

A Virtual Gathering: Imparting Knowledge and Sharing Wisdom

The delivery of web-based wound care education by nurses working in rural and remote First Nations communities.

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Introduction

In today's healthcare environment, access to education, communication and support are essential to achieving and maintaining a skilled workforce, best practice care and job satisfaction. Delivering affordable, ongoing professional development in wound care can be challenging in rural and remote First Nations communities due to barriers such as geography, isolation, costs and staff shortages.

Nurses working in rural and remote First Nations communities function in a practice environment that is unique and highly complex.¹ They provide comprehensive healthcare in an expanded scope of practice² that combines public health, community health, home care and primary care. Furthermore, they work with a population that experiences higher rates of morbidity and mortality than any other segment of Canadian society.³ Nurses working in these settings are often the only professional health resource in communities of several hundred people, with inadequate human and financial resources and insufficient (and geographically isolated) management supports.²

Nurses in these locations may not have ready access to care elements that are considered elsewhere to be integral to best practice in wound care. Rural and remote community nurses often do not have access to multidisciplinary wound team members such as chiropodists, occupational therapists, physiotherapists, dietitians, pain specialists and dermatologists. They also often lack access to certain dressing modalities that are considered routine in best practice care. Their clients must frequently travel long distances by plane, boat, ferry or other means to undergo routine tests and pro-

cedures such as wound cultures, wound debridement and laboratory studies.

A recent survey by the Aboriginal Nurses Association of Canada documented that overwork, burnout and lack of access to professional development and education opportunities are some of the reasons nurses in isolated First Nations communities choose to leave their positions.³

The exceptional circumstances encountered in rural and remote communities—coupled with the importance of delivering culturally respectful care—compel many of these nurses to develop unique approaches to care, in the absence of other resources.

Managers strive to respond to nurses' educational needs, but accessing affordable, ongoing clinical education and support is challenging under the best of circumstances. In rural and remote First Nations communities, barriers such as geography, isolation and staff shortages further compound these issues.

Meeting the Challenge

For the past 10 years, Saint Elizabeth Health Care has partnered with First Nations communities to support care at the local level through a program entitled @YourSide Colleague. This innovative online professional development program provides a secure environment for multidimensional learning experiences. These include access to current educational content, tools and testing, as well as opportunities to interact with experts and peers online. This technology provides a cost-effective approach to training by combining the flexibility of self-directed learning with the structure of scheduled "virtual classroom" sessions. There are

several entry portals to the online program, which have been developed for specific populations.

First Nations nurses have identified the @YourSide Colleague program as an effective vehicle to support local capacity and First Nations-driven health programs and services. It is an education initiative that is successfully overcoming barriers to learning and is gaining national recognition as a leading practice in e-learning.

Delivering Wound Care Education to Remote Communities

In 2008, a seven-week wound management course was created to meet an expressed need of nurses working in and for First Nations communities. This course and the First Nations' portal for @YourSide Colleague have been peer reviewed by nurses working in First Nations communities to ensure cultural integrity. The course is now offered in more than 200 First Nations communities in British Columbia, Manitoba and Saskatchewan.

The course incorporates a blended learning approach using both synchronous (weekly live, interactive webinars) and asynchronous (self-paced, independent learning, including communities of learning and @YourSide Colleague modules) methods. In addition, a wound care expert is available to participants for the duration of the course for non-emergent wound management questions or concerns.

The course objectives are to increase knowledge of wound care best practices and engage participants in a learning community where unique challenges and practice solutions are explored. The webcast course content

covers the CAWC best practice recommendations for wound bed preparation and etiology-specific content that reflects the Registered Nurses' Association of Ontario best practice guidelines. The concepts of addressing co-factors and client-centred concerns are adapted to the realities encountered by rural and remote community nurses. Considerations include a context of practice marked by a paucity of resources, the need for respectful consideration of cultural beliefs and provision of culturally sensitive care.

These culturally sensitive teaching strategies assist learners in increasing their overall presence in communities of learning. Teaching strategies focus on the sharing of stories that are unique and personal to the learners, and which often encapsulate their extremely rich and culturally diverse experiences within their communities. The stories make a great impact on the learning community and build connections among nurses representing remote locations across the three provinces.

