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The Importance of Collaborating and Mentoring When Identifying Wounds

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Can we talk about something that most of us have in common? Have you seen wounds in your practice that made you scratch your head and say, “What’s that?” or, as they say in the armed services, “Whiskey, tango, foxtrot!”

Wounds are fascinating that way. I often wish I had a group of experts to weigh in on possibilities for diagnosis, documentation, and proposed treatments. Unfortunately, one does not always have an unbiased partner who is eager to investigate...unless one has a clinical partner who is an advanced practice wound ostomy continence nurse (WOCN) and current doctoral nursing practice (DNP) student with more than a decade of wound care experience in numerous practice settings. I am fortunate to have such a clinical partner.

Melania Howell and I had never met before she chose me to be her DNP clinical preceptor. She works in a small community hospital more than 100 miles away from the level one trauma-academic medical center where I am employed. We are very different (age-wise and culturally), but we share so many of the same goals, one of which is to coax and push her outside her comfort zone to enhance her professional development. Together, we created professional and educational goals during her clinical practicum rotation. A particular interest of hers and mine is sharing knowledge through collaboration and publication. Melania and I had to explore innovative ways to meet her clinical rotation requirements during the pandemic. While we spoke regularly concerning various projects, our singular focus was our passion project: the publication of an article about conditions that mimic pressure ulcers/injuries (PU/Is). This finally came to fruition with the article, “Practice Dilemmas: Conditions That Mimic Pressure Ulcers/Injuries—To Be or Not To Be?” which was published in, and took up a good portion of, the February 2021 issue of *Wound Management & Prevention*.

This idea started at the bedside when multiple non-wound specialists misdiagnosed a wound as a PU/I. We discovered that our well-intentioned colleagues had rendered several PU/I diagnoses over the years, especially when wound etiology was unclear. Attending the Symposium on Advanced Wound Care meetings and being on the Board for Association for the Advancement of Wound Care presented opportunities to meet other clinicians also experiencing this phenomenon.

One clinician, in particular, contacted me to say that she was interested in being a part of the publication because it presented such an exciting opportunity for so many experts. Additionally, a non-wound care clinician and clinical nurse specialist student joined the project to learn more about PU/I mimics. Another critical component of bringing this work to the printed and electronic page involved having a relationship with editors. These professionals enhance your work and make it more digestible and enjoyable to read; even my non-medical husband said the article was easy to read...the photos not so much. We are very proud of this publication and excited about the positive feedback we have received thus far. As we look to the future and consider the conditions we examined in the article, we know that other clinicians may further expand this list. We also wonder about what lies ahead for the wound care specialty.

Physical and administrative barriers challenge WOCNs; these factors hamper us from educating and mentoring, placing the practice’s sustainability in jeopardy. We must mentor our WOCNs to become advanced practitioners and nurse scientists. Acting as a preceptor and mentor benefits teacher and student. The preceptor has an opportunity to flex intellectual and professional muscles that sometimes are neglected in the daily, task-oriented minutiae. Students are eager to learn and be pushed outside their com-

fort zones. If a student seeks you out, take a moment to think about how the relationship can help both of you grow personally and professionally. In our case, the mentor-student relationship resulted in crucial information that will hopefully contribute to the field of wound care. If a student seeks you out, take a moment to think about how the relationship can help both of you grow personally and professionally. In our case, the mentor-student relationship resulted in crucial information that will hopefully contribute to the field of wound care. More importantly, however, we hope to assist our fellow wound care clinicians in meeting the quadruple aims of health care. Correct and prompt identification of a wound’s etiology ensures proper patient care and accomplishes the first aim. Improved health and associated outcomes, the second aim, can lead to a reduction in per capita costs, the third aim. Achieving these three aims, but in particular the first, can improve the provider experience, thus allowing clinicians to gain a fair amount of satisfaction from positively impacting the lives of their patients.

Please consider this article to be a call to action. I encourage WOCNs to invest in the future of their practice by mentoring, educating, leading, and guiding advanced practice through research, collaboration, and publication.

The first step is a willingness to be open and honest with each other concerning what we do and do not know. We are eager to hear from you, *Wound Management & Prevention* readers, and our colleagues. What are your clinical and research challenges? Is there a patient population in your setting that exhibits intriguing skin conditions that make you ask, “What is that?” Do you observe that certain wounds tend to appear in clusters, either by seasons, procedures, or comorbidities? If so, reach out to us at the email addresses below. We would love to hear from you.

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