

General Session Day 4: John Boswick Memorial Award & Lectureship: Themes From a Career in Wound Care and Beyond



**May 7-11, 2019
San Antonio, TX**



AN **HMP** EVENT

Themes from a Career in Wound Care and Beyond

Diane L. Krasner, PhD, RN, FAAN
Wound & Skin Care Consultant
Co-Chair, Why Wound Care
Campaign for Nursing Students;
Co-Chair, Post-Acute Care
Symposium

I am honored to be joined here today by my mentees:



Cathy Milne
MSN, APRN, CWOCN-AP



Kevin Woo
PhD, RN, NSWOC, WOCC(C)

Special thanks to the Boswick Award Committee and John A. Boswick, MD, for this opportunity



John A. Boswick, MD
7th President American Burn Association
Founding Board Member of AAWC



2019 41st Annual Boswick Burn & Wound Symposium

**Thanks to my
WOC Nurse Role Models:
Evonne Fowler, RN
Sue Currence, RN
CeCe Rund, RN**



Thanks to my mentors:

**George Rodeheaver, PhD, Louise Colburn, RN,
and Carl Hagwood, Esquire**





Special thanks to HMP, especially Peter Norris and Jeremy Bowden



Peter Norris



Jeremy Bowden



**And last, but not least, thanks to my husband,
David Welber, and Miss Sunshine
“I love you most”**



Themes from a Career in Wound Care and Beyond

Diane L. Krasner

Catherine Milne

Kevin Y. Woo

**A phenomenological*
approach used for my
dissertation research:
Heideggerian
Hermeneutic
Phenomenology =
the meaning of lived
experience**

***A Qualitative Research Methodology**

Diane's Themes:
*When opportunity
knocks, open the door
&
Having new eyes*

Cathy's Themes:
***Creating a legacy:
Mentoring &
Collaboration***

Kevin's Themes:

***Carrying the research
forward &
Educating others***

Diane's First Theme: ***When opportunity knocks, open the door***



When Opportunity Knocks, Open the Door

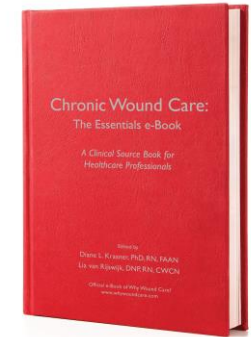
- My first product evaluation for Coloplast in 1986; Coloplast rep gave my name to the owners of a new journal called ***Ostomy/Wound Management*** and I was invited to join the editorial board
- Went to the first **SAWC** meeting in Long Beach, CA (1986) and met ***Evonne Fowler***

The result →



When Opportunity Knocks, Open the Door

- Invited to edit the first edition of the *Chronic Wound Care* Book (1990)
- Invited to sit on the *SAWC Planning Committee* (1993)
- Founding Executive Director of the *AAWC* (1995)
- Co-Chair of *Why Wound Care* (2015)
www.whywoundcare.com



**Why
Wound
Care?**

When Opportunity Knocks, Open the Door



PACS

**Post-Acute Care
Symposium**



Inaugural Conference, May 9-10, 2019, San Antonio

www.pacsymposium.com

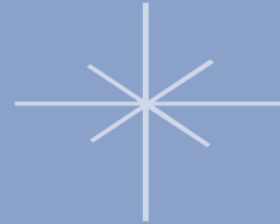
TAKE-HOME MESSAGE:
When opportunity knocks, open the door
TAKE A CHANCE!



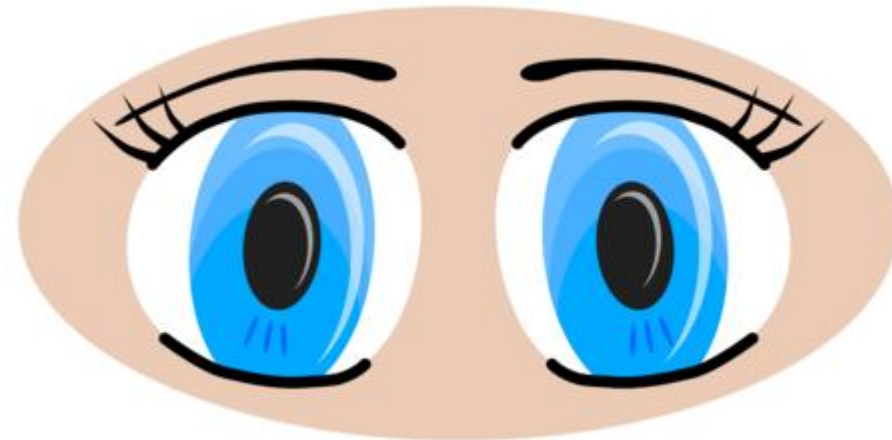


**Chance favors the
prepared mind.**

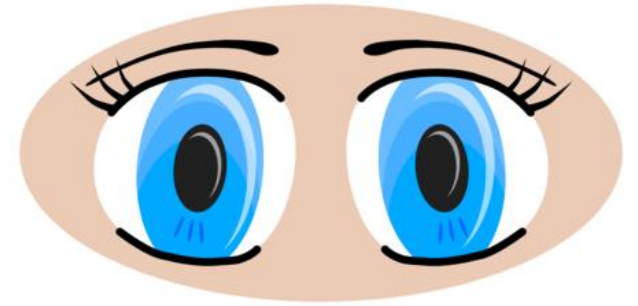
- Louis Pasteur



Diane's Second Theme: ***Having new eyes***

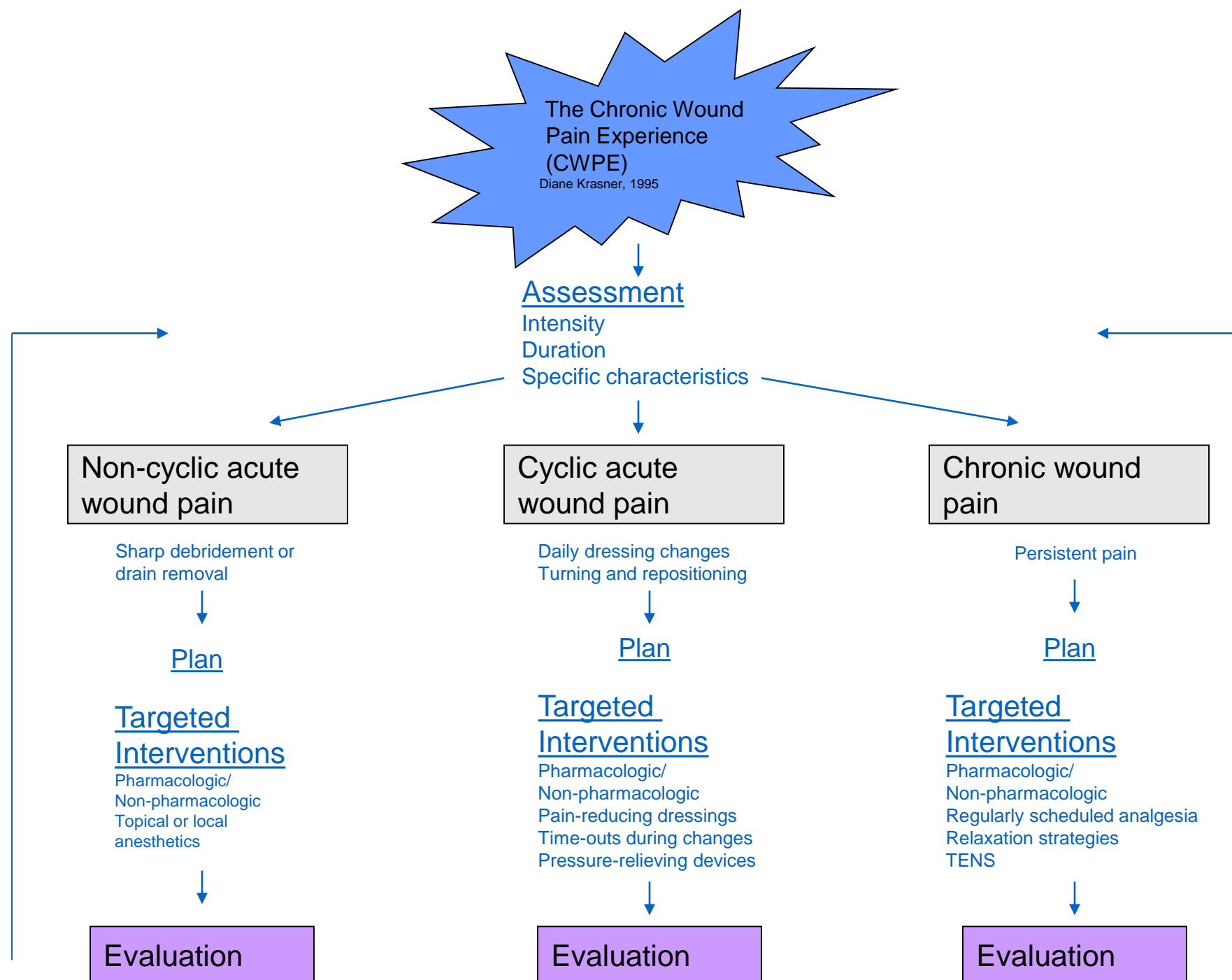


Having New Eyes



- I had just started my Doctoral Program in Nursing
- Three surgeries over 5 years for Endo (1991, 1993, 1995)
- Painful debridement by my favorite surgeon: You're hurting me!
- ***I was called to the question of wound pain***

The result →



Krasner D. **The Chronic Wound Pain Experience: A Conceptual Model.** *Ostomy/Wound Management.* April 1995.

Krasner D. **Managing pain from pressure ulcers.** In: Pain Control. *American Journal of Nursing.* June 1995; 22, 24.

Krasner D. **Using a gentler hand: Reflections on patients with pressure ulcers who experience pain.** *Ostomy/Wound Management.* April 1996.





