		
		individual at risk of a skin tear	consultation of dietician in		
		P: perform an assessment of	relation to the skin tear		
		an individual with a skin tear	management		
		P: document the assessment	• Patient moving handling		
		using a recognised skin tear	techniques and equipment		
		classification system	in patients with higher risk		
		P: select the appropriate	of skin tears		
		topical treatments(including	• Patient environment and		
		appropriate product selection)	fall precaution programmes		
		for an individual with a skin	to reduce risk of falls		
		tear	• Product selection for skin		
		A: develop a responsible	tear management,		
		attitude towards questioning	including products that are		
		existing practices that may	not recommended		
		increase the risk of skin tears	• Education of individuals		
		occuring	and caregivers		
		A: recognise the value of	• Identification of patient-		
		monitoring and evaluating	centered management		
		treatment outcomes for	objectives, care planning		
		individuals with a skin tear	and evaluation of outcomes		
		A: accept the importance of	• MDT working in skin		
		skin tears as a risk factor for	tear management.		
		infection development			
		A: appreciate the			
		psychosocial impact of skin			
		tears on an individual and its			
		impact on QoL.			
13	08	Aim This unit of study aims	Debridement and wounds	Lecture	Long answer
	hours	to increase the understanding	• Introduction to	Discussion	and Short
		of the role of debridement as	debridement: definition	Demonstration	answer
		an integrated part of wound	and indications	Explain using	questions
		management and the role of	Mechanical debridement	models, torso,	Objective
		nurses in different types of	Autolytic, enzymatic	charts, slides	Type and
		debridement.	debridement (including	and specimens	Short notes
		Learning outcomes On	honey)	Journal.	Short notes
		completion of the unit of	• Larval therapy (maggot	PPT	
		study a student will be able to:	therapy)	Demonstration 1111	
		K: explain the reasons for use	• Technical solutions	of advance	
		of debridement, and risk	• Sharp and surgical	treatment	
		factors in practice	debridement	modalities.	
		1		mouanties.	
	<u> </u>	K: compare the various types	• Pain management		

		of debridement techniques and give examples of when these can be used P: perform a comprehensive wound assessment to evaluate whether wound debridement is required P: evaluate different debridement methods and their effectiveness P: use different methods of debridement based on the range of therapy options, patient situation and scope of practice P: demonstrate ability to undertake debridement in a painless manner, if necessary by administering analgesia or local anaesthetics P: perform appropriate aftercare following an debridement procedure A: appreciate the importance of professional accountability and limitations of clinical practice A: recognise the patient's concerns during the debridement process A: recognise a patient's nonverbal signs of pain.	(local/systemic analgesia) as part of the debridement procedure • Practical examples.		
14	07 hours	Aim This unit of study aims to increase the understanding of the potential and limitations of new or alternative treatment methods (in relation to the competencies), with special focus on technical equipment and advanced products. These treatments include emerging therapies and treatment options under development. Learning outcomes On completion of the unit of study a student will be able to: K: discuss the potential and limitations of new alternative treatments for wound management K: evaluate	unconventional treatment	Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.	Long answer and Short answer questions Objective Type and Short notes

		novel/alternative interventions			
		to manage an individual with			
		a wound P: apply indications			
		for use of alternative/			
		unconventional treatment			
		options P: use alternative			
		treatment options in clinical			
		practice where appropriate P:			
		facilitate the education of			
		patients, carers and relatives about the use of			
		alternative/unconventional			
		treatment options A:			
		recognise the limitations and			
		benefits of alternative			
		treatment options, also taking			
		into consideration the legal			
		and ethical aspects A: be			
		aware of the potential side-			
		effects or adverse events that			
		may occur with the use of			
		alternative/ unconventional			
		treatment options.			
		-			
15	05	Aim This unit of study aims	Palliative wound care	Lecture	Long answer
	hours	to increase the knowledge and		Discussion	and Short
		understanding of a holistic	•Difference between a	Demonstration	answer
		approach of the management	chronic wound and a	Explain using	questions
		of palliative wounds.	palliative wound care	models, torso,	Objective
		Learning outcomes On	• Prevalence of palliative	charts, slides	Type and
		completion of the module a	wounds across all	and specimens	Short notes
		student will be able to:	healthcare settings.	Journal.	
		K: define palliative wound	National/international	PPT	
		care	evidence-based practice/	Demonstration	
		K: define the difference	clinical guidelines	of advance	
		between palliative wound care	• Integrated palliative	treatment	
		and chronic wound care	wound care model	modalities.	
		K: relate the pathophysiology	 Preventive measures 	modulities.	
		of palliative wounds to the	including skin care and		
		proposed management of the	environmental care		
		patient patient			
		1 =	• Assessment: physical,		
		K: relate the communication	psychological, social and		
		to the difficult situations	spiritual (including		
		K: discuss the importance of	exudate, pain, odour,		
	1	the psychosocial aspects of	pruritus, bleeding,		
1		11 1 1/1 111 1	1 11		
		living with a palliative wound	psychosocial impact)		
		P: identify strategies to reduce	• Products appropriate for		
		P: identify strategies to reduce the burden of symptoms	• Products appropriate for the management of		
		P: identify strategies to reduce	• Products appropriate for		

		management plan within an MDT			
		P: perform a holistic	individuals and		
		assessment of a patient with a	informal carers		
		palliative wound	• Identification of patient-		
		P: perform a holistic	centred management		
		assessment of the overall	<i>y</i> 1 C		
		patient situation (informal	and evaluation of outcomes		
		carers, socioeconomical status	• Working as a team in		
		etc.)	difficult situations.		
		P: apply adapted			
		communication skills P:			
		support patients and relatives			
		in finding and effectively			
		using coping strategies			
		P: select the appropriate			
		topical treatments (including			
		appropriate product selection)			
		for a patient with a palliative			
		wound			
		A: accept the need for			
		appropriate communication			
		skills o transmit messages in			
		difficult situations			
		A: recognise the importance			
		of evaluating treatment			
		outcomes for individuals with			
		a palliative wound A: value			
		the psychosocial impact of			
		palliative wounds on an			
		individual.			
16	05	Aim This unit of study aims	Role of prevention in	Lecture	Long answer
	hours	to increase the knowledge and	wound care	Discussion	and Short
	nours	understanding of the	Would care	Demonstration	answer
		importance of prevention in	•Stages of prevention and		questions
		relation to the risk factors for	its measures (primary,	models, torso,	Objective
		developing a chronic wound,	secondary and tertiary	charts, slides	Type and
		including the different levels	prevention)	and specimens	Short notes
		of prevention, in particular the	•Role of the nurse in the	Journal.	Short hotes
		risks of spreading infection.	prevention of	PPT	
		Learning outcomes On	chronic wounds	Demonstration	
		completion of the unit of	• Requirements of		
		study a student will be able to:	prophylaxis in preventing	treatment	
		K: define the different	the recurrence of secondary	modalities.	
		definitions of primary,	complications (prevention	modulities.	
		secondary and tertiary	and prophylaxis are also		
		prevention K: describe the	·		
		goals of the prevention of	• Skin care		
		wounds in the chronic disease	Pressure redistribution		
		(diabetes, vascular diseases,	• Compression therapy.		

	1	<u></u>		T	Ţ
		and others with higher risk of			
		wound formation)			
		P: initiate preventive			
		measures according to the			
		type of chronic disease and			
		the individual patient's			
		situation			
		P: implement preventive			
		strategies (e.g. basic hand			
		hygiene and pressure relief)			
		P: prepare an individualised			
		care plan for specific patients			
		A: be aware of the importance			
		of prevention A: appreciate			
		the significance of the nurse's			
17	0.5	role in wound prevention.	D:1 1 1	т ,	т.
17	05	Aim This unit of study aims	Evidence-based	Lecture	Long answer
	hours	to deepen the knowledge of	nursing/evidence-based	Discussion	and Short
		evidence-based nursing	practice	Demonstration	answer
		(EBN) and implement the	• The principles of EBN	Explain using	questions
		findings into practical cases.	• Steps required to practice	models, torso,	Objective
		Learning outcomes On	EBN	charts, slides	Type and
		completion of the unit of	• The influence of EBN on	and specimens	Short notes
		study a student should be able	the care of individuals with	Journal.	
		to:	chronic wounds	PPT	
		K: define the key points of	• Classification of evidence	Demonstration	
		and goal setting in EBN	according to a recognised	of advance	
		K: examine the range of	hierarchy of	treatment	
		evidence currently available	evidenceCritical analysis	modalities.	
		that describes wound	of research studies		
		management interventions	• Clinical trials in wound		
		and evaluate the strength of	care		
		these as sources of	Reviewing published		
		information K/P: examine	literature		
		scientific literature about	• National and international		
		wound care according to its	institutions relating to EBN		
		date of publication, relevance	and chronic wounds (i.e.		
		and evidence levels K/P:	guidelines,		
		differentiate between the	recommendations) for		
		availableassessment	example NPUAP/EPUAP,		
		instruments, tools and/or	EWMA position		
		scales and their potential use	documents		
		and areas of application	• Introduction to the		
		K: discuss the theoretical	different types of		
		grounds that apply to wound	assessment instruments,		
		prevention	tools and/or scales as well		
		K: debate the current status of	as the recommended use		
		and defined challenges related	and limitations of these		
		to evidence-based nursing in	instruments.		
		wound management	monuments.		
L		would management	<u> </u>		

K: discuss and apply		
evidence-based wound		
prevention strategies and		
measures K: discuss the		
different study designs K:		
define a clinically relevant		
research question		
K/P: apply a corresponding		
study design to a clinically		
relevant research question P:		
critique a range of existing		
wound care literature		
P: make decisions based on		
internal and external		
evidence, and in consideration		
about patients' preferences		
and the local clinical and legal		
situation (internal evidence		
includes healthcare		
institution-based quality		
improvement projects,		
outcome management		
initiatives and clinical		
expertise; external evidence		
includes systematic reviews,		
randomised control trials, best		
practice, and clinical practice		
guidelines that support a		
change in clinical practice)		
P: perform tasks in wound		
care based on an analysis of		
the situation related to		
specific patient cases using		
evidence based solutions		
P: assign practical measures		
to EBN scientific findings P:		
initiate preventive measures		
with different orientations		
according to the chronic		
disease and the individual		
situation P: use existing		
wound-related assessment		
instruments, tools and/or scales designed for specific		
target groups and interpret the results		
P: select and use wound care-		
related instruments for		
different patient groups,		
compare different values and		

