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EUROPEAN UNION OF MEDICAL SPECIALISTS

The advocate of medical specialists

Training Requirements in Wound Healing for all Medical Specialties which include Wound Healing in their Curricula

European Standards of Postgraduate Medical Specialist

Training

(old chapter 6)



0. PREAMBLE

The UEMS (Union Européenne des Médecins Spécialistes, or European Union of Medical Specialists) is a non-governmental organisation representing national associations of medical specialists at the European level. With its current membership of 40 national associations and operating through 43 Specialist Sections and their European Boards, 17 Multidisciplinary Joint Committees and 4 Thematic Federations the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the professional consensus on the framework for the highest possible level of their training which will pave the way to the improvement of quality of care for the benefit of all European citizens and beyond.

UEMS and its Postgraduate Medical Specialists Training programmes. In 1994, the UEMS adopted its Charter on Postgraduate Training aiming at providing the recommendations at the European level for high quality training. This Charter set the basis for the European approach in the field of harmonisation of Postgraduate Specialist Medical Training, most importantly with the ongoing dissemination of its periodically updated Chapter 6's, specific to each specialty. After the most recent version of the EU Directive on the recognition of Professional Qualifications was introduced in 2011, the UEMS Specialist Sections and other UEMS Bodies have continued working on developing the documents on European Training Requirement(s) (ETRs). They reflect modern medical practice and current scientific findings in each of the specialty fields and particular competencies covered and being represented within the UEMS. In 2012 the UEMS Council adopted the document Template Structure for ETR.

The linkage between the quality of medical care and quality of training of medical professionals. It is the UEMS' conviction that the quality of medical care and expertise are directly linked to the quality of training, achieved competencies and their continuous update and development provided to the medical professionals. No matter where doctors are trained, they should have the same core competencies. The UEMS ETRs reflect many years (or even decades) of experience on the ground of the UEMS Sections/ Multidisciplinary Joint Committees (MJsCs) and Boards developing in close collaboration with the relevant European Scientific Societies training requirements coupled with European Medical Assessments. It is one among the clear aims of the UEMS ETRs to raise standards of training to make sure that European patients find high quality standards of safe specialist care. While professional activity is regulated by national laws in EU Member States, it is the UEMS understanding that it has basically to comply with international treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

UEMS and European legislation facilitating the mobility of medical professionals. The UEMS Council and its Specialist Sections, first created in 1962, have regularly provided advice and expert opinion to the European Commission. This helped create the framework that informed the drawing up of the Doctors Directives in 1975, which provided for the mutual



recognition of medical diplomas and the free movement of doctors throughout the EU. The revised EU Directive on the recognition of Professional Qualifications (2013/55/EU) allows member states to decide on a common set of minimum knowledge, skills and competencies that are needed to pursue a given profession through a Common Training Framework (CTF) which represents the third mechanism that could be used to ensure mobility within the EU. This directive states that “professional qualifications obtained under common training frameworks should automatically be recognized by Member States. Professional organisations which are representative at Union level and, under certain circumstances, national professional organisations or competent authorities should be able to submit suggestions for common training principles to the Commission, in order to allow for an assessment with the national coordinators of the possible consequences of such principles for the national education and training systems, as well as for the national rules governing access to regulated professions”. The UEMS supported CTFs since they encompass the key elements developed in modern educational and training models, i.e. knowledge, skills, professionalism. In addition, the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare introduced a strong incentive for harmonisation of medical training and achieved competencies among EU/EEA Countries through the requirements to assure good and comparable quality of care to increasingly mobile European citizens.

The UEMS ETR documents aim to provide for each specialty the basic training requirements as well as optional elements, and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of these documents reflects the UEMS approach to have a coherent pragmatic document for each individual specialty, not only for medical specialists but also for decision-makers at the national and European level interested in knowing more about medical specialist training. To foster harmonisation of the ETR by adopting more specific guidelines, the CanMEDS competency framework is recommended which defines the entire set of roles of the professionals which are common across both medicine and surgery. UEMS has an agreement to use an abbreviated version of the competencies within those roles.

Importance of making a distinction between Knowledge and Competency in ETR documents. Competency-based education is not oriented towards the period of clinical rotations, but towards trainee, and trainee’s progress in the acquisition of competencies. Having a clear distinction within an ETR’s contents between competencies and knowledge helps define both how that training should be delivered and how it should be assessed. The UEMS considers that the appropriate use of different methods of assessment of knowledge and acquired skills, emphasising the workplace-based assessment, is an essential component of quality postgraduate training, focused on high standards of specialist medical practice. To improve the methods of assessment it is also recommended to use the so-called Entrustable Professional Activities (EPAs) in all specialties ETRs. In order to recognise common and harmonised standards on the quality assurance in specialist training and specialist practice at a European level some UEMS Specialist Sections and Boards also have, for a long time, organised



European examinations (supported and appraised by the UEMS CESMA - Council of European Specialist Medical Assessments).

Overlapping of learning outcomes and competencies. ETRs in Wound Healing provide recommendations involving the expected competencies that a specialist trainee, a specialist and an institution for specialist training are expected to possess through formalised training and organisation. Due to the multidisciplinary aspect of Wound Healing, this ETRs underline the need for common criteria for medical training and work in a standard setting. The UEMS ETRs defines a syllabus – which is a descriptive document, explicitly presenting the learning outcomes to be covered for the Wound Healing competence. The Wound Healing Curriculum is a prescriptive document, referring to the entire content taught in the training program. It possesses details about the objectives, academic content and the methodologies to be adopted during training in order to achieve the aims. The Wound Healing curricula focus on specific areas of expertise within different specialties. By recognizing the potential overlapping it creates the opportunity for common goals and learning outcomes but not necessarily equate to the same targets. Across different specialties the final goal may differ, i.e. there may be clearly defined individual goals for trainees with different expectations.

UEMS ETRs and national curricula. The UEMS strongly encourages the National Medical Competent Authorities (NMCAs) to adopt such requirements and believes that this is the most efficient way of implementation of good standards in postgraduate training. We clearly respect and support the vital role of the NMCAs in setting high standards of training and care in their respective Countries and checking through robust quality control mechanisms the qualifications of medical specialists moving across Europe. The UEMS ETRs are developed by professionals for professionals and this adds unique value to them. UEMS aim is to indicate the knowledge and competencies that should be achieved by trainees in EU/EEA countries and also competencies and organisation of the training centres. The training environment and results described in UEMS ETRs may be achieved in adapted ways, depending on local traditions, organisation of healthcare system and of medical specialist training. Adaptation of UEMS ETRs to local conditions assures the highest quality of specialist training and each state may include additional requirements, depending on local needs.

Importance of collaboration with other representative European medical bodies. The UEMS always wishes to work with all Colleagues, NMAs, professional and scientific organisations across Europe. In the process of ETRs development, the UEMS recognises the importance of meaningful collaboration with the other European medical representative bodies, the European Junior Doctors (EJD representing doctors in training), the European Union of General Practitioners (UEMO – Union Européenne des Médecins Omnipraticiens), the Standing Committee of European Doctors (CPME - Comité Permanent des Médecins Européens), the Federation of European Salaried Doctors (FEMS) and the European Association of Senior Hospital Doctors (AEMH - Association



Européenne des Médecins Hospitaliers). In addition, UEMS continues to develop closer links with the many European specialist societies. UEMS, in collaboration with its fellow European representative bodies, has constantly been highlighting the importance of coordinated postgraduate specialist medical training programmes always accepting the differing needs of different specialties. In this way quality medical care is delivered by highly qualified medical specialists - essential to ensuring consumer confidence and protection all over Europe.

Conclusions. UEMS is very proud for all the hard work that has been done until now in developing the UEMS ETRs as well as that they are increasingly implemented as national curricula. However, we also recognise the need for constant improvement, and we are always open to further suggestions. The UEMS insists that the medical profession remains the driver in defining its own specialist training and continuous professional development needs. On this basis, we sincerely look forward to working with the key European Union responsible bodies, as well as the national stakeholders in implementing the basic common strategies and requirements outlined with this initiative. We are confident that the priorities detailed in UEMS ETR documents developed for individual specialties (and/or competencies) will become evident in national strategies and programmes, as well as action plans for postgraduate medical education and training.

Aim and definitions

The medical field of wound healing deals with mainly chronic, but also acute wounds. In contrast to acute wounds, chronic wounds are defined as wounds which do not heal for at least 6 weeks. Despite the fact that patients with chronic hard-to-heal wounds are a typical, almost daily, part of medicine, they still constitute a specific challenge for the treating physician. Consequently, we believe that the essential aspects of this medical field should be familiar to all physicians, but in particular those, who deal with wounds regularly as a result of their specialisation. Wound healing is inter-disciplinary and even inter-professional. Consequently, this field of medicine is defined by the present European Training requirements (ETR) as „**a competence or sphere of activity belonging to several disciplines**” and not as a specialty or discipline in itself. That is why, these ETR aim to be included in the common trunk of the curricula of all specialties of physicians, who deal with wounds on a regular basis. In inter-disciplinary approaches we have persons with different areas of expertise collaborating to produce a ‘harmony’ (resulting in a superior sound). Although the general training of each should be different to ensure the inter-disciplinarity, they all must have a common understanding of Wound Healing, so that they are able to professionally talk to each other and finally find the best possible Wound Healing outcome for the patient. Recognizing this important point, the ETR contents were selected to specifically list and target those fields of Wound Healing knowledge, which are usually not part of the involved physician’s standard curricula.



The present ETR will be most useful in that it will lead to higher standards of chronic and acute wound care and consequently patient safety. To optimise the actual management (i.e. diagnosis care and treatment) of patients with acute and chronic wounds, physicians must be able to select the best therapy appropriate to the underlying aetiology as well as the correct local therapeutic measures. The ETR presented here aims to ensure that physicians involved in wound care have a sufficient level of expertise within the area to provide efficient and safe treatment of their patients. The curriculum includes the fundamentals of the medical field of wound healing as well as information on the different pathogenetic causes of chronic wounds, clinical assessment, development of therapeutic concepts, wound prevention, and collaboration with other specialists, nurses, and health care providers dealing with this patient population. The curriculum should support the relevance and value of interdisciplinary team work with regards to optimising treatment for all patients with wounds.

