



AWSA SUMMER SCHOOL 2025 PROGRAM

Thursday 13 February 2025		
1400 – 1700	AWSA 2025 REGISTRATION OPENS Exhibition set up	Conference floor foyer Novotel Geelong
1830 – 1930	AWSA Welcome drinks <i>Ticket included in full registration</i>	Exhibition Hall Novotel Geelong

Friday 14 February 2025		
<i>All sessions will be in a variety of formats and will include the speaker's presentation breakout sessions and panel discussions, concluding with a summary discussion.</i>		
0730	REGISTRATION and EXHIBITION OPEN	
0830 - 0900	Session 1 OPENING	
	<p><i>Welcome, Acknowledgement of Country and Overview</i></p> <p>CHAIR: Terry Swanson, Nurse Practitioner Wound Management, AWSA Board Chair PANEL: Professor Dato' Dr Harikrishna Nair, President World Union Wound Healing Societies Dot Weir, Co-Chair, Symposium on Advanced Wound Care USA; Secretary, International Wound Infection Institute Dr Lee Ruotsi, Medical Director Center for Wound Health and Hyperbaric Medicine</p>	

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0900 - 1100	<p>Session 2 INFLAMMATION vs INFECTION: Wound climate change</p> <p><i>We understand that most of you have heard about the famous George Winter and his study of wound healing which essentially changed the way we approached wounds from 1963 onwards. For some health care professionals however, it seems the understanding of moist wound management has moved just too far in the moist spectrum and we are faced with too many wet wounds.</i></p> <p><i>Our speakers come from scientific laboratory work to functional product design and components of the most common wound care products. You will be encouraged to discuss what you are finding and considerations for how we collectively can make changes to ensure wound care is based on the tissue, the exudate and the aims—amongst other areas.</i></p> <p><i>Do some products cause inflammatory responses and hence wound becomes wetter? Do microorganisms proliferate in a moist environment? Do health professionals have in depth knowledge of wound healing, tissue assessment and settings aims? Do clinicians consider how the product works and how it behaves in different environments and by environment we do not just mean the weather today! Does sitting in a recliner chair- “Princess chair” allow enough airflow or does it create more heat in certain areas and so dressings behave differently?</i></p> <p><i>Moisture management is more than exudate control. What other factors can assist in managing inflammation? Oedema and fibrosis will influence dressing behaviour.</i></p> <p><i>These are just some aspects to be considered and discussed when we look at the current problem of ‘wet’ wounds. Look forward to you all helping to stimulate health discussion to change the future of the way we look at wounds, set aims and select products.</i></p> <p><i>Further to our discussion in 2024 this session will expand on and address questions raised at our Inaugural AWSA Summer School</i></p> <ul style="list-style-type: none"> • <i>Has moist wound healing gone too far? Discussion on Winter’s 1962 paper and relevance in 2025</i> • <i>Are silicone dressings keeping wounds too moist?</i> • <i>Moisture management is more than exudate control, so how do we address it?</i> • <i>How does living in different geographical environments influence moisture control?</i> • <i>What is the role of Inflammation mediation?</i> • <i>What happens to the skin in chronic inflammation and oedema and how do we manage fibrosis and skin changes</i> • <i>Wound infections more than just bacteria: how do we tell?</i> <p>CHAIR: Jan Rice AM: Wound consultant, AWSA Board PANEL: Professor Amit Gefen, virtual, Professor of Biomedical Engineering at Tel Aviv University; Berman Chair, Vascular Bioengineering Professor Richard Ferrero, Deputy Centre Head for the Centre for Innate Immunity and Infectious Diseases, Research Group Head of the Gastrointestinal Infection and Inflammation Research Group in the Centre for Innate Immunity and Infectious Diseases. Dot Weir, Co-Chair, Symposium on Advanced Wound Care USA; Secretary, International Wound Infection Institute Dr Tim Hughes, Principal Research Scientist and Research Team Leader, CSIRO Manufacturing Flagship</p>
1100 - 1130	<p>MORNING TEA</p> <p style="text-align: right;">Exhibition Hall</p>

