Greetings Everyone!

As usual there are many things going on with the WCET. This Bulletin will give you a quick summary of WCET activities. Please send me items that you would like to include in the next Bulletin at wcetvicepres@aol.com

Membership Survey

The WCET Membership Survey has been completed. Special “thank you” to our survey translators: Heidi Campos from Chile (Spanish), Michelle Lee from Hong Kong (Chinese) and Louise Forest-Lalande from Canada (French).

A total of 343 members completed the survey. A brief overview of the survey will be presented at the International Delegates’ Meeting and the General Meeting in Adelaide. An article with details from the survey will be published later in 2012.

Help WCET Communicate with You

Many of the emails we try to send to members are returned to the senders because member details are not current in the WCET Data Base. Please take a moment to log onto the WCETN website and check to see that your email is correct.

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Committee News

Education Committee
By Carmen George, Education Chairperson

In November last year I had the privilege of going to Indonesia on behalf of the WCET Education committee to do the site visit for two ETNEPS.

The first site visit was for the inaugural Indonesian Enterostomal Therapy Nurses Education (InETNA) ETNEP at Dharmais Cancer Hospital in Jakarta. Ria Andjarwati is the program director for this ETNEP, she was a graduate of the first ever Indonesian enterostomal therapy program back in in 2011. The site visit is mainly concerned with ensuring that all aspects of a WCET recognised ETNEP have been achieved and are in accordance with the submitted application form and curriculum documentation. Visits to all the venues where clinical practice will occur is also included.

The WOCARE ETNEP has been running successful programs since 2007 it now is centered in Bogor in java and has been running since 2007. The ETNEP is now in a modular format with many students doing the Wound module before they progress on the Continence and Stoma module. Widasari Sri Gitarja is the ETNEP director of this program.
Earlier this year also saw Carol Stott from Australia going to Hong Kong to do the site visit for the new Hong Kong Stoma/Wound REP. Below is the team of Hong Kong Es who work so hard both in Hong Kong and in China to ensure nurses have access to good stoma wound and continence education.
World News

Brazil

IX Brazilian WOC Conference
IV Latin American WOC Conference
IX WOC National Week
IV International Symposium on Continence Care

Opening of Sobest Congress

This year, the IX Brazilian WOC Conference (CBE) - organized by Brazilian Stomal Therapy Society: ostomy, wound and continence care (SOBEST) - was held in Porto Alegre, Rio Grande do Sul State, in south of the country, October 22nd to 27th, and received around 740 people, among attendees, lecturers and companies. Three hundred and twenty papers were presented in oral, oral brief and poster sessions. The conference included lectures and panels, besides six pre-conference courses and workshops. Eight international lecturers were invited: Prof Dr Barbara Pieper and Prof Janice Colwell, from USA; Prof Dr Katherine Moore and Mrs Louise Forest Lalande, WCET President, from Canada; Prof Dr Jose Contreras and Mrs Otilia Cruz, from Mexico; Prof Dr Sandra Gamboa Guerrero, from Colombia and Mrs Heidi Hevia, from Chile. These presences were relevant not just for scientific purposes but also to extend international relationships between SOBEST and international associations like WCET, AMCICHAC e ICS, represented by the lecturers, besides important universities as Alberta (Canada) and Chicago (USA).
Besides maintaining its success – since the first one in 1994 – two other issues were also relevant to SOBEST and CBE:

✔ Memorandum of Understanding signed by World Council of Enterostomal Therapists (WCET) and Brazilian Association of Enterostomal Therapy: Stoma, Wound and Continence Care (SOBEST) presidents. Based on WCET recognition that:

- Brazil has a professional nursing organisation dedicated to representing the nursing specialty of Enterostomal Therapy Nursing (Stoma Wound and Continence Nursing) called SOBEST;
- SOBEST is a mature organisation that has a professional journal, a website, a governing board and an internal process for recognising Enterostomal Therapy Nursing programs across Brazil;
- Enterostomal Therapy Nursing Programs recognised by SOBEST are comprehensive and prepare the nurse to practice as an Enterostomal therapy nurse;

WCET will automatically recognise all ETNEPS that have SOBEST authorisation.

