Nurse education needs a greater focus on wound care to reflect the NHS shift to primary care

Louise Toner

Wound care is a fundamental skill taught to nursing students early on in their three-year programmes. Students normally spend a significant component of their training within acute care settings and in the past would have gained a wealth of experience in caring for patients with wounds. However, given technological advances, less invasive surgical techniques and shorter stays in hospital, students are no longer exposed to such experience and are often dependant on their, normally limited, 12-week community care experience to develop their knowledge, understanding and skills regarding wound assessment, care and management.

Furthermore, the emphasis on wound care tends to be within the foundation year of nurse education courses with adult nurses, possibly gaining a greater understanding of wound management than their colleagues in the mental health, learning disability and child branches. Although in some instances, this may involve a coherent structured approach to wound care in others there is little more exploration of the subject than what was provided during the foundation programme.

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So how competent and experienced in respect of wound care and management is the average newly qualified nurse? And how likely are they to be supported to undertake post-registration courses to assist them to develop their skills further? Does their limited exposure to wound care mean that they will need to refer to the expertise of the limited number of specialist and consultant tissue viability nurses when they find themselves confronted with a patient with a complex wound?

The shift to primary care demands a nursing workforce skilled in the provision of care within primary care settings and this has important implications for the current review of pre-registration nursing programmes.

The recent NHS review by Professor Lord Darzi (2008) has far-reaching implications for nursing services, principally in the necessity that staff are redeployed from acute to primary care. However, how can we be confident that these nurses will be competent in the area of wound management, given the often limited exposure within the acute care settings where most newly qualified nurses find their first posts. Will this be acknowledged and addressed as part of the transition process or will the assumption be that as wound care is classed as an essential skill no additional education in this area will be required. What impact will this have on already stretched specialist and consultant tissue viability nurses?

Healthcare commissioners could have a more significant role to play in specifying how the services are to be delivered in respect of the competence levels of those providing the services, for example those working in leg ulcer services would be required to be competent in holistic assessment, Doppler ultrasound and compression therapy as a minimum. This may already be in place in some trusts but certainly not all, despite the robust evidence base that supports the need for these skills.

The shift to primary care demands a nursing workforce skilled in the provision of care within primary care settings and this has important implications for the current review of pre-registration nursing programmes. The profession must seize this opportunity to ensure that education for nursing students is more flexible and adaptable to reflect the ever-changing face of healthcare and to ensure the development of competent practitioners; who are fit for practice and purpose in the field of wound care. WUK

References

Darzi A (2008) *High Quality Care for all: NHS Next Stage Review Final Report.* Department of Health, London