



## AWMA MODULE ACCREDITATION

### Module One: Introduction to Wound Management

**Introduction** - The Australian Wound Management Association Education & Professional Development Sub Committee-(AWMA EPDSC) has developed the minimum components that are required in a set of basic Professional Development modules for skin integrity maintenance and wound management. In addition an aligned framework for competency assessment for each of these modules co exists.

The Committee sought assistance through the European Wound Management Association (EWMA-2004) who had developed a core set of educational requirements for specific modules. In Collaboration with EWMA the AWMA module and competency assessment content documents were produced.

There is provision for some information to be excluded but those seeking endorsement for particular training modules must be able to explain why the content is not being taught (See Table 1).

Code	* Reasons why content not included in course
1	Learners have prior knowledge
2	Content considered irrelevant
3	Lack of time to deliver this content
4	Lack of expertise to deliver this content
5	Other reasons (please specify below)

Table 1

The time taken to deliver the content within each module is up to the presenter/organisation. AWMA is providing a guide only. The content suggestion could in some instances just have one slide on epidemiology and 20 slides on infection –the actual structure of the session/ presentation is up to the presenter/organisation. AWMA has however provided some suggestions as to what could be expected if all the content was covered.

These expectations are listed under the headings –Intellectual knowledge and understanding, and Practical skills and attributes. At this present time AWMA does not endorse education programs.

The module content checklist is a guide only. They are available to ensure presenters/organisations and those advertising courses understand what would be a minimum educational content for basic skin integrity and wound education programs. Likewise with the advanced programs – High Risk Foot; Oncology and Palliative Wounds and Conservative Sharp Wound Debridement.

**This core module is a prerequisite to AWMA modules two through to seven.**

*The AWMA Standards for Wound Management underpin all modules and will be referred to in abbreviated form e.g. Standard 2 (S-2).*

### **Intended learning outcomes of Module one:**

Completion of an AWMA 'Introduction to Wound Management' module provides opportunities for health professionals to develop and demonstrate knowledge, understanding, skills and other attributes in the following areas using Evidence Based Practice (EBP):

#### **Intellectual knowledge and understanding of:**

1. The epidemiology of a range of different wound types.
2. The physiology of normal wound repair and the body's response to injury and ability to differentiate between acute and chronic wounds.
3. The comprehensive assessment of the individual, their wound and/or their risk of wounding and their healing environment in order to establish the underlying aetiology of the wound.
4. The range of evidence based wound management options depending on area of practice.
5. The inter-professional approach for the assessment and management of individuals with wounds.

#### **Practical skills and attributes to:**

1. Perform a comprehensive assessment that reflects the health, cultural and environmental factors that have the potential to impact on wound healing or risk of wounding.
2. Document evidence of individual assessment outcomes that may include (S-3.1.2)<sup>1</sup>:
  - Reason for presentation
  - Health history
  - Age and specific age related changes
  - Previous wound history and outcome

- Medication history-prescribed and over-the-counter medications
  - Psychological implications resulting from wounding
  - Nutritional status
  - Sensitivities and allergies
  - Previous relevant diagnostics and investigations
  - Pain assessment with use of validated pain tool
  - Vital signs
  - Individual's perceptions and wound healing goals and their ability to participate in self care.
3. Conduct accurate initial and ongoing assessment of the wound and peri wound appearance and results in documented evidence of (S-3.1.4 & 3.1.5)<sup>1</sup>:
- Type of wound
  - Aetiology and original mechanism of wounding
  - Duration of wound
  - Location
  - Dimensions of wound
  - Clinical characteristics of the wound bed
  - Wound edge appearance
  - Peri wound appearance
  - Exudate
  - Odour
  - Inflammation
  - Infection
  - Wound Pain
  - Presence of foreign bodies
  - Previous wound treatments and their therapeutic outcome.
4. Make best available evidence based management decisions, for optimising outcomes for the individual, their wound and healing environment (S-2, 3, 4)<sup>1</sup>.
5. Initiate further diagnostic investigations and identify when to seek further interprofessional collaboration (S-1.3)<sup>1</sup>.
6. Effectively monitor and evaluate management interventions in a timely manner (S-3)<sup>1</sup>.
7. Identify and assess the physiological and psychological impact that wounding has on the individual.

