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ISSN 2652-1695

Volume 18 No 2 August 2021

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President & President Elect joint message



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WCET® President 2020-22



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Acknowledging what we all have been through

"Persistence and resilience only come from having been given the chance to work through difficult problems." Gever Tulley



1ST PLACE

JWC WUWHS 2020 Gold Award Most Progressive Society
Médaille d'Or JWC WUWHS 2020 la Société la plus progressive
JWC WUWHS 2020 最进步协会金奖
Prêmio de ouro JWC WUWHS 2020 Sociedade mais progressista

In the previous *bulletin* joint messages, we have wished to highlight nurses' competencies, especially in regard to specialised nurses such as ET/stoma/ostomy nurses/clinicians. Looking back on the past year we have been through, two words come right away into our mind: resilience and ability to adapt. It is evident that with all this healthcare crisis still running worldwide, which has challenged us all in many ways, we have been asked to deal with and constantly adapt ourselves to unexpected and unprecedented issues.

This year has really been a challenge, it has taken a team effort to be able to grow as an international organisation, facing and overcoming several issues rising one after the other:

- We twice had to move our 2020 Biennial congress. As Glasgow had been moved to 2024 and still will be a joint Congress with our colleagues from ASCN-UK, you will learn a bit more about our next 2022 Biennial Congress which will be also a joint meeting with our colleagues from WOCN®.
- We had to change our management company. As with any new relationship, it takes time to learn more from each other and find ways to make things easier. In this issue you will know more about some key persons from McKenna.
- We had to change our website. It is still a work in progress. At least PayPal and online payments are better even if not fully resolved. We do hope you find it more friendly than the previous one.
- As we were not able to meet face to face, as we have always done since 2018, we implemented a different transition plan. When the new Executive Board (EB) members were elected, we invited them to join EB calls as non-voting EB members until the end of our 2020 Virtual General Business Meeting. Since then, former EB members have been invited to join the calls as non-voting EB members and are mentoring the new ones, with our support. This has worked very well and we are grateful to all who continue to volunteer their time. In this issue you will read more about each new EB member's personal experience as they are now part of the WCET® Board.
- We take the opportunity to warmly thank all the members of our team, including Tracy Addis our Bookkeeper and Ian Katte our Accountant, both from UK, Dee Waugh WCET® Congress & Meetings Coordinator, Greg Paull WCET® Publisher, Dr Jenny Prentice WCET® Journal Editor, Gordon McDade Cambridge Media Logistics for the *bulletin*, Ceridwen Clocherty WCET® *bulletin* copy editor and all the ones behind the scene for their outstanding job, support and dedication to WCET®.

We also take again the opportunity to THANK YOU all, WCET® International delegates, members, industry partners for your support. We send special thoughts to all fighting the COVID pandemic. The vaccine is helping, but the war is not yet over. We are proud of you ALL!

We would not have made it without you!

After having launched the WCET® 2020 International Ostomy Guideline last December, we have published an article about its implementation to practice in the *Advances in Skin & Wound Care Journal*, June issue as well as in the issue 2 of the *WCET® Journal*. We are also proud to invite you to look for our interview with them on the first joint APWCA (American Professional Wound Association)/ASWC (Advances in Skin & Wound Care) videocast available on YouTube at: <https://www.youtube.com/watch?v=2R-Uf7aSKjc>.

Our WCET® Education and NNGF® committees have been very busy in creating and implementing plans to celebrate this WCET® Norma N. Gill Day®:

- The WCET® Education Committee has provided an outstanding webinar on Paediatric Stoma Care Recommendations presented by WCET® past President 2010–2014 Louise Forest-Lalande. Many thanks for her sharing and contribution in disseminating this specialised knowledge. You will find more about the webinar under: <https://wcetn.org/events/EventDetails.aspx?id=1527750&group=>. We warmly thank Coloplast for their sponsorship of the webinar.

We hope you will join us beginning on 22nd September 2021 for the WCET® Worldwide Education Ostomy Webinar. This half day program is free for WCET® members to attend. The cost for non-members is £35.00 which includes WCET® membership until 31st December 2022. This webinar will be open for viewing from 22nd September till 31st October 2021. We thank Hollister® for their generous educational grant to exclusively support sponsorship of this webinar.

Look for more webinars to come later in 2021 and 2022 by regularly visiting our WCET® website.

- The WCET® NNGF® Committee in coordination with the WCET® EB also has provided you a WCET® Treasure chest poster that will help you to disseminate and promote WCET®'s benefits: <https://wcetn.org/default.aspx>. The more people we can make aware about what we are doing and how they can join to become a member and/or can donate, the stronger we will be and the better we will be able to fairly award the received profit as scholarships or utilise for other projects.

- Last but not least, the WCET® NNGF® Committee have launched the WCET® Norma's Circle. We warmly thank them for their initiative. We invite you to join this WCET® Norma's Circle as it will help us to even better fulfil our worldwide education mission. You will find more about it under:

<https://wcetn.org/page/NormasCircle>.

Now that the call for nomination for President Elect 2022–2026 closed on 30th June 2021, you will find in this issue the nominee details so you can vote for their election. This vote is open until the end of October. WCET® members then have 2 weeks to vote (1st–15th November 2021). Then your country ID has until 30th November to cast the vote from your country. Announcement of results will be on or about 1st December 2021.

Please remember that you need to be a financial WCET® member for more than 6 months in order to be able to get the reduced registration fee to our congress scheduled for 5th–8th June 2022 in Fort Worth Texas, USA.

We will acknowledge all the 2020–2022 and 2022–2024 EB members on stage in our next biennial Congress to warmly thank them for their outstanding job during those so special times.

We cannot wait to see you all face to face again!

Please keep safe from the virus and its variants. Take care and hope to see you soon.

Sincerely

Elizabeth & Laurent



**Call for abstracts open on
7th September 2021 and
close on 1st November 2021:
please consider submitting.
Stay tuned for a blast email with the
website submission page address.**

Reconnaitre ce que nous avons tous traversés

"La persistance et la résilience ne viennent qu'après avoir affronté des moments difficiles". Gever Tulley

Dans les messages joint des *bulletins* précédents, vous avons voulu mettre en lumière les compétences infirmières, et en particulier celles des infirmier-e-s spécialisé-e-s comme les Stomathérapeutes ou infirmier-e-s en stomathérapie/clinicien-ne-s. En regardant l'année écoulée, deux qualités nous sont immédiatement venues à l'esprit: notre résilience et notre capacité d'adaptation. C'est une évidence de dire que cette crise sanitaire toujours en cours au niveau mondial nous a mis au défi de multiples façons. Elle nous a demandé de nous adapter constamment à des issues inattendues et incertaines.

L'année passée a été un sacré défi à relever et il nous a fallu réaliser un travail d'équipe pour être en mesure de continuer et grandir en tant qu'organisation internationale en dépit de nombreuses difficultés auxquelles nous avons dû faire face:

- Nous avons dû déplacer deux fois notre congrès biennal 2020. Comme Glasgow est maintenant prévu pour 2024 et sera toujours un congrès jumelé avec nos collègues d'ASCN-UK, vous apprendrez un peu plus sur notre prochain congrès biennal 2022 qui sera aussi un congrès jumelé avec nos collègues du WOCN®.
- Nous avons changé de compagnie de management. Et comme toute nouvelle relation, cela prend un peu de temps pour se connaître et trouver des moyens de rendre les choses plus faciles. Dans ce numéro vous en saurez plus sur quelques personnes clefs de McKenna.
- Nous avons changé notre site web. Il est toujours en travaux d'amélioration mais au moins les soucis avec PayPal et les paiements en lignes vont vers le mieux, même si tout n'est pas encore complètement résolu. Nous espérons que vous trouverez ce site plus facile à utiliser que le précédent.
- Comme nous n'avons pas pu nous rencontrer en face à face depuis 2018, nous avons dû mettre en place un plan de transition. Quand les nouveaux membres du Comité Exécutif (CE) ont été élus, nous les avons invités à joindre nos rencontres virtuelles comme membres du CE sans droit de vote et ce jusqu'à la fin de notre Assemblée Générale virtuelle de 2020. Depuis, les anciens membres du CE ont été invités à se joindre à nos rencontres virtuelles comme membres du CE sans droit de vote ; ainsi que d'encadrer les nouveaux membres du CE et ce avec notre soutien. Ceci c'est montré particulièrement efficace et nous sommes très reconnaissant à tous pour donner de leur temps

bénévole. Dans ce numéro, nous apprendrez plus sur chacun des nouveaux membres du CE et leur expérience comme faisant maintenant parti du Comité du WCET®.

- Nous prenons l'opportunité de remercier chaleureusement tous les membres de notre équipe, y compris Tracy Addis et Ian Katte nos comptables, tous deux vivant au Royaume Uni, Dee Waugh la Coordinatrice des congrès et des rencontres du WCET®, Greg Paul l'éditeur du WCET®, Dr Jenny Prentice l'éditorialiste du Journal du WCET®, Gordon Dade pour son travail de logistique autour du *bulletin* du WCET®, Ceridwen Clocherty la relectrice du *bulletin* du WCET®, ainsi que toutes les autres personnes dans l'ombre pour le travail extraordinaire, leur soutien et leur implication pour le WCET®.
- Nous tenons encore à VOUS REMERCIER toutes et tous, les Délégué-e-s Internationaux du WCET®, membres, partenaires de l'industrie pour votre soutien. Nous adressons nos pensées particulières à tous ceux d'entre vous qui combattaient encore contre le COVID et ses variants. La vaccination aide, mais la guerre n'est pas terminée. Nous sommes tellement fiers de vous TOUS!

Nous n'aurions pas réussi à relever ces défis sans vous!

Après avoir publié en décembre dernier les recommandations internationales des soins aux personnes stomisées 2020 du WCET®, nous avons publié un article sur son implémentation dans la pratique dans le numéro du juin du journal *Advances in Skin & Wound Care Journal*, comme dans le numéro 2 du *Journal du WCET®*. Nous vous invitons aussi à visionner notre interview lors du premier vidéocast réalisé conjointement par l'association Américaine des professionnels en soins de plaies (APWCA) et les soins de peau et de plaies avancés (ASWC). Il est disponible sur l'adresse suivante: <https://www.youtube.com/watch?v=2R-Uf7aSKjc>.

Notre commission éducation and NNGF® du WCET® ont été créatif et bien occupés à prévoir les célébrations de la Journée Norma N. Gill du WCET®:

- La commission éducation du WCET® nous a proposé un séminaire en ligne exceptionnel sur les recommandations aux soins de stomathérapie pédiatrique, présenté par la Présidente du WCET® 2010–2014, Louise Forest-Lalande. Un grand merci à elle pour avoir partagé ses connaissances spécialisées et avoir contribué à les répandre. Vous retrouverez ce séminaire à l'adresse : <https://wcetn.org/events/EventDetails.aspx?id=1527750&group=>. Nous remercions chaleureusement Coloplast pour son soutien financier à sa réalisation.

Nous espérons que vous nous rejoindrez dès le 22 septembre prochain pour notre séminaire en ligne sur les soins aux personnes stomisées. Cette demi-journée de formation sera gratuite pour les membres du WCET® et sera accessible à des non-membres pour un montant de £35.00, incluant la cotisation de membre au WCET® pour une année, soit jusqu'à fin 2022. Merci à Hollister® pour son support financier généreux le concernant.

D'autres séminaires en ligne sont à venir d'ici la fin 2021 début 2022, merci de vous tenir informé en venant visiter régulièrement notre site web.

