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CANADA

# Canadian Journal of Wound, Ostomy and Continence

## Journal canadien en plaies, stomies et continence

MARCH 2025 | MARS 2025

VOLUME 1

ISSUE | N° 1

### Featured Articles

SCI-IEQCC Network and SCI-Ontario: Working Together to Develop and Implement a Skin Check Video Resource for Pressure Injury Prevention in Spinal Cord Injury

The Canadian Wound Care Education Framework

### Articles en Vedettes

Collaboration pour élaborer et mettre en œuvre un document vidéo de contrôle cutané pour la prévention des escarres en cas de lésion médullaire.

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1. Hollister Clinical Study, CLR-00847, 2021 2. Hollister Clinical Study, CLR-00847, 2021 3. Hollister Data on File, TR-00643, 2023 4. European Association of Urology Nurses (EAUN), Evidence-based Guidelines for Best Practice in Urological Health Care – Catheterisation, Urethral Intermittent in Adults Dilatation, urethral intermittent in adults (2013), pages 25, 33, 47 5. Hollister Data on File, CL-001027 6. Hollister Data on File, CL-001015 7. European Association of Urology Nurses (EAUN), Evidence-based Guidelines for Best Practice in Urological Health Care – Catheterisation, Urethral Intermittent in Adults Dilatation, urethral intermittent in adults (2013), pages 25, 33, 47 8. Hollister Data on file, CL-001017

## Canadian Journal of Wound, Ostomy and Continence

The official publication of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC®)

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### Overview / Aperçu

Canadian Journal of Wound, Ostomy and Continence, the official publication of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC®), is published three times annually. The journal is diamond open access with no publication fees. We accept professional news, research projects, clinical papers, case studies, reports, review articles, clinical questions, and letters to the editor. Feature Articles and Case Studies are peer-reviewed and should be submitted via [www.cjwoc.ca](http://www.cjwoc.ca).

Le Journal canadien en plaies, stomies et continence (JCPSC) est la publication officielle des Infirmières spécialisées en plaies, stomies et continence Canada (ISPSCC). Il est publié trois fois par année. Nous acceptons des contributions sous forme de nouvelles professionnelles, de revues de la littérature, projets de recherche, d'articles cliniques, d'études de cas, de rapports, de revues d'articles, de questions pour la section clinique et de lettres à l'éditeur. Les articles de fond et les études de cas sont évalués par des pairs et doivent être soumis sur [www.cjwoc.ca](http://www.cjwoc.ca).

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## Canadian Journal of Wound, Ostomy and Continence

### Journal canadien en plaies, stomies et continence

MARCH 2025 | MARS 2025

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## Message from the Editor-in-Chief • Message de la rédactrice en chef



**Lina Martins, MScN, BScN, RN,  
NSWOC, WOCC(C)**  
Editor-in-Chief, Canadian Journal  
of Wound, Ostomy and Contience

### Introducing the Canadian Journal of Wound, Ostomy and Contience (CJWOC)

We are thrilled to announce the launch of our newly branded journal, the Canadian Journal of Wound, Ostomy and Contience (CJWOC). Starting with its Spring 2025 Issue, the CJWOC will serve as the official publication of Nurses Specialized in Wound, Ostomy, and Contience Canada (NSWOCC).

This exciting transformation marks a significant milestone in our ongoing commitment to excellence, replacing the NSWOC Advance with a more scientific and academically focused journal. The peer-reviewed CJWOC aims to maintain the highest standards of our wound, ostomy, and continence specialty in Canada, providing a platform for cutting-edge research, critical insights, and innovative practices. The Canadian Pressure Injury Advisory Panel (CPIAP) and the International Skin Tear Advisory Panel (ISTAP) are official interest groups of this new publication.

The journal is published three times per year—in Spring, Fall, and Winter—and is available in both digital and print formats. It is an open-access, peer-reviewed journal with no article processing fees for authors.

We are enthusiastic about this new direction and are dedicated to ensuring that the CJWOC becomes a cornerstone in the field. We invite you to join us in celebrating this evolution and look forward to your contributions to our journal.

Together, we will continue to advance the knowledge and practice of wound, ostomy, and continence care in Canada, reflecting the dedication and expertise of our specialized nurses.

Stay tuned for more updates and prepare to explore the wealth of information and research that the CJWOC will bring to our community. •



**Louise Forest-Lalande, RN,  
M.Ed, NSWOC**  
Éditrice du volet francophone,  
Canadian Journal of Wound,  
Ostomy and Contience

### Présentation du Journal canadien en plaies, stomies et continence

Nous sommes ravies d'annoncer le lancement de notre nouvelle revue, le Journal canadien en plaies, stomies et continence (JCPSC). À compter de son numéro du printemps 2025, le JCPSC sera la publication officielle des infirmières spécialisées en plaies, stomies et continence Canada (ISPSCC).

Cette transformation passionnante marque une étape importante dans notre engagement continu envers l'excellence, en remplaçant L'Avancée de l'ISPSC par une revue plus scientifique et académique. Le JCPSC, révisée par les pairs, vise à maintenir les normes les plus élevées de notre spécialité en soins de plaies, stomies et continence au Canada, en offrant une plateforme pour la recherche de pointe, des informations essentielles et des pratiques innovantes. Le Comité consultatif canadien sur les lésions de pression (CPIAP) et le Comité consultatif international sur les déchirures cutanées (ISTAP) sont les groupes d'intérêt officiels de cette nouvelle publication.

La revue est publiée trois fois par année, au printemps, à l'automne et à l'hiver, et est disponible en format numérique et imprimé. Il s'agit d'une revue en libre accès, évaluée par des pairs, sans frais pour les auteurs.

Nous sommes enthousiastes à l'égard de cette nouvelle orientation et nous sommes déterminées à faire en sorte que le JCPSC devienne une pierre angulaire dans le domaine. Nous vous invitons à vous joindre à nous pour célébrer cette évolution et attendons avec impatience vos contributions à notre revue.

Ensemble, nous continuerons de faire progresser les connaissances et la pratique des infirmières spécialisées en plaies, stomies et continence. Restez à l'affût pour plus de mises à jour et préparez-vous à explorer la richesse d'informations et de recherches que le JCPSC apportera à notre communauté. •

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## Message from the NSWOCC President • Message du président de l'ISPSCC



**Corey Heerschap,**  
**MScCH(WPC), BScN, RN,**  
**NSWOC, WOCC(C), IIWCC**  
 President, Nurses Specialized in  
 Wound, Ostomy and Continence  
 Canada (NSWOCC)

Président de l'association des  
 Infirmières spécialisées en plaies,  
 stomies et continence Canada (ISPSCC)

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Dear Colleagues,

I am pleased to welcome you to the inaugural issue of the Canadian Journal of Wound, Ostomy and Continence (CJWOC). CJWOC is an open-access, peer-reviewed journal with no article processing fees for authors, offering a platform for Canadian clinicians to share innovative practices in wound, ostomy, and continence. I encourage you to explore this publication and consider how the innovative and creative ways in which you practice could make for an informative and educational article.

While our association continues to expand on our academic offerings through our new publication, we are also preparing for our upcoming annual national conference in Montreal where you can network and benefit from excellent educational topics.

We will continue with many important projects occurring throughout Canada including multiple best practice documents. Our educational offerings continue to expand through the recently announced partnership to provide the Indigenous ECHO Canada Skin and Wound program. The Ontario Ministry of Long-Term Care also recently announced their investment in funding the education of 90 new Skin Wellness Associate Nurses (SWANs) within the Long-Term Care setting. This expansion of access to wound, ostomy and continence education is set to have a significant impact on the care of patients in these frequently underrepresented settings.

As we move into 2025, we continue to prioritize the recognition and contributions of our members, and I am proud to announce our upcoming Fellowship program, recognizing those who have made significant contributions to our specialty. Further details will be shared in the coming months.

I look forward to an eventful 2025 as we continue to grow and improve upon care for patients with wound, ostomy, and continence needs and advocate for those who care for them. •

Chers collègues,

C'est avec plaisir que je vous souhaite la bienvenue dans ce tout premier numéro du Journal canadien sur en plaies, stomies et continence (JCPSC).

Le JCPSC est une revue en libre accès et évaluée par des pairs, qui ne comporte aucun frais pour les auteurs. Il offre une plateforme permettant aux cliniciens canadiens de partager des pratiques novatrices en soins des plaies, de stomie et de continence. Je vous invite à explorer cette publication et à réfléchir à la manière dont vos approches innovantes et créatives en pratique clinique pourraient faire l'objet d'un article informatif et éducatif.

Alors que notre association continue d'élargir son offre académique grâce à cette nouvelle publication nous préparons également notre conférence nationale annuelle qui se tiendra à Montréal. Cet événement sera une occasion unique de réseauter et d'accéder à du contenu éducatif de grande qualité.

Par ailleurs, plusieurs projets majeurs se poursuivent à travers le Canada, notamment l'élaboration de multiples documents de pratiques exemplaires. Nos programmes éducatifs continuent de s'enrichir, notamment avec le récent partenariat visant à offrir le programme autochtone ECHO Canada sur la peau et les plaies. De plus, le ministère des soins de longue durée de l'Ontario a récemment annoncé un investissement pour financer la formation de 90 nouvelles infirmières associées en bien-être de la peau (SWANs) dans les établissements de soins de longue durée. Cette initiative aura un impact significatif sur la qualité des soins offerts aux patients dans ce milieu souvent sous-représenté.

En 2025, nous continuerons de valoriser et reconnaître les contributions de nos membres. C'est avec fierté que j'annonce le lancement prochain de notre programme de reconnaissance, qui mettra en lumière ceux et celles ayant apporté des contributions remarquables à notre spécialité. Plus de détails suivront dans les mois à venir.

Je prévois une année 2025 dynamique, marquée par la croissance de notre profession, l'amélioration des soins aux patients et la défense des intérêts de ceux et celles qui les prodiguent. •



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## Message from the Chief Executive Officer • Message de la Directrice générale



**Catherine Harley,**  
**eMBA, RN, IIWCC**  
 Chief Executive Officer,  
 Nurses Specialized in Wound,  
 Ostomy and Continence Canada  
 (NSWOCC)

Directrice générale de l'association  
 des infirmières spécialisées en plaies,  
 stomies et continence Canada  
 (ISPSCC)

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### Innovation is Our Commitment

The mission statement of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) is "Leading excellence is our passion, enhancing lives is our inspiration, Innovation is our commitment."

Innovation is our commitment. The commitment to excellence, enhancing lives and innovation is demonstrated through the launch of this new Canadian Journal of Wound, Ostomy and Continence (CJWOC). We strive to provide a journal with peer reviewed articles exemplifying best practices from Canadian experts in the field of wound, ostomy and continence in order to advance the profession, develop leadership skills and improve patient outcomes. Thank you to our Editor-in-Chief Lina Martins MScN, BScN, RN, NSWOC, WOCC(C) for her vision and to our staff for making this happen.

Bringing value to our NSWOCC members is important to us and we will be providing this new CJWOC to them as a value-added benefit. We encourage you to continue to be a part of our association and welcome your ideas, insight and feedback in order to make your membership experience the best it can possibly be.

Equity, diversity, inclusion, and accessibility are core beliefs of NSWOCC and you will see that reflected in our upcoming NSWOCC national "IDEAS" conference in Montreal May 21-25, 2025.

