

# The Development of a Comprehensive Wound Care Fellowship Curriculum

Joshua Hamer, MA, PhD<sup>a,b</sup>; Monica A. Stout, MD<sup>c</sup>; Aimee Garcia, MD<sup>a,b</sup>

**Objectives:** Effective wound care requires an understanding of complex wound pathophysiology, best practices, and advanced wound care technologies. To produce specialists who are appropriately prepared to manage complex wounds, a formal, standard curriculum is needed.

**Observations:** This article addresses the need for comprehensive wound care curriculum, disseminates training activities relevant to advanced wound care practice, and provides graduate medical education resources. Wound care curriculum for advanced physician fellowship training programs was developed following a literature review and solicitation of input from subject matter experts. Existing

program-level practice-based competencies were refined, and competencies, competency domains, and entrustable professional activities were considered. Self-assessment evaluation forms for faculty, peers, and trainees were adapted from evidence-based 360-degree templates. The training program includes 12 core rotations and 2 elective rotations. Seventeen fellows have completed the program.

**Conclusions:** Most wound care clinicians have not completed a formal and comprehensive fellowship program. This curriculum may assist other academic medical centers in developing fellowship programs to help new wound care clinicians more efficiently attain certifications.

Author affiliations can be found at the end of this article.

**Correspondence:**

Joshua Hamer  
(Joshua.hamer@bcm.edu)

*Fed Pract.* 2026;43(6).  
Published online June 19.  
doi:10.12788/fp.0674

Often disguised as comorbid conditions, nonhealing and chronic wounds have emerged as a silent epidemic that affects about 6.5 million Americans.<sup>1-3</sup> In 2023, estimated US wound care costs were \$126.86 billion.<sup>4</sup> About 1% to 2% of individuals worldwide will experience a chronic wound in their lifetime. The Veterans Health Administration reported 277,000 inpatient and outpatient encounters for ulcers in 2011, including chronic ulcers of the lower extremity due to diabetes, venous disease, or arterial disease.<sup>5</sup> Associated costs of chronic wounds are expected to increase as the populations of developed countries age.<sup>6</sup> Effective treatment of chronic wounds requires a nuanced understanding of complex wound pathophysiology, best practices in interdisciplinary and multidisciplinary wound care, and advanced wound care technologies.<sup>7,8</sup>

The typical 4-year medical school curriculum, followed by residency, offers little in the way of formal didactic training in wound care.<sup>9,10</sup> Without specialized and advanced fellowship training dedicated to wound care, health care will lack specialists prepared to manage complex wounds. As a result, wound care-related difficulties may be exacerbated by prolonged recovery time, increased costs, productivity loss, and increased mortality risk.<sup>8</sup> Wound care is a growing field of study and practice, and there is a critical need for rigorous training, research, and quality improvement efforts to enhance outcomes for patients with nonhealing wounds.<sup>5</sup>

One of the most direct ways to address the need for more physicians with specialty training in wound medicine is to implement a comprehensive training curriculum for advanced wound care practice. Although specialized advanced wound care fellowships are available, the curricula primarily detail rotation names and areas for practice without accompanying competencies, milestones, or entrustable professional activities.<sup>11</sup> Furthermore, wound care is not recognized as a subspecialty by the Accreditation Council for Graduate Medical Education (ACGME).

This article synthesized the literature and integrated innovative, evidence-based practices into a curriculum for a formal advanced fellowship training program. To our knowledge, no comprehensive wound care curriculum is publicly available that includes rotations, competencies, milestones, entrustable professional activities, and 360-degree evaluation forms.

