



November 2005

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DEEPES TISSUES

WELCOME one and all to the current 2005 TWCA Newsletter. Hope this publication finds you well and wound savvy. If you have any items you would like published in the newsletter, please submit to Carol on 62 228322, 0408 992 403 or e-mail carol.baines@dhhs.tas.gov.au



Pictured, Barbara Youd from Rotary, Kathy Canning and Mary McLean from the Specialist Wound Clinic

Activities from the Specialist Wound Clinic Royal Hobart Hospital

Staff from the Specialist Wound Clinic at the Royal Hobart Hospital supported the Tarime Goodwill Foundation Hospital in Tanzania. The goals of this hospital are to provide free health services for needy people, orphans,

street children, mother and child health care, counselling for HIV and AIDS patients, counselling for prostate and other cancer patients and many other free services. A close relationship between the Tarime Foundation and the Deloraine Rotary Club has developed. This Tanzanian hospital is very short of the necessary equipment that we expect in our hospitals. The Rotary Club organised for a generator to go to this hospital in a shipping container. The staff from the Wound Clinic mustered up some support and were able to contribute a spotlight, a diathermy machine, library journals, wound care education packages and some products.

Kathy Canning Specialist Wound Clinic Royal Hobart Hospital

Recently all TWCA members and AWMA members should have received by post an invitation to apply for an AWMA scholarship.

Paul Hartmann Pty Ltd and the AWMA are providing 8 scholarships for the HEMI Advanced Wound Care Course. One place will be reserved for each state and territory.

This initiative has been designed to allow clinicians to benefit from an intensive 3 day course. The annual course is residential to ensure all your needs are met and 100% of your attention is focused on personal development. Plan is on absorbing as much information as possible from Prof Mac.Lellan and Assoc Prof Gerit Mulder and having a great time.

This is an excellent opportunity to really advance your wound management skills.

Please feel free to contact any member of the TWCA committee for help in preparation of your application.

Carol

TWCA Conference Report

The 2005 TWCA conference was held on September 23rd and 24th at Hadley's Hotel in Hobart. Around 150 people attended many health care professions including podiatrists, pharmacists, doctors and staff from varying areas of nursing.

This year's conference theme was "Indulge and Rejuvenate" and although this theme obviously guided the content of talks by the speakers, many delegates were pleasantly surprised by the extent to which the concept of "indulging and rejuvenating" was extended to them! On arrival delegates not only found the usual product material in their product bags, but also decadent chocolates, soap, fruit juice, tea/coffee as well as bath salts or bubble bath - no excuses for being sweaty and smelly after 1 ½ days in a seminar room!

All at the conference were also treated to variety of pleasant displays and experiences. The two presentations by the keynote speakers on the Thursday evening were followed by a cocktail party which included an Intimo Lingerie parade (not too revealing!) and displays of quality jewellery designed and made by TWCA member Jenny Mills. This proved to be very popular – it was great to see people showing off their "Jenny Mills originals" on the next day of the conference!

We were also graced by the presence of a very glamorous Kathy Canning from the RHH wound clinic, sporting the latest looks in wound care fashion, including a gold glo-mesh skirt, tiara, belly dancing belt and a 4layer pressure bandage to her left leg to top off the outfit! At anytime people could make an appointment to be pampered in the upstairs "indulgent room". Here Karan Spilling from "My Place" and Colleen offered manicures, massages and nail painting to delegates and found themselves booked out over the 2 days.

This fun did not take anything away from the fabulous trade displays set up by 19 companies at the conference. We were there of course to take the opportunity to learn all we could about latest products, concepts and research in wound care, and the reps presence at the conference did a wonderful job in supplying information and samples to all of those interested.

Of course the highlights were the wonderful talks given by the speakers at the conference. Our keynote speakers were Professor Donald MacLellan and Jan Rice.

Professor MacLellan spoke about wound bed preparation and management. The preparation of the wound bed was emphasized as being crucial to healing and included techniques in reducing bacterial load and in debridement. In speaking on the management of wounds Professor MacLellan outlined the issues facing Australia today, in regard to the expectations Australians have of health care, and the responsibility health care workers have to implement optimal wound care in order to deliver optimal healing rates.

Jan Rice, who is well known in Australian wound care, spoke about her incredible work in Banda Aceh as part of the Army Reserve. Jan found herself spending her long service leave managing horrendous injuries in tropical heat in some of the most inhospitable terrain of Aceh. This is not how most of us would imagine indulging ourselves, however Jan emphasized the rejuvenation that occurred within herself due to her experience of giving so much of herself and her knowledge to the local people, thus regaining perspective in her life, and inspiring many of us at the conference to at least rethink our own perspectives of what is important in our lives. I was amazed, talking to people after the conference, at how many people were profoundly affected by Jan's talks.

