

# CAWC Annual Conference: About Our Conference Partners



The Canadian Association  
for Enterostomal Therapy  
Association Canadienne  
des Stomothérapeutes

## Canadian Association for Enterostomal Therapy (CAET)

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Enterostomal therapy was introduced into Canada in the late 1960s. In 1982, the Canadian Association for Enterostomal Therapy was incorporated, giving this area of nursing practice formal recognition within the nursing profession and Canadian health-care system. Enterostomal therapy nursing is recognized by the Canadian Nurses Association (CNA) as a nursing specialty designated for CNA certification: CETN(C). The versatility of the ETN role and practice is established in hospitals, ambulatory care, rehabilitation programs, continuing and long-term care, community and independent practice.<sup>1</sup>

The role of the ETN comprises three domains: wound, ostomy and continence care. Within each of these domains the ETN encompasses five roles of practice: leader, clinician, consultant, educator

and researcher. ETNs provide specialized holistic assessment, prevention and management strategies and advocacy across the continuum of care for those living with ostomies, acute and chronic wounds and urinary and fecal incontinence. ETNs are recognized for promoting a positive influence on quality of life for patients and families within their care.<sup>2</sup> ETNs improve access to effective and integrated care by co-ordinating specialized requirements with hospital, community and follow-up services, which may include family physicians, specialists, other health-care professionals and services.

As a leader, the ETN advances enterostomal therapy nursing practice and promotes quality client care. As a role model, resource, facilitator, advocate, decision maker and co-ordinator, the ETN demonstrates excellence in leadership. As a change agent and through innovative practice, the ETN is instrumental in shaping social and economic policy, demonstrating improved cost outcomes.<sup>3</sup> This leadership is exercised within the three domains of the ETN specialty locally, regionally, provincially,

nationally and internationally.

## About the CAET

The Canadian Association for Enterostomal Therapy (CAET) is a not-for-profit association for over 350 nurses specializing in the nursing care of patients with challenges in wound, ostomy and continence. The CAET acts in the public interest for Canadian ETNs to give national leadership in wound, ostomy and continence nursing, promoting high standards for ET nursing practice, education, research and administration to achieve quality specialized nursing care. The CAET speaks for Canadian ETNs and gives registered nurses specialized in enterostomal therapy nursing a strong national association through which they can support each other and speak with a powerful, unified voice. The CAET is working toward taking an active role in legislative policy that could influence the health-care decisions that affect ET nursing professionals every day.

## References

1. Canadian Nursing Association. Position Statement: Clinical Nurse Specialist. 2003.

2. Marquis P, Marel A, Johnson B. Quality of life in patients with stomas: The Montreux Study. *Ostomy Wound Manage*. 2003;49(2):48–55.
3. Harris C, Shannon R. An innovative enterostomal therapy nurse model of community wound care delivery: a retrospective cost-effectiveness analysis. *J Wound Ostomy Continence Nurs*. 2008;35(2):169–83; discussion 184–5.



## World Alliance for Wound and Lymphedema Care

By David Keast, BSc, MSc, Dip Ed, MD, CCFP, FCFP, President, WAWLC

The World Alliance for Wound and Lymphedema Care (WAWLC) is a non-governmental organization, incorporated in Geneva, working in partnership with the Neglected Tropical Diseases Unit of the World Health Organization and wound and lymphedema care organizations around the world to foster best practices in limited-resource settings. WAWLC does not deliver programs itself but works with other organizations to develop capacity in resource-limited settings through mentoring and education.

The objectives of WAWLC are:

1. To raise awareness of the importance of chronic wounds and lymphedema as it relates to their economic and social impacts
2. To develop a global policy on principles of wound care and lymphedema management

3. To support countries in developing their capacities to use current knowledge and technologies on wound and lymphedema care to treat affected populations
4. To contribute to strengthening health systems in affected countries at all levels in order to achieve objective #3
5. To support research aimed at improving the management of chronic wounds and lymphedema

### The History

In July 2007, at a Lymphatic Filariasis Workshop on Disability Prevention for Field Managers in Accra, Ghana, sponsored by Handicap International, a working group was formed to consider integration of wound and lymphedema care in limited-resource settings. A follow-up meeting was held in Geneva in September of that year. The working group agreed to move forward to create a white paper for the World Health Organization (WHO). Integration was interpreted to mean co-ordinated activity by multiple organizations, alignment of current activities and identification of common services and processes.

