

**Authors:** Ana Fernandez-Araque, Estela Carnicero Gila and Mercedes Martinez Delgado. Faculty of Health Science, University of Valladolid, 2024.

### Chronic Wound Knowledge Test (CWKT)

#### SECTION 1.

**Workplace:**.....

**Years of professional experience:**  
.....

**Previous specific training in wound care and treatment:** .....

- (0) No prior training
- (1) 20-hour courses
- (2) University specialist certification
- (3) University Master's degree

#### SECTION 2. KNOWLEDGE QUESTIONNAIRE

1. **According to scientific evidence, what is the most common cause of chronic wounds in the lower limbs?**
  - a. Peripheral arterial disease
  - b. Venous hypertension
  - c. Diabetes
  - d. Tumours
  - e. Don't know
  
2. **According to scientific evidence, which diagnostic methods for Peripheral Arterial Disease (PAD) are simple, inexpensive, non-invasive, with 95% sensitivity and 99% specificity, requiring only basic personnel training?**
  - a. Arterial plethysmography
  - b. Arterial Doppler ultrasound
  - c. Arteriography
  - d. Ankle-Brachial Index (ABI)
  - e. Don't know

3. **Which type of dressing is most recommended for wounds with heavy exudate?**

- a. Hydrocolloids
- b. Hydrogels
- c. Alginates
- d. Silicone dressings
- e. Don't know

4. **Silver-containing dressings are incompatible with:**

- a. Alginate
- b. Hydrocolloids
- c. Collagenase
- d. Hydrogels
- e. Don't know

5. **A self-sufficient patient in daily activities presents with an ulcer on the lower limb in the external supra malleolar region, which appeared suddenly. The patient has a 20-year history of controlled hypertension, palpable pulses, and painful, hyperaemic, rounded edges. What is the most likely etiology?**

- a. Arterial ulcer
- b. Martorell's ulcer
- c. Pressure ulcer
- d. Venous hypertension
- e. Don't know

6. **Absent pulses are found in:**

- a. Venous ulcers
- b. Arterial ulcers
- c. Neuropathic ulcers
- d. Post-thrombotic ulcers
- e. Don't know

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- 7. What would be the evidence-based initial treatment of choice for a necrotic heel wound without fluctuation, redness, or signs of infection?**
- Enzymatic debridement
  - Surgical debridement
  - Mummification with povidone-iodine
  - Larval debridement
  - Don't know
- 8. The PEDIS classification refers to:**
- The severity of arterial ulcers
  - The severity of venous ulcers
  - The severity of diabetic foot infections
  - The classification of diabetic foot ulcers based on infection, sensation, and ischemia
  - Don't know
- 9. In a warm and inflamed diabetic foot with ulcerated lesions, a differential diagnosis should include:**
- Acute Charcot neuropathy and acute infection
  - Cellulitis, plantar abscess, and osteomyelitis
  - Gout crisis and venous thrombosis
  - All of the above
  - Don't know
- 10. The definition "A microbial ecosystem consisting of one or more species of microorganisms associated with a living or inert surface, with complex functional and structural characteristics" corresponds to:**
- Chronic infection
  - Critical colonisation
  - Acute infection
  - Biofilm
  - Don't know
- 11. According to evidence, compression therapy treats venous hypertension ulcers. In which cases is it contraindicated?**
- When the wound is infected
  - When there is significant exudate
  - When the patient has an Ankle-Brachial Index (ABI) < 0.6
  - In all of the above cases
  - Don't know
- 12. Compression therapy for venous hypertension ulcers should be performed:**
- Using crepe bandages or any available bandage, as compression is the key
  - With therapeutic compression stockings
  - With multi-layer bandages of low or high elasticity
  - Selecting the most suitable bandage based on the patient
  - Don't know
- 13. In a patient with a lower limb ulcer that responds poorly to debridement of sloughy or necrotic areas, with the necrotic zones increasing after debridement, what differential diagnoses should we consider?**

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- a. Arterial and tumoral ulcer
- b. Martorell's ulcer
- c. Pyoderma gangrenosum
- d. All of the above
- e. Don't know

**14. The infection of a chronic wound should, in principle, be diagnosed by:**

- a. Culture of the wound exudate using any technique.
- b. Clinical signs of infection: heat, redness, pain, increased exudate, etc.
- c. Wound culture using a cotton swab, collecting samples from ten different points of the wound.
- d. Wound culture by percutaneous aspiration.
- e. Don't know

**15. At what Ankle-Brachial Index (ABI) value can we say that there is peripheral arterial disease?**

- a. 0.9
- b. 1
- c. 0.5
- d. 0.8
- e. Don't know

**16. Wounds go through consecutive healing phases that often overlap. When a wound does not heal and becomes stagnant, in which phase are such wounds typically stuck?**

- a. Haemostasis
- b. Inflammation
- c. Contraction
- d. Remodelling
- e. Don't know

**17. The acronym TIME is used for:**

- a. Assessing chronic wounds based on their physical characteristics.
- b. Guiding professionals in preparing the wound bed.
- c. Classifying wounds by their depth.
- d. Classifying wounds based on their aetiology.
- e. Don't know

**18. What is the Stemmer's test?**

- a. Ultrasound of the limbs.
- b. Simple radiograph of the limbs.
- c. Radiograph with contrast medium.
- d. A clinical manoeuvre.
- e. Don't know

