

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 activities	Assessment method
1	14 Hours 3 practic al 120 clinica l	<p>Aim- This unit of study aims to increase the understanding of the assessment and management of acute wounds (including surgical and traumatic wounds as well as burn injuries).</p> <p>Learning outcomes- On completion of the unit of study a student will be able to:</p> <p>K: define an acute wound K: characterise wounds healing by primary and secondary intention K: identify when delayed primary closure may be appropriate to use K: explain the characteristics of a surgical wound K: discuss the principles of surgical incisions and wound repair K: understand the principles of the reconstructive ladder and surgical reconstruction K: describe the features of a traumatic wound K: discuss the principles of traumatic wound management including first aid measures according to the classification of injury i.e. abrasions, lacerations, crush wounds, penetration and puncture wounds K: identify the different causes of burn injury i.e. fire/flame, scalding thermal and chemical K: summarise the first aid measures for each type of burn injury</p>	<p>Acute wounds</p> <ul style="list-style-type: none"> • Epidemiology of acute wounds • Definitions • Classification of acute wounds i.e surgical, trauma and burn injuries including aetiology and symptomatology • Classification of burns by depth and severity (including chemical and electrical burns) • Wounds related to burns—donor site wounds and grafted wounds • Paediatric burns and wounds seen in burns intensive care • Management of burns and scarring and wounds related to burns • Psychosocial issues related to burns • Prevention of burns • Wound healing by primary and secondary intention • Delayed primary closure/tertiary intention • Factors affecting wound healing (in relation to acute wounds) • Principles of asepsis and antisepsis and hygiene in relation to acute wounds (including isolation nursing/barrier system of care) • Surgical incisions and principles of wound closure 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

	<p>K: identify the key principles of wound management according to the type and aetiology of an acute wound</p> <p>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</p> <p>K/P: examine intrinsic and extrinsic factors which may impact on acute wound healing</p> <p>K/P: define and identify surgical site infection (SSI) and use appropriate classification systems to determine the severity</p> <p>K/P: describe risk factors for SSI and apply appropriate preventive measures</p> <p>K/P: explain the principles of preoperative, intraoperative and postoperative care</p> <p>P: select the most appropriate method of wound cleansing/irrigation in relation to the type and aetiology and symptomatology of an acute wound</p> <p>P: apply the principles of wound assessment taking into account the classification of wound i.e. surgical, trauma or burn injuries</p> <p>P: educate patients and their relatives/carers in the principles of management of surgical/trauma wounds and burn injuries</p> <p>P: discriminate between the most appropriate methods of debridement in relation to the type of acute wound</p> <p>A: recognise the importance of the principles of asepsis and hygiene in the management of patients with</p>	<ul style="list-style-type: none"> • 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. 		
--	--	---	--	--

		<p>acute wounds (including isolation nursing/ barrier system of care)</p> <p>A: appreciate the patient's concerns and presence of pain</p> <p>A: be aware of the need for appropriate surveillance and preventative measures.</p>			
2	09 Hours 3 practical 120 clinical	<p>Aim This unit of study aims to increase the knowledge and understanding of physiological and pathological wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: differentiate between the phases of wound healing</p> <p>K: define different types of healing</p> <p>K: explain the connection between wound healing and systemic (intrinsic), extrinsic or local factors</p> <p>K: define chronic wounds based on their characteristics and causes</p> <p>K: outline disorders of wound healing and their consequences</p> <p>K: analyse factors that promote and delay wound healing in relation to patient cases</p> <p>P: relate the stages of normal healing to the clinical presentation of a wound</p> <p>P: recognise the characteristics of different wounds in relation to different chronic diseases; such as diabetes (diabetic foot ulcers, DFU) and vascular diseases (leg ulcers, LU)</p> <p>P: categorise the wound based on standardised criteria</p> <p>A: value the wound healing pathophysiology as a starting point for treatment,</p>	<p>Wounds And Wound Healing</p> <ul style="list-style-type: none"> • 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 • Secondary 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 diagnosis • Wound Culture & • Practical Wound culture demo 5hrs • Practical examples. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		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 Hours 2 practical 120 clinical	<p>Aim This unit of study aims to increase the understanding of the appropriate use of different wound dressings in relation to the phase of wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: understand the principles of phase-appropriate wound treatment with respect to local therapy</p> <p>K: differentiate between types of dressings and outline the indications/contraindications for use</p> <p>K: explain the criteria for the ideal use of wound care products and categorise these into different groups of products (dressings, solutions etc.)</p> <p>K: define the product characteristics and indications for wound therapy</p> <p>P: apply the products correctly in an appropriate situation</p> <p>P: evaluate and select products taking into account the patient's QoL</p> <p>P: select the appropriate dressing from the available therapeutic products in practice, based on indications/contraindications, health economic aspects, and the preferences of the individual patient</p> <p>P: involve the patient (and/or carer/relative in their wound care depending on his/her abilities and wishes</p> <p>P: evaluate local wound therapy with the patient</p>	<p>Moist wound healing</p> <ul style="list-style-type: none"> • Principles of moist wound therapy in relation to the phase of wound healing • 'Ideal' wound dressings (requirements for appropriate therapeutic materials) • Review the role of gauze in wound management • Water and wound cleansing solutions, e.g. wound irrigation solutions and antiseptics • Dressing categories with different material properties: indications, contraindications and application • Contact layer/wound gauze • Transparent polyurethane • Alginates • Foams (fine-pored polyurethane foam dressings) • Hydrogels (see debridement) • Hydroactive dressings • Hydrofibers • Hydrocolloids • Hydropolymers • Superabsorbent dressing • Active dressings containing (see examples below) • Glycosaminoglycans • Hyaluronic acid • Collagen • Specialised active agents • Topical antiseptics (antiphlogistics) • Topical antibiotics • Agents supporting 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>depending on the treatment goals</p> <p>A: accept and value responsibility concerning economic aspects of wound healing (cost effectiveness measures)</p> <p>A: be aware of the coherence between local wound therapy and general treatment of overall condition and patient's QoL.</p>	<p>initiation of granulation tissue</p> <ul style="list-style-type: none"> • 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	07hours	<p>Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of nutrition on wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the importance of adequate nutrition for a patient with a wound</p> <p>K: discuss the function of nutrients in the normal wound healing process</p> <p>K: outline common conditions that affect an individual's nutritional requirements</p> <p>K: outline the use of nutritional screening tools in the assessment</p> <p>K: explain the influence of malnutrition on wound healing</p> <p>K: discuss the role of the dietician in the management of patients with wounds</p> <p>K: explain the hospital-related factors which cause an altered food intake</p> <p>K: discuss risk of malnutrition in an inpatient and outpatient</p>	<p>Nutrition and wound healing</p> <ul style="list-style-type: none"> • Calorific or other nutritional needs of patients with an acute or chronic wound • Specific requirements of individuals with special chronic diseases (i.e. diabetes) • Optimal nutritional composition to promote wound healing • Function of nutrients, including vitamins, proteins, and minerals • Nutritional assessment and nutritional screening tools • Effects of malnutrition on wound healing • Assessment of nutritional status including signs and symptoms of dehydration and anthropometric measurements, also biochemical data and interpreting laboratory values 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

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

		<p>study a student will be able to:</p> <p>K: discuss the anatomy physiology related to wound</p> <p>K: discuss the physiology in the normal wound healing process</p> <p>p- identify risk factors related to physiology in the normal wound healing process in various disease condition</p>	<ul style="list-style-type: none"> • Immunology • cardiovascular system • physiology of Blood ,coagulation • Respiratory system Physiology of respiration ,oxygenation 	<p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	
7	09 hours	<p>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.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: explain the nature of infections in wounds</p> <p>K: recognise and define the severity of the wound infection</p> <p>K: identify the requirements for different treatment depending on the severity of wound infection</p> <p>K: analyse the case-related risks of wound infection</p> <p>K: discuss the potential consequences of wound infection for the patient</p> <p>K: explain the risks associated with spreading infection and a possible sepsis</p> <p>P: identify wounds with high risk of infection and typical causes of infection</p> <p>P: initiate hygienic and therapeutic measures for multidrug-resistant germs including patient and family education</p> <p>P: undertake/carry out the correct procedure to take a wound swab</p> <p>P: educate the patients and their relatives/carers to</p>	<p>Microbiology and wounds</p> <ul style="list-style-type: none"> • 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 multidrug-resistant bacteria • Procedures for meticillin-resistant <i>Staphylococcus aureus</i> (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 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>recognise warning symptoms of infection and appropriate measures to take</p> <p>A: appreciate the significance of resistant germs in wound healing</p> <p>A: develop a responsible attitude towards risk identification and early detection of healthcare associated infections</p> <p>A: be aware of the need for support in case of multi resistant pathogen infections—need for special regimen, lifestyle changes etc.</p>			
8	08 hours	<p>Aim This unit of study aims to increase the nursing understanding of the nature of antimicrobial therapy and prophylaxis with special focus on safety guidelines.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the nature of antimicrobial therapy and prophylaxis</p> <p>K: explain the different indications for use of local antiseptics as well as when systemic antibiotic therapy is indicated</p> <p>P: Use local, national or international evidence-based guidelines for the use of antimicrobial wound therapeutics in clinical practice appropriately</p> <p>P: perform all hygienic measures related to wound care</p> <p>P: follow the hygiene guidelines with regards to dressing changes and hand hygiene</p> <p>A: Appreciate the responsibilities for different aspects of hygiene.</p>	<p>Antimicrobial agents, hygiene and wounds</p> <ul style="list-style-type: none"> • Disinfection and sterilisation • Antiseptics • Antimicrobial wound dressings • Hygiene and dressing changes • Antimicrobial stewardship • Systemic antibiotic • Practical examples. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>
Subject Specific					