I would like to take the opportunity to thank the many volunteers who have contributed to best practice recommendations, decisions aids and other projects and who continue to advance the profession.

I wish all of you a successful 2025. Please contact me at [office@nswoc.ca](mailto:office@nswoc.ca) if you would like to speak or share feedback and ideas. •

### L'innovation est notre engagement

La mission des infirmières spécialisées en plaies, stomie et continence du Canada (ISPSCC) est la suivante : « Promouvoir l'excellence est notre passion, l'amélioration de la vie est notre inspiration, l'innovation est notre engagement. »

Notre engagement envers l'excellence, l'amélioration de qualité de vie et l'innovation se concrétise avec le lancement du Journal canadien en plaies, stomies et continence (JCPSC). Nous avons à cœur d'offrir une revue comprenant des articles évalués par des pairs, mettant en lumière les meilleures pratiques présentées par des experts canadiens en soins de plaies, stomies et continence. L'objectif est de faire progresser notre profession, de développer le leadership et d'améliorer les résultats pour les patients.

Je tiens à remercier notre rédactrice en chef, Lina Martins, MScN, B. Sc. Inf., NSWOC, PSCC(C), pour sa vision, ainsi que toute notre équipe pour avoir rendu cette initiative possible.

Apporter de la valeur aux membres de l'ISPSCC est une priorité pour nous. C'est pourquoi le JCPSC leur sera offert en tant qu'avantage exclusif. Nous vous encourageons à continuer à faire partie de notre association et à nous faire part de vos idées, réflexions et commentaires afin d'optimiser votre expérience en tant que membre.

L'équité, la diversité, l'inclusion et l'accessibilité sont des valeurs fondamentales pour l'ISPSCC. Vous les retrouverez au cœur de notre conférence nationale « IDEAS », qui se tiendra à Montréal du 21 au 25 mai 2025.

Je souhaite également remercier chaleureusement les nombreux bénévoles qui contribuent à l'élaboration de guides de pratiques exemplaires, d'outils décisionnels et d'autres projets visant à faire progresser notre profession.

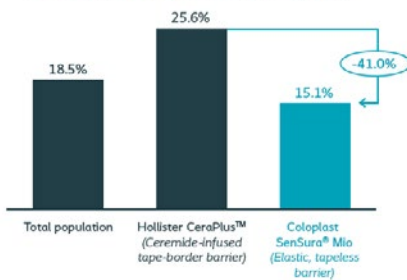
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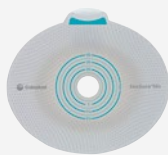
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## SCI-IEQCC Network and SCI-Ontario: Working Together to Develop and Implement a Skin Check Video Resource for Pressure Injury Prevention in Spinal Cord Injury

### Abstract

Individuals with Spinal Cord Injury/Disease (SCI/D) face a high risk of developing pressure injuries (PI), which can significantly impact their health, well-being and the economic burden on the health care system. To help mitigate these risks, the Spinal Cord Injury Implementation and Evaluation Quality Care Consortium (SCI-IEQCC) identified gaps during the implementation of indicators in the tissue integrity domain, specifically in the area of patient education regarding daily skin checks.

A collaborative effort involving SCI-IEQCC, Spinal Cord Injury Ontario (SCIO), and individuals with lived experiences was undertaken to develop a skin check video resource. The process involved engaging a multidisciplinary team and other relevant stakeholders, creating storyboards, filming, and developing iterative feedback loops. Challenges included balancing clinician and user needs. Despite these challenges, an instructional video was successfully developed and integrated into SCI rehabilitation settings across Ontario.

The video demonstrates independent skin check and assisted skin check techniques and has been well-received, with 4,400 views to date. Implementation strategies varied across sites, reflecting local contexts and needs. Key findings include the importance of clear communication, stakeholder engagement, and iterative refinement. Future efforts will focus on sustaining and disseminating the video, including translating it into French and further integrating it into staff education.

**Key Words:** Pressure injury, resources, skin

## Réseau SCI-IEQCC et SCI-Ontario : collaboration pour élaborer et mettre en œuvre un document vidéo d'évaluation de la peau pour la prévention des lésions de pression en cas de lésion médullaire

### Résumé

Les personnes atteintes d'une lésion ou d'une maladie de la moelle épinière (LME) sont exposées à un risque élevé de développer des lésions de pression, ce qui peut avoir des répercussions importantes sur leur santé, leur bien-être et entraîner un fardeau économique considérable pour le système de santé. Afin de réduire ces risques, le Spinal Cord Injury Implementation and Evaluation Quality Care Consortium (SCI-IEQCC) a relevé certaines lacunes lors de la mise en œuvre des indicateurs dans le domaine de l'intégrité de la peau, notamment en ce qui concerne l'enseignement aux personnes soignées au sujet de l'examen quotidien.

Une collaboration réunissant le SCI-IEQCC, l'organisme Spinal Cord Injury Ontario (SCIO) et des personnes ayant vécu cette réalité a été entreprise pour concevoir une vidéo d'enseignement sur l'évaluation de la peau. Le processus a impliqué la mobilisation d'une équipe multidisciplinaire et d'autres parties prenantes concernées, la création de scénarimages, le tournage ainsi que l'élaboration de boucles de rétroaction itératives. Les principaux défis rencontrés ont été la conciliation des besoins du personnel clinique et des personnes utilisatrices. Malgré ces défis, une vidéo d'enseignement a été réalisée avec succès et a été intégrée dans les milieux de réadaptation spécialisés en LME à travers l'Ontario.

La vidéo présente des techniques d'évaluation de la peau réalisées de manière autonome ou avec assistance. La vidéo a été bien accueillie, comptabilisant à ce jour 4 400 visionnements. Les stratégies de mise en œuvre variaient d'un site à l'autre, selon le contexte et les besoins locaux. Les principales conclusions soulignent l'importance d'une communication claire, de l'engagement des parties prenantes et d'une amélioration itérative. Les prochaines étapes viseront à assurer la pérennité et la diffusion de la vidéo, notamment sa traduction en français et son intégration à la formation du personnel.

**Mots-clés :** lésion de pression, ressources, peau

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Ministry of Health Grant MOH 719-B, Cortree, an online education and training platform developed by Spinal Cord Injury Ontario (SCIO).

#### **Conflicts of Interest:**

All authors have identified no conflict of interest.

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## **Introduction**

Individuals with Spinal Cord Injury/Disease (SCI/D) are at increased risk of developing a pressure injury (PI), with a lifetime prevalence of 85–95%.<sup>1,2</sup> While PIs can occur at any time following SCI, 20–33% of individuals with SCI will develop a PI before being admitted to inpatient rehabilitation.<sup>3,4,5</sup> During inpatient SCI rehabilitation, PI incidence ranges from 10–48%.<sup>3,6,7</sup> This significant yet usually preventable secondary complication can negatively impact the individual's health and well-being. A non-healing PI can have life-altering consequences resulting in reduced quality of life,<sup>8,9</sup> increased morbidity, and mortality. Premature death attributed to PIs occurs in 7–8% of those with SCI who develop a PI.<sup>10</sup> PIs also have a significant economic impact on

the health care system. In Ontario, the total average monthly cost per individual living in the community with SCI and a PI is CAN\$4,745, with the majority of this expense (62%)<sup>11</sup> going towards acute care admission. The Rick Hansen Spinal Cord Injury Registry (RHSCIR) reported that participants with traumatic SCI experiencing one or more PIs resulted in an increase of approximately CAN\$7,451 to each acute RHSCIR site's hospital admission cost.<sup>12</sup>

In 2016, the SCI-High Project identified and established aims, constructs, and a core set of indicators that represent optimal care in 11 SCI rehabilitative care domains.<sup>13</sup> Building off the work of the SCI-High Project<sup>13</sup> and the Knowledge Mobilization Network,<sup>14</sup> the Spinal Cord Injury Implementation and Evaluation Quality Care Consortium (SCI-IEQCC) was established. The SCI-IEQCC is a collaborative network focused on achieving optimal and equitable health care services for Canadians. Through the implementation of clinical best practices within SCI rehabilitation using priority indicators of SCI rehabilitation excellence, the overall goal is to facilitate the functional recovery, health, and well-being for individuals living with SCI.<sup>15</sup> The SCI-IEQCC consists of clinicians and leaders from 11 tertiary SCI/D rehabilitation centers across Canada in partnership with Spinal Cord Injury Ontario (SCIO), a not-for-profit SCI community service organization.<sup>16</sup> Champions of implementation within each of the tertiary rehabilitation care organizations, known as implementation and evaluation specialists (IESs), lead initiatives within their sites<sup>16</sup> and collaborate with their site's clinical experts. The aim of the tissue integrity domain is consistent implementation of PI prevention practices (Table 1<sup>17</sup>). The PI prevention practices were chosen for their applicability to all patients while having a maximum impact on reducing the overall incidence and severity of PIs among individuals with SCI throughout their lifetime.<sup>7</sup>

A key aspect of PI prevention is performing regular daily head-to-toe skin checks. The goal is to help patients with SCI learn how to either direct a carer to perform a skin check or complete one independently, possibly with a hand-held device, before being discharged from inpatient rehabilitation. Rehabilitation sites focused on patients' perceptions on completing skin checks and the teams' practices around facilitating this skill in their evaluations.

Evaluation results revealed that patients undervalued daily skin checks as an essential life-long strategy to maximize safety and well-being. This included a misperception that skin checks were a nursing task and that the patients' role in this care routine was passive. It also became apparent that gaps existed in the available education resources and that they were not equally accessible across the region. This realization led to an initiative to improve the quality and level of detail in the resources for independent and self-directed skin checks and to reduce regional disparities in accessing these resources.

**Table 1:**<sup>17</sup> Structure, Process, and Outcome Indicators for the Tissue Integrity Domain

INDICATORS
Proportion of patients with access to education/resources related to tissue integrity and pressure injury
Proportion of individuals with SCI/D with access to hand-held or portable mirror for skin check
Proportion of individuals with SCI/D who completed daily head-to-toe skin checks
Proportion of individuals with SCI/D diagnosed with a pressure injury
Proportion of individuals with SCI/D diagnosed with intact skin

## Methods

The objective of this initiative was to develop a comprehensive and easily available skin check video as an educational resource that supports clinicians and persons with SCI through collaboration between the multi-site SCI-IEQCC and SCIO.

A multidisciplinary team of clinicians across the SCI-IEQCC Network, SCIO Cortree, and persons with lived experiences partnered to address the educational gap surrounding daily skin checks. Cortree is SCIO's online education and training platform that provides materials and courses for people with disabilities, family members, health care professionals, and employers looking to increase disability awareness and knowledge ([www.scionario.org/cortree](http://www.scionario.org/cortree)).

All stakeholders contributed to the development of a skin check video resource. The key steps involved in creating the video resource included:

### Outline and Storyboard

- The central team collaborated to create a general content outline for the video and the discrete video segments. This became the table of contents, including documentation (i.e., step-by-step list/direction on what would be captured on video) of required elements of the skin check process.
- A member of the SCIO Cortree Team (Learning Architect) created a storyboard a script describing discrete elements of demonstration content and related video segments. The storyboard included a description of the required visuals and of key points in the demos and the corresponding narration.
- The storyboard was then shared with the team involved in creating the video to visualize the final product before progressing to filming.