Many other interstate and local speakers spoke on subjects such as laval therapy, the use of honey in wound healing, creating web pages for wound care, the Graduate Certificate in Wound Care, neuropathic foot ulceration, the RCNA, and writing for publication.

Our novice presenters gave wonderful presentations and were very well received. Congratulations to Kate Cassidy and Cheryl Wilson who share the prize for the best novice presenter. Kate gave a very informative talk entitled Smoking and its effects on wound healing "where indulgence doesn't equal rejuvenation". Cheryl presented a case study which demonstrated how careful planning using holistic care brought about a positive outcome for a complex medical patient. Congratulations also to Jeremy Wright who won the TWCA logo competition. You can all look forward to seeing Jeremy's new TWCA logo design on future TWCA publications!

Overall, the 2005 TWCA conference was extremely informative, a lot of fun, and certainly worth attending! Everything was well thought out – from the food and entertainment to the programme and trade and everything in between. I'd like to thank the TWCA committee for doing such a fabulous job in organizing this event, Sutherland Medical for being the major sponsor for the conference. I'd also like to thank all those who participated in the running of the conference, as well as all those who attended – we had delegates from all parts of Tasmania and even interstate! I'm sure we'll all look forward to the next conference!

by Margaret Clarke



**WINNERS OF THE TWCA RAFFLE PRIZES DRAWN AT CONFERENCE CONCLUSION FRIDAY
SEPTEMBER 23RD 2005**

- | | |
|--|-----------------|
| 1. Peppermint Bay Voucher | Jane Loxton |
| 2. Savoy Baths Voucher | Jenny Shand |
| 3. Moorilla Wine Twin Pack + d'Anvers Chocolates | Meredith Davies |
| 4. Moorilla Wine Single + d'Anvers Chocolates | Sandra Smith |
| 5. Ella Bache Gift Pack | Rebecca Schrale |
| 6. Keep Fit Voucher | Margaret Clarke |
| 7. Domain Chandon Champagne | Denise Donoghue |
| 8. Medically Sound equipment pouch | Joanna Hopkins |
| 9. Medihoney Bee | Judy Salter |

**WINNERS LUCKY DOOR PRIZES DRAWN AT CONFERENCE
CONCLUSION FRIDAY SEPTEMBER 23RD 2005**

- | | |
|--------------------------|-------------------|
| 1. Orana House Voucher | Jenny Parker |
| 2. Wooden Box of Goodies | Kathy O'Callaghan |

WINNERS OF COMPANY RAFFLES DRAW
FRIDAY SEPTEMBER 23RD 2005

Coloplast
Molnlycke
Convatec
Aaxis Pacific

Ricarda Baker
Judy Salter
Edi Armstrong
Claire Massey

EARLY BIRD PRIZE DRAW

Voucher for Doherty's Hobart or St Helens

Roseanne Rose

NOVICE PRESENTER PRIZE

Surgimed Book Prize + Ella Bache Voucher
Smith & Nephew Book Prize

Cheryl Wilson
Kate Cassidy

TWCA NEW LOGO PRIZE

Jeremy Wright

Clinical Teaching

The day in the life of a Clinical Teacher. I begin each morning working with a student in their clinical setting, taking on a patient load, facilitating and supporting their learning needs and objectives. After lunch I'm off to check on the 9 other students on a mixture of medical and surgical wards. This involves the student presenting each of their patients- including reason for admission, pathophysiology, pharmacology, nursing interventions as well as rationale, procedures/surgery, priorities and plan of care, social situation and the patient's experience of illness. All aspects of care are discussed with the student to ensure their understanding of each point. Asking probing questions and the never ending "why" is a constant in the life of the clinical teacher.

Feedback is a large part of the role and vital for students to continue to develop their practice. Giving positive feedback and critique on areas of practice that need development is challenging and sometimes a difficult undertaking, but the results are often very rewarding.

Of course varying students require different levels of support. The struggling student will require additional support and can be a very challenging side of the role of the Clinical Teacher. Support of preceptors is essential and we value their input highly.

The day also includes paper work, which involves writing in their clinical diaries about their daily/weekly progress. A weekly debrief and skills session is carried out, along with a team meeting where student progress and development strategies are discussed. Research and formulation of learning tools is an ongoing dimension of the role.

Wound Care, being a particular passion of mine, is an area of importance and one that I find deserves some attention. Students receive a 2hr lecture on Wound Care from Anne Smith, the Wound Care Consultant at the RHH and ongoing exposure in the ward environment. I supplement this with Case Studies and sessions on documentation, basic aseptic technique, and types of products and uses. In each Case Study the students discuss initial treatment, investigations, assessment of the wound, dressing choice, and ongoing management.

Clinical Teaching, although often challenging, is an area I thoroughly enjoy. Students on the whole are enthusiastic and willing to learn, providing an exciting medium to nurture and develop their nursing practice.

