

[EP045] WORKING IN PARTNERSHIP WITH INDUSTRY TO IMPROVE CLINICAL AND COST EFFECTIVENESS IN TISSUE VIABILITY PRACTICE

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Thursday, May 14, 2015

E-poster session: Education

Aim: Working with industry is essential for survival of the NHS, this needs to go beyond sponsorship, forming partnerships beneficial to both the NHS Trust and the company. Whilst wound care companies frequently support tissue viability link meetings their input is often limited to product information and sponsorship of venues and lunch. The aim of this presentation is to discuss a 2 year partnership to support the development of tissue viability Link Practitioners (LPs) and optimize dressing cost.

Method: To reduce risk of bias companies who had at least 3 products on the formulary were contacted. One responded and with NHS Logistics a 2 year plan was devised, including, provision of education and resources for the LPs, costing approximately £3000 a year, and an 8% rebate on dressings purchased from the company. The partnership was evaluated after 12 months with final evaluation on 10/12/14.

Results / Discussion: In addition to the agreement a day away was held for the LPs with national speakers, sharing the evidence based practice and an LP award scheme was devised. Rebate on wound care dressings totally £1200 annually giving a total cost saving of over £8000 over the 2 year period. Informal discussion with LPs confirmed that they found the partnership beneficial, improving the structure quality and content of their meetings. Formal evaluation is to take place at their next meeting.

Conclusion: Working in partnership with industry can result in enhanced patient outcomes and cost effective wound care when carried out in a structured formal agreement.

[EP046] BENEFITS AND LIMITS OF WOUND THERAPY TRAINING ONLINE

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Thursday, May 14, 2015

E-poster session: Education

Aim: As part of a multicenter clinical trial evaluating negative pressure wound therapy in the treatment of diabetic foot wounds a wound therapy training is carried out for standard wound care. Classroom trainings are time consuming, need high organizational effort and are often not able to communicate practical issues in an adequate manner.

Method: Classroom training was replaced by media-based self-learning sessions. Videos, photos, animations and texts are guiding through local wound care. A course evaluation after completing the learning units is offering an opportunity for the users to contribute their views, questions and suggestions for improvements and further development.

Results: The average overall rating of the course is very good. The evaluation shows that the vast majority of participants prefer an online training over a classroom course. 80% of participants responded in the affirmative on the question of whether an interest in online learning in wound therapy was awakened. More than 90 % of the participants would recommend the wound therapy training online. A negative aspect for the majority of the participants was, however, the lack of the possibility to ask direct questions on the presented content.

Conclusion: Despite just a few limitations E-learning is eligible for sufficiently educating all wound healing professionals. The model of blended learning seems to be the solution for integrating the possibility of direct interaction with the teacher within the use of modern media, which is the key for a successful integration of education into every day clinical practice. Based on this pilot project it is intended to implement the entire curriculum of the German society for wound healing and wound treatment in an online learning platform.

[EP047] NURSING EDUCATION: CREATION OF SCENARIOS AND DEBRIEFING IN THE TREATMENT OF WOUNDS

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Thursday, May 14, 2015

E-poster session: Education

Aim: The treatment of wounds has had great development, however, the training of nurses has not kept pace with these developments. Traditionally practical learning is done through contact with patients in clinical situations require supervision and are subject to ethical limitations and difficulty of replication.

The active methods have been gaining ground, the simulation highlighting (interactive method) that allows not only the learning of skills, but also global competencies, safely and without exposure of the patient form.

The debriefing is essential in teaching simulation. Uses structured reflection to consolidate knowledge of students, looking at what we did and looking for justifications and mental mechanisms associated with the discussion.

In order for the simulation to be effective, must meet requirements, only then can we have real scenarios with structured debriefing.

The aim is to define principles of organization and preparation of a simulation with realistic scenarios characterization of wounds and debriefing.

Method: Was based on a survey on EBSCO host, in basic scientific data in March 2013 using the keywords simulation and wounds resulted 731 articles. These were analyzed 6. Also held up two workshops on basic principles of simulation and its stages in characterization of wounds and debriefing.

Results / Discussion: The simulation and debriefing wounds are always influenced by the trainee, trainer and the simulation design. The simulation requires advance preparation, good definition of objectives and remaining steps. The characterization of the most real wounds, is an asset in student learning.

Conclusion: The realization of workshops with real characterization of wounds and

debriefing, demonstrated a high degree of satisfaction on the trainees and the perception of importance for learning the creation of real-world scenarios.

[EP048] BARRIERS TO RECRUITMENT IN WOUND CARE RESEARCH STUDIES: THE RESEARCH NURSES' PERSPECTIVE

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Thursday, May 14, 2015

E-poster session: Education

Aim: In this paper, we aim to identify and explore the barriers to participant recruitment in wound care research studies from the research nurses' perspectives.

Method: In order to understand the barriers to participant recruitment in research studies, a systematic literature review was undertaken. The themes extracted from the literature review were then used to provide a framework for discussion during the focus group and semi structured individual interviews. Two focus groups and two individual interviews comprising research nurses from both secondary care and community healthcare working in the field of tissue viability were recruited through purposive sampling. Content analysis was carried out on the transcripts.

Results / Discussion: The barriers to research recruitment identified from the literature review were grouped under four major headings: participant related, research study related, organizational and personal attributes. The main barriers which emerged from the focus group and individual interviews were organizational factors such as challenges faced working with frontline ward and community nurses as well as factors related to research studies such as issues associated with the patient information leaflets. The study also revealed some ethical principles considered by research nurses during study recruitment. Power relationship within the focus groups was observed and may have influenced the discussion.