- Following the initial review of the storyboard by the smaller group, the draft of the storyboard and script were widely distributed to collect feedback from team members across SCI-IEQCC sites. The SCIO Cortree Learning Architect/Video Developer then incorporated and transferred this feedback into a final storyboard format.
- Another round of storyboard review and revisions was completed before filming.
- Finally, the team identified people with lived experience and asked them to volunteer to be filmed.

### Video Development

- A member of the central team with clinical expertise in PI prevention was identified. This point of contact acted as the director during filming and helped ensure that what was being captured matched the vision of the project, was clinically valid, and was aligned with the final storyboards.
- The first draft of the edited and narrated video was then shown to all rehabilitation sites, at which point feedback was gathered and shared with the central team.
- Once the requested revisions, primarily in narration, were implemented, a final viewing was set up, and it received general endorsement from the team.
- SCIO Cortree put the final product together and disseminated it on their platform (CortreeTV) and to all rehabilitation sites in the network. The video is available at <https://cortree.scionario.org/lms-videos/pressure-injuries-and-skin-checks/>.

## Results

The outcome of this collaborative process was an open-source instructional video that demonstrates key considerations and techniques for completing skin checks in two typical scenarios: independently and with assistance. The total length of the skin check video is just under 6 minutes, indexed as follows:

- 0:00 Introduction
- 0:25 Common sites of pressure injury
- 1:30 Self check at home
- 2:11 Using mirror
- 2:41 Using selfie stick
- 2:58 With assistance in wheelchair
- 4:06 With assistance in bed

At the time of this writing, the video had 4,400 views, making

it among the most popular among Cortree's resources. The watch time is at 77 cumulative hours, higher than usual across the CortreeTV YouTube channel. However, we observed that the average view duration is just over a minute.

**Table 2: Site-Specific Implementation Plans**

SITE	IMPLEMENTATION PLAN
Hamilton Regional Rehabilitation Centre	<ul style="list-style-type: none"> <li>• All patients receive the SCIO Cortree <i>Preventing Pressure Injuries</i> booklet.</li> <li>• The video has been incorporated into patient and family group education classes on Skin Health.</li> <li>• The video was incorporated into staff education on completing and teaching skin checks.</li> <li>• The video has been incorporated into new staff onboarding education.</li> </ul>
Ottawa Hospital Rehabilitation Centre	<ul style="list-style-type: none"> <li>• All patients receive the SCIO Cortree <i>Preventing Pressure Injuries</i> booklet, a mirror, a TOH skin-infographic, and a skin check calendar on admission.</li> <li>• OT's review the material with all patients tailored to their condition.</li> <li>• The skin check video is viewed by all SCI patients as part of their mandatory skin education session with the OT.</li> <li>• A copy of the poster with the QR code for the video is displayed on the unit for patients and families to view.</li> </ul>
University Health Network Toronto Rehabilitation Institute	<ul style="list-style-type: none"> <li>• Staff distributed the QR code and the link to the video to all attendees (inpatients, families, clinicians) at a site-wide celebration.</li> <li>• Onboarding for new hires includes the video.</li> <li>• Nurses use the video as a teaching resource to support the acquisition of knowledge and skills needed to accurately perform/direct skin checks and document this process. This approach promotes patient engagement, safely transfers accountability for this self-management strategy to the patients, and allows for patient education to continue across shifts.</li> </ul>
St. Joseph's Health Care London Parkwood Institute	<ul style="list-style-type: none"> <li>• The QR code and the link to the video are available to all inpatients at their bedside and in their patient care resource binders.</li> <li>• The video has been integrated into mandatory patient skin education sessions for all patients to view.</li> <li>• All patients receive the Cortree <i>Preventing Pressure Injuries</i> booklet, a mirror when appropriate, and a skin check calendar on admission.</li> <li>• The video is included in nursing staff education.</li> </ul>

Another achievement of this initiative was a poster "*Working Together to Develop a Skin Check Video Resource for Pressure Injury Prevention in Spinal Cord Injury*," which was presented at the 10th National Spinal Cord Injury Conference, November 2023.

This video is now a resource for both clinicians and persons with lived experience and is utilized in a variety of clinical settings and patient populations beyond SCI. Another tangible result of this initiative was generating and using shared learnings and resources while also employing site-specific implementation solutions to meet different needs. This is one of the benefits of the SCI-IEQCC that has resonated across consortium activities in various domains and was a key factor in helping us achieve our ultimate goal of supporting best practice in tissue integrity (Table 2).

### Discussion

In 2023, we rolled out our skin check video across five rehabilitation sites in Ontario. Developed in a collaboration between SCI-IEQCC, SCI-O, and with people with lived experience, the video meets the educational needs of both clinicians and individuals with SCI by addressing gaps in patient educational resources and promoting universal equity and consistency in patient education on pressure injury prevention. Rather than working in silos and duplicating work completed elsewhere, we leveraged our partnerships, which resulted in a streamlined development of resources. Collaboration involving both clinical experts and people with lived experience allowed us to develop the product in a relatively short amount of time, 4 months (January–April 2023) with 3 team meetings. Working in close partnership also allowed us to promote the idea that all perspectives were equally important and needed to be considered.

Leveraging collaboration with a community partner (SCIO/Cortree) provided excellent opportunities for distributing our product. Combining the video with existing educational content, including Cortree's educational booklet *Prevention of Pressure Injuries After Spinal Cord Injury*, skin-infographics, calendars, bedside QR codes, and other resources,<sup>18</sup> allowed us to offer multimodal educational experiences on the prevention of pressure injuries.

The participating rehabilitation sites used different implementation procedures based on their unique needs and cultures. For example, some sites have group education sessions for viewing the video, while others rely on one-on-one learning opportunities. The benefit is that all patients in the five rehabilitation sites have access to the same best practices for preventing PI regardless of their geographical location. The variations in implementation allowed each site to optimize sustainability and feasibility by factoring in local "implementation drivers" (i.e. processes that exist locally that support effective innovations).<sup>14,19</sup>

Despite many benefits, we encountered some challenges. Upon reflection, these challenges serve as opportunities for improvement in any similar future initiatives.

Developing an educational resource that meets the needs of both clinicians and people with lived experience is a

delicate balancing act. The video needed to be relatable to individuals with spinal cord injury while also providing the desired educational content five provincial rehabilitation sites requested. Clinicians wanted a comprehensive resource that included a detailed set of instructions with explanations and safety reminders, which is usual practice within a controlled hospital environment. On the other hand, persons with lived experience wanted a tool that was brief, practical, and realistic, essentially representative of what would be feasible to use in the community. Agreeing on an acceptable middle ground was a collaborative process and emphasized the importance of engaging relevant stakeholders at every stage of development.

The short average view time (approximately 60 seconds) indicates viewers are “leaving” before the skin check demonstrations. We learned that presenting the demonstration first and moving the “clinical preamble” to follow would help improve future endeavours. Any contextual information or disclaimers could be included with the written video details instead of embedded into the video. Furthermore, separating each scenario (independent versus assisted skin checks) into its own video segment would enhance viewing ease and hold viewers’ interest.

Other important conclusions included maintaining clear, frequent, and consistent communication; outlining detailed instructions at the outset; and maintaining strong project coordination. A very high-level description of the project/product vision was initially communicated to the video developer (i.e. “develop a skin check video from the lived experience perspective”). This was insufficient as it failed to provide the desired learning outcomes, intended audience, and required elements of demonstration. Additionally, some content experts became involved late in the review process and offered input after the first video was completed. Both shortcomings resulted in the first video being deemed insufficient, and a reshoot was required. The team then recognized the importance of developing a detailed video outline accompanied by a storyboard and communicating clear timelines and deadlines for input and content. We also learned that using each part of the project and time-critical milestones as official touchpoints for all the relevant stakeholders and content experts supported an optimal outcome. Engaging with the larger group of stakeholders and content experts should take the form of a meeting rather than an email. Without concerted and clear milestone meetings, we risked ignoring important steps, such as focused document reviews, meeting approval phase deadlines, or providing for timely input.

## Conclusion

The development and implementation of the skin check video through the collaborative efforts of the SCI-IEQCC and SCIO represent an advancement in the education and

prevention of pressure injuries (PIs) for individuals with SCI. This initiative aimed to address the previously identified gaps in patient education, providing a standardized, universally accessible resource that enhances the consistency and quality of care across multiple rehabilitation sites in Ontario. The collaborative approach facilitated the pooling of resources and expertise from various stakeholders, including clinicians, individuals with lived experience, caregivers, and educational developers. This partnership ensured the creation of a practical, comprehensive, and user-friendly video that meets the needs of both health care providers and patients. The video’s success is reflected in its substantial viewership and integration into diverse clinical settings, demonstrating its value as an educational tool.

Key findings from this project highlighted the importance of detailed planning, clear communication, and iterative feedback in developing effective educational materials. The project underscored the necessity of balancing clinical thoroughness with practical usability to maintain patient engagement and achieve the desired educational outcomes. The short average view time suggests a need for future resources to be more concise and segmented to enhance viewer retention.



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Moving forward, the focus will be on sustaining the implementation of the video within rehabilitation environments, both locally and provincially, and expanding its reach. Furthermore, we plan to introduce the video, along with the other PI prevention educational resources, to acute care partners. This will help enable patients and their families to increase their active participation in reducing the risks of secondary complications that may occur in acute care. SCIO will continue promoting the video through marketing on social media channels and featuring

it in the virtual peer connections series. Plans for translating the video into French will further extend its accessibility, ensuring that the resource serves a broader population.

The positive outcomes from this initiative set a precedent for future collaborative projects aimed at improving patient education and care quality, demonstrating the impact that teamwork and shared expertise have on improving health care outcomes. ●

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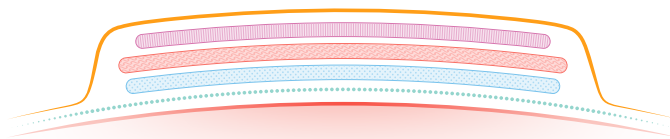
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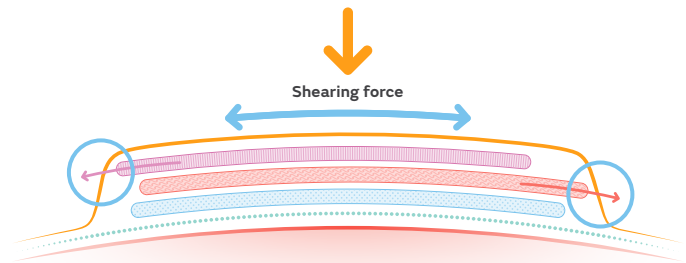
## Pressure injury prevention (PIP) mode of action

ALLEVYN LIFE Dressing absorbs mechanical energy through frictional sliding and internal shear of its **independent layers**, and thereby helps reduce sustained loading forces on the soft tissues.<sup>1</sup>


Dressing at rest



Dressing with shearing force applied



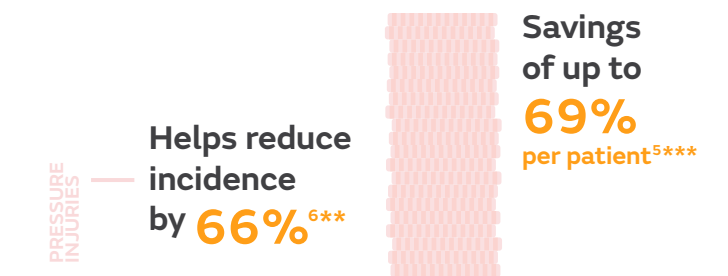
 ALLEVYN LIFE Dressing **absorbs 30-45%** of mechanical energy within the dressing<sup>1</sup>

 Absorption of mechanical energy likely **increases during wear time**<sup>1</sup>

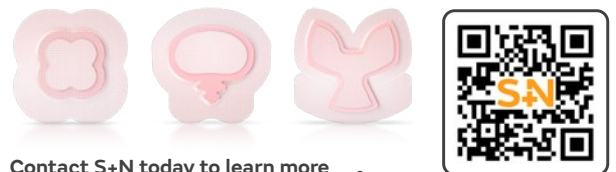
## Reducing pressure injury incidence and costs

ALLEVYN LIFE Dressing helps to reduce pressure injury incidence,<sup>2-4\*</sup> **helping lower the overall treatment-associated costs of pressure injuries**, when compared to standard preventative care alone.<sup>5</sup>

### Sacral pressure injuries Estimated treatment costs



Savings of up to **69%** per patient<sup>5\*\*\*</sup>



Contact S+N today to learn more about how ALLEVYN LIFE Dressing can contribute to your Pressure Injury Prevention program

\*When used as part of a comprehensive prevention program and when compared to standard care alone.

