Vox pops: "What advice do you wish you had been given when you started out in wound care?"

Style: Introduction

We asked five experts in the field of wound care what they wished they had been told when they were first starting out. Here are their thoughts.

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"I qualified in 2001 as a nurse and started out in respiratory medicine. Within this role, I developed a love of tissue viability; caring for and preventing pressure ulcers, leg ulcers and skin tears mainly. In the early days of my nursing career, I would have loved it if there were an 'idiot's guide to tissue viability' that was given to all newly qualified nurses, including dressing selection and how to fill in a wound assessment chart. Often, I would open the dressings cupboard and not have a clue what to put on a wound; this is why I now teach a simple phrase in regards to dressing selection: "If it's wet, dry it up, and if it's dry, add some moisture". This simple phrase, alongside dressings education on what each of the dressings on our formulary does, will lead the staff at University Hospitals Coventry and Warwickshire NHS Trust to be able to decide on what dressing to apply. In addition, we have a limited formulary to reduce confusion on what dressing to choose.

When talking to other tissue viability colleagues in our team, the piece of advice they would give would be not to take shortcuts — i.e. when dressing a wound, do it right from the start, including completing a wound assessment chart so that other colleagues have a care plan to follow, and ensure that the patient is at the centre of the holistic assessment of the wound.

Lastly, another piece of advice that should be drummed into every healthcare professional is that prevention is most definitely better than cure. This is the case for all wound care, including preventing skin tears, prevention of recurrence of leg ulcers, prevention of cellulitis, prevention of surgical site infection, but definitely in the case of pressure ulcer prevention. The high national focus that pressure ulcer prevention now has in the UK is fantastic and should be celebrated by all. It has raised the profile of this area of tissue viability and long may it continue."

AMY VERDON

"I think one of the best pieces of advice I could have been given when I first started out in wound care is "it's not all about the dressing". As nurses, we love the satisfaction of applying fresh, clean dressings to wounds, with the expectation of seeing progress towards healing. However, faced with a vast selection of dressing products to choose from, for the novice practitioner it can seem confusing. Unlike medications, which are prescribed by a medical practitioner and administered by the nurse, when it comes to managing wounds, the choice of dressings is left to the individual nurse to decide what is appropriate for each wound. The temptation is to think everything depends on the dressing and, when progress seems to be slow the solution is simply to switch to a different product! However, the question "should I choose dressing X or dressing Y?" is usually not the right question to be asking.

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When I first started out in wound care as a community staff nurse, I would often find myself asking this very question of myself, particularly if we had just had a visit from a company rep who was extolling the virtues of their new product! And even today, the question I get asked most often by nurses is "what dressing should I use?"

Wound care is an art, as well as a science, and often there will be several dressings that could all be equally suitable for a particular wound. The key is to understand the purpose of the dressing. Once the person treating the wound realises that the dressing is not the ultimate healer of the wound, but a means of creating the best local environment at the wound site to allow the body to heal itself, then the worry about choosing the 'perfect' dressing is reduced. The role of most dressings is to create a warm, moist environment and protect the wound from infection and trauma to facilitate the body's normal physiological healing process.

With this in mind, attention to the whole patient, and not just the 'hole in the patient' becomes of greater importance. Maintenance of nutrition and hydration, correction of underlying pathologies where possible which could be inhibiting on healing, and promotion of a healthy lifestyle are essential elements to facilitate healing. The dressing is simply just one part of this."

ELIZABETH NICHOLS

"The advice I wish I had been given was to really establish where we were — by this I mean the numbers of patients with pressure ulcers, leg ulcers, diabetic feet — and to develop a system that allows for the development of a database and tracking of patients. The impact of eliminating avoidable pressure ulcers has meant we are now counting, and are accountable for every one, and this has been really powerful. The engagement of directors and management has been very influential. So the bit of advice I wish I had been given relates to the engagement throughout the organisation and the importance of this.

The other bit of advice relates to maintaining a healthy work/life balance. I have recently had two more staff join my team, and Rosie Callaghan and myself realise how much we needed the help. Therefore, making the case for an appropriate level of staffing that influences patient outcomes is really important.

My final bit of advice I wish I had listened to, for many people have told me this, is just how quick time goes, and the importance of really enjoying your professional nursing career. Nursing really makes a difference and, for somebody starting out, I would say be well informed, share your knowledge and always stay patient focused. And, above all, remain committed and enjoy."

JACKIE STEPHEN-HAYNES

"When I was asked to write this Voxpop, my immediate thoughts were: "I am not sure there are any words or advice that will make the job easier" Then I thought, "Yes there are!" *Advanced Nursing Practice* by George Castledine and Paula McGee instigated many a light-bulb moment for me and is a must read for practitioners working in an autonomous role. It empowers one with some of the necessary knowledge to traverse the minefield of bench-marking one's own practice and competence, in a small specialist area and yet ever-expanding field of NHS change.

When I commenced the tissue viability specialist role in 2004, it was from the background of being a professional practice teacher in district nursing, and so my ethos was always to empower others with the essential knowledge to support their clinical decision-making and professional practices. My view has not changed; however, alongside it, a growing sense of responsibility has also evolved. The more I learn, the more I realise I don't know and need to know more to impart to others!

Factors such as heavy workloads, lack of affordable childcare, high-quality schools and affordable housing are still with us and often lead to a greater problem in recruiting senior staff. More imminently, the senior staff recruitment crisis is predominantly due to a large proportion of 50-somethings — such as myself — retiring, with inadequate workforce planning (Queens Nursing Institute, 2013) leaving a significant gap. Never before in my career has the need to impart and mentor seemed so important! Positive outcomes for patients can be experienced tangibly through the design and use of practical mediums, such as purposeful documentation, to disseminate guidelines into everyday practice, thus enabling the less experienced (Hindley, 2012). I would hope to impress the significance of this ethos on those choosing to commence their careers on the tissue viability specialist practice pathway, and of harnessing tools such as audit to disseminate; we are such a small resource."

Hindley J (2012) Traffic light system for healed venous leg ulcer monitoring. *Br J Community Nurs* 17(suppl. 5): 6–17

Queens Nursing Institute (2013) *Report on District Nurse Education in England,Wales and Northern Ireland.* Available at: http://tinyurl.com/lq55e6t (accessed 05.06.2015)

JENNY HINDLEY

"I currently work as an associate practitioner at my local trust hospital and have witnessed a number of wounds that require more than just a plaster to make it better. I have found there was not enough education and information on wounds and dressings given to me before starting on the ward and this would have been beneficial to what I witness every day. No one tells you there are different types of smells relating to the wounds and what this may mean to the healing progress.

I found there were not enough study days regarding wounds and their care. Within my local Trust, there is one full study day a year. It would be more constructive if student nurses and nurses spend a day with a tissue viability nurse (TVN) on ward rounds or in clinics to help them understand how the TVN and patients look after wounds, as they will have an opportunity to talk to them on a more personal basis. Nurses need to know the difference between pressure ulcer and incontinence damage to skin, as well as knowing what type of dressing should be used for the category of wound. Clinicians should be educated as to what they can do to prevent complications or deterioration of existing wounds.

To make the job easier, patients should be educated on the importance of maintaining good skin integrity and eating healthily, to prevent further admissions to clinics and hospital. It would be beneficial to get nurses to understand the difference between acute and chronic wounds and to have a study day before working within any healthcare setting. Clinicians should be made aware that patients should be treated as individuals — dressings and outcomes of wound healing differ from person to person."

GEORGINA GOUNDRY