



In this guest editorial, **Irene Anderson** describes her experiences of running a wound care course for nurses and doctors in Romania

Wound care education in Romania

and ostomy patients in the UK and Romania who are determined to make a difference.

To understand the educational needs in the country, I felt it was important to see for myself the structure of health provision and to identify the key wound care issues. So it was I found myself on a bright and sunny day in Bucharest with personnel from ROPSF and our host Cristian Dobre, Vice-President of the Romanian Ostomy Association, touring some of the hospitals in the city.

I was surprised to find myself having very similar conversations to the ones at home about resources, time, funding and wound care knowledge (or lack of it). Staff in all the institutions we visited were friendly and open about their challenges; many make great efforts to update themselves as best they can but have frustrations when they do not have the resources to implement changes in practice.

I met one surgeon who had just returned from a diabetic foot conference in Scotland and clearly had many ideas he would like to implement in his hospital. There are no podiatrists in Romania and we discussed the major problems posed by managing the neuropathic and neuroischaemic foot – the high rate of amputation and the lack of specialist prevention and management resources.

In the hospitals I visited, there were dressing trolleys, gauze swabs, sterile metal forceps and containers of antiseptic solutions, but very few dressings. Some patients may have interactive dressings but in general need to purchase these themselves. The clinical tour gave me the opportunity to talk to practitioners, see the resources available, evaluate the level of knowledge and identify key wound

problems. These were: the diabetic foot, complex postoperative wounds, pressure ulcers and leg ulcers.

There is a shortage of pressure-relieving equipment and few compression therapies are used. People with chronic wounds are not prevalent in hospitals as they tend to be sent home to the care of relatives and community services. It is very difficult to quantify the volume of wounds as national data are not kept. As yet, there is no monitoring of postoperative infections, although the World Health Organization is encouraging this in Eastern European countries.

There is no lack of willingness to change and improve practice. Clinicians are open to new ideas and there was some evidence of people making great efforts to access literature. They rely mainly on free resources; these are a great benefit but with the usual caveats about quality and veracity, especially with Romanian staff having so few opportunities to access debates and discussion and to develop the necessary critical appraisal skills. Most of the doctors I spoke to had reasonable levels of English, but this was not true of the nurses, although many of them are able to read text in English, albeit slowly. This is important as there are very few woundcare resources available in Romania.

The clinical visits and discussions with clinicians helped me to develop a short course covering an introduction to the fundamentals of wound care, such as aetiology, assessment, classification and management, including the use of dressings. The latter subject proved particularly interesting as there was a reasonable level of knowledge about dressing categories and indications for use. Some participants were

Early in 2009 I was invited to Bucharest, Romania's capital city, to design and deliver a wound care course for nurses and doctors. The invitation came from the Romanian Ostomy Patients Support Foundation (ROPSF) in the UK. The organisation has been working for many years to develop and support ostomy care in Romania, including organising events and support for key practitioners, some of whom have attended courses in the UK.

Through this work ROPSF identified that wound and stoma care are inextricably linked; it also became aware of the immense challenges posed by wounds and related issues in Romania. There are key people, both doctors and nurses, who are developing a high level of expertise within Romania. In addition, ostomy patients have progressed from having no purpose-made appliances and living in isolation to having reasonably good access to appliances, better outcomes and improved quality of life. ROPSF has worked incredibly hard to raise funds over the years and has invested much money and expertise from clinicians

able to describe successes they had experienced with individual patients, but often there could not be continuity in wound care as this would depend on products being available and affordable.

The course had to be translated, but with patience on both sides this worked well. A Romanian nurse working in the UK helped translate some key terms; she gave her time willingly to support clinical colleagues in her home country and help ensure the best experience possible for them.

Sessions were made as practical and interactive as possible and it was interesting to see how nurses and doctors worked together to discuss issues and solve problems. Many clinicians had travelled considerable distances to attend the course in their own time and were very enthusiastic and willing to participate.

Several wound care manufacturers are represented in Romania, but only to the extent of there being regional agents covering surrounding countries. If there was an increased engagement between companies and clinicians, greater dialogue with health ministries and supporting educational packages, there would be an opportunity to develop more modern wound care practices. ROPSF has a strong foundation in the country and several manufacturers have dual ostomy and wound care businesses, giving development potential.

Overall, my experience has been very positive and I am continuing collaborative working between my own institution and the ROPSF, with regional enthusiasts in Romania to support woundcare education and practice. Membership of the European Union is making a difference financially in Romania and could be a key driver for change, albeit in a challenging financial context globally. Greater engagement with other healthcare and education systems should enable Romanian practitioners to update the care they provide. The country is keen to develop and in order to do this it is important there is input from outside, a willingness to invest and clear expectations by investors that

Romanian health personnel will engage with this in a collaborative manner and that initiatives should be spread across the country to maximise impact.

The course participants, the representatives of the Romanian National Center for Training in Healthcare and the representatives of the Romanian National Order of Nurses fully welcome input from the UK. The course evaluation was very good and there is much work to be done to build on the excellent work of the ROPSF to enhance wound care in the country.

AUTHOR DETAILS

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Photo (left) shows from the left: Georgeta Pasarin, Nurse, Funderi Gastrointestinal Surgery and Liver Transplant Institute, Cristian Dobre, Vice-President, Romanian Ostomy Association, Mrs Constanta Tieru Hatu, Head, Nursing Department, National Center for Training in Healthcare, and Irene Anderson (author)

A view from **Cristian Dobre**, Vice-President, Romanian Ostomy Association

This course has been necessary for a long time in Romania because the medical school curriculum is lacking in information about modern and effective methods of treating chronic wounds. It was important that this course was attended by both nurses and doctors working in community nursing and surgery. It is hoped that attitudes towards the treatment and care of patients with chronic wounds will change through better cooperation and understanding between physicians and nurses, based on current professional knowledge. From feedback received, course participants found it very helpful. They felt it was professionally led and well supported by new information that is relevant to their everyday work.

To ensure greater legitimacy of the educational programme, it was important to involve the two most important organisations representing professionals and medical education in Romania: the National Order of Nurses and the National Center for Training in Healthcare.

In 2010-2011 I hope to be able to develop a new project for training trainers in wound management in Romania. This will be possible in partnership with the University of Hertfordshire and with significant help from the UK's Ileostomy Association and the Romanian Ostomy Patients Support Foundation.

In addition, considering the large number of patients with chronic wounds in Romania, there is a major role for dressing and medical device companies to have greater involvement in supporting educational programmes for healthcare professionals.

Finally, the success of this course could be the impetus to create competencies for nurses in wound management, with the aim of developing formal training for specialist wound care nurses in Romania.