



AWSA SUMMER SCHOOL 2025 PROGRAM

Thursday 13 February 2025		
1400 – 1700	AWSA 2025 REGISTRATION OPENS Exhibition set up	Conference floor Novotel Geelong
1830 – 1930	AWSA Welcome drinks <i>Ticket included in full registration</i>	Moorabool Rooms Exhibition Hall Novotel Geelong
Friday 14 February 2025		
0730	REGISTRATION and EXHIBITION OPEN	Conference floor Novotel Geelong
0830 - 0900	Session 1 – OPENING <i>Welcome, Acknowledgement of Country and Overview</i> 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 Professor Keryln Carville , FWA Professor of Primary Health Care and Community Nursing at Silver Chain Group and Curtin University	Peninsula Room

*Program subject to change at the discretion of the AWSA Board

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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? 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. 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</p> <p>PANEL: 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. Dr Tim Hughes, Principal Research Scientist and Research Team Leader, CSIRO Manufacturing Flagship Professor Amit Gefen, Professor of Biomedical Engineering at Tel Aviv University; Berman Chair, Vascular Bioengineering, <i>pre-recorded presentation</i> Dot Weir, Co-Chair, Symposium on Advanced Wound Care USA; Secretary, International Wound Infection Institute</p> <p>CLINICAL CASE STUDY Kate Hillier, Podiatrist, Albury Wodonga Health & Northeast Health Wangaratta</p>
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1100 - 1130	MORNING TEA	Moorabool Rooms Exhibition Hall
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:</p> <p>Dr Kwee Chin Liew, Clinical Microbiologist and Infectious Diseases physician, Australian Clinical Labs</p> <p>Professor Keryln Carville, FWA Professor of Primary Health Care and Community Nursing at Silver Chain Group and Curtin University</p> <p>Terry Swanson, Nurse Practitioner Wound management, AWSA Board</p>	
1230 -1315	LUNCH	Moorabool Rooms Exhibition Hall

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1315 - 1445	<p data-bbox="369 183 1982 225">Session 4 - PALLIATIVE WOUNDS AND CARE: Do we know what it is and how to do it well?</p> <p data-bbox="369 236 1982 331"><i>Skin failure occurs when the skin is overwhelmed and unable to perform its important functions protecting the body. What causes the skin to fail, and why does this often happen towards the end of life? Is skin failure an inevitable process? This session will focus on how we recognise skin failure, how it can be treated and, when it cannot be treated, how can we provide supportive care.</i></p> <p data-bbox="369 368 1982 496"><i>Palliative wound and skin care focuses on providing relief from symptoms and improving the quality of life for patients with chronic, non-healing wounds. Palliative wound care and caring for wounds in a person at the end-of-life present unique challenges that require a delicate balance of clinical expertise and compassionate care. What is palliative wound care? How does it differ from end-of-life wound care? This session will provide some more insight into terminology and definitions.</i></p> <p data-bbox="369 533 1982 660"><i>The challenges of skin failure, palliative wound care and end-of-life wound care are multifaceted, encompassing physical, emotional, and ethical dimensions. There are often significant challenges in achieving continuity of care for the person across different providers and different settings as they negotiate the health system. Communication and documentation are key, but often fail to promote care continuity. In this session we will explore a complex case study and discuss strategies to promote continuity of care for our patients and to promote access to the equipment they require.</i></p> <p data-bbox="369 697 1982 825"><i>Through comprehensive assessment, multidisciplinary collaboration, and meticulous management of wound symptoms, the difficulties of palliative wound care can be navigated to ensure the best standard of care is delivered for patients and their families. In break out groups, we will discuss standards of care, how we know what standard is appropriate for different patients, and who is responsible for achieving that standard of care, especially in the context of multidisciplinary teams.</i></p> <p data-bbox="369 861 1982 957"><i>The experts in this session bring their decades of experience in managing wounds throughout all stages of life to robust break out group and panel discussions that will consider clinical, ethical and legal perspectives on how we might ensure the most vulnerable patients receive the best possible care.</i></p> <p data-bbox="369 994 1003 1019"><i>This session will include a complex case study and explore:</i></p> <ul data-bbox="421 1026 1236 1153" 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 data-bbox="369 1190 1570 1216">CHAIR: <i>Dr Emily Haesler, Adjunct Professor, Curtin University; Adjunct Associate Professor, La Trobe University</i></p> <p data-bbox="369 1252 454 1278">PANEL:</p> <p data-bbox="369 1284 1294 1310">Regina Kendall, <i>Nurse Practitioner Grampians Regional Palliative Care Team, Ballarat</i></p> <p data-bbox="369 1316 1794 1342">Professor Keryln Carville, <i>FWA Professor of Primary Health Care and Community Nursing at Silver Chain Group and Curtin University</i></p> <p data-bbox="369 1348 1585 1374">Dot Weir, <i>Co-Chair, Symposium on Advanced Wound Care USA; Secretary, International Wound Infection Institute</i></p> <p data-bbox="369 1380 1451 1406">Cathy Young, <i>Occupational Therapist, Odyssey Consulting, Senior Clinician Royal Melbourne Hospital</i></p> <p data-bbox="369 1412 1514 1437">Lachlan Singe, <i>Partner and Accredited specialist in Personal injury law, Arnold, Dallas McPherson, Bendigo</i></p>
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	<p>Breakout 1:</p> <ul style="list-style-type: none"> • <i>Lachlan Singe</i> • <i>Prof Keryln Carville</i> <p>Breakout 2:</p> <ul style="list-style-type: none"> • <i>Dr Emily Haesler</i> • <i>Dot Weir</i> <p><i>Return to plenary room for summary of breakout sessions.</i></p>	
1445 - 1515	AFTERNOON TEA	Moorabool Rooms Exhibition Hall
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 ABSTRACT:</p> <ul style="list-style-type: none"> • Coloplast • Convatec 	