✔ Nomination of the first Brazilian and Latin American WOCN, Prof Dr Vera Lucia Conceição de Gouveia Santos, for WCET Education Committee Chairperson (2012 to 2014) elections, next year, during 19th WCET Congress, in Adelaide, Australia.

Suely Thuler (SOBEST President and IX CBE Chairperson)

Silvana Prazeres (IX CBE Chairperson)

Sônia Dantas (SOBEST Scientific Committee Chairperson/ CBE Scientific Committee Chairperson) IX Brazilian WOC Conference
The Value of Enterostomal Therapists

By Ai-hua CHEN

The Second Affiliated Hospital of Wenzhou Medical College,
Peoples Republic of China

Aging population and socio-economic growth, for various reasons, lead to an increase in patients requiring ostomy surgeries. Ostomates are not only experiencing a physiological loss, but also having a huge psychological trauma. Timely involvement of certified Enterostomal Therapist (ET) during the pre- and post-operative phases can definitely improve the surgical outcomes, rehabilitation process and patient’s quality of life. On the other hand, an increase in life-span also implies a further demand in healthcare services for those with chronic health problems, such as diabetic mellitus, cancer and incontinence. Such conditions can subsequently lead to chronic wounds, which required dedicated care from ETs. For instance, there was an increase of 200 ostomates in Wenzhou in 2010. However, only twenty ETs are practicing in the whole Zhejiang Province (six of whom are in Wenzhou) at present. They provide various services including establishment of wound and stoma care working group, ET out-patient clinic and self-help groups for the ostomates. Hence the demand for specialized ET care provision is still very high.

In 2009, the Wenzhou Academy of Nursing and I founded the Wenzhou School of Enterostomal Therapist, which was the fifth school providing recognized ET Nursing Educational Programme (ETNEP) in China. It plays a crucial role in alleviating the tensing demand for ET nurses in the community. In 2009/ 2010, a total of 28 nationally recruited ET students had graduated from the school. After graduation, they all continued to take an active role in providing ET nursing in their own facilities, for examples:

1. Ms. Li, who is from Hunan Province, is appointed as a full-time Nursing Specialist in ET practice. She leads a wound care team of five staff nurses to operate a wound care clinic. The clinic runs six days every week and the number of attendance is about 60 - 70 patients per day. Among these patients, 70% of them require wound care attention; 25% of them have received ostomy surgeries and the remaining 5% are patients with problem of incontinence. The proportion of inpatients and outpatients is about 70% and 30%. Ms. Li’s clinic serves 1878 outpatient a year and provides 636 consultation services. 6980,
1348 and 232 episodes of wound care, stoma care and continence care service are provided respectively every year.

2. Ms. Peng of Shandong Province is appointed as the vice-chairman of the Wound and Stoma Care Committee of the Qingdao College of Nursing after her graduation. She has organized a wound and stoma care team in her hospital, which conducts in-service training to her colleagues and provides consultation service for difficult-to-manage cases in her hospital.

3. Similarly, Ms. Xu, who is from Hangzhou, has formulated a wound management team in her hospital, aiming at effective pressure ulcer surveillance and management.

4. Ms. Zhuge from Wenzhou and her team members have launched a voluntary ET nursing campaign to members of the community and aged-homes named “Love the skin, improve the quality of life”. She has also conducted a study on quality of life of ostomates.

Although these examples can only illustrate the achievement of some of the ET graduates, we can see that the outcome of the Wenzhou ETNEP is very encouraging. The positive attitude of the graduates and their contribution serve as a momentum to drive the sustainability of ET education in China. As the responsible person of the Wenzhou ET School, I am very proud of them.
News from Norma N. Gill Foundation Scholars:

An Overview of Stoma Care in Nepal

Sr Shanti Bajracharya
Nursing Director
B&B Hospital, Nepal.

Stoma care in Nepal faces a number of problems due to poor health services and facilities. I started the stoma care clinic in Nepal in 1996 with seven ostomates. Now there are three to four thousand ostomates in total.

