

## STANDARD 7: KNOWLEDGE, EDUCATION AND RESEARCH

**Wound-related knowledge, education and research capacity are maximised.**

### Rationale

Delivery of the highest standard of wound practice requires expert knowledge and skills. Formal education, research, continuous professional development and continuous quality improvement activities promote attainment of contemporary, evidence-based knowledge for wound care practitioners and the multidisciplinary team. Maximising the knowledge and skills of the individual and their family carer enables their participation in care decisions and activities.

### Criteria for wound care practitioners

To meet the criteria for the *Knowledge, Education and Research Standard*, the wound care practitioner:

#### **7.1. Demonstrates knowledge, skills and critical thinking with respect to wound-related practice.**

##### Evidence Criteria

- 7.1.1. Demonstrates knowledge of wound assessment, prevention and management at a level commensurate with scope of practice, education background and experience.<sup>1</sup>
- 7.1.2. Demonstrates proficiency in delivering contemporary wound care.<sup>2</sup>
- 7.1.3. Thinks critically and analyses wound practice.<sup>3-5</sup>
- 7.1.4. Engages in reflective practice.<sup>1,3</sup>

#### **7.2. Maintains a current and evidence-based wound knowledge base.**

##### Evidence Criteria

- 7.2.1. Identifies own wound-related learning needs and professional goals.<sup>4,6-8</sup>
- 7.2.2. Engages in wound-related education and skills acquisition that reflects best practice.<sup>2,4,8-10</sup>

#### **7.3. Contributes to wound-related research, quality improvement activities and other opportunities to translate evidence into practice.**

##### Evidence Criteria

- 7.3.1. Engages in collaborative processes to identify needs for improvement in wound-related clinical care delivery.<sup>1,5,11</sup>
- 7.3.2. Engages in collaborative processes to evaluate wound-related clinical practice and quality indicators.<sup>5,11</sup>

7.3.3. Engages in collaborative processes through which new evidence is critiqued and introduced into clinical practice.<sup>1, 5, 12</sup>

**7.4. Contributes to the wound-related professional development of the multidisciplinary team.**

7.4.1. Contributes to the education and learning opportunities of the multidisciplinary team.<sup>3-5, 7, 13</sup>

7.4.2. Demonstrates effective supervision, teaching, and performance appraisal, as applicable.<sup>1, 2, 5, 14-17</sup>

7.4.3. Demonstrates effective role modelling and mentoring.<sup>1, 4, 5, 14, 15, 17</sup>

**7.5. Educates the individual and their family carer regarding the prevention and treatment of wounds.**

Evidence Criteria

7.5.1. Assesses and documents the wound-related learning needs of the individual and their family carer.<sup>18, 19</sup>

7.5.2. Provides relevant and appropriate wound-related education, skills development and learning opportunities to individuals and their family carer.<sup>1, 3, 5, 7, 13, 18-26</sup>

7.5.3. Provides individuals and their family carer advice on accessing evidence-based wound-related information and support.<sup>20</sup>

**Criteria for wound service providers**

To meet the criteria for the *Knowledge, Education and Research Standard*, the wound service provider:

**7.6. Identifies wound-related learning needs of the multidisciplinary team.**

Evidence Criteria

7.6.1. Records and regularly reviews the knowledge and skills set of the multidisciplinary team.<sup>27</sup>

7.6.2. Facilitates a professional development review process that incorporates wound-related learning needs.<sup>27</sup>

**7.7. Promotes wound-related education for the multidisciplinary team, individuals and family carers.**

Evidence Criteria

7.7.1. Facilitates access to wound-related education.<sup>9, 23, 28-33</sup>

7.7.2. Provides opportunity for the multidisciplinary team to share their knowledge and skills.<sup>20</sup>

7.7.3. Promotes the education of individuals and their family carers on wound prevention and treatment.<sup>9, 20-22, 30, 34-36</sup>

#### **7.8. Facilitates the multidisciplinary team to translate evidence into practice.**

##### Evidence Criteria

7.8.1. Facilitates access to contemporary wound-related research and best practice guidance.<sup>12, 27, 30</sup>

7.8.2. Implements a wound-related quality improvement program that strives to reflect best practice in wound care.<sup>11, 20, 30, 31</sup>