\*\*Meta-analysis of n=3 studies including n=1,150 patients. OR 0.34 (95% CI: 0.22-0.54); when used as part of a comprehensive prevention program and when compared to standard care alone.

\*\*\*Range of estimated cost savings (37-69%) n=359; compared with using standard preventative care alone.

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# Time to **simplify** infection management

See how a clear, concise decision-making pathway and effective solutions could help your team transform outcomes and change lives.<sup>1</sup>

Infection and biofilm strike can result in delayed healing, systemic infection and risk serious complications<sup>2-5</sup>. Discover a way to structure and simplify assessment and treatment decisions.

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**Shaping**   
what's possible  
in wound care

### Tailor your treatments for infection and biofilm

#### Act fast on infection

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#### Remove barriers to healing

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### Take the route to more effective infection management<sup>1</sup>



Download the infection management pathway here



\*As demonstrated in vitro.

1. Dowsett, C, et al. Wounds Int. 2020. 2. Guest, J, et al. CATALYST Health Economics Consultants Ltd; UK. 2017. 3. Schultz, G, et al. Wound Repair Regen. 25, 744–757 (2017). 4. Malone, M, et al. J. Wound Care 26, 20–25 (2017). 5. Guest, J, et al. Int. Wound J. 15, 43–52 (2018). 6. Wright JB, et al. Am J Infect Control. 1998;26(6):572–577. 7. Wright JB, et al. Am J Infect Control. 1999;27(4):344–350. 8. Cuttler L, et al. Burns. 2007;33(6):701–707. 9. Smith+Nephew 2020. Internal report. EO.AWM.PCS105.001.v2. 10. Smith+Nephew 2020. Internal report. EO.AWM.PCS105.002.v2. 11. Smith+Nephew 2020. Internal report. EO.AWM.PCS105.003.v2. 12. Smith+Nephew 2020. Internal report. EO.AWM.PCS105.004.v2. 13. Gago M, et al. Wounds. 2008;20(10):273–278. 14. Demling RH, et al. Burns. 2002;28(3):264–266. 15. Smith+Nephew 2008. Internal report. DOF 0810018. 16. Smith+Nephew 2008. Internal report. DOF 0810014. 17. Yin HQ, et al. J Burn Care Rehabil. 1999;20(3):195–200. 18. Wright JB, et al. Wounds. 1998;10(6):179–188. 19. Smith+Nephew 2008. Internal Report. DS/08/062/R1. 20. Westaim Biomedical 2000. Internal Report. 001213. 21. Westaim Biomedical 2001. Internal Report. 010322. 22. Hartill D, Styché T. Impact of the introduction of a nanocrystalline silver dressing for wound infection across a clinical commissioning group in the UK. Poster presented at Wounds UK Annual Conference 2020 Virtual. 9–11 November 2020; Harrogate, UK. 23. Smith + Nephew 2018. Internal Report. 1801001. 24. Smith & Nephew 2018. Internal Report. 1801002. 25. Fitzgerald DJ, et al. Wound Repair Regen. 2017;25(1):13–24. 26. Smith & Nephew 2008. Internal Report. 0804007. 27. Roche ED, et al. Int Wound J. 2019;1–10 [in press]. 28. Phillips PL, et al. Int Wound J. 2015;12(4):469–483. 29. Schultz G, et al. Microbicide Effects of Three Daily Treatments of a Carboxymethylcellulose Silver Dressing or a Cadexomer Iodine on Mature Bactericidal Biofilms Grown on Pig Skin Explants. 2016; Florence. 30. Schultz G, et al. Wound Repair Regen. 2017;25(5):744–757. 31. Lantis J.C. Cadexomer Iodine on a biofilm in diabetic foot ulcers: A Pilot study. Paper presented at: WUWHS; 2016; Florence. 32. Oates JL, et al. Effect of a Cadexomer Iodine Wound Dressing on a Chronic Wound Multi-Species Biofilm Model with Comparison to a Silver Hydrofiber Antibiofilm Dressing. Paper presented at: SWC; 2016; Las Vegas, USA. 33. Malone M, et al. J Antimicrob Chemother. 2017;72(7):2093–2101. 34. Forrest EC, et al. Cadexomer Iodine delivers rapid and sustained broad spectrum antimicrobial activity and substantial biofilm disruption and kill in a clinically relevant wound model. Paper presented at: EWMA; 2019; Gothenburg, Sweden. 35. Akiyama H, Oono T, et al. The Journal of Dermatology. 2004;31:529–534. 36. Woo K, et al. Int Wound J. 2021; [Epub ahead of print].

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# Canadian Consensus Statement: The management of venous leg ulcers

A panel of 19 Physicians, NSWOCs, Wound Specialists, and Therapists with experience in treating VLUs, using the Muscle Pump Activator device, and advanced wound treatments.

This panel agreed that the geko™ device (Muscle Pump Activator) should be added to the treatment plan when:

- A patient cannot tolerate compression
- A patient is not in optimal compression
- No progress is seen in a wound after 2-4 weeks
- A wound has not healed 30% in 30 days

- Dr Asem Saleh
- Dr John Hwang
- Rosemary Hill
- Josee Senechal
- Michele Langille

- Bev Smith
- Carly St Michel
- Paulo da Rosa
- Amanda Loney
- Michele Labbie

Leads:



Dr Michael C. Stacey



Dr Robyn Evans



Dr Gary Sibbald

*The geko™ device demonstrated greater than two-fold increase in wound healing rate<sup>1</sup> and a reported reduction of pain<sup>2</sup> in venous leg ulcers vs compression alone.*  
**Harding et al, 2023**



Professor Keith Harding

Read the VLU consensus here:  
<https://sites.google.com/view/VLUconsensus>  
or scan the QR code below



1. Bull R et al. Int Wound J. 2023; 1-9  
2. Jones N et al. Br J Nurs 2018; 27(20): S16-S21.

MDADWDCAN0761



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*Publication Date: March 2025*

# The Canadian Wound Care Education Framework

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## Abstract

### Purpose

This article aims to outline a conceptual framework for the development of wound care knowledge and illustrate how members of the interprofessional health care team can enhance their understanding and practice of wound management within the Canadian context.

### Methods

We used a qualitative descriptive research design with a qualitative content analysis approach for this study. A review of the literature regarding professional education frameworks combined with an exhaustive search of Canadian wound care education programs, guided the data collection of this study. To guide the development of the conceptual framework, we utilized a metaphor of a tree and identified educational pathways through both academic and experiential methods.

### Results

The Canadian Wound Care Education Framework is presented along with the Model of Canadian Wound Care Education. This framework will assist those looking to develop their understanding of wound management and the options available to do so within a Canadian context. This framework will also provide an overview of available educational opportunities, gaps in the current wound care educational options and an improved understanding of wound management knowledge creation.

### Conclusions

We have introduced a comprehensive conceptual framework for developing wound care knowledge and guiding learners through multiple educational pathway options in Canada. Utilizing a tree metaphor and exploring academic and experiential branches offer insight into available wound care education opportunities. Furthermore, the framework outlines gaps within the current wound care educational landscape in Canada and supports those looking to improve their understanding of wound management through a deeper understanding of knowledge creation and learning progression within a Canadian context.

**Keywords:** Wound healing, conceptual framework, interdisciplinary health team, health education, educational pathway

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# Le cadre canadien de formation en soins de plaies

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## Résumé

### Objectif

Cet article vise à présenter un cadre conceptuel pour le développement des connaissances en soins de plaies et à illustrer comment les membres de l'équipe interprofessionnelle peuvent approfondir leur compréhension et leur pratique en

soins de plaies dans le contexte canadien.

### Méthodologie

Nous avons utilisé une méthodologie de recherche descriptive qualitative avec une analyse de contenu. Une revue de la littérature portant sur les cadres de formation professionnelle, combinée à une recherche exhaustive des programmes canadiens de formation en soins de plaies, a guidé la collecte des données. Pour orienter le développement du cadre conceptuel, nous avons utilisé la métaphore d'un arbre et nous avons repéré autant les trajectoires éducatives académiques qu'expérientielles.

### Résultats

Le Cadre canadien de formation en soins de plaies est présenté, accompagné du Modèle canadien de formation en soins de plaies. Ce cadre aidera les personnes souhaitant approfondir leur compréhension de la prise en charge des plaies et des options disponibles à cet égard dans le contexte canadien. Il offrira également un aperçu des possibilités de formation existantes, des lacunes dans l'offre de formation actuelle en soins de plaies, ainsi qu'une meilleure compréhension de la création de connaissances dans ce domaine.

### Conclusions

Nous avons présenté un cadre conceptuel complet pour le développement des connaissances en soins de plaies, qui oriente les personnes apprenantes à travers de multiples parcours éducatifs au Canada. L'utilisation de la métaphore de l'arbre et l'exploration des branches académiques et expérientielles permettent de mieux comprendre les possibilités de formation disponibles en soins de plaies. De plus, le cadre met en lumière les lacunes dans l'offre de formation actuelle en soins de plaies au Canada, et soutient les personnes souhaitant améliorer leur compréhension de la prise en charge des plaies par une meilleure compréhension de la création de connaissances et de la progression de l'apprentissage dans un contexte canadien.

**Mots-clés :** cicatrisation des plaies, cadre conceptuel, équipe interdisciplinaire en santé, éducation à la santé, parcours éducatif

**Conflicts of Interest:** CH is the current President of Nurses Specialized in Wound, Ostomy and Continence Canada and previous consultant for the Wound, Ostomy and Continence Institute. BB is a previous board member of Nurses Specialized in Wound, Ostomy and Continence Canada and program development consultant with the Wound, Ostomy and Continence Institute. No other authors have identified a conflict of interest.

**Availability of Data and Materials:** The authors confirm that the data supporting the findings of this study are available within the article.