Conclusion: The focus group discussion and individual interviews with the research nurses did not find any new barriers unique to wound care research. Organizational and research related factors were identified as the main barriers to recruitment in this study. A limitation of the focus group methodology i.e. the impact of the power relationship within the group was also uncovered.

[EP049] WEB-BASED SUPPORT FOR ACUTE SURGICAL WOUND CARE

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Thursday, May 14, 2015

E-poster session: Education

Aim: Management of the acute, surgical wound patients is multifaceted, requiring knowledgeable care to prevent patients from developing wound chronicity, losing their limbs, or dying. The problem is that nurses, residents, nurse practitioners, physician assistants, and physicians have relied, unknowingly, on antiquated, substandard wound care modalities. Unfortunate outcomes are the result and at a significant cost, physically, emotionally, and financially. We proposed that a customized website resource tool could facilitate dissemination of evidence-based wound care knowledge.

Method: The website houses a databank of all wound care products and therapies available at the institution including scientific references. Each product is presented on a “datacard” that includes picture, mechanism of use, adverse reactions, cost etc. The website also creates a detailed algorithm for wound care.

Results / Discussion: A pre-implementation survey to ascertain existing beliefs amongst health care providers found: of 103 participants (43%) over two weeks half did not know how to choose appropriate dressings for infected wounds or negative-pressure dressings. Most (74%) admitted poor ability to match wounds with appropriate dressings. One-third did not know where to obtain wound care information. Half admitted that they sometimes provide suboptimal patient care due to lack of wound care knowledge. Ninety percent responded they do not take into account wound care costs. These findings are indicative of a significant gap in clinicians’ wound management knowledge, corroborating the importance of this project.

Conclusion: Comprehension of basic wound care techniques and products may extrapolate to better patient care. The knowledge garnered from this website could improve patient outcomes, a measure that has yet to be studied.

[EP050] IMPLEMENTATION OF A MANAGEMENT PATHWAY FOR VENOUS ULCERS LEG IN PRIMARY HEALTH CARE

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Thursday, May 14, 2015

E-poster session: Education

Aim: To implement a management pathway for venous leg ulcers (VLU) in primary health care (PHC) after identify and describe the level of knowledge and current practices related to self-care in patients with VLU in PHC. To analyse new knowledge of risk factor on patients, cost effectiveness and improvement of self-adherence when work under a management pathway.

Method: First step: Observational cross-sectional study to identify knowledge and current practices regarding VLU, with patients 40 years or older diagnosed with VLU (ICD I83.0) in 8 primary care centres.

Second step: Prospective study for implementation of a management pathway. The degree of knowledge of venous insufficiency and degree of adherence to self-care were evaluated with an ad-hoc specific questionnaire containing 4 dimensions in a total of 33 questions divided into each of the dimensions. Implemented was undertaken and piloted, firstly, on two primary care centres.

Results / Discussion: First step: 148 patients were ask for participation, of them 88 patients (59.5%) were included, 69.8% were women. Mean age was 74.4 years (SD: 11.5). 44.2% had active lesions, 62.8% had never been treated with compression therapy. Only 9.3% and 10.5% were treated with short stretch or multi-layer systems respectively. Only 5.3% compression stockings were renewed every six months, 35.35% take phlebotonic type medications and 83.3% believe that this is what improves venous insufficiency. Only 16.1% and 16.9% did not know the risk factors and self-care measures respectively. 82.3% of them have knowledge of venous insufficiency.

Second step: this study is running at that moment. To date, we are exploiting the economic data of pathway implementation; preliminary results show a downward trend.

Conclusion: Was observed a low level of knowledge regarding self-adherence for VLU treatment. These data raise the pursuit of health and educational strategies to better address this condition. On preliminary data of second step, it is observed a trend where

there is a significant reduction in costs and an improvement on quality of life perception of patients.

[EP051] DEVELOPING AN ENDORSED SHARP WOUND DEBRIDEMENT COURSE FOR SPECIALIST NURSES

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Thursday, May 14, 2015

E-poster session: Education

Aim: Conservative sharp wound debridement is a fundamental aspect of wound bed preparation. This is undertaken by a skilled practitioner trained in the art of wound debridement. Debridement is the act of removing necrotic material, eschar, devitalised tissue, serocrusts, infected tissue, hyperkeratosis, slough, pus, haematomas, foreign bodies, debris, bone fragments or any other type of bioburden from a wound with the objective to promote wound healing (EWMA 2013). The course is endorsed by EWMA, is a 3 day mandatory course including a competency assessment document that must be completed.

The aim of developing the course was to up skill and increase the knowledge and practical skills of specialist nurses across London and the South East. Practitioners included tissue viability/wound care, plastics and vascular nurse specialists.

Method: A structured method was used to deliver the training that included:

- Part One: Anatomy and Physiology of the skin
- Part Two: A&P- Application to practice
- Part Three: MMP's, proteases and wound healing
- Part Four: Indications for wound debridement
- Part Five: A cadaver session to understand the anatomy and physiology of the tissues that nurses are likely to debride
- Part Six: A simulated practical session with tissue samples in a laboratory environment with debriding equipment

Results / Discussion: To date there has been 48 specialist nurses trained on the skill of conservative sharp debridement, with numbers set to increase in the future. There is positive feedback from clinician with over 90% of them rating the course as Excellent.

Conclusion: This form of debridement training is a useful alternative to conventional exam base courses as it allows the practitioner a practical; hands on approach which is better suited to a real world situation.

[EP052] A NATIONAL CHRONIC WOUND CARE TRAINING PROGRAM IN CHINA

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Thursday, May 14, 2015

E-poster session: Education

Aim: To introduce the national chronic wound care training program for doctors and nurses dealing with patients with diabetic mellitus in China.

