

Teaching Wound Care in Northern Canada – It Sure Taught Me!

A 2-day trip to the North gave the author a whole new perspective on the meaning of healthcare

BY
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I am an occupational therapist and wound consultant from Edmonton, Alberta. In addition to working in an acute care hospital for a transdisciplinary, plastic surgery wound care service, I am passionate about providing wound care education tailored specifically for nurses, allied healthcare professionals and physicians. In January 2011, I was referred to the Fort Smith Health

Centre in the Northwest Territories – a town just north of the Alberta border with a population of 2,500. They requested a 2-day wound education course designed for a small group of healthcare staff, which included a nurse practitioner, a nursing student, registered nurses, licensed practical nurses, nursing attendants and an occupational therapist.

I prepared my slides and case studies, gathered



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The group celebrates their success after the compression bandaging workshop.



Snowy days sustain throughout March in the Northwest Territories!

some samples, packed my warmest clothes and headed to the airport. I'd flown many times in the past, but never directly from the tarmac in a small, 14-seat airplane where you could watch the pilots steer through the sky. It was exhilarating!

I landed in the tiny Fort Smith airport and was picked up by Julie Lys, a nurse practitioner, tour guide, president of the local school board and true advocate for Aboriginal and Northern cultures. In my first hour there, she took me on a tour through the town and all of its sights, and then booked me into my hotel. She also invited me to join her and her family for the events of the Spring Carnival that weekend. To my excitement, I was going to be able to attend the Princess Competition, Talent Show, Feast, and Mad Trappers Ball with Jigging Contest. How amazing that I was going to be there for only a weekend and yet already felt as if I were part of the community.

The next morning, I headed to the health centre (actually, I took a taxi the 4 blocks because I thought my eyelids might actually freeze shut. I am such a



Relaxing after a long day of teaching!

"southerner!") I arrived at the health centre, confident that I would have some knowledge to impart to these lovely folks, and started my 2-day workshop. Little did I know that I would learn more from them about healthcare than I had in my entire career.

As with any session, I started by defining the problem, spouting out the national pressure-ulcer statistics (around 25%), then turned to my audience – which included representatives from acute care, long-term care and home care – and asked about the pressure-

I was beginning to learn that my evidence-based strategies were meaningless to this community without the context of compassion and culture.



The author attended the Mad Trappers Ball. Also present was the Commissioner of the Northwest Territories (right).

The workshop became much more engaging and reciprocally educational as the participants volunteered information and applied the knowledge from my workshop content.



Teaching compression bandaging—a practical and motivating exercise.

ulcer rates in their community. They looked around at one another...and they all said, "None." So obviously I wasn't there to help solve a current problem; they wanted to *prevent* any future issues. What a novel concept.

When I got to the part of my session that occupational therapists love – positioning – I asked what their current strategies were. One residential care worker spoke up. "We have this one resident who spends many hours in her wheelchair. Every half-hour to an hour, we hug her for repositioning and for therapeutic touch." I was beginning to learn that my evidence-based strategies, like the "rule of 30" or the "forward lean" to offload in the wheelchair, were meaningless to this community without the context of compassion and culture. It made me think: Have those of us in large urban institutions lost the *care* in healthcare?

As the weekend went on and I blabbered on about the research, I realized that I would need the participants in the group to "translate it" in order to apply it to Northern culture and economics. The workshop became much more engaging and reciprocally educational as the participants volunteered information and applied the knowledge from my workshop content.

We covered a ton of information in our weekend – everything from principles of wound management and principles of pressure ulcer management to a lower

leg workshop. Because the audience was so diverse, everyone took something different from it...and isn't that a great foundation for a multidisciplinary team? They all have a common baseline of knowledge and an overarching goal of doing what is best for the people in their town, and each has an understanding of the roles and responsibilities of the others. The best part was that no one was excluded based on level of education. Everyone learned to assess, how to create a moist wound healing environment, how to make offloading orthotics, how to do ABIs and how to wrap compression bandages. And, you know, the person with the most natural wrapping technique was the residential care worker from the long-term care centre.

If I were to summarize what I learned from the people in this seminar, it would be to remember to care, and never to assume. The North also taught me that maybe we over-think the complexity of our problems – they can prevent pressure ulcers with a hug, and call a taxi to help patients find their teeth or transfer to bed (no kidding). They utilize every team member to the fullest of his or her abilities, and they define roles based on the needs of the team, not professional silos. I think that, as much wound care as I taught them, the group at Fort Smith brought me back to where *healthcare* began. ☺

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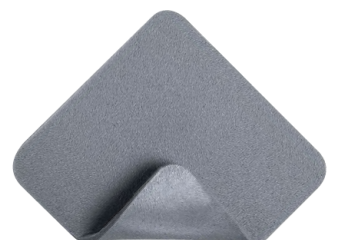
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Paul's Story

Previously I used a three-layer wrap and I had a lot of discomfort with it. It would suffocate my calf and fall down so that I had to go back to the clinic frequently to have it reapplied. I'm an active man and spend 12 to 15 hours a day on my feet at work. I had invested in expensive shoes that I could not wear with the three-layer wrap.

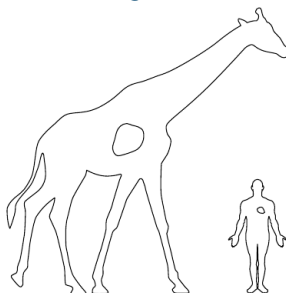
One day the nurse suggested a two-layer wrap (3M™ Coban™ 2 Layer Compression System). It was the best day walking out of the clinic with the two-layer wrap...and putting regular shoes on, and I only had to go in once a week to get it reapplied. It was very comfortable, and not at all bulky.

I recommend the two layer (3M™ Coban™ 2 Layer Compression System) to anyone who has to stand all day with an ulcer and persevere. I'm back on my feet with a smile and on the go again.

I trust the two-layer wrap. It completely changed my life and I'm a lucky man to have had the luxury to access it.

Paul Cribben, The Butcher Shop

Damage to the veins or valves may lead to unrelieved high venous pressure. Over time, venous hypertension causes pooling of fluid in the lower extremities, which results in edema. If not managed, venous hypertension will ultimately result in leg ulcers.



Anatomical illustration of giraffe and human showing location of the heart

The Ideal Physiology: Giraffe Skin

The distance between a giraffe's head and feet is twice that of humans, giving it venous blood pressure twice as high as ours. Giraffes also have relatively smaller calf muscles, do not have moving or bending toes and their ankle joint movement is minimal – yet they do not experience venous hypertension...

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-Jan Schuren, RgN, BN, MSc, inventor of 3M™ Coban™ 2 Layer Compression System



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