

A New Master's Program in Wound Healing



BY
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There is a great need in Canada for a master's-level graduate program in wound care that will prepare clinician scientists to advance wound-care research and practice in this country.

A proposal has been developed to provide new, advanced education in the specialized area of wound healing at the University of Western Ontario (UWO) in London, Ontario. The overall objective of this proposed Master of Clinical Science – Wound Healing (MClSc-WH) program is to provide an interprofessional educational experience at the graduate studies level that will concurrently focus on the development of specialized clinical skills and research methodology. Specific objectives of the program include the following:

1. to develop and practise knowledge, skills, and behaviours needed to support and foster best practices in wound care
2. to participate in discussions with professionals from other disciplines and appreciate the important role each member can bring to an interdisciplinary wound-care team
3. to experience wound-care practice of nationally renowned wound-care experts who can act as clinical mentors and provide a role model for advanced practice in wound care
4. to appreciate how to critically appraise and incorporate research and best-practice guidelines into evidence-based clinical practice
5. to obtain research skills that will facilitate active participation in wound-care research

These objectives will be achieved through six credits.

1, 2 – Wound Care Courses A & B: Two courses that will instruct and evaluate specialized clinical skills and clinical reasoning specific to the field of wound healing. For example, utilizing appropriate wound-healing out-

come measures; understanding etiology underlying common types of chronic wounds; lower limb assessment and compression therapy; wound-dressing selection, wound cleansing and debridement, and application of adjunctive wound-care therapies.

3 – Research Methodology: Includes knowledge and skills needed for critical appraisal, abstract and grant proposal writing, and scientific presentation.

4 – Advanced professional practice skills including professionalism, communities of practice, critical thinking and clinical reasoning, reflective practice, ethics, client-centred practice, transcultural issues, and leadership and mentorship in scientific communication.

5 – Clinical Mentorship: The advanced knowledge needed for wound-care practice will be supplemented by mandatory clinical mentorship hours with qualified expert clinicians who will evaluate each candidate's clinical competency.

6 – Research Experience: Involving collection and analysis of data using case-study or single-subject designs, or the scholarship of knowledge translation.

This information and these experiences will be offered through a combination of traditional classroom teaching and distance education instruction. The courses will use online resources, distance education, seminars, discussion, written assignments, and seminar presentations, clinical mentoring courses, and participation in a graduate-level research selective.

Core faculty and instructors represent several different health-care disciplines and specialties—for example, Dr. Bing Gan, plastic surgeon; Dr. Gary Sibbald, dermatologist/internist; Dr. Pamela Houghton, physical therapist; Dr. Gail Woodbury, epidemiologist; Dr. Rosemary Kohr, nurse practitioner; Karen Campbell, nurse practitioner; Kathryn Kozell, enterostomal therapist; Linda Norton, occupational therapist; and Chris Fraser, dietitian.

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This proposed program has been developed in collaboration with existing wound-care education programs and organizations, including CAET, UWO School of Nursing and the IIWCC course at U of T. For example, to help facilitate a seamless link between this master's program at UWO and the IIWCC at U of T, it may be possible for individuals who have successfully completed IIWCC courses to apply for advanced standing in one or both of the two wound-care credits of this master's program. In this way, individuals who have already mastered the knowledge, skills and behaviours of advanced wound-care practice can potentially pass the competency exams of these MCISc courses without needing to complete all of the course work.

Provided this proposal is approved by the Ontario Council of Graduate Studies, this graduate program will be the first in Canada to offer a Master of Clinical Science (MCISc) in Wound Healing. This graduate program is scheduled to begin accepting its first group of five students in September 2007 and is planned over three academic terms (one year). Part-time studies may be available under special circumstances where the six required components can be obtained over two

academic years. Admission requirements include a four-year undergraduate bachelor's degree (or equivalent), at least a 70 per cent entrance average (78 per cent preferred), and evidence of at least two years of clinical experience in wound care.

It is hoped that this interprofessional master's program will increase collaboration among health-care disciplines and encourage expert clinicians to participate in clinical research in wound healing. The use of distance education modules, in addition to traditional face-to-face learning, will enable highly qualified individuals to participate in graduate education who do not live in close proximity to UWO. Some graduates of the MCISc program may be encouraged to pursue further doctoral training through direct entry into PhD programs that are available at UWO and other universities. Development of post-graduate education programs will help build much-needed capacity of wound-care researchers in Canada and help to establish wound care as a distinct and legitimate area of specialized practice.

For more information about this proposed program, contact Dr. Pamela Houghton at phoughto@uwo.ca or visit www.uwo.ca/fhs/pt/MCISci/index.htm for updates. ☺

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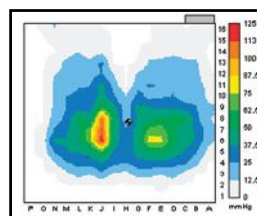
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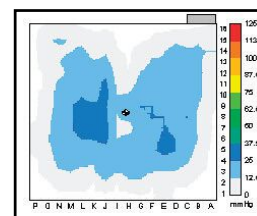
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Pressure Ulcer Prevention: An Enabler for Clinicians

BY Heather L. Orsted, MSc, RN, BN, ET, AND Kyle Goettl, RN, BScN

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Pressure ulcers affect one in four Canadians in health-care facilities yet most pressure ulcers can be prevented. It is time for clinicians to “A.C.T.” to prevent pressure ulcers.

Assess patients/residents on admission using the risk parameters identified on the Braden Scale for Predicting Pressure Sore Risk:

- sensory perception — patient’s ability to respond meaningfully to pressure-related discomfort
- moisture — degree to which the patient’s skin is exposed to moisture
- activity — degree of physical activity that the patient is capable of
- mobility — ability of the patient to change and control body position
- nutrition — the patient’s usual food-intake pattern
- friction and shear — mechanical forces affecting the patient’s skin integrity

Educate patients/residents and their families on the identified risks. Document the Braden Scale score prominently to increase

clinician awareness of each patient’s risk.

Change plan of care based on identified risks from the Braden Scale using a best-practice approach.

- Provide best-practice care and consult other health-care clinicians, such as a dietitian or occupational therapist, as required to eliminate or reduce identified risk factors.

Timely re-assessment is necessary, according to individual patient need.

- Provide weekly monitoring of patients identified by the Braden Scale as high/very high risk.
- Follow the recommended Braden Scale re-assessment schedule:

– Acute-care facilities:

- ICU—every day
- General nursing units — every 48 hours

– Home Care — with every RN visit, depending on stability of patient

– Nursing homes — every week for one month, then with changes in condition or with other routines. ☺



Know Your Own Resources

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Occupational therapist: _____

Physical therapist: _____

Dietitian: _____

Seating: _____

Other: _____

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