Dissertation 1997:

*Carrying on despite the pain:
Living with painful venous
ulcers. A Heideggerian
hermeneutic analysis.
Ann Arbor: UMI.*

*Special thanks to my dissertation chairperson,
Anne E. Belcher, PhD, RN, FAAN*



Post Doctoral Fellowship 1998:

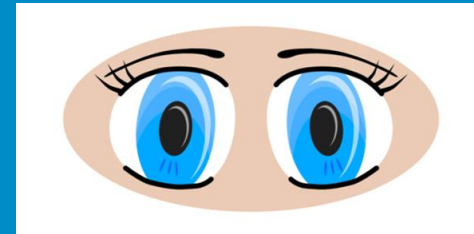
***Pain Articles & Lectures,
Mentorship, and other
important life lessons***

***Special thanks to my Post Doc Advisor,
Martha Hill, PhD, RN, FAAN
Dean Emerita, Johns Hopkins
School of Nursing***

Hyperbaric Medicine Course: San Antonio



New Eyes



***Special thanks to Paul Sheffield, PhD,
CHT-Admin, CAsP, FAsMA, FUHM
International ATMO***

Constitutive Pattern: Carrying on Despite the Pain

Key Themes:

1. Expecting pain with the ulcer
2. Feeling frustrated
3. Swelling = pain
4. Not standing

Key Themes (cont'd):

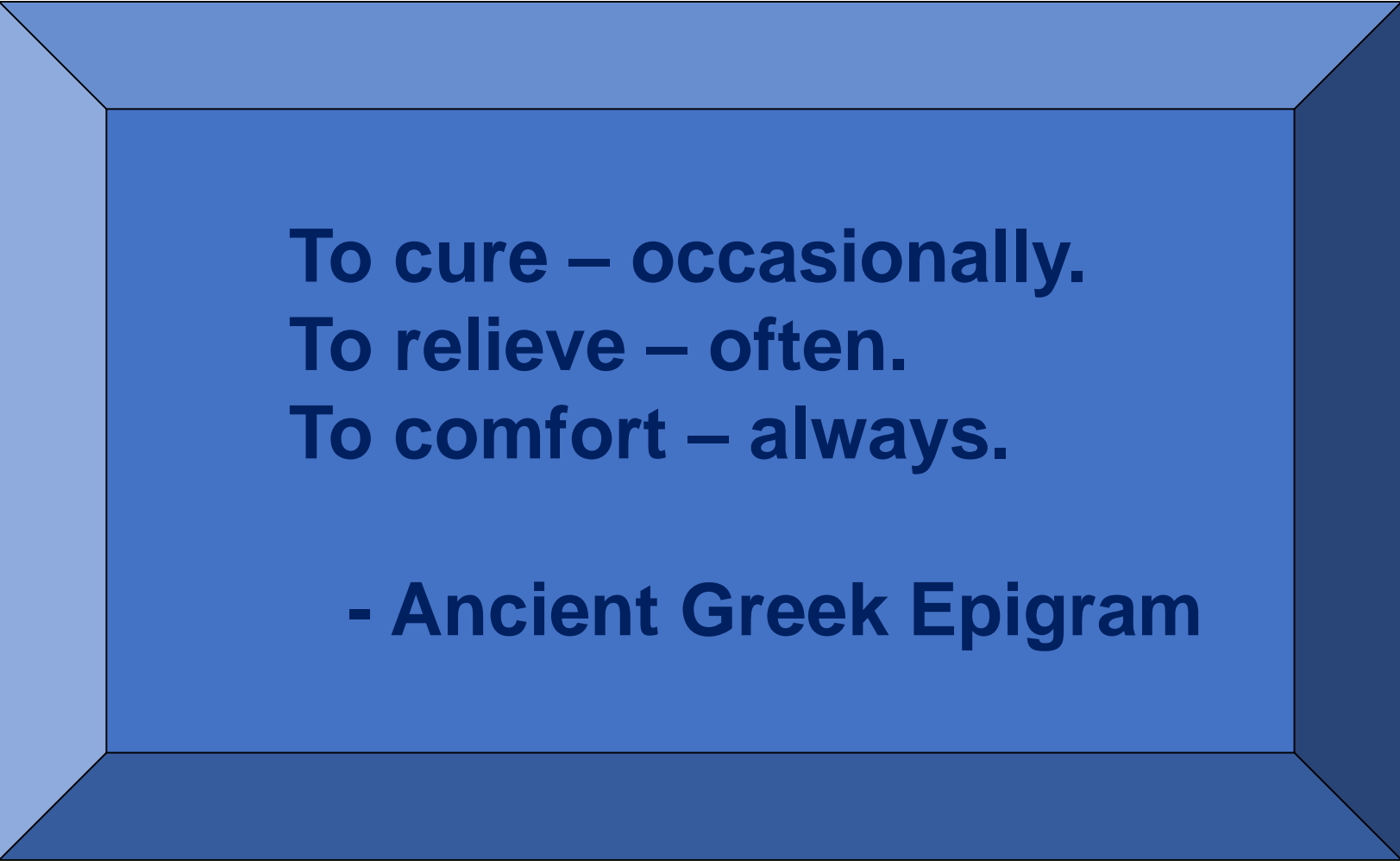
5. Interfering with the job
6. Starting the pain all over again:
Painful debridement
7. Having to make significant life changes
8. Finding satisfaction in new activities

Dissertation: The Paradigm Case of Mr. Beech



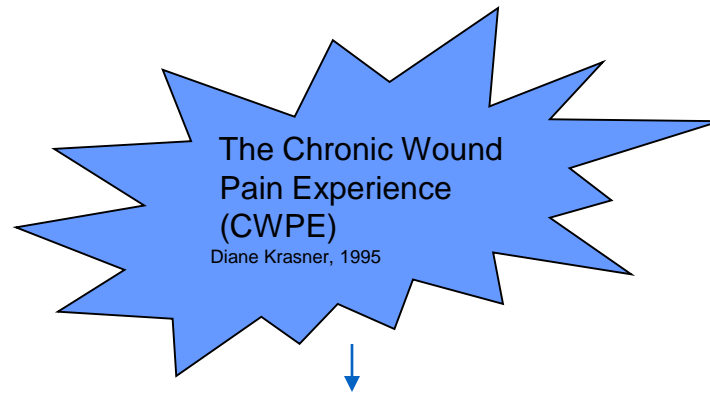
How much courage does it take to come back to the wound center every week, knowing that I am going to be tortured?





**To cure – occasionally.
To relieve – often.
To comfort – always.**

- Ancient Greek Epigram



PALLIATIVE WOUND CARE



**In 2007, Dr. Thomas Stewart
convened a panel to explore
end-of-life
pressure ulcers**



SCALE



1995-2009

PALLIATIVE WOUND CARE – SELECTED ARTICLES

Woo KY, Krasner DL, Kennedy B, Wardle D, Moir O. **Palliative Wound Care Management Strategies for Palliative Patients and Their Circles of Care.** *Advances in Skin & Wound Care.* 2015;28(3):130-140.

Krasner DL. **Palliative Wound Care and End of Life Wounds.** Online References and Resources. *Journal of Legal Nurse Consulting*, Summer 2014; Volume 25, Number 2, 22.

Woo KY, Krasner DL, Sibbald RG. **Palliative Wound Care and Treatment at End of Life. Chapter 10.** In: Thomas DR, Compton GA. *Pressure Ulcers in the Aging Population.* Humana Press, Springer, New York, 2014.



SCALE Wounds (2009)





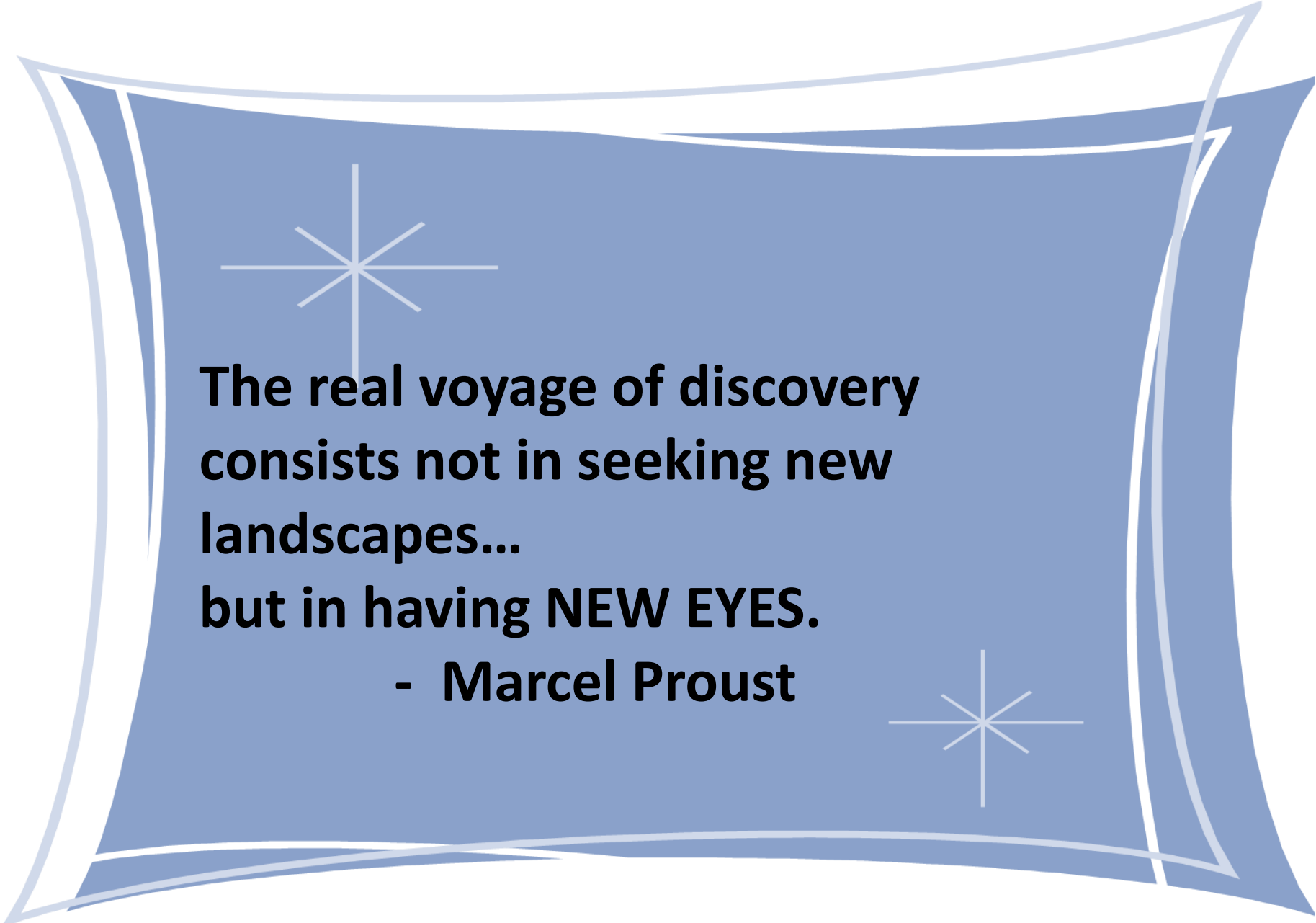
SCALE Statement 1

Physiological changes that occur as a result of the dying process (days to weeks) may affect the skin and soft tissues and may manifest as observable (objective) changes in skin color, turgor, or integrity or as subjective symptoms such as localized pain. These changes can be unavoidable and may occur with the application of appropriate interventions that meet or exceed the standard of care.