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<p>1615 -1815</p>	<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>The mind and body connection and how it influences today as well as tomorrow.</i></p> <ul style="list-style-type: none"> • <i>Have you ever really thought about the science behind the mind and body connection and how so many things can influence this?</i> • <i>How does psychology affect the way we heal and influence those we care for?</i> • <i>Our words are so powerful, yet do we really consider how our words affect our patients journeys?</i> • <i>Do we consider our own personality types in communication and how do we engage with complex situations while remaining healthy ourselves?</i> <p><i>This session will explore the science and art of healing from a psychological perspective and its influence on wound healing not only for those in our care but for families and future generations from research to lived experience.</i></p> <p>CHAIR: Andrea Minnis, Nurse Practitioner Wound Management, AWSA Board</p> <p>PANEL: Rene Brent, Certified Clinical Hypnotherapist and Instructor of Hypnotherapy, Orlando Florida John McKenna, Empowerment advocate and active inclusion advisor; lived experience with a disability and effect of communication Dr Nikki Frescos, Podiatrist, Austin Health and Northern Health, AWSA Board Dr Mick Vagg, Consultant in rehabilitation and pain medicine Jim Phillips, Psychologist, Kardina Health and Pain Matrix</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Breakout 1:</p> <ul style="list-style-type: none"> • Rene Brent • John McKenna </td> <td style="width: 50%; vertical-align: top; border-left: 1px solid black;"> <p>Breakout 2:</p> <ul style="list-style-type: none"> • Dr Mick Vagg • Jim Phillips </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"> • Rene Brent • John McKenna 	<p>Breakout 2:</p> <ul style="list-style-type: none"> • Dr Mick Vagg • Jim Phillips
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<p>1900 - 2100</p>	<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>		

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Saturday 15th February 2025		
0800	REGISTRATION AND EXHIBITION OPEN	Conference floor Novotel Geelong
0830 - 1030	<p>Session 7 - HIGH RISK FOOT: Beyond just the DFU</p> <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> 	Peninsula Room

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	<p>CHAIR: Dr Nikki Frescos, <i>Podiatrist, Austin Health and Northern Health, AWSA Board</i></p> <p>PANEL: Professor Debbie Turner, <i>Professor in Podiatry at Queensland University of Technology</i> Dimitri Diacogiorgis, <i>Manager Allied Health Assistants Grampians Health. Podiatry Clinician, Educator Researcher, Credentialed Diabetes Educator</i> Dr Dean Samaras, <i>Podiatric Surgeon</i> Jack Yeung, <i>Clinical Lead – Orthotics, Northern Health</i></p> <p>CLINICAL CASE STUDY: Kavitha Sanmugam, <i>Wound Clinician, St Luke’s Hospital</i></p>	
1030 - 1100	MORNING TEA	Moorabool Rooms Exhibition Hall
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, <i>Associate Professor Wound Care. Monash University, AWSA Faculty</i></p> <p>PANEL: Dr Matthew Howard, <i>Specialist dermatologist, Geelong, Melbourne and a fellow of the Australasian College of Dermatologists.</i> Dr Selina Boyd, <i>Senior Academic in compounding, Medisca</i></p> <p>CLINICAL CASE STUDY: Jaymie Hughan, <i>Podiatrist, Northern Health</i></p>	
1200 - 1245	LUNCH	Moorabool Rooms Exhibition Hall

