A major reason for poor results in wound management in Portugal is related to insufficient assessment of the patient and wound and communication between those involved in care. This was made evident to us in our study of the epidemiology and practice of chronic wounds in the Community in Portugal. In order to address this issue we offered Regional Health Authorities (RHA) to develop an education/intervention project in Wound Bed Preparation involving primary care doctors, nurses and pharmacists. A modular approach was adopted with one day in the classroom (theory and case studies presented by participants in order to demonstrate the application in practice of the knowledge gained in the previous module) and support offered between modules for clarification and discussion.

The programme was started in October 2006 and the first phase was ended in February 2008. Three (of five) RHA accepted the offer and have been involved in implementation since the start. Participants were selected by the RHA to be role models. A total of 105 participants are involved (30 doctors 70 nurses and 5 pharmacists) divided in 4 groups and they were offered slide sets with explanatory texts in order to reproduce the programmes in the same format so that all professionals in the area gained the same information/knowledge. This second part of the project is now under way.

In an initial assessment we had observed that, contrary to our expectations, there was no significant difference in knowledge between different professional groups (with the exception of dressings). We will present the results of the final assessment of phase one. All doctors (except one) recognised that they had initially poor knowledge and no involvement in wound management and that participation in the project has improved this significantly as well as their role in the team. Changes implemented in practice have been significant ranging from adoption of patient assessment and best practice in wound management (cleansing, dressing selection) to opening a chronic wound clinic. In some cases where phase 2 is only just beginning, almost no changes or few changes have been possible. We conclude that to put evidence into practice it is necessary to involve all professionals including the health authorities responsible for the significant changes required.