

<p>➤ Upcoming events</p> <p style="text-align: right;">Page 3</p>	<p style="text-align: center;">—Editorial—</p> <p>Wound care education needs a boost</p> <p>There is a risk of repeating the message of earlier newsletters, however, I think that we have reached a certain point in nurse education which needs to be revisited. Having just returned from the Journal of Community Nursing Roadshow in Blackpool, which was attended by 200 nurses, I realised that there is a huge need for accessible education for nurses not just in wound care but in all disciplines. As the profession becomes comfortable with the presence of nurse specialists, our knowledge in each subject increases exponentially. This results in a knowledge gap among the generalist nurses which has to be closed with appropriate education. Nursing undergraduate curricula are finding it more and more difficult to devote enough time to every subject in preparing nurses for the register. What is apparent is that the nurses who qualify today are excellent at seeking information and are well versed in searching for literature on a given topic. This aside, there is no real substitute for practical experience, and for many student nurses this is difficult to achieve with short placement times. The end result is a workforce which requires further development and education when they qualify. It is becoming clearer that, out with University programmes, there is little or no provision built in to the system to allow this development. Post registration education should be provided, in most</p>	<p>➤ Notes and feedback from the meeting of Consultants and Specialists in Tissue Viability</p> <p style="text-align: right;">Page 4</p>
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instances free, for all nurses and should in many cases be mandatory. There is a clear message from the NMC that nurses must be fit to practice, and through PREP most nurses are obliged to undertake further relevant study, yet provision for such study is ad hoc to say the least. In addition to the lack of education is the need for protected time for staff to attend the programme or course. Most ward areas, clinics and health centres are overstretched as it is without being able to cover for those on study days.

The nurses at the JCN Roadshow were community based and as such are skilled in many areas of nursing, wound care being one, yet all found the need to come to a session where they would be able to get up to date information and networking with colleagues.

My experience in Australia is one of sharp contrast to our own. As part of a relatively small hospital in Queensland, staff education was well managed and viewed as a vital part of the job. The hospital had a large in house team who were involved with education in most subject areas. As you logged on to work in the morning you were reminded of the courses which you should attend for the coming week. This information was also given to charge nurses whose job it was to arrange cover for the time you were out of the ward. As a tissue viability nurse I became responsible for setting up programmes of study for newly qualified nurses in wound management. It seemed like a simple principle, however, my experience in the UK is somewhat different. Health boards seem to fail to realise the link between increasing nursing knowledge, improved patient outcomes and patient safety.

This leads me to the role of companies in providing education. In an ideal world there would be free NHS led education for nurses, however, with resources as they are this is near impossible. The wound care and bed companies currently provide a large number of quality wound care study days and events and in doing so provide a hugely important service to the staff of the NHS. This has recently been cited by one company as providing a biased approach to education, with company products being promoted at these events. My experience of these events is somewhat different, with very little time if any devoted to promotion of products, but instead providing local nurses with expert speakers and expert knowledge.

I would urge the companies which provide such study days to continue to do so, as for many nurses this is the only accessible form of education which they encounter.

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» **Upcoming events**

The 17th European Wound Management Association (EWMA) conference is coming to Glasgow and will run from the 2-4th May 2007. The venue is the Scottish Exhibition and Conference Centre and the themes for the conference are evidence, consensus and driving the agenda forward.

Cooperating groups include The National Association for Tissue Viability Nurses Scotland (NATVNS), The Leg Ulcer Forum (LUF), and the Tissue Viability Nurses Association (TVNA).

EPUAP: The 10th anniversary conference of the European Pressure Ulcer Advisory Panel will be held in Oxford from the 30th August until the 1st September. The theme for the conference is 10 years of progress, the present and the future in pressure ulcer prevention and management.

➤ **Wounds UK Book Offer**

This book is aimed at all healthcare professional students, nurses, medical students, physiotherapists, pharmacists and podiatrists. It provides an introduction to wound management by relating the basic principles of wound healing to clinical decision making and management/treatment selection. The text utilises the applied wound management concept.



Special Offer: Was 19.99 **now £10.99** until 28th February 2007.

➤ **Wounds Essentials Roadshows**

In response to the success of the Wounds Essentials journal published by Wounds UK last year, Wounds UK are now offering a free education platform for nurses throughout the UK. Wounds UK will supply speakers and presentations which reflect the content of the journal free of charge, all you have to do is provide a venue and an audience.

Wounds Essentials Road shows will be taking place throughout the UK during 2007 and if you want to know more you can contact Ray Norris at ray.norris@wounds-uk.com

➤ **Notes and feedback from the meeting of Consultants and Specialists in Tissue Viability**

Notes and feedback from the meeting of Consultants and Specialists in Tissue Viability held in the King's Suite Harrogate Conference Centre on Monday 13th November 2006.

