CAWC Around the World:

An International Leader

Canadian Association of Wound Care volunteers have had the pleasure and privilege of sharing their knowledge in international wound care initiatives. The 3 speakers at this session described their experiences.

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David Keast discussed the mission and objectives of the World Alliance for Wound and Lymphedema Care (WAWLC), its history and activities to date, and the CAWC's involvement with WAWLC and other initiatives.

Development of a World Health Organization white paper

In July 2007, a lymphatic filariasis workshop on disability prevention for field managers was held in Accra, Ghana. The workshop was sponsored by Handicap International and the Neglected Tropical Diseases Unit of the World Health Organization (WHO).

A follow-up meeting was held in September 2007 in Geneva, Swit-zerland, at the WHO international headquarters. A working group was established to investigate the integration of wound and lymphedema management across diseases in resource-poor settings. In this context, integration was interpreted to mean coordinated activity by multiple organizations, alignment of current activities, and identification of common services and processes. Funding sources were also established during this meeting.

In March and October 2008, follow-up meetings were held once again in Geneva. These meetings were attended by authors of a proposed Wound and Lymphoedema Management white paper, as well as representatives from various international healthcare organizations. Review and finalization of the white paper took place during these meetings.

In October 2009, a further follow-up session was held in Geneva. This was attended by more than 50 participants from 43 countries, including WHO representatives, 11 medical societies, 4 non-governmental organizations and 2 industry observers. It was at this point that the WAWLC was formed and its mission, objectives, structure and deliverables agreed upon by all.

World Alliance for Wound and Lymphedema Care

WAWLC's mission, Keast said, is: "To work in partnership with communities worldwide to advance sustainable prevention and care of wounds and lymphedema in settings with limited resources."

WAWLC's objectives are to:

- raise awareness of the importance of chronic wounds and lymphedema as it relates to their economic and social impacts;
- develop a global policy on principles of wound care and lymphedema management;
- support countries in developing their capacities to use current knowledge ofand technologies in wound and lymphedema care to treat affected populations;
- contribute to strengthening health systems in affected countries at all levels in order to achieve these objectives; and
- support research aimed at improving the management of chronic wounds and lymphedema.

The *Wound and Lymphoedema Management* white paper was published in March 2010 (Figure 1); further funding is currently being sought for translation.

R. Gary Sibbald offered an international perspective on the joint CAWC and World Union of Wound Healing Societies (WUWHS) International Interprofessional Wound Care Course (IIWCC), offered jointly by the University of Toronto and Stellenbosch University, Cape Town, South Africa. He displayed the pyramid of educational continuing professional development (Figure 2) and noted its importance in international wound care educational initiatives.

International Interprofessional Wound Care Course

Sibbald is an organizer of annual IIWCC sessions in South Africa. These incorporate the following longitudinal design:

David Keast is a clinical adjunct professor of family medicine at the University of Western Ontario in London, Ontario.

Heather Orsted is a clinical and educational consultant from Calgary, Alberta.

R. Gary Sibbald is a professor at the Dalla Lana School of Public Health at the University of Toronto and president of the World Union of Wound Healing Societies in Toronto, Ontario.

FIGURE 2

Pyramid of educational continuing professional development

- 2 residential 4-day sessions;
- 9 self-study modules (5 compulsory, 4 elective); and
- a selective that relates course material to everyday activities.

The IIWCC South Africa class of 2010 was composed of 28 students, while the class of 2011–2012 has 36 students. The students hailed from Cameroon, Kenya, Malawi, Nigeria, Tanzania, Uganda and South Africa.

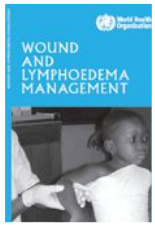
Overseas IIWCC faculty members were R. Gary Sibbald MD, Brian Ostrow MD, Kevin Y. Woo RN and Elizabeth A. Ayello RN PhD. Local IIWCC faculty members were Hiske Smart RN MA, Jack Meintjes MD, Petra Kahl RN PhD, Alan Widgerow MD Mmed, Cecilia Roberts MD and Gregory Weir MD.