- La commission NNGF® du WCET® en coordination avec le CE du WCET® a aussi produit un poster de chasse au trésor du WCET® qui vous aidera à disséminer et promouvoir les bénéfices du WCET®: <https://wcetn.org/default.aspx>.

Plus nous pouvons sensibiliser de personnes à ce que nous faisons et les aider à devenir membres ou/et à faire une donation, plus nous serons fort et mieux nous pourrions répartir équitablement les profits reçus en bourses et autres projets.

Enfin et pas des moindres, la commission NNGF® du WCET® a lancé le cercle de Norma du WCET®. Nous les remercions chaleureusement pour leur initiative. Nous vous invitons à rejoindre ce cercle de Norma du WCET® afin de contribuer à nous aider à encore mieux remplir notre mission de formation partout dans le monde. Vous trouverez plus d'information le concernant sous: <https://wcetn.org/page/NormasCircle>.

Maintenant de l'appel à nomination pour Président Elu 2022–2026 est fermé depuis le 30 juin dernier, vous trouverez dans ce numéro les informations concernant la candidate afin que vous puissiez voter en connaissance de cause. Ce vote sera ouvert dès fin octobre. Les membres du WCET® auront 2 semaines pour ce faire (du 1 au 15 novembre 2021), et votre Délégués Internationaux auront jusqu'au 30 novembre pour voter au nom de votre pays. Le résultat des votes sera annoncé le 1 décembre 2021 ou un peu après.

Laissez nous vous rappeler que vous devez être membre à jour de cotisation depuis plus de 6 mois pour pouvoir bénéficier d'une réduction au prix d'entrée de notre congrès prévu du 5 au 8 juin 2022 à Fort Worth, au Texas, USA.

Nous accueillerons sur scène tous les membres du CE 2020–2022 et 2022–2024 lors ce prochain congrès biennal et les remercierons pour leur travail hors du commun réalisé dans cette période si particulière.

Nous nous réjouissons déjà de vous revoir tous face à face enfin!

Restez en santé, loin du virus et ses variants. Prenez soins de vous et nous espérons vous revoir bientôt.

Sincèrement

Elizabeth & Laurent

表扬我们所有人都经历过的

(Many thanks to Michelle Lee, WCET® Education Committee member, for this Chinese translation)

“坚持和韧性只来自曾经被给予机会去解决难辛问题的人。”格弗塔利

在之前简报内的联合通讯中，我们希望强调护士的能力，尤其是将会成为专业的护士，例如造瘘治疗师/造口科护士/临床护理师。回顾过去的一年，在我们的脑海中，立刻浮现出两个词汇：坚韧和适应能力。很明显，在这场全球性的医疗危机中，有许多方面均对我们来说是一场挑战，我们不停处理并不断适应意想不到的和前所未有的问题。

过去一年确实是一个挑战。作为国际组织，我们必须面对许多不断发生的问题，但经团队的努力下，我们仍然能够继续成长。

我们不得不两次改动2020年的双年会议。格拉斯哥会议已移至2024年，我们仍会与来自英国造口护理护士协会的同僚，举行联合大会。而下一次2022年的双年大会，是与来自WOCN®的同僚的联合会议。您将会收到更多关于会议的资讯。

我们必须更换管理公司。与任何新的关系一样，我们需要时间相互学习，并找出使事情变得更容易的方法。在本期中，您将认识更多关于McKenna的一些关键人物。

我们也需要改变现有的网站。改善程序仍正在进行中。即使问题还没有全部解决，但至少PayPal和在线上支付的过程比以前进步。希望您觉得它较之前更容易使用。

自2018年以来，我们无法像以前那样面对面交流，因此，我们实施了不同的过渡计划。当新的执行委员会成员当选时，我们邀请他们作为没有投票权的成员，加入执行委员会的视像会议，直至2020年末虚拟一般业务会议为止。从那时起，前执行委员会的成员也被邀请加入视像会议作为没有投票权的委员会成员，并在众人的支持下指导新成员。这种方式非常有效，感谢所有继续志愿服务的人。在本期中，您将详细了解作为WCET®委员会一份子的每位新成员的个人经历。

我们借此机会热烈感谢团队内的所有成员，包括来自英国的Tracy Addis 记帐员，及Lan Katte会计师，Dee Waugh，WCET®大会和会议协调员，Greg Paull，WCET®出版商，Jenny Prentice博士，WCET®

期刊编辑，负责简报的Gordon McDade Cambridge Media Logistics，Ceridwen Clocherty，WCET®简报编辑以及所有幕后人员，感谢他们对WCET®的出色工作，支持和奉献。

我们也再次借此机会感谢所有人，包括WCET®国际代表，会员及厂商伙伴们的支持。我们对所有仍在与COVID及其变种病毒斗争的人作出呼吁，疫苗正在发挥作用，但战争尚未结束。我们为你们所有人感到骄傲！

没有你们，我们不会成功！

自去年12月，我们发布了WCET® 2020国际造口指南后，我们在（皮肤和伤口护理进展）杂志的6月份期刊以及WCET®杂志的第2期中，发表了一篇关于其实施的文章。我们很荣幸地邀请您在YouTube上观看首个由APWCA（美国伤口专业协会）和ASWC（皮肤和伤口护理进展）所举办的联合视频广播中关于我们的访问。YouTube at: <https://www.youtube.com/watch?v=2R-Uf7aSKjc>.

WCET®教育委员会和诺玛基金委员会一直忙于制定和实施庆祝WCET®诺玛日的计划。

WCET®教育委员会邀请前任2010-2014年主席，Louise Forest-Lalande，对儿科造口护理的建议，提供了一个出色的网络研讨会。非常感谢她在这专业知识方面的分享和贡献。请在以下网址找到有关网络研讨会的更多信息。 <https://wcetn.org/events/EventDetails.aspx?id=1527750&group=> 我们衷心感谢康乐保对此网络研讨会的赞助。

希望您可以在2021年9月22日开始参与WCET®全球教育造口网络研讨会。WCET®会员可免费参加此半天的课程。非会员的费用为35英镑，其中包括2022年12月31日之前的WCET®会员资格。本次网络研讨会将于2021年9月22日至10月31日开放。我们感谢Hollister教育基金慷慨赞助本次网络研讨会。

通过定期到访WCET®网站，你可寻找在2021年年底及在2022年所举办的更多网络研讨会。

WCET®诺玛基金委员会与WCET®执行委员会合作，为您提供了资讯极WCET®海报，以帮助您发放和宣传WCET®的好处。 <https://wcetn.org/default.aspx> 让更多人了解我们正在做的工作，以及他们如何加入成为会员和/或如何捐赠。我们越强大，我们便越好地将收益公平地分配给奖学金和其他的计划项目。

最后的一点是，WCET®诺玛基金委员会推出了WCET®诺玛圈。非常感谢他们的倡议，我们想邀请您加入这WCET®诺玛圈，因为它将帮助我们更好地完成全球教育的使命。请在以下网址找到更多关于它的资讯。 <https://wcetn.org/page/NormasCircle>



现在 2022–2026 年主席的提名征集已于 2021 年 6 月 30 日结束，您将在本期中找到被提名人的详细资料，以便投票。投票将在 10 月底开始。WCET® 成员有 2 周的时间进行投票（2021 年 11 月 1 日至 15 日）。国家/地区代表必须在 11 月 30 日之前进行投票。结果将于 2021 年 12 月 1 日或前后公布。

请牢记，您需要成为 WCET® 会员超过 6 个月，才能获得定于 2022 年 6 月 5 日至 8 日在美国德克萨斯州沃思堡举行的大会的注册减费。

我们将在下一次双年大会上，感谢所有 2020–2022 年和 2022–2024 年的执行委员会成员，热烈感谢他们在此特殊时期所做的出色工作。

我们迫不及待地想再次与大家面对面相见！

保护你自己，远离病毒及其变种。保重并希望很快地见到你们。

真挚的，
伊丽莎白和洛朗

Reconhecendo o que todos nós passamos

(Many thanks to Prof Dr Maria Angela Boccara de Paula, past SOBEST President, for this translation in Portuguese)

“Persistência e resiliência só vêm quando temos a chance de resolver problemas difíceis.” Gever Tulley.

Nas mensagens anteriores do boletim, destacamos as competências dos Enfermeiros, especialmente quando se trata de Enfermeiros Especializados, como Enfermeiros / Clínicos em estomaterapia.

Quando pensamos sobre o que se passou no ano passado duas palavras vêm imediatamente à nossa mente: resiliência e capacidade de adaptação. É evidente que, com toda essa crise de saúde ainda em curso em todo o mundo, que nos desafia de muitas maneiras, temos sido solicitados a lidar e nos adaptar constantemente à questões inesperadas e sem precedentes.

O ano passado foi realmente desafiador e com muito esforço nossa equipe continuou e contribuiu para o crescimento da nossa organização internacional, apesar dos muitos problemas crescentes que tivemos que enfrentar:

- Mudança de data por duas vezes do nosso congresso Bienal de 2020. O congresso que aconteceria em Glasgow foi transferido para 2024. Será um Congresso conjunto com nossos colegas da ASCN-UK, oportunidade em que você poderá saber um pouco mais sobre o que aconteceu em nosso próximo Congresso Bienal de 2022, em conjunto com nossos colegas do WOCN®.

- Mudança da empresa que fazia a Gestão da Sociedade. Como em qualquer novo relacionamento, leva tempo para aprendermos uns com os outros e encontrarmos maneiras de tornar as coisas mais fáceis. Nesta edição, você saberá mais sobre algumas pessoas-chave da McKenna, a nova empresa gestora do WCET®.
- Mudança do nosso site. Ainda um trabalho em andamento. Pelo menos o PayPal e os pagamentos online são boas opções, mesmo que ainda pareça que não está tudo resolvido. Esperamos que você o considere mais amigável do que o anterior.
- Como não podíamos nos encontrar pessoalmente como fazíamos desde 2018, implementamos um plano de transição diferente. Quando os novos membros foram eleitos, nós os convidamos a participar das chamadas do Comitê Executivo (CE) como membros não votantes até o final do nosso Encontro Geral Virtual de Negócios de 2020. Desde então, ex-membros do CE foram convidados a participar das chamadas como membros não votantes do CE e estão orientando os novos, com nosso apoio. Isso funcionou muito bem e somos gratos a todos que continuam a doar seu tempo para melhorarmos o funcionamento da nossa Associação. Nesta edição, você lerá mais sobre a experiência pessoal de cada novo membro do CE, pois agora eles fazem parte do Quadro WCET®.
- Aproveitamos a oportunidade para agradecer calorosamente a todos os membros de nossas equipes, incluindo Tracy Addis e Ian Katte, nossos contadores, ambos do Reino Unido, Dee Waugh WCET® Congress & Meetings Coordinator, Greg Paull WCET® Publisher, Dra. Jenny Prentice WCET® Editor do Jornal, Gordon Dade Cambridge Media Logistics para o *bulletin*, Ceridwen Clocherty WCET® Editor do *bulletin* e todos os que estão nos apoiando, por seus excelentes trabalhos, apoio e dedicação ao WCET®.
- Também aproveitamos a oportunidade para AGRADECER a todos vocês, delegados do WCET® International, membros, parceiros da indústria por seu apoio.

Temos um pensamento especial para todos vocês que ainda estão lutando novamente contra o COVID e suas variantes. A vacina está ajudando, mas a guerra ainda não acabou. Estamos orgulhosos de TODOS vocês!

Nós não teríamos realizado tudo isso sem vocês!