## PROGRAM DEVELOPMENT

The advanced wound care fellowship program started in January 2014 at the Michael E. DeBakey Veterans Affairs Medical Center in affiliation with the Baylor College of Medicine. The fellowship program was originally designed for geriatrics fellows to extend the 1-year fellowship for an additional year to learn wound care. It has been adjusted to address formal program goals and objectives, competencies, milestones, entrustable professional activities, and evaluations, with the goal of developing an example curriculum

**TABLE 1.** Fellowship Training Settings and Rotations

Name	Description
Academic Medical Center Wound Care Service <sup>a</sup>	First 3 mo of the fellowship spent primarily at academic medical center with the wound care team. The fellow rotates with wound care physicians across settings, including (but not limited to): outpatient clinic, inpatient consultations, skilled nursing facility, and telemedicine to community-based outpatient clinics or patients in their homes. Remainder of fellowship year is longitudinal experience, spending 0.5 to 1.0 d/wk with wound care team.
Urban Hospital Outpatient Wound Clinic <sup>a</sup>	Rotation with wound care physician at urban private hospital clinic 0.5 d/wk, focusing primarily on cost and payment models in the private sector, with advanced wound care therapies and procedures. Rotation is longitudinal over fellowship year.
Suburban Outpatient Wound Clinic <sup>a</sup>	Rotation with the wound care physician at suburban private hospital clinic 1.0 d/wk, focusing primarily on vascular screening, nutrition, billing and coding, and reimbursement. Rotation is longitudinal over final 6 mo (January-June).
Federally Qualified Health Center Wound Clinic <sup>a</sup>	Rotation with wound care physician and wound care physical therapists at county hospital-based wound clinic, focusing primarily on nondressing based treatments (eg, ultrasound and negative pressure wound therapy), cost-saving measures, imaging, and treatments. Rotation is 0.5 d, 3-4/wk for 2 mo (1 fall, 1 spring).
Vascular surgery <sup>a</sup>	Rotation with vascular surgeons at VAMC or academic affiliate. Includes time in vascular laboratory. Rotation focuses on vascular imaging modalities, vascular interventions, and wound healing after vascular intervention. OR time is optional. Rotation is 0.5 days, 3-4/wk for 1 mo.
Plastic surgery <sup>a</sup>	Rotation with plastic surgeons at VAMC focused on indications for flap procedures over wounds and surgery optimization. The fellow is expected to observe ≥ 1 flap procedure in the OR. Fellow participates in bimonthly plastic surgery rounds on the spinal cord unit. Rotation is 0.5 d, 2-3/wk for 1 mo.
Spinal cord injury <sup>a</sup>	Rotation with the spinal cord injury unit team at VAMC spinal cord unit during wound rounds, focusing specifically on the challenges of wound healing for spinal cord injury patients. Rotation is 0.5 d/wk for 1 mo.
Podiatry <sup>a</sup>	Rotation with a wound care certified podiatrist at an academic medical center focusing specifically on learning the surgical interventions podiatrists can perform to improve wound healing. Rotation is 0.5 d, 3-4/wk for 1 mo.
Dermatology <sup>a</sup>	Rotation with a dermatologist whose clinical practice includes wound care at a VAMC or community care clinic focused on dermatologic interventions for wounds, including (but not limited to) bullous pemphigoid, pyoderma gangrenosum, hidradenitis suppurativa, and malignancies. Rotation is 0.5 d, 2/wk for 1 mo.
Occupational and physical therapy <sup>a</sup>	Rotation with VAMC lymphedema specialist occupational therapist and community-based wound care physical therapists focused on lymphedema wear and alternative therapies such as ultrasound. Rotation is 0.5 d, 4/wk for 2 wk.
Orthotics and prosthetics <sup>a</sup>	Rotation with certified orthotics and prosthetics clinicians at VAMC focused on off-loading footwear and compression garments. Rotation 0.5 d, 2/wk for 2 wk.
Geriatrics <sup>a</sup>	Fellow maintains geriatric patient panel in geriatric clinic 0.5 d/wk. Fellow functions as primary care in geriatric clinic, and as geriatric consultant in interprofessional team. Rotation is longitudinal over fellowship year.
Medical directorship with Truman Physicians & Associates <sup>b</sup>	Fellow may serve as assistant medical director for community-based nursing home. Fellow attends interdisciplinary team and quality improvement meetings under medical director supervision. Assistant medical directorship can count toward 2 y medical directorship requirement to qualify as a certified medical director. Rotation is longitudinal over fellowship year, 0.5 d/wk.
Community skilled nursing facility/LTAC wound care <sup>b</sup>	Rotation with postacute and long-term wound care physician focused on regulatory aspects of wound care at skilled nursing facilities or at long-term advanced care facilities. Rotation is 0.5 d 3/wk for 2 wk or 1 mo.