	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

				PPT Demonstration of advance treatment modalities.	
<p style="text-align: center;">SEMESTER II</p> <p style="text-align: center;">SYLLABUS</p> <p>Theory hours - 75 Practical hours - 10 Clinical hours -365</p>					
9	06 hours	<p>Aim This unit of study aims to increase the understanding of the diagnosis, prevention and treatment of pressure ulcers (also called pressure injuries or decubitus ulcers).</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: understand the pathophysiological mechanisms of pressure ulcer development</p> <p>K: identify the level of risk of patient in pressure ulcers development (ability to use appropriate tools and scales)</p> <p>K: select the appropriate preventive strategies for pressure ulcer depending on the patient situation</p> <p>K/P: categorise pressure ulcers according to the levels defined by the European Pressure Ulcer Advisory Panel (EPUAP/NPUAP/PPIA) in theory and clinical practice</p> <p>K: select the available therapeutic options for pressure ulcer treatment, depending on the patient situation</p> <p>K/P: examine factors that predispose an individual to pressure damage</p> <p>K: define risk factors related to specific types of patients</p>	<p>Pressure ulcers</p> <ul style="list-style-type: none"> •Epidemiology of pressure ulcers • Pathophysiology of pressure ulcers Risk factors • Prevention strategies for pressure ulcers • Classification of pressure damage (NANDA/EPUAP/NPUAP/PPIAP) • Differential diagnoses (incontinence associated dermatitis (IAD) resp. moisture associated dermatitis (MAD), mycosis, burn) and its monitoring in collaboration with MDT members • Repositioning strategies • The role of positioning and pressure redistributing equipment (e.g. pressure relief mattress) • The adequate supportive (preventive or treatment) position • Education and movement motivation (keep moving strategy) • Therapeutic principles (see examples below) • Conservative therapy • Pressure relieving therapy • Surgery and necrectomy (e.g. debridement) aftercare 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

		<p>K: analyse the possible case-related causes of a pressure ulcer (decubitus)</p> <p>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> <p>P: use appropriate pressure redistributing equipment and evaluate their effectiveness</p> <p>P/A: assess the needs of patients with respect to pressure relief and pressure redistribution and movement</p> <p>P: educate the patients and their relatives in the principles of pressure ulcer prevention and management</p> <p>A: appreciate the risks of the development of a pressure ulcer to an individual, especially those of a high category</p> <p>A: appreciate the effects of a pressure ulcer on the individual's psychosocial/behavioural situation</p> <p>A: recognise the importance of nursing intervention and interactions on pressure prevention and appreciate multi disciplinarity in preventive measures.</p>	<ul style="list-style-type: none"> • Practical examples. 		
10	8 hours	<p>Aim This unit of study aims to increase the understanding of the diagnosis, therapy, and prevention of diabetic foot syndrome/disease (DFS).</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: understand the relationship between pathophysiological processes and changes in the</p>	<p>Diabetic foot syndrome</p> <ul style="list-style-type: none"> • Epidemiology of DFS • Risk factors for ulceration or amputation • Prevention of complication • Pathways to ulceration • Pathways to amputation • Costs of DFS and amputation treatment 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

	<p>foot</p> <p>K/P: identify the differences between vascular and neurological manifestations</p> <p>K/P: recognise the influence of pressure on the development of malumperforins/neurotrophic ulcers</p> <p>K/P: categoryise changes in the foot using suitable assessment instruments, tools and/or scales</p> <p>K: differentiate between various types of wounds related to DFS</p> <p>P: apply investigative and assessment methods and diagnostic measures and analyse the results of the investigation</p> <p>P: select/evaluate appropriate tools for reducing pressure on the foot and apply them professionally in collaboration with physiotherapist/podiatrist</p> <p>P: apply the principles of MDT management that takes into account the multifactorial nature of the treatment depending on type, site, cause of ulcer and comorbidities</p> <p>P: perform gait analyses and evaluate those with the patient in relation to local competencies and policy (law)</p> <p>P: design individualised educational programmes for patients (and their family/carers) to include foot self-care to prevent ulceration and wearing appropriate footwear to offload pressure</p> <p>P: educate and train the patients to use a pressure minimising gait</p> <p>A: recognise prevention of amputations as an important goal for treatment</p> <p>A: be aware of the</p>	<p>including follow-up costs</p> <ul style="list-style-type: none"> • 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 of 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 amputation • Prevention and podiatric care • Identification and education of high-risk patients • Podology and podiatric management • Supportive care and medical devices <p>Amputee stump Dressing & stump Bandaging 5hrs</p> <ul style="list-style-type: none"> • Practical examples. 	<p>treatment modalities.</p>	
--	---	--	------------------------------	--