Follow-up meetings were held in Geneva in March and October of 2008. These were attended by the authors of the white paper and representatives of WHO, Handicap International, Médecins Sans Frontières, Health Volunteers Overseas, the Royal Tropical Institute of Amsterdam, Netherlands Leprosy Relief and Geneva University Hospitals.

Attendees paid their own way. Writing occurred between the meetings.

In October 2009 a follow-up meeting was held in Geneva. It was attended by 40 participants collectively representing WHO, 43 countries, 11 medical societies, four NGOs and two industry observers. WAWLC formed and the Mission, Objectives, Structure and Deliverables were agreed upon.

### Activities

The WAWLC has been involved in a range of activities since its formation.

- In 2010 the white paper “Wound and Lymphoedema Management,” edited by John M. Macdonald and Mary Jo Geyer, was published by WHO as an official document.
- Site assessment visits were made to Uganda, Cameroon and Sierra Leone.
- Buruli ulcer is a skin infection caused by the bacterium *Mycobacterium ulcerans*. WAWLC is working with WHO to implement a 500-patient randomized controlled trial for treatment of Buruli ulcer with oral antibiotics instead of intramuscular injections in combination with modern wound care techniques in Ghana, Benin and Cameroon.
- Podoconiosis is a form of lymphedema caused by walking barefoot in volcanic soils. WAWLC is working with the Black Lion Hospital in Addis Abba, Ethiopia, to implement a program of wound and lymphedema care.
- WAWLC is working with the Pan African Academy of

Christian Surgeons (PAACS) to develop capacity with African surgeons in modern wound care techniques.

- Lymphatic filariasis is endemic in only two locations in the Western hemisphere: Haiti and Brazil. WAWLC facilitated the restarting of the lymphedema clinic in Léogâne, Haiti, which had become inactive. This is a joint project of WAWLC, Notre Dame University, Nova Southeastern University, International Lymphedema and Wound Care Training Institute and WHO.
- Starting from a tent hospital after the earthquake in Haiti, the wound care program at Hôpital Bernard Mevs in Port-au-Prince continues to develop. Care delivered by

Haitians continues to advance with mentorship from WAWLC. The wound clinic at HBM is probably the most advanced in the entire Caribbean basin and is now involved in training other wound care providers. In association with Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires a comprehensive diabetic foot ulcer clinic is starting.

### The Future

Partnerships are being developed with other wound and lymphedema care organizations to have a hosted stream at their annual conferences. A very successful stream was held at EWMA in Denmark in 2013, and the WAWLC is looking forward to the hosted stream at the

CAWC conference in Toronto in October 2014 (see page 18 for the annotated agenda).

Work is proceeding on the development of a standardized “wound care box” containing supplies for wound care in times of emergency or in clinics in resource-limited settings that can be stored and quickly shipped when ordered by an NGO.

Funding has been obtained for a burden of illness study in India, China and Brazil. This study is modelled after a European study that involves literature reviews in languages of local countries as well as the standard literature. The study got underway in 2014.

For more information on WAWLC, please visit <http://wawlc.org>.



## Online Wound Care Education

### ONLINE TRAINING FOR WOUND PREVENTION AND MANAGEMENT

Wound care is present in all areas of the health-care system, whether in hospitals, clinics, long-term care institutions or the community. It is estimated that **30% to 50% of all health-care interventions involve wound care**, and it is further estimated that the annual cost of wound care in Canada is over \$3.9 billion. Despite its significance, little attention is paid to wound care by health-care policy-makers, politicians and the general public.

In an effort to shed some light on the importance of wound care knowledge, the Ontario Hospital Association (OHA) and Canadian Association of Wound Care (CAWC) created the Foundations of Wound Care program. The program includes four online training modules that provide a solid foundation for those who would like to learn more about wound prevention and management:

- Introduction to Wounds
- Prevention and Management of Venous Leg Ulcers
- Prevention and Management of Pressure Ulcers
- Prevention and Management of Diabetic Foot Ulcers

Successful completion of the Foundations of Wound Care program is a prerequisite for other CAWC educational programs.

For more information on the modules, please visit [www.oha.com/woundcare](http://www.oha.com/woundcare).

For any additional questions, please contact Candace Simas at [csimas@oha.com](mailto:csimas@oha.com) or 416-205-1586.