Abbreviations: LTAC, long-term acute care; OR, operating room; VAMC, US Department of Veterans Affairs medical center.

<sup>a</sup>Primary rotations.

<sup>b</sup>Specialized rotations.

for wound care fellowships across specialties. Although the ACGME does not recognize a wound care subspecialty, this curriculum complies with the ACGME 1-year fellowship common program requirements.<sup>12,13</sup>

### Scoping Review

A scoping literature review of Google Scholar and PubMed was performed using

the medical subject heading terms “wound care + curriculum” and “wound + care + curriculum” to find advanced wound care medical training, fellowship programs, boards, and related ACGME-accredited specialty curricula. The local wound care fellowship program was initially implemented based on an informal literature review by faculty and their respective contributions

**TABLE 2.** Structured Didactic Topics

Type	Description
Educational activities	Foundation of fellowship is requirement of consistent engagement in structured didactic sessions that facilitate critical discussion of issues germane to wound care.
Geriatric grand rounds	Department has monthly grand rounds. Wound care fellow expected to present at 1 geriatric grand round.
Core curriculum	Lectures and workshops on core wound care topics provided by geriatric wound care faculty and guest speakers weekly. Year begins with geriatric medicine immersion course to prepare fellows for clinical rotation. Wound care section presents wound care basics. Topics include but not limited to: geriatric screening tools, polypharmacy/medication safety, interdisciplinary team care framework, palliative care communication skills, and on-call telephone medicine.
Wound care examination board review	Faculty reviews and discusses practice board questions at core curriculum or Wound Care Review Manual during monthly didactic sessions.
Evidence-based wound care	Fellows attend monthly seminars that teach critical appraisal of research study design. Fellows taught about evidence-based medicine, which emphasizes the use of systematic, reproducible, and unbiased observations in medical literature to inform care decisions.
Quality improvement in wound care	Fellows engage in monthly patient safety case conferences. They identify medical errors, complications, and near misses from clinical experiences and perform root cause analyses with faculty support to increase awareness of systemic issues. Sessions focus on education, not culpability.
Multidisciplinary grand rounds	Geriatric medicine wound care section has monthly multidisciplinary grand rounds with Podiatry, Vascular Surgery, Plastic Surgery, and Infectious Disease departments. Wound care fellow presents at 1 multidisciplinary grand rounds.
Legal implication of wound care	Curriculum involves proper documentation strategies, communication, and medical/legal issues, including but not limited to: standard debridement, appropriate management and referrals, and ethical use of cellular tissue products.
The business of wound care	Monthly discussions about proper documentation pertinent to billing and coding, reimbursement issues, and the business aspects of various models of wound care sites of practice (eg, outpatient, skilled nursing facilities, long-term care).

to curriculum (ie, process establishing wound care-specific competency domains in accordance with ACGME accreditation competency requirements of 1-year fellowships).<sup>12,13</sup> Standing program practice-based competencies and activities were examined and determined to align with best practices. This scoping review considered additional competencies, competency domains, and entrustable professional activities of reputable wound care fellowship training programs (eg, University of Chicago at Illinois and Wake Forest School of Medicine),<sup>8,11,14</sup> a specialty wound care board (American Board of Wound Medicine and Surgery),<sup>15</sup> an international wound specialist professional society (European Union of Medical Specialists),<sup>16</sup> and recommended curriculum guidelines for wound care residency programs.<sup>17</sup> ACGME-accredited specialty and subspecialty milestones professional activities were examined, including vascular surgery,<sup>18</sup> plastic surgery,<sup>19</sup> dermatology,<sup>20</sup> foot and ankle,<sup>21</sup> orthopedic surgery,<sup>22</sup> spinal cord injury,<sup>23</sup> and geriatric medicine.<sup>24</sup>

The competencies, milestones, and entrustable professional activities were compiled and redundancies were eliminated. Wound care specialists from geriatrics, family medicine, internal medicine, undersea and hyperbaric medicine, general surgery, podiatry, and physical therapy examined the findings and suggested eliminating redundancies, irrelevant content, and content that fell below the minimal expected level of competence for an advanced medical specialist in wound care. An expert consensus meeting further refined items presented to the panel before unanimous consensus resulted in the final set of curriculum competencies, milestones, and entrustable professional activities.