**19. The mechanism of injury in dependency-related lesions can be:**

- a. Caused only by pressure between two hard surfaces.
- b. Caused by pressure, moisture, friction, and shearing.
- c. Caused by ischaemia of blood vessels in the dermis and hypodermis.
- d. Both b) and c) are correct.
- e. Don't know

**20. The Braden scale is used for:**

- a. Assessing the risk of infection in a chronic wound.
- b. Assessing a patient's risk of developing a pressure ulcer.
- c. Evaluating sensory perception, exposure to moisture, activity, mobility, and nutrition.
- d. Both b) and c) are correct.
- e. Don't know

**21. What type of dressing would you choose in the case of necrosis on a toe due to grade IV**

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**arterial insufficiency in the Leriche-Fontaine classification?**

- a. Moist dressing to facilitate debridement.
- b. Dry dressing with iodine antiseptic and sterile gauze.
- c. Dressing with active products (e.g., collagenase) to remove the necrotic tissue and promote healing.
- d. Sharp debridement.
- e. Don't know

**22. Calcium alginate dressings, made through lyophilisation of brown seaweed, act through:**

**a. Ion exchange with the wound exudate, forming a gel with the fibres, providing a moist healing environment.**

- a. Ion exchange with the wound exudate, forming a gel with the fibres, providing a moist healing environment.
- b. Exchange of  $\text{Ca}^{2+}$  ions with  $\text{Na}^+$  ions from the exudate, forming a sodium alginate gel.
- c. Calcium in the dressing acts as a coagulation factor that promotes haemostasis.
- d. All of the above are correct.
- e. Don't know

**23. What are the distinguishing features of biofilm compared to sloughy or devitalised tissue?**

- a. The surface detaches easily from the wound bed with a swab or sharp debridement.
- b. Contaminated substances persist despite debridement.
- c. It reappears within one or two days despite interventions.
- d. All of the above are correct.
- e. Don't know

**24. If enzymatic debridement is required, which of the following products would you use?**

- a. Collagenase
- b. Hydrogel
- c. Hydrocolloids
- d. Alginates
- e. Don't know

**25. The Leriche-Fontaine classification is used to classify arterial insufficiency based on clinical signs. What clinical signs correspond to stage IV in this classification?**

- a. Ulcer or gangrene
- b. Non-disabling intermittent claudication
- c. Disabling intermittent claudication
- d. Rest pain
- e. Don't know

**26. The anatomical location of wounds helps in determining their aetiology. Could you indicate the most common locations of ischaemic ulcers?**

- a. Lateral aspect of the knee, plantar area, outer edge of the foot.
- b. Medial aspect of the middle third of the leg.
- c. Interdigital spaces, heel, and toes.
- d. Both a) and c) are correct.
- e. Don't know

**27. The perilesional skin of chronic wounds provides information about the aetiology of the lesions. What could be the aetiological diagnosis of a lesion with perilesional skin showing stasis eczema, ochre dermatitis, white atrophy, and hyperkeratosis?**

- a. Ambulatory venous hypertension
- b. Ischaemia
- c. Diabetic foot

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- d. Pressure ulcer
- e. Don't know

**28. If we want to evaluate a patient's nutritional level biochemically, which parameters should we consider?**

- a. Glucose, urea, creatinine / cholesterol, triglycerides.
- b. Total proteins, albumin, prealbumin, transferrin, red blood cells.
- c. None of the above.
- d. Both a) and b) are correct.
- e. Don't know

**29. There is no international consensus to confirm a deficient nutritional status by default, but in clinical practice, nutritional deficit should be suspected when:**

- a. Unexplained weight loss of less than 10%.
- b. Prolonged anorexia and reduced work capacity.
- c. Albumin level below 3.5 mg/dl.
- d. All of the above are correct.
- e. Don't know

**30. According to the CEAP classification for venous ulcers, a patient with an open wound on the lower limb showing signs of venous insufficiency would fall under which classification?**

- a. C1
- b. C5
- c. C4
- d. C6
- e. Don't know

### **SECTION 3. OPINION QUESTIONS**

**31. Do you believe it is necessary to implement a university-level subject (Wound Care Science) focusing in-depth on wound healing processes in the Nursing Degree curriculum?**

- a. Yes
- b. No

**32. Do you consider training on chronic or difficult-to-heal wound management necessary for healthcare personnel in general?**

- a. Only for nursing professionals
- b. Only for medical professionals
- c. Yes, for both nursing and medical personnel
- d. No, I believe the current training is sufficient

**33. How would you rate the training received in the institutions where you have worked?**

- a. None
- b. Insufficient
- c. Sufficient
- d. Adequate in form and scope

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**Correct Answers**

**SECTION 2. KNOWLEDGE QUESTIONNAIRE**

- 1 b
- 2 d
- 3 c
- 4 c
- 5 b
- 6 b
- 7 c
- 8 d
- 9 d
- 10 d
- 11 c
- 12 d
- 13 c
- 14 b
- 15 a
- 16 b
- 17 b
- 18 d
- 19 d
- 20 d
- 21 b
- 22 d
- 23 d
- 24 a
- 25 a
- 26 d
- 27 a
- 28 d
- 29 d
- 30 d

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