		_	_		
		resolve conflicts with EBN			
		findings and practical daily			
		routine in nursing care—be			
		able to ask questions and use			
		critical thinking			
		A: recognise the need to keep			
		up to date with new scientific			
		knowledge and question			
		existing knowledge			
		A: be aware of the			
		advantages and disadvantages			
		of assessment instruments in			
		EBN.			
18	05	Aim This unit aims to create	Patient education and	Lecture	Long answer
10	Hours	an understanding of the	promoting self-care	Discussion	and Short
	Hours	importance of education in		Demonstration	answer
		-			
		managing individuals with acute and chronic wounds. It	patient education process in relation to individuals	Explain using	questions
				models, torso,	Objective
		also aims to improve the	with wounds	charts, slides	Type and
		participant's ability to provide	• Educational needs of	<u> </u>	Short notes
		the patient and his/her	individuals with acute and	Journal.	
		relatives with information		PPT	
		about their specific health			
		status and self-care	wound care and the	of advance	
		needs/opportunities based on	elements of the educational	treatment	
		the principles of patient-	process	modalities.	
		centred care.	• Recognising an		
		Learning outcomes On	individual's (and/or their		
		completion of the unit of	relatives/ carers) ability to		
		study a student should be able	receive education		
		to:	• Different elements of		
		K: discuss the principles of	education and their		
		self-care management in	differences concerning		
		relation to individuals with	goals and application:		
		chronic wounds/disease	information, training,		
		K: appraise the procedures for	instruction		
		educating individuals with	Educational tools		
		acute and chronic wounds	(selection and use of		
		based on an evaluation of	brochures and various		
		different educational concepts	types of media)		
		K: define the requirements for	• Evaluation of the		
		developing an individualised	educational process		
		education plan that is	• Goals of education to		
		appropriate for a specific			
			promote self-management		
		patient, taking the patient's	• The role of motivation		
		disease and situation into	and bonding in patient's		
		consideration	education		
		K: recommend the use of	• The individual's		
		different assessment tools in	understanding of their		
		order to obtain information	wound and/or disease		

about the patient's knowledge of their condition and identify the patient's learning style

K/P: formulate relevant clinical questions based on an evaluation of the available research and the sources of research

K: define nursing diagnosis reference (e.g. with diagnosis procedures recommended by NANDA (NANDA-I)1 International and compare it to medical diagnosis NANDA-I works to facilitate the development, refinement, dissemination and use of standardised nursing diagnostic terminology. The systematic diagnostic procedures defined NANDA-I are widely used in Central Europe, while other countries use alternatives The terminology systems. should be adapted to the diagnostic terminology specific applied within a country.

A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness

K: perform a systematic evaluation the patient's ability to perform self-care on the basis of the goals defined in the patient education plan

- P: apply the standardised terminology (e.g. NANDA)1 in relation to specific nursing diagnostics, relevant for patients with wounds
- P: create a patient-centred education plan based on an assessment of the patient's educational ability
- P: comprehend the patient's understanding of his/her

- The importance of the role of relatives and/or carers in the education process
- Promotion of self-care management (restrictions in activities of daily living as a result of health restrictions by chronic wounds and consequences for self-care):
- Self-care concept in the management of individuals with chronic wounds based on the principles proposed by Orem's Model2
- Empowerment (based on a recognised health belief model)
- Assessment of self-care and QoL/health-related QoL for individuals with chronic wounds
- Chronic diseases and body

acceptance/selfconception

- Common features of patients with chronic diseases (Chronic diseases are not passed from person to person. They are of long duration and generally slow progression)3
- Typical psychosocial consequences of chronic diseases and their complications)
- Standardised nursing taxonomy literature for NANDA or OMAHA or other nursing diagnostic system)4,5
- Difference between nursing diagnosis and medical/physician diagnosis
- Systematic and diagnostic process using standardised nursing taxonomy e.g. NANDA

illness via an empathic and professional conversation K: discuss the appropriateness and use of self-care for individuals with a wound

P: undertake responsibility for the education of a patient with a chronic wound as well as their relatives/carers where appropriate to enable the patient to conduct self-care

A: appreciate the influence of a patient's fears and misconceptions of their body on their behaviour

A: recognise the promotion of patient selfmanagement as an integrated part of patient education

A: accept the need to include patients and their relatives/carers in the decision-making process.

- Key terms
- Groups/kinds of standardised nursing taxonomy1,6,7 diagnosis (risk-problem-focused diagnoses, axis)
- Relevant standardised nursing taxonomy e.g.
 NANDA nursing diagnosis, concerning for people with chronic wounds as examples
- Planning interventions based on the assessment of the following diagnoses (with reference to the standardised nursing taxonomy e.g. NANDA1,6 classes or similar standardised terminology systems):
- Class circulation: (risk of) ineffective peripheral tissue perfusion
- Class skin/tissue: (risk of) pressure ulcer, impaired tissue integrity
- Risk of vascular trauma
- Risk of peripheral neurovascular dysfunction
- Class self-concept: disturbed body image
- Class comfort: acute/chronic pain
- Class coping: ineffective activity planning
- Class physical ability: impaired mobility Class energy balance: activity intolerance
- Class social function: risk of loneliness
- Class self-care: deficit of self-care in relationship of measures in the context with the wound therapy
- Class health promotion: ineffective health management, protection, deficit of knowledge

			• Class health hazard: risk		
			of infection, bleeding, late		
			surgical recovery.		
			•Several of these diagnoses		
			may be combined with		
			different clinical pictures.		
			They may be used as a		
			basis for developing plans		
			for patient self-care and		
			education. It should be		
			noted that the systematic		
			diagnostic procedures		
			defined by NANDA-I are		
			widely used in Central		
			Europe, while other		
			countries use alternatives		
			systems.		
			•The terminology should		
			be adapted to the		
			diagnostic terminology		
			applied within a specific		
			country).		
		Aim This unit of study aims	Case management	Lecture	Long answer
19	05	to increase the knowledge and	(patient-centred care)	Discussion	and Short
	hours	understanding of case		Demonstration	answer
		management in order to	Definition and philosophy	Explain using	questions
		manage patient cases over the	of case management on an	models, torso,	Objective
		course of their therapy and	individual level	charts, slides	Type and
		care in different settings.	• Specific needs of	and specimens	Short notes
		Learning outcomes On	individuals with chronic	Journal.	
		completion of the unit of	wounds	PPT	
		study a student should be able		Demonstration	
		to:	from breaks in the	of advance	
		K: justify the need for case	continuity of	treatment	
		management regarding the	medical/nursing care on the		
		current situation of the	part of the patient, other		
		patients and	private caregivers and the		
		other stakeholders	healthcare system		
		K: explain the options for	• Role of private caregivers		
		case management taking into	in the case management of		
		account the relevant legal	patients with chronic		
		basis of the particular health-	wounds		
		care system	• Relatives and their role in		
		K: recognise the relevance of	support of the patient		
			• The role of individual		
		case management in relation			
		to the holistic nursing process	1		
	1	K: identify potential patient	multidisciplinary team		
1		cofoty micks in the same of	(MDT)		
		safety risks in the care of	(MDT).		
		safety risks in the care of patients with chronic wounds as well as strategies for	(MDT).		

overcoming these risks K/P: identify and provide/deduce appropriate	
provide/deduce appropriate	
provide/deduce appropriate	
strategies to prevent	
gaps/inequalities in care and	
promote the process of	
evidence-based care and	
interventions	
K: recognise the importance	
of discharge planning as part	
of the case management of an	
individual with a chronic	
wound	
K: analyse the problems that	
may occur due to inadequate	
management of the patient P:	
manage the care process and	
the people involved in this to	
prevent patient safety risks	
P: involve different	
stakeholders, including	
relatives/ carers, in the	
support process and define	
their specific tasks in the	
provision of care	
A: be aware of the problems	
that arise from inadequate	
case management A: recognise his/her	
professional role in case	
management of	
individuals/patients with	
chronic wounds	
A: be aware of the complexity	
of the patient's situation	
(medical status, social status,	
network etc.) in the context of	
case management.	
20 05 Aim This unit of study aims Health care delivery and Lecture Lor	•
hours to increase the ability to health economics Discussion and	
	swer
	estions
	ojective
service, examine the budgeting charts, slides Type	-
	ort notes
practice (EBP), and provision of healthcare Journal.	
understand the organisational • Reimbursement and PPT	
needs for treating individuals regulation of healthcare Demonstration	
with wounds, including the • The role of the wound of advance	
fundamentals of cost-effective care industry treatment	

	1	T	P4:	9 91.1	
		care.	•Ethics	modalities.	
		Learning outcomes On	• Wound management		
		completion of the module a	guidelines, standards, and		
		student will be able to:	algorithms (local, national,		
		K: understand the resources	and international)		
		required to deliver an	• Quality improvement		
		effective wound care service	strategies		
		K: recognise the importance	• Principles of research /		
		of health economics and	clinical trial management		
		providing cost-effective care	 Practical examples 		
		K: identify current legislation			
		governing the provision of			
		wound care			
		K: discuss the importance of			
		reimbursement and its impact			
		on the quality of care			
		K: understand and explain the			
		role of nurses in clinical trials			
		K: explore the role of the			
		wound care industry and the			
		potential for collaboration			
		between health care providers			
		and manufacturers			
		K: explore the ethical issues			
		surrounding the management			
		of individuals with wounds			
		K/P: identify legal			
		requirements for specific			
		cases			
		A: appreciate the process of			
		using different types of			
		dressing in an appropriate			
	0.5	way to save costs.			
21	03	Aim This unit of study aims	Documentation	Lecture	Long answer
	hours	to increase the ability to		Discussion	and Short
		understand and meet the		Demonstration	answer
		specific documentation	data set (MDS)	Explain using	questions
		requirements related to	• Parameters of written	models, torso,	Objective
		nursing processes in wound	documentation (objective	charts, slides	Type and
		management.	scales and their use)	and specimens	Short notes
		Learning outcomes On	e	Journal.	
		completion of the module a	of the wound	PPT	
		student will be able to:	• Photography	Demonstration	
		K: explain the requirements	• Computer-assisted	of advance	
		for assessment and documentation related to	systems (electronic wound	treatment	
			registries) • Exchange of	modalities.	
		wound management according the latest literature	• Exchange of documentation		
		K: evaluate critically different			
		documentation systems (paper	_		
		documentation systems (paper	protection		

		and electronic) as well as	• Practical examples.		
		different objective scales and			
		tools for their usefulness and			
		practicality in different			
		clinical settings K: advocate			
		the need for standardised and			
		systematic wound-related			
		information in referral letters			
		to other specialities K/P:			
		engage in wound related			
		communication with other			
		institutions with need for			
		nursing documentation, e.g.			
		insurance companies and			
		legal courts (witness			
		statements) P: document the			
		wound characteristics in a			
		particular case according to			
		the specifications A: accept			
		and review the documentation			
		as an important administrative			
		task			
		A: recognise and understand			
		documentation such as			
		significant legislative			
		protection tool.			
22	3	Aim This unit of study aims	Relevant psychology	Lecture	Long answer
	Hours	to increase the ability to		Discussion	and Short
		understand and meet the	•Various application of	Demonstration	answer
		specific need of psychology	psychology in nursing	Explain using	questions
		related to nursing processes in	practice including	models, torso,	Objective
		wound management.	importance in human and		
			interpersonal behavioural		Short notes
		completion of the module a	<u> </u>	Journal.	
		student will be able to:	•Dynamics of human	PPT	
		A/K: appreciate/explain the		Demonstration	
		impact of psychosocial or	Body mind relationship-	of advance	
		behavioural factors that may	modulation process in	treatment	
		influence the patient's	health and illness	modalities.	
		response to their illness	• Genetics and behaviour:	modunites.	
		K: perform a systematic	Heredity and environment		
		evaluation the patient's ability	• Brain and behaviour:		
		to perform self-care on the	Nervous System., Neurons		
		basis of the goals defined in	and synapse,		
		the patient education plan	• Association Cortex, Rt		
			,		
		A: be aware of the complexity	and Lt Hemispheres		
		of the patient's situation	• Psychology of Sensations		
		(medical status, social status,	Muscular and glandular		
		1 1 1 1 1 1 1 1 1	, 1 (1 1)		
		network etc.) in the context of case management.	controls of behaviourNature of behaviour of		

K/A Understand the importance of psychology in personal and professional life. K Understands the biology of human behaviour.