## MODULE CONTENT CHECKLIST

Indicate inclusion of educational content by placing a tick in column A.

Where applicable: indicate reasons for content not included by inserting a code (1-5) in column C.

*Note more than one code can be used.*

Code	* Reasons why content not included in course
1	Learners have prior knowledge
2	Content considered irrelevant
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4	Lack of expertise to deliver this content
5	Other reasons (please specify below)

Inclusion (A)	Educational Content (B)	Reason/s why content not included (Insert code 1-5)* (C)
<b>1.0</b>	<b>Overview and Epidemiology</b>	
1.1	<ul style="list-style-type: none"> <li>▪ Introduction and identification of the impact of wounding in the broader context.</li> </ul>	
1.2	<ul style="list-style-type: none"> <li>▪ Principles of wound management;                             <ul style="list-style-type: none"> <li>• Define aetiology</li> <li>• Control, correct &amp; manage underlying factors influencing healing</li> <li>• Select appropriate interventions to achieve goals</li> <li>• Prevent, evaluate, maintain and manage.</li> </ul> </li> </ul>	
1.3	<ul style="list-style-type: none"> <li>▪ The prevalence and incidence of acute and chronic wounds-- data will be relevant to the setting e.g. aged care may be skin tear and pressure injury figures, acute care may be burns, traumatic wounds and surgical site infections.</li> </ul>	

<b>2.0</b>	<b>Anatomy and Pathophysiology</b>	
2.1	<ul style="list-style-type: none"> <li>Anatomy of the skin and associated structures.</li> </ul>	
2.2	<ul style="list-style-type: none"> <li>Physiology of normal and abnormal wound healing and tissue repair processes.</li> </ul>	
2.3	<ul style="list-style-type: none"> <li>Intrinsic and extrinsic factors impairing wound healing.</li> </ul>	
<b>3.0</b>	<b>Comprehensive Individual Assessment</b>	
3.1	<ul style="list-style-type: none"> <li>Comprehensive assessment of the individual, their wound and/or their risk of wounding and their healing environment e.g. physical, psychological, social, economic, ethnicity and spiritual needs.</li> </ul>	
3.2	<ul style="list-style-type: none"> <li>Skin assessment/skin type and issues related to particular skin types e.g. skin tear-aged skin changes, neonatal skin fragility, darkly pigmented skin, stage one pressure injury changes.</li> </ul>	
3.3	<ul style="list-style-type: none"> <li>Identification of the individual's goals.</li> </ul>	
<b>4.0</b>	<b>Wound Assessment</b>	
4.1	<ul style="list-style-type: none"> <li>Assessment of clinical characteristics of the wound bed and surrounding skin before and after cleansing e.g. dimensions; grading; exudate-amount; type and colour, odour; wound edge appearance; wound related pain. Consider T.I.M.E principles.</li> </ul>	
4.2	<ul style="list-style-type: none"> <li>Investigations as required e.g. Biochemical analysis, Diagnostic imaging, Histopathology and Microbiology and relevance of each test to the healing dynamics.</li> </ul>	
4.3	<ul style="list-style-type: none"> <li>Establishment of wound aetiology and use of best practice evidence guidelines to formulate care plans.</li> </ul>	
4.4	<ul style="list-style-type: none"> <li>Documentation of care decisions for the individual and their wound will be directed by points 3 &amp; 4 and provide evidence of wound healing progress, stagnancy or complications.</li> </ul>	

