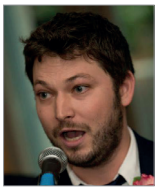
Seventeen years … why?

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It has been long said that it takes 17 years for a new discovery to make it into mainstream practice. But why is this the case? I suppose that in the days of paper journals and less contact with researchers, the average healthcare professional simply never knew. Furthermore, without a formal educational programme in wound care, the student just does what he/she was taught or saw someone else do to prevent and treat wounds.

Dogma ensues. Dogma is defined as "that which one thinks is true" (Dictionary.com, 2022). So, if you think something is right and it is right, all is good. But the opposite is most often true, dogma might have been the right thoughts in the past, but science has evolved and our understanding has changed.

Here are just a few notable examples of how the science of wound care practice has moved forward over the past 17 years:

- Wet to dry dressings — once thought to be a good method to debride a wound, it is now known that viable cells are also removed
- Biofilm — not known to be a reason for delayed healing. It is now known to be present in at least 90% of chronic wounds and stimulates inflammation that retards healing
- Negative pressure therapy — once used only after debridement in large wounds. Today is used to stabilise incisions and reduce oedema. More recent techniques include the instillation of antiseptics to clean the wound bed

An equally important question is why do healthcare professionals continue to use the old dogma when presented with new science? It is common to hear the following refrains or similar:

- 'That is the way I was taught'
- 'There is nothing wrong with the way I treat wounds'
- 'That is just the way these wounds heal'
- 'They all get infected'
- 'We have to amputate most of them.'

Wound care researchers and clinicians can help to contribute to narrowing the research to practice gap. As Munro and Savel (2014) stated: "Collaboration among providers is an essential feature of optimal care." Larger, multisite studies are one way to help narrow the 17-year gap, as opposed to smaller single-site studies. They would provide more generalisable data, thus speeding translation into practice (Munro and Savel, 2016).

They explain that "researchers can narrow the research to practice gap by presenting results in a way that provides actionable information to authors of guidelines and to clinicians. Clinicians should seek and use high quality evidence for their practice, including guidelines that synthesise the available evidence" (Munro and Savel, 2016).

Finally, we would like to say that we hope that those of you attending the European Wound Management Association (EWMA) conference in Paris have a wonderful time. After two years of virtual EWMA conferences due to the COVID-19 pandemic, wound care experts from across the continent and beyond will finally be able to enjoy the wide variety of diverse and high-level sessions in person.

Many of the esteemed speakers at the event have written for this journal and we are determined to continue offering the highest quality articles to you, our readers. We are delighted that this issue of *Wounds International* will be made available in print to delegates attending the EWMA conference and for those not able to make it to Paris, the journal is available online, free of charge.

As ever, we remain committed to doing our bit in narrowing the research to practice gap. We will continue to disseminate the highest quality research that provides clear guidance for interdisciplinary clinical practice. In the meantime, we really must thank the visionaries, who find ways to bring all of us along. They write, they speak and we need to be ready to listen. It should not take 17 years to adopt new research. A renewed focus by researchers and clinicians on providing optimal care in the real world can only help in this regard. WINT

References

Dictionary.com (2022) *Dogma*. Available at: https://www.dictionary.com/browse/dogma (accessed 09.05.2022)

Munro CL, Savel RH (2014) Balancing act: optimal care in the real world. *Am J Crit Care* 23(3): 184–6

Munro CL, Savel RH (2016) Narrowing the 17-year research to practice gap. *Am J Crit Care* 25(3): 194–6

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