Through the years, wound care practice models have evolved from a group of individuals working in management “silos” to multidisciplinary teams and finally to integrated interprofessional teams. The interprofessional approach became the framework for what was developed into the Interprofessional Wound Caring (IWC) Model© (see Figure 1), a transition that reflects a maturing of the discipline of wound care, a new appreciation for the process of wound caring, and the integration of wound care’s scientific evidence base with expert knowledge and patient preference (evidence-informed practice).

When healthcare professionals collaborate side-by-side with mutual respect, the experience and wisdom shared positively impacts patient care outcomes. Interprofessional Wound Caring requires that professionals develop patient-centered and individualized plans of care. Wound care providers should nurture trust by listening to and acknowledging the viewpoints of patients, families, and caregivers. This trust leads to the confidence that heals wounds, patients, and lives.

The IWC Model© has seven dimensions:
1. Patient, Family, and Caregivers
2. Healthcare Professional’s Wound Care Expertise
3. The Interprofessional Team
4. Healthcare Professional’s Patient-Centered Caring
5. Continuous Professional Development and Lifelong Learning
6. Knowledge Transfer to Practice
7. Informal Communities of Practice.

We challenge you to analyze how your current practice model compares and contrasts with the IWC Model©. Then ask yourself and other members of your team how you can improve your interprofessional wound caring practice model. Additionally, we challenge you to complete your own personal score card and to construct your personal learning portfolio for your continuous professional development and lifelong learning.

Interprofessional Wound Caring: A Lifelong Quest for PEACE

Not only do patients, their families, and caregivers need the wound care expert’s professional knowledge and skill, but they also require the expertise of other members of the interprofessional team. Each professional mix will be unique when care is individualized and patient-centered.
QuadraFoam® dressings are ideal for treating which type of wound?

- skin tears,
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- venous ulcers,
- diabetic ulcers,
- donor and graft sites,
- dermatologic disorders,
- first/second degree burns,
- acute wounds,
- surgical wounds,
- tube sites,
- full thickness wounds,
- partial thickness wounds

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Expertise in wound care comprises knowledge of the evidence base, the skills and knowledge gained from clinical experience, and the attitudes and values we bring to practice as individuals. As healthcare professionals, we must commit to life-long learning through experience. We learn from the literature and educational programs; we also must learn from our experiences with colleagues.

Approach wound care with a caring attitude that is patient-centered.

Collaboration in teams helps fill gaps in knowledge, broadens perspectives, and optimizes care delivery. We also must work toward collaboration with chronic wound patients, their families, and caregivers. We must acknowledge that patients who have a social network of caregivers, family, friends, and concerned acquaintances are likely to have far better outcomes than those individuals who are socially isolated.2

Empathy and the human touch — ie, reaching out to patients, families, and caregivers — builds the trust and confidence that heals wounds, patients, and lives. We can make the world a better place as we improve the lives of people with chronic wounds by combining interprofessional understanding, collaboration, and life-long learning.

Here's to interprofessional wound caring and the quest for PEACE. - OWM

References

Attention Students and Instructors!

Don’t let your papers and assignments languish in a filing cabinet. The Ostomy Wound Management Student Award Recognition Program facilitates publication of papers written by residents/students enrolled in/graduating from wound, ostomy, incontinence, and other related educational, training, and certification programs on topics covered by this journal.

Papers of the following types may be submitted:
- Reports of clinical or preclinical research studies
- Case studies/short reports — case studies or short reports that stimulate the exchange of information and additional research and/or demonstrate the effectiveness of or problems associated with certain interventions
- Review articles — review publications should stimulate the exchange of information by summarizing pertinent information on a particular topic, identifying problems or existing gaps in knowledge, and stimulating discussion/future research.

Student authors may request the assistance of a mentor (a member of OWM's Editorial Board), who will help the student ensure that 1) all information is complete, 2) the writing is clear and concise, and 3) the information is presented in the correct format (AMA style guidelines). For complete manuscript preparation and submission instructions, please see “Instructions for Authors” at www.o-wm.com. In addition to following our instructions, each submission must include a letter from the instructor. The cover letter should contain: 1) acknowledgment of author student/resident status, 2) date of graduation (recent), and 3) instructor approval to include his/her name in the byline of the published manuscript.

To ensure indexing of the published manuscripts (Medline and CINAHL), all student manuscripts will be subject to the regular peer review process. Reviewers will be notified that the manuscript was written by a student.

Special note: All published manuscripts will be eligible for our 2007 Student Author Recognition Award. The award will include an invitation to attend the OWM Editorial Board meeting as a Student Delegate during the 2008 Symposium on Advanced Wound Care in San Diego, Calif. The author will receive full-paid registration to the 2008 Symposium, 2 nights’ free stay, and round-trip airfare to the conference from anywhere in the continental US.

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