Condition of Ostomates in Nepal

Nepal is hilly region with poor transportation available. The patients have to walk two to three days before they reach the clinic. Nepal is a socio-culturally diverse nation and most ostomates have not received formal education. There are many social problems in the Nepalese society which create cultural barriers for the ostomates even to go to temples and worship. They feel awkward attending social activities, mainly because they think they are not 'normal' since their bowel is 'outside the body' after their operations. The Nepal Ostomy Association was established 8 years ago to facilitate rehabilitation and to improve quality of life of ostomates. The aims of the association are to provide counseling before and after surgery, educate on the proper use of ostomy appliance and necessary lifestyle modification, and organize activities for special support groups for ostomates of various age groups.

Economic status of Nepalese ostomates is also not good. The availability of ostomy bags is limited. We are getting ostomy bags through support of the Friends of Ostomate Worldwide (FOW) and some from Australian Ostomy Association and New Zealand ET Association.

Stoma Clinics

Diseases that lead to ostomy surgeries in Nepal include familial polyps, carcinoma
of bladder, intestinal perforation, intestinal volvulus and enterocutaneous fistula, but about 90% of the ostomy patients suffer from carcinoma of the rectum. I work with four other nurses in a stoma clinic. My patient group here has grown more and more since the 1990s. To enhance the services and meet the increasing demands, I provide ostomy nursing mainly in three different places:
1. B & B Hospital (daily consultation basis);
2. Nepal Ostomy Association (Tuesday of the third week of each month).
3. Patan Hospital (Tuesday of the first week of each month).

In the past sixteen years, there were six to seven nurses who received ET nursing education, but unfortunately, none of them work in the ET specialty anymore. Thus, I need to oversee services in fourteen major hospitals and nursing homes in addition to areas where ostomy surgical services are available.

Stoma Care Education

As an experienced ET nurse, I conduct educational programmes for different disciplines. For example, I teach the 3rd year nursing students on the nursing campus and conduct in-service education programmes for both my hospital and other hospitals. I also disseminate the message of importance of ET nursing in local surgical conferences. I am planning to conduct research on manpower and training resource allocation on stoma care and rehabilitation.

Yet, there are many challenges for ET nursing in Nepal. For instance, people are not aware of the availability of professional stoma care services. There is a lack of advanced training in the ET specialty. Geographical and cultural barriers still exist. Resources and investment from the government are very limited. Amongst all, financial constraint is also the greatest obstacle that hinders the development of stoma care in Nepal.

I have been attending WCET conferences to update my knowledge and I have been disseminating information about my activities in ostomy field with the help of a NNGF Congress Travel Scholarship. The Travel Scholarship provides a great opportunity for representatives of developing countries like myself.

Conclusion

Colostomy care in Nepal is still an ongoing struggle. Awareness among patients, doctors and health professionals on stoma care and rehabilitation must be increased to make progress. There is still a long way to go.
ET Nursing in the BP Koirala Memorial Cancer Hospital in Nepal

Archana Dhungana*
Nursing Officer,
BPKMCH, Nepal.

Introduction

Nepal is a developing country. It is very small (147,181 sq. km.) but is gifted with very rich ancient historical background, natural beauty and mountains. The country population is 29 million and ET nursing in Nepal is very challenging as it is slowly progressing.

Present problems and solutions

Surgeons have been performing various ostomy surgeries for many years in Nepal. However, there are only three qualified Enterostomal Therapists and they are responsible to provide care for the patients across the country. So there is an urgent need for more nurses to be trained in Enterostomal Therapy nursing to help ostomates in the care of stomas and during their rehabilitation. Another major problem we encounter is the inadequacy and unavailability of ostomy appliances. Most of our ostomates cannot afford the stoma pouches. Friends of Ostomates Worldwide - USA (FOW-USA) are helping us by supplying some ostomy appliances free of charge. Nevertheless, some of our ostomates from remote areas and underprivileged community simply cannot come to our centre to receive the pouches because of a lack of money for transportation. They are forced to make use of local resources such as plastic bags and cloths. Peristomal skin complications may thus arise. Even for those who have access to stomal clinics, it easily takes two to three days for them to travel.

Working in the BPKMC Hospital

There are very few formal stoma clinics in Nepal. One is in the Patan Hospital (situated in Kathmandu, the capital city of Nepal) and the other one is in the BP Koirala Memorial Cancer Hospital (BPKMCH).

