

# Good research is essential in these fast-moving times

John Timmons

The pace of change within the NHS is often criticised as being hard to cope with as staff are often under pressure to change practice on a whim. In wound care the pace of change is now greater than ever before.

My early memories of working in a vascular unit were of wound care more or less standing still. We put up with products which did little to help the healing process. Cod liver oil and honey tulle was in common usage but it seemed to do nothing but adhere to wounds, cause pain and make the patient bleed on removal. The use of astringent chemicals to debride was also commonplace and the long-term effects of such treatments were not fully understood.

Since the emergence of tissue viability nurse specialists in the early to mid-1990s, patients are much less likely to experience poor quality wound care. In addition TVNs have played a large part in purchasing equipment and setting up contracts which have greatly reduced NHS spending.

The network of TVNs, associated specialists, podiatrists and medics have worked with industry to create a climate of innovation and progress which is based on patient need and driven by clinical issues. Guidelines and best practice statements have

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been produced to improve practice in many areas of our field such as the prevention and treatment of pressure ulcers, leg ulcer management and debridement, to name but a few. The time taken for technologies to reach the bedside is reducing in part because of the improved relationships which companies have with nurse specialists and also due to the demand placed on services with large numbers of patients with complex wounds.

**Given that nothing stands still in the field of wound care, we have to consider ways to move forward. Central to the need to move forward must be the needs of the patient and the development of sound research principles which can support changes in practice.**

The drive to produce products which are atraumatic and help to minimise pain upon removal illustrates the closer links which industry have with patients and clinicians. The influence of silver and honey dressings on patient care has also been hugely positive, adding new effective methods of antimicrobial treatment. This year we have also seen the launch of new topical negative pressure devices, the result of which will be an expanded market and an increase in availability.

The development of nurses in this field has also been a priority for specialists. The education of nurses at all levels in the theory and

practice of the discipline is central to the success of tissue viability.

There is little doubt that without TVNs, leg ulcer nurse specialists and podiatrists, the field of wound care would not have moved as quickly as it has. Given that nothing stands still in the field of wound care specialty, we have to consider ways to move forward. Central to this must be the needs of the patient and the development of sound research principles which can support changes in practice.

One problem we have is in finding research methods which are manageable and meaningful to clinicians and that will have a positive impact on patient care. Large-scale randomised trials are difficult to carry out on our patient group. These studies are also costly to manage and ultimately, due to strict inclusion criteria, may not produce results which apply to the patients we treat day-to-day. Smaller scale studies are often criticised as lacking in rigour and transferability. The answer may lie in large-scale multi-centre studies, with small numbers of patients from each site. These studies could be coordinated centrally using strict assessment and outcome documentation.

Despite recent low morale among many TVNs, it is encouraging to see the continuing enthusiasm and drive of many in our field. It should not be underestimated that much has been achieved in a relatively short space of time, and it is now time to consolidate and strengthen our position. **WUK**