Wound Healing in Europe

In order to assess the situation of wound healing management in European countries the UEMS Wound Healing MJC gathered data from European countries demonstrating that there is an actual interest in developing the knowledge of wound healing even if this field is not primarily defined as an independent specialty. There is a need for establishing a standard level of education among the healthcare professionals responsible for providing treatment and care. There are regional specific differences related to the field of wound healing. Dermato-venereology is the medical specialty that traditionally diagnoses, investigates, and treats patients with this pathology. In the Eastern part of Europe, wound healing is considered a peripheral field, more related to nurses than doctors and with no responsible specialty in wound care. In the South-East part of Europe both plastic surgeons and dermato-venereologists are involved together with diabetic care teams in managing chronic wounds. The Dermato-venereology departments in this part of the world are considered the “Cinderella” of medicine, providing support for patients refused in other medical units. In Central Europe, in countries with German tradition, wound healing is a well-established field, centered on dermatological grounds but inter-connected with different specialties as plastic surgery and vascular surgery. Patients are treated in hospitals and care centers because wound healing is not considered a pathology designated for private practice. In Western Europe the focus of wound healing management is on prevention, with national programs supported by health insurers. Dermato-venereology is always involved in managing patients with wounds. Other specialties frequently involved in the management of wounds are plastic surgery, general surgery, vascular surgery, endocrinology, internal medicine, infectious disease, geriatrics, physical and rehabilitation medicine (PRM), oncology, neurology. General practitioners are also dealing with chronic wounds and play an



important role in the management of those patients. Guidelines for the management of the wound healing are not systematically implemented into clinical practice, given that specific guidelines and recommendations are rare to non-existent. With the development of modern medicine there is a clear shift in the interest on wound healing patients from the specialists in dermato-venereology to the diabetologists plastic surgeons and vascular surgeons who acquire new diagnostic techniques and new treatments that are tangentially connected with wound management. In the vast majority of the European countries there are national societies which deal exclusively with the field of wound care and wound healing is a frequent topic in the dermato-venereological scientific and educational events. The national societies are integrated in a European society, the European Wound Management Association (EWMA), a multidisciplinary group bringing together individual clinicians, as well as organizations interested in wound management as the European Association of Fellows in Wound Healing (EAFWH). The activities of EWMA are based on a strong collaboration with the national wound care organisations in Europe and other international organisations with similar objectives. The main objectives of EWMA are represented by dissemination and implementation of new knowledge about wound management in order to secure the best possible treatment conditions in wound healing throughout Europe and a continued development of the wound management area by contributing to research into epidemiology, pathology, diagnosis, prevention and management of wound of all etiologies. EWMA also contributed to the development of the first version of this ETR.

Establishment of the ETR in Wound Healing

The establishment of this ETR is the task of the UEMS Wound Healing MJC. For this purpose, it was designated a working group to update the first version of the ETR. The working group consisted of the following members:

- Jaakko Viljamaa (Finland) – update of the ETR
- Jan Plock (Switzerland) – update of the EPAs
- Anna Wang (Switzerland) – update of the EPAs
- Kirsi Isoherranen (Finland)
- George-Sorin Tiplica (Romania).

For this version of the ETRs the CanMEDS framework (Frank 2007, available at: http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_k_EN_Reduced.pdf) was used for the optimal patient care.

The structure of the UEMS Wound Healing MJC is available at: <https://mjcwoundhealing.org/>

The previous version of the Wound Healing ETRs was realized in collaboration with the European Wound Management Association. The UEMS Wound Healing MJC working group included:

- Robert Strohal (Austria) – Coordinator
- Daiva Jasaitiene (Lithuania)
- George-Sorin Tiplica (Romania).



I. TRAINING REQUIREMENTS FOR TRAINEES

1. Content of training and learning outcome

Competencies required of the trainee

Definition of competency: knowledge, skills and professionalism

A medical trainee is a doctor who has completed their general professional training as a physician and is in an accredited training programme to become a recognized medical specialist. Variably known in different countries as an intern, fellow or registrar.

'Learning Outcomes' means statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence.

a. Theoretical knowledge

Should include the main domains covered by the specialty with a short description of domains that trainee should master in the specialty

b. Practical and clinical skills

Key skills to possess in this specialty

Number of procedures required

c. Competences

Description of levels of competencies

The European Specialist Curriculum must cover not only knowledge and skills, but also domains of professionalism, as detailed by the UEMS Section.



A) THEORETICAL TRAINING

On completion of this unit a trainee will be able to

Outline the physiology of wound healing, explain the factors that are of importance in relation to wound healing, and describe the stages of wound healing	UNDERSTANDING
Summarize the tissue effects of ageing and the role of ageing in tissue healing	UNDERSTANDING
Effects of ageing on skin and other tissues Effects of ageing on tissue healing Effects of ageing on the immune system Ageing as a risk factor for chronic wound	
Outline the principles of wound prevention	UNDERSTANDING
Venous ulcer Wound due to oedema Arterial ulcer Neuropathic ulcer Diabetic foot ulcer Pressure ulcer	
Describe the risk factors, causative mechanisms, and essential features of the common acute and chronic wounds	UNDERSTANDING
Venous ulcer Wound due to oedema Arterial ulcer Neuropathic ulcer Diabetic foot ulcer Atypical wounds Pressure ulcer Traumatic wound Burn Frostbite Surgical wound Skin tears Self-inflicted wounds	



Summarize the most important evidence-based wound care recommendations and apply in practise those recommendations that are relevant to their speciality and with regard to their job description (latest updates)	UNDERSTANDING APPLYING
Outline the clinical classifications commonly used in wound care and apply in practise those classifications that are relevant to their speciality and with regard to their job description (latest updates)	UNDERSTANDING APPLYING
CEAP classification system Wlfl classification system IWGDF risk stratification system SINBAD score Braden scale SRS scale NPUAP/EPUAP classification system Burn stages Frostbite stages PARACELSUS score Nomenclature of Cutaneous Vasculitis	

Clinical work must be based on the best possible knowledge and practices, and a medical specialist must be motivated to maintain and update their knowledge throughout their entire career. The **CanMEDS roles** and their key competences which should be addressed in education in this unit are:

- Medical Expert (Key competence 1)
- Leader (Key competence 4)
- Scholar (Key competences 1, 3, 4)
- Professional (Key competence 4)



B) DIAGNOSTICS

On completion of the unit a trainee will be able to

Summarize which pieces of anamnestic information and clinical findings are relevant and adapt this knowledge to interviewing and examining the patient	UNDERSTANDING CREATING
Assess the patient's quality of life	EVALUATING
EQ-5D-5L SF-36 Wound-QoL DLQI cDLQI	
Assess the patient's mental health and functional capacity	EVALUATING
CFS (<i>Clinical Frailty Scale</i>) ICF (<i>International Classification of Functioning, Disability and Health</i>)	
Assess the patient's concordance with and adherence to treatment	EVALUATING
Outline screening for malnutrition, assess the nutritional status of the patient, and identify malnutrition	UNDERSTANDING EVALUATING APPLYING
MNA-SF NRS-2002 score GLIM criteria	
Assess the pain associated with a wound	EVALUATING
NRS	
Identify the typical chronic wounds	APPLYING



<p>Venous ulcer Wound due to oedema Arterial wound Neuropathic wound Diabetic foot ulcer Wounds due to dermatoporosis Pressure ulcer Wounds due to incorrect foot positioning</p>	
Identify the situations in which atypical wound should be suspected	APPLYING
Identify the wound tissues and the healing phase of the wound	APPLYING
<p>Open wound colour classification Stages of wound healing</p>	
Identify delayed wound healing and assess its risk factors	APPLYING EVALUATING
Risk factors for delayed healing	
Measure the size and depth of a wound	EVALUATING
Assess the skin surrounding the wound and estimate the clinical significance of the findings related to skin	EVALUATING
<p>Distinguishing between inflammation and infection Irritant and contact dermatitis Asteatotic eczema Moisture damage Hyperkeratosis Changes in the skin and subcutaneous tissues caused by chronic oedema Dermatoporosis</p>	
Assess the arterial circulation of the limb and identify the symptoms and findings of chronic limb-threatening ischaemia	EVALUATING APPLYING
<p>Risk factors of peripheral artery disease Symptoms of peripheral artery disease Clinical examination of the patient Interpretation of lower limb arterial pressure measurement results Sources of error in clinical examination and arterial pressure measurement</p>	
Identify the findings associated with venous insufficiency and estimate their clinical significance	APPLYING EVALUATING



Clinical categories of the CEAP classification	
Assess the amount, aetiology, and clinical significance of limb oedema	EVALUATING
Dependent oedema Calf muscle pump dysfunction Venous disease Lymphatic oedema Chronic heart failure Chronic kidney failure Oedema caused by medication	
Understand the importance of compression therapy and identify the need for it	UNDERSTANDING APPLYING
Indications for compression therapy Contraindications for compression therapy Methods of compression therapy	
Identify and measure neuropathy	APPLYING EVALUATING
Monofilament test	
Assess foot loading, postural deformities, and biomechanics	EVALUATING
Identifying typical point load areas during gait and in gait disturbances Identifying movement limitations and strength deficits in the neuropathic leg that increase the risk of wound Identifying the most common misalignments that can cause wounds	
Understand the importance of off-loading and identify the need for it	UNDERSTANDING APPLYING
Methods of off-loading	
Identify the foot problems associated with diabetes and understand that the main goal of treatment is to prevent amputations	APPLYING UNDERSTANDING
Postural abnormalities and their associated secondary findings Sensory neuropathy Impaired arterial circulation	
Identify the situations in which undiagnosed diabetes should be suspected	APPLYING
Identify poorly controlled diabetes	APPLYING