K Understands cognitive and affective processes of human mind.

K/A Develops an understanding of self and others.

K Understand the influence of personality of human behaviour.

an organism/Integrated responses

Motivation and Emotional Processes:

Meaning, Concepts, Types, Theories,

Motives and behaviour,
theory

Motives and

- Formation of self concept,
- Conflicts and frustration, conflict resolution
- Emotions & stress
 Emotion: Definition,
 components, Changes in
 emotions, theories,
 emotional adjustments,
 emotions in health and
 illness Stress: stressors,
 cycle, effect, adaptation &
 coping
- Attitude: Meaning, nature, development, factors affecting,
- Behaviour and attitudes
 Attitudinal change
 Will and character
 Attitude and Nurse.
 Psychometric assessment of emotions and attitudes
- Alterations in emotions
- Applications Emotions
- Development of emotions
- Characteristic of emotions
- Handling emotions in self and others
- •Psychology of people at different ages from infancy to old age: In health and illness.

References and notes

- 1 NANDA International. Defining the knowledge of nursing. www.nanda.org (accessesed 28 January 2019)
- 2 Orem DE. Nursing: concepts of practice (6th ed.). Mosby-Year Book Inc, 2001
- 3 WHO Noncommunicable Diseases https://tinyurl.com/jaztskp (accessed 28 January 2018)
- 4 Nanda International. Nursing Diagnoses. Definitions and Classification, 2018-2020. Thime, 2017 http://www.nanda.org/nanda-i-publications/nandainternational-nursing-diagnoses-definitions-and-classification-2018-2020/ (accesseed 28 January 2019)

- 5 Martin KS. The Omaha System: A Key to Practice, Documentation, and Information Management. Health Connections Press, 2005
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- 7 NANDA-1 works to facilitate the development, refinement, dissemination and use of standardised nursing diagnostic terminology. The systematic diagnostic procedures defined by NANDA-1 are widely used in Central Europe, while other countries use alternatives systems. The terminology should be adapted to the diagnostic terminology applied within a specific country. www.nanda.org
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Textbooks

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- 2. Wolters Kluwer, 2015 Armstrong DG, Lavery LA. Clinical care of the diabetic foot. (2nd edn) American Diabetes Association, 2010
- 3. Bowker JH, Pfeifer MA. Levin, O'Neal's. The diabetic foot (7th edn). Mosby Elsevier, 2008 Bryant R, Nix D. Acute and chronic wounds: current management concepts. (5th edn) Elsevier, 2016
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- 6. Wiley-Blackwell, 2013 Kifer ZA. Fast fact for wound care nursing, Springer Publishing Company, 2012
- 7. Krasner D. Chronic wound care: the essentials. HMP Communications, 2014 Phillips CJ. Health economics: an introduction for health professionals. BMJ Books, Blackwell, 2005 Veves A et al. The diabetic foot: medical and surgical management. 3rd Edition. Humana Press, 2012
- 8. Wilkinson J. Nursing, process—a critical thinking approach. AddisonWesley Nursing, 1996
- 9. Sussman C, Barbara Bates Jansen: Wound care A collaborative practice manual for health professional ;3rd edition, Lippincot, Williams and Wilkins

Sr .No	Course	Title of the topic	Page No
	Name		
	PG Diploma in	Wound Care	
1	Unit II.	Wound Culture &	6
	Wounds and Wound Healing	• Practical Wound culture demo 5hrs	
2	Unit-IV Nutrition and wound healing		8
3	Unit Z Diabetic foo syndrome	Amputee stump Dressing & stump Bandaging 5hrs	15

Philosophy

KIMS deemed To Be University believes that registered nurses need to be trained in wound management in clinical setting as well as in community independently. In order to provide independent competent care and for effective participation in patients comprehensive management trained nurses need to prepare themselves in wound management in all setting.

Aim

The curriculum aims to provide the students with theoretical and practical skills to support appropriate decision-making (evidence based nursing and practice, problem-based learning and practical-based learning). There is a particular focus on the ability of nurses to develop an individualised nursing care plan that takes into account the patient's unique circumstances and comorbidities.

Objectives

On completion of post-registration qualification wound management for nurses the graduates will be able to:

- 1. Apply knowledge in providing wound management care to individuals who are admitted in hospital.
- 2. Demonstrate skill in managing wound of individuals who are admitted in hospital.
- 3. Provide nursing care based on steps of nursing process in collaboration with the individuals
- 5. Utilise the latest trends and technology in wound management care.
- 6. Provide promotive, preventive and restorative health services in line with the national health policies and programs.
- 7. Practice within the framework of code of ethics and professional conduct and acceptable standards of practice within the legal boundaries.
- 8. Communicate effectively with individuals and groups and members of the health team in order to promote effective interpersonal relationships and teamwork.

- 9. Demonstrate skills in teaching to individuals and groups in clinical/ community health settings.
- 10. Participate effectively as members of the health team in health care delivery system.
- 11. Demonstrate leadership and managerial skills in clinical / community health settings.
- 12. Conduct need based research studies in various settings and utilize the research findings to improve the quality of care.
- 13. Demonstrate awareness, interest and contribute towards advancement of self and of the profession.

Admission Requirements

- 1. The minimum age for admission shall be 20 years on or before 31st Dec. of the year of admission
- 2. The minimum educational requirements shall be the passing of BScN/Post Basic BSc and registered with state nursing council
- 3. Should have at least 6 month clinical experience preferably in surgical areas after passing degree/ diploma course

Entrance / Selection Test

Selection of the candidates should be based on the merit of the entrance examination held by University or competent authority.

Course of Instruction

Total hours	540 hours (18	Credit points
	weeks)/semester	
Semester I		
Theory hours core subjects	75	5
practical hours core subjects	10	5
Clinical hours core subjects	365	12
Elective Subject specific Theory	15	1
Elective Subject specific clinical	60	2
Elective generic Theory	15	1
Semester II	540 hours (18	Credit points

	weeks)/semester	
Theory hours core subjects	75	5
practical hours core subjects	10	5
Clinical hours core subjects	365	12
Elective Subject specific Theory	15	1
Elective Subject specific clinical	60	2
Elective generic Theory	15	1

Clinical Experience

Clinical Areas	Weeks (18 weeks) 42 hours /week
Male surgical ward	3 weeks
Female surgical ward	3 weeks
Male ortho ward	3 weeks
Casualty ISU/ trauma care unit	2 weeks
Surgical ICU	3 weeks
Operation theatre	3 weeks
Minor OT	1 weeks

Clinical Assignments

Clinical Areas	Assignments			
Male surgical ward	Care plan one			
	Case study one			
	Wound dressing demonstration five			
	Clinical evaluation			
Female surgical ward	Care plan one			
	Case study one			
	Wound dressing demonstration five			
Male ortho ward	Care plan one			
	Case study one			
	Wound dressing demonstration five			
	Clinical evaluation			
Casualty ISU/ trauma care unit	Case presentation one			
	Wound dressing demonstration five			
	Clinical evaluation			
Surgical ICU	Case presentation one			
	Wound dressing demonstration five			

	Clinical evaluation		
Operation theatre	Assisting for debridement ,amputation, grafting		
	Clinical evaluation		
Minor OT	Assisting for debridement, suturing		
	Clinical evaluation		
Visit reports			

COURSES OF INSTRUCTION

SEME	Type	Unit	COURSES/ SUBJECTS	Theory	Lab	Clinical	Total
STER				(hrs.)	(hrs.)	(hrs.)	(hrs.)
SEMES TER	Core	Ι	Acute wounds	14	3	120	137
I		II	Wounds and Wound Healing	9	3	120	132
		III	Moist wound healing	7	2	120	129
		IV	Relevant etiopathology	7			7
		V	Relevant anatomy physiology	14			14
		VI	Nutrition and wound healing	7			7
		VII	Microbiology and wounds	9			9
		VIII	Antimicrobial agents, hygiene and wounds	8	2	5	15
	Electi ve	Ι	Dressing theory	15			
	Subje		Posting dressing room	60		2 weeks	
	ct Specif	II	Diabetic Dressing(Major/Minor)Theory	15			
	ic		5Diabetic Dressing(Major/Minor)	60		2 weeks	
		III	ICU theory	15			
			ICU clinical	60		2 weeks	
		IV	OT Theory	15			
			OT clinical	60		2 weeks	
	Electi ve	Ι	Stress Management	15			
	Gener	II	Human Values	15			

	ic	III	Personality Development	15		
SEMES TER	Core	IX	Pressure ulcers	6	120	
II		X	Diabetic foot syndrome	8	120	
		XI	Skin tears Lower leg ulcer	8	120	
		XII	Debridement and wounds	7		
		XIII	Alternative or unconventional treatment options for wounds	8		
		IVX	Palliative wound care	7		
		XV	Role of prevention in wound care	5		
		XVI	Evidence-based nursing/evidence-based practice	5		
		XVII	Patient education and promoting self-care	5		
		XVIII	Case management (patient-centred care)	5		
		XIX	Health care delivery and health economics	5		
		XX	Documentation	3		
		XXI	Relevant psychology	3		
	Electi ve		Theory	15		
			Male Surgical ward		2 week	
			Female Surgical ward	-	2 week	
			Male Orthopaedic ward	-	2 week	
			Female Orthopaedic ward	-	2 week	
	Gener ic		Soft Skills	15		
			Professionalism	15		

		Professional Values & Ethics	15		
		including Bioethics.			