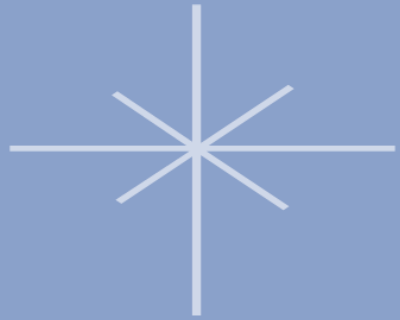
TAKE-HOME MESSAGE:

Look at things with “New Eyes”



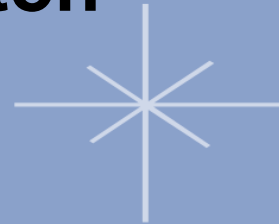


**The real voyage of discovery
consists not in seeking new
landscapes...
but in having NEW EYES.
- Marcel Proust**



**If I have seen further, it is by
standing upon the shoulders
of giants.**

- Sir Isaac Newton



Next:
Cathy Milne
MSN, APRN, CWOCN-AP



Why Wound Care? Creating a Legacy of Mentoring and Collaboration

**Catherine T. Milne, APRN, MSN,
ANP/ACNS-BC, CWOCN-AP**

**Connecticut Clinical Nursing
Associates**

**Bristol Hospital Center for Wound
Healing and Hyperbaric Medicine**

Bristol, Connecticut

Disclosures for This Presentation

Advisory Board – Nursing – Why Wound Care

Advisory Board – Practicing Clinicians - Why Wound Care



Advisory Board position is a volunteer, unpaid position



John Boswick,
MD

The Story of Mentor



Mentoring in Wound Care

Belcher-Sibbald Continuum of Learning



ROLE MODEL



NETWORKING



PRECEPTORSHIP



MENTOR

Role Modeling

Passive

Does not require a personal relationship

Comes from the less-experienced professional



Networking

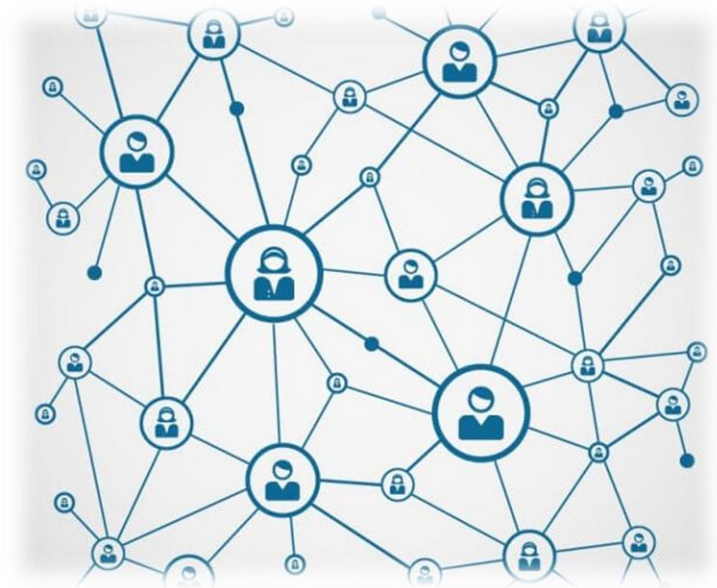
A roster of people who can:

Serve as resources

Confirm accuracy of data

Brainstorm – challenge current assumptions

Create breeding ground for mentor–mentee relationships

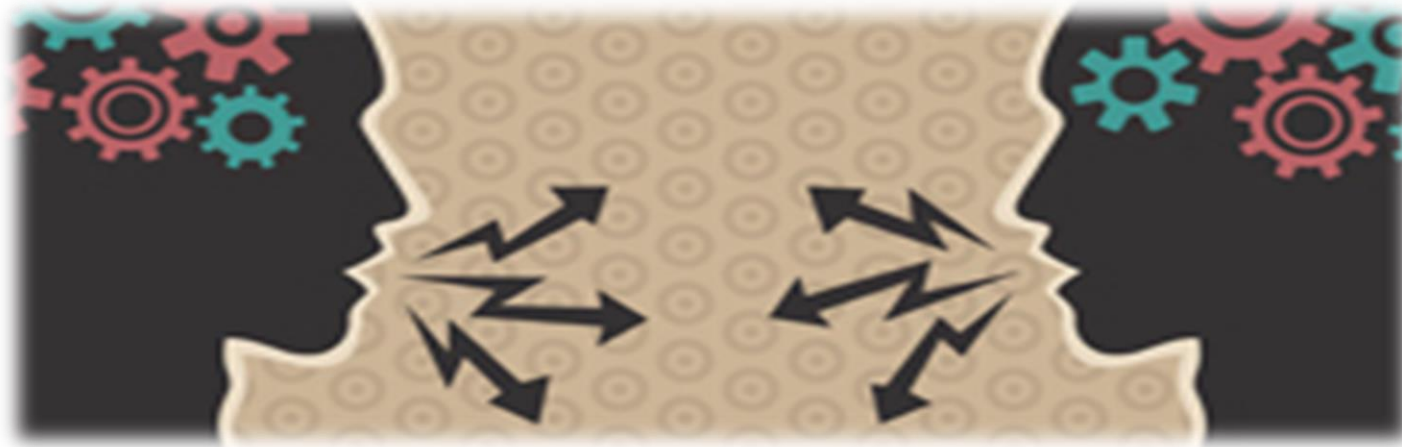


Preceptoring

Time limited

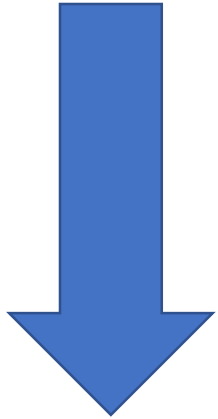
Information/skill sets predetermined

May lead to a mentor–mentee relationship



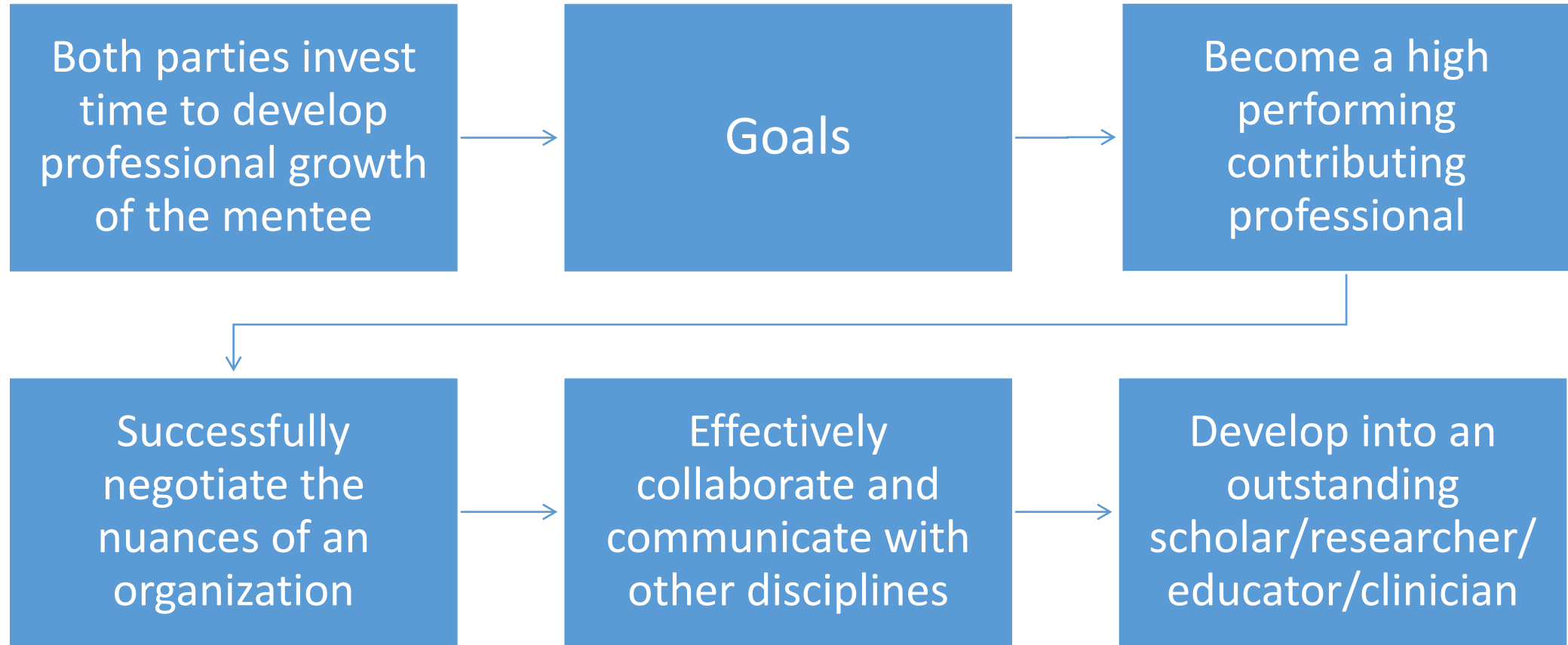
Goals of Mentorship

Career advice
Education
Social support



Accelerate career growth
Acquire knowledge, skills, and appropriate professionalism

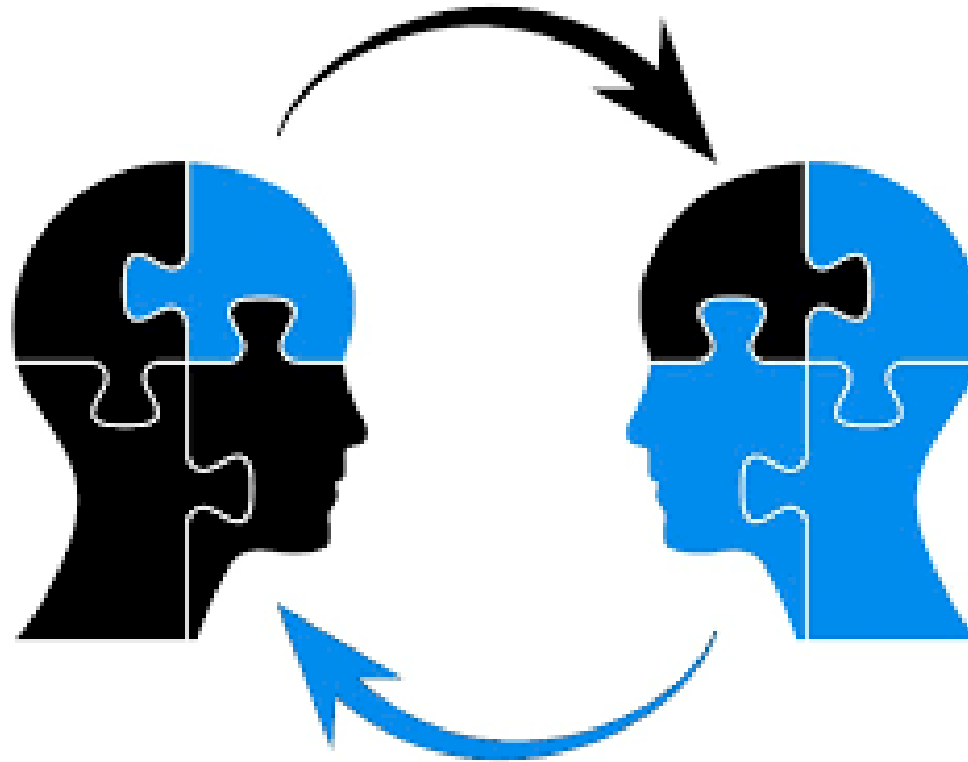




Mentoring

Critical Aspects of Mentoring

Reciprocity
Mutual Respect
Clear Expectations
Personal Connections
Shared Values



Stages of Development

Initiation

Initial bonding: 6-12 months

Cultivation

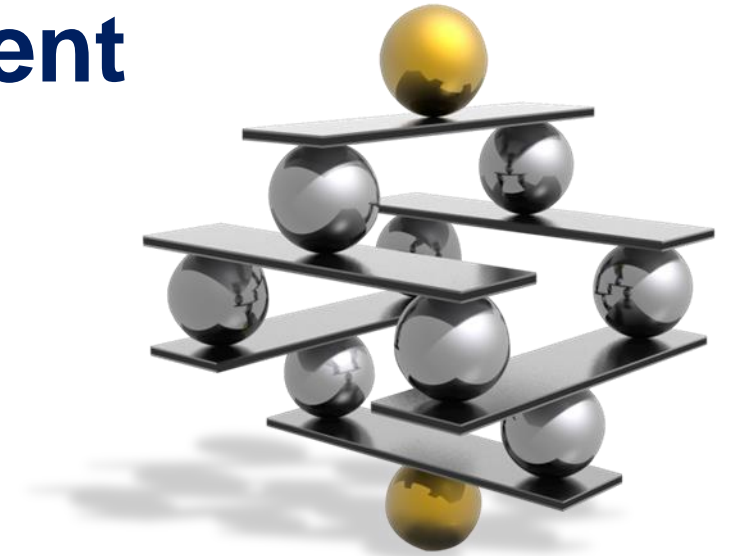
Mentee advancement in skill/knowledge acquisition: years