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### Introduction

In 2003, David Keast noted that wound care education in Canada was in its infancy.<sup>1</sup> Over the past two decades, educational programs related to wound management have continued to evolve. An article discussing the availability of wound care education in Canada noted that the available educational options cover everything from novice to expert, from single courses and multi-day events to degree-granting programs.<sup>2</sup> As the educational landscape surrounding wound management continues to grow, it is important that those looking to begin their education or further their knowledge in the specialty are aware of the opportunities available.

Many health care students find it difficult to secure sufficient wound care learning opportunities or experience at the undergraduate level.<sup>3</sup> Campbell et al. highlighted the minimal coverage of wound care across Canadian health care disciplines, noting the inconsistent adoption of best practices guidelines related to wound management.<sup>4</sup> The issue has since emerged as a global concern, with studies conducted in England, Germany, South Africa, Ethiopia and Spain demonstrating gaps in the wound care knowledge of health care practitioners.<sup>5-9</sup> Two of these studies pointed to a lack of training in undergraduate nursing education programs, highlighting the need to better understand where health care providers can and should be obtaining their foundational wound care knowledge.<sup>6,8</sup>

High-level degree-granting programs focused on wound management are becoming more common worldwide. Canada has several graduate-level wound care education programs designed to equip learners with the expertise needed to practice within this specialty. This article will explore the Canadian context, highlighting both entry-level education and resources for advanced education in wound care. The benefit of advanced educational degrees focused on wound management is becoming recognized internationally. For instance, the School of Medicine at Cardiff University offers a master of science in wound healing and tissue repair, and the University of Nottingham offers PhD opportunities in skin integrity.<sup>10,11</sup>

To outline the various levels of complexity in wound care education in 2003, Keast presented the 6-step pyramid model of wound care education in Canada that Dr. Gary Sibbald had originally proposed.<sup>1</sup> This conceptual model focused on the various programs available at that time,

and the pyramid concluded with knowledge translation by the learner. However, many of the courses discussed in the development of this model are no longer available, and numerous new courses have emerged since its inception. Recent studies, such as a 2017 article by Harding, have outlined new wound care education programs for Canadians, though it remains unclear how these fit within the previously established conceptual model.<sup>2</sup> This raises the question of whether a new framework is needed to better encapsulate the evolving landscape of Canadian wound care education, knowledge and inquiry. Such a framework could provide deeper insights into not only how learners are acquiring their knowledge but also how new knowledge is being developed and integrated into the educational system. This new conceptual framework would focus on knowledge formation and dissemination rather than on knowledge translation. With this in mind, this article develops and analyzes a conceptual framework of current Canadian wound care programs, offering a comprehensive tool that outlines current wound care education in Canada.

## Methods

The Canadian Wound Care (CWC) Education Framework was developed using a descriptive qualitative design and qualitative content analysis, as discussed by Sandelowski, to explore the current landscape of Canadian wound care education programs.<sup>12</sup> The framework was developed through a review process, which included an explanation of wound care education programs, literature and educational frameworks from a variety of specialties of professions.

Framework development began with an exhaustive review of wound care education programs across Canada, considering program aspects, such as length of the program, program characteristics, designation or credential provided, the targeted audience and content disseminated, among other factors. Information used in the review was obtained by reviewing program websites. We did not use restrictive criteria to determine program relevancy. We conducted a literature review to determine what peer-reviewed and non-peer-reviewed journal articles on Canadian wound care education programs were available.

We also reviewed educational frameworks from other health care professions, such as nursing and allied health, and from other fields, such as education, to gather insight into framework development and structure. Focus was placed on the theoretical foundations and methodological structure of these frameworks.

The data collected through the review process was utilized to identify structures, patterns and processes related to wound care education in Canada. Given the availability of academic educational opportunities related to wound management within Canada, the framework was structured to acknowledge the different levels of academic wound care

knowledge, while recognizing opportunities for knowledge development and lifelong learning through experiential rather than traditional academic approaches. As educational programs develop and opportunities for knowledge obtainment grow, there will be further opportunities to develop and refine the CWC Education Framework.

The Canadian Association of Schools of Nursing (CASN) framework was used to define the terms *baccalaureate*, *master's* and *doctoral*.<sup>13</sup> A baccalaureate nursing program prepares generalist practitioners with a solid, broad knowledge base. This definition was used because there are minimal programs in Canada that offer specific wound care courses at the undergraduate level, with the exception of universities in Quebec. A master's degree aims for graduates to display advanced knowledge specific to the field of wound care, while a doctoral degree prepares students to create new knowledge in wound care.<sup>13</sup>

## Theoretical Underpinnings

The CWC Education Framework, though initially inspired by a stepwise approach like that utilized by Keast in the 2003 article, is grounded in a number of critical educational theories, providing a strong conceptual foundation for its structure and application.<sup>1</sup> Constructivist learning theory was one such theory considered during the development of the framework, which, as Bada explains, involves learners integrating new knowledge with existing experiences.<sup>14</sup> The initial recommendations for education begin with self-directed learning, and the stepwise approach in the framework demonstrates how each component prepares the learner to build on prior knowledge. This is particularly relevant when considering that learners may begin their educational journey along many points on the learning continuum, depending on their background and prior experience.

Kolb's Experiential Learning Theory is a well-known educational theory that plays a vital role in the CWC Education Framework. This theory involves the change of knowledge based on one's experience.<sup>15</sup> This idea heavily influenced the inclusion of the experiential pathway as knowledge acquisition through methods such as fellowships, mentorships and practical experience, acknowledging the learning that can occur in real-world settings.

The inquiry-based learning theory, which encourages learners to discover new relationships and address real-world issues by developing hypotheses and conducting experiments or making observations, also informs the framework.<sup>16</sup> This influence is evident in the framework's emphasis on inquiry and research, where, no matter the branching path chosen, the learner can contribute to the development of new wound care knowledge.

Through the use and integration of these theories, the framework provides a conceptual foundation for how

knowledge can be obtained and developed and will be relevant for educators within the wound care specialty. Moreover, these theories ensure that the framework is both systematic and evidence-based, allowing educators to use it as a tool to inform learners about wound care education and preparation for practice within the specialty.

## Results

The tree depicted in Figure 1 as the Canadian Wound Care Education model is utilized as a metaphor for the CWC Education Framework. The model illustrates how health care professionals may begin their journey of wound care education at different stages. Each stage of growth, beginning with the roots of the tree, prepares the learner for further development. Starting from the roots, which symbolize foundational knowledge, learners progress through various levels of development. As the health care provider develops their knowledge through academic or experiential tracks, the knowledge, represented by the leaves of the tree, grows and eventually falls to the ground to nourish the ground and sustain the ongoing cycle of wound care education development, both for the learner and the specialty. The following sections will explore each part of the tree metaphor, identifying pathways learners may follow to develop their wound care expertise. While the framework presents a sequential approach, it also acknowledges that health care professionals may start or continue their individual journey to wound care knowledge at any stage of the wound care education framework.

### Roots: Self-Directed Learning

Self-directed learning is a continuous process whereby the learner gathers foundational knowledge using multiple ways of knowing, including educational formats, such as conferences, presentations, journal articles, webinars, workshops, digital technologies and peer-to-peer knowledge sharing.

### Conferences

Both Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) and Wounds Canada host national conferences on wound care and related topics.<sup>17,18</sup> These conferences frequently offer multiple ways of learning, from workshops to oral presentations. Conferences also provide an opportunity for the learner to both learn and share the results of their own inquiry through mechanisms such as poster presentations.

### Presentations / Webinars

Presentations often take place at the aforementioned conferences.<sup>17,18</sup> In clinical settings, wound care presentations can also provide education, such as group or one-on-one virtual or in-person in-services.<sup>19</sup> Presentations may also come from industry in the form of education on new dressings, techniques or tools available to assist in clinical practice.

### Journal Articles

At present, Canada has two primary wound-related journals. The *NSWOC Advance*, now the *Canadian Journal of Wound, Ostomy and Continence*, is focused on wound, ostomy and continence and is the official journal of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC).<sup>20</sup> Wounds Canada also publishes *Wound Care Canada*, a journal dedicated solely to wound management.<sup>21</sup>

### Workshops

Many workshops occur during conferences provided by both NSWOCC and Wounds Canada. Wounds Canada also offers hands-on workshops led by wound care clinicians in local communities throughout the year.<sup>22</sup>

### Digital Technologies

Digital technologies promote self-directed wound care learning. Mobile health applications, for example, increase access to wound education, scientific updates and best practice guidelines as discussed by Gagnon et al.<sup>23</sup> Technologies such as virtual reality are also being used to provide wound care simulation training, allowing clinicians to gain knowledge from errors without compromising patient safety.<sup>24</sup> Utilization of artificial intelligence also shows promise with its ability to develop large language models that provide easier access to wound care knowledge and allow for real-time personalized feedback and insight to learners.<sup>25</sup>

### Peer-to-Peer Knowledge Sharing

Peer-to-peer knowledge sharing as it relates to wound management can occur at any level of wound care proficiency. In acute care clinical settings, for example, nurses have expressed interest in group in-servicing and one-on-one bedside wound education to develop foundational knowledge over other educational formats, such as posters, handouts and learning modules.<sup>19</sup> In the Keast 2003 article outlining the 6 levels of wound education, the final level focuses on knowledge translation, such as participation in guideline development, associations and educational faculty.<sup>1</sup> During these activities, knowledge experts often focus on guideline and research evaluation and on providing insights on developing new recommendations and educational activities.<sup>1</sup> Participants gain new knowledge as new understandings of the wound specialty are gathered, shared and evaluated.

### Pathway to Advanced Education

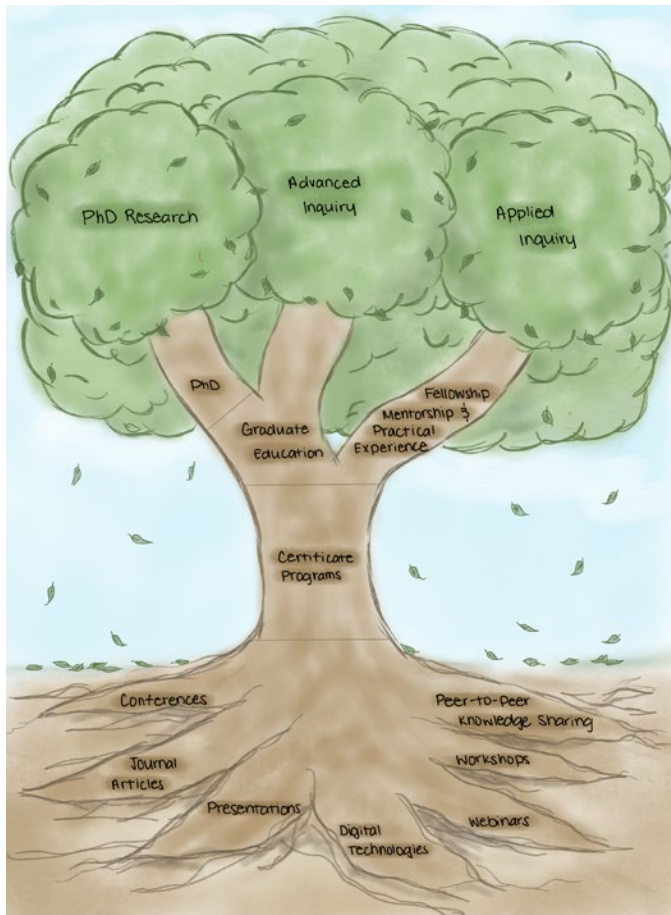
Two Canadian educational certificate programs prepare the learner to move into advanced academics related to wound management. These programs are recognized by universities as providing credits toward graduate-level education in wound related master's degree programs.

