

# LOOKING FOR THE WHOLE - NOT JUST THE HOLE

## Wound Care Education in Northwest Territories, Canada

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### Introduction

Nurses working in Northwest Territories (NWT) are expected to provide wound care in diverse settings such as acute care, home and community care, clinics, long-term care, and some small health centres in isolated communities without resident physicians. An inspired opportunity arose to provide foundational wound care education for Registered Nurses and Licensed Practical Nurses across NWT. This was accomplished through delivery of the Wound Ostomy Continence Institute's (WOCI) comprehensive two-day classroom course *Skin Health: Foundations in Wound Management*. The course was brokered by Northwest Territories Health and Social Services Authority (NTHSSA), led by NWT's two Nurses Specialized in Wound Ostomy Continence (NSWOCs).

### Purpose

The *Skin Health: Foundations in Wound Management* course provided a means of delivering formal, recognized foundational education in skin health and wound management in various nursing situations across NWT.

### Methods

With permission, we modified the course provided by the WOCI to be more relevant and appealing to NWT nurses. Posters were created to advertise the course in health workplaces across NWT and sent to managers, clinical coordinators and nurse educators. Regional course locations were chosen because they had the necessary teaching facilities and technological infrastructure. After much coordination and logistical preparation - including booking travel, hotels, and course catering - we were ready to present.

In all, ten *Skin Health: Foundations in Wound Management* courses were presented during the fall of 2019, in seven distinct communities, each with unique strengths and challenges. 82 nurses attended the full two-days, each with their own experiences, knowledge and skills.

To be effective instructors we had to remember that adult learners needed to be motivated to learn about foundational wound management, in ways that would increase understanding, synthesis and future critical thinking (Taylor & Hamady, 2013).

Without the motivation of the nurse participants, successful instruction would not occur and ultimately evidence of behaviors or practice changes would not occur either (Clapper, 2010). With this in mind, we used the course case studies and personal anecdotes about our experiences in practice. We focused on the care and management of the client as a whole and the underlying factors which may have led to or complicated their wound trajectory, not just treatment of the hole in the wound. We also discussed dealing with complex or difficult wounds, particularly types seen in NWT, such as severe frostbite. As NSWOCs and instructors of this course we felt a responsibility to present our specialized wound knowledge in a manner that would engage the participants with our experiences and also encourage nonjudgmental discussions about best care options while providing rationale for decisions. Murphy (2018), supports doing so in the role of the NSWOC consultant, to set an example which guides future practice of other health professionals. The participating nurses also shared their experiences within their practice, which generated great group discussions and added to the participants' understanding.

We created and administered informal pre- and post-tests, using the same true or false questions for both. Questions were reflective of the learning objectives, such as "Understand basic wound care techniques", "Understand the principles of dressing selection and moist wound healing", and "Ability to translate knowledge from the workshop to the bedside".

Yellow shapes highlight the communities visited. Because most NWT communities are not accessible by road, nurses were flown in from surrounding settlements to attend courses held at regional centres. NWT has a diverse, expansive geography, covering an area more than a million square kilometres. Approximately 45,000 residents, predominantly First Nations, Inuit, and Métis peoples. Travel between communities is primarily by bush plane, ice road, or boat. NWT has few roads; only a dozen communities are accessible by road year round.



**Yellowknife** is NWT's multicultural capital city, on the north shore of Great Slave Lake, population approximately 20,600. Home of the territorial hospital, nurses encounter a much greater volume of complex and chronic wounds compared to smaller communities.

**Fort Smith** is a Métis and indigenous community on the banks of the Slave River, population of approximately 2,700. We flew to Fort Smith on a scheduled flight in a small airplane.

**Behchokò** is a Tłı̄chǫ community of about 2,000 predominantly indigenous people on Great Slave Lake. We drove to Behchokò, a 90-minute drive from Yellowknife. Course held in the elementary school's in-service room, thus each day started with the national anthem and a prayer in the Tłı̄chǫ language over the school's public address system.

**Hay River** is a regional hub on the south shore of Great Slave Lake, population of approximately 3,800 people. We flew to Hay River on a scheduled flight in an ATR 500, a small airplane.

**Fort Simpson** is a long-established community of approximately 1,300 people at the forks of the Liard and Mackenzie Rivers. These large rivers were freezing up at the time so a few nurses came from their smaller communities of Fort Providence and Fort Liard by helicopter. We flew in a Caravan, a small 8 passenger airplane from Yellowknife to Fort Simpson on a scheduled flight. Experiences included a public weigh-in, and hastily stowing all carry-on items in checked baggage.