		<p>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)</p> <p>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.</p> <p>A: be aware of the risks of sepsis and gangrene.</p>			
11	08 hours	<p>Aim This unit of study aims to increase the understanding of the common causes of leg ulceration including; diabetic, venous, and arterial (angiology) factors influencing the diagnosis and treatment of lower leg ulcers.</p> <p>Learning outcomes</p> <p>On completion of the module a student will be able to:</p> <p>K: understand the most important aetiological causes for diagnosis and treatment of lower leg ulcers</p> <p>K: differentiate between the signs and symptoms related to different clinical presentations of ulcers on the lower leg</p> <p>K: understand and explain indications for use and range of available options for compression therapy</p> <p>K: appraise the regulations concerning use of compression systems, including supplementary materials</p> <p>K: explain when to refer</p>	<p>Lower leg ulcers</p> <p>Classification of types of leg ulcers</p> <ul style="list-style-type: none"> • Varicose veins and varicosities • Peripheral arterial occlusive disease • Chronic venous insufficiency • Mixed pathology • Venous oedema • Lymphatic oedema • Pyoderma gangrenosum • Rare causes of lower leg ulcers • Prophylaxis/prevention • The fundamentals of compression therapy (hosiery and bandages) <p>Different techniques of compression therapy and practical learning</p> <ul style="list-style-type: none"> • Local therapeutic options • Role of drugs/medication in treatment • Surgery • Practical examples. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>patients to specialist consultation/diagnosis</p> <p>P/K: recognise different manifestations of venous ulcers and differentiate between their aetiologies</p> <p>P: use appropriate classification systems to describe a wound/disease</p> <p>P: apply different types of compression systems based on the specific patient situation and be aware of the potential complications</p> <p>P: interpret the result of an ankle brachial pressure index (ABPI) assessment taking into account the patient's clinical signs and symptoms</p> <p>A: appreciate the specific therapy of the underlying disease as a basic part of the treatment</p> <p>A: be aware of the need for different actions/interventions depending on the aetiology of a leg ulcer.</p>			
12	07 Hours	<p>Aim This unit of study aims to increase the knowledge and understanding of the prevention and management of skin tears. The unit will also examine risk factors for skin tears to enable the participants to identify and categorise/type skin tears to aid in consistent documentation.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: define a skin tear</p> <p>K: outline the epidemiology of skin tears and its impact on health service provision</p> <p>K: relate the anatomy and function of the skin to how skin tears occur</p> <p>K: discuss the relevant risk factors that predispose an</p>	<p>Skin tears</p> <ul style="list-style-type: none"> • Pathophysiology of skin tears development (related to comorbidity, age of patients) • Prevalence and incidence of skin tears across different health-care setting • National/international evidence-based practice/clinical guideline • The structure and function of the skin, including changes to the skin during the aging process, and differences between newborn, elderly, acutely ill and healthy skin in relation to the skin tears • Identification of risk factors for skin tears • Assessment: physical, 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>individual to the development of skin tears</p> <p>P: identify strategies to reduce the risk of skin tears (including role of patients, healthcare provider and setting)</p> <p>P: develop and evaluate a skin tear prevention plan for an individual at risk of a skin tear</p> <p>P: perform an assessment of an individual with a skin tear</p> <p>P: document the assessment using a recognised skin tear classification system</p> <p>P: select the appropriate topical treatments(including appropriate product selection) for an individual with a skin tear</p> <p>A: develop a responsible attitude towards questioning existing practices that may increase the risk of skin tears occurring</p> <p>A: recognise the value of monitoring and evaluating treatment outcomes for individuals with a skin tear</p> <p>A: accept the importance of skin tears as a risk factor for infection development</p> <p>A: appreciate the psychosocial impact of skin tears on an individual and its impact on QoL.</p>	<p>psychological, social (including pain, wound and nutritional assessment)</p> <ul style="list-style-type: none"> • Preventive measures, including skin tear reduction protocols and programs • Importance of nutrition and hydration by consultation of dietician in relation to the skin tear management • Patient moving handling techniques and equipment in patients with higher risk of skin tears • Patient environment and fall precaution programmes to reduce risk of falls • 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. 		
13	08 hours	<p>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.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: explain the reasons for use of debridement, and risk factors in practice</p> <p>K: compare the various types</p>	<p>Debridement and wounds</p> <ul style="list-style-type: none"> • 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 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>of debridement techniques and give examples of when these can be used</p> <p>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> <p>P: demonstrate ability to undertake debridement in a painless manner, if necessary by administering analgesia or local anaesthetics</p> <p>P: perform appropriate aftercare following an debridement procedure</p> <p>A: appreciate the importance of professional accountability and limitations of clinical practice A: recognise the patient's concerns during the debridement process</p> <p>A: recognise a patient's non-verbal signs of pain.</p>	<p>(local/systemic analgesia) as part of the debridement procedure</p> <ul style="list-style-type: none"> • Practical examples. 		
14	07 hours	<p>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.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the potential and limitations of new alternative treatments for wound management K: evaluate</p>	<p>Alternative or unconventional treatment options for wounds</p> <ul style="list-style-type: none"> • 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 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		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 hours	<p>Aim This unit of study aims to increase the knowledge and understanding of a holistic approach of the management of palliative wounds.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: define palliative wound care</p> <p>K: define the difference between palliative wound care and chronic wound care</p> <p>K: relate the pathophysiology of palliative wounds to the proposed management of the patient</p> <p>K: relate the communication to the difficult situations</p> <p>K: discuss the importance of the psychosocial aspects of living with a palliative wound</p> <p>P: identify strategies to reduce the burden of symptoms relating to palliative wounds</p> <p>P: develop an individualised</p>	<p>Palliative wound care</p> <ul style="list-style-type: none"> • 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, psychological, social and spiritual (including exudate, pain, odour, pruritus, bleeding, psychosocial impact) • Products appropriate for the management of palliative wounds and its selection (benefits and 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>management plan within an MDT</p> <p>P: perform a holistic assessment of a patient with a palliative wound</p> <p>P: perform a holistic assessment of the overall patient situation (informal carers, socioeconomical status etc.)</p> <p>P: apply adapted communication skills P: support patients and relatives in finding and effectively using coping strategies</p> <p>P: select the appropriate topical treatments (including appropriate product selection) for a patient with a palliative wound</p> <p>A: accept the need for appropriate communication skills o transmit messages in difficult situations</p> <p>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.</p>	<p>risks)</p> <ul style="list-style-type: none"> • Communication with individuals and informal carers • Identification of patient-centred management objectives, care planning and evaluation of outcomes • Working as a team in difficult situations. 		
16	05 hours	<p>Aim This unit of study aims to increase the knowledge and understanding of the importance of prevention in relation to the risk factors for developing a chronic wound, including the different levels of prevention, in particular the risks of spreading infection.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: define the different definitions of primary, secondary and tertiary prevention K: describe the goals of the prevention of wounds in the chronic disease (diabetes, vascular diseases,</p>	<p>Role of prevention in wound care</p> <ul style="list-style-type: none"> • Stages of prevention and its measures (primary, secondary and tertiary prevention) • Role of the nurse in the prevention of chronic wounds • Requirements of prophylaxis in preventing the recurrence of secondary complications (prevention and prophylaxis are also dealt with other units) • Skin care • Pressure redistribution • Compression therapy. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>and others with higher risk of wound formation)</p> <p>P: initiate preventive measures according to the type of chronic disease and the individual patient's situation</p> <p>P: implement preventive strategies (e.g. basic hand hygiene and pressure relief)</p> <p>P: prepare an individualised care plan for specific patients</p> <p>A: be aware of the importance of prevention A: appreciate the significance of the nurse's role in wound prevention.</p>			
17	05 hours	<p>Aim This unit of study aims to deepen the knowledge of evidence-based nursing (EBN) and implement the findings into practical cases.</p> <p>Learning outcomes On completion of the unit of study a student should be able to:</p> <p>K: define the key points of and goal setting in EBN</p> <p>K: examine the range of evidence currently available that describes wound management interventions and evaluate the strength of these as sources of information K/P: examine scientific literature about wound care according to its date of publication, relevance and evidence levels K/P: differentiate between the available assessment instruments, tools and/or scales and their potential use and areas of application</p> <p>K: discuss the theoretical grounds that apply to wound prevention</p> <p>K: debate the current status of and defined challenges related to evidence-based nursing in wound management</p>	<p>Evidence-based nursing/evidence-based practice</p> <ul style="list-style-type: none"> • The principles of EBN • Steps required to practice EBN • The influence of EBN on the care of individuals with chronic wounds • Classification of evidence according to a recognised hierarchy of evidence • Critical analysis of research studies • Clinical trials in wound care • Reviewing published literature • National and international institutions relating to EBN and chronic wounds (i.e. guidelines, recommendations) for example NPUAP/EPUAP, EWMA position documents • Introduction to the different types of assessment instruments, tools and/or scales as well as the recommended use and limitations of these instruments. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>K: discuss and apply evidence-based wound prevention strategies and measures K: discuss the different study designs K: define a clinically relevant research question</p> <p>K/P: apply a corresponding study design to a clinically relevant research question P: critique a range of existing wound care literature</p> <p>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> <p>P: perform tasks in wound care based on an analysis of the situation related to specific patient cases using evidence based solutions</p> <p>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> <p>P: select and use wound care-related instrumentsfor different patient groups, compare different values and</p>		
--	--	--	--	--

		<p>resolve conflicts with EBN findings and practical daily routine in nursing care—be able to ask questions and use critical thinking</p> <p>A: recognise the need to keep up to date with new scientific knowledge and question existing knowledge</p> <p>A: be aware of the advantages and disadvantages of assessment instruments in EBN.</p>			
18	05 Hours	<p>Aim This unit aims to create an understanding of the importance of education in managing individuals with acute and chronic wounds. It also aims to improve the participant's ability to provide the patient and his/her relatives with information about their specific health status and self-care needs/opportunities based on the principles of patient-centred care.</p> <p>Learning outcomes On completion of the unit of study a student should be able to:</p> <p>K: discuss the principles of self-care management in relation to individuals with chronic wounds/disease</p> <p>K: appraise the procedures for educating individuals with acute and chronic wounds based on an evaluation of different educational concepts</p> <p>K: define the requirements for developing an individualised education plan that is appropriate for a specific patient, taking the patient's disease and situation into consideration</p> <p>K: recommend the use of different assessment tools in order to obtain information</p>	<p>Patient education and promoting self-care</p> <ul style="list-style-type: none"> • Role of the nurse in the patient education process in relation to individuals with wounds • Educational needs of individuals with acute and chronic wounds • Goals of education in wound care and the elements of the educational process • Recognising an individual's (and/or their relatives/ carers) ability to receive education • Different elements of education and their differences concerning goals and application: information, training, instruction <p>Educational tools (selection and use of brochures and various types of media)</p> <ul style="list-style-type: none"> • 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 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

	<p>about the patient's knowledge of their condition and identify the patient's learning style</p> <p>K/P: formulate relevant clinical questions based on an evaluation of the available research and the sources of research</p> <p>K: define nursing diagnosis (e.g. with reference to diagnosis procedures recommended by NANDA 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 in Central Europe, while other countries use alternatives systems. The terminology should be adapted to the diagnostic terminology applied within a specific country.</p> <p>A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness</p> <p>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> <p>P: apply the standardised terminology (e.g. NANDA)¹ in relation to specific nursing diagnostics, relevant for patients with wounds</p> <p>P: create a patient-centred education plan based on an assessment of the patient's educational ability</p> <p>P: comprehend the patient's understanding of his/her</p>	<ul style="list-style-type: none"> • 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 	
--	--	--	--

	<p>illness via an empathic and professional conversation</p> <p>K: discuss the appropriateness and use of self-care for individuals with a wound</p> <p>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</p> <p>A: appreciate the influence of a patient's fears and misconceptions of their body on their behaviour</p> <p>A: recognise the promotion of patient selfmanagement as an integrated part of patient education</p> <p>A: accept the need to include patients and their relatives/carers in the decision-making process.</p>	<ul style="list-style-type: none"> • Key terms • Groups/kinds of standardised nursing taxonomy^{1,6,7} 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. NANDA^{1,6} 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 	
--	--	---	--