### Training Program Feedback

We developed a comprehensive wound care curriculum for an advanced physician fellowship training program based on the streamlined competencies, milestones, and entrustable professional activities (Appendix). Multiple wound care experts from various interdisciplinary backgrounds reached consensus to establish this fellowship curriculum as adaptable for use across training

settings. The training program is 12 core rotations and 2 elective rotations (Table 1). Additionally, we developed wound care evaluation forms for faculty-, peer-, and self-assessment of trainees which were adapted from an evidence-based 360-degree evaluation template.<sup>25</sup> Suggestions for structured, advanced didactics are in Table 2.

Seventeen fellows have successfully matriculated through the wound care training program. Although wound care certification is not required to work as a wound care specialist, after completion of this fellowship, graduates are able to sit for a wound care certification examination. The American Board of Wound Medicine and Surgery (ABWMS) and the American Board of Wound Management (ABWM) allow physicians to take a certification examination after 1 year of a dedicated wound fellowship program, instead of the typical wound care practice experience  $\geq 3$  years.

The Clinical Wound Care Fellowship Program collected data for program improvement, and 15 alumni responded (response rate, 88%) to a survey using a 5-point Likert scale. Respondents indicated high mean scores for overall satisfaction (4.7), instructional methods (4.7), program enjoyment (4.7), teaching materials (4.6), and relevance (4.6). All respondents indicated that the fellowship prepared them for a career in wound care as well as their current employment, and 13 of 15 (87%) reported they obtained immediate relevant postfellowship wound care positions and stated that the fellowship prepared them for their current roles. Nine respondents (69%) reported that they were engaged in wound care  $\geq 26\%$  of work time. Six respondents (46%) worked in private practice, 3 (23%) at academic medical centers, and 2 (15%) at government-funded hospitals. Four respondents indicated they were board certified in wound care. Program alumni are currently involved in scholarly activities, including 8 in quality improvement and 3 in research.

## DISCUSSION

An easily accessible, comprehensive wound care fellowship curriculum has not been previously developed or published. This limited the sources that informed this curriculum. However, the

developmental process for this curriculum was robust, as the authors reviewed previously published materials related to wound care, including: 1) descriptive overviews of wound care fellowships; 2) details of month-long rotations for medical students and residents; and 3) practices of the specific environment in which this curriculum was created. Confidence in the practical nature of the curriculum can be assumed, as the experts involved in the development process represented diverse physician specializations, including geriatrics, family medicine, internal medicine, undersea and hyperbaric medicine, general surgery, podiatry, and physical therapy.

Most wound care clinicians have not completed a formal comprehensive fellowship program. Instead, due to the lack of a comprehensive training curriculum, clinicians have had to use various continuing medical education programs and practice in a wound care setting for  $\geq 3$  years to be eligible for certification in the specialty. This curriculum will help academic medical centers develop their own fellowship programs, enabling new wound care clinicians to attain certifications more efficiently. As more fellowship programs develop, the goal would be to obtain recognition as an ACGME specialty and standardize the training and competencies for graduates of wound care fellowships.

## CONCLUSIONS

As new wound care fellowships develop, wound care may become formally acknowledged as its own specialty within medicine and surgery. This will provide wound care with a voice at the national level, particularly in an era of value-based care. Wound care clinicians will be able to advocate for specialty-specific quality metrics and avoid potential penalization for not meeting quality metrics that are irrelevant to wound care.

## Acknowledgments

The authors thank Delma Jara, MD; Ana Catalina Macias, MD; Caroline Fife, MD; Brian Lepow, DPM; Edward Lee Poythress, MD; and Aanand D. Naik, MD.

## Author affiliations

<sup>a</sup>Baylor College of Medicine, Houston, Texas

<sup>b</sup>Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas

<sup>c</sup>Vanderbilt University, Nashville, Tennessee

### Author disclosures

The authors report no actual or potential conflicts of interest with regard to this article.