Após o lançamento do WCET® 2020 International Ostomy Guideline em dezembro passado, foi publicado um artigo sobre sua implementação para a prática no *Advances in Skin & Wound Care Journal*, edição de junho, bem como na edição 2 do *WCET® Journal*. Também

estamos orgulhosos de convidá-lo a assistir a nossa entrevista com eles, primeiro videocast conjunto APWCA (American Professional Wound Association) / ASWC (Advances in Skin & Wound Care) disponível no YouTube em: <https://www.youtube.com/watch?v=2R-Uf7aSKjc>.

Os membros dos comitês de Educação WCET® Education e da Fundação Norma Gill -NNGF® têm estado muito ocupados na criação e implementação de planos para comemorar este o dia mundial -WCET® Norma N Gill Day®:

- O comitê de educação do WCET® realizou um excelente webinar sobre Recomendações para o cuidado da criança com estomia, apresentado pela ex-Presidente do WCET® de 2010–2014, Louise Forest-Lalande. Muito obrigado por sua partilha e contribuição na disseminação deste conhecimento especializado. Você encontrará mais informações sobre o webinar em: <https://wcetn.org/events/EventDetails.aspx?id=1527750&group=>. Agradecemos calorosamente à Coloplast pelo patrocínio do webinar.
- Esperamos que você se junte a nós a partir de 22 de setembro de 2021 para o Webinar WCET® Worldwide Education Ostomy. Este programa de meio dia é gratuito para os membros do WCET® participarem. O custo para não-membros é de £ 35,00, que inclui a associação WCET® até 31 de dezembro de 2022. Este webinar estará aberto para visualização de 22 de setembro a 31 de outubro de 2021. Agradecemos a Hollister por seu generoso apoio educacional para o patrocínio deste webinar. Procure mais webinars em 2021 e 2022, visitando regularmente nosso site WCET®.
- O Comitê da Fundação Norma Gill -WCET® NNGF® sob a coordenação da diretoria executiva do WCET® também elaborou material sobre os benefícios da associação ao WCET®, o que ajudará a divulgar e promover o WCET®: <https://wcetn.org/default.aspx>. Quanto mais pessoas pudermos conscientizar sobre o que estamos fazendo e como elas podem se associar para se tornar um membro e / ou doar, mais fortes e capazes seremos para dividir de forma justa o recebido em forma de bolsas e para o desenvolvimento de outros projetos.
- Por último, mas não menos importante, o comitê da Fundação Norma Gill -WCET® NNGF® Committee lançou o Círculo Norma Gill -WCET® Norma's Circle. Agradecemos imensamente a iniciativa. Convidamos você a se juntar a este Círculo WCET® Norma, pois assim estará nos ajudando a cumprir ainda melhor nossa missão educacional mundial. Você encontrará mais informações sobre esse assunto em: <https://wcetn.org/page/NormasCircle>.

Agora que a convocação para a nomeação do Presidente Eleito 2022–2026 foi encerrada, em 30 de junho de 2021, você encontrará nesta edição os detalhes das candidaturas para que possa votar na eleição. Esta votação estará aberta até o final de outubro. Os membros do WCET® têm duas (2) semanas para votar (1–15 de novembro de 2021). Então, o Delegado Internacional (ID) do país terá até 30 de novembro para emitir o voto do seu país. O anúncio dos resultados finais será por volta de 1º de dezembro de 2021.

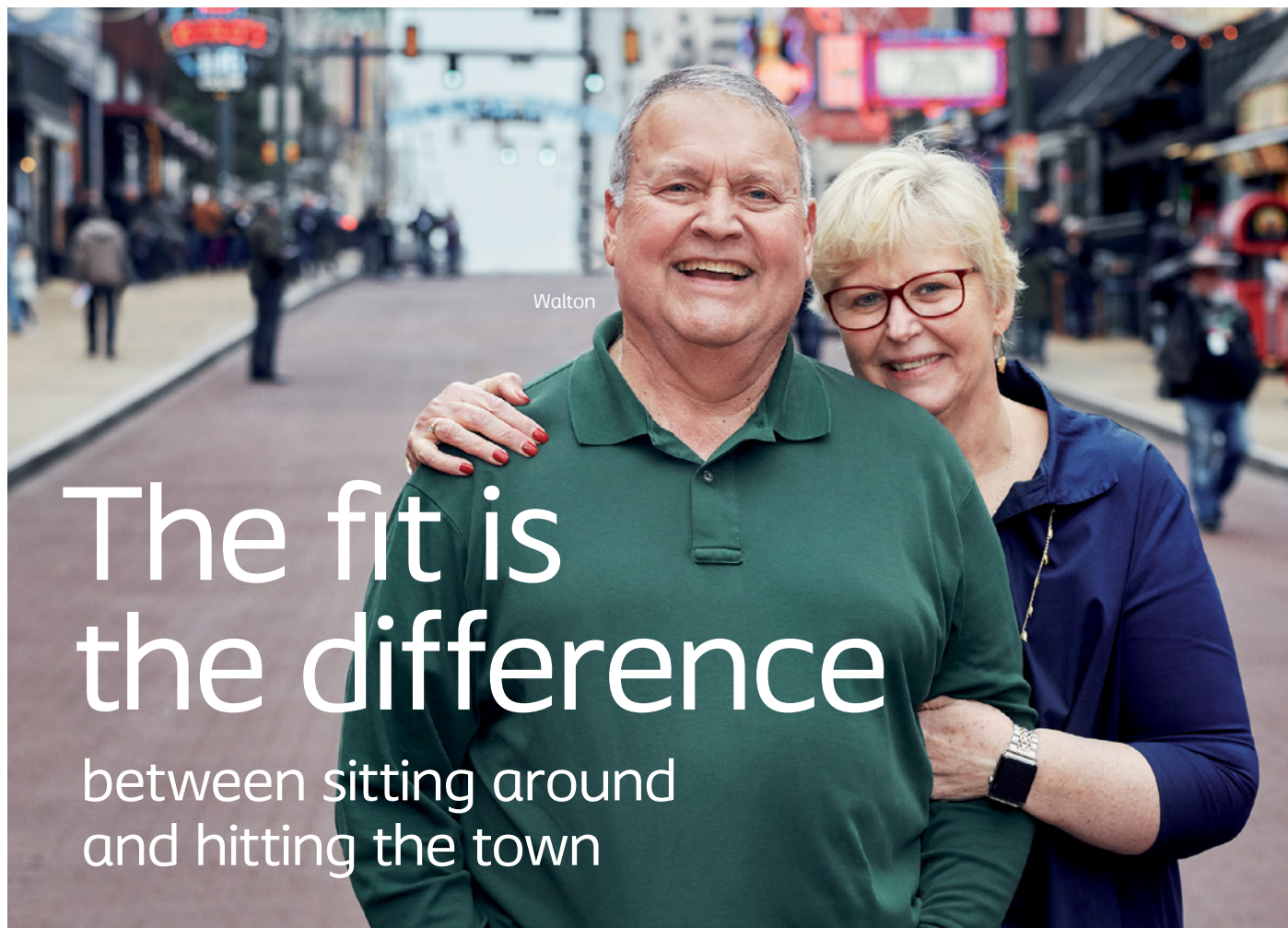
Lembre-se de que você precisa ser um membro associado pagante do WCET® por mais de seis (6) meses para poder obter a redução da taxa de inscrição em nosso congresso programado para o período de 5 a 8 de junho de 2022, em Fort Worth Texas, EUA.

Durante nosso próximo Congresso bienal reconhecemos e agradeceremos todos os membros do CE de 2020–2022 e 2022–2024 pelo excelente trabalho durante esses momentos tão especiais.

Mal podemos esperar para estar com todos vocês pessoalmente outra vez!

Mantenha-se em segurança e cuide-se. Esperamos ver você em breve!!!!

Verdadeiramente
Elizabeth e Laurent



Walton

The fit is the difference

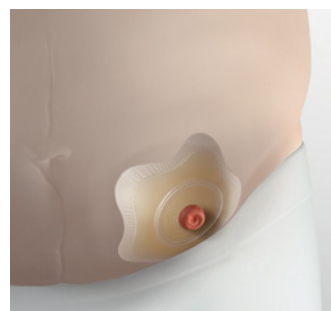
between sitting around
and hitting the town

SenSura® Mio Concave is the only product specially designed for people with curves or bulges around the stoma.

If a stoma is sitting on a bulge, it might be hard to fit a flat product without getting creases and folds.

BodyFit Technology within the curved, star-shaped SenSura Mio Concave baseplate enables the baseplate to "hug" the outward area, and the flip-to-fit function makes it easy for your patients to put it on.

To find out how it could make life easier for your patients, just go to www.coloplast.com



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SenSura® Mio Concave

McKenna Management: team biographies

Meet the WCET® management team!

Following issue 18(1), 2021 of the *bulletin* where Pam McKenna was presented (page 6), here are some other important members of the McKenna team. McKenna Management provide a comprehensive team available for consultation.

Susan Barber, MBA, CAE

Executive Director of McKenna Management Company



Susan Barber is a senior association and operations professional with expertise in strategic planning, program management, process improvements and event planning. Prior to joining McKenna Management, Susan was Vice President of Operations and

General Manager for the Smaller Business Association of New England and has held senior level positions in marketing and marketing operations roles. She holds a Master of Management of Human Services from Brandeis University, an MBA with a concentration in finance and business strategy from the University of Chicago Booth School of Business, and a BA in Psychology and Education from Ohio University. She's a certified inbound marketing professional and has six sigma green belt and lean six sigma certificates.

In her spare time, Susan enjoys being physically active by swimming, kayaking, hiking and gardening.

Melissa Striharsky

Program Coordinator for McKenna Management Company



Melissa Striharsky joined McKenna Management in 2018 and brings over 20 years of customer service and event management experience to her current position. She acquired her skills and experience while serving in a variety of roles in the fast-paced hospitality industry. Prior to joining McKenna Management, Melissa excelled

as the Senior Event and Catering Manager at the Wayside Inn in Sudbury, Massachusetts and previously as a Banquet Manager at the Sheraton Boston Hotel. During these roles, she planned and orchestrated hundreds of weddings, managed corporate events, meetings, receptions, conferences and banquets for

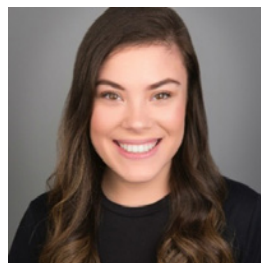
up to 3,000 attendees. Melissa holds a Bachelor of Science degree in Hospitality Management from East Stroudsburg University.

Melissa is a CMP-IS (Certified Meeting Professional-International Standard) Candidate and is currently studying in pursuit of passing the exam to receive the designation. The CMP designation represents the standard of excellence in the events industry.

Outside of providing high-quality membership and event support for her clients, Melissa enjoys travelling, reading, gardening, spending time with family, going on hikes, and planning for the next adventure.

Emily Clifford

Communications Coordinator for McKenna Management Company



Emily Clifford serves as the Communications Coordinator for several of McKenna Management's clients with a variety of web, print and social media communications needs. While completing her Bachelor's Degree in Business Administration with

concentrations in Marketing & Graphic Design at Merrimack College, Emily worked as a Marketing Communications Intern in the association management field. She also brings a variety of communications and design experience from internships and as the Design Editor of her college's newspaper to the McKenna Management team.

Michele Sperry

Staff Accountant for McKenna Management Company



Michele Sperry joined McKenna Management in 2009 and currently serves as the Staff Accountant for McKenna Management's clients. Michele has extensive non-profit accounting experience including proper tax reporting for 501 (c) 6 and 501 (c) 3 organisations. Michele ensures

all our clients' financials are handled in a GAAP-compliant manner. She handles financial reporting, reconciliations, receivables and payables. Michele enjoys assisting clients with the budgeting process and financial performance analysis.