SYLLABUS WOUND MANAGEMENT SEMESTER I

Theory hours - 75 Practical hours - 10 Clinical hours -365

Un	Hour	Learning objectives	Content	Teaching	Assess
it	S			Learning	ment
				activities	method
1	14	Aim- This unit of study aims to	Acute wounds	Lecture	Long
	Hour	increase the understanding of the	• Epidemiology of acute	Discussio	answer
	S	assessment and management of acute	wounds	n	and Short
	3	wounds (including surgical and	• Definitions	Demonstr	answer
	pract	traumatic wounds as well as burn	• Classification of acute wounds	ation	questions
	ical	injuries).	i.e surgical, trauma and burn	Explain	Objective
	120	Learning outcomes-	injuries including aetiology and	using	Type and
	clinic	On completion of the unit of study a	symptomatology	models,	Short
	al	student will be able to:	Classification of burns by	torso,	notes
		K: define an acute wound	depth and severity (including	charts,	
		K: characterise wounds healing by	chemical and electrical burns)	slides and	
		primary and secondary intention	• Wounds related to burns—	specimens	
		K: identify when delayed primary	donor site wounds and grafted	Journal.	
		closure may be appropriate to use	wounds	PPT	
		K: explain the characteristics of a	• Paediatric burns and wounds	Demonstr	
		surgical wound	seen in burns intensive care	ation of	
		K: discuss the principles of surgical	Management of burns and	advance	
		incisions and wound repair	scarring and wounds related to	treatment	
		K: understand the principles of the	burns	modalities	
		reconstructive ladder and surgical	• Psychosocial issues related to	•	
		reconstruction	burns		
		K: describe the features of a traumatic	Prevention of burns		
		wound	• Wound healing by primary		
		K: discuss the principles of traumatic	and secondary intention		
		wound management including first aid	• Delayed primary		
		measures according to the	closure/tertiary intention		
		classification of injury i.e. abrasions,	• Factors affecting wound		
		lacerations, crush wounds, penetration	healing (in relation to acute		
		and puncture wounds K: identify the different causes of burn	wounds) • Principles of asepsis and		
		injury i.e. fire/flame, scalding thermal	antisepsis and hygiene in		
		and chemical	relation to acute wounds		
		K: summarise the first aid measures	(including isolation		
		for each type of burn injury	nursing/barrier system of care)		
		K: identify the key principles of	• Surgical incisions and		
		wound management according to the	principles of wound closure		
		type and aetiology of an acute wound	• Trauma wounds (abrasions,		
		type and aeriology of an acute wound	- mauma wounds (abrasions,		

		replacement K/P: examine intrinsic and extrinsic factors which may impact on acute wound healing K/P: define and identify surgical site infection (SSI) and use appropriate classification systems to determine the severity K/P: describe risk factors for SSI and apply appropriate preventive measures K/P: explain the principles of preoperative, intraoperative and postoperative care P: select the most appropriate method of wound cleansing/irrigation in relation to the type and aetiology and symptomatology of an acute wound P: apply the principles of wound assessment taking into account the classification of wound i.e. surgical, trauma or burn injuries P: educate patients and their relatives/carers inthe principles of management of surgical/trauma wounds and burn injuries	wounds) • Burn injuries (fire/flame, scalding and thermal) • First aid treatment for traumatic wounds and burn injuries • Principles of history taking and examination of acute wounds—surgical, trauma and burn injuries • Principles of management of minor and major traumatic wounds • SSI: prevention, definition, assessment and surveillance strategies • Debridement options for acute wounds— surgical, trauma and burn injuries • Adjunctive therapies/devices for acute wounds i.e. NPWT • Reconstructive ladder and principles of surgical reconstruction • Cosmesis and function in acute wounds		
		symptomatology of an acute wound P: apply the principles of wound assessment taking into account the classification of wound i.e. surgical, trauma or burn injuries P: educate patients and their	 Adjunctive therapies/devices for acute wounds i.e. NPWT Reconstructive ladder and principles of surgical reconstruction Cosmesis and function in 		
		management of surgical/trauma			
		wounds (including isolation nursing/barrier system of care) A: appreciate the patient's concerns and presence of pain A: be aware of the need for appropriate surveillance and preventative measures.			
2	09 Hour s 3 pract ical	Aim This unit of study aims to increase the knowledge and understanding of physiological and pathological wound healing. Learning outcomes On completion of the unit of study a student will be able	Wounds and Wound Healing •Physiology of normal wound healing Blood coagulation (effect of anticoagulation substances on wound healing)	Lecture Discussio n Demonstr ation Explain	Long answer and Short answer questions Objective

ı					
	120	to:	• Phases of wound healing, i.e.	using	Type and
	clinic	K: differentiate between the phases of	inflammation, proliferation and	models,	Short
	al	wound healing	remodelling	torso,	notes
		K: define different types of healing	 Primary wound healing 	charts,	
		K: explain the connection between	 Secondary wound healing (a 	slides and	
		wound healing and systemic	repair process), delayed primary	specimens	
		(intrinsic), extrinsic or local factors	closure	Journal.	
		K: define chronic wounds based on	 Pathophysiology and 	PPT	
		their characteristics and causes	microbiology of chronic wound	Demonstr	
		K: outline disorders of wound healing	healing	ation of	
		and their consequences	• Factors affecting healing (such	advance	
		K: analyse factors that promote and	as infection and reduced	treatment	
		delay wound healing in relation to	perfusion)	modalities	
		patient cases	• Wound diagnosis	modantics	
		1	Would diagnosis		
		P: relate the stages of normal healing	. W	 Practical 	
		to the clinical presentation of a wound	 Wound culture 		
		P: recognise the characteristics of		Wound	
		different wounds in relation to		culture	
		different chronic diseases; such as		demo	
		diabetes (diabetic foot ulcers, DFU)		5hrs	
		and vascular diseases (leg ulcers, LU)			
		P: categorise the wound based on			
		standardised criteria			
		A: value the wound healing			
		pathophysiology as a starting point for			
		treatment, recognition of type of			
		wound bed etc. A: be aware of the			
		consequences of chronic wounds and			
		the impact they have on a patient's			
		daily life.			
3	09	Aim This unit of study aims to	Moist wound healing	Lecture	Long
	Hour	increase the understanding of the		Discussio	answer
	S	appropriate use of different wound	•Principles of moist wound	n	and Short
	2	dressings in relation to the phase of	therapy in relation to the phase	Demonstr	answer
	pract	wound healing.	of wound healing	ation	questions
	ical	Learning outcomes On completion of	• 'Ideal' wound dressings	Explain	Objective
	120	the unit of study a student will be able	(requirements for appropriate	using	Type and
	clinic	to:	therapeutic materials)	models,	Short
	al	K: understand the principles of phase-	• Review the role of gauze in	torso,	notes
		appropriate wound treatment with	wound management	charts,	-10.00
		respect to local therapy	• Water and wound cleansing	slides and	
		K: differentiate between types of	solutions, e.g. wound irrigation	specimens	
		dressings and outline the	solutions, e.g. would irrigation solutions and antiseptics	Journal.	
		indications/contraindications for use	• Dressing categories with	PPT	
		K: explain the criteria for the ideal use	different material properties:	Demonstr	
		of wound care products and categorise	indications, contraindications	ation of	
		<u> </u>	*	advance	
		these into different groups of products	and application • Contact lever/yound govzo		
		(dressings, solutions etc.)	Contact layer/wound gauze Transparent polyurathana	treatment	
		K: define the product characteristics	• Transparent polyurethane	modalities	
		and indications for wound therapy	• Alginates	•	

		P: apply the products correctly in an	• Foams (fine-pored		
		appropriate situation	polyurethane foam dressings)		
		P: evaluate and select products taking	• Hydrogels (see debridement)		
		into account the patient's QoL	 Hydroactive dressings 		
		P: select the appropriate dressing	 Hydrofibers 		
		•	Hydrocolloids		
		products in practice, based on	5 1 5		
		indications/contraindications, health	 Superabsorbent dressing 		
		economic aspects, and the preferences	 Active dressings containing 		
		of theindividual patient	(see examples below)		
		P: involve the patient (and/or	 Glycosaminoglycans 		
		carer/relative in their wound care	 Hyaluronic acid 		
		depending on his/her abilities and	• Collagen		
		wishes	 Specialised active agents 		
		P: evaluate local wound therapy with	•Topical antiseptics		
		the patient depending on the treatment	(antiphlogistic)		
		goals	 Topical antibiotics 		
		A: accept and value responsibility	• Agents supporting initiation		
		concerning economic aspects of	of granulation tissue		
		wound healing (cost effectiveness	• Specific wound situations (see		
		measures)	examples below)		
		A: be aware of the coherence between	• Pain in relation to dressing		
		local wound therapy and general	change		
		treatment of overall condition and	• Control of wound odour (e.g.		
		patient's QoL.	activated charcoal)		
			• Exudate management (type,		
			level, and amount)		
			 Combating biofilm and 		
			bioburden		
			• Signs and symptoms of local		
			and systemic infection (see		
			examples below)		
			 Bleeding 		
			• Contact and irritant dermatitis		
			 Practical examples. 		
4	07ho	Aim This unit of study aims to	Nutrition and wound healing	Lecture	Long
	urs	increase the nurse's knowledge and		Discussio	answer
		understanding of the influence of	•Calorific or other nutritional	n	and Short
		nutrition on wound healing.	needs of patients with an acute	Demonstr	answer
		Learning outcomes On completion of	or chronic wound	ation	questions
		the unit of study a student will be able	• Specific requirements of	Explain	Objective
		to:	individuals with special chronic	using	Type and
		K: discuss the importance of adequate	diseases (i.e. diabetes)	models,	Short
		nutrition for a patient with a wound	• Optimal nutritional	torso,	notes
		K: discuss the function of nutrients in	composition to promote wound	charts,	
		the normal wound healing process	healing	slides and	
		K: outline common conditions that	• Function of nutrients,	specimens	
		affect an individual's nutritional	including vitamins, proteins,	Journal.	
		requirements	and minerals	PPT	
		K: outline the use of nutritional	• Nutritional assessment and		