Method: With the actual situations and the medical background in China of having not forming a specialty to treat chronic wounds, in March 2010, we applied a project from World Diabetes Foundation (WDF) and Access to Health (AtH), which being approved and authorized by these two foundations in March 2010. This project is devoted to providing complete and systemic theoretical and practical training to Chinese doctors and nurses, in treatment of chronic wounds especially diabetes-related chronic wounds, to reduce amputation rate and improve patients' life quality. The expert group consists of famous professors and scholars in China, and is responsible for preparation, conduct, execution and management of educational courses and compilation of textbooks, as well as giving lectures during training courses as key lecturers.

Results: Up to July 2014, 30 training sessions have been completed, covering 17 provinces and 4,750 trainees including 2,936 doctors and 1,814 nurses. In the structure of trainees, it is 70% from doctors whereas 30% from nurses. Feedback questionnaire and results showed that the feedback was good for training courses

Conclusions: The training program is helpful in improving ability of healing chronic wounds of Chinese doctors and nurses. Therefore, the training of chronic wound treatment such as diabetic foot and promotion of *Guidance for Diagnosis and Treatment of Chronic Wound* need to be gradually carried forward, and we still need to constantly promote the standardization of treatment of diabetic foot and chronic wound repair in China.

[EP053] THE ROLE OF COUNSELING TECHNIQUES IN THE PREVENTION AND HEALING OF DIABETIC FOOT ULCERS

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Thursday, May 14, 2015

E-poster session: Education

Aim: This presentation will discuss the role of group counseling in enhancing diabetic foot care practices and quality of life among patients suffering from diabetic foot ulcers.

Method: Different counseling techniques, screening tools used to screen for depression and assess treatment outcomes shall be discussed along with the necessary components for counseling competencies among wound care nurses. A theoretical frame work for counseling and education leading to improved clinical and psychological outcomes shall be highlighted during the presentation.

Results / Discussion: Emerging evidence suggests that foot self-care focused group counseling is beneficial and cost effective among patients suffering from diabetic foot ulcer (DFU). Depression affects foot self-care practices negatively leading to reduced follow up and self care practices, ultimately playing a substantial role in the incident of first (DFU). Furthermore, experimental studies have demonstrated stress induced inflammation resulting in delayed acute and chronic wound healing. Wound care specialist have a pivotal role in reversing this tide by acquiring the necessarily counseling skills needed to address the dreadful consequences of DFU. Furthermore, research indicates that patient misconceptions about DFU risks, associated emotions and negative attitudes are vital antecedents of foot self-care and should therefore be addressed during counseling sessions.

Conclusion: Recent studies have shown that depression is associated with a two fold increase in risk of incident (DFU) , more severe foot ulcers at presentation and a higher risk of non healing and recurrent (DFU) during follow up. Hence the need for counseling skills utilizing screening tools for depression management in order to reduce the burden of (DFU).

[EP054] DEVELOPING INTERNET-BASED EDUCATION ABOUT VENOUS LEG ULCER NURSING CARE FOR HOME HEALTHCARE NURSES

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Thursday, May 14, 2015

E-poster session: Education

Aim: The aim was to develop internet-based education for home healthcare nurses about venous leg ulcer nursing care (eVLU).

Method: Criteria for reporting and evaluation for complex interventions in healthcare (CReDECI) guided the intervention development process. The pedagogical basis of learning is constructivism and blended learning approach. Internet-based electronic education was chosen to reach as many nurses as possible.

Results: The components of eVLU are based on an integrative literature review of nurses' knowledge gaps in venous leg ulcer (VLU) nursing care. The content of eVLU is designed to support nurses' theoretical and practical knowledge about VLU nursing care and it is based on evidence-based material already available in the internet. eVLU will be tested in quasi experimental design in Nurses in one city, and Nurses from another city will be controls providing standard care. eVLU consists of contact and distance learning. Distance learning is conducted in virtual learning environment and nurses are studying in groups as interaction is seen important part in learning.

Conclusion: Continuing learning is an important part of professional development as new research information is delivered all the time. It is also necessary to revise existing knowledge because some of the nurses may have worked in home care for many years without updating education about VLU nursing care. The challenge in home healthcare is to educate adequate amount of nurses to ensure the quality of VLU nursing care.

[EP055] KNOWLEDGE AND ATTITUDES OF NURSES ON THE MANAGEMENT OF PRESSURE ULCERS

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E-poster session: Education

Aim: The purpose of this study is to determine the knowledge and attitudes of nurses related to pressure ulcers management in four Eastern Slovak hospitals. Hypotheses of this study looked at relationships and differences among variables to determine factors that have an impact on the knowledge and attitudes of nurses.

Method: A quantitative descriptive design was selected. Extensively validated instruments were used. From the total of 460 randomly selected nurses 225 (49%) participated on this research.

Results/Discussion: Results showed insufficient knowledge (45,5%) and attitudes (67,9%) of nurses related to the management of pressure ulcers. There was a correlation between the knowledge and attitudes found ($\rho = 0,300$; $p < 0,001$). Significant differences were found between the knowledge of respondents aged 37-42 years (41%) and 43-49 years (51%) ($F = 3,79$; $p = 0,005$), and between the knowledge of respondents with secondary nursing school education (50%) and first level university degree (43%) ($F = 2,51$; $p = 0,031$).

Conclusion: Results showed that knowledge and attitudes of nurses towards the management of pressure ulcers are insufficient. In general, the higher score of knowledge, the better attitude nurses presented. Older nurses scored better than younger ones; this most probably relate to years of their experience. It is essential to target on the management of pressure ulcers nursing training on all levels of education, especially university education modules related to pressure ulcers management. Author recommends carrying out a similar research in all Slovak hospitals in the future; furthermore to add a research on the incidence of pressure ulcers and correlate results.