Separation

Mentee on his/her own

Redefinition

Mentee/mentor indistinguishable



The Journey for the Mentor

See the present in the mentee

Imagine the future

Reflect on how to make the future happen





- Belief in role models
- Recognizing role models may differ in opinion or do not have the answer
- Every belief/task/activity resides in certain assumptions
- Challenging the assumptions
- Remodeling the new belief system

Neuromodulation of Mentoring

Mentoring encourages reflective activity and abstract thinking

Stimulation of frontal cortex neurotransmitters (dopamine, serotonin, norepinephrine)

Leads to brain plasticity and more neuronal networking

Reflection is a cognitive process where neuronal connections are made





Mentoring encourages reflective activity and abstract thinking



Stimulation of frontal cortex neurotransmitters (dopamine, serotonin, norepinephrine)



Leading to brain plasticity and more neuronal networking



Reflection = cognitive process where neuronal connections are made

Ultimate Goal

Sharing of knowledge

**Addressing issues from a
different and similar perspectives**

**Progress in the profession or
organization is mutually supportive**



Famous Mentoring Pairs

Emerson mentored Thoreau

Ray Charles mentored Quincy Jones

Morrie Schwartz mentored Mitch Albom

Obi-Wan Ben Kenobi mentored Luke Skywalker

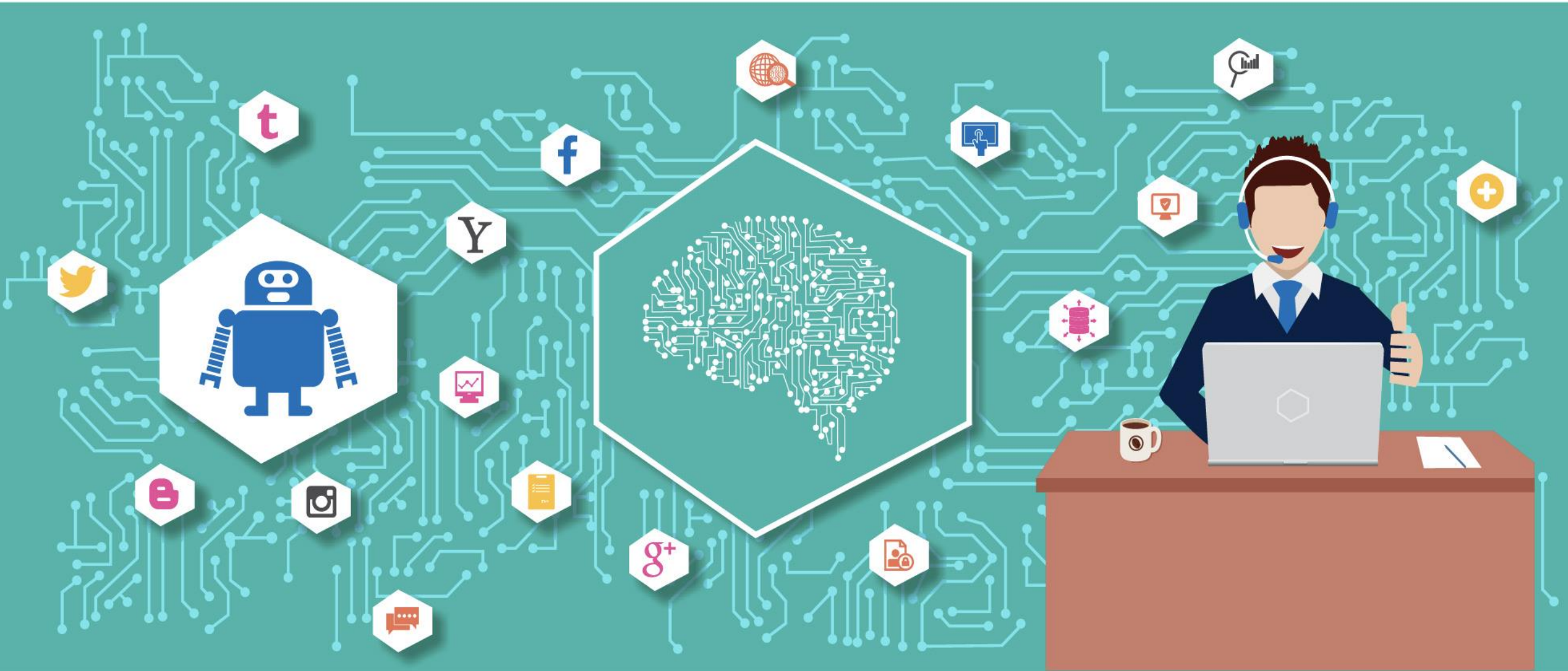


Collaboration: It Takes a Village

Most successful are those who have more than one mentor



Introducing the Digital Age



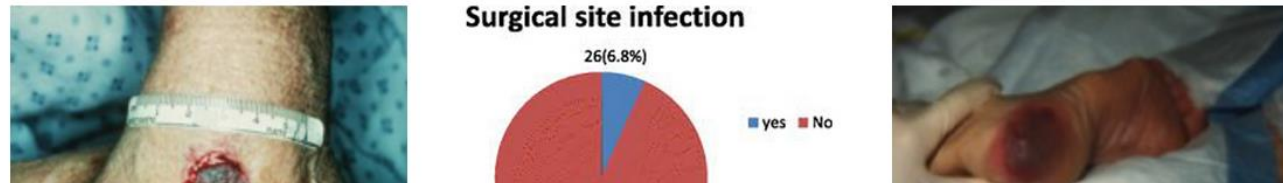
Introducing the Digital Age

Problem is not finding a mentor but finding the right mentor

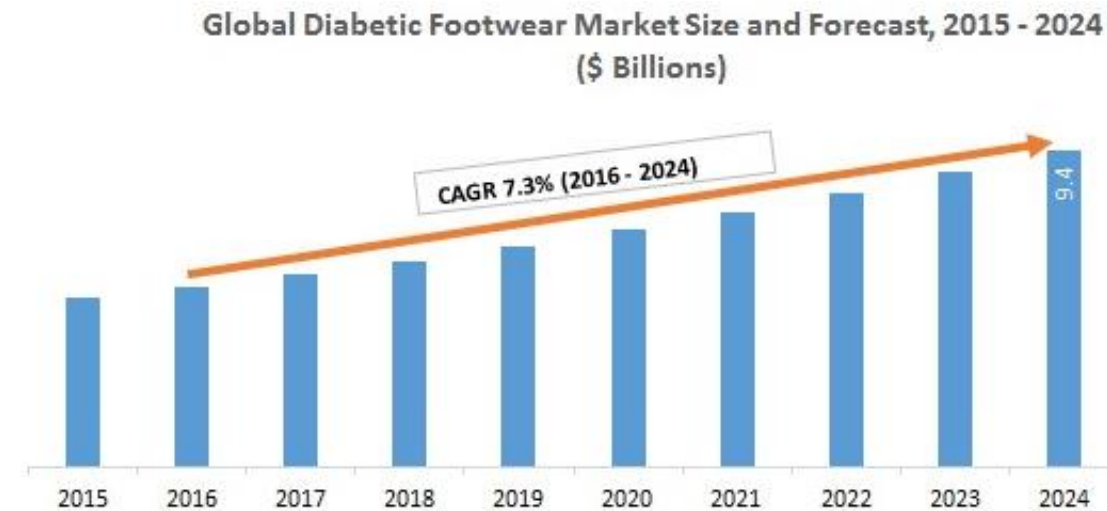
“Social Shareables”

BASIC LEARNING MODULES

The Why Wound Care advisory board has developed 12 Basic teaching/learning modules that each provide more in-depth information for students, recent graduates or faculty who wish to advance their knowledge about the field of chronic wound care.



The Need to Act Urgently



WOUND CARE

BY THE NUMBERS

800,000

The expected shortage of nurses in the U.S. by 2020
Wound care nurses will be in particular demand

6.5 million

of Americans affected by non-healing wounds
annually

\$80,000

The **median salary** for specialized wound care nurses

Priceless

Helping **improve the life** of a wound care patient

#howweroll

DO YOUR STUDENTS KNOW ABOUT SPECIALIZED WOUND CARE PHYSICIAN CAREERS?

As a medical student educator, did you know that with approximately 6.5 million Americans affected by non-healing wounds each year (and expected to rise), **wound care physicians are increasingly in high demand?**

We invite medical school faculty to incorporate [Why Wound Care's](#) complimentary content into their lesson plans or assign for independent study to supplement current textbook information and inform students about the opportunity of pursuing this career path.

FREE CONTENT INCLUDES:

Downloadable PDF's of all 25 chapters of the textbook, *Chronic Wound Care: The Essentials e-Book*

16 educational video modules (8 to 12 minutes in length) on multiple key topics for understanding the management and treatment of chronic wounds

1. Acute Wound Healing Processes
2. Burns
3. Surgical Wound Closure
4. Overview: Chronic Wounds
5. Chronic Wound Pathophysiology
6. Introduction to Wound Epidemiology
7. Pressure Injuries
8. Diabetic Wound Ulcers
9. Arterial Ulcers
10. Venous Ulcers
11. Atypical Wounds
12. Wound Dressings
13. Wound Preparation, Debridement and Surgical Closure
14. Wound Infections
15. Pain Management in Chronic Wounds
16. Hyperbaric Oxygen Therapy and Wound Management

40 minute video on "Wound Assessment and Documentation"

75 minute video on "Pressure Injuries: Assessment and Management"



**BECOME THE
FUTURE OF
WOUND CARE.**

Post-Acute Care Symposium: Debut 2019

Nursing-focused

- **Attract nurses and nursing faculty to learn pragmatic solutions seen in everyday clinical practice of wound and incontinence using an interactive approach**
- **Develop the relationships that will foster mentoring in the post-acute setting**



Summary

Mentorship is using the excellence in you to attain remarkable outcomes by growing the excellence in others





1

Thank you

**Kevin Woo, PhD RN NSWOC WOCC
(C) FAPWCA**

**Associate Professor
Queen's University**

- Who is Diane?
- What makes a great mentor?



Inspiring

- **To fill (someone) with the urge or ability to do or feel something, especially to do something creative.**
- **TO make (someone) feel enthusiastic or excited about something**
- **To influence, move, or guide by divine**
- **To draw forth or bring out**



Which Wound Is the Most Painful?

- Pain is whatever the patient says it is.