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1130 - 1230	<p>Session 3 INVESTIGATIONS and DIAGNOSING: How accurate are they in different populations?</p> <p><i>When you have complex patients influencing not only their health but the interpretation of the diagnostic investigations.</i></p> <p><i>This session will explore types of diagnostic investigations and their accuracy especially in DFU and will include a case study presentation as well as addressing some of the issues we face in the forefront of our clinical care.</i></p> <ul style="list-style-type: none"> • <i>Interpretation of diagnostic results on various health aetiologies</i> • <i>CRP/ESR in DFU is it as good as we thought it was for monitoring</i> • <i>Wolcotts 2013 discussion on PCR and topical antibiotics. What is the relevance in 2025?</i> • <i>PCR vs normal wound culture: What are the pros and cons</i> • <i>Do we need more fungal and anerobic testing for everyday care?</i> • <i>What about pH and what is the consensus and understanding around pH as a prognostic indicator?</i> • <i>Skin vs wound infections: How do we tell the difference</i> <p>CHAIR: Melinda Brooks, Nurse Practitioner Wound Management</p> <p>PANEL: Dr Lee Ruotsi, Medical Director Center for Wound Health and Hyperbaric Medicine Dr Kwee Chin Liew, Clinical Microbiologist and Infectious Diseases physician, Australian Clinical Labs Terry Swanson, Nurse Practitioner Wound management, AWSA Board</p>
1230 -1315	LUNCH

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1315 - 1445	<p>Session 4 PALLIATIVE WOUNDS AND CARE: Do we know what it is and how to do it well?</p> <p><i>When do we call a wound palliative in an non terminal patient? What do we call wounds in a terminal patient? Are there differences?</i></p> <p><i>This session will include a complex case study and explore:</i></p> <ul style="list-style-type: none"> • <i>Avoidable vs unavoidable pressure injuries, Terminology and definitions</i> • <i>Skin failure</i> • <i>Equipment for prevention, care and comfort</i> • <i>The legalities and our duty of care</i> <p>CHAIR: Dr Emily Haesler, <i>Adjunct Professor, Curtin University; Adjunct Associate Professor, La Trobe University</i></p> <p>PANEL: Regina Kendall, <i>Nurse Practitioner Grampians Regional Palliative Care Team, Ballarat</i> Dot Weir, <i>Co-Chair, Symposium on Advanced Wound Care USA; Secretary, International Wound Infection Institute</i> Professor Kerryln Carville, <i>FWA Professor of Primary Health Care and Community Nursing at Silver Chain Group and Curtin University</i> Cathy Young, <i>Occupational Therapist, Odyssey Consulting, Senior Clinician Royal Melbourne Hospital</i> Lachlan Singe, <i>Partner and Accredited specialist in Personal injury law, Arnold, Dallas McPherson, Bendigo</i></p> <table border="1" data-bbox="360 791 1966 882"> <tr> <td data-bbox="360 791 1167 882"> <p>Breakout 1:</p> <ul style="list-style-type: none"> • <i>Lachlan Singe</i> • <i>Dr Emily Haesler</i> </td> <td data-bbox="1167 791 1966 882"> <p>Breakout 2:</p> <ul style="list-style-type: none"> • <i>Prof Keryln Carville</i> • <i>Dot Weir</i> </td> </tr> </table> <p><i>Return to plenary room for summary of breakout sessions.</i></p>	<p>Breakout 1:</p> <ul style="list-style-type: none"> • <i>Lachlan Singe</i> • <i>Dr Emily Haesler</i> 	<p>Breakout 2:</p> <ul style="list-style-type: none"> • <i>Prof Keryln Carville</i> • <i>Dot Weir</i>
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1445 - 1515	AFTERNOON TEA		