[EP056] THE "SEE AND TREAT" MODEL IN WOUND CARE: IS IT POSSIBLE A FAST TRACK IN EMERGENCY DEPARTMENT?

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Thursday, May 14, 2015

E-poster session: Education

Aim: More than 1/3 of the presentations in Emergency Departments are represented by so-called "minor codes", clinical situations that are not emergencies, and that could be managed in different contexts. Among them are very high (about 40%) requests for changes and / or medications to control of skin lesions, both acute and chronic. Since is not possible prevent these access to the emergency room, it is necessary to create a dedicated path ("fast track"), which allows a quick assessment and an appropriate treatment of these patients by skilled and trained doctors and nurses, which can take care of these patients and, after being medicated ("See and Treat") will allocate on the correct path for subsequent dressings and / or further investigation.

Method: The method of triage at "vulnological level" was applied for 3 months to patients pertaining to an emergency department, in order to decrease the waiting for the evaluation and treatment and directing to the subsequent correct path. 100 patients (presented at the Emergency Dept. since spontaneously and not already included in a vulnological path) with chronic ulcers of various types have been identified and processed by dedicated staff; after the medication was given directions to the correct path. Each patient was asked to indicate the degree of satisfaction (on a scale from 0 to 10).

Results / Discussion: The average waiting time was 20 minutes; satisfaction average was 8.5.

Conclusion: The reduction of waiting times for vulnological patients in Emergency Room can optimize the work of the staff and improve the quality of patient's life, in terms of reduction of pain, anxiety, depression, planning subsequent treatment program (time and place).

[EP057] EXPLORING NURSES KNOWLEDGE AND VIEWS IN RELATION TO PRESSURE ULCER (PRU) MANAGEMENT IN OMAN

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Thursday, May 14, 2015

E-poster session: Education

Aim: To explore nurses' views, attitudes and beliefs regarding PrU prevention and management in Oman.

Method (Mixed Method Design): A descriptive survey was conducted. Cluster sampling was used to select participants from seven hospitals. A questionnaire that included the Pieper-Zulkowski Pressure Ulcer knowledge test (PZ-PUKT) and two more sections developed by the researcher were administered to 1006 nurses. Semi-structured qualitative interviews were conducted with 16 of the questionnaire respondents. Interviews took approximately 30 minutes, were recorded and transcribed verbatim. Qualitative data were analysed using the Knowledge, Attitudes and Practice (KAP) model as the a *priori* framework.

Results / Discussion: A total of 478 (76.4%) questionnaires were analysed. The overall mean percent score for correctly answered questions was 51% suggesting a low level of knowledge. Qualitative analysis identified four themes in addition to those encompassed within the a *priori* framework. Findings indicated that some nurses have a positive attitude about PrUs care and feel rewarded when they see wounds improving while others said they could not work with patients independently because they lacked the knowledge and the skills needed to manage PrUs. There was variation in the management of PrUs between hospitals and view that the Ministry of Health (MoH) wound management policy did not include enough information to guide staff.

Conclusion: The available MoH wound management policy needs to be updated. The nurses' lack of knowledge and training affects their attitudes towards PrUs management. Nurses are aware of the risk of PrUs and try their best to manage them with the available resources however more training is required.

[EP058] IMPLEMENTING PHARMACISTS TEAM SUPPORT FOR WOUNDS MANAGEMENT AT HILLEL YAFFE MC

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Thursday, May 14, 2015

E-poster session: Education

Aim: Improving the management of wounds and increasing awareness of nurses and physicians for better prevention of pressure ulcers in the Hillel Yaffe MC.

Method: Multidisciplinary team has been appointed by the medical administration which includes two geriatric physicians, diabetic foot specialist physician, pharmacy director and a wound coordinator nurse in order to give the best solution for preventing and treating different wounds.

Decisions multidisciplinary team:

- Training three pharmacists and few nurses in order to support wards staff dealing with wounds
- Nurses and physicians ordering pharmacists consulting by electronic medical records
- Geriatric physicians should be involved with 3th-4th degrees of pressure ulcers
- Diabetic foot specialist physician should be involved with diabetic foot ulcers
- Defining medical devices dressings needed in order to get the targets without budget deviations

Pharmacists recommend to wards staff suitable and available dressings for patients and they documenting photos of wounds and follow up.

Pharmacists checking patients medications list to guarantee no relationship between wounds and medications such as peripheral edema.

Results / Discussion: 2014 the pharmacists team made 340 consultations (different patients) (04-11/2014).

Three quarters of 2014 (01- 09/2014) MC Hillel Yaffe had 822 patient (2.5% of hospitalized patients) with pressure ulcers with second degree - 4th degree.

There is a decrease of 25% of patients developed pressure ulcers during hospitalization (34 patients 1-9/2014, 60 patients 2013).

Conclusion: The pharmacists team proved the advantages of their support to the wards staff by follow up and providing the fitting dressing just in time.

Multidisciplinary team can contribute wounds management better than working alone.

[EP059] WOUND BIOFILMS: THE EVIDENCE BASE HAS INCREASED...HAS THE CLINICIAN'S KNOWLEDGE?

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Thursday, May 14, 2015

E-poster session: Education

Aim: To assess the knowledge and perceptions of 30 post registered nurses in relation to the impact, clinical indications and management of wound biofilms. The nurses were undertaking a BSc or MSc level university accredited wound management module. A similar survey was completed in November 2013 by 81 clinicians at a National Wound Care Congress in the UK. Comparisons will be drawn on previous and current clinical knowledge now that biofilm has been widely recognised as a significant barrier to healing.

Method: A 10 question survey was completed by each participant, information obtained was collated and summarised in graph format.