### Disclaimer

The opinions expressed herein are those of the authors and do not necessarily reflect those of *Federal Practitioner*, Frontline Medical Communications Inc., the US Government, or any of its agencies.

### Ethics and consent

This work was approved as quality improvement by the Michael E. DeBakey Veterans Affairs Medical Center and determined to be exempt from institutional review board oversight. This work was approved as quality improvement by the Michael E. DeBakey Veterans Affairs Medical Center. Therefore, the project was exempt from IRB approval regarding informed consent and ethical ramifications for reporting program evaluation and improvement details.

### References

1. Fife CE, Eckert KA, Carter MJ. Publicly Reported wound healing rates: the fantasy and the reality. *Adv Wound Care (New Rochelle)*. 2018;7:77-94. doi:10.1089/wound.2017.0743
2. Fife CE, Carter MJ, Walker D. Why is it so hard to do the right thing in wound care?. *Wound Repair Regen*. 2010;18:154-158. doi:10.1111/j.1524-475X.2010.00571.x
3. Sen CK, Gordillo GM, Roy S, et al. Human skin wounds: a major and snowballing threat to public health and the economy. *Wound Repair Regen*. 2009;17:763-771. doi:10.1111/j.1524-475X.2009.00543.x
4. Queen D, Harding K. What's the true costs of wounds faced by different healthcare systems around the world?. *Int Wound J*. 2023;20:3935-3938. doi:10.1111/iwj.14491
5. Greer N, Foman N, Dorrian J, et al. *Advanced Wound Care Therapies for Non-Healing Diabetic, Venous, and Arterial Ulcers: A Systematic Review* [Internet]. US Dept of Veterans Affairs; November 2012. <https://www.ncbi.nlm.nih.gov/books/NBK132238/>
6. Simman R, McNevin AJ. Pursuing the path to specialized wound care: the ABWMS perspective. *Today's Wound Clin*. 2017;8:10,12.
7. Shahin ES, Dassen T, Halfens RJ. Pressure ulcer prevalence in intensive care patients: a cross-sectional study. *J Eval Clin Pract*. 2008;14:563-568. doi:10.1111/j.1365-2753.2007.00918.x
8. Ennis WJ, Valdes W, Meneses P. Wound care specialization: a proposal for a comprehensive fellowship program. *Wound Repair Regen*. 2004;12:120-128. doi:10.1111/j.1067-1927.2004.012203.x
9. Patel NP, Granick MS. Wound education: American medical students are inadequately trained in wound care. *Ann Plast Surg*. 2007;59:53-55. doi:10.1097/SAP.0b013e31802dd43b
10. Patel NP, Granick MS, Kanakaris NK, et al. Comparison of wound education in medical schools in the United States, United Kingdom, and Germany. *Eplasty*. 2008;8:e8.
11. Ennis WJ. Wound care specialization: the current status and future plans to move wound care into the medical community. *Adv Wound Care (New Rochelle)*. 2012;1:184-188. doi:10.1089/wound.2011.0346
12. Accreditation Council for Graduate Medical Education. ACGME common program requirements (fellowship). Updated September 3, 2025. Accessed January 15, 2026. [https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements](https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprfellowship_2025_reformatted.pdf)