Michele has earned a Bachelor of Science degree in Accounting from UMass Lowell (3.98) and a Bachelor

of Arts in Mathematics from St. Catherine University (3.88.) Prior to joining the McKenna Management team, Michele worked as a computer programmer at Raytheon and as a Procurement Officer in the US Air Force.

Garrett Rockafellow

Marketing & Graphic Design Coordinator for McKenna Management Company

Garrett Rockafellow serves as Marketing & Graphic Design Coordinator, bringing with him 10+ years of experience in the marketing and design field. Garrett's design work focuses on both function and form, and he



Garrett enjoys family time, homesteading and mountain biking.

aims to develop print and web marketing collateral that is both beautifully designed and helps our clients meet their unique goals.

Garrett holds a BS in Visual Communication Arts: Graphic Design and a BS in Business: Marketing from Liberty University. Outside of work,



NNGF®

Members donation 2020-21

The following members have very generously given donations to help fund NNGF® scholarships:

Victoria Preece – United Kingdom

Lin Jui-Ping – Taiwan

Fiona Jill Bolton – Australia

Donna Dinopoulos – Australia

Erica Taylor – Australia

Katherine Wykes – Australia

Diane Duran – USA

Kelly Jaszowski – USA

Eleanore Howard – Canada

Niken Safitri Dyan Kusumaningrum – Indonesia

Nria Invernizzi Silveira – Brazil

Sally Gill-Thompson – USA

Helen Richards – Australia

Carmen George – Australia

Mark Charvie Pacpaco – Philippines

Francesca Martin – New Zealand

Elena Fachriana – Indonesia

Wai Kuen Michelle Lee – Hong Kong

Toyoko Kuroda – Japan

Soraia Rizzo – Brazil

Lina Febrianti – Indonesia

Daniela Cardozo – Brazil

Laura Obbes – Namibia

Silvana Prazeres – Brazil

Christine Blake – Australia

Upul Pathmasena – Sri Lanka

Deborah Sinclair – Australia

Namiko Yamanaka – Japan

Brenda Christiansen – Australia

Rita De Cssia Domansky – Brazil

Chutiwan Tanasapphaisal – USA

Charleen Singh – USA

Regina Ribeiro Cunha – Brazil

Ngoc Duyen Luu – Australia

Vesna Widmer – Switzerland

Cintia Viana Bandeira da Silva – Brazil

Deborah Machado dos Santos – Brazil

Rosngela Oliveira – Brazil

Wang Juan – China

Hong Zhou – China

Lulu Chen – China

Kuang Dengwei – China

Zeng Jun – China

Hua Ling – China

Xiaolei Xu China

Gulnaz Tariq – Pakistan

Elliot Park – South Korea

Chiharu Yamamoto – Japan

Anonymous

Leocadie Hamadi – France

Jim Carrier – USA

Member sponsor member

The following members have very generously given donations to support individuals to become WCET®

Members:

Charleen Singh – USA

Vesna Widmer – Switzerland

Sonia Hicks – Australia

Helen Richards – Australia

Carmen George – Australia

Gregory Paull – Australia

Tarik Alam – Canada

Brenda Christiansen – Australia

Roll of Honour Organisation 2021

The following organisations have very generously given donations to the Foundation to help fund NNGF® scholarships, so furthering Norma's vision:

The Australian Association of Stomal Therapy Nurses (AASSTN)

WCET® Norma's Circle

The following members have very generously given a donation to become a founding member of the WCET® Norma's Circle:

Elizabeth A. Ayello, USA

Diane L. Krasner, USA

Dee Waugh, South Africa

Kathleen M. Capitulo, USA

Vashti Livingston, USA

Denise Hibbert, Saudi Arabia

Laurent Chabal, Switzerland

Hiske Smart, Bahrain.

The following Organisations have very generously given donation in order to be part of the WCET®

Norma's Circle:

Wenzhou ET School, China

Wenzhou WOC Association

Work experience as NNGF® chairperson

Establishing three aspects of professional consciousness and promoting three major projects

Aihua (Alice) Chen

Penhealth Medical Center, Wenzhou China

WCET® NNGF® Chairperson 2020–2024



I have been a WCET® board member and the chairperson of the Norma N. Gill Foundation® (NNGF®) for more than half a year. It's my great honour to serve in such an important role, but it is also a great responsibility. Over the past six months, I have learned a lot from the WCET® President, President Elect, and past committee members.

Meanwhile, I have been able to embrace and bring clarity to the role and responsibilities of the NNGF® chair. In my personal journey, I seek to strengthen the three kinds of professional consciousness and promote three major projects.

As an experienced wound–ostomy–continence nurse, my goal is to make a positive contribution to WCET® as the chair of the foundation named for Norma N. Gill, who began our specialty over 40 years ago. I reflected on essential attributes needed to lead the foundation. First, a leader must excel in critical thinking, moral character, and work ethic. As a member of the WCET® Board, I am firmly committed to three aspects of professional consciousness – the sense of responsibility, the sense of service, and the sense of dedication.

Consciousness of responsibility is the foundation. WCET® is an organisation that serves more than 2,000 members from around the world to whom we have the duty to elevate the level of professionalism. Over the years, WCET® has been proactive in the cultivation of innovative concepts of ostomy care, the dissemination of new knowledge, the promotion of novel technologies, and the application of cutting-edge treatments of care, achieving remarkable results. As new WCET® board members, we must make the promotion of our specialty the priority, and firmly carry out our responsibilities to meet WCET® missions.

Consciousness of service is the core. Service is the foundation of the WCET®. Only by firmly establishing a consciousness of service; anticipating, identifying and meeting members' needs; and fostering their personal growth and development; can we truly make WCET® a professional home for members.

Consciousness of dedication is the key. Norma N. Gill is our founder, and her professionalism and dedication are models for ET nurses. As the saying goes, "Three people must have my teacher" (Confucius). WCET®'s senior leaders have made great contributions to WCET® and have given me a lot of guidance and advice. Their spirit is inspirational. I will cherish this great opportunity as I fulfil my task with selfless dedication, I will not disappoint the trust and expectations of all members, and will strive to constantly improve myself, and contribute to the development of ostomy care.

As the chairman of NNGF®, I will work closely with all my colleagues to promote the development of NNGF®. Specifically, we will promote the development of three major projects.

One is cohesive engineering, building a sense of community. As an important committee of WCET®, NNGF® is responsible for contacting members around the world to actively contribute to the foundation. I will explore every means to gather forces to raise funds throughout our global community to ensure that our efforts to improve care, quality of life, and public welfare are achieved. The second is the return on investment project. The seeds of kindness must be rewarded with kindness. NNGF® must strive to build programs using multiple methods for the mutual benefit of our members and those for whom we care. This 'win-win' approach recognises donors that support the foundation and promotes a continuous flow of donations.

The third is the upgrading project. With these new programs, the work of NNGF® will inspire new changes, new challenges and new standards. We need innovative learning opportunities and robust communication to ensure that WCET®'s work will remain relevant, vibrant, alive, and life-changing.

The power to make the world better

Diana Gallagher, MS, RN, CWOCN, CFCN
WCET® Treasurer 2020–2024



Sometimes the world of healthcare seems daunting. There are commonalities that bridge all areas of nursing. There never seem to be enough hours to do everything that we would like to do. Long hours and hectic shifts are a normal part of our lives. Nursing shortages have remained a challenge for

decades. The COVID-19 pandemic only exaggerated the existing deficit. We lost countless colleagues to the pandemic. Sadly some lives were lost and others opted for early retirement or to leave nursing for less demanding roles. Nurses in specialty roles face additional demands. There is continually advancing science and research. There are new guidelines to read and adopt. The demands come from all directions and maintaining that healthy work-life balance is more difficult than ever. The job is not easy and it is clearly not for everyone.

For those who choose nursing and stay in a nursing role, the rewards are obvious. We understand that there is no job like it. It takes a nurse to find joy in a flash of blood confirming a good IV stick or pride in getting an ostomy pouch over a difficult stoma to last for a full 5 days. Nurses find satisfaction in developing a wound care plan that results in measurable improvement or even preventing infection in a non-healing wound; we celebrate the arrival of granulation buds evidencing progress with our plan or lack of odour and wound pain. We enjoy that sense of accomplishment when we take on and overcome challenges. Each and every day, we are treated to those intangible little rewards: a patient's grateful smile, a twinkle in an 80 year old's eyes, a sweet pat on the back of your hand or the relief that comes with assuring patients that they are not alone on their journey.

Like most nurses, I live for those moments when I know that I have made a positive difference in a patient's day, helped a family cope with a frightening diagnosis, or inspired a peer to improve their practice. It is not always about winning the battle but instead knowing that you did your best and fought a good fight for those that you care for and care about. Nurses have that power to make a positive difference every day. Specialty nurses practising in the area of wound, ostomy, continence and foot and nail care have unique opportunities and unique challenges but also unique rewards. Sometimes

our efforts may seem insignificant at the time, but small actions can lead to big rewards. Just like a pebble tossed into a lake, the ripples continue expanding outward. For those practising for some time, imagine how many lives you have touched. Then imagine how those individuals impacted others and... the ripples continue.

In the world of wound, ostomy and continence nursing, Norma N. Gill sits as the centre of our specialties. Norma was the first ET and her efforts shaped lives, careers and educational programs. Norma paved a road that led to a better future for ostomy patients. Norma understood that every patient deserved to be cared for by those educated and trained in these specialties. Looking back, Norma's legacy is huge but I imagine her daily work was not unlike the work we do everyday. Like Norma, we are committed to assuring ostomy patients (as well as wound and continence patients) can see a positive future and live a quality, meaningful life.

We each have the power to make the world a better place for patients and nurses hoping to join our specialties. Norma's Circle is a program to honour Norma's work and continue her legacy. For your donation of £200 (GBP), you will become a founding member of Norma's Circle. With your donation, you will be joining an elite group of passionate individuals who share Norma's vision for a better world. Please go to www.wcetn.org and make your donation today.