			<ul style="list-style-type: none"> • 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). 		
19	05 hours	<p>Aim This unit of study aims to increase the knowledge and understanding of case management in order to manage patient cases over the course of their therapy and care in different settings.</p> <p>Learning outcomes On completion of the unit of study a student should be able to:</p> <p>K: justify the need for case management regarding the current situation of the patients and other stakeholders</p> <p>K: explain the options for case management taking into account the relevant legal basis of the particular health-care system</p> <p>K: recognise the relevance of case management in relation to the holistic nursing process</p> <p>K: identify potential patient safety risks in the care of patients with chronic wounds as well as strategies for</p>	<p>Case management (patient-centred care)</p> <p>Definition and philosophy of case management on an individual level</p> <ul style="list-style-type: none"> • 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 caregivers and the healthcare system • Role of private caregivers in the case management of patients with chronic wounds • Relatives and their role in support of the patient • The role of individual professions in the multidisciplinary team (MDT). 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>overcoming these risks</p> <p>K/P: identify and provide/deduce appropriate strategies to prevent gaps/inequalities in care and promote the process of evidence-based care and interventions</p> <p>K: recognise the importance of discharge planning as part of the case management of an individual with a chronic wound</p> <p>K: analyse the problems that may occur due to inadequate management of the patient</p> <p>P: manage the care process and the people involved in this to prevent patient safety risks</p> <p>P: involve different stakeholders, including relatives/ carers, in the support process and define their specific tasks in the provision of care</p> <p>A: be aware of the problems that arise from inadequate case management</p> <p>A: recognise his/her professional role in case management of individuals/patients with chronic wounds</p> <p>A: be aware of the complexity of the patient's situation (medical status, social status, network etc.) in the context of case management.</p>			
20	05 hours	<p>Aim This unit of study aims to increase the ability to explore the legal, financial, and ethical issues related to providing a wound care service, examine the principles of evidence-based practice (EBP), and understand the organisational needs for treating individuals with wounds, including the fundamentals of cost-effective</p>	<p>Health care delivery and health economics</p> <ul style="list-style-type: none"> • Health economics, cost-effectiveness and budgeting • Laws governing the provision of healthcare • Reimbursement and regulation of healthcare • The role of the wound care industry 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

		<p>care.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: understand the resources required to deliver an effective wound care service</p> <p>K: recognise the importance of health economics and providing cost-effective care</p> <p>K: identify current legislation governing the provision of wound care</p> <p>K: discuss the importance of reimbursement and its impact on the quality of care</p> <p>K: understand and explain the role of nurses in clinical trials</p> <p>K: explore the role of the wound care industry and the potential for collaboration between health care providers and manufacturers</p> <p>K: explore the ethical issues surrounding the management of individuals with wounds</p> <p>K/P: identify legal requirements for specific cases</p> <p>A: appreciate the process of using different types of dressing in an appropriate way to save costs.</p>	<p>•Ethics</p> <ul style="list-style-type: none"> • Wound management guidelines, standards, and algorithms (local, national, and international) • Quality improvement strategies • Principles of research / clinical trial management • Practical examples 	modalities.	
21	03 hours	<p>Aim This unit of study aims to increase the ability to understand and meet the specific documentation requirements related to nursing processes in wound management.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: explain the requirements for assessment and documentation related to wound management according the latest literature</p> <p>K: evaluate critically different documentation systems (paper</p>	<p>Documentation</p> <ul style="list-style-type: none"> •The relevant minimum data set (MDS) • Parameters of written documentation (objective scales and their use) • Non-digital measurement of the wound • Photography • Computer-assisted systems (electronic wound registries) • Exchange of documentation • Legal issues of data protection 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>and electronic) as well as 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</p> <p>A: recognise and understand documentation such as significant legislative protection tool.</p>	<ul style="list-style-type: none"> • Practical examples. 		
22	3 Hours	<p>Aim This unit of study aims to increase the ability to understand and meet the specific need of psychology related to nursing processes in wound management.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness</p> <p>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> <p>A: be aware of the complexity of the patient's situation (medical status, social status, network etc.) in the context of case management.</p>	<p>Relevant psychology</p> <ul style="list-style-type: none"> • Various application of psychology in nursing practice including importance in human and interpersonal behavioural Methods of Psychology • Dynamics of human behaviour <ul style="list-style-type: none"> • Body mind relationship-modulation 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 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities.</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

		<p>K/A Understand the importance of psychology in personal and professional life.</p> <p>K Understands the biology of human behaviour.</p> <p>K Understands cognitive and affective processes of human mind.</p> <p>K/A Develops an understanding of self and others.</p> <p>K Understand the influence of personality of human behaviour.</p>	<p>an organism/Integrated responses</p> <p>Motivation and Emotional Processes:</p> <ul style="list-style-type: none"> • Motivation: Meaning, Concepts, Types, Theories, • Motives and behaviour, • Maslow's theory • Formation of self concept, • Conflicts and frustration, conflict resolution • Emotions & stress <p>Emotion: Definition, components, Changes in emotions, theories, emotional adjustments, emotions in health and illness</p> <p>Stress: stressors, cycle, effect, adaptation & coping</p> <ul style="list-style-type: none"> • 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/> (accessesed 28 January 2019)

5 Martin KS. The Omaha System: A Key to Practice, Documentation, and Information Management. Health Connections Press, 2005

6 The Office of the National Coordinator for Health Information Technology. Standard nursing terminologies: a landscape analysis. 2017. <https://tinyurl.com/y7zlywrlf> (accessed 28 January 2019)

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

8 EWMA. Antimicrobial Stewardship project: <https://tinyurl.com/yb6s2rf8>. (accessed 28 January 2019)

Textbooks

1. Ayello EA, Baranoski S. Wound care essentials: practice principles. (4th edn)
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
4. Percival S, Cutting K. Microbiology of wounds. CRC Press, Taylor Francis Group, 2011 Nanda International. Nursing Diagnoses. Definitions and Classification, 2018-2020. Thime, 2017
5. Flanagan M. Wound healing and skin integrity: principles and practice.
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 Name	Title of the topic	Page No
	PG Diploma in Wound Care		
1	Unit II. Wounds and Wound Healing	<ul style="list-style-type: none"> • Wound Culture & • Practical Wound culture demo 5hrs 	6
2	Unit-IV Nutrition and wound healing	Body building high veg and none veg protein diet 5hrs	8
3	Unit X Diabetic foot 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 weeks)/semester	Credit points
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 weeks)/semester	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 STER	Type	Unit	COURSES/ SUBJECTS	Theory (hrs.)	Lab (hrs.)	Clinical (hrs.)	Total (hrs.)
SEMESTER I	Core	I	Acute wounds	14	3	120	137
		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
	Elective Subject Specific	I	Dressing theory	15			
			Posting dressing room	60		2 weeks	
		II	Diabetic Dressing(Major/Minor)Theory	15			
			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	
	Elective Gener	I	Stress Management	15			
		II	Human Values	15			

	ic	III	Personality Development	15			
SEMESTER II	Core	IX	Pressure ulcers	6		120	
		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			
	Elective		Theory	15			
			Male Surgical ward			2 week	
			Female Surgical ward	-		2 week	
			Male Orthopaedic ward	-		2 week	
			Female Orthopaedic ward	-		2 week	
	Generic		Soft Skills	15			
			Professionalism	15			

			Professional Values & Ethics including Bioethics.	15			
--	--	--	--	----	--	--	--

**SYLLABUS
WOUND MANAGEMENT
SEMESTER I**

Theory hours - 75

Practical hours - 10

Clinical hours -365

Unit	Hours	Learning objectives	Content	Teaching Learning activities	Assessment method
1	14 Hours 3 practical 120 clinical	<p>Aim- This unit of study aims to increase the understanding of the assessment and management of acute wounds (including surgical and traumatic wounds as well as burn injuries).</p> <p>Learning outcomes- On completion of the unit of study a student will be able to:</p> <p>K: define an acute wound</p> <p>K: characterise wounds healing by primary and secondary intention</p> <p>K: identify when delayed primary closure may be appropriate to use</p> <p>K: explain the characteristics of a surgical wound</p> <p>K: discuss the principles of surgical incisions and wound repair</p> <p>K: understand the principles of the reconstructive ladder and surgical reconstruction</p> <p>K: describe the features of a traumatic wound</p> <p>K: discuss the principles of traumatic wound management including first aid measures according to the classification of injury i.e. abrasions, lacerations, crush wounds, penetration and puncture wounds</p> <p>K: identify the different causes of burn injury i.e. fire/flame, scalding thermal and chemical</p> <p>K: summarise the first aid measures for each type of burn injury</p> <p>K: identify the key principles of wound management according to the type and aetiology of an acute wound</p>	<p>Acute wounds</p> <ul style="list-style-type: none"> • Epidemiology of acute wounds • Definitions • Classification of acute wounds i.e surgical, trauma and burn injuries including aetiology and symptomatology • Classification of burns by depth and severity (including chemical and electrical burns) • Wounds related to burns—donor site wounds and grafted wounds • Paediatric burns and wounds seen in burns intensive care • Management of burns and scarring and wounds related to burns • Psychosocial issues related to burns • Prevention of burns • Wound healing by primary and secondary intention • Delayed primary closure/tertiary intention • Factors affecting wound healing (in relation to acute wounds) • Principles of asepsis and antisepsis and hygiene in relation to acute wounds (including isolation nursing/barrier system of care) • Surgical incisions and principles of wound closure • Trauma wounds (abrasions, 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>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</p> <p>K/P: examine intrinsic and extrinsic factors which may impact on acute wound healing</p> <p>K/P: define and identify surgical site infection (SSI) and use appropriate classification systems to determine the severity</p> <p>K/P: describe risk factors for SSI and apply appropriate preventive measures</p> <p>K/P: explain the principles of preoperative, intraoperative and postoperative care</p> <p>P: select the most appropriate method of wound cleansing/irrigation in relation to the type and aetiology and symptomatology of an acute wound</p> <p>P: apply the principles of wound assessment taking into account the classification of wound i.e. surgical, trauma or burn injuries</p> <p>P: educate patients and their relatives/carers in the principles of management of surgical/trauma wounds and burn injuries</p> <p>P: discriminate between the most appropriate methods of debridement in relation to the type of acute wound</p> <p>A: recognise the importance of the principles of asepsis and hygiene in the management of patients with acute wounds (including isolation nursing/ barrier system of care)</p> <p>A: appreciate the patient's concerns and presence of pain</p> <p>A: be aware of the need for appropriate surveillance and preventative measures.</p>	<p>lacerations, crush wounds, penetration and puncture wounds)</p> <ul style="list-style-type: none"> • 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. 		
2	09 Hours 3 practical	<p>Aim This unit of study aims to increase the knowledge and understanding of physiological and pathological wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able</p>	<p>Wounds and Wound Healing</p> <ul style="list-style-type: none"> • Physiology of normal wound healing <p>Blood coagulation (effect of anticoagulation substances on wound healing)</p>	<p>Lecture Discussion Demonstration Explain</p>	<p>Long answer and Short answer questions Objective</p>