Identify the situations in which an atypical wound should be suspected	APPLYING
Clinical features of atypical wounds Diseases and medications that predispose to atypical wounds	
Choose the appropriate laboratory and imaging studies required in the diagnostics and treatment	CREATING
Diagnostic workup of the common chronic wounds and their causes Performing a skin biopsy and interpreting the pathology report	
Identify the symptoms and findings of wound infection and assess the extent and severity of the infection	APPLYING EVALUATING
Understanding the uncertainties associated with the symptoms and findings of infection Assessing the extent and severity of infection clinically and based on laboratory and imaging findings IDSA/IWGDF classification	
Identify the need for a bacterial swab of a wound, utilize correct collecting methods, and interpret the results of the bacterial culture	APPLYING APPLYING EVALUATING
Identify wound infections that require antibiotic treatment	APPLYING



C) TREATMENT

On completion of this unit a trainee will be able to

Understand that treatment must be based on a diagnosis	UNDERSTANDING
Understand that treatment must be evidence-based	UNDERSTANDING
Understand that treatment must be patient-centred	UNDERSTANDING
Assess the urgency of treatment	EVALUATING
Arterial ulcer Diabetic foot ulcer Atypical wounds Wound infection Pressure ulcer Venous ulcer	
Plan the treatment according to the aetiology and characteristics of the wound, taking into account other factors that have contributed to the wound and that are relevant in the care	CREATING
TIMERS model Monitoring the treatment response and reviewing the plan	
Evaluate products and methods used in the treatment, also based on the literature	EVALUATING
Understand the importance of aseptic work practices and apply this knowledge in their work in order to reduce the risk of wound infections	UNDERSTANDING APPLYING
Hygiene, antimicrobial agents	
Manage acute wounds	APPLYING
Treatment of acute wounds Preventing wounds from becoming chronic	
Carry out local treatment of acute and chronic wounds	APPLYING
Generic groups of wound care products Negative-pressure wound therapy	



Explain the techniques of wound cleansing and debridement, and identify the situations in which a more extensive surgical revision is appropriate	UNDERSTANDING APPLYING
Mechanical debridement Sharp debridement and minor revisions Equipment debridement Biological debridement Chemical debridement Autolytic debridement Enzymatic debridement	
Choose the appropriate antibiotic to be used in the treatment of wound infection and prophylaxis, and justify their choice	EVALUATING
Manage pain	APPLYING
Patient guidance Drug-free treatment Topical analgesics WHO Analgesic Ladder	
Utilize compression therapy	APPLYING
Choosing the optimal method Evaluating the implementation and effectiveness of treatment	
Organise off-loading therapy	APPLYING
Evaluating the effectiveness of treatment	
Identify the situations in which consultation of a dietitian is warranted	APPLYING
Assess the treatment options realistically and determine the appropriate treatment limitations	EVALUATING
Identify and solve problems related to care and support the patient	APPLYING CREATING
Adherence to treatment Organising the treatment Psychological support for the patient	
Summarize the principles of palliative wound care	UNDERSTANDING
Contents under construction	



Understand the importance of accurate patient records and **apply** this knowledge in their work

UNDERSTANDING
APPLYING

In addition to their indispensable clinical learning goals, diagnostics and treatment should also be viewed against the broader background formed by the physician-patient relationship. The **CanMEDS Roles** and their key competencies which should be addressed in education in the preceding two units are:

- Medical Expert (Key competences 1–5)
- Communicator (Key competences 1–5)
- Collaborator (Key competences 1, 3)
- Leader (Key competences 1–3)
- Health Advocate (Key competences 1–2)
- Scholar (Key competences 3, 4)
- Professional (Key competences 1–3)



D) CONSULTATIONS

On completion of this unit a trainee will be able to

Identify the situations in which consultation of a specialist or other speciality is warranted	APPLYING
<p>Vascular surgery</p> <ul style="list-style-type: none"> -arterial ulcer -venous ulcer -combined arterial venous ulcer <p>Plastic surgery</p> <ul style="list-style-type: none"> -pressure ulcer -burn -frostbite -skin malignancies -severe soft tissue infections <p>Orthopaedics and traumatology</p> <p>Dermatology and venereology</p> <ul style="list-style-type: none"> -suspicion of an atypical wound -treatment of the skin around the wound -treatment of limb oedema -suspicion of contact allergy -suspicion of self-inflicted wounds <p>Infectious diseases</p> <ul style="list-style-type: none"> -infections caused by multi-resistant bacteria unclear clinical situations <p>Endocrinology</p> <ul style="list-style-type: none"> -prolonged diabetic ulcer -the need for off-loading therapy or special footwear <p>Radiology</p> <p>Genetics</p> <ul style="list-style-type: none"> -rare connective tissue disorder 	
Identify the situations in which multidisciplinary or multiprofessional assessment of the patient is warranted	APPLYING
Understand the importance of precise communication in consultations and utilize this knowledge in requesting and acknowledging a consultation	UNDERSTANDING APPLYING
Outline the possibilities and limitations of different specialties and primary care in wound care	UNDERSTANDING
Understand the importance of continuity of care and how care chains work, and identify and solve problems related to care chains	UNDERSTANDING APPLYING



Regional care chains	
Organise the management and follow-up of long-term conditions that are relevant in relation to the wound and its management	APPLYING

E) MULTIPROFESSIONALITY AND CARE PROCESSES

On completion of this unit a trainee will be able to

Utilize their knowledge as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care	APPLYING
Working in a multiprofessional wound care team	
Outline the job descriptions of other professions involved in wound care and make use of the specific expertise and skills of different professional groups	UNDERSTANDING APPLYING
Tissue viability nurse Podiatrist and chiropodist Diabetes nurse practitioner Physiotherapist Assistive Technology Technician Occupational therapist Nutritionist Social worker	
Outline the social benefits a patient with a wound is entitled to	UNDERSTANDING
Understand how the costs of care are incurred and apply this knowledge in their work in order to provide cost-effective care for the patient	UNDERSTANDING APPLYING
Improve the quality of care and develop care practices and processes	CREATING

The management of an individual patient may involve several medical specialities, and by default, modern wound care is based on multiprofessional approach and teamwork. The **CanMEDS Roles** and their key competencies which should be addressed in education in the preceding two units are:

- Medical Expert (Key competences 1, 4, 5)
- Communicator (Key competence 5)



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- Collaborator (Key competences 1–3)
- Leader (Key competences 1–3)
- Health Advocate (Key competences 1–2)
- Scholar (Key competences 1, 3, 4)
- Professional (Key competences 1–3)

F) EDUCATION

On completion of this unit a trainee will be able to

Make use of their knowledge as an educator of wound care within one's speciality and its training program as well as for physicians from other specialities	APPLYING
Make use of their knowledge to teach the theory and basic practical skills of wound care to other professional groups involved in patient care	APPLYING
Participating in the organisation of such education	

Being able to act as an educator has relevance in relation to dissemination of knowledge, skills, and care practises both at the individual as well as the organizational level and is also an incentive to maintain and update one's knowledge. The **CanMEDS Roles** and their key competencies which should be addressed in education in this unit are:

- Medical Expert (Key competence 5)
- Collaborator (Key competences 1, 2)
- Leader (Key competences 1, 2)
- Health Advocate (Key competence 2)
- Scholar (Key competences 1–4)
- Professional (Key competences 1–3)

2. Organisation of training

a. Schedule of training

- Form of Theoretical Work

Theoretical work is organized in four blocks of teaching following the content of the Wound Healing ETR units. The blocks are defined as personal face to face presentations over 3 full days each. Each course will be cumulating 18 CME. Alternatively, the first block can be offered as e-learning course. All four blocks should be performed within a year.

In addition the trainees should also attend minimum one international and one national Congress (Symposium) in the field of wound care. This activity should count for a minimum of 16 CME points.

Taken together theoretical work should count for at least 80 CME points.

- Form of Practical Work

Workload is an indication of the time trainee typically need to complete all learning activities required to achieve the expected learning outcomes and will include: self-study and examinations in addition to the lectures and practical work already detailed above.

A trainee is expected to work in a wound healing unit or similar service for a minimum of 3 months to gain the relevant level of experience.

Wound Healing Unit / Institution – this should be a recognised healthcare facility that is responsible for managing patients with wounds. This may include healthcare services in primary and secondary care.

Taken together practical work should count for at least 100 hours.

The training period in Wound Healing will be in keeping with EU requirements and in any case sufficient to ensure that a trainee has met all the required educational and training needs. Specific arrangements for the overall training for any individual trainee would be decided locally and be influenced by relevant national requirements. The list of conditions shown above is a guide to the knowledge base required of a specialist/consultant with specific knowledge and skills in Wound Healing. The clinical experience should encompass all common clinical conditions in Wound Healing as shown in the list above.

Trainees should have enough time and support to attend local, regional, national and international CME accredited meetings. The ethical codex according to national or international regulations (EACCME) have to be considered. Consequently, such CME accredited meetings were made part of the required training programme.

In addition, the trainees should also be encouraged to involve themselves in original controlled clinical studies for drug development and medical devices which may lead to presentations and/or publications.

For a trainee to be able to apply for a post in another EU country it would be necessary to follow each country specific legislation. To support the application, it will be needed to present a published curriculum which has been followed by the trainee with details as to how it is known that the curriculum has been followed by both trainees and their trainers. The curriculum would contain details about the required nature and extent of clinical experiences, the methods by which a trainee is supported in their development and how judgements are made about their progress as regards the development of their knowledge and understanding, the progression of their clinical work and their development as a professional.

b. Curriculum of training

The table below assigns the respective CME points of theoretical work and hours of practical work to the different learning units.

UNIT	EXPECTED MINIMUM WORKLOAD PER UNIT OF STUDY	
	Theoretical Work	Practical Work
UNIT A Theoretical training	10	15
UNIT B Diagnostics	18	30
UNIT C Treatment	18	30
UNIT D Consultations	8	15
UNIT E Multiprofessionality and care processes	5	10
UNIT F Education	5	10
Congress / Symposia	16	-
Clinical cases	-	20
TOTAL	80	100

Typically, the theoretical work is completed in parallel with the performance of the practical work.