Rebecca Schrale

**REPORT TO TWCA
RE: INAUGURAL VENOUS LEG ULCER CONSENSUS MEETING
HELD 6TH SEPTEMBER 2005
WESTERN AUSTRALIA**

Objectives of the Forum:

- 1) To provide evidence to the NHMRC that guidelines for venous leg ulcers (VLU) will:
 - Address a health issue of national significance
 - Have national application in all contexts of health care
 - Reduce variations in clinical practice in respect to VLU's
 - Reduce the burden on the community
 - Reduce health costs and improve health outcomes
 - 2) To demonstrate to the NHMRC that the AMWA:
 - Is a body with recognised professional standing
 - Is capable of attracting broad multidisciplinary participation and
 - Has consulted the broader community prior to guideline development
 - 3) To come to a consensus at the close of this meeting, that national guidelines for the prevention and management of venous leg ulcers should be developed under the auspices of the Australian Wound Management Association.
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1. Professor John Fletcher (NSW) addressed the forum re the problem of venous leg ulcers in Australia and the role and the Australia and New Zealand Working Party on VTE prevention and management.
 2. Venous leg ulcers: A Community and Nursing Perspective
Address by Associate nursing Professor - K Carville
 3. Clinical Practice Guidelines and Bridging the Gap between Knowledge and Practice
Address by A/P Michael Woodward
 4. AMWA's role in Developing Australian Guidelines for Venous Leg Ulcers
Address by Jenny Prentice AMWA President
 - ❖ Secure NHMRC contact
 - ❖ Four phases
 - Phase 1**
 - Business Plan
 - Goals
 - KRA
 - Establish panel or sub-committee
 - Representatives of all disciplines with knowledge, skill, education and research backgrounds in VLU
 - Expression of interest
 - Phase 2**
 - Panel/Committee workshop
 - Principles behind developing guidelines
 - Lit searches
 - Writing and record keeping
 - Maintaining timelines
 - Phase 3**
 - Publication Guidelines
 - Draft guidelines
 - Key stakeholders and public consultation
 - Revision and publication (aim 2008)
 - NHMRC approval
 - RCNA endorsement
 - Phase 4**
 - Dissemination Guidelines
 - Marketing plan
 - Implementation and education plan
 - Research plan
 - Review Date
 - Establish program for review and revision guidelines
 - AMWA ensure viability
 - Business and Risk Management plans
 - Financial
 - Human
 - Material
 - Grants/Projects or Research
-
5. **Panel and Open Forum**
Discussion
 - Litigation
 - Collaboration
 - Tool to evaluate guidelines
 - 6 subscales
 - Baseline data
 - Analyse barriers

Consensus Statements

- 1) AMWA takes leadership role in facilitating and overseeing the development, publication and distribution of clinical practice guidelines for the prevention and management of venous leg ulcers that suit Australian Health Care contexts.
- 2) That the AWMA inform and seek approval from NHMRC.
- 3) That broad consultations continue to occur on a regular basis with key stakeholders, consumers and the community during the development of the guidelines.

WOUND TALK

Brought to you by Lotta Mank our roving reporter.



LOTTA: I have heard a rumour that quite a few doctors are prescribing Kenacomb ointment for their patients or community nurses to apply directly to the wound bed. Can you confirm these rumours?

TWCA member: *Yes I can Lotta. Kenacomb can be used effectively in the treatment of hypergranulation tissue. Hypergranulation tissue is not well understood. Postulated causative factors include excessive inflammation, bacterial bioburden and an imbalance between collagen synthesis and degradation (Hawkins-Bradley and Walden, 2002). Unfortunately Lotta, we think that some doctors are prescribing Kenacomb for use on perfectly innocent, normally healing wounds and we cannot begin to guess at the havoc this could be causing at a cellular level.*

LOTTA: What can we do about this disturbing trend?

TWCA member: *Well Lotta I would suggest that anyone asked to apply Kenacomb ointment to a healthy healing wound should be contacting the prescribing doctor to explore the rationale for use. If the wound bed is hypergranulated then reassess carefully at each dressing change and discontinue use as soon as clinically indicated.*

Reference:

Hawkins-Bradley, B. Walden, M (2002) treatment of a non-healing wound with hypergranulation tissue and rolled edges. Journal of Wound, Ostomy and Continence Nursing, 29,320-24.

TASTE OF WOUND CARE

16 February 2006

Where: Huon (venue to be announced)

6.00 – 8.00 p.m.

**Australian Wound Management
Association
6th National Conference**

**“MATRIX OF WOUND CARE”
National Conference Centre
15-18 March 2006**

All items featured are submitted with the philosophy of improving wound care for sufferers and carers. No financial support is given or offered by wound care product manufacturers or distributors in the making of the newsletter. If you have any concerns or questions about items featured, please contact either:

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