	120 clinical	<p>to:</p> <p>K: differentiate between the phases of wound healing</p> <p>K: define different types of healing</p> <p>K: explain the connection between wound healing and systemic (intrinsic), extrinsic or local factors</p> <p>K: define chronic wounds based on their characteristics and causes</p> <p>K: outline disorders of wound healing and their consequences</p> <p>K: analyse factors that promote and delay wound healing in relation to patient cases</p> <p>P: relate the stages of normal healing to the clinical presentation of a wound</p> <p>P: recognise the characteristics of different wounds in relation to different chronic diseases; such as diabetes (diabetic foot ulcers, DFU) and vascular diseases (leg ulcers, LU)</p> <p>P: categorise the wound based on standardised criteria</p> <p>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.</p>	<ul style="list-style-type: none"> • Phases of wound healing, i.e. inflammation, proliferation and remodelling • Primary wound healing • Secondary 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 diagnosis • Wound culture 	<p>using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities</p> <p>• Practical Wound culture demo 5hrs</p>	Type and Short notes
3	09 Hours 2 practical 120 clinical	<p>Aim This unit of study aims to increase the understanding of the appropriate use of different wound dressings in relation to the phase of wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: understand the principles of phase-appropriate wound treatment with respect to local therapy</p> <p>K: differentiate between types of dressings and outline the indications/contraindications for use</p> <p>K: explain the criteria for the ideal use of wound care products and categorise these into different groups of products (dressings, solutions etc.)</p> <p>K: define the product characteristics and indications for wound therapy</p>	<p>Moist wound healing</p> <ul style="list-style-type: none"> • Principles of moist wound therapy in relation to the phase of wound healing • 'Ideal' wound dressings (requirements for appropriate therapeutic materials) • Review the role of gauze in wound management • Water and wound cleansing solutions, e.g. wound irrigation solutions and antiseptics • Dressing categories with different material properties: indications, contraindications and application • Contact layer/wound gauze • Transparent polyurethane • Alginates 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities .</p>	Long answer and Short answer questions Objective Type and Short notes

		<p>P: apply the products correctly in an appropriate situation</p> <p>P: evaluate and select products taking into account the patient's QoL</p> <p>P: select the appropriate dressing from the available therapeutic products in practice, based on indications/contraindications, health economic aspects, and the preferences of the individual patient</p> <p>P: involve the patient (and/or carer/relative in their wound care depending on his/her abilities and wishes</p> <p>P: evaluate local wound therapy with the patient depending on the treatment goals</p> <p>A: accept and value responsibility concerning economic aspects of wound healing (cost effectiveness measures)</p> <p>A: be aware of the coherence between local wound therapy and general treatment of overall condition and patient's QoL.</p>	<ul style="list-style-type: none"> • Foams (fine-pored polyurethane foam dressings) • Hydrogels (see debridement) • Hydroactive dressings • Hydrofibers <p>Hydrocolloids</p> <ul style="list-style-type: none"> • Hydropolymers • Superabsorbent dressing • Active dressings containing (see examples below) • Glycosaminoglycans • Hyaluronic acid • Collagen • Specialised active agents <p>• Topical antiseptics (antiphlogistic)</p> <ul style="list-style-type: none"> • Topical antibiotics • Agents supporting initiation of granulation 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	07 hours	<p>Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of nutrition on wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the importance of adequate nutrition for a patient with a wound</p> <p>K: discuss the function of nutrients in the normal wound healing process</p> <p>K: outline common conditions that affect an individual's nutritional requirements</p> <p>K: outline the use of nutritional</p>	<p>Nutrition and wound healing</p> <ul style="list-style-type: none"> • Calorific or other nutritional needs of patients with an acute or chronic wound • Specific requirements of individuals with special chronic diseases (i.e. diabetes) • Optimal nutritional composition to promote wound healing • Function of nutrients, including vitamins, proteins, and minerals • Nutritional assessment and 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>screening tools in the assessment</p> <p>K: explain the influence of malnutrition on wound healing</p> <p>K: discuss the role of the dietician in the management of patients with wounds</p> <p>K: explain the hospital-related factors which cause an altered food intake</p> <p>K: discuss risk of malnutrition in an inpatient and outpatient context</p> <p>P: apply nursing-related measures to support the individual's food intake</p> <p>P: conduct a nutritional assessment and prepare a nutrition plan for the patient</p> <p>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</p> <p>A: acknowledge the importance of assessment of nutrition as an important element of wound therapy</p> <p>A: accept and respect the individual's cultural beliefs, views and attitudes concerning their nutrition.</p>	<p>nutritional screening tools</p> <ul style="list-style-type: none"> • Effects of malnutrition on wound healing • Assessment of nutritional status including signs and symptoms of dehydration and anthropometric measurements, also biochemical data and interpreting laboratory values <p>Body building high veg and none veg protein diet 5hrs</p>	<p>Demonstration of advance treatment modalities .</p>	
5	14 Hours	<p>Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of etiopathology on wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the various aetiopathology of disease related to wound</p> <p>K: discuss the role of aetiopathology in the normal wound healing process</p> <p>p- identify risk factors related to aetiopathology in the normal wound healing process in various disease condition</p>	<p>Relevant etiopathology</p> <ul style="list-style-type: none"> • Venous insufficiency, • thrombosis, • varicosis • Macroangiopathy, • atherosclerosis, • arterial insufficiency • Diabetic Neuropathy, • microangiopathy, • hyperglycemia • Immobility, • excessive pressure • hypertension • burn • infection • Age • Obesity • Hormonal imbalance 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal. PPT</p> <p>Demonstration of advance treatment modalities .</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>
6	11 hours	<p>Aim This unit of study aims to increase the nurse's knowledge and understanding of the influence of</p>	<p>Relevant anatomy physiology</p> <ul style="list-style-type: none"> • Skin • Musculoskeletal system 	<p>Lecture</p> <p>Discussion</p>	<p>Long answer and Short</p>

		<p>anatomy physiology on wound healing.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the anatomy physiology related to wound</p> <p>K: discuss the physiology in the normal wound healing process</p> <p>p- identify risk factors related to physiology in the normal wound healing process in various disease condition</p>	<ul style="list-style-type: none"> • Endocrine system • Physiology of wound healing • Immunology • cardiovascular system • physiology of Blood ,coagulation • Respiratory system <p>Physiology of respiration ,oxygenation</p>	<p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal. PPT</p> <p>Demonstration of advance treatment modalities .</p>	<p>answer questions</p> <p>Objective Type and Short notes</p>
7	09 hours	<p>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.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: explain the nature of infections in wounds</p> <p>K: recognise and define the severity of the wound infection</p> <p>K: identify the requirements for different treatment depending on the severity of wound infection</p> <p>K: analyse the case-related risks of wound infection</p> <p>K: discuss the potential consequences of wound infection for the patient</p> <p>K: explain the risks associated with spreading infection and a possible sepsis</p> <p>P: identify wounds with high risk of infection and typical causes of infection</p> <p>P: initiate hygienic and therapeutic measures for multidrug-resistant germs including patient and family education</p> <p>P: undertake/carry out the correct procedure to take a wound swab</p> <p>P: educate the patients and their relatives/carers to recognise warning</p>	<p>Microbiology and wounds</p> <ul style="list-style-type: none"> • 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 multidrug-resistant bacteria • Procedures for meticillin-resistant 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 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal. PPT</p> <p>Demonstration of advance treatment modalities .</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>symptoms of infection and appropriate measures to take</p> <p>A: appreciate the significance of resistant germs in wound healing</p> <p>A: develop a responsible attitude towards risk identification and early detection of healthcare associated infections</p> <p>A: be aware of the need for support in case of multiresistant pathogen infections—need for special regimen, lifestyle changes etc.</p>			
8	08 hours	<p>Aim This unit of study aims to increase the nursing understanding of the nature of antimicrobial therapy and prophylaxis with special focus on safety guidelines.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: discuss the nature of antimicrobial therapy and prophylaxis</p> <p>K: explain the different indications for use of local antiseptics as well as when systemic antibiotic therapy is indicated</p> <p>P: Use local, national or international evidence-based guidelines for the use of antimicrobial wound therapeutics in clinical practice appropriately</p> <p>P: perform all hygienic measures related to wound care</p> <p>P: follow the hygiene guidelines with regards to dressing changes and hand hygiene</p> <p>A: Appreciate the responsibilities for different aspects of hygiene.</p>	<p>Antimicrobial agents, hygiene and wounds</p> <ul style="list-style-type: none"> • Disinfection and sterilisation • Antiseptics • Antimicrobial wound dressings • Hygiene and dressing changes • Antimicrobial stewardship • Systemic antibiotic • Practical examples. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>
Subject Specific					