### Nurse Specialized in Wound, Ostomy and Continence Education Program

The Wound, Ostomy and Continence Institute (WOC Institute), which NSWOCC owns and operates, runs the

Nurse Specialized in Wound, Ostomy and Continence Education Program. It is a 12-month virtual program incorporating three 75-hour preceptorship placements in each of the areas of the tri-specialty.<sup>26</sup> This certificate program is accredited by the Canadian Nurses Association and the World Council of Enterostomal Therapists. It has been recognized by Curtin University, Perth, Australia, and Western University, Ontario, Canada, for recognition of prior learning in their respective wound-care-related master's degrees.<sup>27,28</sup> The NSWOC certificate program requires the nurse to have a bachelor's degree and 2 years of full-time employment in the last 3 years as a registered nurse (RN) in a relevant area of clinical practice.<sup>26</sup>

**Figure 1:** Model of Canadian Wound Care Education



Canada offers various certificate programs for additional wound care education, differing in content, delivery, and goals. The following paragraphs highlight a non-exhaustive list of examples.

### International Interdisciplinary Wound Care Program

The International Interdisciplinary Wound Care Course (IIWCC) is a certificate of completion program offered through WoundPedia in partnership with the University of Toronto. It provides the option to obtain a University of Toronto and Queen's University IIWCC Advanced Certificate for Wound Care.<sup>29</sup> This program is a 9- to 12-month course designed for those with a health professional degree or a minimum

of 5 years of relevant skin and wound care experience. This program is a combination of virtual modules, skill sessions and selective mandatory 3-day education sessions. The program can be used for credits towards the University of Toronto Master of Clinical Science in Wound Prevention and Care program for those who meet the admission criteria. The program is also recognized for credits towards the NSWOC Education Program for those nurses who complete the course.

### Competency-Based Programs

Competency-based certificate programs focus on developing specific competencies and skills, often through practical learning. Gervais defines competency-based education as "an outcome-based approach to education that incorporates modes of instructional delivery and assessment efforts designed to evaluate mastery of learning by students through their demonstration of the knowledge, attitudes, values, skills, and behaviors required for the degree sought."<sup>30</sup> In addition to the NSWOC Education Program described above, several competency-based programs are outlined in the following paragraphs. These programs differ in focus and target audience.

The Skin Wellness Associate Nurse (SWAN) program is a 5-month self-directed program with support from an academic advisor and biweekly interactive learning sessions.<sup>31</sup> This program focuses on educational preparation for registered/licensed practical nurses and those RNs without a bachelor's degree. The program covers topics including the integumentary system, wound management, ostomy and continence care.

The Paramedic Wound Care Associate Course is a 6-week, self-paced program that focuses on initial triage, treatment and minimization of further damage.<sup>32</sup> Furthermore, the Wound Care Champion Program (WCCP), accredited by the CNA, the University of Toronto, and Dalhousie University, is an 80-hour, self-paced, hybrid program with in-person skills labs, online modules and virtual workshops developed for regulated health care providers.<sup>33</sup>

### Comprehensive Overview Programs

Comprehensive overview programs, such as the certificate programs discussed above, provide a broad range of information related to wound management, often over a longer duration of learning. Other comprehensive overview programs exist, such as the 2-part, 14-week Wound Management for Health Professionals Micro-Certificate at the University of Victoria.<sup>34</sup> Université de Sherbrooke also provides an in-person microprogram in advanced practice in complex wound care. This program includes 3 courses focused on principles and best practices in wound care, management of complex acute and chronic wound care and management of wound care practices.<sup>35</sup> Other universities and colleges have also developed short-term wound-related basic overview programs that are provided virtually or as hybrids, such as Conestoga College, Canadian Institute of

Management and Technology College and Saskatchewan Polytechnic.<sup>36-38</sup>

### Focused Overview Programs

Focused overview programs provide targeted educational topics or targeted overviews of the basics of wound management, often offered over a shorter duration. The Wound Management Course is an online, self-paced, 6-week, CNA-accredited enrichment series from the WOC Institute meant to provide health care professionals with a foundational level of knowledge related to wound management and collaboration with the interprofessional and wound specialist team.<sup>39</sup>

The Skin Health Advocate and Resource Professional (SHARP) Program, available through Wounds Canada, also provides regulated health care professionals with foundational wound education. This program includes 22 self-paced modules and 8 live webinars and takes an average of 45 hours to complete.<sup>40</sup>

Programs for personal support workers in Canada, such as the WOC Institute's 6-week self-paced program for PSWs and caregivers, provide a basic level of knowledge to assist with their understanding of wound care.<sup>41</sup> Wounds Canada also provides the Skin Health Program for Personal Care Providers through a partnership with the Registered Nurses Association of Ontario (RNAO). It is composed of 11 virtual modules and a live webinar.<sup>42</sup>

Other wound care programs provide an overview of specific aspects of wound management. The WOC Institute's Advanced Wound Debridement Course, a 6-week, virtual, self-paced program, provides health care practitioners with knowledge related to wound debridement.<sup>43</sup> Wounds Canada also provides focused educational modules for registered and unregulated health care providers, such as modules on diabetic foot ulcers, arterial leg ulcers, skin tears and more.<sup>44</sup>

### Branches: Specialized Growth Pathways

Those who have developed a foundational knowledge of wound management through a certificate program are prepared to move through the branches of the educational tree. Those with the required academic background, such as a bachelor's degree, may choose to move forward to develop their wound care education in a graduate degree at a master's and then perhaps a PhD level. Those who choose not to take the academic approach to further wound education may choose to continue their lifelong learning through an experiential approach such as a fellowship, a mentorship or practical experience.

#### Branch 1: Advanced Academics: Development of Graduate Level Expertise—Master's Programs

No bachelor's degree programs specific to wound management are currently available in Canada. However, some undergraduate programs, such as those at the

Université de Sherbrooke, do provide courses within the program to educate learners on wound management. This is in contrast to other global educational programs, such as that offered by Birmingham City University, United Kingdom, which offers a bachelor of science (honors) degree in tissue viability (Professional Practice).<sup>45</sup> Within Canada, one may obtain a bachelor's degree in a number of interprofessional fields such as nursing, nutrition or kinesiology as examples. Should healthcare professionals obtain a bachelor's degree, they would then have the opportunity to develop their wound management expertise at the level of a master's degree.

There are currently two master's degree programs in Canada, both located within the province of Ontario. The Dalla Lana School of Public Health at the University of Toronto offers a Master of Science in Community Health Specializing in Wound Prevention and Program.<sup>46</sup> This is a 5 full-credit master's level program that requires the learner to complete courses in wound prevention and care, public health and teaching and learning and includes a minimum of 160 hours of practicum. Western University also offers a Master's in Advanced Health Care Practice—Wound Healing.<sup>28</sup> This degree includes courses related to wound management, research and leadership and requires a minimum of 100 hours of clinical mentorship. Both the University of Toronto and Western University master's degree programs utilize a course-based degree approach.

#### Scholarly Achievement—PhD Programs

Those choosing to advance their wound healing knowledge past a master's degree may do so by pursuing a Doctor of Philosophy PhD Degree. While no Canadian PhD program offers a degree in wound management, it can be included as part of the research proposed by a PhD candidate. While a PhD supervisor who specializes in wound management is not a prerequisite to obtaining a PhD while researching a wound-related topic, there are universities in Canada, such as Queen's University in Kingston, Ontario, that do have professors accepting doctoral students in the field of wound care.<sup>47</sup>

#### Branch 2: Fellowship, Mentorship and Practical Experience

Not all clinicians follow an academic path in their wound care education. Instead, they continue as lifelong learners through fellowships, mentorships and a practical approach. The meaning of the term *fellowship* varies according to the setting. However, in the context of clinical education, it often refers to short-term supervised and specialized education. Fellowships related to wound management include those for RNs and nurse practitioners (NPs), such as the RNAO Advanced Clinical Practice Fellowship, which provides RNs and NPs the opportunity to advance a project within their organization while being supported by mentors and RNAO.<sup>48</sup> An example of a clinical practice fellowship related to wound management can be seen in a publication on pressure injury education in a long-term care setting by Evers et al.<sup>49</sup>

Mentorship can be both formal and informal. Formalized mentorship programs related to wound management are

available in specific instances, such as the NSWOC Peer Mentor Program, which runs through NSWOC.50 This program aims to support students throughout their wound care education as well as while they move into clinical practice. An example of this form of educational support can be seen in an issue from the Canadian Home Care Association in which they discuss a clinic in Winnipeg, Manitoba, that had been designated as a wound care center for excellence for providing mentorship to nurses and physicians.<sup>51</sup>

The new Nurse Retention Toolkit developed by the Canadian government discusses the importance of mentorship and makes note of Patricia Benner's *From Novice to Expert*, which outlines how skills and knowledge develop through a combination of education and experience.<sup>52</sup> While the knowledge gained through practical experience may not be evidence-informed, as discussed by Graham et al., in the phases of knowledge creation, the practice-based evidence can present as the precursor to knowledge aggregation.<sup>53</sup> Practical inquiry whereby a clinician learns through trial and error, for example, may be the precursor to larger studies, with ideas shared in many formats that influence self-learners, such as those mechanisms described as the roots in the tree metaphor.

### Bushes of Leaves: Research and Inquiry

The bushes of leaves at the top of the tree represent the accumulation of knowledge based on research and inquiry. Here, the tree branches into three subsets of research and inquiry: applied inquiry, advanced inquiry and PhD level research. As defined by the Association of College & Research Libraries, "The spectrum of inquiry ranges from asking simple questions that depend upon basic recapitulation of knowledge to increasingly sophisticated abilities to refine research questions, use more advanced research methods and explore more diverse disciplinary perspectives."<sup>54</sup> It is important to note that in this framework, inquiry encompasses all investigations of field-related information, including research.

#### Applied Inquiry

Applied inquiry is the investigation of a field-related subject with the aim of gaining knowledge or understanding that can then be applied in meeting the needs of real-world problems in the field of wound care.<sup>55</sup> This is conducted without the depth of a master's or doctoral degree. It is focused primarily on the practical application of existing knowledge using established methods and principles and can result in the creation of new information.<sup>56</sup> An example may be an RN working on an acute care unit who is managing a patient with venous insufficiency disease. The patient has stated they find compression therapy uncomfortable and do not wish to continue. The nurse, having recently attended a conference on compression therapy regarding new, lighter compressions, contacts the industry representative and obtains samples. The patient finds the new compression more comfortable and increases utilization, causing their oedema to decrease and their wound to improve. The nurse now has a better

understanding of the product, which may later be shared with colleagues and peers.