With regard to the practical training a logbook is necessary. The logbook should show the different learning units with the practical steps performed to finalize the respective unit. Each practical step should be signed by the supervisor. Appendix 1A shows an example of such a logbook.



c. Assessment and evaluation

Trainees will be continuously supported during their practical programs. Based on the interdisciplinary and interprofessional character of Wound Healing, a trainee's clinical work will be supervised by a group of interdisciplinary and interprofessional trainers. Depending on the kind of clinical work such trainers are consultants of various medical specialties, with specific knowledge and skills in Wound Healing, or other healthcare professional teachers with a specific training in Wound Healing. Such trainers already exist in all EU countries, and they are known by a variety of titles. The trainers will be responsible for providing the trainees with instructions, and regular feedback regarding their performance in matters related to the practical learning unit, i.e. clinical care the trainees deliver. This ETR recognizes that the details of some of the assessment methods will be determined by different countries, but the aim is to make them homogeneous.

The whole theoretical and practical training program for a trainee is personally headed by a chief of program, typically the chairman/leader of the training institution in which the practical training program happens. In the case of a group or network of allied institutions, one of the leaders defines his responsibility for the trainee. This responsibility should be in accordance with the experience of the trainee and the available facilities in the institution or group of institutions, thus covering the whole organization of the practical training program, the definition of trainers for the trainee and the supervision of the practical training work. When some facilities are not locally available it is in the responsibility of the chief of training to make appropriate arrangements (rotation to another training site). There should be sufficient teaching staff to allow adequate monitoring of each trainee and regular communication of the trainers with the chief of training regarding the trainee. A trainee will meet with their chief of training program on a regular basis, which typically would be every month, to discuss their work and progress. Such discussions will take the format of an appraisal with the trainees providing information about how they are progressing, accompanied by documented evidence of clinical engagement and achievement of their learning and training outcomes. The purpose of the appraisal is to enable a constructive discussion about how the learning needs of the trainee should be met. Subsequent appraisals will revisit earlier appraisals to determine progress in achieving these needs. The appraisals are not part of any summative assessment process but are designed entirely to support the trainees.

Logbook

Each trainee must keep an authorized Logbook that meets the standards of the UEMS logbook for documentation of professional experience (APPENDIX 1A). It will contain reports from the trainer giving an account of the trainee's proficiency in assessing research evidence, and active participation in the work of the unit, trainee publications, scientific and research works.

Logbook entries must be monitored by regular inspection and signed off by the appropriate trainer; assessment forms for each training period completed and signed by trainers for that period should also be included. The Logbook should be ready to be presented to a receiving country/employer, upon request, as proof of the knowledge/skills achieved during postgraduate education.

The trainee should be encouraged to keep an up-to-date Curriculum vitae (Europass form) incorporating:

- details of previous training posts, dates, duration and trainers
- details of examinations passed
- details of EPAs achieved



- list of publications with copies of published first page or abstract
- list of research presentations at local, national and international meetings
- list of courses attended

Periodic progress assessment

Training institutions should provide a system of appraisal – at entry into every part of the program, at an intermediate point and at the end. A structured goal setting for each training period according to the curriculum at its evaluation is recommended. The purpose of assessment is to ensure continuing progress in the trainee's knowledge and skills as well as professional conduct and ethics. Trainees have to meet the agreed standards and requirements of the planned program.

The assessment plan should consider a balance between formative and summative assessment and different types of examinations, the use of a portfolio and should make use of specified types of medical examination formats (e.g. DOPS – direct observation of procedural skills, MiniCex – mini clinical examination, OSCE – Objective Structured Clinical Examinations, GRS – Global Rating Scales, OSATS – Objective Structured Assessment of Technical Skills). The clinical experience will also be assessed especially by the report of clinical cases, a review of the patients seen by a trainee and for whom the trainee has had a personal responsibility as regards care. Evidence of such engagement will be maintained in a clinical logbook. The logbook will be signed by the trainee's trainer and reviewed by the chief of program together with the trainee in a formative manner. This will enable the trainee to see and be involved with the care of an appropriate number and range of patients. The logbook will be reviewed separately in a summative manner, by the local chief of training together with relevant trainers with whom the trainee has worked.

Professional behaviour would be part of the assessment strategy too and typically a 360-degree multi-source feedback (MSF) would occur during and at the end of training. The chief of training program would be central to the discussion and reflection undertaken after each MSF and provide guidance and support in response to comments made by those providing the MSF to a trainee. Additional MSFs would occur if the initial MSF demonstrated a less than adequate performance by the trainee. Local national standards as regards an individual's suitability for clinical practice would determine whether or not a trainee is employable as a specialist/consultant with specific knowledge and skills in Wound Healing.

Failure to meet the agreed targets must be brought to the attention of the training director. It is the responsibility of the training director to identify any failure in a trainee's progress, to conduct and to provide appropriate advice, and to take remedial action. In the event of a trainee not progressing as required, there are three stages of action:

- 1) targeted training: closer monitoring and supervision to address particular needs;
- 2) intensified supervision and, if necessary, repetition of the appropriate part of the program;
- 3) withdrawal of the trainee from the program.

End of training assessment

Initially, countries, national institutions or societies will use assessment strategies appropriate to their needs. Progressively, there will be a move towards a common UEMS European approach determining whether an individual is suitable to be recognized as a European specialist/consultant with specific knowledge and skills in Wound Healing.



Eligibility Requirements to sit the UEMS Wound Healing Examination

1. Application form: filled and signed by the candidate (will include the candidate and the training director contact data).
2. Curriculum Vitae: Europass format
3. Qualification: Scanned evidence of a University medical graduation diploma (Primary Medical Qualification) demonstrating the country of qualification, the date and the issuing body.
4. Training: Scanned evidence of a post-graduate training as medical specialist/consultant in Dermatology and Venereology, Plastic Reconstructive and Aesthetic Surgery, Orthopaedics and Traumatology, Internal Medicine (including Angiology / Vascular medicine), Endocrinology, Geriatrics, Infectious diseases, Surgery, Vascular Surgery and General medicine in a Medical Centre where the applicant has been supervised.
5. Registration: A scanned copy of a current document certifying that the candidate is registered as a practicing medical doctor recognized by the National Authority.
6. Identification: A scanned copy of the photograph page of the passport or EU national identity card is necessary.
7. Logbook: An endorsed logbook or an eLogbook demonstrating the name of the training unit, the name of the Training Tutor and the name of the Head of the Department (or equivalent).
8. Credit points: CME points resulted from the Wound Healing theoretical work - min. 80 CME and from the Wound Healing practical work in the different learning units - min. 100 CME (see above). The graduates of international recognized courses that follow the Wound Healing postgraduate training program (e.g. Wound Healing Course organized by EAFWH) and the graduates of the EU national training programs in Wound Healing are eligible to apply for the European Board Examination in Wound Healing.
9. Recommendations: Candidates should present two letters of recommendation from two Referees that had direct knowledge of the applicant during the training or work period. The Referees does not need not be Fellows of the European Board of Examination in Wound Healing.
10. Payment of Eligibility process fee as established and approved by the UEMS MJC Wound Healing.



The UEMS EB for Wound Healing Examination (EBWHE)

The EB for Wound Healing Examination delivered by the UEMS is a quality mark for training in Wound Healing. Each candidate is evaluated by the Examination Committee appointed by the UEMS MJC Wound Healing. There are two parts of the UEMS EBWHE:

-Formative Assessment which is documented and certified during the candidate's training in Wound Healing. The evaluation is made by Examination Committee on the basis of the CV, Logbook and Credit points presented by the candidate as a proof of experience and expertise.

-Summative Assessment on the basis of an 'Exit Examination', in two parts.

-Part 1 (Theoretical) mainly assessing knowledge consisting of 100 Multiple Choice Questions.

-Part 2 (Practical) mainly assessing clinical reasoning, decision-making, risk assessment, clinical skills and technical skills consisting on the management of the wound of one patient.

A candidate is allowed four (4) attempts to sit the Examination with no re-entry and no time limit. A candidate who has undergone broad training and possesses the required experience, should have no difficulty in passing this Examination. In case of failure, the candidate will get feedback on the results and the candidate will have the possibility to address the existing weaknesses before embarking on another examination attempt. The European Examination is a mark of excellence, regardless of its legal value in the view of national legislations and should be sought by every specialist with an interest in wound healing.

d. Governance

The governance of a training program is the responsibility of the Program Director and the institution(s) in which the training program is being delivered. A trainer will be responsible to the Program Director for delivering the required training in the area of practice.

Training Programmes are organised within given institutions under the auspices of Training Committees, subject to the requirements of General Medical Councils and other statutory bodies maintaining patient safety at all times and charged with maintaining and raising standards progressively. At a Unit level, a Program Director (PD) is required to take responsibility for Program organisation, implementation, and Trainee selection and subsequent monitoring and oversight. Regular meetings between PD and Trainee are mandatory to monitor feedback from trainers, the trainee themselves, and to offer guidance and support for development as well as intervention when problems arise. All stages of the Training will be documented (in a logbook).

UEMS strongly encourages the common implementation of the herein presented ETRs structures on a national level in all EU countries, which would allow a standardized delivery and continued assessment of all Wound Healing training programs in close cooperation with all units.



II. TRAINING REQUIREMENTS FOR TRAINERS

1. Process for recognition as trainer

a. Requested qualification and experience

Based on the interprofessional nature of Wound Healing, two kinds of trainers are needed for the training programme:

-Medical trainer nationally registered as specialist/consultant in:

General Medicine
Dermatology and Venereology
Surgery (General Surgeons, Plastic and Reconstructive Surgeons, Vascular Surgeons, Orthopedic Surgeons)
Internal Medicine (Phlebologists/Angiologists), Endocrinologists, Gerontologists

with special knowledge and skills in Wound Healing.

-Trainer with a university degree in nursing, who also graduated from a nationally approved education programme in Wound Healing and an at least 3 years practical experience in this field. Ideally, the nurse trainers are also accredited as teachers, or academic professors.

In order to promote harmonization of European training standards, it is also strongly recommended that trainers and trainees should demonstrate additional accreditation on a European level such as provided by examinations offered by the respective UEMS European Board of their speciality. In addition, a specific European course and/or examination in Wound Healing would be favourable. As, to date, the UEMS European Board Wound Healing is in construction, the participation in one of the existing European programmes, e.g. courses of wound healing organized by the European Association of Fellows in Wound Healing (EAFWH) is suggested.