Nomination for President Elect 2022–2026

Vote will be open from 1-15 November 2021, followed by the ID vote which will be open from 16–30 November 2021



Candidate Profile

World Council of Enterostomal Therapists® Executive Board

Completed by the member nominated for office

Name: Denise Hibbert

Address: 906 Ranco Village, Building 3109, AlManar, PO Box 2889,
Riyadh 14222-6656, Saudi Arabia

Phone: 00966502920315

Fax: NA

Email: denisehibbert@gmail.com



Position nominated for: President Elect

Term of office: 2022–2026

Present position:

- Member congress planning committee member 2022
- Member WCET® & ASCN-UK joint congress scientific committee 2020–2026
- Non-voting member WCET® EB 2020–2021 (as past WCET® Education Chairperson 2016–2020 & Scientific Chair of planned congress 2018–2020)
- Member WCET® Journal Editorial Board 2021–present

Present employment:

Senior Advisor Nursing Academia, PNU & KAAUH, Riyadh Postgraduate Council Member, College of Nursing, PNU

Professional qualifications:

RGN, MSc(WHTR), BSc(hons), DipHE, ONC, STN, FSSCRS

Professional activities:

- Senior Advisor Nursing Academia to Director General, Health Affairs, PNU & KAAUH, Riyadh (2020–present)
- Clinical Specialist Director, Colorectal Services, KFSH&RC, Riyadh (2010–2019)
- Senior Lecturer, Al Faisal University, Riyadh (2014–2019)
- Clinical Supervisor, Saudi Colorectal Surgical Fellowship (2011–2019)
- APN Colorectal (Ostomy, Wound, Bowel/Pelvic Floor Dysfunction), KFSH&RC, Riyadh (2007–2019)
- Program Director and Founder Saudi Enterostomal Therapy Diploma (2009–2018)
- Clinical Nurse Coordinator ET (WOC), KFSH&RC, Riyadh (1999–2007)
- Acting Head Nurse/Staff Nurse/Charge Nurse, KFSH&RC, Riyadh (1994–1999)
- Staff Nurse, Assistant Head Nurse, KFAFH, Jeddah (1992–1994)

- Agency Nurse, Palliative Care, Care of the Elderly, Home Care, Jersey, CI (1991–1992)
- Staff Nurse, Surgical, KAMC-NGHA, Jeddah (1990–1991)
- Staff Nurse, Cardiology & Endocrinology, Hallamshire Hospital, Sheffield, UK (1989–1990)
- Staff Nurse, Colorectal & Vascular Surgery, Hallamshire Hospital, Sheffield, UK (1987–1989)

Other:

Editorial Board member *Annals of Saudi Medicine* (2016–present)

Editorial Board Member *World Journal of Colorectal Surgery* (2018–present)

International Council of Nurses/Advanced Practice Nurses – Education Committee Member (2012–present)

National Guideline Development Group Saudi Colorectal Cancer Screening (2014–2015)

Brief statements of objectives if elected to nominated position:

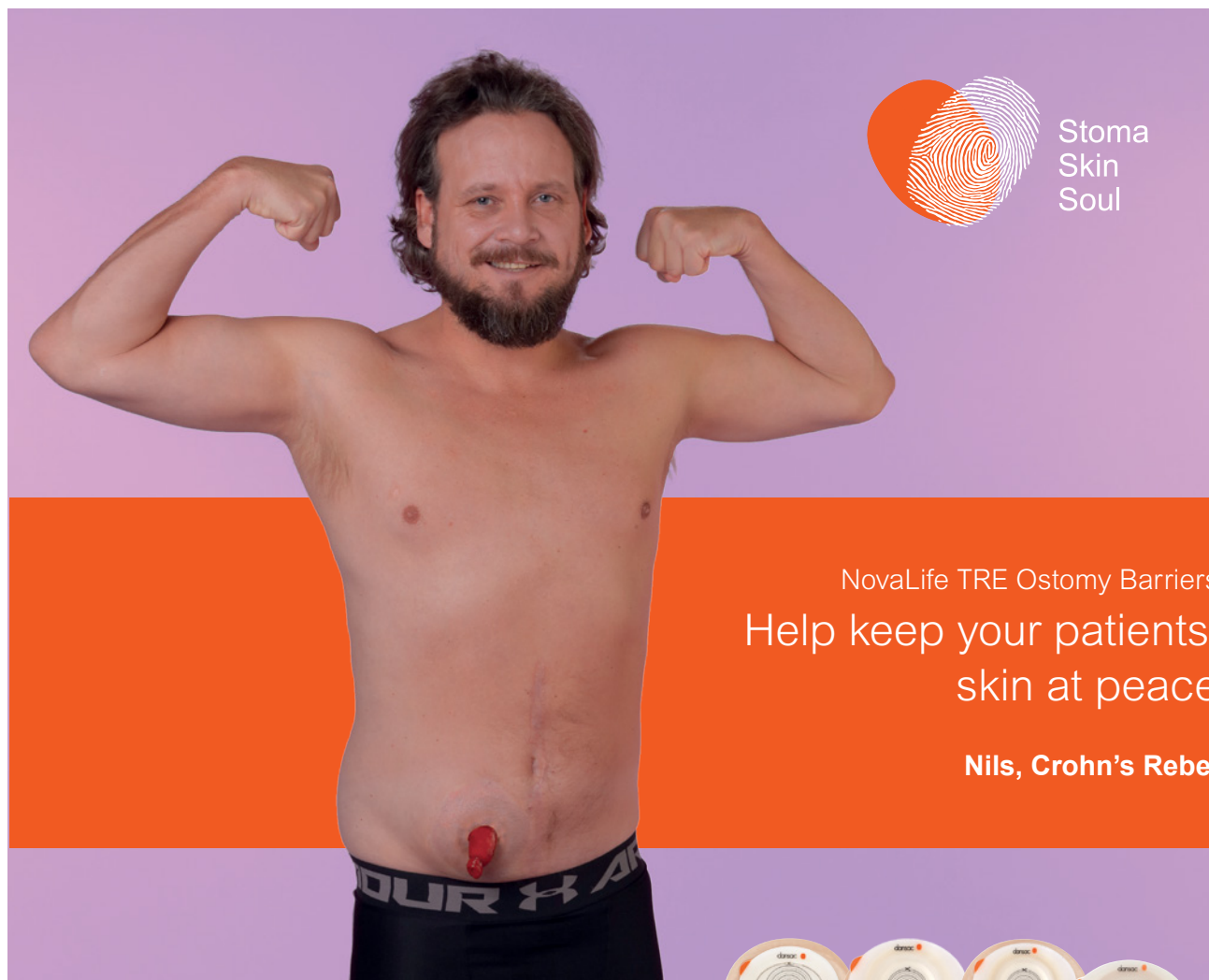
- To support the President and EB members towards meeting the WCET® mission to lead the global advancement of specialised professional nursing care for people with ostomy, wound or continence needs.
- To work with the education and NNG committees/task forces and International delegates towards the WCET® vision of providing nurses worldwide with access to education ensuring specialised nursing care is available worldwide for all people with a need for ostomy, wound or continence care.
- To ensure that education, information and publications are provided in languages to meet WCET® members' needs.
- To network with international organisations, individuals and industry to support the vision and mission of the WCET®.
- To work with the WCET® Management Company and EB on innovative solutions to modern day obstacles and to endeavour to ensure the WCET® is meeting global advances.
- To uphold the constitution and ensure changes are proposed to allow the WCET® to meet its mission and vision.
- To work towards meeting WCET® members' changing needs.

WCET® 2022 CONGRESS



WOCNext® 2022: A Global Education Event from WOCN® and WCET® is a hybrid, experiential event featuring both online and in-person education, networking, and activities geared towards WOC nurses and other healthcare professionals dedicated to providing expert care to patients with wound, ostomy, and continence care needs around the world. Learn more at wocnext.org.

A hybrid event is a combination of a physical event with elements of a digital event, usually running simultaneously and with overlapping content and interactive elements broadcast over the Internet.



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Excelsior College – WCET® member benefits

“As a member of WCET®, you qualify for partnership benefits. Advance your career with an advanced degree today.”

Mary B. Sayer, Partnership Specialist

WCET.Excelsior.edu

Excelsior College offers distance learning programs that are specifically designed for working adults. Excelsior’s programs enable professionals like you to broaden your abilities, master new skills, and increase your value to your organisation.

- Get more credit for prior college coursework.
- Pursue credit by exam options.
- Receive credit for knowledge gained on the job or through military training, certification, licensing, professional development, and self-study.

Here are some links that showcase who Excelsior is and our partnership benefits:

- a. **Virtual office hours with Mary Sayer, Partnership Specialist**
<https://excelsior.zoom.us/meeting/register/vJQodeGtrzluc5-N9EL65kmLI6JoH3vn6A>
- b. **Excelsior general overview** (also featured on each partnership page)
<https://youtu.be/2c0Sygn7OxE>
- c. **Virtual events:** [Virtual Webinars](#)

Excelsior College offers the World Council of Enterostomal Therapists® members and their spouses/ domestic partners up to 20% savings on tuition for all degree programs and an application fee waiver. Full listing of partnership tuition and fee discounts can be found on Excelsior’s website, [here](#).

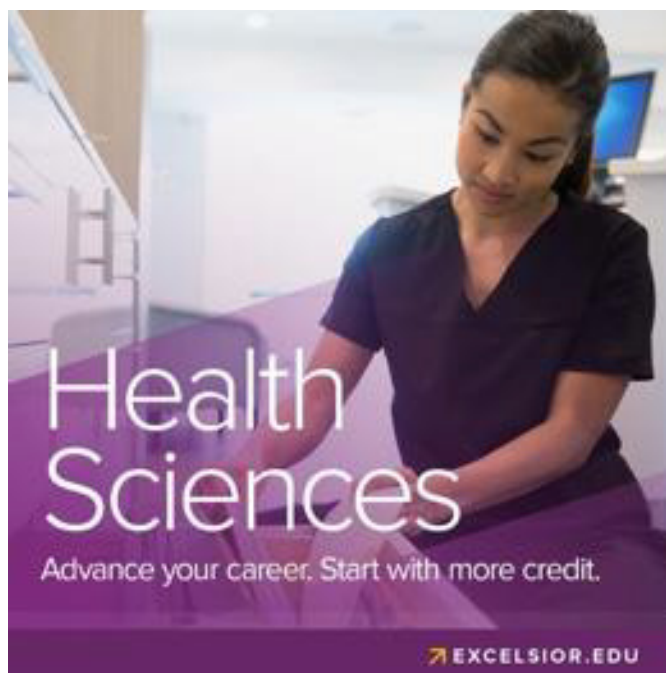
Visit the International Applicant page to find out what you need to do to apply as an international student. If you plan to enrol in a nursing program, visit the [International Nursing Applicants](#).

Deferred tuition available at Excelsior College

Excelsior College offers you the option of deferring payment of tuition until your course is completed. With deferred tuition, instead of paying at time of registration or using a payment plan, payment is deducted from a credit card, checking account, or savings account approximately three weeks after the course end date. This allows time for you to submit your tuition reimbursement paperwork for a refund. [Learn more](#).

Take advantage of your savings

- Discount: During application, identify yourself as a



World Council of Enterostomal Therapists® member or spouse/domestic partner of a World Council of Enterostomal Therapists® member to receive your discount. You will be required to present your World Council of Enterostomal Therapists® Member ID for yourself or your spouse/domestic partner to receive your discount.

- Application Fee Waiver: World Council of Enterostomal Therapists® members pay no application fee.
- More info: Visit wcet.excelsior.edu for more information
- Deferred tuition: [Learn more](#).

For more information, you can reach any of our Partnership Admissions Counselors at (844) 843-9296 or email us at outreach@excelsior.edu

We look forward to helping you through your educational journey.

Australian Association of Stomal Therapy Nurses (AASTN) NSW Branch 'Onwards & Upwards' study day: 18th June 2021

Carol Stott

Prince of Wales Hospital, Sydney, Australia

The AASTN (NSW Branch) were able to run a 'face-to-face' study day for over 80 delegates at Dockside in Darling Harbour, Sydney, Australia. This was organised by a small team led by Carol Stott and included Julia Kittscha, Lisa Graaf, Helen Richards and Donna Heggie. The venue overlooked Darling Harbour and the refreshments provided were excellent. As everyone said it was lovely to be able to hold a face-to-face meeting again. We are fortunate this event was able to be held as a week later lockdown was announced for much of NSW due to the Delta variant of COVID-19 spreading into the community.

We decided to target education for beginning and advanced stomal therapy nurses as well as surgical nurses working on colorectal wards. The program therefore included a mix of basic information including pre-operative and post-operative stomal therapy nursing, 'tricks of the trade', research and case studies.

The study day was held during Stomal Therapy Awareness Week in Australia. Mark Muhlmann, a colorectal surgeon from Prince of Wales Hospital, spoke about 'Why people have stomas' which was a good introduction to the day.

