Quality Control in Wound Education: Who is Minding the Store?

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We all know that quality care starts with quality education. Have you done a basic wound education or wound care certification search lately? How about new wound care products? You read a peer-reviewed journal, which indicates you know how and where to find reliable information. However, many healthcare providers do not have this knowledge, nor do they know that, in many ways, wound prevention and care remains an unusual area of practice. First, we mostly use products that have been cleared for marketing by the US Food and Drug Administration (FDA) based on the fact that the product is considered essentially equivalent or similar to a legally marketed product that has been deemed low risk. Of course, low risk is not the same as safe, effective, or efficacious. The latter are for us to ascertain and require a basic understanding of science and the research process so we can interpret the available evidence for clinical practice. That is where wound education should start, but generally, it doesn’t. Most wound education programs in the US consist of 1- or 2-day sessions, barely enough time to discuss the basics.

However, while it may not be possible to ensure that course participants understand the difference between causality and correlation or between clinical and preclinical evidence, the educator should. When I heard a wound course presenter state that XYZ works because a “study was published,” I cringed. Again, there may not be enough time to explain all the details but there is no excuse for letting the audience walk away thinking that one study (of undetermined type/design), is all the evidence needed to determine an intervention works. Similarly, in this day and age it is inexcusable to recommend anything without at least mentioning the evidence base. It is unconscionable to talk about putting feminine hygiene products in or on wounds without at least warning audience members to do so at their own, and their patient’s, risk. It does not take any extra time to state that dressings may be cleared for marketing but not approved. By using the term approved incorrectly, the audience is led to believe that dressing safety, effectiveness, and efficacy have been reviewed before marketing.

Many health professionals attend a brief wound care course in order to obtain certification. Several options are available. A review of available examination outlines suggests they do not include questions about research designs or evidence-levels. Perhaps it is assumed the test-taker knows and understands. In addition, maybe these topics are not considered essential to wound care knowledge. Some guidelines are available,3 but until standards in wound education are clear, unambiguous, and universally adopted, the various certification organizations may be in a unique position to help raise the bar by including these fundamental knowledge questions in their examinations. This will not only ensure that a wound care-certified healthcare professional understands the basics of evidence-based care, but it also will encourage educators across the country to incorporate that language in their course. To improve patient care, we must mind (and increase the general quality of) our wound education store.

References