Results / Discussion: Knowledge levels on wound biofilm varied, dependent on the clinician's level of experience:

- 90% of participants recognised that biofilm delayed healing, increased the risk of infection and were visible to the naked eye 'some of the time'

The following characteristics were consistently perceived as being clinically indicative of biofilm presence:

- Increased exudate
- Dull granulation tissue
- Shiny/slimy appearance on the wound.

Preferred method of treatment was:

- Wound cleansing or soaking with surfactants
- Mechanical or sharp debridement
- Application of an antimicrobial dressing.

The participant highlighted the need for a biofilm diagnostic tool; combined anti-biofilm/anti-microbial wound dressings, further education and a consensus on appropriate management.

Conclusion: The impact biofilm has on wound healing is more widely recognised. However, there are still gaps in practitioner's knowledge in relation to clinically confirming its presence and a consensus on appropriate management strategies, which clearly need to be addressed.

[EP060] DELIVERING A RAPID EDUCATION PROGRAMME FOR A NEW PRESSURE ULCER RISK IDENTIFICATION TOOL

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Thursday, May 14, 2015

E-poster session: Education

Aim: To deliver a rapid education programme in preparation for the introduction of a risk identification support tool.

Method: Exeter Pressure Risk Assessment Tool (EPRAT) lectures for registered professionals and assistant practitioners. The format was 40 x 1 hour drop-in sessions:

- 15 minutes to explain and demonstrate EPRAT
- 30 minutes to discuss care planning and interventions to limit pressure ulcer risk
- 15 minute scenario based assessment

Results / Discussion: During the planned 8 week delivery period, over 600 registered professionals and assistant practitioners received training. 90% of these passed the assessment on their first attempt. The following deficits in knowledge and understanding were identified during the sessions:

- The impact of different risk factors
- The mechanism of action for individual care strategies
- The SSKIN care bundle despite being embedded in practice

These knowledge deficits were apparent, despite having total incidence rates for pressure ulcers within the organisation below 0.5 1000^{-1} . It would appear that staff delivers effective care without necessarily understanding the processes involved. We hypothesise that this results from rigidly prescribed practices based on use of risk assessment scores. This may have resulted in the unnecessary use of resources as registered professionals have conformed to protocolised care instead of utilising clinical judgment skills.

Conclusion: Registered healthcare professionals must learn to make rational clinical judgments based on their knowledge and understanding of a patients needs. An intensive education programme with a goal to introduce a new risk identification tool has highlighted concerns regarding professional knowledge and the skills to make judgments based on best evidence.

[EP061] SPECIALISATION IN WOUND MANAGEMENT

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Thursday, May 14, 2015

E-poster session: Education

Aim: The skills of wound management personnel must be updated constantly due to changing international and national recommendations, improved clinical practices, on-going research and renewing technologies. This was the background of the new curriculum of Specialization in Wound Management, 30 cr (810 hours of study) in the University of Applied Sciences.

Method: The curriculum was designed and realized in co-operation between the four Universities of Applied Sciences of Mikkeli, Oulu, Satakunta and Savonia. The curriculum is based on the European Qualification Framework. The curriculum is on the EQF level 6-7.

Results / Discussion: The objective of the curriculum is to facilitate the nurse in acting as wound management specialist in community care as well as in institutions. Furthermore the curriculum aims to encourage the student to improve her professional skills, her teamwork capabilities in multiprofessional teams and acting as a guide for the patient's relatives and members of the care community.

Conclusion: The degree program took place in 2014 with 54 registered nurses enrolled. The classroom instruction took place simultaneously in the four Universities as well as the web exams in the virtual learning environment. The study material was in the net and lectures where webcast. Each student wrote a final report on the wound management specific development task in her own workplace. All the reports were presented in the final get together in December 2014.

[EP062] EFFECT OF INTERACTIVE E-BOOK EDUCATION ON NURSING STUDENTS' WOUND CARE KNOWLEDGE AND SKILLS

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Thursday, May 14, 2015

E-poster session: Education

Aim: The aim of this study was to assess the effect of interactive E-book education on students' wound care knowledge and skills.

Method: A quasi-experimental study with a pretest-posttest control group designed was developed and implemented. A total of 250 participants were chosen from a medical technology college in eastern Taiwan. A wound care knowledge scale, attitude and management behaviors scale were used to collect data. The data were analyzed using independent t-test, Chi-square or Fisher's exact test, and paired t-test with the SPSS windows 19.0 program.

Results / Discussion: There was no difference between the experimental group and the control group in knowledge, attitude and management behaviors scores; however, students in the E-book group had higher scores for wound care skills. The highest scores in knowledge and skills were obtained by students who experienced E-book education as a supplement to tradition instruction.

Conclusion: E book assisted instruction education had positive effects on the wound care skills of nursing students, and its positive effect increased for both knowledge and skills when it supplements classroom instruction. Based on these results, we suggest the use of interactive E-book education as a supplement to traditional classroom instruction for nursing education.

[EP063] DEVELOPING A WOUND MANAGEMENT MODULE IN TISSUE VIABILITY

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Thursday, May 14, 2015

E-poster session: Education

Aim: Staff at UHCW have always had access to in house wound care study days which are well attended and evaluate positively. More experienced staff can also attend the local university and undertake a degree level module in Tissue Viability. This has significant cost implications and evaluates very poorly.

Method: The Tissue Viability team designed a 6 day wound module to replace the university course which was delivered in house using staff from the hospital with support from commercial wound care education specialists. It included formal taught sessions, role play, practical demos, workshops, group activities and videos. To demonstrate learning at the end of the module each participant delivers a 10 min presentation to the group.

Results / Discussion: The team have now delivered the course three times to a total of 75 participants. The presentations delivered at the end of the course showed exceptional insight and innovation in tissue viability and participants have since shared these with staff in their clinical areas and on link worker study days. Despite the UHCW module not providing participants with an accredited qualification those attending evaluated that they wanted the knowledge and not necessarily the qualification.

