

Shared expertise informing practice

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The forthcoming 2024 WCET® and Association Stoma Care Nurses (ASCN) UK joint Congress in Glasgow is another example of how the WCET's® mission, "to lead the global advancement of specialised professional nursing care for people with ostomy, wound or continence needs"¹, is being met. Common benefits attributed to attending scholastic conferences are shared interests with likeminded committed colleagues from different backgrounds, different perspectives and diverse areas of expertise; networking and developing individual or cross-institutional collaborations or opportunities for mentorship; the acquisition of new knowledge or skills and exposure to new ideas, products or cutting technology^{2,3}. And, to simply enjoy the experience.

The President and President Elect within their message 'This is finally it!' give an indication of some of the highlights to be experienced by attending the Congress and recognition of those who have shared their expertise over time.

A snippet of wisdom to inform clinical practice and assist with developing therapeutic patient relationships is provided by Smart in her Guest Editorial where she shares the importance of allowing patients to tell their story without interruption. Smart postulates that just two minutes of clinician's time can facilitate building clinical trust, openness, adherence and acceptance of their situation.

The complex topic of immunosuppressants and wound healing is examined by Appoo et al in their literature review entitled 'Examining the association of immunosuppressants and wound healing: a narrative review'. Classes of immunosuppressants including corticosteroids, calcineurin and mTOR inhibitors, monoclonal and polyclonal antibodies and antiproliferative agents and indications for use and effects on wound healing are identified. It is concluded the majority of immunosuppressants' effects on wound healing are varied. Immunosuppressive therapies most cited to have detrimental effects on wound healing were corticosteroids and mechanistic target of rapamycin inhibitors. The necessity for early referral to specialists with expertise in wound management to review people with wounds receiving immunosuppressant therapy is emphasised.

Carter, in her case study, describes the challenges of managing a large lower limb haematoma that became a complex chronic

wound in an elderly lady with memory loss who resides in a nursing home. Additional factors to overcome were the consumer's behaviours impacting on the provision of clinical care and the limitations imposed by COVID-19. Carter describes the use of evidenced-based assessment and clinical decision-making frameworks to guide principles of wound management and choices of a silicone contact layer and non-adhesive foam dressing.

Evidence for the use of potassium permanganate (Condy's crystals) in treating wounds and potato peel dressings for healing superficial burns in low- and middle-income countries is synthesised by Haesler. Although Condy's crystals has been used since the 1850s for its antimicrobial and astringent properties in reducing wound exudate in various wounds and skin conditions, there is insufficient evidence to recommend the use of Condy's crystals to promote wound healing. Similarly, there was a lack of evidence on the use of potato peel dressings to promote healing in burns. With both modalities a high level of bias was reported within the small number of studies reviewed.

Sharing our expertise with others to inform clinical practice is imperative to wound healing, maintenance of wounds where healing is not achievable and improved quality of life. In addition, the importance of reviewing the nomenclature, research and evidence-based practices around convexity in ostomy appliances, and their use in the immediate post-operative period to prevent peristomal skin complications, is highlighted in the Journal Supplement supported by Hollister and Dansac.

I look forward to shared experiences in Glasgow.

With kind regards

Jenny

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