The trainers will have satisfied any relevant national requirements as regards accreditation / appraisal / training to be a trainer. A chief of training program would be someone who has been/is a trainer and who has considerable knowledge and experience of training doctors and who has been practicing the specialty for at least 5 years after specialist certification. There must be additional experienced personal in the training staff for training of practical skills.

Trainers and chiefs of training programs must be in active clinical practise and engaged in training in the training centre or network. Their appointments would be for five years in the first instance. In some countries their work would be reviewed within the training centre or network



Recognition across the EU as regards competence to be a trainer despite practitioners coming from different countries and having different routes and extents of training is covered by Directive 2005/36/ EC (Paragraph C2/20).

b. Core competencies for trainers

A trainer will be:

- Familiar with all aspects of the overall Wound Healing curriculum as it relates to practice within their country
- Experienced in teaching and in supporting learners
- Skilled in identifying the learning needs of their trainees and in guiding the trainees to achieve their educational and clinical goals
- Able to recognize trainees whose professional behaviour is unsatisfactory and initiate supportive measures as needed
- Trained in the principles and practice of medical education

Trainers should also act as lecturers to a peer-audience on a regular basis, attend national meetings and be able to demonstrate appropriate participation in continuing professional development.

2. Quality management for trainers

Quality management for trainers remains a core competency of respective national medical specialty boards. Trainers and chiefs of training programs should have their job description agreed with their employer, which gives them sufficient time each week for support of trainees and in the case of chiefs of training programs, sufficient time for their work with trainers.

It is recommended that a single trainer should have no more than three trainees. The number of trainees would determine the amount of time each week that would be allocated to their support. Trainers will collaborate with trainees, the chief of training program and their Institution to ensure that the delivery of training is optimal. Feedback from trainees will assist in this regard.

Within their Departments/Institutions the educational work of trainers and chiefs of training programs will be typically appraised on an annual basis following the regulations of the local Board of Quality Management.

Educational support of trainers and chiefs of training programs will be provided either by their Departments and Institutions and by the national education authorities.

III. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

(if not covered by EU Directive on Professional Qualifications)

1. Process for recognition as training centre

a. Requirement on staff and clinical activities

A Training Centre is a place or number of places where trainees are able to develop their practical competences in Wound Healing.

Wound Healing training may take place in a single institution or in a network of institutions working together to provide training in the full spectrum of clinical conditions and skills detailed in the curriculum. Each participating institution in a network must be individually recognised as a provider of a defined section of the curriculum.

It is not a requirement that a training centre or a network of institutions is also academically approved (e.g. university, federal academic teaching institution) for Wound Healing but it is desirable that a training centre would have strong academic links and potentially contribute to research.

The size of the training institution or group of institutions should be as such that it has an adequate and high enough number and variety of wound disorder patients, which cover the whole range of the curriculum's diseases.

The institution should have in-patient beds and out-patient facilities including day care center beds. To build up his/her experience, the trainee should be involved in the diagnostic procedures and treatment (medical and surgical) of a sufficient number of patients and should perform a sufficient number of practical procedures of sufficient diversity to fully cover the curriculum of Wound Healing, including monitoring of in-patients.

The training centre, or the group of training centres where the trainee fulfils the practical training must work in an interdisciplinary way, in that they harbour departments of the medical specialities, which are typically involved in Wound Healing (Dermato-venereology, Surgery, Internal Medicine) or at least one specialist/consultant each with that expertise (General Practitioner, Dermato-venerologist, General Surgeons, Plastic and Reconstructive Surgeons, Vascular Surgeons, Orthopedic Surgeons, Phlebologists/Angiologists, Endocrinologists, Physical and Rehabilitation Medicine specialists) together with nurses specifically educated in Wound Healing and physical therapists as well as podologists.

In the best case, the institution has a centralized Wound ambulance, or, alternatively, is a wound centre where all the experts work together.

It is essential that as part of their training trainees will be responsible for caring for patients on both an emergency and routine basis. This may need the involvement of multiple training sites that offer different 'opening hours'. The trainee should be involved in the management of new patients and follow up of patients.

The institution should be such as to allow the trainee to carry out his/her training as outlined in the program of Wound Healing, as well as to allow appropriate access to other relevant specialties to provide appropriate interdisciplinary interactions and learning objectives. There will be regular multi-disciplinary meetings to determine optimal care for patients and such



meetings will involve both medical and other healthcare staff (e.g. monthly meetings). There will be clinical engagement outside of the centre with clinical groups of other related specialities.

Within a Wound Healing training centre there should be a wide range of clinical services available so that a trainee will be able to see and contribute to the care of all common Wound Healing problems. In addition, the patient numbers and specialist numbers should be sufficient so that trainees will be able to be instructed and then supervised in the clinical procedures required of a specialist/ consultant in Wound Healing.

Specialist staff appointed to a training centre will have completed all training requirements themselves and will have been trained also in teaching and mentoring trainee staff. Specialists already in post will undertake training, if they have not already completed this, to enable them to support trainees optimally. Such training and maintenance of skills and knowledge in this area will be part of their job-plan and subject to appraisal (see above).

It would be unacceptable for a trainee to have only one trainer during their entire training period. It would be more usual for a trainee to have a number of named trainers (minimum two) with whom they work on a day-to-day basis. Each trainer would cover different aspects of a trainee's clinical training but this individual will not be the only person who will provide educational support for a trainee. (See above for comments about the chief of training program and his/her role). It would be expected that the specialists in a training centre(s) represent a wide range of Wound Healing expertise and that such individuals demonstrate that they remain up to date with their clinical practice, knowledge and educational skills.

There is no specific trainee/trainer ratio that is required but at least 2 trainers in the institution with no more than 3 trainees is suggested. If a trainee moves between a number of centres for their training although their trainers may change, their chief of training program should remain the same. Chief of training program may also be trainer.

b. Requirement on equipment, accommodation

A training centre would have sufficient equipment and support to enable the clinical practice that would be expected of a training centre and thus provide the necessary educational opportunities for trainees. Trainees should have suitable accommodation for their work, including comfortable office space for administrative duties as well as study, and secure sites for personal effects. If required to be resident on call, suitable accommodation and catering resources are also mandatory.

The trainees will learn to manage the wound patients using different equipments (e.g. Wood Lamp, leg bathing/cleaning trays, Duplex sonography, Physical and Rehabilitation Medicine units for physical therapies, neuropathic exploration kit (Monofilament, graduated Rider-Seiffer tuning fork, double-ended cylinder, etc.), sphygmomanometer, arterial Doppler devices, sterile equipment for clinic procedures (e.g. debridement, wound biopsy and/or simple procedures), advanced curing systems (vacuum therapy, etc.). In addition, computing and Information technology including library resources must be available for the trainee.

Suitable accommodation should be provided for the trainee, or, at least the institution should help the trainee to find such an accommodation.



2. Quality management within training institutions

Participation of the training institution in Certified quality management programs with an external auditing process on a regular basis is required. Criteria for quality management at specialty training institutions include the following:

a) Accreditation

Training institutions should be accredited with competent national medical boards. Additional accreditation on a supra-national level (such as that provided by the UEMS MJC Wound Healing) is strongly recommended. Usually, the institution has to renew the accreditation every 5-10 years. In those EU countries, which do not offer such a national quality assessment, centers should choose industrial/medical certification organizations from the market (e.g. TÜV, ISO) for such a quality-based additional approval process. In addition, every clinical centre or a network of institutions offering a training programme in Wound Healing must have an interdisciplinary and interprofessional, institutional Quality Board of Wound Healing, which should meet at least every quarter of the year. This Board is mainly involved in defining local standards of wound care for the centre, testing and selecting treatment devices and performing the local continuous education for the health care professionals.

b) Clinical Governance

Management of clinical requirements with the available Human Resources within training institutions should be designed such that specialty training is inclusive and fully part of the Institution's remit. Workload should be managed with appropriate priority given to training.

c) Workforce planning

Training institutions should appoint a coordinator responsible for the composition, implementation and supervision of a specialty training program. The role of trainer and trainee should be clearly defined. At least one day in each working week should be designated for specialty training educational support.

d) Regular report

Annual reports on an institution's specialty training program should be made available for public scrutiny.

e) External auditing

Training institutions should appoint a coordinator who is also responsible for compliance of the training program with current guidelines, directives or regulations of competent medical boards as well as the local medical school.

f) Transparency of training programs

Based on national and regional guidelines, UEMS strongly encourages training institutions to formulate defined training programs and make them publicly available (e.g. on their website).

g) Framework of approval

Clarity is essential for how, and by who, key achievements of training are ascertained for each Trainee, in order to structure progression to higher levels of clinical responsibility with appropriate new assignments.

On a European scale, a clinical centre, which wishes to be certified on a European level can ask one of the UEMS MJC Wound Healing for a site visit. Such an official training inspection



should follow the UEMS Charter of Visitations. This will ensure and finally demonstrate that all the necessary educational and training provisions are available in a sustained manner. Subsequently, on a biennial basis, a training centre will provide a brief report on its activities to the respective Board.

To assist a specialist/consultant with specific knowledge and skills in Wound Healing moving from one EU country to another, it would be expected that they have satisfactorily completed the European training program in Wound Healing thus demonstrating that he/she has the required knowledge, clinical skills and competences as well as having demonstrated appropriate professional behaviours and has been engaged with sufficient amount of clinical work for employment in the post they are seeking. Such accomplishments (Appendix A) would be verified both by the certifications for the theoretical work and the signatures in the logbook (Appendix 1A).

h) Entrustable Professional Activities (EPA) reached during the education An EPA is 'a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached'. This indicates whether one could trust the individual to perform the job and not whether he/she is just competent to do it. This level goes beyond simple competence and would constitute the highest critical level of competence in a formative and summative assessment (Appendix B)

EPA-Title	
Specification and limitations = description of EPA	Timeframe: Including following tasks:
Potential risks in case of failure	
Most relevant competency domains (CanMEDS)	
Required knowledge, skills, attitudes	Knowledge Skills Attitudes
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for the practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach:
Time period to expiration if not practiced	



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APPENDIX A

Specific knowledge and skills in Wound Healing - Basic requirements

Certificates for the completion of the theoretical work

After successful completion of the different parts of theoretical work, the trainee should get a certificate for the respective part. These certificates allow the trainee to document the complete conclusion of the theoretical work.