Final results from the Stoma Adjustment study were presented by Lisa Graaf from Prince of Wales Hospital. This showed that some domains improved over



Organising committee. L-R: Carol Stott, Donna Heggie, Helen Richards, Julia Kittscha and Lisa Graaf

9 months and some did not. Culturally and linguistically diverse people made up 25% of the total number of people recruited and they fared worse than the general population. This shows how important it is to include this group of people in research.

Vicki Patton presented about teaching research skills using the Zoom platform and Colleen Mendez presented about the research she is undertaking looking at how enhanced preoperative education can improve outcomes amongst new stoma patients. Paris Purnell spoke about the impact COVID-19 has had on stoma and continence patients in that they have not been accessing appropriate help during the pandemic which I believe we all suspected. Lee Gavegan presented on Fleet enema administration and a policy change she has initiated following some adverse outcomes amongst patients following administration.

There were several case studies presented which are always popular among delegates. Case studies were consistently rated highly by the delegates. Of particular interest is the case study about the 'Insides System'. This is an invention by a New Zealand colorectal surgeon that allows re-feeding of chyme using a magnetic pump through the distal limb of a fistula or stoma without emptying or having to change the bag. As many of us know, 're-feeding' of chyme can be a messy and time-consuming procedure; this innovative device enabled this procedure to be carried out and the patient was able to leave hospital without requiring IV fluids or TPN.

Alison Kennedy from Sydney Children's Hospital presented about antegrade continence enemas in the paediatric population. This procedure is carried



Agreement to publish given by Omnigon, August 2021



Mark Muhlmann, colorectal surgeon



"Bins for Blokes"

out much less frequently in adults but adult stomal therapists do need to know about them as the children do transition to adult hospitals eventually and so need support.

Helen Richards spoke about the Australian 'twinning' experience in Kenya which was completed in 2018. Helen also gave a very useful talk about teaching patients appropriate ordering practices when accessing The stoma appliance scheme.

The Continence Foundation of Australia has been looking at trying to get bins installed in male public toilets for many years and June 2021 'Bins for Blokes' was officially launched. Donna Heggie presented a very interesting presentation on this and the problems men have disposing of incontinence products discreetly.

We had several new presenters including Trish Doherty and Anne Leong who both presented interesting case studies. Case studies are a good way to start improving your presentation skills as they are always well-received and are a research approach which looks at an in-depth complex issue.

The six ostomy companies Ainscorp, Coloplast, ConvaTec, Dansac, Hollister and Omnigon provided comprehensive trade displays which complemented the formal presentations.

A game of KAHOTS finished off the day with a mixture of fun and serious questions, with the winner getting a copy of WOCN® Core Curriculum Ostomy Management.

Education is very important at any time and particularly so during the COVID-19 pandemic. It is important that opportunities are used to provide both face-to-face and other educational opportunities like webinars.

Delegates journaling their learning experiences from the day will help towards their Continuing Practice Development (CPD).

Complications in men with intestinal stomas in a reference centre in northeast Brazil*

Iraktania Vitorino Diniz, Verônica Morais Barreiro Pontes, Isabelle Pereira da Silva, Celia Cartaxo Pires de Sá and Maria Julia Guimarães Oliveira Soares

Abstract

It is estimated that one in 10,000 people are ostomised worldwide. This condition in particular seems to affect masculinity and make coping difficult. The aim of this study was to verify the complications of men with an intestinal stoma at a referral centre. It took a documentary, exploratory, transversal research and quantitative approach. Collection was carried out from July to December 2019. The population consisted of 207 men, of whom 171 (82.6%) had a colostomy; 75 (36.2%) a terminal colostomy exteriorisation, 76 (36.7%) where stoma was a permanent permanence criterion, and 74 (35.7%) basic diagnosis rectal tumour. The most common complication was dermatitis (49; 23.7%), followed by hernia and retraction (15; 7.2%) and prolapse (14; 6.8%). Knowing the complications of men with ostomy is important for planning care in clinical practice and for implementing actions aimed at improving the quality of care.

Keywords: stoma, man, nursing

Introduction

An ostomy is a surgical opening used to communicate a hollow viscera to the external environment, supplying the function of the affected organ, either temporarily or permanently¹. Stomas have the gastrointestinal tract as the main site of performance, the most frequent being intestinal elimination, called colostomies and ileostomies, which can occur at all stages of life, especially in the elderly². These can be performed in urgent or elective conditions, as well as curative or palliative treatments for different conditions³.

In the last few years, there has been an increase in the number of people with neoplasia of the rectum and, consequently, in the number of surgical interventions that involve a stoma⁴.

According to the International Ostomy Association, in countries with a good level of medical care, there is about one ostomy patient per 1,000 inhabitants, which can be much higher in less developed countries⁵. In Brazil, it is estimated that the number of people with stomas is high due to the estimates of colorectal cancer, the main cause for stoma making, which presented as 40,990 new cases for the 2020–2022 period, being higher in men (20,520)⁶.

Given the above, the objective of this study was to verify the complications present in men with intestinal stomas from a reference centre in northeastern Brazil.

Method

This was a documentary, exploratory, cross-sectional study with a quantitative approach developed at the Centre for Rehabilitation and Care of People with Disabilities, located at the Centre for Comprehensive Health Care (Pier) in Jaguaribe, a public institution linked to the Secretary of Health and the Municipality of João Pessoa – PB, Brazil.

To characterise the profile and complications of ostomised men, we used the records of these patients who are under the care of the nursing team. Currently, there are approximately 400 registered patients; of these, 207 are men.

The patient's authorisation to use his/her medical record, signature of the free and informed consent form (ICF) was requested via telephone contact, as well as any information about the patient's clinical condition that was not described in the medical records. The inclusion criterion was chosen: to be registered with the service surveyed. The exclusion criterion corresponded to patients who were not attending for follow-up.

Data collection took place between the months of July and December 2019. The sociodemographic variables studied were: age, gender, number of children, origin, marital status, education level, occupation, with whom you live, number of people living there and monthly income. The clinical variables were: diagnosis, reason for the ostomy, type of ostomy and ostomy characteristics, location, diameter, permanence, who performs the bag exchange, effluent characteristics, type of bag and quantity, adjuvants used, weight and main complications.

The data were inserted into an electronic database of the Excel® program for Windows® and for processing and analysis the data were later exported to the Software Statistical Package for the Social Sciences (SPSS). Descriptive and inferential statistics were used for the analysis. Categorical variables were presented using distributions of absolute and relative frequencies. For quantitative variables, measures of centrality (mean) and variability (standard deviation) were used.

In compliance with the rules for research involving human beings, the project was submitted for consideration and approved by the Research Ethics Committee under opinion no. 2,562,857, a larger project linked to the Nursing Graduate Program at the Federal University of Paraíba.

Results and discussion

Of the total 400 patients, men made up 207 (57.3%) ostomised people who attended at the reference service surveyed. Of this, the majority are in the age group between 54–71 years old, 41.1% were married and 17.9% had incomplete primary education, 23.2% had a monthly income between 2–3 minimum wages, 17.4% received a minimum wage.

With regard to clinical characteristics, the type of intestinal stoma that predominated was colostomy with 171 (82.6%); 75 (36.2%) with a terminal exteriorisation, 76 (36.7%) with a permanent stoma, and 74 (35.7%) basic diagnosis rectal tumour.

In the studied population, 40.1% had records of complications in their medical records, as shown in Table 1. Part of such complications can be avoided by demarcating the stoma site and using appropriate surgical techniques. In cases of permanent stoma, greater attention should be given as it will provide a better quality of life for the patient, with lower rates of complications or absence of them.

Among the most frequent complications according to the literature, peristomal dermatitis stands out, which was also more frequent in the men analysed in the present study. These can arise due to allergies to devices, trauma and contact with the effluent, in which case they are classified as irritating^{7–10}. It is estimated that 80% of people with an ostomy experience at least one stoma-related complication throughout their lives¹¹.

Table 1. Complications in men with ostomies

| Features | Categories | n | % |
|---|----------------------------|------------|--------------|
| Have you had complications related to the stoma | Yes | 81 | 39.1 |
| | No | 126 | 60.9 |
| | TOTAL | 207 | 100.0 |
| Types of complications | Dermatitis | 49 | 23.7 |
| | Hernia | 15 | 7.2 |
| | Retraction | 15 | 7.2 |
| | Prolapse | 14 | 6.8 |
| | Necrosis | 2 | 1.0 |
| | Stenosis | 2 | 1.0 |
| | Mucocutaneous displacement | 1 | 0.5 |

Source: Own research data, 2019.

Care aimed at the integrity of the skin is necessary from the preoperative period, including adequate demarcation for the construction of the stoma, guidelines, and monitoring during the postoperative period and postoperative assistance based on self-care, adaptation and the quality of patients' lives.

The second most identified complication was the presence of parastomal hernia and the retraction present in 7.2% of men. A retrospective study on the complications of stoma and peristomal skin in ostomised patients in the city of São Paulo showed a statistical association of the presence of hernia in definitive intestinal ostomies and highlighted as predisposing factors obesity, general conditions, advanced age and intra pressure-abdominal¹².

Regarding prolapse, less frequency was observed in the cohort researched; data on this complication were described in similar studies^{13,14}. Prolapses cause difficulty in adhering to the collection bag and can occur when exchanges are made more frequently.

These events underscore the importance of health professionals engaging in the development of educational activities with patients and family members, aimed at reducing anxiety and increasing safety and patient empowerment. In this perspective, the importance of outpatient nursing consultations is highlighted, since patients report feeling more comfortable to express their doubts, anxieties, fears and suffering experienced.

Among the options that professionals have to promote health education, there are social groups. Here, ostomised people can share their knowledge and experiences, strengthen themselves with each other's experiences and expand the circle of friendships.

Conclusions

It was observed that the most common complications

were dermatitis, hernia and retraction. Knowing the complications of men with ostomy is important for planning care in clinical practice and for implementing actions aimed at improving care quality, as well as consolidating health policies aimed at this important portion of people who need adequate materials and devices.

The limited information obtained from the study did not allow a more detailed analysis. Thus, it is suggested that clinical research be carried out, aiming to elucidate aspects related to the characteristics of men living with ostomy.

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Complicações em homens com estomas intestinais em um centro de referência no nordeste do Brasil

Resumo

Estima-se que 1:10.000 pessoas sejam estomizadas em todo o mundo. Esta condição em particular nos homens parece afetar a masculinidade e dificultar o enfrentamento. O objetivo deste estudo foi verificar as complicações de homens com estomas intestinais de um centro de referência. Pesquisa documental, exploratória, transversal e abordagem quantitativa. Coleta realizada de julho a dezembro de 2019. A população foi composta por 207 homens, sendo 171 (82,6%) com colostomia de exteriorização terminal 75 (36,2%), critério de permanência definitivo 76 (36,7%), com tumor retal 74 (35,7%) e a complicação mais presente foi a dermatite 49 (23,7%), seguida da hérnia 15 (7,2%) e prolapso 14 (6,8%). Conhecer as complicações dos homens com estomia é importante para o planejamento de cuidados da prática clínica e para implementação de ações voltadas a melhoria da qualidade assistencial.

Keywords: Stoma. Man. Nursing

Introdução

A estomia é uma medida cirúrgica utilizada para comunicar uma víscera oca ao meio externo, suprimindo a função do órgão afetado, seja de maneira temporária ou definitiva¹. As estomias têm como local principal de realização o trato gastrointestinal, sendo as mais frequentes as de eliminação intestinal, chamadas de colostomias e ileostomias, podendo ocorrer em todas as fases da vida, especialmente em idosos². Essas podem ser realizadas em condições de urgência ou

eletivas, bem como tratamentos curativos ou paliativos de diversas condições³.