	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,	Long answer and Short answer questions Objective Type and Short notes

				slides and specimens Journal. PPT Demonstration of advance treatment modalities .	
	T-15hrs P-60hrs	Explore Personality development	Personality development	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

SEMESTER II

SYLLABUS

Theory hours - 75

Practical hours - 10

Clinical hours -365

9	06 hours	Aim This unit of study aims to increase the understanding of the diagnosis, prevention and treatment of pressure ulcers (also called pressure injuries or decubitus ulcers). Learning outcomes On completion of the unit of study a student will be able	Pressure ulcers <ul style="list-style-type: none"> •Epidemiology of pressure ulcers • Pathophysiology of pressure ulcers Risk factors • Prevention strategies for 	Lecture Discussion Demonstration Explain using	Long answer and Short answer questions Objective Type and
---	----------	---	---	--	---

	<p>to:</p> <p>K: understand the pathophysiological mechanisms of pressure ulcer development</p> <p>K: identify the level of risk of patient in pressure ulcers development (ability to use appropriate tools and scales)</p> <p>K: select the appropriate preventive strategies for pressure ulcer depending on the patient situation</p> <p>K/P: categorise pressure ulcers according to the levels defined by the European Pressure Ulcer Advisory Panel (EPUAP/NPUAP/PPIA) in theory and clinical practice</p> <p>K: select the available therapeutic options for pressure ulcer treatment, depending on the patient situation</p> <p>K/P: examine factors that predispose an individual to pressure damage</p> <p>K: define risk factors related to specific types of patients</p> <p>K: analyse the possible case-related causes of a pressure ulcer (decubitus)</p> <p>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> <p>P: use appropriate pressure redistributing equipment and evaluate their effectiveness</p> <p>P/A: assess the needs of patients with respect to pressure relief and pressure redistribution and movement</p> <p>P: educate the patients and their relatives in the principles of pressure ulcer prevention and management</p> <p>A: appreciate the risks of the development of a pressure ulcer to an individual, especially those of a high category</p> <p>A: appreciate the effects of a pressure ulcer on the individual's psychosocial/behavioural situation</p> <p>A: recognise the importance of nursing intervention and interactions on pressure prevention and appreciate</p>	<p>pressure ulcers</p> <ul style="list-style-type: none"> • Classification of pressure damage (NANDA/EPUAP/NPUAP/PPIAP) • Differential diagnoses (incontinence associated dermatitis (IAD) resp. moisture associated dermatitis (MAD), mycosis, burn) and its monitoring in collaboration with MDT members • Repositioning strategies • The role of positioning and pressure redistributing equipment (e.g. pressure relief mattress) • The adequate supportive (preventive or treatment) position • Education and movement motivation (keep moving strategy) • Therapeutic principles (see examples below) • Conservative therapy • Pressure relieving therapy • Surgery and necrectomy (e.g. debridement) aftercare • Practical examples. 	<p>models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities .</p>	<p>Short notes</p>
--	--	--	---	--------------------

		multi disciplinary in preventive measures.			
10	8 hours	<p>Aim This unit of study aims to increase the understanding of the diagnosis, therapy, and prevention of diabetic foot syndrome/disease (DFS).</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: understand the relationship between pathophysiological processes and changes in the foot</p> <p>K/P: identify the differences between vascular and neurological manifestations K/P: recognise the influence of pressure on the development of malumperforins/neurotrophic ulcers</p> <p>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> <p>P: apply investigative and assessment methods and diagnostic measures and analyse the results of the investigation</p> <p>P: select/evaluate appropriate tools for reducing pressure on the foot and apply them professionally in collaboration with physiotherapist/podiatrist</p> <p>P: apply the principles of MDT management that takes into account the multifactorial nature of the treatment depending on type, site, cause of ulcer and comorbidities</p> <p>P: perform gait analyses and evaluate those with the patient in relation to local competencies and policy (law)</p> <p>P: design individualised educational programmes for patients (and their family/carers) to include foot self-care to prevent ulceration and wearing appropriate footwear to offload pressure</p> <p>P: educate and train the patients to use a pressure minimising gait</p> <p>A: recognise prevention of amputations as an important goal for treatment</p>	<p>Diabetic foot syndrome</p> <ul style="list-style-type: none"> • Epidemiology of DFS • Risk factors for ulceration or amputation • Prevention of complication • Pathways to ulceration • Pathways to amputation • Costs of DFS and amputation treatment 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 of communication • Principles of therapy • Pressure relieving and off-loading options? Foreexample, total contact casting (TCC) • Management of microbiology • Revascularisation • Amputation and aftercare following minor and major amputation • Prevention and podiatric care • Identification and education of high-risk patients • Podology and podiatric management • Supportive care and medical devices • Amputee stump Dressing & stump Bandaging 5hrs <p>Practical examples.</p>	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal. PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>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)</p> <p>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.</p> <p>A: be aware of the risks of sepsis and gangrene.</p>			
11	08 hours	<p>Aim This unit of study aims to increase the understanding of the common causes of leg ulceration including; diabetic, venous, and arterial (angiology) factors influencing the diagnosis and treatment of lower leg ulcers.</p> <p>Learning outcomes</p> <p>On completion of the module a student will be able to:</p> <p>K: understand the most important aetiological causes for diagnosis and treatment of lower leg ulcers</p> <p>K: differentiate between the signs and symptoms related to different clinical presentations of ulcers on the lower leg</p> <p>K: understand and explain indications for use and range of available options for compression therapy</p> <p>K: appraise the regulations concerning use of compression systems, including supplementary materials</p> <p>K: explain when to refer patients to specialist consultation/diagnosis</p> <p>P/K: recognise different manifestations of venous ulcers and differentiate between their aetiologies</p> <p>P: use appropriate classification systems to describe a wound/disease</p> <p>P: apply different types of compression systems based on the</p>	<p>Lower leg ulcers</p> <p>Classification of types of leg ulcers</p> <ul style="list-style-type: none"> • Varicose veins and varicosities • Peripheral arterial occlusive disease • Chronic venous insufficiency • Mixed pathology • Venous oedema • Lymphatic oedema • Pyoderma gangrenosum • Rare causes of lower leg ulcers • Prophylaxis/prevention • The fundamentals of compression therapy (hosiery and bandages) <p>Different techniques of compression therapy and practical learning</p> <ul style="list-style-type: none"> • Local therapeutic options • Role of drugs/medication in treatment • Surgery • Practical examples. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>specific patient situation and be aware of the potential complications</p> <p>P: interpret the result of an ankle brachial pressure index (ABPI) assessment taking into account the patient's clinical signs and symptoms</p> <p>A: appreciate the specific therapy of the underlying disease as a basic part of the treatment</p> <p>A: be aware of the need for different actions/ interventions depending on the aetiology of a leg ulcer.</p>			
12	07 Hours	<p>Aim This unit of study aims to increase the knowledge and understanding of the prevention and management of skin tears. The unit will also examine risk factors for skin tears to enable the participants to identify and categorise/type skin tears to aid in consistent documentation.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: define a skin tear</p> <p>K: outline the epidemiology of skin tears and its impact on health service provision</p> <p>K: relate the anatomy and function of the skin to how skin tears occur</p> <p>K: discuss the relevant risk factors that predispose an individual to the development of skin tears</p> <p>P: identify strategies to reduce the risk of skin tears (including role of patients, healthcare provider and setting)</p> <p>P: develop and evaluate a skin tear prevention plan for an individual at risk of a skin tear</p> <p>P: perform an assessment of an individual with a skin tear</p> <p>P: document the assessment using a recognised skin tear classification system</p> <p>P: select the appropriate topical treatments(including appropriate product selection) for an individual with a skin tear</p> <p>A: develop a responsible attitude towards questioning existing practices that may increase the risk of skin tears</p>	<p>Skin tears</p> <ul style="list-style-type: none"> • Pathophysiology of skin tears development (related to comorbidity, age of patients) • Prevalence and incidence of skin tears across different health-care setting • National/international evidence-based practice/ clinical guideline • The structure and function of the skin, including changes to the skin during the aging process, and differences between newborn, elderly, acutely ill and healthy skin in relation to the skin tears • Identification of risk factors for skin tears • Assessment: physical, psychological, social (including pain, wound and nutritional assessment) • Preventive measures, including skin tear reduction protocols and programs • Importance of nutrition and hydration by consultation of dietician in relation to the skin tear management • Patient moving handling techniques and equipment in patients with higher risk of skin tears • Patient environment and fall precaution programmes to reduce risk of falls 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>occurring</p> <p>A: recognise the value of monitoring and evaluating treatment outcomes for individuals with a skin tear</p> <p>A: accept the importance of skin tears as a risk factor for infection development</p> <p>A: appreciate the psychosocial impact of skin tears on an individual and its impact on QoL.</p>	<ul style="list-style-type: none"> • 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. 		
13	08 hours	<p>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.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: explain the reasons for use of debridement, and risk factors in practice</p> <p>K: compare the various types of debridement techniques and give examples of when these can be used</p> <p>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> <p>P: demonstrate ability to undertake debridement in a painless manner, if necessary by administering analgesia or local anaesthetics</p> <p>P: perform appropriate aftercare following an debridement procedure</p> <p>A: appreciate the importance of professional accountability and limitations of clinical practice A: recognise the patient's concerns during the debridement process</p> <p>A: recognise a patient's non-verbal signs of pain.</p>	<p>Debridement and wounds</p> <ul style="list-style-type: none"> • 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. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>
14	07	Aim This unit of study aims to	Alternative or unconventional	Lecture	Long

