

# “The more I learn, the more I realise how much I don't know”



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I am increasingly starting to believe the old adage that the more you know the more you realise you know nothing for certain and that some things that I repeat as a mantra are very one sided.

Let me give you an example — Do category II pressure ulcers (PU) leave a scar? I have always believed that damage to the epidermis means no scar, it heals by regeneration (of the same cells). However, category II PUs — partial-thickness wounds that progress into the dermis — should scar, they heal by repair. So if there is scarring, should we class that as a patient harm because a scar is a form of permanent damage? I started to think about this and realised I could not think of an instance where I had seen a patient who had had a category II PU that had healed to determine if indeed they had a scar or not, why would I they had healed, job done. I also didn't know if that applied to category II (where it presented as a blister) if the epidermis lifts from the dermis but does not damage the dermis, so they shouldn't scar, is that NOT the same level of harm as an open category II (which progresses into the dermis and so leaves a permanent scar)? But then that made me think for a category I — how deep is the damage? We see it as erythema/discolouration on the epidermis, but how deep does that injury go and might there be scar that we can't see? — this gave me a headache!

At a meeting about updating the Definition and Measurement document today, a colleague presented findings of sharing our preliminary ideas with patients and their relatives and once again it made my head hurt as I realised there were so many things I (we) say that I didn't know or hadn't thought about the impact for the patient. We don't reverse stage PUs, once a category IV always a category IV right? But how does that feel to a patient, we tell them a category IV is the worst it can possibly get — and even when to look at it, it has improved considerably — we are still telling them it is the worst category it can possibly be... How must that make them and their family

feel? How are we describing progress to them by retaining the same number without explaining why, other than the abstract concept that it's what some guidelines say, what explanation do we give of what must seem to them a nonsensical approach?

Let's move onto redness, there has been a significant change in how we use redness to describe PUs. We accept that using the term redness is not inclusive, it does not describe the hyperaemic response which causes erythema across all skin tones, but it seems that it is ok to still call a lower limb condition 'red leg' or describe heat, redness, pain and swelling as key indicators of infection. Why is there such a difference?

We can't continue this way. The patient voice is so important to what we do, bringing them into consultations shines a light on what we do in a completely different way, their questions sometimes naïve, sometimes incredibly complex challenge what we do and take for granted. Recognition that different colours of skin respond differently is really important but there is so little research to explain that. Many years ago as a student nurse, yes back in the 80s, I can clearly remember a very scary nurse tutor who was teaching us injection technique telling us that black skin is tougher and it may be more difficult and to consider this when you gave an injection, is this true? I have no idea, I have looked and looked and can not find anything that says it is true or nonsense. I spoke to a biologist who has research papers that say Chinese people have a thicker epidermis, but that doesn't really help! I know I have spoken to several colleagues who remember being taught the same though. I did finally find a paper to support this (Droge-Young, 2016) but I suspect the theory that my nurse tutor based her supposition on was not this. I think little has changed since Wesley and Maibach (2003), stated that racial differences in skin have been minimally investigated. I also realised that I didn't know if pressure damage occurred on the heel of a person with black skin would I see a blanch on the lighter

sole of their foot? The answer is yes a colleague took her shoes and socks off and checked for me because she didn't know herself!

Why are all these things cluttering my brain in my daily clear the cobwebs walks, well, we are trying to update the definition and measurement document (NHS Improvement, 2018). Wrestling with thorny issues such as: if a PU heals and then recurs on the same site, is it a new PU or an old one that just wasn't properly healed and came back, if it is the old one come back is it still the same category even if it isn't as bad, and if it's a new one, can we actually categorise it because the tissues involved are not normal they are scar? and I realise I really don't know the answers in fact none of us did although we talked about possible answers for a very long time we are still no clearer what the actual answer is. The Americans have made a stab at making some decisions around this, but there is little if any evidence to support their decisions (Tew et al 2014).

It makes me sad to realise how little I have challenged the things I know and take for granted,

and while we have made significant progress in some ways we have made none. But I love a challenge and there is always time to learn, I love the feeling of you learn something new everyday and I intend to go off and learn, so if you hear me asking ridiculous questions – don't be surprised, I need to know things – just so can realise I don't know the next thing! – It's what gets me up every morning and what still makes me love doing what I do.

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