

Wound care education: good, bad or otherwise?

Terry Treadwell

Do you consider yourself educated? Most of us have multiple degrees from various schools, colleges, universities, and postgraduate institutions. As healthcare professionals we have an obligation to keep up to date to provide the best evidence-based care for our patients with wounds. How does one get a good 'wound care education'? Information about wound management reaches us through the written word (books, monographs, journals, and internet sources), through attending meetings and conferences, through sharing information in informal discussions and publications, and through information provided by commercial companies that sell the wound care products we use. Each method has its benefits and shortcomings. The most important aspect is that we must continue to learn.

Reading is a very important way to obtain a wound care education, but it seems to be losing its popularity. A recent survey in the United States revealed that 53% of adults had not read a novel, play, or poem in at least a year (Wasserman, 2008). People seem to be seeking faster means of obtaining information, but that should not be true of medicine/health care. With all of the books, journals, monographs, and other written information, healthcare professionals are obligated to spend a significant amount of time reading to keep current. Whether this is done by holding the printed word in one's hands or on a computer via the

internet is up to the individual, but reading is necessary for wound care providers. Dr William Osler once said, '... we have no better means of judging the intelligence of a profession than by its general collection of books. A physician who does not need a library, who does not read one or two of the best weeklies and monthlies, soon sinks to the level of the cross-counter prescriber' (Osler, 1905).

Most ask, 'How can I read all that is expected of me when I am so busy and have other priorities?' All of us have other priorities, but we must find time to read. Another quote from Dr William Osler puts things into a manageable perspective, 'With half an hour's reading in bed every night as a steady practice, the busiest man can get a fair education before the plasma sets in the periganglionic spaces of his grey cortex' (Osler, 1909).

As you read, I would caution you not to believe everything you read. That may sound strange, but false and misleading information has been known to be published even in the best of medical journals and books (Gotzsche et al, 2009).

An example of believing all one reads was pointed out when a student in the United States asked people on a website (www.GCFL.net) to read some information about a chemical 'dihydrogen monoxide' and sign a petition seeking to ban it as it could cause significant harm to one's health and the environment. Of the 50 people polled, 43 were in favour of banning the chemical, six were undecided, and only one knew the chemical was **water**. Reader, beware and be aware.

Attending meetings, conferences, and courses are good ways to be exposed to

large amounts of educational material. At most meetings one may attend lectures on just about every topic in wound care. Unfortunately, one brief lecture on a topic does not confer mastery of it. One must be willing to follow up on what has been heard with, yes, more reading.

Discussing topics with colleagues is another great way to obtain information. Lively discussions always educate. Teaching is a great way not only to help others learn, but also to learn yourself. The motto of Kean College in New Jersey says it all, 'He who dares to teach must never cease to learn.'

Wound care education can be obtained from many sources, but only you can determine if the information you received is truthful and can be used for the benefit of your patients. It is our obligation as healthcare professionals to treat our patients with the best, evidence-based care available. We can only learn about that care through reading, attending conferences and lectures, and talking to others. Learning is a never-ending task. **WUK**

References

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