BPKMCH is only one comprehensive national cancer centre in Nepal. The hospital is
located in approximately 150 km southwest from Kathmandu. This hospital was started in June 1999 with 25 beds. At present, it has 140 in-patient beds and another 25 beds in day care units. It covers not only the people from Nepal but also the people across the border from India. I have been working here since 2000. As a nursing in-charge of surgical oncology ward, I also practise in the field of stoma care.

I became a member of the WCET family since 2009. I was benefited from the WCET membership in various ways. The WCET journal is particularly useful to our nurses in Nepal. It contains a lot of valuable information related to wound and ostomy care and has brought many changes in our practice. For example, we have now introduced stoma marking for each patient before undergoing ostomy surgery. Application of ostomy belt to prevent hernia is also introduced.

Our big mission is to develop ET nursing in Nepal and assist in the management and rehabilitation of ostomates. Now we are running stoma clinic once a week where we provide stoma care, counsel the patient, manage the complications, distribute the stoma appliances and educate patient using pamphlet and demonstration. The in-service education programme about the stoma care to the new staffs and students is being done regularly. With the help of the volunteer (Kanako Koyama), we have developed some patient education pamphlets. These pamphlets are very useful for patients. Recently, Ostomate Society of Nepal has formed with the strong support from the surgeons, stoma care nurses and ostomates. Now there are altogether 150 members.

**Future plan**

Our hospital is only one comprehensive national cancer center in Nepal. If we get adequate resources, we will do following things in near future.

- Organize short courses on stoma care for nurses from different hospitals of Nepal.
- Formulate the Nepal Enterostomal Therapist Association. It will bring all the stoma care nurses under one umbrella.
- Promote research activities in the field of stoma care.
- Develop patient teaching booklets in 'colostomy care' and 'urostomy care'.

Archana was awarded NNGF Membership Scholarship in 2009 and Congress Travel Scholarship in 2010. She was supported to attend the Phoenix WOCN/WCET Congress in 2010.
I AM PROUD BE an ET NURSE
Saldy Yusuf, BSN, ETN, Indonesia
NNGF Scholarship recipient 2009

I have been working as nurse since I graduated from nursing academy in 2000. After that I worked in Haji Hospital, Makassar as staff nurse in operating room for two years. This was nothing special; it was a daily boring job. I sterilized the instruments, made phone calls to doctors to schedule operations, prepared the operation room, worked as a scrub nurse during surgery and after that washed the instruments, cleaned up the operating table, etc. It seemed like I was working for a physician as the physician’s assistant. When I saw my patients who were suffering with pain, I could just only say “please wait until the Doctor comes”. When I saw my patient with a dressing that had been leaking for 5 days, I only could explain, “please be patient, we are waiting for instructions from doctor”.

From 2003 to 2007 I worked as nursing educator. I can teach any subject: anatomy, physiology, cardiology, nursing management, etc. Everything was easy, just read the textbook, make power point presentation, and stand in the class. But, I lost the clinical experiences that can give the evidence base for my lectures. I received financial support from an NNGF Scholarship from WCET. Everything changed gradually after I finished my ET school in December 2008. As the ET Nurse, I can work independently to decide what I should do for my patients. Patients trust me and what I have done for them. Furthermore several nurses and doctor trust me and refer their patients to me. Now I can say, “I am proud to be an ET Nurse.

It’s a wonderful experience when I can ease the pain of my burned patient or reduce the sadness of my ostomate after divorce from her husband after stoma operation. I am happy that I can encourage optimism amidst their hopelessness.

After ETNEP Course, with the support from my institution, we built a wound and stoma clinic on our campus. (STIKes Bina Bangsa Majene). The clinic serves not only to our students, but also poor people around school. During the operation, several Public Health Community organisations refer their patients to us and we didn’t take payment from them. All dressing products come from the company, stoma bags come from YKI and WOCARE. Our school has received advantages from this clinic, because it has increased accreditation points from the Ministry of Education.