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1515 - 1615	<p>Session 5 INDUSTRY RELATED SESSION</p> <p><i>These topics will explore how the relationship with our industry partners can be symbiotic. A peer review abstract process will be conducted and the top 3 abstracts on new technologies will be presented in this session.</i></p> <p><i>In this session will explore:</i></p> <ul style="list-style-type: none">• <i>New technologies</i>• <i>Conflict of interest: What is it and how do we manage it</i>• <i>How do we grow Key Opinion Leaders (KOL)?</i>• <i>How do we address medical waste?</i>• <i>Industry topic</i> <p>CHAIR: Terry Swanson, Nurse Practitioner Wound Management, AWSA Board</p> <p>PANEL: Professor Dato' Dr Harikrishna Nair, <i>President World Union Wound Healing Societies</i> Judy Haviland, <i>Director, Judy Haviland consulting</i></p> <p>Industry partners:</p> <ul style="list-style-type: none">• Coloplast• Convatec
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1615 -1815	<p>Session 6 PSYCHOLOGY OF WOUND HEALING AND CARE: The mind and body connection and how it influences today as well as tomorrow</p> <p><i>This comprehensive session will explore the science and art of healing from a psychological perspective and its influence on the current wound healing, the family and future generations.</i></p> <p><i>This session will explore:</i></p> <ul style="list-style-type: none"> • <i>An overview of personality types so that we can understand and increase awareness developing different communication, treatment strategies and coping mechanisms</i> • <i>Caring for the carer</i> • <i>Trauma and responses to the crisis</i> • <i>Psychobiotics</i> • <i>Epigenetics</i> • <i>Power of words and labels</i> • <i>The mind and body connection discussing the art and science of our knowledge</i> • <i>Case study</i> • <i>Lived patient experience</i> <p>CHAIR: Andrea Minnis, Nurse Practitioner Wound Management, AWSA Board</p> <p>PANEL: Rene Brent, Certified Clinical Hypnotherapist and Instructor of Hypnotherapy, Orlando Florida Jim Phillips, Psychologist, Kardina Health and Pain Matrix John McKenna, Empowerment advocate and active inclusion advisor; lived experience with a disability and effect of communication Dr Mick Vagg, Consultant in rehabilitation and pain medicine Dr Nikki Frescos, Podiatrist, Austin Health and Northern Health, AWSA Board</p>	
	<p>Breakout 1:</p> <ul style="list-style-type: none"> • <i>Andrea Minnis</i> 	<p>Breakout 2:</p> <ul style="list-style-type: none"> • <i>Dr Nikki Frescos</i>
	<p><i>Return to plenary room for summary of breakout sessions.</i></p>	
1900 - 2100	<p>AWSA SUNSET SOIREE</p> <p>Wharf Shed, Eastern Beach Road, Geelong</p> <p><i>Tickets available through registration - drinks will be available for purchase at bar</i></p>	

AWSA SUMMER SCHOOL 2025 PROGRAM

Saturday 15th February 2025

All sessions will be in a variety of formats and will include the speaker's presentation breakout sessions and panel discussions, concluding with a summary discussion.