	hours	<p>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.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>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 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.</p>	<p>treatment options for wounds</p> <ul style="list-style-type: none"> • 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 	<p>Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities</p>	<p>answer and Short answer questions Objective Type and Short notes</p>
15	05 hours	<p>Aim This unit of study aims to increase the knowledge and understanding of a holistic approach of the management of palliative wounds.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: define palliative wound care</p> <p>K: define the difference between palliative wound care and chronic wound care</p> <p>K: relate the pathophysiology of palliative wounds to the proposed management of the patient</p> <p>K: relate the communication to the difficult situations</p> <p>K: discuss the importance of the</p>	<p>Palliative wound care</p> <ul style="list-style-type: none"> • 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, 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

		<p>psychosocial aspects of living with a palliative wound</p> <p>P: identify strategies to reduce the burden of symptoms relating to palliative wounds</p> <p>P: develop an individualised management plan within an MDT</p> <p>P: perform a holistic assessment of a patient with a palliative wound</p> <p>P: perform a holistic assessment of the overall patient situation (informal carers, socioeconomical status etc.)</p> <p>P: apply adapted communication skills</p> <p>P: support patients and relatives in finding and effectively using coping strategies</p> <p>P: select the appropriate topical treatments (including appropriate product selection) for a patient with a palliative wound</p> <p>A: accept the need for appropriate communication skills o transmit messages in difficult situations</p> <p>A: recognise the importance of evaluating treatment outcomes for individuals with a palliative wound</p> <p>A: value the psychosocial impact of palliative wounds on an individual.</p>	<p>psychological, social and spiritual (including exudate, pain, odour, pruritus, bleeding, psychosocial impact)</p> <ul style="list-style-type: none"> • Products appropriate for the management of palliative wounds and its selection (benefits and risks) • Communication with individuals and informal carers • Identification of patient-centred management objectives, care planning and evaluation of outcomes • Working as a team in difficult situations. 	treatment modalities .	
16	05 hours	<p>Aim This unit of study aims to increase the knowledge and understanding of the importance of prevention in relation to the risk factors for developing a chronic wound, including the different levels of prevention, in particular the risks of spreading infection.</p> <p>Learning outcomes On completion of the unit of study a student will be able to:</p> <p>K: define the different definitions of primary, secondary and tertiary prevention</p> <p>K: describe the goals of the prevention of wounds in the chronic disease (diabetes, vascular diseases, and others with higher risk of wound formation)</p> <p>P: initiate preventive measures according to the type of chronic disease and the individual patient's situation</p>	<p>Role of prevention in wound care</p> <ul style="list-style-type: none"> • Stages of prevention and its measures (primary, secondary and tertiary prevention) • Role of the nurse in the prevention of chronic wounds • Requirements of prophylaxis in preventing the recurrence of secondary complications (prevention and prophylaxis are also dealt with other units) • Skin care • Pressure redistribution • Compression therapy. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p> <p>.</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>P: implement preventive strategies (e.g. basic hand hygiene and pressure relief)</p> <p>P: prepare an individualised care plan for specific patients</p> <p>A: be aware of the importance of prevention A: appreciate the significance of the nurse's role in wound prevention.</p>			
17	05 hours	<p>Aim This unit of study aims to deepen the knowledge of evidence-based nursing (EBN) and implement the findings into practical cases.</p> <p>Learning outcomes On completion of the unit of study a student should be able to:</p> <p>K: define the key points of and goal setting in EBN</p> <p>K: examine the range of evidence currently available that describes wound management interventions and evaluate the strength of these as sources of information K/P: examine scientific literature about wound care according to its date of publication, relevance and evidence levels K/P: differentiate between the available assessment instruments, tools and/or scales and their potential use and areas of application</p> <p>K: discuss the theoretical grounds that apply to wound prevention</p> <p>K: debate the current status of and defined challenges related to evidence-based nursing in wound management</p> <p>K: discuss and apply evidence-based wound prevention strategies and measures K: discuss the different study designs K: define a clinically relevant research question</p> <p>K/P: apply a corresponding study design to a clinically relevant research question P: critique a range of existing wound care literature</p> <p>P: make decisions based on internal and external evidence, and in consideration about patients' preferences and the local clinical and legal situation (internal evidence</p>	<p>Evidence-based nursing/evidence-based practice</p> <ul style="list-style-type: none"> • The principles of EBN • Steps required to practice EBN • The influence of EBN on the care of individuals with chronic wounds • Classification of evidence according to a recognised hierarchy of evidence Critical analysis of research studies • Clinical trials in wound care • Reviewing published literature • National and international institutions relating to EBN and chronic wounds (i.e. guidelines, recommendations) for example NPUAP/EPUAP, EWMA position documents • Introduction to the different types of assessment instruments, tools and/or scales as well as the recommended use and limitations of these instruments. 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal. PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>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> <p>P: perform tasks in wound care based on an analysis of the situation related to specific patient cases using evidence based solutions</p> <p>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> <p>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</p> <p>A: recognise the need to keep up to date with new scientific knowledge and question existing knowledge</p> <p>A: be aware of the advantages and disadvantages of assessment instruments in EBN.</p>			
18	05 Hours	<p>Aim This unit aims to create an understanding of the importance of education in managing individuals with acute and chronic wounds. It also aims to improve the participant's ability to provide the patient and his/her relatives with information about their specific health status and self-care needs/opportunities based on the principles of patient-centred care.</p> <p>Learning outcomes On completion of the unit of study a student should be able to:</p> <p>K: discuss the principles of self-care management in relation to individuals</p>	<p>Patient education and promoting self-care</p> <ul style="list-style-type: none"> • Role of the nurse in the patient education process in relation to individuals with wounds • Educational needs of individuals with acute and chronic wounds • Goals of education in wound care and the elements of the educational process • Recognising an individual's (and/or their relatives/ carers) ability to receive education • Different elements of 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

	<p>with chronic wounds/disease</p> <p>K: appraise the procedures for educating individuals with acute and chronic wounds based on an evaluation of different educational concepts</p> <p>K: define the requirements for developing an individualised education plan that is appropriate for a specific patient, taking the patient's disease and situation into consideration</p> <p>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</p> <p>K/P: formulate relevant clinical questions based on an evaluation of the available research and the sources of research</p> <p>K: define nursing diagnosis (e.g. with reference to diagnosis procedures recommended by NANDA International (NANDA-I)¹ and compare it to medical diagnosis</p> <p>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 in Central Europe, while other countries use alternatives systems. The terminology should be adapted to the diagnostic terminology applied within a specific country.</p> <p>A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness</p> <p>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> <p>P: apply the standardised terminology (e.g. NANDA)¹ in relation to specific nursing diagnostics, relevant for patients with wounds</p> <p>P: create a patient-centred education plan based on an assessment of the</p>	<p>education and their differences concerning goals and application: information, training, instruction</p> <p>Educational tools (selection and use of brochures and various types of media)</p> <ul style="list-style-type: none"> • 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 	<p>ation of advance treatment modalities</p>	
--	---	--	--	--

		<p>patient's educational ability</p> <p>P: comprehend the patient's understanding of his/her illness via an empathic and professional conversation</p> <p>K: discuss the appropriateness and use of self-care for individuals with a wound</p> <p>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</p> <p>A: appreciate the influence of a patient's fears and misconceptions of their body on their behaviour</p> <p>A: recognise the promotion of patient selfmanagement as an integrated part of patient education</p> <p>A: accept the need to include patients and their relatives/carers in the decision-making process.</p>	<p>literature for NANDA or OMAHA or other nursing diagnostic system)4,5</p> <ul style="list-style-type: none"> • 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 <p>diagnosis (risk-problem-focused diagnoses, axis)</p> <ul style="list-style-type: none"> • 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 	
--	--	--	--	--