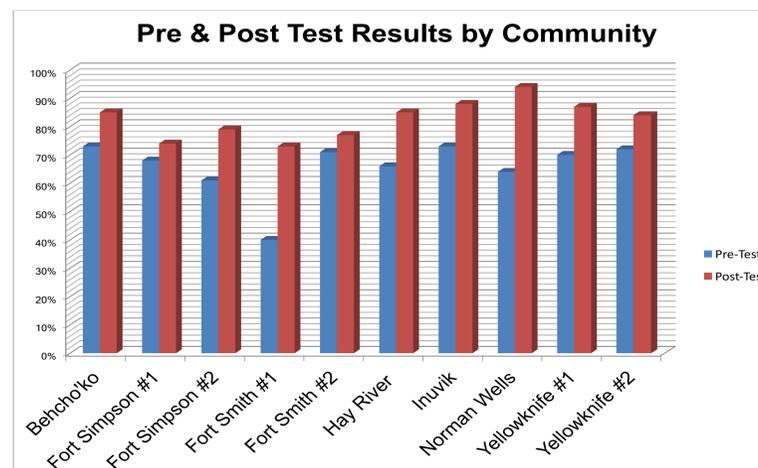


Flying to educational adventures in Caravan

**Norman Wells** is a small community of approximately 800 people on the banks of the mighty Mackenzie River. We flew to Norman Wells on a 737 jet configured as 1/2 freight and 1/2 passengers. The course was held in the chapel of the day program room in the new health centre.

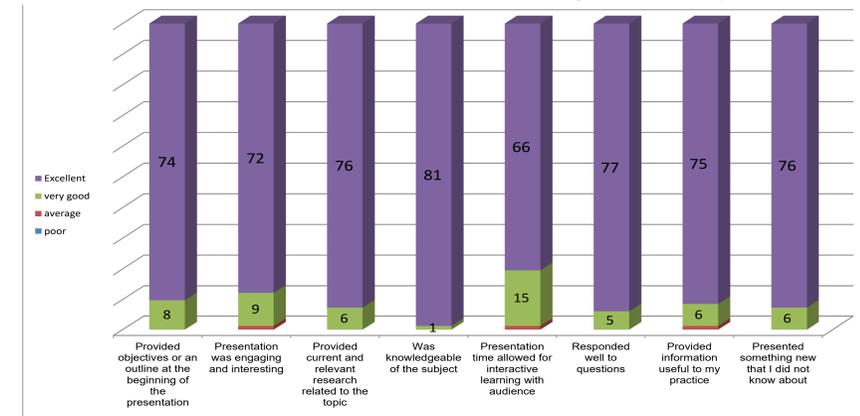
**Inuvik** is a large regional hub in the delta of the Mackenzie River at the Arctic Ocean, population of approximately 3,500. Inuvik was the most northerly location for the course. Due to quickly approaching winter solstice the sun rose above the horizon for only a few hours each day.

### Results



Participants completed tests at the beginning and end of the course. Tests provided a measure of each group's initial wound care knowledge and their increased understanding from the course. We did not give answers for pre-tests

### Evaluations of Course & Instructors by 82 Participants



### Discussion

Evaluations were prepared by WOCI regarding the course content, met objectives, and instructors' competence. Evaluations completed by the 82 participants summarized as, "Excellent" and "Very good" from all participants in majority of all eight statements. See chart above. Participants' written comments included: "Interesting course, relevant to practice", "learned more than in other courses", "focused on best practice". Instructors were described as: "very knowledgeable", "engaged", "experts", "passionate about topic", "aware of community dynamics and available resources".

Many expressed appreciation for the opportunity to attain comprehensive foundational wound education within their communities. They reported increased knowledge and confidence to provide competent wound care in their diverse workplaces. Comparing pre- and post-test results, we found every group demonstrated increased knowledge of skin health and wound care, for example, in the post-test:

- 99% recognized "A warm Epsom salts soak, antibiotic ointment and a Band-Aid is a good treatment for a small cut on the toe of a person with diabetes" as False
- Large percentage recognized: "Skin tears should not be covered with steristrips" as True
- One group, who answered average of 2 of 12 questions correctly in the pre-test, scored 8 out of 12 on the post-test

We identified one question with a possibly ambiguous answer, especially to those for whom English is a second language, as 3 groups had a lower percentage of correct responses in the post-test than the pre-test. We will revise this question.

We demonstrated wound products and dressing types - an event the participants dubbed 'dessert', because of how much they enjoyed it. The nurses voiced that this hands-on opportunity greatly added to their understanding and would improve decision-making when choosing the appropriate dressing type for specific wounds.

Certificates of attendance in the *Skin Health: Foundations in Wound Management* course were sent from WOCI to each nurse in exchange for two-day course participation.

### Conclusion

We received many positive comments and requests to bring more wound management education to the regions of NWT. Particularly, they expressed interest in continued delivery of this course. This feedback was reported to our managers and we are pleased to announce that a multi-year agreement has been signed between WOCI and NTHSSA. For the next few years, NWT NSWOCs will continue to deliver the *Skin Health: Foundations in Wound Management* course in Northwest Territories.

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Participants of our first course, Yellowknife NWT



NWT's two NSWOC nurses, Shawna (left) and Anna



The confluence of the Liard and Mackenzie Rivers