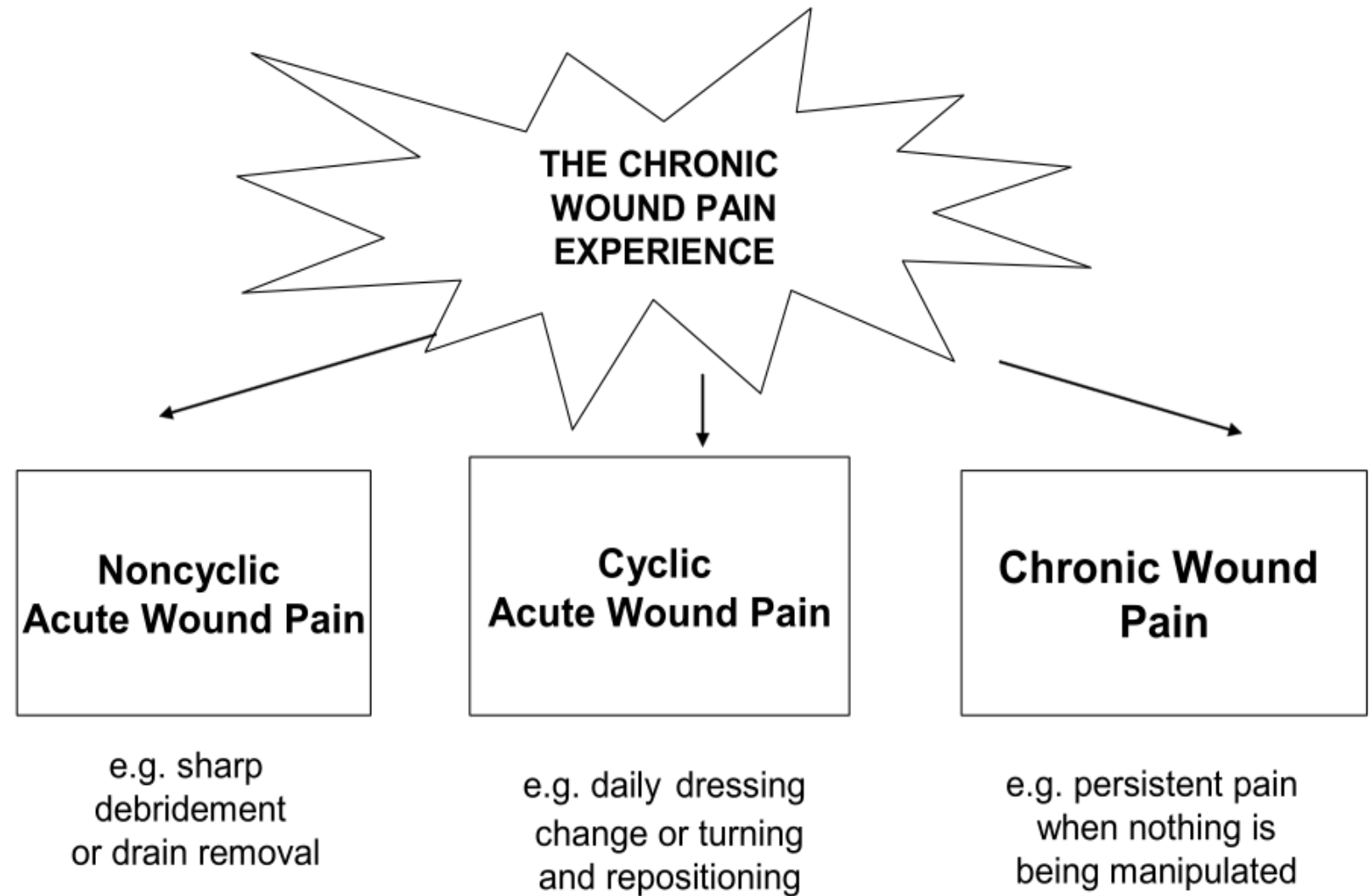
A



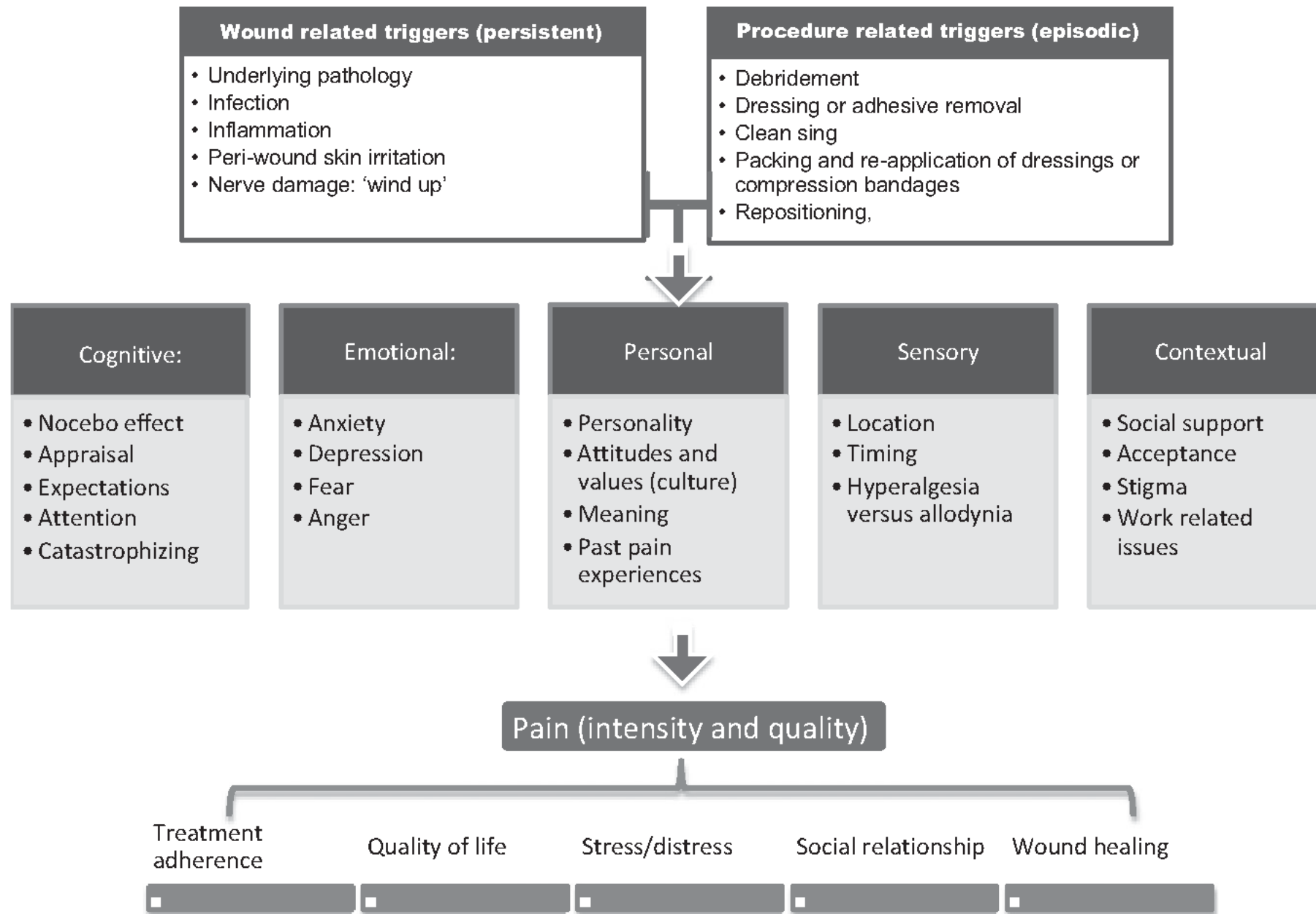
B



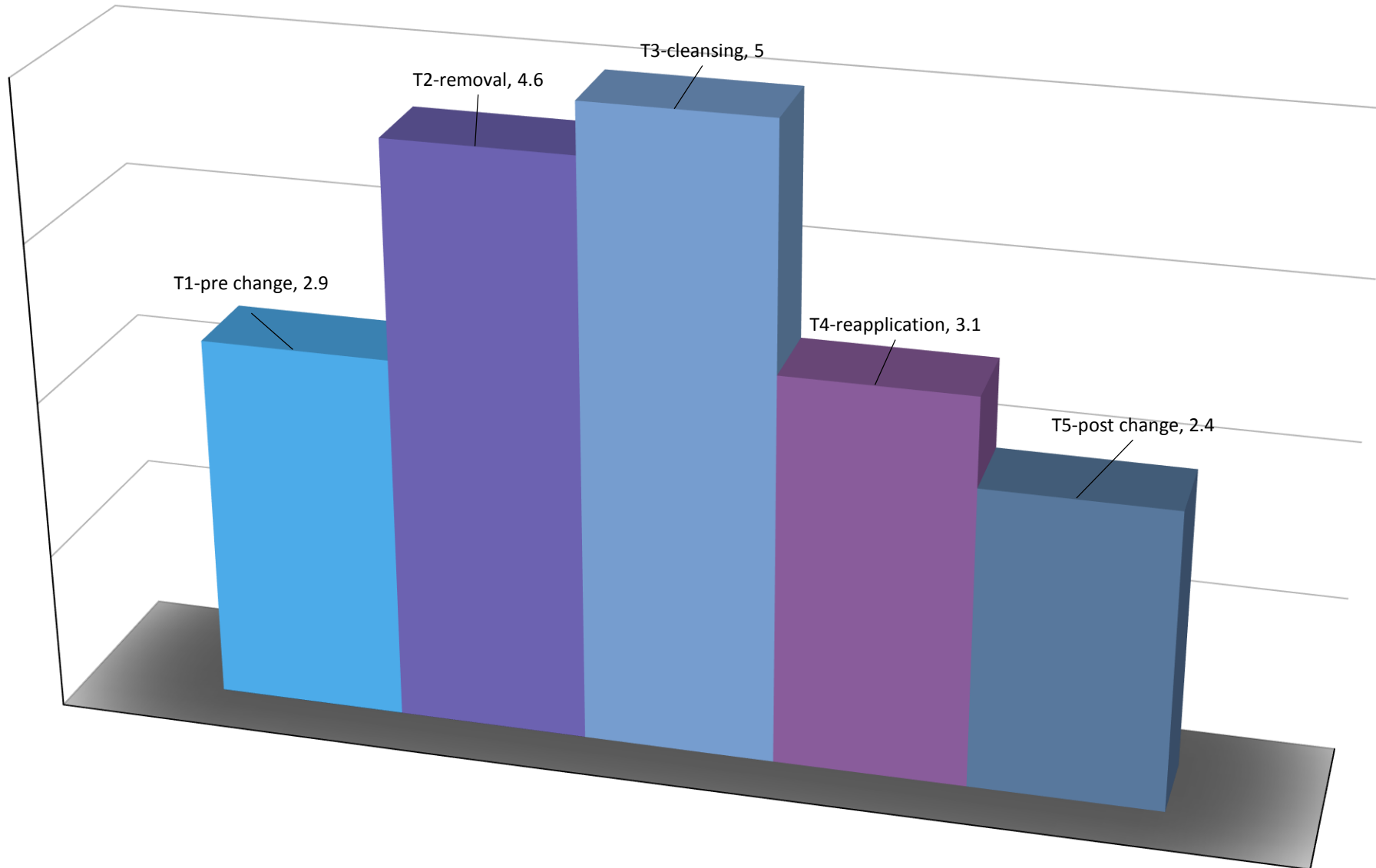
C

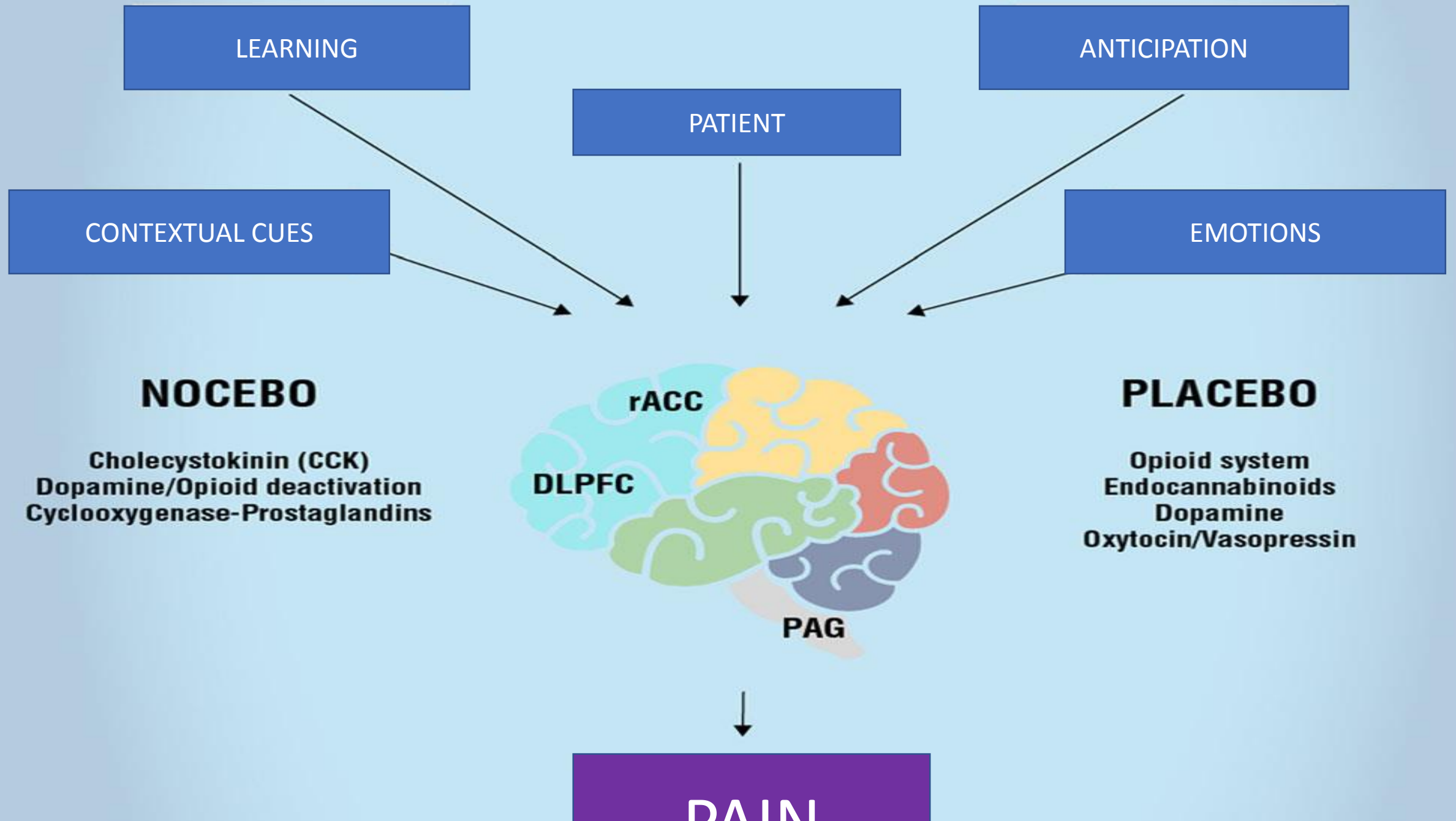


Wound-related pain: from the very beginning
Krasner's chronic wound pain model



Cyclic Acute Wound Pain at Dressing Change