5	14 Hour s	K: explain the influence of malnutrition onwound healing K: discuss the role of the dietician in the management of patients with wounds K: explain the hospital-related factors which cause an altered food intake K: discuss risk of malnutrition in an inpatient and outpatient context P: apply nursing-related measures to support the individual's food intake P: conduct a nutritional assessment and prepare a nutrition plan for the patient P: select the appropriate food supplements following a comprehensive assessment and in relation to difference outcome—relate the significance of effects of malnutrition on wound healing A: acknowledge the importance of assessment of nutrition as an important element of wound therapy A: accept and respect the individual's cultural beliefs, views and attitudes concerning their nutrition. Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of etiopathology on wound healing. Learning outcomes On completion of	•varicosis	Demonstration of advance treatment modalities Lecture Discussion Demonstration	Long answer and Short answer
		the unit of study a student will be able to: K: discuss the various aetiopathology of disease related to wound K: discuss the role of aetiopathology in the normal wound healing process p- identify risk factors related to aetiopathology in the normal wound healing process in various disease condition	 •atherosclerosis, •arterial insufficiency • Diabetic Neuropathy, •microangiopathy, •hyperglycemia •Immobility, •excessive pressure • hypertension •burn •infection 	ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr	questions Objective Type and Short notes
6	11 urs	Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of	•Age •Obesity •Hormonal imbalance Relevant anatomy physiology •Skin •Musculoskeletal system	ation of advance treatment modalities . Lecture Discussio n	Long answer and Short

	anatomy physiology on wound healing. Learning outcomes On completion of the unit of study a student will be able to: K: discuss the anatomy physiologyrelated to wound K: discuss the physiology in the normal wound healing process p- identify risk factors related to physiology in the normal wound healing process in various disease condition	•Endocrine system •Physiology of wound healing •Immunology • cardiovascular system • physiology of Blood ,coagulation • Respiratory system Physiology of respiration ,oxygenation	Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance treatment modalities	answer questions Objective Type and Short notes
7 09 hours	Aim This unit of study aims to increase the understanding of the nature of infections in wounds with special focus on prevention and symptomatology of complications of infection. Learning outcomes On completion of the unit of study a student will be able to: K: explain the nature of infections in wounds K: recognise and define the severity of the wound infection K: identify the requirements for different treatment depending on the severity of wound infection K: analyse the case-related risks of wound infection K: discuss the potential consequences of wound infection for the patient K: explain the risks associated with spreading infection and a possible sepsis P: identify wounds with high risk of infection P: initiate hygienic and therapeutic measures for multidrug-resistant germs including patient and family education P: undertake/carry out the correct procedure to take a wound swab P: educate the patients and their relatives/carers to recognise warning	Microbiology and wounds Contamination, colonisation and local and systemic infection symptomatology Risk factors for wound infection. Balance of bacterial load and immunological status of patient Commensal and saprophytic bacteria The nature of multidrugresistant bacteria Procedures for meticillinresistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE) and other multidrug-resistant bacteria Prophylaxis and epidemiology with regard to MRSA, VRE and other multidrug resistant bacteria Assessment and diagnosis of infection Biofilm Role of microbiological culture techniques Practical examples	Lecture Discussio n Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance treatment modalities .	Long answer and Short answer questions Objective Type and Short notes

		symptoms of infection and appropriate			
		measures to take			
		A: appreciate the significance of			
		resistant germs in wound healing			
		A: develop a responsible attitude			
		towards risk identification and early			
		detection of healthcare associated			
		infections			
		A: be aware of the need for support in			
		case of multiresistant pathogen			
		infections—need for special regimen,			
		lifestyle changes etc.			
8	08	Aim This unit of study aims to	Antimicrobial agents, hygiene	Lecture	Long
	hours	increase the nursing understanding of	and wounds	Discussio	answer
		the nature of antimicrobial therapy and		n	and Short
		prophylaxis with special focus on	Disinfection and sterilisation	Demonstr	answer
		safety guidelines.	• Antiseptics	ation	questions
		Learning outcomes On completion of	Antimicrobial wound	Explain	Objective
		the unit of study a student will be able	dressings	using	Type and
		to:	Hygiene and dressing changes	models,	Short
		K: discuss the nature of antimicrobial	Antimicrobial stewardship	torso,	notes
		therapy and prophylaxis	Systemic antibiotic	charts,	
		K: explain the different indications for	• Practical examples.	slides and	
		use of local antiseptics as well as		specimens	
		when systemic antibiotic therapy is		Journal.	
		indicated		PPT	
		P: Use local, national or international		Demonstr	
		evidence-based guidelines for the use		ation of	
		of antimicrobial wound therapeutics in		advance	
		clinical practice appropriately		treatment	
		P: perform all hygienic measures		modalities	
		related to wound care			
		P: follow the hygiene guidelines with			
		regards to dressing changes and hand			
		hygiene			
		A: Appreciate the responsibilities for			
		different aspects of hygiene.			
Subj	ect Spec	eific			

	15	This unit aims to increase nursing understanding related to theory A /P Able to do dressing	Elective Subjective Dressing theory	specific	Lecture Discussio n Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance treatment modalities .	Long answer and Short answer questions Objective Type and Short notes
Elect	tive gen	eric				
	T- 15hr s P- 60hrs	Identity stress and learn how to manage it	Stress Management		Lecture Discussio n Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance treatment modalities	Long answer and Short answer questions Objective Type and Short notes
	T- 15hr s P- 60hr s	Demonstrate Human Values	Human values		Lecture Discussio n Demonstr ation Explain using models, torso, charts,	Long answer and Short answer questions Objective Type and Short notes

			slides and specimens Journal. PPT Demonstr ation of advance treatment modalities .	
T- 15hi s P- 60hr	Explore Personality development	Personality development	Lecture Discussio n Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance treatment modalities .	Long answer and Short answer questions Objective Type and Short notes

SEMESTER II

SYLLABUS

Theory hours - 75 Practical hours - 10 Clinical hours -365

9	06	Aim This unit of study aims to	Pressure ulcers	Lecture	Long
	hours	increase the understanding of the		Discussio	answer
		diagnosis, prevention and treatment of	•Epidemiology of pressure	n	and Short
		pressure ulcers (also called pressure	ulcers	Demonstr	answer
		injuries or decubitus ulcers).	 Pathophysiology of pressure 	ation	questions
		Learning outcomes On completion of	ulcers Risk factors	Explain	Objective
		the unit of study a student will be able	• Prevention strategies for	using	Type and

to:	pressure ulcers	models,
K: understand the pathophysiological	=	torso,
mechanisms of pressure ulcer	damage (NANDA/	charts,
development K: identify the level of		slides and
risk of patient in pressure ulcers	• Differential diagnoses	specimens
development (ability to use	(incontinence associated	Journal.
appropriate tools and scales)	dermatitis (IAD) resp. moisture	PPT
K: select the appropriate preventive	associated dermatitis (MAD),	Demonstr
	, , , , , , , , , , , , , , , , , , , ,	ation of
strategies for pressure ulcer depending on the patient situation	2	advance
K/P: categorise pressure ulcers	monitoring in collaboration with MDT members	treatment
<u> </u>		modalities
according to the levels defined by the	• Repositioning strategies	modanties
European Pressure Ulcer Advisory	• The role of positioning and	•
Panel (EPUAP/NPUAP/PPIA) in	pressure redistributing	
theory and clinical practice	equipment (e.g. pressure relief	
K: select the available therapeutic	mattress)	
options for pressure ulcer treatment,	• The adequate supportive	
depending on the patient situation	(preventive or treatment)	
K/P: examine factors that predispose	position	
an individual to pressure damage K: define risk factors related to	• Education and movement	
	motivation (keep moving	
specific types of patients	strategy)	
K: analyse the possible case-related	• Therapeutic principles (see	
causes of a pressure ulcer (decubitus)	examples below)	
P: discriminate between different	• Conservative therapy	
types of skin damage in order to	• Pressure relieving therapy	
differentiate damage due to pressure	• Surgery and necrectomy (e.g.	
or other causes, for example moisture	debridement) aftercare	
lesion, moisture-associated skin	• Practical examples.	
damage, mechanical device-related		
damage		
P: use appropriate pressure		
redistributing equipment and evaluate		
their effectiveness P/A: assess the		
needs of patients with respect to		
pressure relief and pressure		
redistribution and movement		
P: educate the patients and their		
relatives in the principles of pressure		
ulcer prevention and management		
A: appreciate the risks of the		
development of a pressure ulcer to an		
individual, especially those of a high		
category		
A: appreciate the effects of a pressure		
ulcer on the individual's		
psychosocial/behavioural situation		
A: recognise the importance of		
nursing intervention and interactions		
on pressure prevention and appreciate		

Short notes

		monthi diamintinamitanin massantina			
		multi disciplinarity in preventive			
10	0	measures.		T .	т
10	8	Aim This unit of study aims to	Diabetic foot syndrome	Lecture	Long
	hours	increase the understanding of the	.E.:1:1 fDEC	Discussio	answer
		diagnosis, therapy, and prevention of	•Epidemiology of DFS	n Danasanata	and Short
		diabetic foot syndrome/disease (DFS).	• Risk factors for ulceration or	Demonstr	answer
		Learning outcomes On completion of	amputation	ation	questions
		the unit of study a student will be able	• Prevention of complication	Explain	Objective
		to:	• Pathways to ulceration	using	Type and
		K: understand the relationship	• Pathways to amputation	models,	Short
		between pathophysiological processes	• Costs of DFS and amputation	torso,	notes
		and changes in the foot	treatment including follow-up	charts,	
		K/P: identify the differences between	costs	slides and	
		vascular and neurological	• Pathophysiology	specimens	
		manifestations K/P: recognise the	• Neuropathy	Journal.	
		influence of pressure on the	• Ischaemia	PPT	
		development of	• Clinical presentation of acute and chronic Charcot	Demonstr	
		malumperforins/neurotrophic ulcers		ation of advance	
		K/P: categoryise changes in the foot	neuroarthropathy Infection	treatment	
		using suitable assessment instruments, tools and/or scales K: differentiate	Classification	modalities	
			Basic and more advanced	modanties	
		between various types of wounds related to DFS		•	
			diagnostics • MDT therapy		
		P: apply investigative and assessment methods and diagnostic measures and	• Healthcare services for		
		analyse the results of the investigation	patients with DFS and the		
		P: select/evaluate appropriate tools for	importance of communication		
		reducing pressure on the foot and	• Principles of therapy		
		apply them professionally in	• Pressure relieving and off-		
		collaboration with	loading options? Forexample,		
		physiotherapist/podiatrist	total contact casting (TCC)		
		P: apply the principles of MDT			
		management that takes into account			
		the multifactorial nature of the			
		treatment depending on type, site,	following minor and major		
		cause of ulcer and comorbidities	amputation		
		P: perform gait analyses and evaluate	• Prevention and podiatric care		
		those with the patient in relation to	• Identification and education of		
		local competencies and policy (law)	high-risk patients		
		P: design individualised educational	• Podology and podiatric		
		programmes for patients (and their	management		
		family/carers)to include foot self-care	• Supportive care and medical		
		to prevent ulceration and wearing	devices		
		appropriate footwear to offload	• Amputee stump Dressing &		
		pressure	stump Bandaging 5hrs		
		P: educate and train the patients to use			
		a pressure minimising gait	Practical examples.		
		A: recognise prevention of	*		
		amputations as an important goal for			
		treatment			
l:	r				1