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1245 - 1445	<p>Session 9 - VASCULAR ASSESSMENT and the controversies</p> <p><i>This was a popular session at AWSA 2024 but you wanted more! Building on from those discussions, speakers will explore current practice related to vascular assessment and the relevance in 2025.</i></p> <ul style="list-style-type: none"> • <i>Have you really considered how accurate toe pressures and ABIs are or should we be requesting pedal acceleration times?</i> • <i>How well can you interpret an audible pedal pulse sound?</i> • <i>And what about angiosomes?</i> • <i>Do we need to consider this as part of our vascular assessment?</i> <p><i>It's time to challenge our practice, broaden the conversation, discuss the benefits and disadvantages of current practice and explore what else is out there! Our panel of speakers are specialists in research to clinical practice and are at the forefront of change. Join us to continue the conversation.</i></p> <p>CHAIR: Professor Dato' Dr Harikrishna Nair, <i>President World Union Wound Healing Societies</i></p> <p>PANEL:</p> <p>Mr Shrikanth Rangarajan (Raj), <i>Vascular, Endovascular and Renal Access Surgeon, Yarra Vascular Surgeons</i> Mr Broughton Snell, <i>Plastic and Reconstructive Surgeon, Sandhurst Plastics</i> Professor Debbie Turner, <i>Professor in Podiatry at Queensland University of Technology</i> Martin Forbes, <i>Vascular Sonographer MIVIR Regional vascular</i> Andrea Minnis, <i>Nurse Practitioner, AWSA Board</i></p> <p>CLINICAL CASE STUDY: Jo Van Rooyen, <i>NP/CNC Wound Management, Royal Perth Hospital</i></p>
1445 - 1515	<p>AFTERNOON TEA</p> <p style="text-align: right;">Moorabool Rooms Exhibition Hall</p>
1515 - 1715	<p>Session 10 - CHRONIC 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>

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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. 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?

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. 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?

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

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:

- *Terminology and definitions: Acute oedema? Chronic oedema? Lymphoedema? Lipoedema?*
- *What are the latest paradigms regarding chronic oedema?*
- *What is the evidence on treatment strategies?*
- *Do we really understand what oedema is and what it does to our bodies?*

CHAIR: **Jan Rice AM**, Wound Consultant, AWSA Board

PANEL:

Avril Lunken *'Fat Legs n all'* video

Professor Neill Piller, Director, Lymphoedema Clinical Research Unit, Flinders University

Maree O'Connor, Lymphoedema physiotherapist

Dr Ramin Shayan, Plastic Surgeon, Brighton Plastic Surgery, *pre-recorded presentation*

CLINICAL CASE STUDY:

Diane Housiaux, Wound CNC, Holmesglen Private Hospital

Breakout 1:

- *Jan Rice*
- *Neill Piller*

Breakout 2:

- *Maree O'Connor*
- *Dr Geoff Sussman OAM*

Return to the plenary room for summary of breakout sessions.

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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><i>Thank you to our sponsors, participants and the AWSA team</i></p> <p>BOARD</p> <ul style="list-style-type: none">Terry Swanson, AWSA ChairDr Nikki Frescos, AWSA Vice ChairJan Rice AM, AWSA SecretaryAndrea Minnis, AWSA Treasurer <p>FACULTY</p> <ul style="list-style-type: none">Dr Emily Haesler, AWSA FacultyDr Geoff Sussman OAM, AWSA Faculty <p>SUB COMMITTEE</p> <ul style="list-style-type: none">Melinda Brooks, AWSA SubcommitteeAi Wei Foster, AWSA SubcommitteeToni Howells, AWSA SubcommitteeDonna Nair, AWSA Subcommittee <p>SECRETARIAT</p> <ul style="list-style-type: none">Di Carr, AWSA SecretariatDave Gollasch, Streamline CreativeLeanne Gollasch, ConlogEmma Wundersitz, ConlogEva Xu, Conlog
CLOSE OF AWSA SUMMER SCHOOL 2025	