Records (logbook) of practical clinical work and clinical skills

Many trainees already keep a record or have a record kept automatically of patients for whom they have provided care. It is proposed to be used for the trainees willing to become an European specialist/consultant with specific knowledge and skills in Wound Healing. When doctors seek to gain employment in an EU country other than their own (or the one in which they have been trained) they might be required additional documentation, in that they provide access to appropriate records (logbook) demonstrating the extent and nature of their practical clinical experience and skills to a future potential employer and any other relevant body (for example a statutory medical body that grants employment rights within a country). An example for a logbook is listed in Appendix 1A

Additional information as a confirmation of progress of a trainee

Doctors seeking to gain employment in a country other than their own or the country in which they have been trained will be required to provide additional references that provide details about:

1. The curriculum that the trainee has followed
2. The nature of assessments completed by the trainee and the outcomes of any assessments undertaken by him/her
3. The outcomes of assessments of a trainee's professional behaviours
4. The good-standing of the trainee
5. The nature of the quality assurance processes by which it is known locally that the quality of the curriculum and its delivery are satisfactory



APPENDIX 1A

The structure of the logbook for the practical clinical work of the European Training Requirements in Wound Healing

UNIT A: Theoretical training (15 hours)

Fill out the kind of practical work performed	Signature
e.g. definition of various healing phases	

UNIT B: Diagnostics (30 hours)

Fill out the kind of practical work performed	Signature
e.g. reading of swab and antibiograms results	



UNIT C: Treatment (30 hours)

Fill out the kind of practical work performed	Signature
e.g. performance of a mechanical debridement	

UNIT D: Consultations (15 hours)

Fill out the kind of practical work performed	Signature
e.g. requesting and acknowledging a multidisciplinary consultation	

UNIT E: Multiprofessionality and core processes (10 hours)

Fill out the kind of practical work performed	Signature
e.g. development and performance of a treatment plan for a palliative wound	



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UNIT F: Education (10 hours)

Fill out the kind of practical work performed	Signature
e.g. teach the practical skills of wound debridement to a nurse	

APPENDIX B

Entrustable Professional Activities for Wound Healing

For all Medical Specialties, which include Wound Healing in their Curricula

Version 1.1 (2025)



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Entrustable Professional Activities for Wound Healing

European Standards of Postgraduate Medical Specialist Training

a) Foundation EPAs for Wound Healing

EPA-Title	1. Interview a patient with a wound
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> • Taking history • Summarizing which pieces of information and clinical findings are relevant • Adapting this knowledge to interviewing the patient
Potential risks in case of failure	<ul style="list-style-type: none"> • Insufficient interview of patients • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert Communicator Health Advocate Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Lists options to assess patient's quality of life (EQ-5D-5L, SF-36, Wound-QoL, DLQI, cDLQI) • Lists options to assess patient's mental health and functional capacity (CFS, ICF), cognitive impairment • Understands psychopathology and dynamics in patients with self-inflicted wounds • Knows how to assess patient's nutritional status including malnutrition (MNA-SF, NRS-2002 score, GLIM criteria) • Knows how to assess patient's pain (NRS) <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the progress of the wound • Assesses the patient's compliance to treatment • Assesses the pain associated with a wound • Assesses risk factors for delayed wound healing • Assesses the patient's quality of life



	<ul style="list-style-type: none"> Assesses the patient's mental health and functional capacity, cognitive impairment Identifies and communicates appropriately with patients with self-inflicted wounds Assesses the nutritional status of the patient <p>Attitudes</p> <ul style="list-style-type: none"> Engages with and supports patients and their relatives Demonstrates the attitude of a health professional, including self-awareness, openness, reflection, and collegial support
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program.
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	2. Examine a patient with a wound
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Summarizing which pieces of clinical findings are relevant Adapting this knowledge to examining the patient
Potential risks in case of failure	<ul style="list-style-type: none"> Insufficient examination of patients Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Explains how to assess a wound (open wound colour classification) Knows the change in skin surroundings with inflammation, infection, irritant and contact dermatitis, asteatotic eczema, moisture damage, hyperkeratosis, chronic oedema, dermatoporosis Lists typical chronic wounds: venous ulcer, wound due to edema, arterial wound, neuropathic wound, diabetic foot ulcer, wounds due to dermatoporosis, pressure ulcer, wounds due to incorrect foot positioning) <p>Skills</p> <ul style="list-style-type: none"> Identifies the wound tissues and the according healing phase of the wound Identifies typical chronic wounds Identifies situations in which atypical wound should be suspected Assesses skin surrounding of the wound Measures size and depth of a wound <p>Attitudes</p> <ul style="list-style-type: none"> Demonstrates professionalism: agency, reliability, humility, capability Knows own limits and asks for support accordingly



Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	3. Diagnose a patient with a wound
Specification and limitations = description of EPA	Timeframe: Starts with patient encounter and ends with documenting patient history Including following tasks: <ul style="list-style-type: none"> Summarizing which pieces of information and clinical findings are relevant Choosing the appropriate diagnostics Identifying the diagnosis
Potential risks in case of failure	<ul style="list-style-type: none"> False diagnosis Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Scholar Professional
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Explains the diagnostic workup of common chronic wounds and their causes Knows clinical tests for suspected osteomyelitis e.g. probe-to-bone test <p>Skills</p> <ul style="list-style-type: none"> Takes adequate and focused history Chooses appropriate laboratory diagnostics Identifies the need for radiological or nuclear imaging Performs a skin biopsy and interprets the pathology report as needed Identifies the symptoms and findings of wound infection and assesses the extent and severity of the infection Identifies the need for a bacterial swab or biopsy, utilize correct collecting methods, and interpret the results of the bacterial culture, if necessary <p>Attitudes</p> <ul style="list-style-type: none"> Diagnostics is based on evidence Knows own limits and asks for support accordingly
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program



Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)
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EPA-Title	4. Assess the arterial circulation of a limb
Specification and limitations = description of EPA	Timeframe: Starts with patient encounter and ends with documenting patient history Including following tasks: <ul style="list-style-type: none"> • Taking history • Summarizing which pieces of information and clinical findings are relevant • Adapting this knowledge to interviewing and examining the patient
Potential risks in case of failure	<ul style="list-style-type: none"> • Insufficient interview and examination of patients • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Health Advocate Professional
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Lists typical symptoms of arterial disease • Lists risk factors of peripheral artery disease • Explains sources of error in clinical examination and arterial pressure measurement <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the arterial circulation of the limb • Measures and interprets the lower limb arterial pressure measurement • Identifies symptoms and findings of chronic limb-threatening ischaemia <p>Attitudes</p> <ul style="list-style-type: none"> • Engages with and supports patients and their relatives • Demonstrates professionalism: agency, reliability, humility, capability • Knows own limits and asks for support accordingly
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> • Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	5. Assess foot loading, postural deformities and biomechanics
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Specification and limitations = description of EPA	Timeframe: Starts with patient encounter and ends with documenting patient history Including following tasks: <ul style="list-style-type: none"> • Taking history • Summarizing which pieces of information and clinical findings are relevant • Adapting this knowledge to interviewing and examining the patient
Potential risks in case of failure	<ul style="list-style-type: none"> • Insufficient interview and examination of patients • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Health Advocate Professional
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Understands the importance of off-loading • Explains the methods of off-loading • Outlines principles of wound prevention <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Identifies typical point load areas during gait and in cases of gait disturbances • Identifies movement limitations and strength deficits in the neuropathic leg that increase the risk of wound development • Identifies the most common deformities that can cause wounds <p>Attitudes</p> <ul style="list-style-type: none"> • Engages with and supports patients and their relatives • Demonstrates professionalism: agency, reliability, humility, capability • Knows own limits and asks for support accordingly
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> • Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	6. Assess a patient with diabetes
Specification and limitations = description of EPA	Timeframe: Starts with patient encounter and ends with documenting patient history Including following tasks: <ul style="list-style-type: none"> • Taking history • Summarizing which pieces of information and clinical findings are relevant • Adapting this knowledge to interviewing the patient
Potential risks in case of failure	<ul style="list-style-type: none"> • Insufficient interview and examination of patients • Undue financial costs and societal impact



Most relevant competency domains (CanMEDS)	Medical Expert Communicator Health Advocate Professional
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Explains postural abnormalities and their associated secondary findings: Sensory neuropathy, impaired arterial circulation Knows classification systems for diabetic foot: IDSA/IWGDF classification <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Recognizes signs and risk factors indicating possible undiagnosed diabetes Identifies poorly controlled diabetes <p>Attitudes</p> <ul style="list-style-type: none"> Engages with and supports patients and their relatives Demonstrates professionalism: agency, reliability, humility, capability Knows own limits and asks for support accordingly
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	7. Assess a patient with a wound infection
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Summarizing which pieces of information and clinical findings are relevant Adapting this knowledge to interviewing and examining the patient
Potential risks in case of failure	<ul style="list-style-type: none"> Insufficient interview and examination of patients Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Health Advocate Professional
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Understanding the uncertainties associated with the symptoms and findings of infection Explains the options for antibiotic treatment of wound infection and prophylaxis <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history



	<ul style="list-style-type: none"> Identifies symptoms and findings of wound infection Assesses the extent and severity of the infection based on clinical evaluation, laboratory results, and imaging findings Identifies the need for a swab or a biopsy Performs the swab or a biopsy appropriately Interprets results of the bacterial culture Identifies wound infections that require antibiotic treatment <p>Attitudes</p> <ul style="list-style-type: none"> Diagnostics is based on evidence and is patient centred Knows own limits and asks for support accordingly
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	8. Manage a patient with an acute wound
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Performing wound treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Leader</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Outlines the physiology of wound healing Explains the factors that are of importance in relation to wound healing Describes the stages of wound healing Summarizes the tissue effects of ageing (skin, tissue healing, immune system, chronic wounds) Outlines the clinical classifications commonly used in wound care (CEAP, WIfI, NPUAP/EPUAP classification system, IWGDF risk stratification system, SINBAD score, Braden scale, SRS scale, Burn stages, Frostbite stages, PARACELSUS score, Nomenclature of Cutaneous Vasculitis)