		A: be aware of the opportunities and			
		limitations related to podiatric			
		treatment (As the educational			
		background of medical staff entitled			
		podiatrist varies between European			
		countries, the opportunities and			
		limitations should be defined			
		according to the competencies of this			
		group within a specific national			
		setting)			
		A: be aware of the risks related to			
		reduced perception of the patient (e.g.			
		due to cognitive function impairment)			
		<u> </u>			
		when patient self-care engagement is needed in relation to the DFS			
		management.			
		A: be aware of the risks of sepsis and			
11 0	20	gangrene.		.	
	08	•	Lower leg ulcers	Lecture	Long
h	nours	increase the understanding of the		Discussio	answer
		common causes of leg ulceration	Classification of types of leg	n	and Short
		including; diabetic, venous, and	ulcers	Demonstr	answer
		arterial (angiology) factors influencing	• Varicose veins and	ation	questions
		the diagnosis and treatment of lower	varicosities	Explain	Objective
		leg ulcers.	Peripheral arterial occlusive	using	Type and
		Learning outcomes	disease	models,	Short
		On completion of the module a	Chronic venous insufficiency	torso,	notes
		student will be able to:	Mixed pathology	charts,	
		K: understand the most important	• Venous oedema	slides and	
		aetiological causes for diagnosis and	Lymphatic oedema	specimens	
		treatment of lower leg ulcers	Pyoderma gangrenosum	Journal.	
		K: differentiate between the signs and	l	PPT	
		symptoms related to different clinical	_		
		presentations of ulcers on the lower	• Prophylaxis/prevention	Demonstr	
		leg	• The fundamentals of	ation of	
		K: understand and explain indications	compression therapy (hosiery	advance	
		for use and range of available options	and bandages)Different	treatment	
		for compression therapy	techniques of compression	modalities	
		K: appraise the regulations concerning	therapy and practical learning	modunties	
		use of compression systems, including	• Local therapeutic options	•	
		supplementary materials	• Role of drugs/medication in		
		K: explain when to refer patients to	treatment		
		specialist consultation/diagnosis	• Surgery		
		P/K: recognise different	Practical examples.		
		manifestations of venous ulcers and			
		differentiate between their aetiologies			
		P: use appropriate classification			
		systems to describe a wound/disease			
		•			l
		P: apply different types of compression systems based on the			

	,		,		-
		specific patient situation and be aware			
		of the potential complications			
		P: interpret the result of an ankle			
		brachial pressure index (ABPI)			
		assessment taking into account the			
		patient's clinical signs and symptoms			
		A: appreciate the specific therapy of			
		the underlying disease as a basic part			
		of the treatment			
		A: be aware of the need for different			
		actions/ interventions depending on			
		2 0			
12	07	the aetiology of a leg ulcer. Aim This unit of study aims to		Lecture	Long
12	Hour	•	Skin tears	Discussio	Long
					answer and Short
	S	understanding of the prevention and	• Pathophysiology of skin tears	n	
		management of skin tears. The unit	development (related to	Demonstr	answer
		will also examine risk factors for skin	comorbidity, age of patients)	ation	questions
		tears to enable the participants to	• Prevalence and incidence of	Explain	Objective
		identify and categorise/type skin tears	skin tears across different	using	Type and
		to aid in consistent documentation.	health-care setting	models,	Short
		Learning outcomes On completion of	National/international	torso,	notes
		the module a student will be able to:	evidence-based practice/	charts,	
		K: define a skin tear	clinical guideline	slides and	
		K: outline the epidemiology of skin	• The structure and function of	specimens	
		tears and its impact on health service	the skin, including changes to	Journal.	
		provision	the skin during the aging	PPT	
		K: relate the anatomy and function of	process, and differences	Demonstr	
		the skin to how skin tears occur	between newborn, elderly,	ation of	
		K: discuss the relevant risk factors that	•	advance	
		predispose an individual to the	relation to the skin tears	treatment	
		development of skin tears	• Identification of risk factors	modalities	
		P: identify strategies to reduce the risk		_	
		of skin tears (including role of		•	
		patients, healthcare provider and	± •		
		setting)	pain, wound and		
		P: develop and evaluate a skin tear	nutritional assessment)		
		prevention plan for an individual at	,		
		risk of a skin tear P: perform an	including skin tear reduction		
		assessment of an individual with a	protocols and programs		
		skin tear	• Importance of nutrition and		
		P: document the assessment using a	hydration by consultation of		
		recognised skin tear classification	dietician in relation to the skin		
		system	tear management		
		P: select the appropriate topical	• Patient moving handling		
		treatments(including appropriate	techniques and equipment in		
		product selection) for an individual	patients with higher risk of skin		
		with a skin tear	tears		
		A: develop a responsible attitude	• Patient environment and fall		
		towards questioning existing practices	precaution programmes to		
		that may increase the risk of skin tears	reduce risk of falls		

13	08 hours	A: recognise the value of monitoring and evaluating treatment outcomes for individuals with a skin tear A: accept the importance of skin tears as a risk factor for infection development A: appreciate the psychosocial impact of skin tears on an individual and its impact on QoL. Aim This unit of study aims to increase the understanding of the role of debridement as an integrated part of wound management and the role of nurses in different types of debridement. Learning outcomes On completion of the unit of study a student will be able to: K: explain the reasons for use of debridement, and risk factors in practice K: compare the various types of debridement techniques and give examples of when these can be used P: perform a comprehensive wound assessment to evaluate whether wound debridement is required P: evaluate different debridement methods and their effectiveness P: use different methods of debridement based on the range of therapy options, patient situation and scope of practice P: demonstrate ability to undertake debridement in a painless manner, if necessary by administering analgesia or local anaesthetics P: perform appropriate aftercare following an debridement procedure A: appreciate the importance of	Product selection for skin tear management, including products that are not recommended Education of individuals and caregivers Identification of patient-centered management objectives, care planning and evaluation of outcomes MDT working in skin tear management. Debridement and wounds Introduction to debridement: definition and indications Mechanical debridement Autolytic, enzymatic debridement (including honey) Larval therapy (maggot therapy) Technical solutions Sharp and surgical debridement Pain management (local/systemic analgesia) as part of the debridement procedure Practical examples.	Lecture Discussio n Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance treatment modalities .	Long answer and Short answer questions Objective Type and Short notes
14	07		Alternative or unconventional	Lecture	Long

	T -				T
	hours	increase the understanding of the potential and limitations of new or alternative treatment methods (in relation to the competencies), with special focus on technical equipment and advanced products. These treatments include emerging therapies and treatment options under development. Learning outcomes On completion of the unit of study a student will be able to: K: discuss the potential and limitations of new alternative treatments for wound management K: evaluate novel/alternative interventions to manage an individual with a wound P: apply indications for use of alternative/ unconventional treatment options P: use alternative treatment options P: use alternative treatment of patients, carers and relatives about the use of alternative/unconventional treatment options A: recognise the limitations and benefits of alternative treatment options, also taking into consideration the legal and ethical aspects A: be aware of the potential side-effects or adverse events that may occur with the use of alternative/unconventional treatment options.	treatment options for wounds Negative pressure wound therapy (NPWT) Laser therapy Hyperbaric oxygen therapy Topical oxygen therapy Ultrasound therapy Genetically modified wound healing factors Electrical stimulation Plasma therapy Practical examples	Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities .	answer and Short answer questions Objective Type and Short notes
15	05 hours	Aim This unit of study aims to increase the knowledge and understanding of a holistic approach of the management of palliative wounds. Learning outcomes On completion of the module a student will be able to: K: define palliative wound care K: define the difference between palliative wound care and chronic wound care K: relate the pathophysiology of palliative wounds to the proposed management of the patient K: relate the communication to the difficult situations K: discuss the importance of the	Palliative wound care • Difference between a chronic wound and a palliative wound care • Prevalence of palliative wounds across all healthcare settings. • National/international evidence-based practice/clinical guidelines • Integrated palliative wound care model • Preventive measures including skin care and environmental care • Assessment: physical,	Lecture Discussio n Demonstr ation Explain using models, torso, charts, slides and specimens Journal. PPT Demonstr ation of advance	Long answer and Short answer questions Objective Type and Short notes

		psychosocial aspects of living with a	- ·	treatment	
		palliative wound	spiritual (including exudate,	modalities	
		P: identify strategies to reduce the	pain, odour, pruritus, bleeding,		
		burden of symptoms relating to	psychosocial impact)		
		palliative wounds	• Products appropriate for the		
		P: develop an individualised	management of palliative		
		management plan within an MDT	wounds and its selection		
		P: perform a holistic assessment of a			
		patient with a palliative wound	• Communication with		
		P: perform a holistic assessment of the			
		overall patient situation (informal	• Identification of patient-		
		carers, socioeconomical status etc.)	centred management objectives,		
		P: apply adapted communication skills	care planning and evaluation		
		P: support patients and relatives in	of outcomes		
		finding and effectively using coping	• Working as a team in difficult		
		strategies	situations.		
		P: select the appropriate topical	situations.		
		treatments (including appropriate			
		product selection) for a patient with a			
		palliative wound			
		A: accept the need for appropriate			
		communication skills o transmit			
		messages in difficult situations			
		A: recognise the importance of			
		evaluating treatment outcomes for			
		individuals with a palliative wound A:			
		value the psychosocial impact of			
		palliative wounds on an individual.			
16	05	Aim This unit of study aims to	Role of prevention in wound	Lecture	Long
	hours	increase the knowledge and	care	Discussio	answer
		understanding of the importance of		n	and Short
		prevention in relation to the risk	•Stages of prevention and its	Demonstr	
		factors for developing a chronic	measures (primary, secondary	ation	questions
		wound, including the different levels	and tertiary prevention)	Explain	Objective
		of prevention, in particular the risks of	•Role of the nurse in the	using	Type and
		spreading infection.	prevention of chronic wounds	models,	Short
		Learning outcomes On completion of	• Requirements of prophylaxis	torso,	notes
		the unit of study a student will be able	in preventing the recurrence of	charts,	
		to:	secondary complications	slides and	
		K: define the different definitions of	(prevention and prophylaxis are	specimens	
		primary, secondary and tertiary	also dealt with other units)	Journal.	
		prevention K: describe the goals of the	• Skin care	PPT	
		prevention of wounds in the chronic	Pressure redistribution	Demonstr	
		disease (diabetes, vascular diseases,	• Compression therapy.	ation of	
		and others with higher risk of wound	1 17	advance	
		formation)		treatment	
		P: initiate preventive measures		modalities	
		according to the type of chronic			
		disease and the individual patient's			
		situation			

