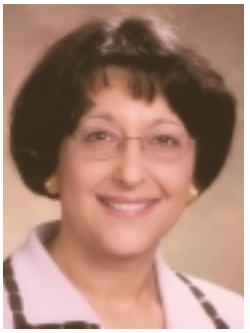
An Interview with **Dr. Diane Krasner**:

A Key Contributor to Global Wound Care



Dr. Diane Krasner

INTERVIEWED BY Catherine Harley, Associate Editor, *Wound Care Canada*

Dr. Kasner is a board-certified WOC Nurse, a Diplomat of the American Academy of Wound Management and a Fellow of the American Academy of Nursing. She has extensive experience in wound, ostomy and incontinence care. She received her bachelor, master and doctorate degrees in Nursing from the University of Maryland School of Nursing and her MA in Adult and Continuing Education from The Johns Hopkins University School of Continuing Studies.

She is on the editorial board of *WOUNDS and* is co-editor of the third edition of *Chronic Wound Care: A Clinical Source Book for Healthcare Professionals.* She currently serves on the Board of Directors of the American Academy of Wound Management, the National Pressure Ulcer Advisory Panel and is president-elect of the Association for the Advancement of Wound Care.

Q What is your current role in wound care?

I work full time as the Wound Care/Infection Control Practitioner at Rest Haven – York, a 167-bed long-term-care facility in York, Pennsylvania (about one hour north of Baltimore). About half my time is spent consulting to the unit-based treatment nurses, developing and revising wound-related policies and procedures, ensuring that products and supplies are available to the residents and the staff, and chairing the Skin Integrity Committee. The rest of my time I wear an Infection Control Practitioner hat. I keep a daily listing of infections and monitor the facility for the prevalence of key indicators, including urinary tract infections and respiratory infections. I chair the Infection Prevention and Control Committee, which is responsible for the development and implementation of policies and procedures for infection control, including house-wide immunization of our residents. My two roles are really quite complementary, and the ICP role is broadening my horizons and is quite a challenge!

Q What was it about wound care that attracted you to specialize in it?

I think there were two specific aspects of chronic wound care that I found most attractive: developing long-term relationships with patients and the independent role of the wound-care specialist.

Q In what areas of wound care have you specialized?

I have always been interested in chronic wounds. Like many of my generation in wound care, I began with a focus on pressure ulcers, moved on to venous and diabetic ulcers and finally broadened my view to all the other types of chronic wounds. Of course, as a wound, ostomy, continence nurse by generic training I was equally interested in these aspects of care, and many of the lessons learned from ostomy and incontinence care are relevant for chronic wound care.

Q How has your role in wound care evolved over the years?

I have been privileged to practise, study, do research, work in industry and now have come full circle back to the practice setting. Each of these experiences in different environments has broadened my appreciation for the challenge that wound care presents across settings.

Q What continuing education do you believe has supported your journey in wound care?

I was fortunate to be in environments that supported my life-long learning over the past two-and-

a-half decades. All of these educational pursuits, from formal courses to attending national conferences, to local meetings to reading journals, have been essential for sustaining my practice and keeping me current and seeing things with "new eyes" (see the end of the article for my favourite quote #1).

Q What is your view on interdisciplinary wound-care teams?

I think that it is most important to have dedicated, passionate members of the interdisciplinary wound-care team. Ideally, you would have a good mix of specialties as well. But this is not always feasible. Most important is dedication and passion.

Q Could you describe what you see as the critical success factors for an interdisciplinary wound-care team?

There is both a process piece and a content piece needed for success. The process piece involves communication based on honesty and integrity. The content piece involves a commitment to best practices and evidence-based practice as it emerges.

Q How can being a mentor in wound care assist health-care professionals in achieving better patient care?

Every practitioner needs a mentor who can challenge him/her to grow and develop professionally.

Q Who do you consider as your wound-care mentor?

I have two mentors who have supported and nurtured me through the years: my research mentor, Dr. George Rodeheaver, and my nursing mentor, Louise Colburn.

The time comes when "senior" practitioners like me go on to serve as role models or mentors for others. This is a great honour, really, and I am pleased to be serving as the mentor for Cynthia Fleck, a bright and rising star in wound care in the U.S.!

Q How did you get involved in editing the three editions of the book *Chronic Wound Care?*

Sometimes you are just at the right place at the right time (see below for my favourite quote #2). I was invited early on to serve on the Editorial Board of *Ostomy/Wound Management*. I had decent writing skills from having studied Ancient History and Egyptology at Johns Hopkins University prior to becoming a nurse (BA 1975; MA 1976). It was Health Management Publications who approached me to edit the first edition of *Chronic Wound Care*, when they decided to publish a book as well as their journals, *Ostomy/Wound Management* and *WOUNDS*. Good thing I didn't really know how much work it would turn out to be... otherwise, I might have turned them down.

Q What are some of the biggest challenges that you have seen in the practice of wound care? Do you see them as being positive or negative?

The biggest positive challenge I see is bringing a consistent standard of care across all communities and all settings — it is a Herculean task! Early in my career I read the autobiography of Ray Kroc, founder of McDonalds. Say what you might about their hamburgers, McDonalds' consistency is truly admirable (I like their hamburgers, too!). Someday, I hope to see that level of consistent best practices in wound care across all settings in all of North America.

Q What is the biggest challenge in wound care today?

I think in the U.S. the biggest challenge is teaching best practices for wound care to the thousands of health-care providers in all disciplines who have had their eyes closed and their ears deafened and who are still practising wound care from the First World War — using Dakin's full-strength wet-to-dry dressings (or some such thing) on every single type of wound they see. This is a tremendous disservice to the community of patients we serve and bodes very badly for health-care professionalism. It is one of my greatest frustrations and my greatest challenges!

Q What role have you played in wound care within Canada?

It has been my great honour to attend almost all of the CAWC conferences, beginning with the first one in 1995 in Toronto. It has been a joy to watch the growth of the CAWC, and you have inspired us in the AAWC in many, many ways! As incoming president of the AAWC I look forward to working with the CAWC to forge a closer link between our two sister associations!

Q Any last comments?

My favourite quote #1:
"The real voyage of discovery consists not in seeking new landscapes, but in having new eyes." – Marcel Proust

My favourite quote #2:
"Chance favours the prepared mind." – Louis Pasteur

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