

Spreading the mantra of wound education

McGuiness B

Being involved in wound management on a day-to-day basis, it is easy to assume that all health professionals are familiar with the expertise required. The reality is, if you are a patient suffering from a chronic wound (or other chronic conditions) the calibre of health care you receive can be a lottery. Why, because contemporary health care professionals have been schooled using curricula heavily focused on saving lives and correcting disease at the expense of content aimed at improving quality of life or sourcing long-term support options. Pathology and pharmacology reign supreme over psychology and sociology. When wound management content is examined, the ability to surgically debride, or perform tissue reconstruction is given a higher status than healing by secondary intent or controlling an offensive odour. This focus results from a propensity of our society for the 'dramatic'. Aberrations from the 'norm' are exciting. This is illustrated by the manner in which the popular press reported the severity of burns resulting from the Bali bombings or those experienced by the two runners caught in bushfires during the marathon event in WA.

As the health care system confronts an ever-increasing incidence of chronic conditions, the call to reform undergraduate curricula is growing. Health care professionals need to be adequately prepared to deal with the less dramatic, long-term nature of chronic illness. Curricula content aimed at improving the patient's quality of life whilst living with a debilitating condition, or establishing case management plans that utilise an array of community services, will become the norm. As this curricula transition gains momentum, the

wound management community needs to seize the opportunity to imbue content relevant for the management of patients with chronic wounds. Wound bed preparation, exudate control, oedema reduction, infection prevention and pain management should be the new mantra of undergraduate students.

Influencing curricula change is best argued from evidence. In this issue the data presented by Innes-Walker and Edwards provides a sound base for such a purpose. The lack of knowledge and confidence reported by the participants when caring for chronic wounds emphasises the need for this material to be provided in undergraduate, postgraduate and CPD programs. The article by Lemon, Munsif and Sinha reminds us that including the management of chronic wounds in an undergraduate curriculum need not be an expensive and exhaustive process. The simple inclusion of a clinical rotation through a wound clinic can have a far-reaching impact on the attitudes and skills of the student.

The time is right for us to take up the challenge of influencing curricula. I would encourage others to build on the work above and lobby for our patients to have access to properly prepared health care practitioners.

Bill McGuiness

Division of Nursing and Midwifery, Faculty of Health
Sciences, La Trobe University Bundoora, VIC 3083
Tel (03) 9479 5924
Email president@awma.com.au