	,			1	
		P: implement preventive strategies			
		(e.g. basic hand hygiene and pressure			
		relief)			
		P: prepare an individualised care plan			
		for specific patients			
		A: be aware of the importance of			
		prevention A: appreciate the			
		significance of the nurse's role in			
17	05	wound prevention.	F-:1	T4	T
17	05	Aim This unit of study aims to deepen	Evidence-based	Lecture	Long
	hours	the knowledge of evidence-based	nursing/evidence-based	Discussio	answer
		nursing (EBN) and implement the	practice	n	and Short
		findings into practical cases.	• The principles of EBN	Demonstr	answer
		Learning outcomes On completion of	• Steps required to practice	ation	questions
		the unit of study a student should be	EBN	Explain	Objective
		able to:	• The influence of EBN on the	using	Type and
		K: define the key points of and goal	care of individuals with chronic	models,	Short
		setting in EBN	wounds	torso,	notes
		K: examine the range of evidence	• Classification of evidence	charts,	
		currently available that describes	according to a recognised	slides and	
		wound management interventions and	hierarchy of evidenceCritical	specimens	
		evaluate the strength of these as	analysis of research studies	Journal.	
		sources of information K/P: examine	Clinical trials in wound care	PPT	
		scientific literature about wound care	Reviewing published literature	Demonstr	
		according to its date of publication,	• National and international	ation of	
		relevance and evidence levels K/P:	institutions relating to EBN and	advance	
		differentiate between the	chronic wounds (i.e. guidelines,	treatment	
		availableassessment instruments, tools	recommendations) for example	modalities	
		and/or scales and their potential use	NPUAP/EPUAP, EWMA		
		and areas of application	position documents		
		K: discuss the theoretical grounds that	• Introduction to the different		
		apply to wound prevention	types of assessment		
		K: debate the current status of and			
		defined challenges related to	as well as the recommended use		
		evidence-based nursing in wound	and limitations of these		
		management	instruments.		
		K: discuss and apply evidence-based			
		wound prevention strategies and			
		measures K: discuss the different			
		study designs K: define a clinically			
		relevant research question			
		K/P: apply a corresponding study			
		design to a clinically relevant research			
		question P: critique a range of existing			
		wound care literature			
		P: make decisions based on internal			
		and external evidence, and in			
		consideration about patients'			
		preferences and the local clinical and			
		legal situation (internal evidence			
	<u>I</u>	115511 STORMSON (INTERNAL CYTACHEC	I		

		includes healthcare institution-based			
		quality improvement projects,			
		outcome management initiatives and			
		clinical expertise; external evidence			
		includes systematic reviews,			
		randomised control trials, best			
		practice, and clinical practice			
		guidelines that support a change in			
		clinical practice)			
		P: perform tasks in wound care based			
		on an analysis of the situation related			
		to specific patient cases using			
		evidence based solutions			
		P: assign practical measures to EBN			
		scientific findings P: initiate			
		preventive measures with different			
		orientations according to the chronic			
		disease and the individual situation P:			
		use existing wound-related assessment			
		instruments, tools and/or scales			
		designed for specific target groups and			
		interpret the results			
		P: select and use wound care-related			
		instrumentsfor different patient			
		groups, compare different values and			
		resolve conflicts with EBN findings			
		and practical daily routine in nursing			
		care—be able to ask questions and use			
		critical thinking			
		A: recognise the need to keep up to			
		date with new scientific knowledge			
		and question existing knowledge			
		A: be aware of the advantages and			
		disadvantages of assessment			
		instruments in EBN.			
18	05	Aim This unit aims to create an	Patient education and	Lecture	Long
	Hour	understanding of the importance of	promoting self-care	Discussio	answer
	S	education in managing individuals	•Role of the nurse in the patient	n	and Short
		with acute and chronic wounds. It also	education process in relation to	Demonstr	answer
		aims to improve the participant's	individuals with wounds	ation	questions
		ability to provide the patient and	• Educational needs of	Explain	Objective
		his/her relatives with information	individuals with acute and	using	Type and
		about their specific health status and	chronic wounds	models,	Short
		self-care needs/opportunities based on	• Goals of education in wound	torso,	notes
		the principles of patient-centred care.	care and the elements of the	charts,	
		Learning outcomes On completion of	educational process	slides and	
		the unit of study a student should be	Recognising an individual's	specimens	
		able to:	(and/or their relatives/ carers)	Journal.	
		K: discuss the principles of self-care	ability to receive education	PPT	
		management in relation to individuals	• Different elements of	Demonstr	

with chronic wounds/disease

appraise the procedures for educating individuals with acute and chronic wounds based an evaluation of different educational concepts K: define the requirements developing an individualised education plan that is appropriate for a specific patient, taking the patient's and situation disease into consideration

K: recommend the use of different assessment tools in order to obtain information about the patient's knowledge of their condition and identify the patient's learning style

K/P: formulate relevant clinical questions based on an evaluation of the available research and the sources of research

K: define nursing diagnosis (e.g. with reference to diagnosis procedures recommended **NANDA** by International (NANDA-I)1 and compare it to medical diagnosis NANDA-I works to facilitate the development. refinement. dissemination and use of standardised nursing diagnostic terminology. The systematic diagnostic procedures defined by NANDA-I are widely used Central Europe, while other countries use alternatives systems. The terminology should be adapted to the diagnostic terminology applied within a specific country.

A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness

K: perform a systematic evaluation the patient's ability to perform self-care on the basis of the goals defined in the patient education plan

P: apply the standardised terminology (e.g. NANDA)1 in relation to specific nursing diagnostics, relevant for patients with wounds

P: create a patient-centred education plan based on an assessment of the

education and their differences concerning goals and application: information, training, instruction Educational tools (selection and use of brochures and various types of media)

- Evaluation of the educational process
- Goals of education to promote self-management
- The role of motivation and bonding in patient's education
- The individual's understanding of their wound and/or disease
- The importance of the role of relatives and/or carers in the education process
- Promotion of self-care management (restrictions in activities of daily living as a result of health restrictions by chronic wounds and consequences for self-care):
- Self-care concept in the management of individuals with chronic wounds based on the principles proposed by Orem's Model2
- Empowerment (based on a recognised health belief model)
- Assessment of self-care and QoL/health-related QoL for individuals with chronic wounds
- Chronic diseases and body acceptance/selfconception
- Common features of patients with chronic diseases (Chronic diseases are not passed from person to person. They are of long duration and generally slow progression)3
- Typical psychosocial consequences of chronic diseases and their complications)
- Standardised nursing taxonomy

ation of advance treatment modalities patient's educational ability

P: comprehend the patient's understanding of his/her illness via an empathic and professional conversation

K: discuss the appropriateness and use of self-care for individuals with a wound

P: undertake responsibility for the education of a patient with a chronic wound as well as their relatives/carers where appropriate to enable the patient to conduct self-care

A: appreciate the influence of a patient's fears and misconceptions of their body on their behaviour

A: recognise the promotion of patient selfmanagement as an integrated part of patient education

A: accept the need to include patients and their relatives/carers in the decision-making process.

literature for NANDA or OMAHA or other nursing diagnostic system)4,5

- Difference between nursing diagnosis and medical/physician diagnosis
- Systematic and diagnostic process using standardised nursing taxonomy e.g. NANDA
- Key terms
- Groups/kinds of standardised nursing taxonomy1,6,7 diagnosis (risk-problem-focused diagnoses, axis)
- Relevant standardised nursing taxonomy e.g. NANDA nursing diagnosis, concerning for people with chronic wounds as examples
- Planning interventions based on the assessment of the following diagnoses (with reference to the standardised nursing taxonomy e.g. NANDA1,6 classes or similar standardised terminology systems):
- Class circulation: (risk of) ineffective peripheral tissue perfusion
- Class skin/tissue: (risk of) pressure ulcer, impaired tissue integrity
- Risk of vascular trauma
- Risk of peripheral neurovascular dysfunction
- Class self-concept: disturbed body image
- Class comfort: acute/chronic pain
- Class coping: ineffective activity planning
- Class physical ability: impaired mobility

Class energy balance: activity intolerance

- Class social function: risk of loneliness
- Class self-care: deficit of self-care in relationship of measures

			in the context with the wound		
			therapy		
			• Class health promotion:		
			ineffective health management,		
			protection, deficit of knowledge		
			• Class health hazard: risk of		
			infection, bleeding, late surgical		
			recovery.		
			•Several of these diagnoses may		
			be combined with different		
			clinical pictures. They may be		
			used as a basis for developing		
			plans for patient self-care and		
			education. It should be noted		
			that the systematic diagnostic		
			procedures defined by		
			NANDA-I are widely used in		
			Central Europe, while other		
			countries use alternatives		
			systems.		
			•The terminology should be		
			adapted to the diagnostic		
			terminology applied within a		
		A •	specific country).	T .	т.
10	0.5	Aim This unit of study aims to	Case management (patient-	Lecture Discussio	Long
19	05	increase the knowledge and	centred care)	1 1190119910	answer
	1	\mathcal{E}			
	hours	understanding of case management in	*	n	and Short
	hours	understanding of case management in order to manage patient cases over the	Definition and philosophy of	n Demonstr	and Short answer
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in	Definition and philosophy of case management on an	n Demonstr ation	and Short answer questions
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings.	Definition and philosophy of case management on an individual level	n Demonstr ation Explain	and Short answer questions Objective
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings. Learning outcomes On completion of	Definition and philosophy of case management on an individual level • Specific needs of individuals	n Demonstr ation Explain using	and Short answer questions Objective Type and
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings. Learning outcomes On completion of the unit of study a student should be	Definition and philosophy of case management on an individual level • Specific needs of individuals with chronic wounds	n Demonstr ation Explain using models,	and Short answer questions Objective Type and Short
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings. Learning outcomes On completion of the unit of study a student should be able to:	Definition and philosophy of case management on an individual level • Specific needs of individuals with chronic wounds • Problems that may arise from	n Demonstr ation Explain using models, torso,	and Short answer questions Objective Type and
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings. Learning outcomes On completion of the unit of study a student should be able to: K: justify the need for case	Definition and philosophy of case management on an individual level • Specific needs of individuals with chronic wounds • Problems that may arise from breaks in the continuity of	n Demonstr ation Explain using models, torso, charts,	and Short answer questions Objective Type and Short
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings. Learning outcomes On completion of the unit of study a student should be able to: K: justify the need for case management regarding the current	Definition and philosophy of case management on an individual level • Specific needs of individuals with chronic wounds • Problems that may arise from breaks in the continuity of medical/nursing care on the part	n Demonstr ation Explain using models, torso, charts, slides and	and Short answer questions Objective Type and Short
	hours	understanding of case management in order to manage patient cases over the course of their therapy and care in different settings. Learning outcomes On completion of the unit of study a student should be able to: K: justify the need for case management regarding the current situation of the patients and	Definition and philosophy of case management on an individual level • Specific needs of individuals with chronic wounds • Problems that may arise from breaks in the continuity of medical/nursing care on the part of the patient, other private	n Demonstr ation Explain using models, torso, charts, slides and specimens	and Short answer questions Objective Type and Short
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		gaps/inequalities in care and promote			
		the process of evidence-based care and			
		interventions			
		K: recognise the importance of			
		discharge planning as part of the case			
		management of an individual with a			
		chronic wound			
		K: analyse the problems that may			
		occur due to inadequate management			
		of the patient P: manage the care			
		<u> </u>			
		process and the people involved in this			
		to prevent patient safety risks			
		P: involve different stakeholders,			
		including relatives/ carers, in the			
		support process and define their			
		specific tasks in the provision of care			
		A: be aware of the problems that arise			
		from inadequate case management			
		A: recognise his/her professional role			
		in case management of			
		individuals/patients with			
		chronic wounds			
		A: be aware of the complexity of the			
		patient's situation (medical status,			
		social status, network etc.) in the			
		context of case management.			
20	05	Aim This unit of study aims to	Health care delivery and	Lecture	Long
	hours	increase the ability to explore the	health economics	Discussio	answer
		legal, financial, and ethical issues		n	and Short
		related to providing a wound care	•Health economics, cost-	Demonstr	answer
		service, examine the principles of	· · · · · · · · · · · · · · · · · · ·	ation	questions
		evidence-based practice (EBP), and			Objective
		understand the organisational needs	of healthcare	using	Type and
		for treating individuals with wounds,	• Reimbursement and regulation	models,	Short
		including the fundamentals of cost-	of healthcare	torso,	notes
		effective care.	• The role of the wound care	charts,	notes
		Learning outcomes On completion of	industry	slides and	
		the module a student will be able to:	•Ethics	specimens	
		K: understand the resources required		Journal.	
		to deliver an effective wound care	• Wound management guidelines, standards, and	PPT	
		service V: recognise the importance of health	algorithms (local, national, and	Demonstr	
		K: recognise the importance of health	international)	ation of	
		economics and providing cost-	• Quality improvement	advance	
		effective care	strategies	treatment	
		K: identify current legislation	• Principles of research /	modalities	
		governing the provision of wound care	clinical trial management	•	
		K: discuss the importance of	Practical examples		
		reimbursement and its impact on the			
		1:4			
		quality of care K: understand and explain the role of			