Nos últimos anos, tem-se verificado um aumento do número de pessoas com neoplasia do reto e, conseqüentemente, do número de intervenções cirúrgicas que implicam a realização de um estoma⁴.

Segundo a Internacional Ostomy Association, em países com um bom nível de assistência médica, há cerca de 1 estomizado para cada 1.000 habitantes, podendo ser bem superior nos países menos desenvolvidos⁵. No Brasil, estima-se que o quantitativo de pessoas com estomias seja alto em razão das estimativas de câncer colorretal, principal causa para confecção de estomias, que apresenta para o triênio 2020–2022 40.990 novos casos, sendo maior em homens (20.520)⁶.

Diante do exposto o objetivo deste estudo foi verificar as complicações presentes em homens com estomas intestinais de um centro de referência no nordeste do Brasil.

Materiais e método

Pesquisa documental, exploratória, transversal de abordagem quantitativa, desenvolvida no Centro de Reabilitação e Cuidado da Pessoa com Deficiência, localizado no Centro de Atenção Integral à Saúde (Cais) de Jaguaribe, instituição pública vinculada à Secretaria de Saúde e Prefeitura Municipal de João Pessoa – PB, Brasil.

Para caracterização do perfil e das complicações dos homens estomizados, utilizou-se das fichas cadastrais destes pacientes que ficam sob a guarda da equipe de Enfermagem. Atualmente, existem aproximadamente 400 pacientes cadastrados, destes 207 homens.

Foi solicitado via contato telefônico autorização do paciente para uso do seu prontuário, assinatura do termo de consentimento livre e esclarecido (TCLE), bem como solicitadas, eventualmente informações quanto ao seu estado clínico que não estivessem descritas nos prontuários. Elegu-se como critério de inclusão: estar cadastrado no serviço pesquisado. O critério de exclusão, correspondeu a pacientes que não estavam comparecendo para acompanhamento.

A coleta dos dados ocorreu entre os meses de julho a dezembro de 2019. As variáveis sociodemográficas estudadas foram: idade, gênero, número de filhos, procedência, estado civil, escolaridade profissão/ocupação, com quem vive, quantidade de pessoas na moradia e renda mensal. Já as variáveis clínicas foram: diagnóstico, motivo da realização da ostomia, tipo de ostomia e características da ostomia, localização, diâmetro, permanência, quem realiza a troca da bolsa, características do efluente, tipo de bolsa e quantidade,

adjuvantes utilizados, peso e principais complicações.

Os dados foram inseridos em um banco de dados eletrônico do programa Excel® para Windows® e para processamento e análise os dados foram posteriormente, exportados para o *Software Statistical Package for the Social Sciences* (SPSS). Para a análise utilizou-se a estatística descritiva e inferencial. As variáveis categóricas foram apresentadas empregando-se distribuições de frequências absolutas e relativas. Para as variáveis quantitativas, utilizaram-se medidas de centralidade (média) e de variabilidade (desvio padrão).

Em observância as normas para pesquisas envolvendo seres humanos, o projeto foi submetido a apreciação e aprovado pelo Comitê de Ética em Pesquisa sob parecer n. 2.562.857, projeto maior vinculado ao Programa de Pós-Graduação de Enfermagem da Universidade Federal da Paraíba.

Resultados e discussão

Do total de 400 pacientes, os homens corresponderam a 207(57,3%) pessoas estomizadas atendidas no serviço de referência pesquisado. Deste, a maioria está na faixa etária entre 54 a 71 anos, 41,1% eram casados e 17,9% tinham ensino fundamental incompleto, 23,2% tinham renda mensal entre 2 e 3 salários mínimos, 17,4% recebem um salário mínimo.

Com relação às características clínicas, o tipo de estoma intestinal que predominou foi a colostomia com 171(82,6%), com exteriorização terminal 75(36,2%), permanência definitiva 76(36,7%) e diagnóstico de base tumor retal 74(35,7%).

Na população estudada, 40,1% tinham registros de complicações em seus prontuários, conforme mostra tabela 1. Parte de tais complicações podem ser evitadas com a demarcação do local do estoma e com o uso de técnica cirúrgica adequada. Nos casos de estomas definitivos, atenção maior devem ser dadas, pois proporcionará melhor qualidade de vida ao paciente, com menores taxas de complicações ou ausência delas.

Entre as complicações mais frequentes de acordo com a literatura, destacam-se as dermatites periestomais, que também foram mais frequentes nos homens analisadas no presente estudo. Estas podem surgir devido alergias aos dispositivos, traumas e contato com o efluente, sendo nesses casos classificadas como irritativas⁷⁻¹⁰. Estima-se que 80% das pessoas com ostomia experienciam, pelo menos, uma complicação relacionada com o estoma ao longo da sua vida¹¹.

Os cuidados que visam a integridade da pele são necessários desde o período pré-operatório, incluindo a demarcação adequada para a confecção do estoma, as orientações, o acompanhamento no trans-operatório

e a assistência pós-operatória, tendo com base o autocuidado, a adaptação e a qualidade dos vida dos pacientes.

A segunda complicação mais identificada foram a presença da hérnia paraestomal e da retração presente em 7,2% dos homens. Estudo retrospectivo sobre as complicações do estoma e da pele periestoma em estomizados da cidade de São Paulo, mostrou uma associação estatística da presença da hérnia em estomias intestinais definitivas e destacou como fatores predisponentes a obesidade, as condições gerais, a idade avançada e a pressão intra-abdominal¹².

Com relação ao prolapso observou-se menor frequência no universo pesquisado, dados sobre essa complicação foram descritos em pesquisas semelhantes^{13,14}. Os prolapso geram dificuldade da adesão da bolsa coletora e podem ocorrer quando as trocas são realizadas de forma mais frequente.

Esses eventos, ressaltam a importância dos profissionais de saúde, se empenharem no desenvolvimento de atividades educativas junto aos pacientes e familiares, visando a redução da ansiedade, a segurança e o empoderamento do paciente. Nesta perspectiva, destaca-se a importância das consultas de enfermagem em nível ambulatorial, já que os pacientes referem sentirem-se mais a vontade para expressar suas dúvidas, ansiedades, medos e sofrimentos vivenciados.

Entre as opções que os profissionais dispõem para promover a educação em a saúde, existe os grupos de convivência. Nos quais as pessoas estomizadas podem compartilhar seus conhecimentos e vivências, se fortalecerem com as experiências uns dos outros e ainda ampliarem o círculo de amizades.

Conclusões

Observou-se que as complicações mais comuns foram dermatite, hérnia e retração. Conhecer as complicações dos homens com estomia é importante para o planejamento de cuidados da prática clínica e para implementação de ações voltadas a melhoria da qualidade assistencial, bem como consolidar as políticas de saúde voltadas a essa parcela importante de pessoas que necessitam de materiais e dispositivos adequados as suas necessidades.

A realização do estudo documental, limitou a obtenção de informações em todos os itens pesquisados, o que inviabilizou a análise detalhada. Assim, sugere-se que pesquisas clínicas sejam realizadas, visando elucidar aspectos relacionados as característica de homens vivendo com estomia.

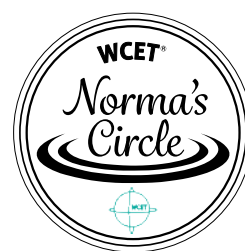
Tabela 1. Complicações em homens com estomias

| Características | Categorias | n | % |
|---|--------------------------|-----|-------|
| Já teve complicações relacionadas ao estoma | Sim | 81 | 39,1 |
| | Não | 126 | 60,9 |
| TOTAL | | 207 | 100,0 |
| Tipos de complicações | Dermatite | 49 | 23,7 |
| | Hérnia | 15 | 7,2 |
| | Retração | 15 | 7,2 |
| | Prolapso | 14 | 6,8 |
| | Necrose | 2 | 1,0 |
| | Estenose | 2 | 1,0 |
| | Deslocamento mucocutâneo | 1 | 0,5 |

Fonte: Dados próprios da pesquisa, 2019.

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Norma's Circle is a new WCET® program that will honour an elite group dedicated to sustaining the work of Norma N. Gill. Norma's efforts to improve the lives of ostomy patients continues today, even 100 years after her birth. Her example of making a difference led to the development of specialised ostomy care and better outcomes for patients across the globe. Norma was a remarkable person and together we can build on her efforts. Every patient deserves a specially trained ostomy nurse to help them live their best life with an ostomy. Together we can make this happen.

Charter members of **Norma's Circle** will be recognised for their initial contribution of £200. Each year, to honour Norma's work, membership in **Norma's Circle** can be maintained with an additional donation of £100. Like a pebble tossed into the water, the ripples continue to expand in a never-ending pattern. Norma worked to meet the growing need for ostomy patients to have access to specialised care. That need across the globe has grown and continues to grow. Now is our chance to contribute and continue Norma's mission. Funds generated will support an endowment for WCET® scholarships, WCET® leadership programs as well as special projects.

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The first wound, ostomy and continence (WOC) nursing English teacher selection competition of Jiangsu Nursing Association in Nanjing, China

Wei Min, ET from Nanjing Drum Tower Hospital

On 30th April 2021, the first English teaching selection competition for wound, ostomy and continence (WOC) nursing was held in Nanjing, Jiangsu Province, China. The president of Jiangsu Province Nursing Association Xiaorong Huo, the Secretary General Jinfeng Wu and Cuihua Sun, Director of Wound, Ostomy and Continence Committee Ling Wu, Chairperson of WCET® Education Committee Yajuan (Julie) Weng, and many ET nurses attend this event. The competition was hosted by Shengzhi Chen from the Affiliated Hospital of Jiangsu University. Ms Xiaorong Huo delivered the opening speech. She expressed her warm welcome to the participants, her encouragement to the competitors and ardent expectations for the WOC nurses in Jiangsu Province.



*Opening speech by Xiaorong Huo
L-R: Cuihua Sun, Xiaorong Huo and Ling Wu*

The top 10 contestants were selected from the 23 contestants in the preliminary round. The topics of the competition included surgical wound complications, pressure injury management, application of platelet-rich plasma technology in wounds, skin tears, parastomal hernia care and other cutting-edge technologies. The contestants tried their best to demonstrate their skills using interactive techniques including questions, body language and teaching techniques to increase interaction with students, mobilise enthusiasm and initiative of learning. At the same time, judges also put forward some valuable suggestions and improvement tips. After fierce competition, one first prize, three second prizes and six third prizes were finally selected.

At the end, Ms Yajuan (Julie) Weng, the Chairperson of WCET® Education Committee, gave a summary

Some competitors: Min Wei, Xinyu Hu, Xiaolong Qu, Niu Niu

of the competition. She shared her English learning experience from being an English speaking beginner, and encouraged all the ET nurses to improve their skills in English reading, speaking and teaching. Language is the necessary tool that enables clinicians to step onto the international stage. The success must be achieved through sustained effort and sweat. Through this competition, our ET nurses were more motivated to learn English, and we were determined to go further and further on the road of WOC specialist nursing.



All attendees in this event



Competition summary by Yajuan (Julie) Weng



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Indonesian wound care clinician experiences in wound care management during the COVID-19 pandemic*

Widasari Sri Gitarja, Pipit Lestari, Devi Sahputra and Fany A. Suhandi

Introduction

On 25 August last year, the Indonesian Health Ministry announced 2,477 new confirmed COVID-19 cases, bringing the total number of infections nationwide to 157,859, with 112,867 recoveries and 6,858 deaths. The virus had spread to all of the country's 34 provinces.