I also have the responsibility to introduce the wound curriculum in the nursing academy, not only in my workplace but also in another school. I help them to design wound care curriculum, prepare laboratory equipment, including modern dressings that they had never worked with before. From January until December 2009 I assumed the responsibility as a supervisor in Majene General Hospital. My duty is not only focus as an ET Nurse, but also as the Nursing Manager in its hospital. I helped the hospital to design Standard Operational Procedure for Nursing Interventions, to design professional nursing care, to provide nursing documentation and to control quality of care in VIP room.
In the end of 2009, I initiated a national campaign to stop the development of decubitus ulcers in Indonesia. I started by making a group in Facebook in coordination with the President of InETNA, Mrs. Anik Maryani, M.Kep.ETN. The main goal of this group is to share knowledge and experience among Indonesian Nurses (not exclusively among ET Nurse) about pressure ulcer prevention and management. Surprisingly, the member of this group was increased greatly. Now there are 544 members coming from various backgrounds including: clinical nurses, nurse educators, nurse managers, nursing students, etc. In addition, Professor Achir Yani (former Indonesian Nursing Association) and others interested to join with this group. So in the future, I hope this group can become Indonesian Pressure Ulcer Society and will make positive contributions to reduce incidence of pressure ulcers in Indonesia and thereby increase patients’ quality of life.

In order to organize ostomate in Makassar and East Indonesian, I have coordinated with Mrs. Kemala Yasin (InOA) and Dr. Dieta Parengkuan (YKI) to form the Indonesian Ostomate Association (InOA) Makassar Branch. And it has launched on Friday, January 29, 2010 in Wahidin Sudirohusodo Hospital (Regional Hospital in East Indonesia). The composition of committee consists of Physicians, ET Nurses, and Ostomates.

Since I became an ET Nurse, I have been invited as keynote speaker not only locally but also I was invited as lecturer for a national seminar. In teaching, I can share my experiences with other nurses, and this is another wonderful experience. Lastly, as the ET Nurse, I am able to take masters degree courses in chronic wound area in Kanazawa University,
Enhancing clinical practice and striving for the best

Qixia Jiang
Wound Care Centre
Nanjing Jinling Hospital

It is my pleasure to have been participated in the 2010 WOCN /WCET Joint Conference from June 2010 and have a poster presentation. I would thank Norma N. Gill Foundation, my hospital management and my family for their support; I learned a lot from the event.

From the experience I gained at the conference, I submitted a report to my hospital management and proposed some new directions for my wound care centre. Afterwards, I coordinated four of my graduated ET students to work on establishment of training materials and guidelines based on the best-available evidence. I have also participated in a multi-centre, randomized controlled study on prediction and prevention of hospital-acquired pressure ulcers in China. This study involves 12 regional hospitals of more than 1000 beds.

Education is a very important component in the promotion of ET nursing in China. After my return from the Phoenix conference, I shared my new insights with five hundred nurses of my hospital through a lecture and organized a wound care workshop for another two hundred nurses. Renowned international ET nurses such as Dr. Keryln Carville, Sharon Lepper and Kevin Woo were invited to conduct educational activities on prevention and management of pressure ulcers and chronic wounds. As a senior ET nurse educator, I had taught in the ETNEPs at the Nanjing ET School and the Wenzhou ET School in late 2010. I also gave presentations on wound care and pressure ulcer prevention for more than twenty hospitals in different provinces in China (e.g. Jiangsu, Yunnan, Anhui, Sichuan and Guangzhou).

I believe that where “there is will, there is a way” and it is never too late to learn. In the future, I will continue to strive for the development of ET nursing services and the welfare of ostomates in China.
Impression of Training in Cleveland Clinic Foundation USA
Aihua Chen (Alice)
No.2 Hospital Affiliated to Wenzhou Medical College
Peoples Republic of China

I had the honor for further study regarding nursing research at the Cleveland Clinic Foundation (CCF) for three months in early 2011. I had learned a lot and gained much. CCF is the birthplace of Enterostomal Therapists (WOCN), the world’s first stomaltherapist, Ms. Norma Gill was born in this hospital. In 1961 Dr. Turnbull and Norma Gill opened the first WOC (ET) school in the world, It named Cleveland Clinic– R. B. Turnbull, Jr. School of WOC Nursing. It will have it’s 50th anniversary of the WOC Nursing Education Program at Cleveland Clinic this year.