13. Accreditation Council for Graduate Medical Education. Program directors' guide to the common program requirements (fellowship). Updated December 2025. Accessed May 27, 2026. <https://www.acgme.org/globalassets/pdfs/guide-to-the-common-program-requirements-fellowship.pdf>
14. Curriculum overview - wound care and hyperbaric medicine fellowship. Wake Forest University School of Medicine. 2026. Accessed January 5, 2026. <https://school.wakehealth.edu/Education-and-Training/Residencies-and-Fellowships/Wound-Care-and-Hyperbaric-Medicine-Fellowship/Curriculum-Overview>
15. Curriculum overview - American Board of Wound Medicine and Surgery. Core Curriculum for Fellowships in Wound Care. American Board of Wound Medicine and Surgery. 2022. Accessed January 5, 2026. <https://abwms.org/curriculum-overview/>
16. European Wound Management Association. EWMA Wound healing curriculum for physicians. February 13, 2017. Accessed January 15, 2026. <https://ewma.org/wp-content/uploads/2024/02/ETR-TF-Wound-Healing-UEMS-approved.pdf>
17. Accreditation Council for Graduate Medical Education. Recommended Curriculum Guidelines for Family Medicine Residents. Accessed January 5, 2026. [https://www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Wound\\_Care.pdf](https://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Wound_Care.pdf)
18. Accreditation Council for Graduate Medical Education. Vascular Surgery Milestones the Accreditation Council for Graduate Medical Education. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/VascularSurgeryMilestones2.0.pdf>
19. Accreditation Council for Graduate Medical Education. Plastic Surgery Milestones the Accreditation Council for Graduate Medical Education. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/PlasticSurgeryMilestones.pdf>
20. Accreditation Council for Graduate Medical Education. Dermatology Milestones the Accreditation Council for Graduate Medical Education. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/DermatologyMilestones.pdf>
21. Accreditation Council for Graduate Medical Education. The Foot and Ankle Milestone Project a joint initiative of the Accreditation Council for Graduate Medical Education and the American Board of Orthopaedic Surgery. July 2015. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/FootandAnkleMilestones.pdf>
22. Accreditation Council for Graduate Medical Education. Orthopaedic Surgery Milestones the Accreditation Council for Graduate Medical Education. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/OrthopaedicSurgeryMilestones.pdf>
23. Accreditation Council for Graduate Medical Education. Spinal Cord Injury Medicine Milestones the Accreditation Council for Graduate Medical Education. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/SpinalCordInjuryMedicineMilestones.pdf>
24. Accreditation Council for Graduate Medical Education. Geriatric Medicine Milestones the Accreditation Council for Graduate Medical Education. Accessed January 5, 2026. <https://www.acgme.org/Portals/0/PDFs/Milestones/GeriatricMedicineMilestones.pdf>
25. Goldhamer ME, Baker K, Anne Rigg DW, et al. Development and implementation of multi-source assessment tools for ACGME residents and fellows. *MedEDPORTAL*. 2014. Accessed May 14, 2026. doi:10.15766/mep\_2374-8265.9839