7.8.3. Facilitates collaborative processes through which the multidisciplinary team critique and implement new evidence to practice.<sup>11, 12, 30, 31</sup>

7.8.4. Facilitates wound-related research.

#### **7.9. Strives to achieve wound-related service level quality indicators.**

7.9.1. Identifies appropriate service level wound-related quality indicators (e.g., reduction in wound prevalence).<sup>20, 30</sup>

7.9.2. Implements a wound-related quality improvement program that strives to reflect best practice in wound care.<sup>20, 30, 31</sup>

7.9.3. Monitors and regularly evaluates wound-related quality indicators within the wound service.<sup>30, 37-39</sup>

### **Related resources**

Australian Commission on Safety and Quality in Health Care. (2017). The National Safety and Quality Health Service (NSQHS) Standards: Comprehensive Care Standard. ACSQHC. <a href="https://www.safetyandquality.gov.au/standards/nsqhs-standards">https://www.safetyandquality.gov.au/standards/nsqhs-standards</a>	S
European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, and Pan Pacific Pressure Injury Alliance. (2019). Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline, ed. E. Haesler.: EPUAP/NPIAP/PPPIA.	EBG
Holloway, S., et al. Wound Curriculum for Nurses: Post-registration qualification wound management-European qualification framework level 7. J Wound Care, 2020. 29(Supplement 7a): p. S1-S39.	R
Team, V., et al., Patient education materials on pressure injury prevention in hospitals and health services in Victoria, Australia: Availability and content analysis. Int Wound J, 2020. 17(2): p. 370-379.	R
Nursing and Midwifery Board of Australia. (2021). Nurse Practitioner Standards for Practice. Nursing and Midwifery Board of Australia: Melbourne.	S
Nursing and Midwifery Board of Australia. (2016). Registered Nurses Standards for	S

Practice. Nursing and Midwifery Board of Australia: Melbourne.	
World Union of Wound Healing Societies. (2020). Evidence in Wound Care. Wounds International: London.	P
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## Background and Context

### Education for the multidisciplinary team

It is essential that the multidisciplinary team have the skills they need to undertake evidence-based care required to optimise outcomes for the individual. Many individuals who sustain wounds have complex health care issues that influence their risk of wounds and ability to heal. These individuals require wound care practitioners with advanced skills to intervene appropriately to optimise healing.<sup>40, 41</sup> It is a professional responsibility to ensure that one's clinical skill set is contemporary, evidence-based and competent.

Specialised wound care practitioners not only perform advanced wound assessment and management, but also have a significant role in mentoring, role modelling and providing education to other members of the multidisciplinary team.<sup>14, 40, 42</sup> International research demonstrates that wound service providers that engage specialist trained tissue viability/wound/ostomy and continence nurses have lower rates of adverse skin events and improved healing outcomes for individuals with wounds.<sup>30, 42, 43</sup>

### Optimising knowledge for individuals and family carers

Low health literacy has been associated with an increased risk of developing a wound in individuals at risk.<sup>44</sup> Without knowledge of factors associated with the prevention, development and management of a wound, the individual is limited in their ability to actively engage in wound care. Understanding the knowledge needs of the individual and their family carers provides the multidisciplinary team with a foundation for planning and delivering education. Learning needs extend beyond practical wound care skills and include knowledge regarding the influence of comorbidities and lifestyle on wound prevention and healing.

Individuals and their family carers should have access to contemporary wound care knowledge. This may be in the form of one-to-one or group formats,<sup>45-47</sup> and may be delivered using a range of strategies (face-face, web-based, pre-recorded, live, interactive, etc).<sup>48, 49</sup> However, evidence indicates that written education material reinforces verbal education and enhances ongoing learning. In developing written resources, consideration should be given to the format (e.g. hard copy, digital web-site, mobile app, etc.), language and reading level of the intended audience, contribution to development from health providers and consumers, inclusion of visual tools and referral information.<sup>35, 50</sup> Australian studies have shown that accessible consumer education on health and wound topics generally fails to deliver content at an appropriate reading level with helpful information and appropriate contributors and endorsements.<sup>35, 50, 51</sup>

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