How can we maintain effective and relevant wound care education?

Nurse education in England is entering a new era with the move to an all-graduate profession becoming a reality from September 2013. But, what does this mean for wound care and the clinical nursing skills that are required to ensure patient safety as well as evidence-based outcomes?

The term 'pre-registration nursing education' currently describes the programme that a nursing student in the UK undertakes in order to meet the Nursing and Midwifery Council (NMC) criteria for registration (NMC, 2010a). The competencies required of a registered practitioner are clearly defined by the NMC and encompass four domains:

- *Care delivery*
- *Care management*
- *Professional and ethical practice*
- *Personal and professional development.*

These domains will remain unchanged with the advent of all-graduate educational programmes. However, it has yet to be seen whether the move will provide registered nurses with the knowledge and skills required for them to be fit for practice when working in tissue viability.

A comparison of UK three-year degree and diploma students in their first three years postgraduation found no significant differences in competence that would be meaningful in practice (National Nursing Research Unit, 2008). However, the National Nursing Research Unit (2008) did find evidence that qualifiers from four-year degree programmes, and those who undertook postregistration degrees, were more competent than non-graduates in certain aspects of nursing and that experience generally developed nurses' enhanced competencies.

This fits in with the NMC (2010a) requirement that once qualified, nurses must maintain their knowledge and skills and that newly qualified nurses cannot be expected to have extensive clinical experience, specialist expertise, or highly developed supervision and leadership skills.

The NMC maintain that opportunities need to be offered to newly qualified nurses so that they can develop their skills. This can be provided either through preceptorship or ongoing professional development, but the NMC (2010b) is clear that registered nurses have to keep their skills and knowledge up-to-date, asserting that they must:

- *Demonstrate the knowledge and skills for safe and effective practice when working without direct supervision*
- *Have the ability to recognise and work within the limits of their competence*
- *Keep their knowledge and skills up to date throughout their working life*
- *Take part in appropriate learning activities that maintain and develop their competence.*

The Department of Health (DH) spending review (DH, 2010a) identified the implications of meeting the rising costs of healthcare, announcing that the NHS would release up to £20 billion of annual efficiency savings over the next four years, all of which will be reinvested to support improvements in quality and outcomes (DH, 2010a). Included in this is the importance of applying best practice in the management of long-term conditions, which clearly relates to tissue viability and wound care.

The DH document Equity and Excellence: Liberating the NHS (2010b) contains plans for a massive reorganisation of the health service, including the abolition of strategic health authorities and primary care trusts and the creation of an NHS Commissioning Board. Many commissioning responsibilities will be transferred to GP commissioning consortia. The document also outlines plans to link GP practice pay to consortia performance, to rewrite the Quality and Outcomes Framework, and to give GPs a contractual responsibility to ensure efficient and effective use of NHS resources (DH, 2010b). All these changes will have an impact on the provision of wound care education.

Currently, clinicians can access wound care education in a variety

Karen Ousey (KO) *is Research Leader, Advancing Clinical Practice, School of Human and Health Sciences, University of Huddersfield;* ***Maria Poole (MP)*** *is a Regional Medical Affairs Specialist at ConvaTec;* ***Samantha Holloway (SH)*** *is a Senior Professional Tutor/ Course Director (MSc in Wound Healing and Tissue Repair), Department of Dermatology and Wound Healing, School of Medicine, Cardiff University;* ***Sue Harris (SU)*** *is a Senior Specialist Nurse in Wound Management, Ashford and St Peter's Hospitals NHS Foundation Trust, Chertsey, Surrey*

HA: *Wounds are not confined to one speciality or client group within healthcare and, therefore, it is essential that this is reflected in preregistration education.*

MP: *Higher education institutions do have a responsibility to develop clinicians' underpinning knowledge and analytical skills and to offer education that equips nurses to meet the needs of today's patients.*

of ways — through higher education institutions, study days, conferences or in-house study days funded mainly by Strategic Health Authorities (SHAs), employers or industry. Additionally, practitioners can maintain their self-development through textbooks, academic journals or online learning packages.

However, with the proposed changes to NHS funding outlined above, will nurses be able to access educational programmes and will they be afforded study time to enhance their knowledge and skills base? **KO**

Is it important that wound care forms a part of clinicians' preregistration education?

MP: Yes it is. Once qualified there is an expectation that nurses have a certain level of knowledge about all areas of care. However, it is clear from the literature that compromised tissue viability is becoming more and more prevalent. Without access to nurses with at least basic levels of knowledge and skill, patients' tissue integrity is at a higher risk of being compromised.

SH: Skin forms the largest organ of the body and it is inevitable that students will encounter patients with tissue viability-related problems. Therefore, it is important for educational institutions to provide nursing students with an adequate level of knowledge in wound care that extends throughout their training.

HA: Wounds are not confined to one speciality or client group within healthcare and, therefore, it is essential that this is reflected in preregistration education. Wound care should be seen as a core skill and is an integral part of many patients' experience.

If there is a lack of wound care education in preregistration training, should the focus of postregistration training be on clinical skills rather than theory?

MP: There is no standard approach to preregistration training and although some areas include tissue viability to varying degrees, in other areas it is not included at all. I think it should be included and a minimum standard agreed nationally. Because of the demands of everyday NHS practice, I do not feel the focus for training clinical skills should be left to postregistration training. As long as nurses have basic clinical skills and are able to deliver care in a safe and effective manner, the theory can be added in practice.