Placebo



Nocebo

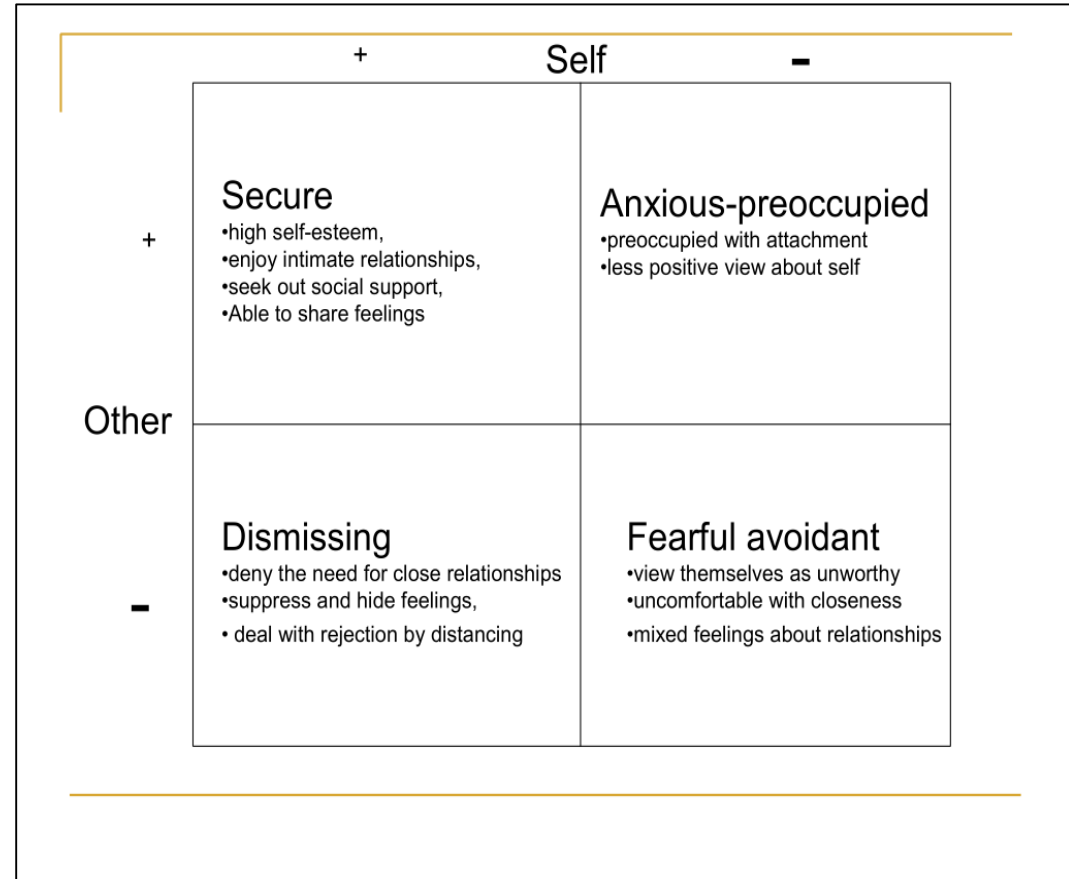
Psychological factors such as optimism, suggestibility, empathy and neuroticism have been linked to **placebo** effects, while pessimism, anxiety and catastrophizing have been associated to **nocebo** effects



