Editors’ perspective

Dear wound experts,

It has been cold, and often, my kids have been asking me for a glass with hot milk and honey before bed, wonderfully warm and soothing. Honey is a unique natural product.

Then, just recently, I came across an article titled “Honey: a biological wound dressing” by Molan and Rhodes (2015). In this article, the authors discussing in some detail the antibacterial, immunostimulatory, anti-inflammatory, and debriding action of honey. For us, as wound experts, this may seem to be old news. We know of and made use of the properties of honey in the management of wounds since antiquity.

In their conclusion, Moylan and Rhodes (2015) remarked that despite of more than 35 published randomized controlled trials and many case studies and smaller trails on the use of honey in wound management, more work needs to be done to fully understand the actions of honey. I found this to be a good example of how important science is to support our work practices and to explain what we observe in our daily practice.

If you are like me, having children or perhaps grandchildren in the education system, the ongoing debate about STEM education (Science, Technology, Engineering & Mathematics) will not have escaped your attention. My daughter will be transitioning into high school next year, and according to the Government’s discussion paper: “Vision for a Science Nation”, her future employment will most likely include one or more of the STEM areas.

Wound management is highly technical and underpinned by science. Technologies like dressings, compression therapy, vacuum therapy or debridement modalities, to only name a few, require an understanding of chemistry, physics, biochemistry and microbiology.
Furthermore, many wound practitioners have to be well-versed in audio-visual technology, as wound management is a forerunner in telemedicine. In short, STEM is intrinsically linked to our profession and our profession needs young, tech-savvy people, who carry on our proud tradition of looking at the whole, not just the hole, with scientific eyes AND compassionate hearts.

So next time I make a glass of hot milk with honey for the kids, I might just steer the conversation to the wonderful properties of honey and the deliciousness of science for the good of the community.

In this sense,

Keep warm and enjoy!

Elfi Ashcroft
AWMA newsletter Co-Editor

If you have any comments or suggestions regarding this newsletter, please email your comment to: newsletter@awma.com.au

References


Hyperkeratosis? Your daily challenge?

Dry and scaly skin changes often mean
- poor compliance with prophylactic compression therapy
- hidden, untreated wounds
- social stigma and isolation
- reduced Quality of Life

Suprasorb X provides:
- gentle softening of full thickness of hyperkeratinized skin
- rapid removal with healthy skin observed after 2 days of treatment
- easy, pain free application and removal
- outstanding results
- reduced need for traumatic removal techniques

Is this the fastest way to treat hyperkeratosis?
Kukic, D RN STN Poster presentation (AWMA, Qld 2015).
Wound management is a speciality that will be accessed by many patients due to the fact that people are living longer with chronic disease in a climate of limiting health budgets. It will be essential for organisations to have access to wound specialist’s services into the future. This may result in our in-boxes never becoming empty. As the demand for service grows we can often reflect with some fatigue on our day when we consider the outstanding tasks, emails and communications that await our attention. However, in my observations, I am constantly amazed to witness the spirit and tenacity of such clinicians, educators, researchers, and corporate representatives who have the enthusiasm and energy to drive change and progress the specialty.

Hard working dedicated people are the characteristics of our membership base, which is replicated in your state and AWMA committee members. Although we do encounter the pressures of the working day we remain committed to working together to improve wound practice whilst we transition the organisation from a professional association to a company limited by guarantee. Understandably, there have been challenges and many learning experiences along the way, which have delayed some processes, however, each week the committee members have collaborated, communicated and continued with concentrated efforts to move toward the goal of “Wounds Australia”.

Nationalisation

The state presidents and I have continued regular meetings to further develop the framework and purpose of the state and territories. Your membership will enable you to attend local education forums, annual seminar events and the scholarships opportunities will remain. The operations of the state associations, such as finance and administrative services, will fully transition to “Wounds Australia”, streamlining both national and state activities. Wounds Australia membership will be offering a consistent membership service...
for all the membership whilst it values the importance of local education and networking opportunities.

By the end of September, most states and territories will have hosted their special meetings with their membership voting on the resolution to join “Wounds Australia” and to wind up their state associations. This is an exciting time and one that feels 100% right to allow us to grow our sustainability, profile, membership and capacity to serve the membership and ultimately those people that suffer wounds. Our strategic direction includes speaking with “one voice” which holds the professionalism and power to create the necessary changes to take the next steps in Australia.

**Corporate Forum**

Another successful corporate forum was recently hosted in Sydney in July. A large number of our industry partners together with the AWMA committee contributed to brain storming and discussion sessions. This resulted in an action plan to prepare the way forward for Wounds Australia from the corporate perspectives. Our corporate partners will be represented by members on a working party. This group will work with the AWMA committee to design the national corporate membership in addition to participation in projects such as the 2016 Wound Awareness Campaign. Such successful events happen because of the “can do” attitudes of those that participate in addition to the organisation and planning. A big thank-you to our secretarial support, Di Carr, for convening.

Terry Swanson who led this forum with the assistance from the KRA Growth team, Gillian Butcher and Paul Philcox.

**EWMA**

AWMA’s productive partnership continues with our European Wound Management Association (EWMA) colleagues following participation in the authorship of position documents. At the May meeting in London this year AWMA were again invited to collaborate in two new projects.

1. Health-Related Quality of Life - the Patient’s Perspective
2. Oxygen therapies guidance document
An expression of interest will be EBlast to our membership. Those members that may have interests in either topic are encouraged to respond to this EBlast. The selected representative will have AWMA funding support to attend a face-to-face meeting in preparing the documents.

**CRC**

The Wound CRC remains one of our strongest partnerships. Together the CRC and AWMA (represented by Dr William McGuiness) are writing an application to the Medical Services Advisory Committee (MSAC) in support of compression therapy for people suffering from venous leg ulceration. It is through this progressive collaboration and producing a joint submission that we may achieve our goal and finally be successful in advocating for access to best practice for those patients that need compression therapy.

**Conclusion**

I greatly appreciate and acknowledge the work that our members, working parties, sub committees, project teams and state/national committees are currently undertaking to achieve the strategic direction and objectives of our organisation. Activity is high, and much has been completed by many. Ultimately we are all striving to make a positive difference to help those people that suffer from wounds. I am confident that the characteristics of the AWMA membership will attain the necessary improvements into the future.

**Margo Asimus**

AWMA President

*Please email any comments or suggestions regarding this report to: [newsletter@awma.com.au](mailto:newsletter@awma.com.au)*