CCF ranks the top fourth hospital in US, it is a non-profit group-type hospital. It has served as a model for the nation’s ones, through quality, innovation and efficiency, to establish a sustainable development, cope effectively with economic and institutional reformation.

Hospital management focused on three areas:

1) Focus on the hospital culture: Whether in the initial establishment of the hospital or now, the philosophy of "Patient first" has not changed. Whether from the hospital’s construction, decoration, name, use of language, medical practices, etc. all reflects the idea of it.

2) Advanced medical information technology: Cleveland Clinic was the first hospital which used of electronic medical records. It not only eliminates the trouble in helping physicians find medical records, but also make it easy for doctors to make best diagnosis. Further more “MyChart” makes it possible for patients who can access their medical records when they are at home.

3) Have sufficient WOC Nurses

The hospital has 15 stomaltherapists who are taking care of ostomates in or out of hospital patients, 6 Woc Nurses are responsible of skin care, such as wound care, pressure ulcer prevention and patients education. Since have enough staffs, could give a very detailed explanation and good care to patients, so they are very satisfied when they came to CCF.

(By the way I want to give my great thanks to Paula Erwin-Toth as well as Nancy Albert in CCF, with their help my dream finally came true.)
美国克利夫兰医院进修见闻

中国 温州医学院附属第二医院

陈爱华

2011年初，本人有幸在克利夫兰医院进修学习三个月，感触颇多，收获很大。

克利夫兰医院是美国的一所著名医院，其中一位重要人物是Norma Gill。Gill女士是一个非常有名的医生，她于1968年在克利夫兰医院成立了世界上第一所质量控制的培训学校。本人慕名而来，果然名不虚传。医院非常好，特别是其管理、运行方式与我们完全不同，许多方面值得学习。

克利夫兰医院在美国排名第四，它是一所非营利性的综合型医院。医院本部位于俄亥俄州的克利夫兰市。

克利夫兰医院是美国的一所著名医院，其中一位重要人物是Norma Gill。Gill女士是一个非常有名的医生，她于1968年在克利夫兰医院成立了世界上第一所质量控制的培训学校。本人慕名而来，果然名不虚传。医院非常好，特别是其管理、运行方式与我们完全不同，许多方面值得学习。

克利夫兰医院的三个特色方面：

1. 注重医院文化建设
   医院注重医院文化品牌建设，扩大在国内外的影响力。文化建设作为CCF内涵建设的重要内容，已成为医院文化建设的重要组成部分。领导层致力于打造医院文化的灵魂和核心，是医院生存和发展的基础。医院文化是医院的底色，是医院的气质，是医院的灵魂。医院文化是医院的软实力，是医院发展的内在动力，是医院的核心竞争力。

2. 医疗信息技术先进
   克利夫兰医院是最早采用电子病历的医院之一，它可以帮助医院提高工作效率，提升医疗质量。病人住院后，除了进行查体，还要进行入院查体。医院使用一种名为“MyChart”的电子病历系统，它为患者提供电子病历管理、电子处方、电子健康档案等服务。患者可以通过MyChart系统查询自己的电子病历，如住院记录、手术记录等。所以，患者在医院内也可以了解自己的病史。

3. WOCN充足
   全院有500多名WOCN，其中住院部的有300多名，门诊部的有200多名。WOCN是以物理疗法为主，负起治疗的有15位，在全科护理的有5位。在全科护理的有15位。如果患者住院时间长，他们可以负责患者的治疗，一是可以帮助患者控制病情，二是可以为患者提供医疗护理，三是可以为患者提供心理支持。所以，一个患者在一个患者待的时间长，他们可以提供医疗护理，三是可以为患者提供心理支持。所以，一个患者在一个患者待的时间长，他们可以提供医疗护理，三是可以为患者提供心理支持。所以，一个患者在一个患者待的时间长，他们可以提供医疗护理，三是可以为患者提供心理支持。所以，一个患者在一个患者待的时间长，他们可以提供医疗护理，三是可以为患者提供心理支持。