			<p>in the context with the wound therapy</p> <ul style="list-style-type: none"> • 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). 		
19	05 hours	<p>Aim This unit of study aims to increase the knowledge and understanding of case management in order to manage patient cases over the course of their therapy and care in different settings.</p> <p>Learning outcomes On completion of the unit of study a student should be able to:</p> <p>K: justify the need for case management regarding the current situation of the patients and other stakeholders</p> <p>K: explain the options for case management taking into account the relevant legal basis of the particular health-care system</p> <p>K: recognise the relevance of case management in relation to the holistic nursing process</p> <p>K: identify potential patient safety risks in the care of patients with chronic wounds as well as strategies for overcoming these risks</p> <p>K/P: identify and provide/deduce appropriate strategies to prevent</p>	<p>Case management (patient-centred care)</p> <p>Definition and philosophy of case management on an individual level</p> <ul style="list-style-type: none"> • 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 caregivers and the healthcare system • Role of private caregivers in the case management of patients with chronic wounds • Relatives and their role in support of the patient • The role of individual professions in the multidisciplinary team (MDT). 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities .</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>

		<p>gaps/inequalities in care and promote the process of evidence-based care and interventions</p> <p>K: recognise the importance of discharge planning as part of the case management of an individual with a chronic wound</p> <p>K: analyse the problems that may occur due to inadequate management of the patient</p> <p>P: manage the care process and the people involved in this to prevent patient safety risks</p> <p>P: involve different stakeholders, including relatives/ carers, in the support process and define their specific tasks in the provision of care</p> <p>A: be aware of the problems that arise from inadequate case management</p> <p>A: recognise his/her professional role in case management of individuals/patients with chronic wounds</p> <p>A: be aware of the complexity of the patient's situation (medical status, social status, network etc.) in the context of case management.</p>			
20	05 hours	<p>Aim This unit of study aims to increase the ability to explore the legal, financial, and ethical issues related to providing a wound care service, examine the principles of evidence-based practice (EBP), and understand the organisational needs for treating individuals with wounds, including the fundamentals of cost-effective care.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: understand the resources required to deliver an effective wound care service</p> <p>K: recognise the importance of health economics and providing cost-effective care</p> <p>K: identify current legislation governing the provision of wound care</p> <p>K: discuss the importance of reimbursement and its impact on the quality of care</p> <p>K: understand and explain the role of</p>	<p>Health care delivery and health economics</p> <ul style="list-style-type: none"> • Health economics, cost-effectiveness and budgeting • Laws governing the provision of healthcare • Reimbursement and regulation of healthcare • The role of the wound care industry • Ethics • Wound management guidelines, standards, and algorithms (local, national, and international) • Quality improvement strategies • Principles of research / clinical trial management • Practical examples 	<p>Lecture</p> <p>Discussion</p> <p>Demonstration</p> <p>Explain using models, torso, charts, slides and specimens</p> <p>Journal.</p> <p>PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions</p> <p>Objective Type and Short notes</p>

		<p>nurses in clinical trials</p> <p>K: explore the role of the wound care industry and the potential for collaboration between health care providers and manufacturers</p> <p>K: explore the ethical issues surrounding the management of individuals with wounds</p> <p>K/P: identify legal requirements for specific cases</p> <p>A: appreciate the process of using different types of dressing in an appropriate way to save costs.</p>			
21	03 hours	<p>Aim This unit of study aims to increase the ability to understand and meet the specific documentation requirements related to nursing processes in wound management.</p> <p>Learning outcomes On completion of the module a student will be able to:</p> <p>K: explain the requirements for assessment and documentation related to wound management according the latest literature K: evaluate critically different documentation systems (paper and electronic) as well as 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</p> <p>A: recognise and understand documentation such as significant legislative protection tool.</p>	<p>Documentation</p> <ul style="list-style-type: none"> • The relevant minimum data set (MDS) • Parameters of written documentation (objective scales and their use) • Non-digital measurement of the wound • Photography • Computer-assisted systems (electronic wound registries) • Exchange of documentation • Legal issues of data protection • Practical examples. 	<p>Lecture Discussion Demonstration Explain using models, torso, charts, slides and specimens Journal. PPT Demonstration of advance treatment modalities</p>	<p>Long answer and Short answer questions Objective Type and Short notes</p>
22	3 Hours	<p>Aim This unit of study aims to increase the ability to understand and meet the specific need of psychology related to nursing processes in wound management.</p>	<p>Relevant psychology</p> <ul style="list-style-type: none"> • Various application of psychology in nursing practice including importance in human 	<p>Lecture Discussion Demonstration</p>	<p>Long answer and Short answer questions</p>

		<p>Learning outcomes On completion of the module a student will be able to:</p> <p>A/K: appreciate/explain the impact of psychosocial or behavioural factors that may influence the patient's response to their illness</p> <p>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> <p>A: be aware of the complexity of the patient's situation (medical status, social status, network etc.) in the context of case management.</p> <p>K/A Understand the importance of psychology in personal and professional life.</p> <p>K Understands the biology of human behaviour.</p> <p>K Understands cognitive and affective processes of human mind.</p> <p>K/A Develops an understanding of self and others.</p> <p>K Understand the influence of personality of human behaviour.</p>	<p>and interpersonal behavioural</p> <p>Methods of Psychology</p> <ul style="list-style-type: none"> • Dynamics of human behaviour <ul style="list-style-type: none"> • Body mind relationship-modulation 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 <p>Motivation and Emotional Processes:</p> <ul style="list-style-type: none"> • Motivation: Meaning, Concepts, Types, Theories,• Motives and behaviour, • Maslow's theory • Formation of self concept, • Conflicts and frustration, conflict resolution • Emotions & stress <p>Emotion: Definition, components, Changes in emotions, theories, emotional adjustments, emotions in health and illness</p> <p>Stress: stressors, cycle, effect, adaptation & coping</p> <ul style="list-style-type: none"> • 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. 	<p>Explain using models, torso, charts, slides and specimens</p> <p>Journal. PPT</p> <p>Demonstration of advance treatment modalities</p>	<p>Objective Type and Short notes</p>
--	--	--	---	---	---------------------------------------

References and notes

- 1 NANDA International. Defining the knowledge of nursing. www.nanda.org (accessed 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/> (accessed 28 January 2019)
- 5 Martin KS. The Omaha System: A Key to Practice, Documentation, and Information Management. Health Connections Press, 2005
- 6 The Office of the National Coordinator for Health Information Technology. Standard nursing terminologies: a landscape analysis. 2017. <https://tinyurl.com/y7zlywrlf> (accessed 28 January 2019)
- 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
- 8 EWMA. Antimicrobial Stewardship project: <https://tinyurl.com/yb6s2rf8>. (accessed 28 January 2019)

Textbooks

10. Ayello EA, Baranoski S. Wound care essentials: practice principles. (4th edn)
11. Wolters Kluwer, 2015 Armstrong DG, Lavery LA. Clinical care of the diabetic foot. (2nd edn) American Diabetes Association, 2010
12. 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
13. Percival S, Cutting K. Microbiology of wounds. CRC Press, Taylor Francis Group, 2011 Nanda International. Nursing Diagnoses. Definitions and Classification, 2018-2020. Thime, 2017
14. Flanagan M. Wound healing and skin integrity: principles and practice.
15. Wiley-Blackwell, 2013 Kifer ZA. Fast fact for wound care nursing, Springer Publishing Company, 2012
16. 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
17. Wilkinson J. Nursing, process—a critical thinking approach. AddisonWesley Nursing, 1996
18. Sussman C, Barbara Bates Jansen :Wound care A collaborative practice manual for health professional ;3rd edition, Lippincot, Williams and Wilkins

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 X 1 = 15

II. Short Answers (Answers 4 out of 6) = 4 x 5 = 20

III. Essay question : 20 x1 =20

IV. Long Answers(Answer 2 out of 3) = 2 X 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	O	10	Outstanding
80.00 – 89.99	A	9	Excellent
70.00 – 79.99	B	8	Good
60.00 – 69.99	C	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:

$$\text{SGPA} = \frac{C_1G_1 + C_2G_2 + C_3G_3 + C_4G_4 + C_5G_5}{C_1 + C_2 + C_3 + C_4 + C_5}$$

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:

$$\text{SGPA} = \frac{C_1G_1 + C_2G_2 + C_3G_3 + C_4 * \text{ZERO} + C_5G_5}{C_1 + C_2 + C_3 + C_4 + C_5}$$

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:

$$\text{CGPA} = \frac{C_1S_1 + C_2S_2 + C_3S_3 + C_4S_4 + C_5S_5 + C_6S_6 + C_7S_7 + C_8S_8}{C_1 + C_2 + C_3 + C_4 + C_5 + C_6 + C_7 + C_8}$$

where C_1, C_2, \dots is the total number of credits for semester I, II, III, and S_1, S_2, \dots 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. No.	Semester	Internal Assessment		End Semester Examination		Total	
		Theory 20 marks	Practical 20 marks	Theory 80 marks	Practical 80 marks	Theory 100 marks	Practical 100 marks
1	Semester I						

2	Semester II						
---	--------------------	--	--	--	--	--	--