Conclusion: The UHCW wound module has saved the trust financially as staff no longer have to attend the university and has educated 75 staff to an exceptionally high standard in wound care benefiting patient care.

[EP064] EDUCATION IN CLINICAL PRACTICE A PERSONAL HEALTH AND FAMILY AND / OR CAREGIVERS FOR PREVENTION AND CARE FOR PEOPLE WITH SKIN INJURY*+ AND RISK OF SUFFERING**

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¹*University National of Colombia*

Thursday, May 14, 2015

E-poster session: Education

Aim: Strengthening knowledge in prevention of skin lesions*, the team of nurses and caregivers of hospitalized persons, University Hospital of services: internal medicine and intensive care unit, during the months of September and October 2014.

Method: Prospective intervention with an entrance test** that identified the degrees of knowledge of the health team, by tool 36 dichotomous items, that allowed three educational interventions performed, which addressed preventive aspects of UPP and DAI. To end a Post Test*** applies to intervention which established generated subsequent updates to intervention participants.

While caregivers intervention is performed by means of an approach to three patients who had a permanent caregiver, delivering a questionnaire to establish which activities they know and how they perform those activities, delivering a brochure that handles general topics, looking for strengthening knowledge so they can provide better care to their families at home.

Results / Discussion: 13 participants (77 % nurses and nursing assistants 23 %) most of them, the ICU nursing team scored major successes in the entrance test** being increased later in the post test***. Characterization survey revealed that those who were older and had more work experience presented a higher degree of knowledge.

Conclusion: It validates the importance of maintaining permanent educational interventions to those who are involved in preventive care of skin lesions in people at risk of suffering. Educational interventions generate positive transformations in the health team and caregivers.

* UPP – DAI

** PED

*** PPI

[EP065] NURSING AND MEDICAL STUDENTS' ATTITUDES TOWARDS THE OTHER PROFESSION AND COLLABORATION IN RELATION TO WOUND TREATMENT

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Thursday, May 14, 2015

E-poster session: Education

Aim: The aim of this study is to investigate changes and characteristics of nursing and medical students' attitudes towards each other's future professions in relation to a joint learning activity in wound management.

Method: Medical (n=54) and nursing (n=56) students were jointly trained in compression therapy, Doppler assessment and wound case studies. Students were measured by the Jefferson scale on attitudes toward Physician-Nurse Collaboration* and compared to previously gathered baseline scores. Focus group interviews were held to deepen the knowledge about characteristics of attitudes towards both the others' profession and towards collaboration.

Results / Discussion: There was no difference in attitudes on Jefferson scale before and after joint training. Assessing the groups separately showed that nursing students are more positive towards collaboration. The interview data showed students' perceptions of each other's future professions. Prominent themes were 'Getting better use of each other's knowledge for a holistic and faster wound healing when training diagnostics together and experiencing each other's skills and common language' and 'Getting the sense of reality and security in you professional role in discussing and experiencing each other's part of the treatment for better collaboration in future working life'.

Conclusion: Though we were unable to demonstrate a difference on the Jefferson scale, the joint learning activity provided new insights into the other profession's competence, and was appreciated by the students. This kind of learning activity may increase future professional collaboration and thus improve wound management.

* Hojat, et al., 1999

[EP066] THE LIVED EXPERIENCE OF THE WOUND CARE NURSE IN CARING FOR PERSONS WITH PRESSURE ULCERS

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Thursday, May 14, 2015

E-poster session: Education

Aim: Within the speciality of wound care, nurses are vital in the care of persons with a range of wounds including individuals with pressure ulcers. The impact of this experience on nurses is poorly understood. The aim of this study was to interpret the experience of the wound care nurse in caring for persons with pressure ulcers.

Method: The study used a Heideggerian Hermeneutic Phenomenological approach to explore this experience. Following a pilot study, five experienced wound care nurses were purposively sampled to participate in one semi-structured interview with the researcher. Interviews were transcribed verbatim by the researcher. Transcripts were analyzed using Interpretative Phenomenological Analysis as well as within the context of lifeworlds to provide a deeper perspective.

Results / Discussion: Eight themes were identified including: challenge, making sense of it all, coping and self-care, advocate of mine/making a difference, knowledge and technology, we have seen what can happen, holistic caring and frustration. Twenty-five sub themes were also identified. In relation to analysis within the life worlds this study demonstrated an enriching, challenging yet frustrating role.

Conclusion: Recommendations for wound care nurses working with this particular patient group include: To acknowledge and share the challenges, frustrations and emotional responses that this role may bring on with one another and other health care professionals; self acceptance and understanding of the expectations and challenges of this role and acknowledge that self care is an important part of maintaining resilience within this role. Further suggestions for health authorities and education programs were identified.

[EP067] EXPLORING ALTERNATIVE OPTIONS TO REDUCING LEG ULCER WAITING TIMES

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¹*Wythenshawe*

Thursday, May 14, 2015

E-poster session: Education

Aim: The aims of this poster are to explore alternative options to reducing leg ulcer waiting times; using education and technology as a catalyst.

Method: As additional staff and clinic time was not a viable solution, a comprehensive review was undertaken of the leg ulcer waiting lists, establishing how many patients were on the waiting list, how long had they been waiting and triaging referrals to ascertain potential appropriateness of alternative treatment options.

A business case was formulated to present to the Clinical Commissioning Group (CCG) to bid for the money to purchase an alternative option of compression for venous leg ulceration. Educational support was arranged to ensure correct usage and implementation.