#### Advanced Inquiry

Advanced inquiry comprises advanced academic research and inquiry indicative of the rigorous and in-depth approach of a master's or professional doctorate degree.<sup>57</sup> It stresses theoretical understanding and practical application of complex issues and focuses on applying existing knowledge inside and, where appropriate, outside the field of study.<sup>57</sup> At this level, the critical evaluation of current issues and the recognition of new insights within the wound specialty is expected.<sup>57</sup> An example may be a nurse tasked with improving chronic wound healing in the diabetic population of their facility. The nurse undertakes a literature review identifying advanced wound care techniques, critically evaluates the research and implements a program to integrate the knowledge into clinical practice.

#### PhD Research

PhD research involves original in-depth investigation of a highly specialized topic where the ability to conceptualize, design and implement research for the development of new knowledge is expected.<sup>57</sup> The research may entail study design, data collection, analysis and synthesis.<sup>58</sup> The PhD researcher generates original research that undergoes peer-review and is appropriate for publication.<sup>57</sup> PhD researchers understand complex issues and advanced methodologies which contribute to the formation of innovative theories and practices within the field of wound care.<sup>57</sup> An example may be a randomized control trial to determine the efficacy of a new wound care dressing for venous leg ulcers. The PhD researcher develops a protocol, obtains ethics approval and recruits participants. Data are then collected and analyzed, and the findings are published in a peer-reviewed journal. This research leads to a potential new treatment, contributing new knowledge to the field of wound care.

#### Cycle of Knowledge Renewal

As new research and discoveries emerge, they are shared through conferences, journal articles and other educational platforms, making them accessible to self-directed learners. This information is then disseminated throughout the "tree," and as others reinforce and further develop it, the knowledge becomes integrated throughout the many stages of the tree, from certificates to informing future innovations and discoveries throughout the educational phases. This process of new inquiry and research mirrors the cycle of leaves falling from the tree, nourishing its roots and perpetuating the continuous cycle of learning and growth.

## Discussion

### The Tree Metaphor

This framework offers a starting point for clinicians who are entering the field of wound care. We selected the tree to represent the potential educational path for clinicians as

they 'grow' through the acquisition of wound care education. The final level in the framework is the development of information, which the tree's foliage represents. The framework demonstrates a cyclical approach in which developing new information causes a leaf to grow, which then falls and becomes part of the soil, feeding the roots. This symbolizes the integration of new information into the foundation of wound care education.

### Understanding the Tree of Wound Care Education

The framework begins with the foundation of self-directed learning, where individuals acquire knowledge from conferences, journal articles, presentations, digital technologies, webinars, workshops or peer-to-peer knowledge sharing. These short educational opportunities provide a foundation of knowledge, preparing the clinician for the next level, a certificate program. There are various certificate programs, and the best fit for the individual will depend on their intended path in wound care education.

The tree then splits into two branches—experiential learning and advanced academics. If the individual follows the experiential learning pathway, they can use applied inquiry to further their wound care education through fellowships, mentorships or practical experience. An individual who has completed an undergraduate degree can choose to follow the advanced academics pathway to secure a master's degree or a PhD. At this stage, the clinician can conduct research and inquiry at an advanced inquiry level.

It is important to note that the individual's pathway is not limited to linear, upward movement on the tree. The framework can be used in a stepwise approach or as a map of options for advancing knowledge where the individual can move freely through the levels. For example, someone who has or is currently completing their PhD is still encouraged and able to validate and expand their knowledge using the foundational levels. Additionally, an individual who has completed their master's or doctoral degree can still conduct applied inquiry; they are not limited to inquiry or research specific to their level of education. The CWC Education Framework aims to present wound care education in a dynamic way, allowing the individual to acquire knowledge in a way that best fits their needs.

### Comparison to Alternate Professional Education Frameworks

In contrast to the 2003 Keast article, which views education as a path to knowledge translation, this framework specifies how knowledge is structured, obtained and developed within the wound care specialty.<sup>1</sup> The manuscript developed by Keast is the only published framework related to wound care education in Canada that we are aware of, and it provided insight into the consideration of education as a stepwise approach.<sup>1</sup> As it is unique with regard to acting as a conceptual model, we then examined other educational frameworks to build our understanding of how knowledge acquisition is structured.

Similar to the Ontario College of Teachers' Professional Learning Framework for the Teaching Profession,<sup>59</sup> the CWC Education Framework displays the multiple pathways available in wound care education, which is important as individuals in either profession are not limited to a single pathway. The Ontario College of Teachers breaks down the multiple components of teaching education, professional inquiry and scholarly research that are reflected in the CWC Education Framework.

McMaster's educational philosophies for their occupational therapy program were consulted and consisted of the following 5 philosophies: self-directed learning (SDL), problem-based learning (PBL), interprofessional education, experiential learning and inquiry-based learning.<sup>60</sup> All these philosophies are integrated throughout the CWC Education Framework; for example, both frameworks have a self-directed learning component, and the experiential learning philosophy is comparable to the experiential learning pathway. Additionally, the academic pathway in the CWC Education Framework was modelled in reference to the CASN framework's outline of the movement from master's to doctoral-level education.

### Implications for Practice

We found gaps when comparing wound care education programs in Canada to other regions of the world. For example, Cardiff University, United Kingdom, offers the Wound Healing and Tissue Repair Post-Graduate Diploma, and Birmingham University offers a Bachelor of Science (Honors) Professional Practice (Tissue Viability), neither of which has comparable options in Canada.<sup>45,61</sup> As the specialty of wound care continues to grow, additional levels of education related to wound management may benefit learners in their ongoing educational development.

Regarding PhD education, Canada does not currently have a professional doctoral program focused on wound management. However, this does not preclude an individual from completing a professional doctorate focusing on wound management as the final project by going through another professional department, such as nursing or medicine. Given this, there may be an opportunity in the future to develop dedicated doctoral-level wound care programs as the specialty continues to grow and develop.

The CWC Education Framework will provide both direction to individuals new to the specialty of wound care and assistance to those currently in the field by demonstrating the routes for ongoing professional development. The inclusion of inquiry and new knowledge acquisition further reflects the process of how the specialty continues to develop a knowledge base of its own. Wound care is related not only to the application of dressings or the recognition of underlying causes but also to understanding the decision-making processes and all factors and individuals contributing to the wound healing

ecosystem, including their knowledge base and educational background.

### Implications for Research

It is recommended that future research be conducted to both validate this framework and clarify the methods in which certificate-based programs are developed to maximize the way learners prepare for subsequent steps in their education or development of wound care knowledge. Further research should also aim to identify the benefits and opportunities of each unique educational pathway within the framework. Understanding how the learners' education affects their later inquiry and new knowledge development would be beneficial. Finally, future research should focus on improving understanding of how education is created and shared, how it is implemented in clinical settings and how decisions are made based on the knowledge available.

### Conclusion

The Canadian Wound Care Education Framework provides a well-rounded and adaptive approach to wound care education. The framework accommodates the needs of learners at various stages of their professional

development. Through the integration of both academic and experiential pathways, the framework provides a roadmap to advance learner knowledge and skills. The integration of research and inquiry as an important aspect of this model emphasizes the importance of lifelong learning and the development of new knowledge.

This framework has been embedded with pedagogical principles pulled from common education theories such as constructivist learning theory, Kolb's experiential learning theory and the inquiry-based learning theory. As the specialty of wound care evolves, the framework's adaptability ensures it remains relevant, offering clinicians multiple pathways to new knowledge. Future research should focus on validating this framework and exploring its application in educational settings with the goal of further enhancing the quality and accessibility of wound care education in Canada. ●



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Heure / Time	Présentation / Presentation	Présentateurs / Presenters
<b>Mercredi 21 mai 2025 : Ateliers pré-conférence // Wednesday, May 21, 2025: Pre-Conference Workshops</b>		
0900 - 1200	Continence Workshop (English)	Carly Lindsay, MCISc-WH, BScN, RN, NSWOC, WOCC(C); Nicholas Joachimides, MCISc, MSc, BScN, RN, CHE, IIWCC, NSWOC, CPedN(C)
	Basic Ostomy Workshop	Eleanore Howard, MSN, BEd, BN, RN, NSWOC, WOCC(C); Mary Engel, RN, NSWOC, WOCC(C)
	Wound Product Selection Workshop	Nicole Pitcher, MCISc-WH, BScN, RN, NSWOC; Svea Menard, MN, BScN, RN, NSWOC
	Lower Leg Assessment Masterclass	Christine Murphy, PhD, MCISc-WH, BSc(Hons) Tissue Viability, RN, NSWOC, WOCC(C); Maude Paquette, Vascular Resident (Ottawa Hospital)
	Post-Surgical Care for Gender Diverse Patients and Common Complications of Gender Affirming Surgeries	Deanna Clatworthy, MN, BScN, RN, NP(c)
	Advanced Conservative Sharp Wound Debridement Workshop (English)	Rosemary Hill, BSN, RN, CWOCN, NSWOC, WOCC(C); Tarik Alam, MCISc(WH), BScN, RN, NSWOC
1300 - 1700	Negative Pressure Wound Therapy Workshop	Louise Samuel, BScN, RN, ETN   Inf., B.Sc., I.S., infirmière stomothérapeute
	"Managing the Bulge": Parastomal Hernia Prevention, Assessment, and Management Workshop	Mary Hill, MN, BScN, RN, NSWOC, WOCC(C); Laureen Sommerey, MN, BScN, RN, NSWOC, WOCC(C); Anh Thy Le Quang, M.Sc., Kinésiologue   Kinesiologist
	Types of Compression for the Treatment of Lower Limb Edema Workshop	Bev Smith, BScN, RN, NSWOC; Josée Sénéchal, MScCH-WC, BScN, RN, NSWOC
	Blanket Ceremony	Elder Grandmother Loella Tobias, BSW; Tracy Coates, MES, JD
	Atelier avancé sur le débridement chirurgical conservateur (français)	Liette St Cyr, Inf., B.Sc., infirmière clinicienne, stomothérapeute; Mélanie Fauteux, Inf., B.Sc., infirmière stomothérapeute
<b>Jeudi 22 mai 2025 : Inauguration et journée industrielle et scientifique du NIAC // Thursday, May 22, 2025: Grand Opening and NIAC Industry and Science Day</b>		
0730 - 0830	Power Breakfast: "Wound Cleansing in Canada: Understanding Gaps & Driving Change" // Presented by Urgo Medical North America	Kevin Woo, PhD, RN, NSWOC, WOCC(C), FAPWCA; Kimberly LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN
0830 - 0900	Opening Ceremonies	Mary Hill, MN, BScN, RN, NSWOC, WOCC(C); Corey Heerschap, PhD, MScCH(WPC), BScN, RN, NSWOC, WOCC(C), IIWCC
0900 - 0950	Infusing Intentionality and Care: Supporting 2Spirit, Trans, and Non-Binary Individuals After Gender-Affirming Surgery	Géorgie Gagné
1000 - 1050	"Skin Health: Something for every body – the clinical choice" Presented by Premier Ostomy Centre	Moira Evans
	"Integral debridement: combining complementary debridement methods to improve patient outcomes" // Presented by Urgo Medical North America	Karen Laforet, MCISc-WH, RN, CCHN, VA-BC, CVAA, DPWCA; Christie Cowan, BScN, RN, NSWOC, WOCC(C)
	"Addressing the risk of ostomy leakage with evidence-based solutions" // Presented by Coloplast	Josh Gohl, BScN, RN, NSWOC, WOCC(C); Natalie Kameka, MCISc-WH, BScN, RN, NSWOC
1100 - 1230	Grand Opening of the Exhibit Hall	
1230 - 1330	Power Lunch: "Optimizing Convexity in Ostomy Care" Presented by Convatec	Dr. Tod Brindle, PhD, MSN, RN, ET, CWON
1340 - 1430	"Wound Care 101 – It's not so simple!" Presented by Essity	Dr. Perry Mayer, MB, BCh, FFPM RCPS (Glasg); Amanda Loney, BScN, RN, NSWOC, WOCC(C), IIWCC
	"Changing the paradigm of wound care through the use of novel modalities: A tribute to Dr. Greg Schultz" // Presented by Kane Biotech	Dr. Rohan Pointer, MD, MSc; Dr. Iris Noland, MD, MCISc; John Garrettson, BA, CWCA; Julia Teng, RN, SE, NSWOC, VON
	"Venous Leg Ulcer Management: Answers to Your Top Questions on VLUs, Compression, and Dressings" // Presented by Solventum	Christine Murphy, PhD, MCISc-WH, BSc(Hons) Tissue Viability, RN, NSWOC, WOCC(C)
1430 - 1530	Exhibit Hall & Poster Library	
1530 - 1630	Diabetic Foot Clinic: No you don't need an amputation!	Dr. E. Ruth Chaytor, MD, B.MedSci, FRCSC; Dr. Mark Karanofsky, MD; Anne-Marie Vézina, Bsc., infirmière clinicienne
1700 - 1830	NSWOCC Annual Members Meeting (AMM)	
1830 - 2000	Posters & Product Innovation Expo // Expo des Posters et de l'Innovation des Produits   Presented by our Honoured Corporate Partners	
<b>Vendredi 23 mai 2025 // Friday, May 23, 2025</b>		
0800 - 0900	Power Breakfast: "Simplifying Negative Pressure Wound Therapy" Presented by Smith+Nephew	Rosemary Hill, BSN, RN, CWOCN, NSWOC, WOCC(C); Louise Samuel, BScN, RN, ETN   Inf., B.Sc., I.S., infirmière stomothérapeute
0900 - 0950	Diverticulitis: Out with the Old, In with the New	Dr. Allison Pang, MD, MSc, FRCSC
1000 - 1100	Exhibit Hall & Poster Library	

