

AWMA GUIDELINES TO DEVELOPMENT OF COMPETENCY ASSESSMENT TOOLS

1.0	Professional Practice	Standard 1, 2 & 3
1.1	<ul style="list-style-type: none"> ▪ Practices in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) or other appropriate regulatory body ▪ Complies with legislation, standards, codes and regulations governing each specialty practice 	
1.2	<ul style="list-style-type: none"> ▪ Provides a comprehensive assessment of the individual, the wound and the healing environment ▪ Undertakes appropriate risk assessment, early intervention and appropriate interprofessional referral as required 	
1.3	<ul style="list-style-type: none"> ▪ Identifies unsafe practice and has the ability to respond appropriately 	
2.0	Intellectual Knowledge and Understanding	Standard 1,2,3,4, 6 & 7
2.1	<p>Wound assessment</p> <ul style="list-style-type: none"> ▪ Provides a comprehensive assessment of the individual, the wound and the healing environment ▪ Undertakes appropriate risk assessment, early intervention and appropriate interprofessional referral as required ▪ Identifies unsafe practice and has the ability to respond appropriately 	
2.2	<p>Patient preparation</p> <ul style="list-style-type: none"> ▪ Explains the procedure to the patient, carer, family or staff as appropriate and relevant ▪ Explains the pros and cons of procedures available and why CSWD appears to be the most effective in this instance ▪ Discusses timelines of anticipated stages of healing with patient or relevant others ▪ Undertakes a pain assessment and discusses any pain anticipated with the procedure ▪ Undertakes all steps necessary to eliminate or reduce pain during and after the procedure ▪ Appropriate pain relief is provided when indicated, ie topical anaesthesia, oral medication ▪ Obtains patient consent where possible or facility permission as appropriate with local policies 	

2.3	<p>The preparation for the procedure of CSWD</p> <ul style="list-style-type: none"> ▪ Infection control and OH&S procedures are in place for safe practice ▪ The wound tissue and wound site are appropriate for CSWD ▪ Can explain potential complications and procedures to be taken should such arise ▪ Able to cite procedure for incident reporting if necessary ▪ The area is prepared appropriately ▪ The appropriate equipment has been sourced ▪ Wound is photographed and document wound state prior to CSWD ▪ The patient is well positioned, comfortable with adequate light to visualise tissue requiring removal ▪ The health practitioner is in a safe and ergonomic position to perform the procedure 	
2.4	<p>The actual performing of the procedure</p> <ul style="list-style-type: none"> ▪ The wound tissue is palpated, moved and assessed to determine any attachments or precautions necessary ▪ Appropriate equipment is selected and prepared. ▪ The instruments are handled appropriately with safety issues foremost and the most appropriate tool and technique is selected for the tissue type to be removed ▪ The tissue to be removed is grasped securely with care for viable underlying structures ▪ The non viable tissue is removed one layer at a time ▪ There is no compromise to viable tissue ▪ The clinician can identify when to cease the procedure at an appropriate level of tissue, when bleeding occurs, when pain occurs ▪ The patient is monitored for pain and discomfort ▪ The clinician can manage adverse events as a consequence of debridement i.e. bleeding 	
2.5	<p>Post debridement</p> <ul style="list-style-type: none"> ▪ The area is cleansed and reviewed to plan ongoing treatment ▪ Appropriate ongoing dressing regime is selected, ensuring hydration to aid further autolytic debridement and antimicrobial coverage as required ▪ Wound is photographed, documentation completed with special notes if necessary ▪ The clinician evaluates appropriate frequency of CSWD for a given wound ▪ The patient, carer, family and/or staff are informed of outcome and ongoing care plan and expectations 	

3.0	Wound Management	Standard 2,3,4, 5 & 7
3.1	<ul style="list-style-type: none"> ▪ Can apply the principles of Evidence Based Practice (EBP), wound cleansing and Wound Bed Preparation (WBP) 	
3.2	<ul style="list-style-type: none"> ▪ Implements strategies for individual follow-up/prevention of recurrence 	
4.0	Collaborative Practice and Interprofessional Care	Standard 1, 2, 3 & 8
4.1	<ul style="list-style-type: none"> ▪ Promotes effective communication between interprofessional team, individuals & carers 	
4.2	<ul style="list-style-type: none"> ▪ Recognises limitations and scope of practice and seeks further interprofessional advice as required 	
4.3	<ul style="list-style-type: none"> ▪ Liaises with relevant community and health care agencies in order to maintain continuity of care 	

Reference:

1. Australian Wound Management Association, Standards for Wound Management, 2nd edition, West Leederville WA, Cambridge Publishing, 2010. Available from <http://www.awma.com.au/publication>.