0800	REGISTRATION AND EXHIBITION OPEN
0830 - 1030	Session 7
	HIGH RISK FOOT: Beyond just the DFU
	<p><i>When we talk about the high-risk foot many immediately think of Diabetes Related Foot ulcer. However, the high-risk foot encompasses any foot condition or disease complication that increases the risk of trauma, ulceration, infection, or amputation.</i></p>
	<p><i>The IWGDF refer to “prevention of foot ulcers in at-risk patients with diabetes”. This definition highlights a specific patient demographic of those at risk of ulceration, aligning closely with the concept of “high-risk foot” which is often the result of complications stemming from various pathologies or diseases.</i></p>
	<p><i>High-risk factors are more prevalent in certain populations such as diabetes, cardiovascular disease, kidney disease, arthritis, scleroderma, or those who are immunocompromised. Inflammatory conditions such as rheumatoid arthritis, psoriatic arthritis, and reactive arthritis in the foot can also serve as significant risk factors. These conditions lead to degenerative joint changes, bone erosions, soft-tissue swelling and joint-space loss. All these risk factors impact on foot structure and function which result in increased plantar pressures on the foot and toe deformities heightening the risk of ulceration. Additionally, medications used to treat inflammatory arthritis, such as corticosteroids, disease-modifying agents, can significantly impact wound healing.</i></p>
	<p><i>Then add to the mix the Charcot foot, a condition that combines inflammatory and degenerative disease, presenting multiple challenges in the treatment and management.</i></p>
	<p><i>In this session, we will delve into common high-risk foot conditions, from the perspective of researcher, podiatrist, orthotist and podiatric surgeon. The focus will be the challenge of early diagnosis, prevention and management strategies, access to resources in the community, and referral pathways.</i></p>
	<p><i>This session will include a case study and explore the following:</i></p> <ul style="list-style-type: none"> • <i>Foot deformity. What is it and how is it diagnosed?</i> • <i>Charcot foot what are the latest recommendations on identification and treatment?</i> • <i>What are the disease related complications for the foot beyond DFU?</i> • <i>Are there scope of practice issues related to treatment?</i> • <i>Does foot structure and mechanics impact wound healing of the foot and lower limb?</i> • <i>What about Hammer toes? Traumatic injuries?</i>
	<p>CHAIR: Dr Nikki Frescos, Podiatrist, Austin Health and Northern Health, AWSA Board</p>
	<p>PANEL: Professor Debbie Turner, Professor in Podiatry at Queensland University of Technology Dimitri Diacogiorgis, Manager Allied Health Assistants Grampians Health. Podiatry Clinician, Educator Researcher, Credentialed Diabetes Educator Dr Dean Samaras, Podiatric Surgeon Jack Yeung, Clinical Lead – Orthotics, Northern Health Abstract clinical case study</p>

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1030 - 1100	MORNING TEA
1100 - 1200	<p>Session 8 DERMATOLOGY: New, old, off label and emerging trends for treatment</p> <p><i>This session will have a strong pharmacological focus on what we apply to the skin to restore, treat and maintain good skin health, including a case study and will explore:</i></p> <ul style="list-style-type: none"> • <i>Skin decontamination: Short and long term benefits vs long term risk</i> • <i>Old solutions do they have place in the treatment formulary of 2025?</i> • <i>What are some of the off label products and their pros/cons?</i> • <i>What are some of the quality solutions/creams/ ointments and what are they made of?</i> • <i>Lets get clear on Sorbolene and Aqueous creams!</i> <p>CHAIR: Dr Geoff Sussman OAM, Associate Professor Wound Care. Monash University, AWSA Faculty</p> <p>PANEL: Dr Matthew Howard, Specialist dermatologist, Geelong, Melbourne and a fellow of the Australasian College of Dermatologists. Dr Selina Boyd, Senior Academic in compounding, Medisca Abstract case study</p>
1200 - 1245	LUNCH

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1245 - 1445	<p>Session 9 VASCULAR ASSESSMENT and the controversies</p> <p><i>This was a popular session in 2024 but you wanted more. This session will explore some of the debate and conflicting information found in practice and in the literature, including:</i></p> <ul style="list-style-type: none">• <i>Angiosomes of the lower leg and foot. How can we relate this to client care? Are angiosomes important in our diagnostic assessment?</i>• <i>Vascular sonography: where are the standards and why are our results so varied?</i>• <i>Vascular assessment: what are we doing?</i>• <i>Why are the heels so important?</i>• <i>How does different clinical settings influence assessment?</i> <p>CHAIR: Professor Dato' Dr Harikrishna Nair, <i>President World Union Wound Healing Societies</i></p> <p>PANEL: Mr Shrikanth Rangarajan (Raj), <i>Vascular, Endovascular and Renal Access Surgeon, Yarra Vascular Surgeons</i> Andrea Minnis, <i>Nurse Practitioner, AWSA Board</i> Martin Forbes, <i>Vascular Sonographer MIVIR Regional vascular</i> Professor Debbie Turner, <i>Professor in Podiatry at Queensland University of Technology</i></p>
1445 - 1515	AFTERNOON TEA