A "virtual talking stick" is used to promote sharing, listening and respect for others' experiences. A virtual graduation ceremony acknowledges learner contributions throughout the webcast series or study group and includes the participation of elders (through prayer and song), First Nations leaders and role models and key healthcare providers championing @YourSide Colleague within their communities.

Making a Difference

The success of this course lies in imparting knowledge on best practice wound care and providing a virtual gathering place where these unique nurses can share

Engagement Strategies for Web-delivered Courses

- Use a "virtual talking stick" to pass and share information
- Incorporate storytelling to impart wisdom and enrich content
- Use activities (e.g., polling questions, photo sleuths) to draw the learner into the live content
- Incorporate online learning hours on participation/completion certificate
- Give early and targeted technical support
- Rapidly respond to questions, issues and concerns (both technical and content-related)
- Foster a community of learners to decrease isolation and build supports
- Foster a high level of trust through excellence and expertise
- Conduct ongoing development of web-based engagement strategies

their experiences and wisdom. That the course has achieved this is evident from participants' testimonies (Table 1).

All participants surveyed agreed that they were able to assess and treat their community clients more competently as a result of taking the course. Survey results have also demonstrated that the course increases knowledge and has a positive impact on work, and participants rated the course as culturally relevant to practice with First Nations clients. ☺

References

1. Martin Misener R, MacLeod M, Banks K, et al. "There's rural, and then there's rural:" Advice from nurses providing primary healthcare in northern remote communities. *Nursing Leadership*. 2008;21(3):54–63.
2. Tarlier DS, Johnson JL, Whyte NB. Voices from the wilderness: An interpretive study describing the role and practice of outpost nurses. *Canadian Journal of Public Health*. 2003;94(4):180–184.
3. Aboriginal Nurses Association of Canada. *Survey of Nurses in Isolated First Nations Communities: Recruitment and Retention Issues*. Ottawa, ON: Aboriginal Nurses Association of Canada, 2008.

TABLE 1

Voices from the @YourSide Colleague Experience

"[I would like] more education that will allow us as healthcare providers to actually have that capability to change the dressings as needed without sending our clients to the local hospitals as walk-ins or thru emerg."—Participant response to pre-course learning-needs survey

"I provided my client with appropriate medications and dressings, and he also relied on the medicine man as well as traditional medicine. He carried out his rituals to fight off his infections. Some believe that a cure can be achieved through spiritual techniques such as using herbs, spruce gum, boiled spruce cones, fish oils and sweet grass to treat wounds. These items were applied to my client's wounds during a personal ceremony with the beating of the drums in the background. This emphasizes the importance for the nurse to recognize that each person has their own perceptions of health and illness, which are shaped by cultural beliefs. The significance of these cultural rituals and beliefs are paramount to good health; these wishes must be honoured and respected"—@YourSide Colleague course participant response

"What does this mean to me as an Aboriginal nurse? It means that in nursing practice, I need to become critically aware of how I think about things, how I perceive, and sometimes assume, complex matters like culture. It has helped me understand the complex process of wound care, while paying attention to how the client views his or her health. It has taught me to think outside the box. This knowledge has given me the flexibility to view the situation from a social, environmental, psychological, spiritual and holistic position."—Juliet Bullock-Piascik, @YourSide Colleague course participant

Nurses in rural and remote First Nations communities across Canada are gathering online to participate in wound care courses and share their wisdom regarding their unique struggles to integrate best practice for their clients.



2010 CALENDAR

12-13 June
Belleville, ON (L1, L3)

19 June
Sydney, NS (L3)

23-26 September
Vancouver, BC (L1, L2, L3)

14-17 October
Toronto, ON (L4: IIWCC)

21-24 October
Moncton, NB (L1, L2, L3)

18-21 November
Winnipeg, MB (L1, L2, L3)

25-28 November
Montreal, QC (L1, L2, L3)

2-5 December
Toronto, ON (L1, L2, L3)

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