## APPENDIX. Wound Care Competency Domains

Domain	Competencies	Milestones	Entrustable professional activities
General (medical knowledge)	<p>Demonstrates knowledge of most recent evidence related to biomedical, clinical, epidemiological, and social-behavioral science aspects of wound care</p> <p>Demonstrates an understanding of pathophysiology of wound healing</p> <p>Demonstrates knowledge and application of principles involved in medical diagnosis, assessment, management, and treatment of complex wounds including, but not limited to arterial, venous, lymphatic, diabetic foot, pressure injury, surgical wounds, traumatic, and malignant wounds; wounds secondary to connective tissue disorders, hematologic abnormalities, and infectious diseases; radiation-induced tissue necrosis; vasculitis/vasculopathy; and vascular disease.</p> <p>Demonstrates knowledge and application of wound dressings and wound care therapies</p> <p>Provides competent medical management of patients with wounds as symptom of disease</p> <p>Understand the nature of infections in wounds and when to initiate appropriate antiseptic and/or antimicrobial therapies</p>	<p>Applies knowledge of biomedical, clinical, epidemiological, and social-behavioral principles to practice of medicine regarding complex wounds and wound healing</p> <p>Manages multimorbidity contributing to management of patient wounds</p> <p>Identifies the different types of wounds after synthesizing data from patient's medical records and visual wound inspection</p> <p>Appropriately measures, assesses, and charts patients' wounds per evidence-based guidelines</p> <p>Provides procedural management of patients who present with wounds as symptom of disease</p> <p>Demonstrates knowledge regarding appropriate application of durable medical equipment to promote wound healing (eg, offloading devices, specialty surfaces, assistive devices)</p> <p>Demonstrates understanding of modalities such as electrical stimulation and ultrasonic debridement to promote wound healing</p> <p>Convey the stages of normal healing to clinical presentation of a wound</p> <p>Relate wounds to the causes of chronic wounds</p> <p>Identify wounds with a high risk of infection</p>	<p>Orders dressings and topical therapies for treatment of wounds</p> <p>Orders negative pressure wound therapy for treatment of wounds</p> <p>Orders orthotic and prosthetic devices for off-loading and pressure relief such as wheel-chair cushions, mattresses, total contact casting, CAM, DH, and CROW walkers</p> <p>Debridement</p> <p>Performs bedside debridement of periwound and wound bed</p> <p>Biopsies of skin lesions</p> <p>Performs punch and shave biopsies</p> <p>Refers to Dermatology depending on the pathology of biopsy result</p> <p>Recognizes when to refer for surgical management of wounds and avoids unnecessary and dangerous procedures</p> <p>Performs all hygienic measures [related to wound care and prescribes appropriate antimicrobial therapies</p>
Patient-centered (patient care)	<p>Demonstrates knowledge and abilities to provide compassionate, appropriate and effective patient care for treatment and follow-up of wounds and associated health issues</p> <p>Demonstrates knowledge about the impact of social, cognitive, behavioral, and economic issues that may impact patients' participation in a wound healing care plan</p> <p>Provides culturally appropriate patient care that recognizes the effect of skin conditions on patient and emphasizes importance of comprehensive preventive care</p> <p>Provides coordinated wound management that emphasizes that wound management is about morbidity, mortality, and quality of life not only achieving wound healing</p> <p>Understands and identifies contributions of pain to wound healing</p> <p>Demonstrates awareness of the goals of palliative wound care</p> <p>Demonstrates understanding of mobility limitations for wound care patients</p>	<p>Demonstrates basic understanding of psychological health in respect to patients with wounds</p> <p>Identifies common barriers for adherence to plan of care</p> <p>Collaborates with interprofessional team to assist the patient in reaching wound healing goals</p> <p>Screens for pain and provides pain management to assist with dressing changes and wound management</p> <p>Demonstrates understanding of when wound warrants palliative care</p> <p>Integrates principles of palliative wound care into regular practice</p> <p>Develops strategies to improve mobility of patients with wounds</p>	<p>Identifies wound care patients who can be managed in a telewound/telemedicine wound care program</p> <p>Refers to specialty care as needed for best care of patient</p> <p>Refers patients to interprofessional pain management teams</p> <p>Provides pain management interventions to patients with pain related to wounds</p> <p>Discusses palliative wound care as option with patients when appropriate</p> <p>Empowers patients with mobility deficits to participate in preferred activities</p>