Heure / Time	Présentation / Presentation	Présentateurs / Presenters
1110 - 1200	Panel: Addressing Healthcare Inequities in the Care of Black and Brown Skin	Lori Zozolotto, BScN, RN, NSWOC; Shelly Philip LaForest, MN, BN, RN, CVAA(c), PhD student; Dania Versailles, MScN, MScMHN, BScN, RN, CPMHN(C)
1200 - 1300	Power Lunch: "The Role of Microcirculation in the Wound Healing Process" Presented by Perfuse MedTec Inc	Dr. R. Gary Sibbald, MD., M.Ed., D.SC (Hon), FRCPC (Med)(Derm), FAAD, MAPWCA, JM; Dr. Michael Stacey MBBS, FRACS, Doctor of Surgery
1310 - 1400	Assessing Pressure Injuries in Different Skin Tones Project	Stephanie Furtado, MCISc-WH, BScN, RN, NSWOC, WOCC(C); Rebecca Dyck, MCISc-WH, BScN, RN, NSWOC, WOCC(C)
	Oral Abstracts	
	Health Equity in Indigenous Populations	Michelle Buffalo, BScN, RN, NSWOC, WOCC(C); Bev Smith, BScN, RN, NSWOC; Jeremy Caul, MCISc-WH, BScN, RN, CDE, NSWOC, WOCC(C); Audray Lafortune, Inf, Bsc Inf, Stomothérapeute, PSCC(C)
	Assessment and Management of Fungating Tumors	Katlynn Book, BScN, RN, NSWOC
	Canadian Moisture-Associated Skin Damage Tool: A Scale to Measure Severity and Healing of Moisture-related Skin Lesions	Kevin Woo, PhD, RN, NSWOC, WOCC(C), FAPWCA; Joshua Moralejo, MScCH: WPC, BScN, RN, NSWOC, WOCC(C), IIWCC
1400 - 1500	Exhibit Hall & Poster Library	
1500 - 1600	Lipedema: How do we Diagnose this Misunderstood Condition?	Dr. Anna Towers, MD CM
1600 - 1700	A Harm Reduction Approach to Wound Care Among People Who Use Drugs: Best Practice Recommendations	Lili Berescu, BScN, RN, NSWOC, WOCC(C); Priyanka (Pri) Jani, BScN, RN, NSWOC Student
1830 - 2200	Networking Event: Disco Nights!	

**Samedi 24 mai 2025 // Saturday, May 24, 2025**

0800 - 0900	Power Breakfast: "The Clinician's Perspective on Convexity: Past Insights, Present Applications, and Future Trends" // Presented by Hollister	Ashley Hogan, BN RN, NSWOC, WOCC(C); Laurie L. McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, WOCNF, FAAN; Louise Samuel, BScN, RN, ETN   Inf., B.Sc., I.S., infirmière stomothérapeute
0900 - 1000	International Pressure Injury Prevention Guidelines / Presented by Mölnlycke	Rosemary Hill, BSN, RN, CWOCN, NSWOC, WOCC(C); Kaylem Boileau, MHSc, RD
1000 - 1100	Towards the Development of Expert Consensus Recommendations for Provincial and Jurisdictional Pressure Injury Policies in Canada	Dr. Chester Ho, MD; Sharon Gabison, PhD, MSc, BScPT, BSc, IIWCC
1100 - 1200	Exhibit Hall & Poster Library	
1200 - 1300	Power Lunch: "What's in Your Toolbox? Insights to Help Clinicians Choose the Best Therapy for Wound Healing" // Presented by Solventum	Dot Weir, RN, CWON, CWS; Christine Murphy, PhD, MCISc-WH, BSc(Hons) Tissue Viability, RN, NSWOC, WOCC(C)
1310 - 1400	Knowledge Translation: Adapting for Cultural Sensitivities	Samantha Holloway, MSc, FHEA, Cert Ed (FE), RN
	Knowledge, attitude, and practice in wound cleansing in Canada	Kevin Woo, PhD, RN, NSWOC, WOCC(C), FAPWCA; Kimberly LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN
	Urinary Catheter Use and Selection: Which is right for my patient?	Beverly Cleland, BScN, RN, NCA
	Cases Solved	NSWOCC Board of Directors
	Skin Tears in People with Different Skin Tones	Ray Samuriwo, PhD
1400 - 1500	Exhibit Hall & Announcing Poster Winners	
1515 - 1615	An Ostomy Patient Journey	Ostomy patient lived experience
1730 - 2300	NSWOCC National Conference Banquet & WOC Institute Graduation Ceremony: Masquerade Theme	

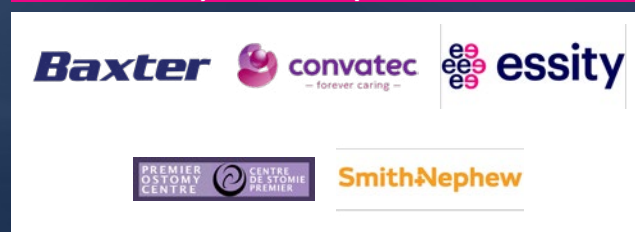
**Dimanche 23 mai 2025 // Sunday, May 23, 2025**

0830 - 1200	Advanced Conservative Sharp Wound Debridement Workshop (English) (Repeated)	Rosemary Hill, BSN, RN, CWOCN, NSWOC, WOCC(C); Tarik Alam, MCISc(WH), BScN, RN, NSWOC
	Atelier de continence (français)	Marie-Andrée Masson, BScN, RN, ETN   Inf., B.Sc., I.S., infirmière stomothérapeute; Louise Forest-Lalande RN, MEd, ET
	Nursing Leadership: Developing Strategies to Navigate Organizational Power Relationships	Lisa Ashley, PhD, MEd, RN, CCHN(C) / Ph.D., M.Éd., IA, ICSC(C)
	Journal Club: Live!	Moderated by the NSWOCC Membership Core Program

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# Which educational program is right for you?

## Quel programme de formation est fait pour vous ?



### Nurses Specialized in Wound, Ostomy and Continence (NSWOC®) Program

A 12-month bilingual online program for baccalaureate RNs and NPs aspiring to become a Nurse Specialized in Wound, Ostomy, and Continence and earn the WOCC(C) CNA certification.

[www.wocinstitute.ca/nswoc](http://www.wocinstitute.ca/nswoc)



### Programme infirmière spécialisée en plaies, stomies et continence (ISPSC®)

Un programme en ligne d'une durée de 12 mois, offert en anglais et en français, qui prépare les infirmières autorisées titulaires d'un baccalauréat au rôle d'ISPSC® et à la certification PSCC(C)® par l'A.I.C.

[www.wocinstitute.ca/fr/nswoc](http://www.wocinstitute.ca/fr/nswoc)



### Master of Advanced Practice in Wound, Ostomy and Continence Nursing through Curtin University

A groundbreaking program rewarding nurses who completed the NSWOC Program with recognized learning credits, allowing them to complete their master's online in just 12 months.

[www.wocinstitute.ca/master](http://www.wocinstitute.ca/master)



### Skin Wellness Associate Nurse (SWAN™) Program

5-month specialized wound, ostomy, and continence program designed for practical nurses and diploma RNs.

[www.wocinstitute.ca/swan](http://www.wocinstitute.ca/swan)



### Advanced Wound Debridement

A specialized course for healthcare practitioners seeking advanced skills in debridement to manage complex, hard-to-heal wounds that require debridement.

[www.wocinstitute.ca/debridement](http://www.wocinstitute.ca/debridement)



### Wound Care Collaborator Course

A 6-week, self-paced online course for healthcare professionals looking to enhance their evidence-based wound care skills and collaborative practices.

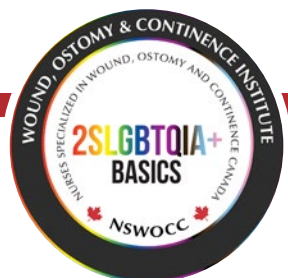
[www.wocinstitute.ca/wcc](http://www.wocinstitute.ca/wcc)



### Ostomy Management Course

A 6-week, self-paced online course for healthcare professionals eager to deepen their expertise in evidence-based ostomy care and patient advocacy.

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### 2SLGBTQIA+ Basics for Health Care Professionals Course

A self-paced course for healthcare professionals to gain the knowledge and tools to provide competent, inclusive care to the 2SLGBTQIA+ community.

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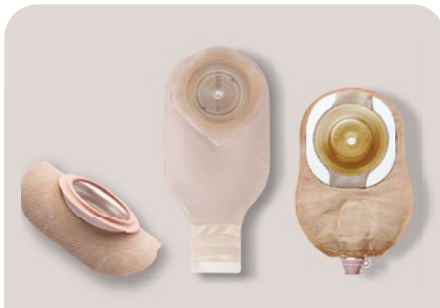


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## CeraPlus™ Soft Convex Products\*

Protect from leakage with the added benefit of ceramide to help keep skin healthy.

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- Help prevent leakage
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- Provide an added sense of security
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