SH: The consequences of mismanaging patients' wounds at a clinical level may often be attributed to a lack of understanding of the underlying would aetiology. Post-registration nurse training, therefore, needs to combine elements of theory and practice in order to maintain patient safety.

HA: Ideally, both should be covered in postregistration training. In order to assess, plan and provide appropriate evidence-based care, the clinician must have the required theoretical knowledge. There is a danger that teaching clinical skills only may result in clinicians being allocated tasks without possessing the necessary knowledge and reasoning.

Do you think the responsibility for skills should lie with clinicians/mentors, with higher education institutions developing the underpinning knowledge?

MP: I feel that a standard education should incorporate all of the above. Individual practitioners should take responsibility for their own continued development, while employers need to provide the opportunities and support for this to happen. Higher education institutions do have a responsibility to develop clinicians' underpinning knowledge and analytical skills and to offer education that equips nurses to meet the needs of today's patients.

SH: Suitably qualified practitioners are well-placed to take responsibility for the development of clinical skills, however, it may not be appropriate to presume that all clinicians have the necessary skills. There needs to be a close dialogue between clinicians and educators to ensure that the most suitable practitioners undertake this role.

HA: Yes I agree that the higher education institutions should provide the theoretical component to wound care, however, this should be in partnership with healthcare providers to ensure the development of robust competencies for clinical practice.

Should universities or wound care specialists decide on the curricula for specialist training?

MP: This needs to be a joint approach, with clinicians leading on the content of training programmes and their implementation, while universities lead on critical analytical development.

MP: *Tissue viability as a specialty needs to be strong and refuse to accept any compromise on resource allocation and access to education.*

SH: *Currently there are guidelines and best practice statements available as educational resources, but staff need to be aware of their existence in order to provide evidence-based care.*

SH: Curriculum development requires the input of a range of individuals to align the process of learning with the intended outcomes. Individuals who are responsible for validating training, including wound care programmes, should look for evidence that all those with an interest have been consulted.

HA: Again, this should be done in partnership with accredited work-based learning being linked to the higher education institutes and clinical specialists. It is important to collaborate to ensure education meets the needs of the clinical areas and reflects local practice.

With cuts in funding making it harder for staff to attend study days, how can the tissue viability community ensure that education needs are still met?

MP: Tissue viability as a specialty needs to be strong and refuse to accept any compromise on resource allocation and access to education. When attempting to provide high-quality effective care, education needs to be seen as a high priority and not an optional extra. Organisations need to demonstrate this on every level, from service-wide educational initiatives to individual nurse's professional development reviews. Strategies for delivering and accessing education also need to be creative, so that every opportunity is exploited, from attending conferences and reading articles to clinicians undertaking their own root cause analyses and learning through reflection.

SH: Currently there are guidelines and best practice statements available as educational resources, but staff need to be aware of their existence in order to provide evidence-based care. Moving towards a legislative approach, it may be an appropriate time to call for wound care to be introduced as part of mandatory training programmes.

HA: With reductions in funding, learning needs to become more creative. The tissue viability community and higher education institutes should work in partnership to develop work-based accredited courses in wound care. There is also the opportunity to develop distance learning and web-based education. It is important that wound care is included in the Preceptorship Portfolio for newly qualified nurses. Most tissue viability nurses provide wound care education and training and now may be an appropriate time to standardise this, with tissue viability nurses working together to develop teaching packages.

Broadly, what are the main wound care themes that should be taught to pre- and postregistration clinicians?

MP: In my view the main themes are as follows:

- The healing process
- Holistic and wound assessment
- Recognising risk factors
- Identifying underlying aetiology
- Correcting underlying aetiology
- Wound infection
- Prevention
- Recognising evidence-based care
- Implementing evidence-based care
- Wound bed preparation
- Product selection
- Patient education/health promotion
- Follow-up
- Resource management and allocation.

SH: As a minimum, clinicians should understand the physiology of normal and abnormal wound healing. Systematic assessment and diagnosis of the patient and their wound, as well as appropriate management options for common wound aetiologies would also be essential to ensure a comprehensive understanding.

HA: I see the main themes as being:

- Normal and abnormal wound healing
- Wound assessment, i.e. TIME
- Wound bed preparation
- Care planning and goal setting
- Pressure ulcer prevention/treatment
- Dressing selection and application
- Extensive therapy knowledge.

WUK

References

Department of Health (2010a) *Equity and Excellence: Liberating the NHS*. DH, London. Available online at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf (accessed 30 November, 2010

Department of Health (2010b) *Spending Review*. DH, London. Available online at: www.dh.gov.uk/en/Aboutus/Features/DH_120689 (accessed: 30 November, 2010)

National Nursing Research Unit (2008) *Moving to an All-degree Nursing Profession at Registration: How might the nursing workforce and quality of care be affected?* Available online at: www.kcl.ac.uk/content/1/c6/04/47/23/PolicyIssue14.pdf (accessed: 30 November, 2010)

NMC (2010a) *Standards for Pre-registration Nursing Education*. Available online at: http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf (accessed: 30 November, 2010)

NMC (2010b) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. Available online at: www.nmc-uk.org/Nurses-and-midwives/The-code (accessed: 30 November, 2010)