Results / Discussion: Once funding was agreed, all patients were assessed in the leg ulcer clinic; patients with venous ulcers commenced in the new technology. A review from the Tissue Viability Team (TVT) was scheduled at week one and week four, healing rates were collected by the treatment room and monitored by the TVT to ensure healing was achieved.

Conclusion: Through education and technology it was possible to reduce the leg ulcer waiting list by 50 % ensuring that the 'at risk' patients could be accommodated within the leg ulcer clinic. A robust education strategy allowed appropriate treatment to be delivered to venous leg ulcer patients outside of a leg ulcer clinic.

[EP068] REACT TO RED~ A CAMPAIGN FOR PREVENTION OF PRESSURE ULCERS

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Thursday, May 14, 2015

E-poster session: Education

Aim: The React to Red Skin campaign is a pressure ulcer prevention campaign used for a population of 450,000. The aim is to educate as health and social care providers, and to raise awareness amongst the general public of the dangers of pressure ulcers and the steps that can be taken to avoid them.

Method: The commissioning group, acute hospital, community services, mental health trust, local council and other health and social care providers worked together to develop a community education campaign and tools to support the campaign. The campaign was launched to the region in May of 2014 with an event that saw 90 key stakeholders.

Results / Discussion: Alongside the free tools and training the CCG and Council decided to launch an accreditation scheme which would drive up standards in residential and nursing home care in the population. The aim was for organisations to have 75% of their staff trained under the React to Red Skin campaign and then to complete a further evidence-based checklist to be considered for accreditation by the scheme.

Conclusion: In 6 months, 18 days of training were delivered with over 500 formal carers trained. The posters and leaflets are readily available in all GP's surgeries and are proactively being offered to those people considered to be 'At Risk' by practice nurses. Since the start of the campaign this idea has developed and accreditation is now going to be linked to the central contracts with accredited organisations attracting bonus payments.

[EP069] SELF-TREATMENT OF CHRONIC WOUNDS: WHY PEOPLE SELF TREAT AND HOW THEY DO SO.

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¹*The University of Melbourne; School of Health Sciences, Department of Nursing*

²*University of Melbourne & Royal Melbourne Hospital; Nursing*

Thursday, May 14, 2015

E-poster session: Education

Aim: People who self-treat chronic wounds have not been the subject of targeted research so there is little known about this group, for example how they self treat and why they do so. Self-treatment of chronic wounds is an approach that aligns with the management chronic health conditions more broadly therefore is worthy of investigation.

Method: A survey study was conducted in Australia. People were eligible to participate if they were aged 18 years and older, had a wound of at least 4 weeks duration, and conducted some or all self-treatment activities.

Results / Discussion: People with chronic wounds clean them, apply and remove dressings, take photographs and arrange their own supplies. Removal of devitalized tissue, wound measurement and documentation of wound progress is less common. People self treat to be independent and sometimes because it is more convenient and acceptable than professional care. Healthcare professionals may provide verbal advice about how to self-treat, however supervision of self-treatment during the wound episode does not usually occur.

Conclusion: People who self-treat chronic wounds require more education, support and monitoring to ensure that they do so in the most efficacious way possible. Barriers to the acceptability of professional treatment should be addressed when they arise whenever possible.

[EP070] AN E-LEARNING PROGRAM - THE EFFECT ON PROFESSIONAL'S KNOWLEDGE

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Thursday, May 14, 2015

E-poster session: Education

Aim: Professionals involved in pressure ulcers (PU) prevention and treatment have heterogeneous levels of knowledge and expertise on the subject, depending on the level of training, their own experience dealing with these situations and individual consciousness on the prevention of pressure ulcers. Given this diversity of knowledge and to ensure the acquisition of a minimum base of knowledge in this area, an e-Learning program was launch in July 2014 in collaboration with the training center of the establishment.

Method: First, the e-Learning program consist in being tested on concepts of physiopathology, risk assessment, preventive and therapeutic measures. The second part of the program is training. This step is mandatory for those who didn't reach the required score on the test.

Results / Discussion: Since July 2014, around 40 newly hired nurses and aids are being tested every month. This evaluation step streamlines the training effort and focuses on the professionals who actually need training. It occurs that a majority of nurses and aids need to go though the entire program to reach the required basic level of knowledge.

Conclusion: The educational technology used in this project represent an attractive innovation for the prevention and treatment of pressure ulcers. The results raise questions on nurses' education and training on pressure ulcers prevention and treatment.

[EP071] HOW DO HEALTHCARE PROFESSIONALS CHOOSE A COMPRESSION PRODUCT? HABITUAL OR PATIENT FOCUSED?

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¹Northumbria Healthcare NHS Foundation Trust; Tissue Viability

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Thursday, May 14, 2015

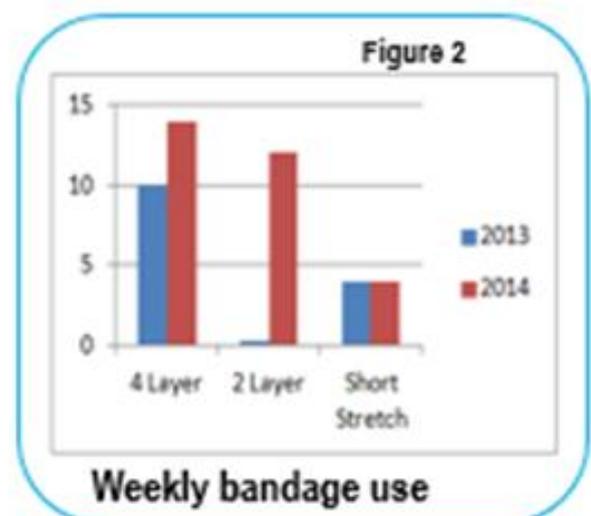
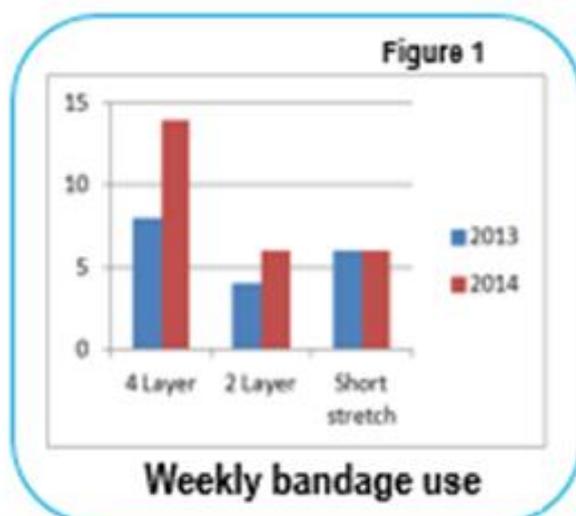
E-poster session: Education