A meeting was held on the 13th November attended by approximately 80 specialists in Tissue Viability. The meeting was convened in response to the many political issues that had arisen over the last few years which had frequently arisen and been managed in an unsatisfactory and haphazard manner. A small group of practitioners had decided that rather than rumbling and grumbling amongst themselves a national initiative was required. The timescale for this was, in many ways forced forward by the submission from AMS to the House of Commons Select committee on NH Deficits and although this was not in any way the focus of the meeting, it certainly acted as a catalyst to spur people on.

Issues covered at the meeting included:

- **The Supply Chain Excellence programme in 2004, which tried to reduce the cost of wound care products and rationalise availability via the supplies catalogue**
- **The Department of Health Consultation on the Provision of stoma care, incontinence, wound care products and chemical reagents which focussed again on cost savings, nurse specialists being funded by industry and the cost / value of value added services such as education.**
- **Agenda for Change and the discrepancies in bands allocated to staff (5 - 8D for Nurses Specialists and 7 - 8D for Nurse Consultants)**
- **Connecting for Health: the national computerisation of records which in some areas has proceeded without consulting specialist in the field**
- **NHS deficits: (DoH 2007) the role of Tissue Viability in managing / reducing this.**

Several other issues were discussed but what was apparent were the key themes that ran through each of these; the lack of consultation with the specialists, the lack of supporting information available when requested and a feeling of almost inevitability on the part of the specialists.

Following the presentation a very lively debate ensued, this was supported by many telephone calls and emails received after the meeting. These could be categorised into 4 main areas:

- **Communication**
- **Audit**
- **Education**
- **Regulation**

Communication

It was felt that TVNs do not have a strong political profile and this is reflected in the lack of consultations on projects which are clearly within

their specialist remit. There is acknowledgement that as a speciality we have complicated this by having many specialist organisations but no single one that can be used to quickly contact everybody or be seen as a central point for consultation. The email cascade system which had been set up in response to the AMS document had appeared to work well and most people were keen to maintain this. Many TVNs accept that they are very clinically focussed and therefore do not always work strategically or give due importance to larger issues such as those discussed above where the bulk of the work was done by a very small number of people. Indeed most admitted to 'parking' communications of strategic or national nature. Many problems in relation to communication also stemmed from lack of audit. These issues do not negate the fact that specialists should be consulted when relevant and therefore their profile must be raised nationally.

Audit

There is no recognised audit tool used within TV whichever type of wound is considered we do not have good comparable data. Several TVNs admitted they 'don't do' audit as they have neither the skills nor the understanding of what they can do with the information. Although there have been several attempts to get people to agree for example on pressure ulcer grading tools this is seen as a 'political hot potato' with too many people having individual preferences which they will not compromise on. As we do not have audit data it is very difficult for individuals to prove their worth so when we requested evidence for the DoH submission only 11 examples from the whole of the UK were received. Many people identified difficulties in using the 'right language' when collecting / presenting audit data so for example were unable to articulate how they could use initiatives such as Payment by Results to support their service provision / development. The implications of Commissioning for Health have also to be considered.

Education

Education of nurses in training has undergone considerable changes over the last 15 years. It is noticeable that qualified nurses are now far less confident with 'basic' wound care and will frequently refer anything that constitutes a wound to the TVN. This is problematic as it is not good use of

a specialists' time, but in order to ensure these patients are appropriately managed TVNs are having to provide increasing amounts of basic education which in the current financial climate few staff are able to attend. In terms of education for the specialists themselves there is little standardisation or cohesion in what is available at Post Qualification or Post Graduate level. Furthermore much of the focus is on clinical knowledge whereas in fact as highlighted above what many need are higher level skills such as audit, business planning staff management etc.

Regulation

This is a less pressing area but worth discussion. As reflected by the pay banding TVNs do a broad range of things their knowledge and skills are also very variable and there is nothing / no one to set minimum requirements. This means we already have a small number of inappropriate people in post and also there is no guidance for aspirant practitioner (of any profession). It has been suggested that the formation of a college or society of TV which you submitted evidence to including clinical and skills based information would provide some organisation / regulation of practitioners. This is increasingly important as more practitioners set themselves up independently in response to initiatives such as Practice Based Commissioning and also for fear of being made redundant.

Suggestions for what is needed include:

A baseline audit of TVNs, who they are, where they are, what qualifications / skills they have and what they do.

Baseline audit of tissue viability services eg specialist units.

Setting up of minimum databases to facilitate audit

Provision of an educational framework to support TV practitioners

Review of educational provision and support for pre registration nurses and newly qualified nurses.

Raising of the political profile of the speciality.

Activities are underway to develop these and as soon as anything is planned / available the information will be circulated via the cascade network of national regional groups. In the mean time if there are any further suggestions or ideas for how we achieve all of this please let me know!

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