	<ul style="list-style-type: none"> Summarizes the most important evidence-based wound care recommendations Outlines the social benefits a patient with a wound is entitled to <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Assesses the urgency of treatment Plans the treatment <ul style="list-style-type: none"> Identifies wounds for extensive surgical revision Performs the treatment <ul style="list-style-type: none"> Performs aseptic procedures (hygiene, antimicrobial agents) Debrides wound adequately Carries out local treatment of acute or chronic wounds Chooses the appropriate antibiotic treatment for wound infection or prophylaxis Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) Evaluates the effectiveness of treatment <ul style="list-style-type: none"> Monitors the treatment response Evaluates products and methods used in the treatment Reviews the treatment plan Applies wound care recommendations that are relevant to the speciality Identifies and solves problems related to care and support the patient Identifies the situations in which multidisciplinary or multiprofessional assessment of the patient is warranted Organises the management and follow-up of long-term conditions relevant to the wound treatment Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care Knows own limits and makes use of the specific expertise and skills of different professional groups Improves the quality of care and develops care practices and processes Provides cost-effective care for the patient Understands the importance of continuity of care and how care chains work
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	<p>The trainee is expected to reach</p> <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program



Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)
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EPA-Title	9. Manage a patient with a multidisciplinary team
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> • Taking history • Examining the wound • Setting the indication for multidisciplinary treatment/consultation
Potential risks in case of failure	<ul style="list-style-type: none"> • Insufficient cooperation and wound treatment • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Collaborator</p> <p>Leader</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Outlines the job descriptions of other professions involved in wound care (vascular surgery, plastic surgery, orthopaedics and traumatology, dermatology and venereology, infectious diseases, endocrinology, radiology) • Outlines the possibilities and limitations of different specialties and primary care in wound care (tissue viability nurse, podiatrist and chiropodist, diabetes nurse practitioner, physiotherapist, assistive technology technician, occupational therapist, nutritionist, social worker) • Understands the importance of continuity of care and how care chains work • Understands how costs of care are incurred <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history <ul style="list-style-type: none"> ○ Identifies situations in which consultation of a dietitian is warranted ○ Identifies situations in which consultation of a specialist or other speciality is warranted ○ Identifies situations in which multidisciplinary or multiprofessional assessment of the patient is warranted • Assesses the urgency of treatment • Plans multidisciplinary wound treatment • Performs multidisciplinary wound treatment <ul style="list-style-type: none"> ○ Identifies and solves problems related to care chains <p>Attitudes</p> <ul style="list-style-type: none"> • Patient-centred care • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Knows own limits and makes use of the specific expertise and skills of different professional groups



Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	10. Manage a patient with wound infection
Specification and limitations = description of EPA	Timeframe: Starts with patient encounter and ends with documenting patient history Including following tasks: <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Performing wound treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Collaborator Scholar
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Describes the risk factors, causative mechanisms, and essential features of the common acute and chronic wounds Explains the techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement Knows about local treatment options: generic groups of wound care products, negative pressure wound therapy Explains the options for antibiotic treatment of wound infection and prophylaxis Understands the importance of accurate patient records Understands the uncertainties associated with infection <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Identifies the symptoms of wound infection Assesses the urgency of treatment Assesses the extent and severity of infection Identifies the need for a swab or a biopsy Interprets the results of the bacterial culture Plans the treatment <ul style="list-style-type: none"> Identifies wounds for extensive surgical revision



	<ul style="list-style-type: none"> • Performs the treatment <ul style="list-style-type: none"> ○ Performs aseptic procedures (hygiene, antimicrobial agents) ○ Debrides wound adequately ○ Carries out local treatment of acute or chronic wounds ○ Organizes off-loading therapy ○ Chooses the appropriate antibiotic treatment for wound infection or prophylaxis ○ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates the effectiveness of treatment <ul style="list-style-type: none"> ○ Monitors the treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the plan • Identifies and solves problems related to care and support the patient • Identifies the situations in which multidisciplinary or multiprofessional assessment of the patient is warranted (incl. infectious diseases, plastic surgeons with severe soft tissue infections) • Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> • Treats patients based on diagnosis, evidence • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> • Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	11. Manage a patient with pressure ulcer
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> • Taking history • Examining the wound • Setting the indication for wound treatment • Performing wound treatment • Documenting patient history



Potential risks in case of failure	<ul style="list-style-type: none"> • Inadequate treatment of wounds • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Collaborator Scholar F
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Describes risk factors, causative mechanisms, and essential features of pressure ulcer • Outlines the principles of wound prevention • Explains the techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement • Knows about local treatment options: generic groups of wound care products, negative pressure wound therapy • Explains the options for antibiotic treatment of wound infection and prophylaxis • Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the urgency of treatment • Evaluates the degree of pressure ulcer • Plans the treatment <ul style="list-style-type: none"> ○ Identifies wounds for extensive surgical revision • Performs the treatment <ul style="list-style-type: none"> ○ Performs aseptic procedures (hygiene, antimicrobial agents) ○ Debrides wound adequately ○ Carries out local treatment of acute or chronic wounds ○ Organizes off-loading therapy ○ Chooses the appropriate antibiotic treatment for wound infection or prophylaxis ○ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates the effectiveness of treatment <ul style="list-style-type: none"> ○ Monitors the treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the plan • Identifies the situations in which consultation of a dietitian is warranted • Identifies and solves problems related to care and support the patient • Identifies situations in which multidisciplinary or multiprofessional assessment (incl. plastic surgeons) of the patient is warranted • Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> • Treats patients based on diagnosis, evidence • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care



	<ul style="list-style-type: none"> Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	12. Manage a patient with a surgical wound
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Providing wound care Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Communicator</p> <p>Collaborator</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Assesses the urgency of treatment Plans the treatment <ul style="list-style-type: none"> Identifies wounds for extensive surgical revision Performs wound care <ul style="list-style-type: none"> Performs aseptic procedures (hygiene, antimicrobial agents) Debrides wound adequately Carries out local treatment of acute or chronic wounds Utilizes compression therapy, if necessary Organizes off-loading therapy, if necessary Chooses the appropriate antibiotic treatment for wound infection or prophylaxis Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) Evaluates the effectiveness of treatment



	<ul style="list-style-type: none"> ○ Monitors the treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the plan • Identifies and solves problems related to care and support the patient • Identifies situations in which multidisciplinary or multiprofessional assessment of the patient is warranted • Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> • Treats patients based on diagnosis, evidence • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> • Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	13. Manage a patient with a traumatic wound/ skin tear
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> • Taking history • Examining the wound • Setting the indication for wound treatment • Providing wound care • Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> • Inadequate wound care • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Communicator</p> <p>Collaborator</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history



	<ul style="list-style-type: none"> Assesses the urgency of treatment Plans the treatment <ul style="list-style-type: none"> Identifies wounds for extensive surgical revision Performs wound care <ul style="list-style-type: none"> Performs aseptic procedures (hygiene, antimicrobial agents) Debrides wound adequately Carries out local treatment of acute or chronic wounds Utilizes compression therapy, if necessary Organizes off-loading therapy, if necessary Chooses the appropriate antibiotic treatment for wound infection or prophylaxis Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) Evaluates the effectiveness of treatment <ul style="list-style-type: none"> Monitors the treatment response Evaluates products and methods used in the treatment Reviews the plan Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment (incl. orthopaedics and traumatology) of the patient is warranted Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 5 (supervising others) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)



b) Advanced EPAs for Wound Healing

EPA-Title	14. Manage a patient with wound due to oedema
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> • Taking history • Examining the wound • Setting the indication for wound treatment • Performing wound treatment • Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> • Inadequate treatment of wounds • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Lists the aetiology of limb oedema: dependent oedema, calf muscle pump dysfunction, venous disease, lymphatic edema, chronic heart failure, chronic kidney failure, edema caused by medication • Understands the importance of compression therapy • Lists the indications and contraindications for compression therapy • Knows the methods of compression therapy <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Examines the patient • Assesses oedema • Performs the treatment <ul style="list-style-type: none"> ○ Performs aseptic procedures (hygiene, antimicrobial agents) ○ Debrides wound adequately ○ Carries out local treatment of acute or chronic wounds ○ Chooses appropriate antibiotic treatment for wound infection or prophylaxis ○ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates the effectiveness of treatment <ul style="list-style-type: none"> ○ Monitors treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the treatment plan



	<ul style="list-style-type: none"> Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment (incl. dermatology and venereology) of the patient is warranted Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	15. Manage a patient with arterial ulcer
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Performing wound treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Describes risk factors, causative mechanisms, and essential features of the common acute and chronic wounds Explains techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement Explains options for antibiotic treatment of wound infection and prophylaxis Understands the importance of accurate patient records <p>Skills</p>