		T		Г	
		nurses in clinical trials			
		K: explore the role of the wound care			
		industry and the potential for			
		collaboration between health care			
		providers and manufacturers			
		K: explore the ethical issues			
		surrounding the management of			
		individuals with wounds			
		K/P: identify legal requirements for			
		specific cases			
		A: appreciate the process of using			
		different types of dressing in an			
		appropriate way to save costs.			
21	03	Aim This unit of study aims to	Documentation	Lecture	Long
	hours	increase the ability to understand and		Discussio	answer
		meet the specific documentation	•The relevant minimum data set	n	and Short
		requirements related to nursing	(MDS)	Demonstr	answer
		processes in wound management.	• Parameters of written	ation	questions
		Learning outcomes On completion of	1	Explain	Objective
		the module a student will be able to:	and their use)	using	Type and
		K: explain the requirements for	Non-digital measurement of	models,	Short
		assessment and documentation related	the wound	torso,	notes
		to wound management according the	• Photography	charts,	
		latest literature K: evaluate critically	• Computer-assisted systems	slides and	
		different documentation systems	(electronic wound registries)	specimens	
		(paper and electronic) as well as	• Exchange of documentation	Journal.	
		different objective scales and tools for	• Legal issues of data protection	PPT	
		their usefulness and practicality in	• Practical examples.	Demonstr	
		different clinical settings K: advocate		ation of	
		the need for standardised and		advance	
		systematic wound-related information		treatment	
		in referral letters to other specialities		modalities	
		K/P: engage in wound related		•	
		communication with other institutions			
		with need for nursing documentation,			
		e.g. insurance companies and legal			
		courts (witness statements) P:			
		document the wound characteristics in			
		a particular case according to the			
		specifications A: accept and review			
		the documentation as an important			
		administrative task			
		A: recognise and understand			
		documentation such as significant			
		legislative protection tool.			
22	3	Aim This unit of study aims to	Relevant psychology	Lecture	Long
	Hour	increase the ability to understand and		Discussio	answer
	S	meet the specific need of psychology	•Various application of		and Short
		related to nursing processes in wound	psychology in nursing practice	Demonstr	answer
		management.	including importance in human	ation	questions

Learning outcomes On completion of the module a student will be able to:

A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness

K: perform a systematic evaluation the patient's ability to perform self-care on the basis of the goals defined in the patient education plan

A: be aware of the complexity of the patient's situation (medical status, social status, network etc.) in the context of case management.

K/A Understand the importance of psychology in personal and professional life.

K Understands the biology of human behaviour.

K Understands cognitive and affective processes of human mind.

K/A Develops an understanding of self and others.

K Understand the influence of personality of human behaviour.

and interpersonal behavioural Methods of Psychology

- •Dynamics of human behaviour
- Body mind relationshipmodulation process in health and illness
- Genetics and behaviour: Heredity and environment
- Brain and behaviour: Nervous System., Neurons and synapse,
- Association Cortex, Rt and Lt Hemispheres
- Psychology of Sensations Muscular and glandular controls of behaviour
- Nature of behaviour of an organism/Integrated responses
 Motivation and Emotional Processes:
 Motivation:
 Meaning, Concepts, Types, Theories,
 Motives and behaviour,
 Maslow's theory
- Formation of self concept,
- Conflicts and frustration, conflict resolution
- Emotions & stress

Emotion: Definition, components, Changes in emotions, theories, emotional adjustments, emotions in health and illness Stress: stressors, cycle, effect, adaptation & coping

- Attitude: Meaning, nature, development, factors affecting,
- Behaviour and attitudes Attitudinal change Will and character• Attitude and Nurse. Psychometric assessment of emotions and attitudes
- Alterations in emotions
- Applications Emotions
- Development of emotions
- Characteristic of emotions
- Handling emotions in self and others
- •Psychology of people at different ages from infancy to old age: In health and illness.

Explain
using
models,
torso,
charts,
slides and
specimens
Journal.
PPT
Demonstr
ation of
advance
treatment
modalities

Objective Type and Short notes

References and notes

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Total hours - 1554

Examination Scheme:

Theory Internal Assessment = 25 Marks

Practical Internal Assessment = 25 Marks

End semester University examination:

Question Paper Pattern:

Theory: 75 Marks

Answer all the questions.

- I. Multiple Choice Question (MCQ) = $15 \times 1 = 15$
- II. Short Answers (Answers 4 out of 6) = $4 \times 5 = 20$
- III. Essay question : $20 \times 1 = 20$
- IV. Long Answers(Answer 2 out of 3) = $2 \times 10 = 20$

Total = 75 Marks

Practical:

Oral Examination: 25 Marks Practical Examination 50 Marks

Total Marks: 75.

Total exam marks for end semester are 100 marks theory and 100 marks practical.

1. Promotion and award of grades

A student shall be declared PASS and eligible for getting he/she secures at least 50% marks in that particular course including internal assessment..

2. Carry forward of marks

In case a student fails to secure the minimum 50% in any Theory or Practical course as specified ,then he/she shall reappear for the end semester examination of that course. However his/her marks of the Internal Assessment shall be carried over and he/she shall be entitled for grade obtained by him/her on passing.

3. Improvement of internal assessment

A student shall have the opportunity to improve his/her performance only once in the Sessional exam component of the internal assessment. The re-conduct of the Sessional exam shall be completed before the commencement of next end semester theory examinations.

Grading of performances

Letter grades and grade points allocations:

Based on the performances, each student shall be awarded a final letter grade at the end of the semester for each course. The letter grades and their corresponding grade points are given in table I

Table -I Letter grades and grade points equivalent to Percentage of marks and performances

Percentage of Marks Obtained	Letter Grade	Grade Point	Performance
90.00 – 100	0	10	Outstanding
80.00 – 89.99	A	9	Excellent
70.00 – 79.99	В	8	Good
60.00 - 69.99	С	7	Fair
50.00 - 59.99	D	6	Average
Less than 50	F	0	Fail
Absent	AB	0	Fail

A learner who remains absent for any end semester examination shall be assigned a letter grade of AB and a corresponding grade point of zero. He/she should reappear for the said evaluation/examination in due course.

18. The Semester grade point average (SGPA)

The performance of a student in a semester is indicated by a number called 'Semester Grade Point Average' (SGPA). The SGPA is the weighted average of the grade points obtained in all the courses by the student during the semester. For example, if a student takes five courses(Theory/Practical) in a semester with credits C1, C2, C3, C4 and C5 and the student's grade points in these courses are G1,

G2, G3, G4 and G5, respectively, and then students' SGPA is equal to:

SGPA =
$$C_1G_1 + C_2G_2 + C_3G_3 + C_4G_4 + C_5G_5$$

 $C_1 + C_2 + C_3 + C_4 + C_5$

The SGPA is calculated to two decimal points. It should be noted that, the SGPA for any semester shall take into consideration the F and ABS grade awarded in that semester. For example if a learner has a F or ABS grade in course 4, the SGPA shall then be computed as:

SGPA =
$$C_1G_1 + C_2G_2 + C_3G_3 + C_4* ZERO + C_5G_5$$

 $C_1 + C_2 + C_3 + C_4 + C_5$

Cumulative Grade Point Average (CGPA)

The CGPA is calculated with the SGPA of II semesters to two decimal points and is indicated in final grade report card/final transcript showing the grades of II semesters and their courses. The CGPA shall reflect the failed status in case of F grade(s),till the course(s) is/are passed. When the course(s)is/are passed by obtaining a pass grade on subsequent examination(s) the CGPA shall only reflect the new grade and not the fail grades earned earlier. The CGPA is calculated as:

$$CGPA = C_1S_1 + C_2S_2 + C_3S_3 + C_4S_4 + C_5S_5 + C_6S_6 + C_7S_7 + C_8S_8$$

$$C_1 + C_2 + C_3 + C_4 + C_5 + C_6 + C_7 + C_8$$

where C_1 , C_2 , is the total number of credits for semester I,II,III,.... and S_1 , S_2 ,is the SGPA of semester I,II,III,......

19. Declaration of class

The class shall be awarded on the basis of CGPA as follows:

First Class with Distinction= CGPA of. 7.50 and above

First Class= CGPA of 6.00 to 7.49

Second Class= CGPA of 5.00 to 5.99

20. Award of Ranks

Ranks and Medals shall be awarded on the basis of final CGPA.

21. Award of degree

Candidates who fulfill the requirements mentioned above shall be eligible for award of degree during the ensuing convocation.

Final Mark list of University Examination

Sr.	Semester	Internal Assessment		End Semester		Total	
No.		!		Examination			
		Theory 20 marks	Practical 20 marks	Theory 80 marks	Practical 80 marks	Theory 100 marks	Practical 100 marks
1	Semester I						

_	~			
')	Samactar II			
_	Schiester 11			