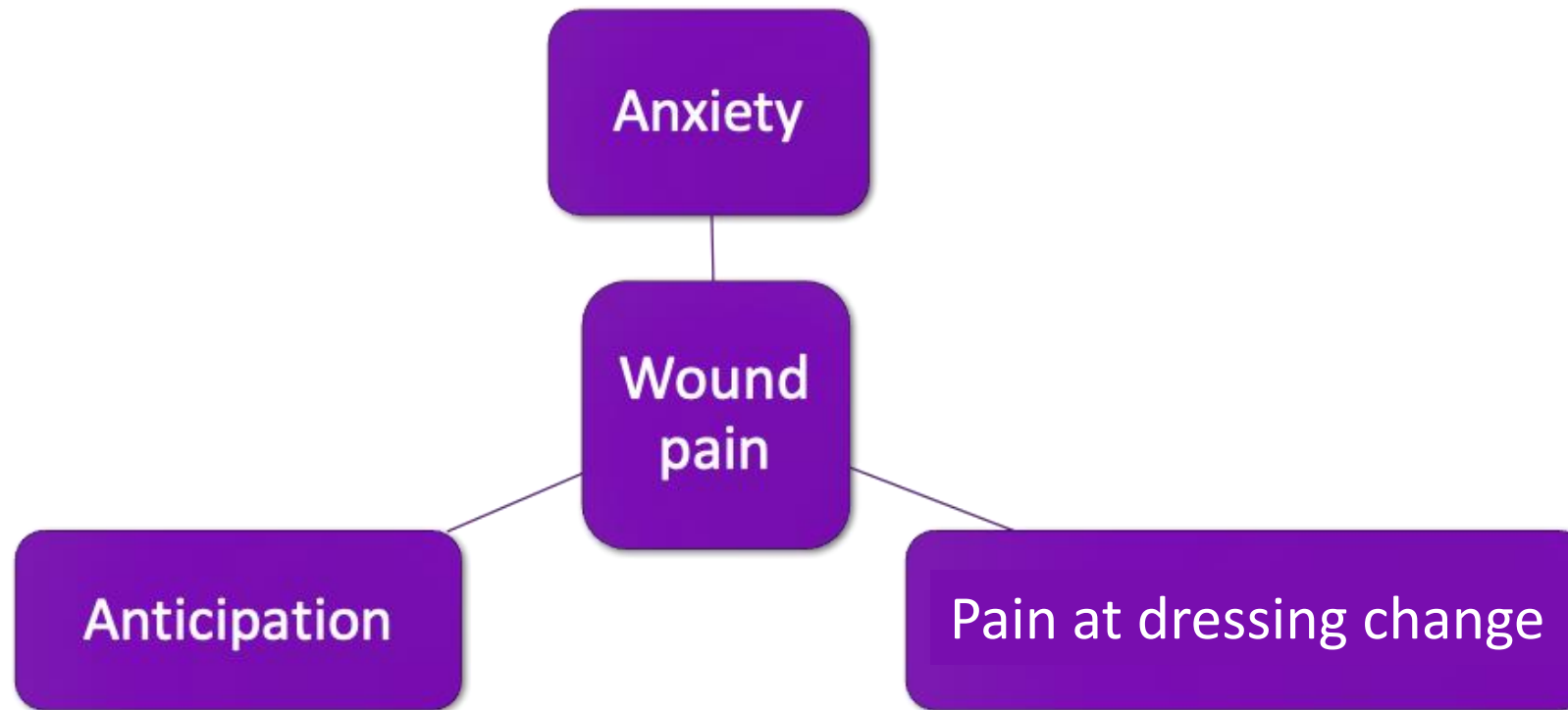
Kevin Woo

Wound related pain and attachment in the older adults

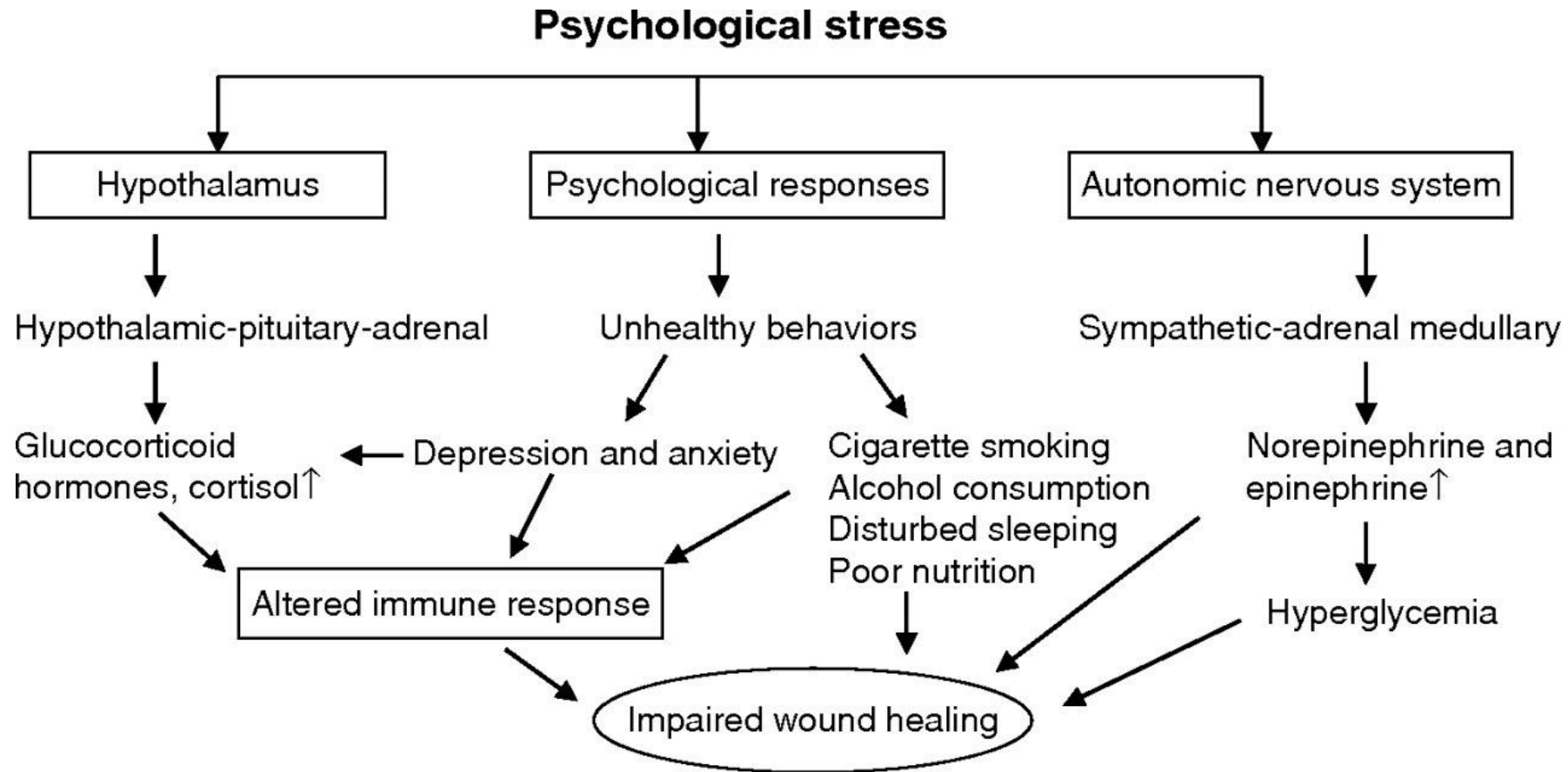
pain and attachment

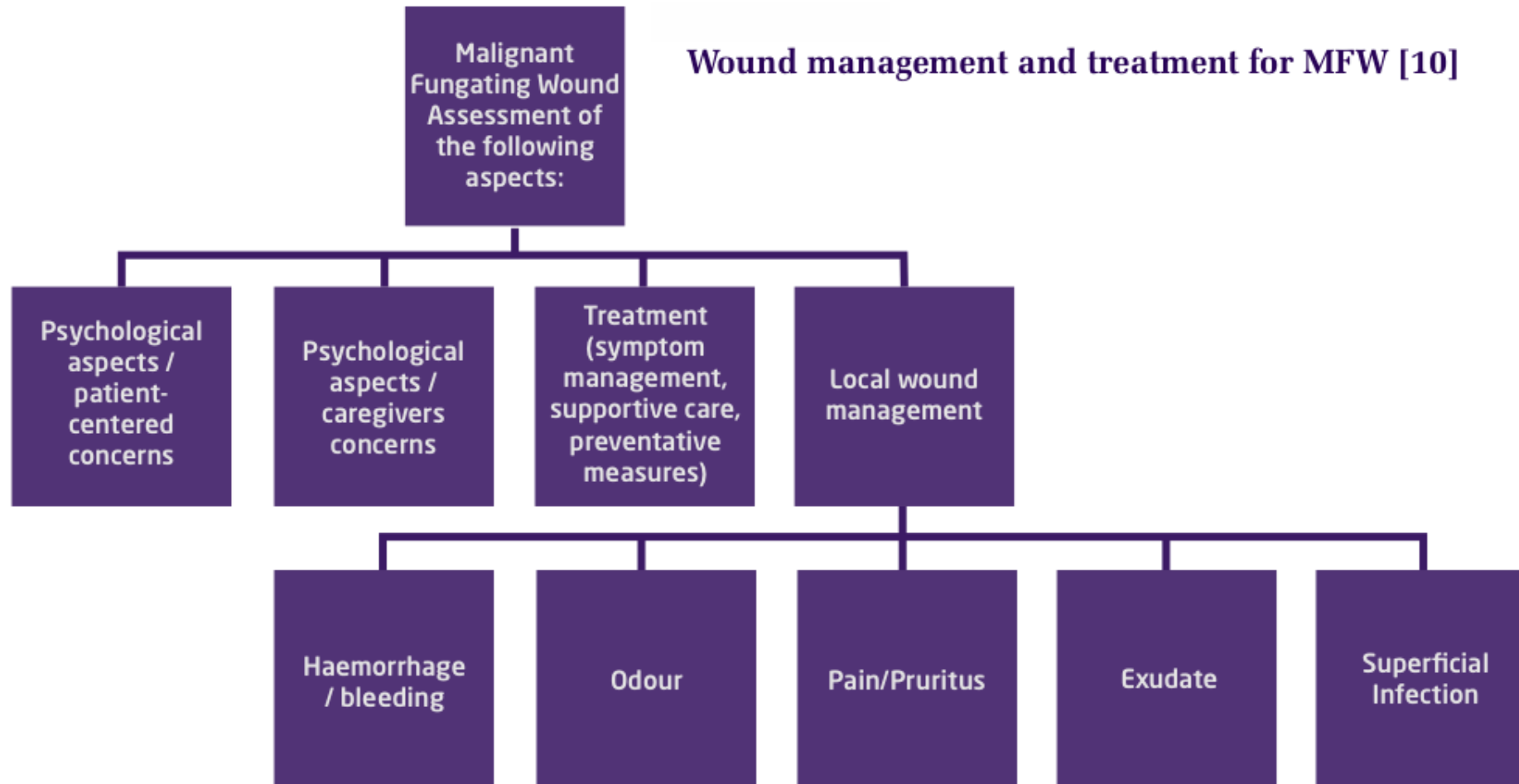


Unraveling the nocebo effect: Anxiety as a mediator in the relationship between anticipation and wound-related pain