5.0	Wound Management	
5.1	<ul style="list-style-type: none"> <li>▪ Discuss when an aseptic or clean wound management technique is required.</li> </ul>	
5.2	<ul style="list-style-type: none"> <li>▪ Apply principles of dressing procedure including wound field concept.</li> </ul>	
5.3	<ul style="list-style-type: none"> <li>▪ Apply principles of evidence based wound cleansing including methods and solutions accepted for use.</li> </ul>	
5.4	<ul style="list-style-type: none"> <li>▪ Apply the principles of wound bed preparation e.g. remove devitalized tissue when clinically indicated; managing infection and inflammation, moisture balance and addressing wound edge status.</li> </ul>	
5.5	<ul style="list-style-type: none"> <li>▪ Discuss care of the peri-wound skin and prevention of contact dermatitis, skin stripping due to adhesives and other complications.</li> </ul>	
5.6	<ul style="list-style-type: none"> <li>▪ Setting goals e.g. to protect, maintain moisture balance, aid autolytic debridement when clinically indicated.</li> </ul>	
5.7	<ul style="list-style-type: none"> <li>▪ Manage bacterial bioburden.</li> </ul>	
5.8	<ul style="list-style-type: none"> <li>▪ Generic product selection including product availability relative to local circumstances and healthcare settings.</li> </ul>	
5.9	<ul style="list-style-type: none"> <li>▪ Document a chronological record which includes               <ul style="list-style-type: none"> <li>• Health history related to the wound and wounding</li> <li>• Aetiology</li> <li>• Assessment outcomes</li> <li>• Diagnostic investigations and results</li> <li>• Goals of care</li> <li>• Management prevention plans</li> <li>• Evaluation of outcomes and expected clinical outcomes</li> <li>• Individual's expectations and participation in their care</li> <li>• Evidence of interprofessional communication, care and referral.</li> </ul> </li> </ul>	

<b>6.0</b>	<b>Management of Infection</b>	
6.1	<ul style="list-style-type: none"> <li>Assessment of the clinical signs and symptoms of the wound infection continuum (contamination to clinical infection).</li> </ul>	
6.2	<ul style="list-style-type: none"> <li>Determination of Covert infection, Spreading infection and Systemic infection.</li> </ul>	
6.3	<ul style="list-style-type: none"> <li>Methods of identifying infecting pathogens.</li> </ul>	
6.4	<ul style="list-style-type: none"> <li>Methods of prevention and risk minimisation strategies for the individual and the environment.</li> </ul>	
<b>7.0</b>	<b>Psychosocial Aspects of Care</b>	
7.1	<ul style="list-style-type: none"> <li>Psychosocial impact wounding has on individuals and carers.</li> </ul>	
7.2	<ul style="list-style-type: none"> <li>Factors affecting concordance with treatment and management.</li> </ul>	
7.3	<ul style="list-style-type: none"> <li>Effective individual health promotion strategies e.g. skin care, role of nutrition, importance of cessation of smoking, action of products, pharmaceuticals &amp; devices e.g. dressings and bandages.</li> </ul>	

8.0	Rehabilitation Services	
8.1	<ul style="list-style-type: none"> <li>▪ Interprofessional team approach, with the individual's involvement to optimise health and function.</li> </ul>	
8.2	<ul style="list-style-type: none"> <li>▪ Individual follow-up education and prevention of recurrence e.g. hydration, nutrition, use of topical emollients, sun protection, offloading pressure and other health promoting strategies.</li> </ul>	

### References:

1. Australian Wound Management Association, Standards for Wound Management, 2<sup>nd</sup> edition, West Leederville WA, Cambridge Publishing, 2010. Available from <http://www.awma.com.au/publication>
2. Australian Wound Management Association, Bacterial impact on healing: From contamination to infection (Position Paper), Version 1.5, West Leederville WA. Cambridge Publishing, 2011. Available from <http://www.awma.com.au/publication>
3. World Union of Wound Healing Societies (WUWHS). *Principles of best practice: Wound infection in clinical practice. An international consensus*. London: MEP Ltd, 2008. Available from [www.mep Ltd.co.uk](http://www.mep Ltd.co.uk)