	<ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the urgency of treatment • Identifies impaired arterial circulation • Identifies neuropathy • Identifies typical chronic wounds • Plans the treatment <ul style="list-style-type: none"> ○ Identifies wounds for extensive surgical revision • Performs treatment <ul style="list-style-type: none"> ○ Performs aseptic procedures (hygiene, antimicrobial agents) ○ Debrides wound adequately ○ Carries out local treatment of acute or chronic wounds ○ Organizes off-loading therapy, if necessary ○ Chooses appropriate antibiotic treatment for wound infection or prophylaxis ○ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates effectiveness of treatment <ul style="list-style-type: none"> ○ Monitors treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the plan • Prevents wounds from becoming chronic • Identifies situations in which consultation of a dietitian or vascular surgeon is warranted • Identifies and solves problems related to care and support the patient • Identifies situations in which multidisciplinary or multiprofessional assessment of the patient is warranted • Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> • Treats patients based on diagnosis, evidence • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> • Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	16. Manage a patient with diabetic foot ulcer
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Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <p>Taking history</p> <ul style="list-style-type: none"> • Examining the wound • Setting the indication for wound treatment • Performing wound treatment • Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> • Inadequate treatment of wounds • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Collaborator</p> <p>Scholar</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Describes risk factors, causative mechanisms, and essential features of common acute and chronic wounds • Explains techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement • Knows about local treatment options: generic groups of wound care products, negative pressure wound therapy • Explains the options for antibiotic treatment of wound infection and prophylaxis • Understands the importance of accurate patient records • Explains postural abnormalities and their associated secondary findings: Sensory neuropathy, impaired arterial circulation • Understands that the main goal of treatment is limb salvage <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the urgency of treatment • Identifies neuropathy • Identifies typical chronic wounds • Identifies poorly controlled diabetes • Plans treatment <ul style="list-style-type: none"> ○ Identifies wounds for extensive surgical revision • Performs the treatment <ul style="list-style-type: none"> ○ Performs aseptic procedures (hygiene, antimicrobial agents) ○ Debrides wound adequately ○ Carries out local treatment of acute or chronic wounds ○ Utilizes compression therapy, if necessary ○ Organizes off-loading therapy, if necessary ○ Chooses the appropriate antibiotic treatment for wound infection or prophylaxis ○ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates effectiveness of treatment <ul style="list-style-type: none"> ○ Monitors treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the plan



	<ul style="list-style-type: none"> Prevents wounds from becoming chronic Identifies the situations in which consultation of a dietitian is warranted Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment of the patient is warranted Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence Patient centred care Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	17. Manage a patient with neuropathic foot ulcer
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Performing wound treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Collaborator</p> <p>Scholar</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Knows how to measure neuropathy (Monofilament Test) Describes the risk factors, causative mechanisms, and essential features of the common acute and chronic wounds



	<ul style="list-style-type: none"> Explains the techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement Knows about local treatment options: generic groups of wound care products, negative pressure wound therapy Explains the options for antibiotic treatment of wound infection and prophylaxis Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Assesses the urgency of treatment Identifies and measures neuropathy Identifies typical chronic wounds Plans the treatment <ul style="list-style-type: none"> Identifies wounds for extensive surgical revision Performs treatment <ul style="list-style-type: none"> Performs aseptic procedures (hygiene, antimicrobial agents) Debrides wound adequately Carries out local treatment of acute or chronic wounds Utilizes compression therapy Organizes off-loading therapy Chooses the appropriate antibiotic treatment for wound infection or prophylaxis Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) Evaluates the effectiveness of treatment <ul style="list-style-type: none"> Monitors the treatment response Evaluates products and methods used in the treatment Reviews the plan Prevents wounds from becoming chronic Identifies the situations in which consultation of a dietitian is warranted Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment (incl. endocrinology) of the patient is warranted Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence and is patient centred Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level	<p>The trainee is expected to reach</p> <ul style="list-style-type: none"> Level 4 (distant supervision) on completing this program



expected at which stage of training	
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	18. Manage a patient with atypical wounds
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> • Taking history • Examining the wound • Setting the indication for wound treatment • Performing wound treatment • Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> • Inadequate treatment of wounds • Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Collaborator</p> <p>Scholar</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Describes the risk factors, causative mechanisms (diseases and medications) and clinical features of atypical wounds • Explains the techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement • Knows about local treatment options: generic groups of wound care products, negative pressure wound therapy • Explains the options for antibiotic treatment of wound infection and prophylaxis • Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the urgency of treatment • Chooses the appropriate diagnostic workup • Plans the treatment <ul style="list-style-type: none"> ○ Identifies wounds for extensive surgical revision or biopsy • Performs treatment <ul style="list-style-type: none"> ○ Performs aseptic procedures (hygiene, antimicrobial agents) ○ Debrides wound adequately ○ Carries out local treatment of acute or chronic wounds ○ Chooses the appropriate antibiotic treatment for wound infection or prophylaxis ○ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates the effectiveness of treatment <ul style="list-style-type: none"> ○ Monitors the treatment response ○ Evaluates products and methods used in the treatment ○ Reviews the plan



	<ul style="list-style-type: none"> Prevents wounds from becoming chronic Identifies the situations in which consultation of a dietitian is warranted Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment (incl. dermatology and venereology) of the patient is warranted Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence Patient centred care Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	19. Manage a patient with venous ulcer
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Performing wound treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Medical Expert</p> <p>Communicator</p> <p>Collaborator</p> <p>Scholar</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Knows how to classify venous insufficiency disorders according to CEAP classification



	<ul style="list-style-type: none"> • Describes the risk factors, causative mechanisms, and essential features of the common acute and chronic wounds • Outlines the principles of wound prevention • Explains the techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement • Knows about local treatment options: generic groups of wound care products, negative pressure wound therapy • Explains the options for antibiotic treatment of wound infection and prophylaxis • Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> • Takes an adequate and focused history • Assesses the urgency of treatment • Identifies the findings associated with venous insufficiency • Identifies typical chronic wounds • Plans the treatment <ul style="list-style-type: none"> ◦ Identifies wounds for extensive surgical revision • Performs treatment <ul style="list-style-type: none"> ◦ Performs aseptic procedures (hygiene, antimicrobial agents) ◦ Debrides wound adequately ◦ Carries out local treatment of acute or chronic wounds ◦ Utilizes compression therapy, if necessary ◦ Organizes off-loading therapy, if necessary ◦ Chooses the appropriate antibiotic treatment for wound infection or prophylaxis ◦ Manages pain (through patient guidance, Drug-free treatment, topical analgesics, WHO Analgesic ladder) • Evaluates the effectiveness of treatment <ul style="list-style-type: none"> ◦ Monitors the treatment response ◦ Evaluates products and methods used in the treatment ◦ Reviews the plan • Prevents wounds from becoming chronic • Identifies and solves problems related to care and support the patient • Identifies situations in which multidisciplinary or multiprofessional assessment (incl. vascular surgeons) of the patient is warranted • Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> • Treats patients based on diagnosis, evidence • Patient centred care • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing



Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	20. Manage a patient with burns/ frostbite
Specification and limitations = description of EPA	Timeframe: Starts with patient encounter and ends with documenting patient history Including following tasks: <ul style="list-style-type: none"> Taking history Examining the burn injury/ frostbite injury Assessing the severity and extent of the burn Providing initial wound care Setting the indication for surgical or conservative treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inaccurate burn depth assessment, infection, scarring, contractures Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	Medical Expert Communicator Collaborator Scholar
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Understands the pathophysiology of burn injuries/ frostbite injuries and systemic effects Explains methods of burn depth and extent assessment Knows principles of burn wound care, including dressings and surgical options <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Assesses the urgency of treatment Assesses burn/frostbite depth and total body surface area affected Provides initial wound care, including cleaning and dressing Sets the indication for surgical intervention, if required Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment (incl. plastic surgeons) of the patient is warranted Documents patient encounter properly <p>Attitudes</p> <ul style="list-style-type: none"> Treats patients based on diagnosis, evidence Communicates precisely in consultations and in requesting and acknowledging a consultation Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care



	<ul style="list-style-type: none"> Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	21. Manage a patient with extensive surgical revision
Specification and limitations = description of EPA	<p>Timeframe: Starts with patient encounter and ends with documenting patient history</p> <p>Including following tasks:</p> <ul style="list-style-type: none"> Taking history Examining the wound Setting the indication for wound treatment Performing surgical wound treatment Documenting patient history
Potential risks in case of failure	<ul style="list-style-type: none"> Inadequate treatment of wounds Undue financial costs and societal impact
Most relevant competency domains (CanMEDS)	<p>Communicator</p> <p>Collaborator</p> <p>Scholar</p> <p>Professional</p>
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> Explains the techniques of wound cleansing and debridement: Mechanical, sharp, equipment, biological, chemical, autolytic and enzymatic debridement Understands the importance of accurate patient records <p>Skills</p> <ul style="list-style-type: none"> Takes an adequate and focused history Assesses the urgency of treatment Plans the treatment <ul style="list-style-type: none"> Identifies wounds for extensive surgical revision Performs aseptic procedures (hygiene, antimicrobial agents) Performs debridement or surgical revision of the wound Defines post-surgical care Evaluates the effectiveness of treatment <ul style="list-style-type: none"> Monitors the treatment response Reviews the plan Identifies and solves problems related to care and support the patient Identifies situations in which multidisciplinary or multiprofessional assessment of the patient is warranted Documents patient encounter properly <p>Attitudes</p>



	<ul style="list-style-type: none"> • Treats patients based on diagnosis, evidence • Communicates precisely in consultations and in requesting and acknowledging a consultation • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Knows own limits and makes use of the specific expertise and skills of different professional groups
Information sources to assess progress and support summative entrustment	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none"> • Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)

EPA-Title	22. Teaching other professional groups in wound care
Specification and limitations = description of EPA	Including following tasks: <ul style="list-style-type: none"> • Participates in wound care education
Potential risks in case of failure	None
Most relevant competency domains (CanMEDS)	Medical Expert Leader Health Advocate Professional
Required knowledge, skills, attitudes	<p>Knowledge</p> <ul style="list-style-type: none"> • Knows theory and basic practical skills of wound care <p>Skills</p> <ul style="list-style-type: none"> • Makes use of their knowledge as an educator of wound care within one's speciality and its training program as well as for physicians from other specialities • Makes use of their knowledge to teach the theory and basic practical skills of wound care to other professional groups involved in patient care • Participates in the organisation of education <p>Attitudes</p> <ul style="list-style-type: none"> • Functions as a representative of their speciality in a multiprofessional wound care team and in different tasks that are related to the development of wound care • Improves the quality of care and develops care practices and processes
Information sources to assess progress and support	Brief documented assessments/ observations using the logbook for practical clinical work of the ETRs in Wound Healing



summative entrustment	
Entrustment/ supervision level expected at which stage of training	The trainee is expected to reach <ul style="list-style-type: none">• Level 4 (distant supervision) on completing this program
Time period to expiration if not practiced	One year of non-practice will require Level 3 (indirect supervision)