

Improving our skills and adapting to work in the modern health service

John Timmons

Recent events in parliament regarding expenses and resignations have somewhat overshadowed what is a critical time for the NHS. With experts predicting a large funding deficit in the NHS within the coming years, there is a feeling of uncertainty among staff and patient groups. Until recently, wound care and tissue viability have not been high priorities with respect to NHS targets, however, recent initiatives which have led to large scale purchasing and contracts for wound dressing products have put wound care in the spotlight. The increase in media and government attention to healthcare associated infection (HAI) has also raised the profile of wound care across the UK. Traditional monitoring of surgical site infection has highlighted the need for good infection and prevention control, however, importantly, chronic wound audit has shown the presence of resistant organisms in patients with wound infection (Health Protection Scotland [HPS], 2007). The link between tissue viability, wound care and soft tissue infection is one which is both essential and natural. However, there appears to be an emphasis on the role of infection control specialists (and rightly so), and not so much attention is being paid to the role of the tissue viability specialist.

The prevention and management of wound infection is a critical part of tissue viability, and, with the specialty progressing, there have been many advances in technology and the range of products available for the

management of infection. There have been improvements in dressing technology such as nanotechnology and new antimicrobials such as those based on polyhexamethylene biguanides (PHMB). In addition to the advances in topical wound treatments, there have been developments in the role of hydrosurgery to provide fast, effective debridement, as well as an increase in the use of topical negative pressure wound therapy. As wound therapies

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become more complex, there is also a belief that the newer therapies are more effective, both in treatment and in management of infection. There is no doubt that tissue viability nurses, leg ulcer specialists and podiatrists will have to adapt to meet the demands of complex wounds and the new technologies designed to improve patient care.

As advances are made so, too, must education adapt to meet the needs of the clinicians. The recent advanced surgical skills course run in Paris by Covidien and hosted by Luc Teot, is an example of how practice can be changed and patient care improved by challenging the roles and pushing accepted boundaries. In twenty years of nursing this was the most impactful course I have been a part of, and it has changed my approach to care and given me a new-found respect for

the work of surgeons (not that this was ever lacking). Even learning skills which we may view as basic, such as suturing, proved to be challenging and took quite a lot of practice to get right.

Included in the teaching faculty were Stella Vig, David Leaper, Luc Teot and Stephen Jeffrey, all of whom were inspirational in their approach to teaching, showing great patience and dedication, each taking time to pass on the benefits of their experience. The course was run over two days, with instruction on tissue biopsy, skin flap repair, hydrosurgery, suturing and application of negative pressure on difficult wounds. The clinicians attending the course were extremely enthusiastic and keen to get involved in all aspects of the skills available, and testimony to this enthusiasm was the fact that they continued to practice skills at every available opportunity (see *pp. 108–110* in this issue).

As roles and responsibilities change and posts come under scrutiny, improving our skills and adapting to work in the modern health service is essential. The blurring of boundaries between medicine and other healthcare professionals gives scope for advancing practice and improving the service we can provide for patients. Advancing our skills through courses such as the one held in Paris is an example of how specific practice-based education can not only improve our practice, but also have a positive impact on patient care. **WUK**

Reference

Health Protection Scotland (2007) NHS Scotland National HAI Prevalence Survey, final report. NHS Scotland.