Here are some participant comments regarding the value of the course:

- "The tremendous volume of knowledge has humbled me and improved my research and wound care practice."
- "The IIWCC was an ambitious undertaking I have never regretted. It has offered answers in my life as a surgical trainee and it promises many more opportunities."
- "This course has empowered me to be a national opinion leader in wound care in Kenya. I am a seed, not a need."
- "It has given me a better understanding of educational principles and preparing educational materials and also the need for evidence-based medicine in clinical practice."
- "This course has changed my attitude, approach to patients with wounds, quality of service and the way I reason and handle issues in my everyday life."

FIGURE 1

The *Wound and Lymphoedema Management* white paper



World Union of Wound Healing Societies

The WUWHS holds meetings every 4 years. In 2008, the third annual congress – with a theme of "One Problem, One Voice" – was held in Toronto, Ontario. The fourth annual congress, to be held in Yokohama, Japan, is scheduled to take place on September 26, 2012. The CAWC, as a body, remains very active in WUWHS initiatives.

Sibbald's other international activities have included visits to the Middle East to attend the first and second annual Abu Dhabi Wound Care Conferences. The third such conference is scheduled for March 2012, and a number of CAWC representatives will be in attendance.

TABLE 1

The Guyana Diabetic Foot Project Model: Developmental and clinical principles

Developmental principles	Clinical principles
Collaboration	Evidence informed
Sustainability	Interprofessional
Capacity building	Patient centred
Gender equity	Holistic practice
Educational strategies linked to outcomes	

Guyana initiatives

Diabetic foot ulcers are a major problem, particularly in underdeveloped countries. Sibbald said that diabetic foot ulcers precede amputation in 85% of cases, and the average healing time is 11–14 weeks. The costs to healthcare systems are profound.

In March 2008, Sibbald and colleagues undertook the first phase of an international collaboration to reduce amputations in persons with diabetes in Georgetown, Guyana, at the Georgetown Public Hospital Corporation. The project was funded in large part by the Canadian International Development Agency.

The principles of conservative debridement, plantar pressure redistribution and pressure offloading were all shared with clinicians at the Georgetown Public Hospital. This comprehensive diabetic foot care program has resulted in a 48% reduction in the rate of major amputations. Table 1 depicts the developmental and clinical principles of the program.

Sibbald noted that such a program is successful when:

- multi-faceted educational strategies are used;
- evidence-informed diabetic foot care practices are adopted; and
- a sustainable, comprehensive diabetes foot care system is created.

This model is being applied and expanded throughout Guyana in the next phase of the project. Sibbald concluded that such a program may be relevant for other resource-poor countries in the management of the type 2 diabetes pandemic.

Heather Orsted travelled in November 2007 with colleagues to Tehran, Iran, for 10 days under the auspices of the IIWCC to teach wound care to nursing students. She offered the following observations on her time there.

"I was struck by how male-dominated the country was," she noted. "However, I was very cognizant of respecting the customs of Iran, which meant covering my head, and also ensuring that my arms and body were covered, head to toe." Although she felt very safe, she knew it was crucial to respect the country's culture and customs.

The classroom setting, she recalled, "was fantastic." Dr. Sibbald and other clinicians provided excellent leadership, and the doctors and nurses mingled well.

Orsted was struck by the equipment and technology at the hospital in Tehran, which, she said, "were the same as we have here in Canada. The clinicians there were doing full assessments, and proper measures." In the clinical setting, she said, "we were neither Canadians nor Iranians…we were just people trying to help each other."

Lessons learned

Orsted shared some of the "dos" and don'ts" of international travel, particularly when spending time in a country with a vastly different culture to that of the Western world.

Do:

- Be aware of your surroundings and limitations.
- Learn about other cultures. Be respectful and honour them.
- Learn at least a few words in the language of the country in which you're travelling.
- Enjoy the people…and the food!

Don't:

- Lose sight of where you are.
- Put yourself in an environment that you cannot control.
- Go off with a stranger who offers to show you the sites.
- Become opinionated.