<p>Interdisciplinary approaches</p>	<p>Demonstrates knowledge and awareness of and responsiveness to how wound care fits within the larger context and system of health care</p> <p>Demonstrates ability to effectively use system resources to improve the quality of patients' wound care and optimize its value</p> <p>Understands scope of practice of wound care and when specialty care is needed</p> <p>Understands Medicaid/Medicare indications for wound care and hyperbarics</p> <p>Provides wound care within the context of various sites of care</p> <p>Recognizes unique aspects in prevention and care of pressure injuries in patients with spinal cord injury</p> <p>Demonstrates ability to engage in inter-professional collaboration with medical, surgical and related allied health profession specialties</p> <p>Analyzes, critiques, and reviews wound care literature for evidence-based patient care</p> <p>Understands own clinical limitations, considering need for frequent, intensive management of chronic wounds and high risk of loss of limb</p> <p>Consults with healthcare team to provide cost-efficient health care for patients</p> <p>Applies cost-effective care when ordering tests, selecting appropriate wound dressings, and applying chosen interventions for wound healing</p> <p>Coordinates patient care within health care system and understand role of different venues of care and interdisciplinary team clinicians in patient management and wound care</p> <p>Understands impact of nutrition and malnutrition on wound management and healing</p>	<p>Demonstrates understanding of the cost and use of cellular tissue products in the treatment of wounds</p> <p>Identifies common dermatologic conditions (eg, malignancies, vasculitic lesions) associated with the onset of wounds</p> <p>Distinguishes when vascular assessments of patients are appropriate and, subsequently, conduct vascular assessment or refer for assessment</p> <p>Identifies those patients who would benefit from plastic surgery management with a flap</p> <p>Demonstrates understanding of lymphedema therapy and treatments to manage lymphedema patients</p> <p>Recognizes wound care indications for hyperbaric oxygen therapy approved by Undersea and Hyperbaric Medical Society and US Food and Drug Administration</p> <p>Works with interdisciplinary team to develop treatment plans manage patients with wounds</p> <p>Uses nutritional screening tools in assessment of patients with wounds</p> <p>Conveys the importance of adequate nutrition on wound healing</p> <p>Explains the influence of malnutrition on wound healing</p>	<p>Applies cellular tissue products</p> <p>Uses modalities such as ultrasound and electrical stimulation for wound healing</p> <p>Refers to dermatology for common dermatologic conditions affecting wounds</p> <p>Uses a handheld Doppler ultrasound to evaluate peripheral vascular flow and recognize the difference in audible waveforms</p> <p>Refers for surgical and endovascular treatment options of lower leg revascularization in patients with arterial insufficiency and lower extremity ulcerations</p> <p>Refers to Plastic Surgery when flap and graft procedures are appropriate</p> <p>Identifies and appropriately treats postoperative dehiscence from a wound care perspective</p> <p>Refers for hyperbaric treatment of wounds</p> <p>Works within the interdisciplinary team to conduct nutrition assessment and prepare a nutrition plan for patients with wounds</p>
-------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>General professional</p>	<p>Demonstrates knowledge and application of principles involved in the ethical issues in the diagnosis, assessment, management, and treatment of complex wounds</p> <p>Demonstrates good communication skills with patients, patients' families, primary care practitioners, and specialty care team members</p> <p>Serves as a role model for medical students, residents, and fellows</p> <p>Demonstrates commitment to continuity of patient care</p> <p>Educates patients and their families about patients' wound care treatment plans and expectations</p> <p>Demonstrates a high level of professionalism in order to coordinate an interdisciplinary care team to achieve a common patient-centered outcome for wound care</p> <p>Demonstrates sensitivity and responsiveness to diverse patient groups (eg, gender, age, culture, race, religion, disabilities, and sexual orientation) as it relates to wound healing and care</p> <p>Describes the requirements for documentation related to wound management for appropriate billing and reimbursement</p>	<p>Demonstrates ability to counsel patients and families and provide anticipatory guidance on wound healing</p> <p>Demonstrates ability to educate medical students, residents, and fellows</p> <p>Documents the wound description, assessment, and treatment plan in the health record</p> <p>Demonstrates understanding of billing procedures to avoid overbilling and underbilling for the wound management provided</p>	<p>Completes all consults within a timely manner (ie, within 72 hours of receiving consult)</p> <p>Understands regulatory requirements for wound care in skilled nursing facilities</p> <p>Communicates wound-related information in referrals to other specialties and institutions (ie, insurance companies and legal courts)</p> <p>Bills for the wound management procedures provided</p>
<p>Evidence-based medicine and scholarly inquiry</p>	<p>Demonstrates ability to engage in scholarly inquiry using multiple modalities</p> <p>Demonstrates ability to synthesize how scholarly inquiry could affect current practice</p> <p>Demonstrates awareness of clinical quality improvement process as it relates to wound care</p>	<p>Engages in intra- and interprofessional collaboration to produce scholarly products</p> <p>Effectively uses evidence-based medicine to apply to current practice</p> <p>Engages in peer-reviewed writing process to contribute to new medical and scientific knowledge regarding wound care</p> <p>Identifies areas that would benefit from clinical quality improvement within the practices (ie, spanning systems level to patient care)</p>	<p>Develops posters for wound care professional conferences to contribute to new medical and scientific knowledge</p> <p>Develops presentations to present at a teaching session, institution sponsored medical grand rounds, or at community-sponsored event</p> <p>Develops ≥ 1 quality improvement project related to management of wounds</p> <p>Applies quality improvement techniques to clinical practice (eg, through formal quality improvement projects)</p>

Abbreviations: CAM, controlled ankle motion; CROW, charcot restraint orthotic walker; CTP, custom therapeutic prosthesis; DH, double/diabetic heel.