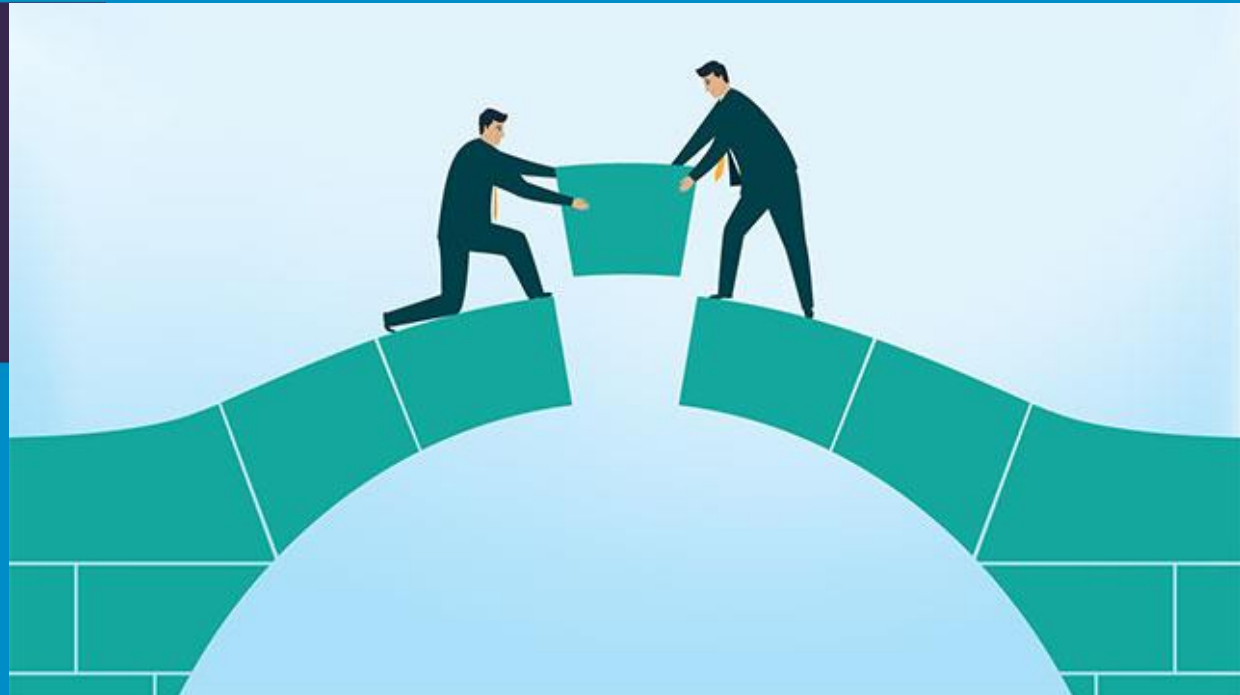


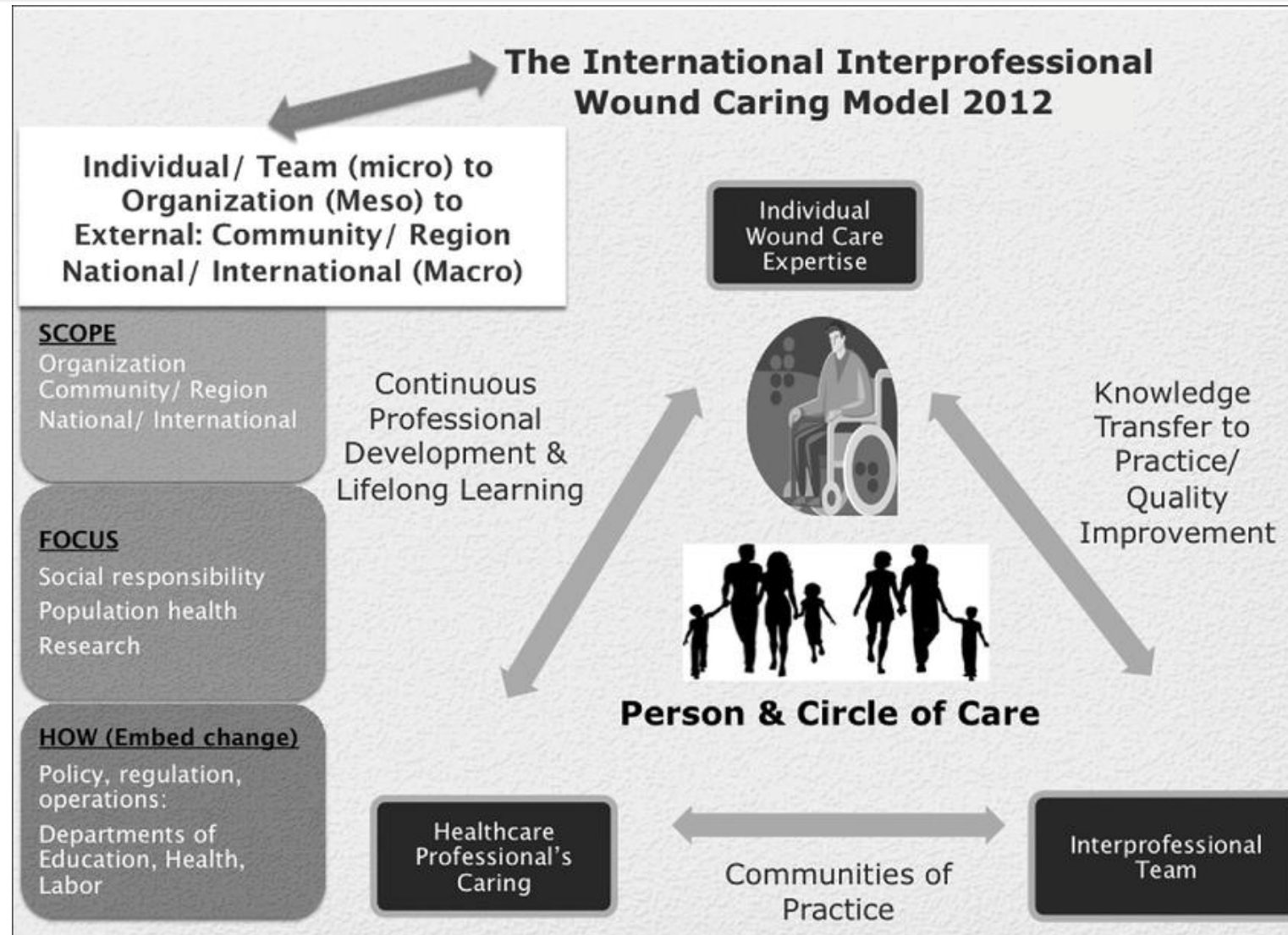
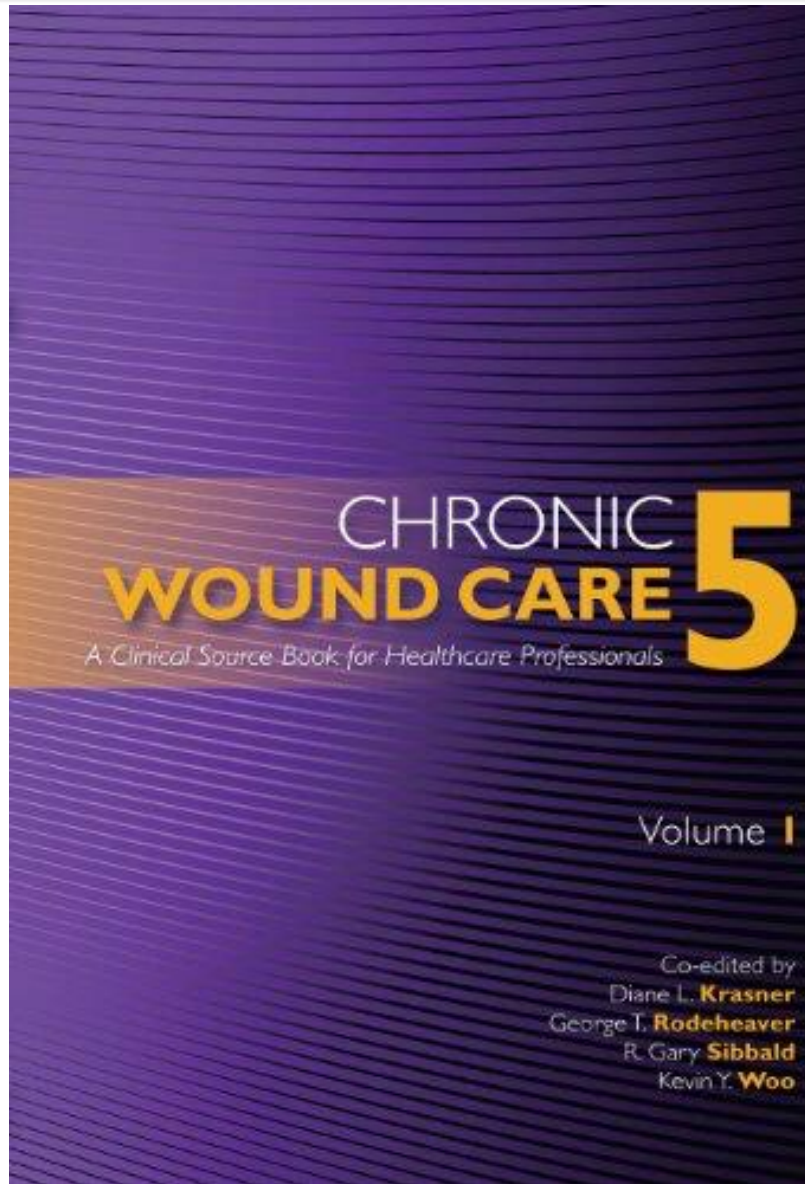
The Effects of Stress on Wound Healing



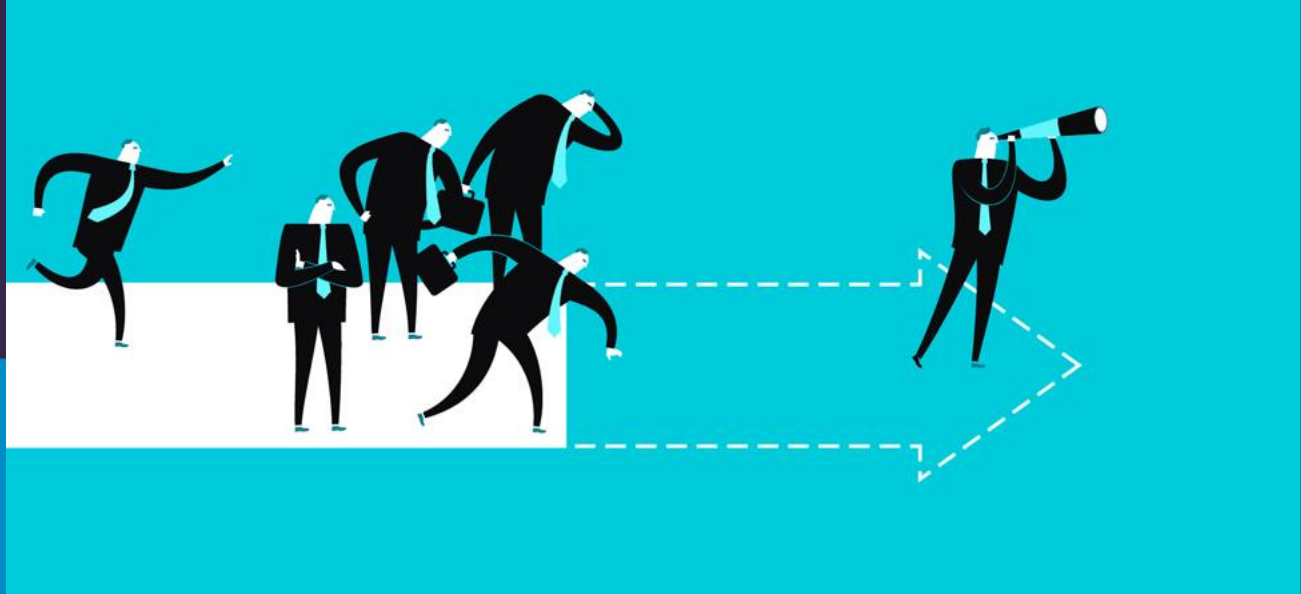


Interprofessional Collaborative





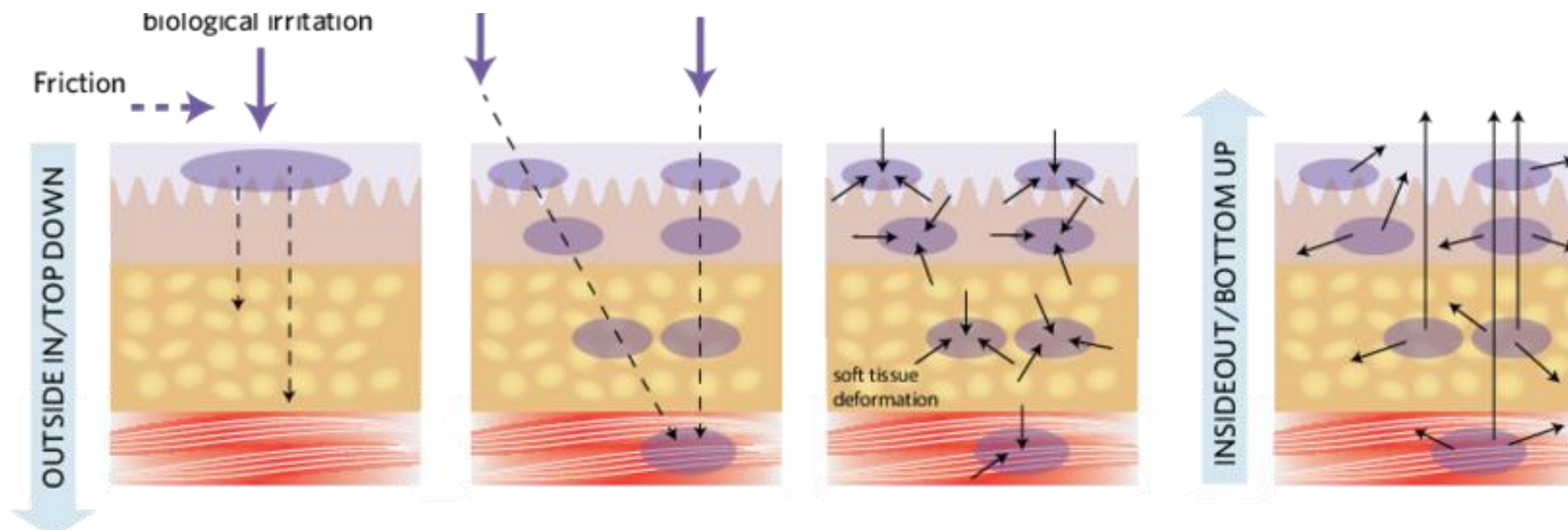
Visionary and Insightful



Pressure Ulcer Staging Revisited: Superficial Skin Changes and Deep Pressure Ulcer Framework

SUPERFICIAL SKIN CHANGES & DEEP PRESSURE ULCER FRAMEWORK

New Terminology/ Conceptual Framework	Current Pressure Ulcer Terminology/Concepts	Comments
Superficial skin changes (outside in)	^a Grade/Stage II (see note below regarding Grade/Stage I)	Primarily due to moisture and friction Partial thickness Examples include skin tears, incontinence-associated dermatitis, contact dermatitis, friction-associated blisters
Deep PrUs (inside out)	^a Grade/Stage III ^a Grade/Stage IV ^a Suspected deep tissue injury ^a Unstageable	Primarily due to tissue deformation (compression, shear, and tension) Full thickness Not all suspected deep tissue injuries evolve into PrUs



Passionate



Why Wound Care?™

“If you are looking for a **fascinating nursing specialty** filled with **autonomy, life-long learning**, and a unique opportunity to **touch the lives** of patients and caregivers, become a specialized wound care nurse!”

– Diane L. Krasner, PhD, RN, FAAN

Personal Giving



Ms. D. Krasner, 202, 202
200 Arroyo Drive
Baltimore, MD 212

Session & Date

✓ 4 2/20	Keppel 1-3
✓ 5 2/27	Keppel 4-5
✓ 6 3/5	Keppel 6 & 8
✓ 10 4/4	Keppel 9 & 10 (Semin. Ch. 12)
✓ 11 4/16	Keppel 11 & 13
✓ 12 4/23	Keppel Chap. 14
	Keppel Ching. 15 & 16



To Kevin:

It's wonderful TO WATCH
as GOOD THINGS
fall into place for you.
you deserve all THE SUCCESS
your new job will bring!

With our best
wishes for your
Success & happiness!!

Love,
Diane & David



SAWC
4/26/09
Dallas



You deserve it all.
Kevin: We are so
proud of you &
your accomplish-
ments! Our best
wishes for
continued Success &
happiness!! Love,
Diane & David

To Kevin,
Thanks for a
superb pain
session! It's
always a special
joy to work
with you!!

San Diego
April 2008

Love,
Diane

I have a deeply hidden and
inarticulate desire for
something beyond the daily life.

Virginia Woolf