Since then, there have been 4.5 million cases resulting in 150,000 deaths. The pandemic impacts all aspects of life including increasing the risk to people with non-communicable diseases (NCDs) who experience difficulties to access normal routine care of wound care management, thus increasing infection problems. People with chronic diseases have a high risk of contracting COVID-19. During the COVID-19 pandemic, nurses and other professionals must be careful to prevent transmission of the virus while providing care to patients with chronic diseases such as dealing with major problems like wound care.

Since the virus outbreak, personal protection equipment (PPE) has become a major issue for health professionals in treating patients. Since mid-February, Indonesia's health workers, doctors and nurses have been working overtime to treat COVID-19 cases, despite many of them having inadequate PPE. Many of the medical workers were found to have worn makeshift personal protective equipment, including raincoats, in lieu of HAZMAT suits. Indonesian government officials instructed healthcare workers to wear plastic raincoats to work, while stories emerged of nurses pooling resources to buy their own protective masks to share amongst themselves. Since the Indonesian government first acknowledged the outbreak on 2nd March 2020, at least 100 Indonesian doctors have died from COVID-19, accounting for 11% of confirmed patient deaths to date.

In addition, the majority of open chronic wounds that are treated at wound care facilities in Indonesia are related to diabetes mellitus (Wocare Center, 2019). It is known that patients with chronic conditions such as diabetes mellitus have a higher risk of severe conditions relating to COVID-19. Thus outpatient settings for wound care must anticipate the pandemic of COVID-19 using several scenarios of management in order to control the coronavirus spread without neglecting the quality of care, including for Indonesian wound care clinicians. Minimising the contact and optimising transmission prevention using adequate PPE are key steps to optimising the wound care management in

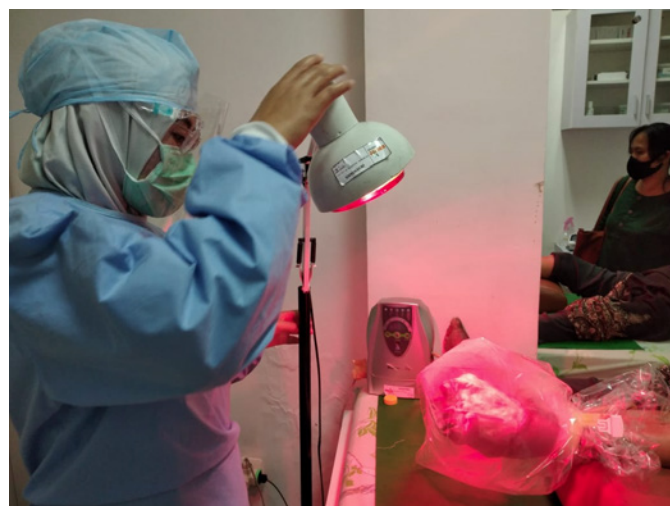
a pandemic situation. In response to the pandemic, we developed some wound management scenarios; these will be discussed in this article based on our experiences.

Wound care during COVID-19: the protocol

Wound care during the COVID-19 pandemic is a challenging issue for wound care clinicians. The wound care clinician is required to provide optimum quality of care as well as prevention of COVID-19 transmission. Protocols of wound care have been developed based on our experiences managing wound during the COVID-19 pandemic in Indonesia. Protocols of wound care optimise four major settings that play important roles in wound management; these are home care, community-based wound care, telemedicine, and independent patient care using simple wound care protocols.

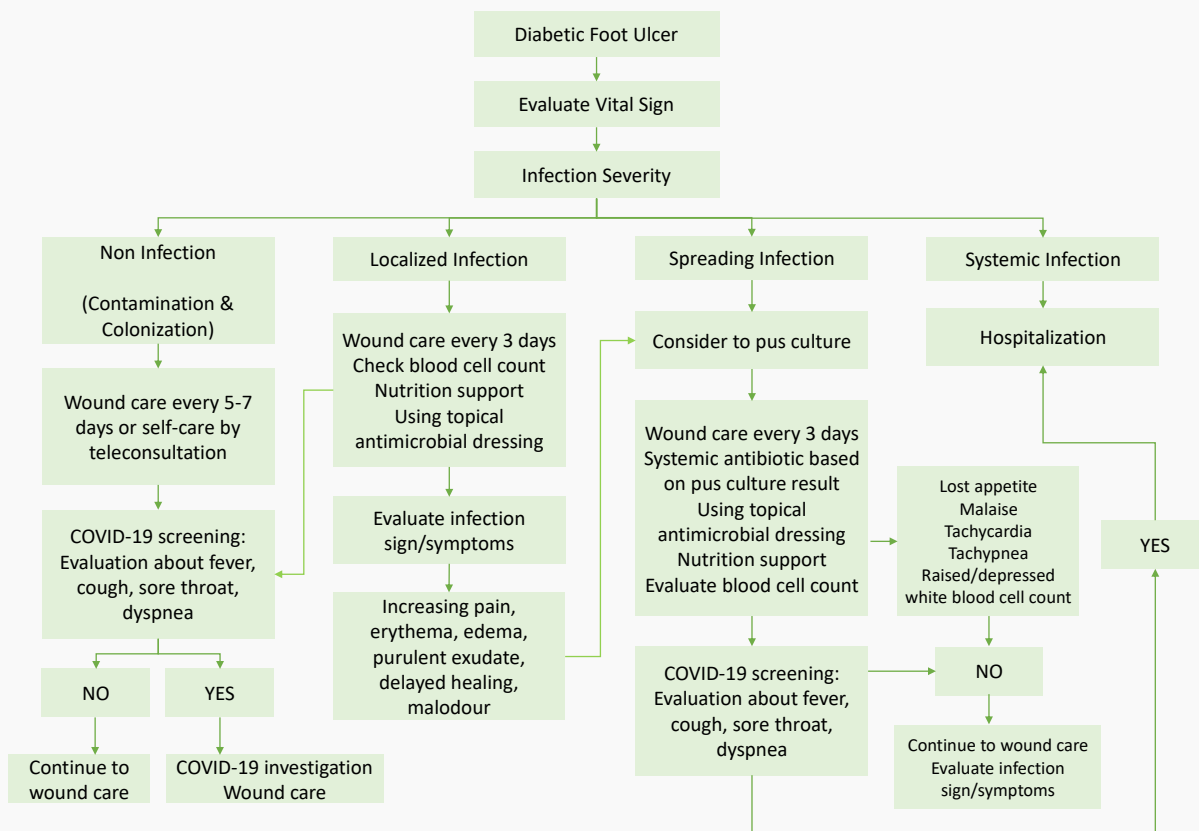
Online registration

In order to prevent the transmission of COVID-19, decreasing the contact between the patient and healthcare provider is a procedure that must be done if possible. The role of technology is undeniably important in this case (Britwum, 2020). Technology facilitates the healthcare provider to control and follow-up the patient, allows prior assessment, therefore decreasing the time to initiate treatment and developing diagnosis (Bokolo, 2020). Adoption of technology in the health service during the pandemic has been recognised to improve the quality of service in a pandemic situation (Ashry & Alsawy, 2020). In our experience we use online registration apps and telecommunication apps such as



Wound assessment in the COVID-19 pandemic situation is a challenge

Management Algorithm for Diabetic Foot Ulcer in Covid-19



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whats-app to conduct registration, initial assessment, and deciding the type of care that patient needed.

In our registration protocol, the wound care provider has to encourage the patient to register via a technology platform such as registration apps (e.g. MyWocare apps) or chatting apps (using whats-app) prior to admission to the wound care service. Online registration reduces the mobilisation of people and contact between patients and wound care providers (Bokolo, 2020). An online registration facilitates more efficient scheduling if a visit is necessary. This schedule prevents many patients from coming to the wound facilities at the same time because their schedule to visit has been fixed. This reduces the long queues at the wound care facilities.

Identification of patient need of care

After the patient has registered to a wound care service, the wound care clinician must assess the patient's condition and wound, and complete COVID-19 screening. The patient will be followed up via whats-app or telephone. In this steps the patient should be assessed in advance regarding their general condition, wound condition, and COVID-19 initial screening according to the WHO recommendation. The assessment allows the clinician to determine further steps, the goal of care, and the type of service that the

patient needs. This step is critical in order to protect our clinicians from COVID-19 infection as well as protecting the patients.

Wound care triage

Wound triage will facilitate the clinician in determining the wound care setting that is suitable for the patient wound condition. The wound triage can be conducted in the first visit of the patient to plan the further care. Many countries have developed a triage system for wound management during the pandemic and this system is effective to be applied in wound care management (Meloni, Izzo, Giurato, Gandini, & Uccioli, 2020; Schmidt, Munson, Rothenberg, Holmes, & Popbusui, 2020). It aids wound clinician decision making for optimal wound care management (Rogers et al., 2020). In Indonesia, this strategy classifies the patient with severe complicated wounds, complicated wounds, and stable wounds, then determines the strategy of management for each condition. The assessment includes wound condition, infection state, and patient comorbidities (IWDGF, 2019).

Wound care setting: private practice or community based

As it has been stated before, in triage (Table 1), community-based wound care could provide care for a

patient with a complicated wound. Community-based wound care has the modalities and competence to manage the wound with necrotic tissue and infection. A certified wound care clinician and collaboration run the setting with a physician to manage the systemic condition. A laboratory is provided to do tests for the patient such as blood tests and X-rays. In our experience, community-based wound care provides advanced wound care. The modern dressings are available in various forms, including antimicrobial dressings. Wound technology for wound care and adjunctive therapy such as NPWT, electrical stimulation for venous and artery, ozone therapy, and many other technologies that promote wound healing are available.

Home health care – important roles

Home care has an important role in the wound care private practice service system, especially for chronic illness diseases with palliative condition or immobilised patients. There is a high demand for people who need home care because not all patients have easy access to hospitals because currently patient admission is more focused towards COVID-19 cases. As a result, if patients with injuries have possible symptoms of a COVID-19 case with mild and moderate symptoms, it is better to stay at home and home care will be an option. Home care service demand possibly increased during the pandemic, including the demand for wound care at home.

In the home care setting both the patient and the clinician must be aware of the risk of COVID-19. Adequate patient education and PPE should be emphasised. The patient must be educated to provide a room that has good lighting and ventilation if possible. The use of a mask is necessary for the all family members who are present during the clinician visit. In this setting, the clinician must wear a gown, apron, surgical mask and face covering to optimise protection.

E-health or Telemedicine in wound care management

During the COVID-19 pandemic, the services continued to be delivered; however, tele-consultations are the main method of providing service. Telemedicine in wound care often refers to remote wound assessment or tele-consultations (supported by video or photography) supporting communication between community care staff and hospital-based wound care experts.

Protocol for simple dressings

In order to simplify wound management, a three-pronged management strategy known as the '3M' approach was introduced to Indonesian nurses. The principles of the three steps of method approach are: wound cleansing, debridement of necrotic tissue (wound bed preparation) and selection of the appropriate topical therapy.

Summary

A positive impact was the increase in hospital relationships with providers, especially regarding the need for drugs. Patients are also facilitated in care, where the team from the provider can continue to care for patients in the community with minimal costs incurred by the patient compared to if the patient had to go to the hospital to get treatment. The problem with this technology is that specialist payments are cheaper if the consultation is via video, not face-to-face or visits. However, with a relevant explanation to the team specialist, this problem can be overcome.

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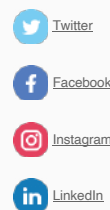
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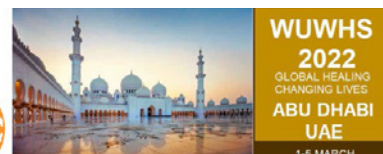


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