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1515 - 1715	<p>Session 10 OEDEMA: More than just fluid</p> <p><i>So ... What is oedema?</i></p> <p><i>A very simple definition used by many of us to our patients is: a build-up of fluid in the body which causes the affected tissue to become swollen and tight. The consequences of uncontrolled oedema can lead to devastating skin changes, wounds, pain, depression and lack of mobility or organ function.</i></p> <p><i>Some of us may look further or deal with patients who have interstitial oedema and this definition gets a bit more complex- Interstitial oedema ought to be considered an early stage of severe oedema that was shown to develop when the extracellular matrix loses its integrity due to fragmentation of the proteoglycan components beyond a critical threshold.</i></p> <p><i>A small amount of protein exists in the interstitium and forces some fluid out of capillary walls. This force is the interstitial oncotic pressure. Together, these factors contribute independently or cooperatively to form oedema.</i></p> <p><i>What are these proteoglycan components, what affects the critical threshold and what makes the ECM lose its integrity? What basic science teaching will help to explain this to our patients? Do we talk about acute oedema and chronic oedema rather than all lymphoedema?</i></p> <p><i>Should we be talking about diet and exercise and if so how do we bring meaning to it without prejudice? What methods of managing acute and chronic oedema work and what does not work? Swelling in some acute injuries is normal, perhaps some consider it even beneficial, the protective mechanisms of the human body, BUT if not resolving within a certain timeframe action should be taken-so what modalities are best.</i></p> <p><i>Prevention should be revisited by all health professionals. Is surgery one area where we should revisit the texts of old? Support therapy or binders were the mainstay -- where are they now?</i></p> <p><i>Correct assessment of the cause of swelling from fluid or fat should be openly discussed and we seek your opinion on strategies to get this subject to the health care sector</i></p> <p><i>This session will provide an overview of what oedema is, including a case study, the destructive nature of oedema and the damage it causes including:</i></p> <ul style="list-style-type: none"> • <i>Terminology and definitions: Acute oedema? Chronic oedema? Lymphoedema? Lipoedema?</i> • <i>What are the latest paradigms regarding chronic oedema?</i> • <i>What is the evidence on treatment strategies?</i> • <i>Do we really understand what oedema is and what it does to our bodies?</i> <p>CHAIR: Jan Rice AM, Wound Consultant, AWSA Board</p> <p>PANEL: Professor Neill Piller, Director, Lymphoedema Clinical Research Unit, Flinders University Maree O'Connor, Lymphoedema physiotherapist Avril Lunken 'Fat Legs n all' video Dr Ramin Shayan, recorded presentation, Plastic Surgeon, Brighton Plastic Surgery</p>	
	<p>Breakout 1:</p> <ul style="list-style-type: none"> • Jan Rice • Neill Piller 	<p>Breakout 2:</p> <ul style="list-style-type: none"> • Maree O'Connor • Lee Rousti
	<p>Return to the plenary room for summary of breakout sessions.</p>	

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1715 - 1730	<p>Session 11 SUMMATION AND CLOSE - AWSA for the Future</p> <p><i>AWSA Summer School 2027</i></p> <ul style="list-style-type: none">- <i>Announcement of Board and Faculty for 2027</i>- <i>2027 vision</i> <p>PANEL:</p> <p>Terry Swanson, AWSA Chair Dr Nikki Frescos, AWSA Vice Chair Jan Rice AM, AWSA Secretary Andrea Minnis, AWSA Treasurer Dr Emily Haesler, AWSA Faculty Dr Geoff Sussman OAM, AWSA Faculty</p>
CLOSE OF AWSA SUMMER SCHOOL 2025	