Aim: A Tissue Viability team has evaluated the link between education, clinical competence and their selection of products within their community formulary. This poster will detail the first stage of this evaluation which has challenged past and current practice. Why do nurses choose a particular product?

Method: Formulary data was collected from two community bases and aligned with patient characteristics such as limb shape, tolerance of compression, allergies and previous treatments. The patient data was supplemented with an assessment of team skills and learning activities, both pathophysiology and product focused. This data was then reviewed with reference to determine how product selection can improve clinical outcomes.

Results / Discussion: Following the collection of data, we found a distinct difference in ordering of compression product that is in line with two different educative approaches. Team A (figure 1) with engaged link nurses and good supplier support are ordering a range of alternative bandage systems in line with the clinical presentation of the patient in 2013 and 2014. However Team B, prior to product focused education appear to be habitually using a predominately, single product focus (figure 2, 2013). Post-education, these clinicians adjusted their prescribing to be better aligned with patient assessments (figure 2, 2014).

Conclusion: We conclude that expansion of the partnership with industry, educational approach, helped gaining a new perspective on matching patients to therapies and reducing habitual ordering. The support provided by industry specialists has helped to embed a theory and practice approach to care of leg ulcer patients.



[EP072] THE IMPLEMENTATION OF A SKIN INTEGRITY MODEL TO IDENTIFY AT RISK PATIENTS AND PREVENT PERI-WOUND TRAUMA FOLLOWING REMOVAL OF ADHESIVE DRESSINGS

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²*Worcester Health & Care NHS Trust*

³*Worcestershire Health and Care NHS Trust*

Thursday, May 14, 2015

E-poster session: Education

Aim: To reduce peri-wound trauma following the removal of adhesive dressings, through the implementation of a skin integrity model (SIM), which identifies at risk patients and prompts the use of a silicone medical adhesive remover to aid dressing removal to enhance patient outcomes.

Method:

- An initial review of the current Trust skin care guideline document was undertaken
- A clinical focus group was established
- A baseline clinician survey was undertaken to obtain details of current practice
- An educational awareness campaign was delivered
- A reflective practice audit was undertaken five months after the initial baseline audit
- The revision of the Trust skin care guidelines to be launched in 2015

Results / Discussion: Our consensus approach has enabled 20% of the trust clinicians to partake in the development of the skin integrity model.

We have raised the awareness of skin integrity and adhesive dressing removal through educational awareness sessions to 280 clinicians.

% caseload with fragile skin:

- 1-25% 31%
- 26-50 42%
- 51-75 18%
- 76-100 9%

Evidence of increased peri-wound as a result of traumatic dressings:

- No peri-wound damage 29%
- Peri-wound damage 71%

Educational awareness:

- 22% not recently updated
- 78% recently updated

Change in clinicians views related to the use of SMARS over the last 5 months:

- 78% Yes
- 14% No
- 8% not answered

Conclusion: The SIM has achieved the aim of enhancing patient outcomes whilst delivering health economic benefits through the reduction of peri-wound trauma in conjunction with the Trust's formulary listed silicone medical adhesive remover.

[EP073] THE USE OF SMART TECHNOLOGY TO DELIVER EFFECTIVE AND EFFICIENT NURSE EDUCATION

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¹*Kings College Hospital NHS Foundation Trust*

²*Guys and St Thomas NHS Foundation Trust*

³*m*

Thursday, May 14, 2015

E-poster session: Education

Aim: Due to the increasing demands on nursing practice there is a need for a new approach to the delivery of nurse training and education. This poster details how two hospital trusts and 3 community health providers worked in partnership with industry to develop an innovative approach to improve access to education in the prevention, management and treatment of pressure damage.

Method: Working in partnership, key improvement criteria was identified. This complimentary educational initiative needed to:

- Reduce key complications within pressure ulcer prevention and management
- Support the service provider achieve their educational performance in this priority area
- Help identify training needs analysis in prevention and management of pressure ulcers
- Support integrated working in multi-disciplinary teams
- Communicate key points within the patient journey
- Demonstrate “economic value” through improved clinical outcomes, target initiatives (CQUIN) and appropriate allocation of resources and equipment

Results / Discussion: This process resulted in acknowledgment that a change in the mode of delivery of education was needed with improved access and addresses issues around retention of knowledge. Pre-launch data is being obtained to directly reflect changes in key areas including:

- Clinical performance – preventative and management
- Documentation and classification
- Educational uptake consider adding targeted percentage training of staff (Claire is this ok or leave as is?) yes a more targeted approach
- Allocation of multidisciplinary team resources
- Use of equipment

Conclusion: We conclude that a mobile platform utilising smart technology to deliver education was needed. Evaluating this new mode of delivering pressure injury education will demonstrate improvements in associated clinical outcomes and the support the Trust’s key quality priorities.