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[Special Report]

## **Historic international nursing meetings at the 23<sup>rd</sup> World Congress of Dermatology, Vancouver**

**Steven J Ersser**

### **[biog]**

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### **Key words**

World Congress

Global health

International

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### *[Abstract]*

**This paper highlights the momentous events at the World Congress of Dermatology in Vancouver, Canada, in June 2015, in which the International Skincare Nursing Group worked jointly with the Dermatology Nurses' Association to put on an historic nursing scientific meeting and an inaugural global dermatology nursing leadership summit, providing nursing representation for the first time at the Assembly of Delegates. It outlines the achievements made at the event and the challenge for dermatology nursing leadership at international level to respond to unmet or poorly met health need in our field, through nurses working cooperatively to share our expertise and provide support across our nations.**

The International Skin Care Nursing Group (ISNG) Advisory Board ([www.isng.co.uk](http://www.isng.co.uk)) has led the nursing meeting at the World Congress of Dermatology since 2002, but it joined forces with the Dermatology Nurses' Association (DNA) to put on a series of historic nursing events at the 23<sup>rd</sup> Congress of Dermatology, which was based in Vancouver, Canada in June 2015. For last 12 years ISNG has established the nursing scientific meetings of the World Congress and at the European Academy of Dermatology and Venereology (EADV). It led the first nursing scientific meeting in 2002 at the Paris World Congress. ISNG has sought to promote the recognition and engagement of the nursing service to improve dermatology and skin care worldwide.

ISNG was established in Oxford, UK, in 1989 by BDNG members including Rebecca Penzer, Lynette Stone, Sara Burr and Steven Ersser, with key supporters such as Professor Terence Ryan. It is a non-profit-making educational and developmental organisation run by a volunteer expert advisory board. ISNG has supported the development of several national dermatological nursing organisations worldwide. It was the first dermatology nursing organisation to be recognised by the International League of Dermatological Societies (ILDS) and the International Council of Nurses (ICN) — the statutory global bodies for dermatology and nursing respectively. It has collaborated on projects with the International Foundation of Dermatology (IFD), which is a branch of the ILDS that focuses on community dermatology in underserved areas of the world, and with the World Health Organisation.

As the 23<sup>rd</sup> World Congress was in North America, the ISNG approached our colleagues in the DNA to explore whether we could combine forces to jointly organise nursing events in Vancouver, as we were both ILDS nursing ancillary societies. The DNA is based in the USA, but has chapters in other countries such as Canada ([www.dnanurse.org](http://www.dnanurse.org)). It is one of the largest and longest established dermatological nursing organisations in the world. It is a membership organisation, led by a Board of Directors, and is a major provider of dermatology nursing education in North America.

The DNA fully supported the proposal and a working group was established, comprising a number of ISNG and DNA Board members together with BDNG member Dr Fiona Cowdell. The group held regular meetings to plan the two key events, with the support of DNA HQ. A Nursing Scientific Meeting was organised, which would focus on evidence-based developments and innovations in nursing, building on the pattern of previous Congresses. However, we decided to have for the first time an open abstract system and undertake scientific peer review. We also organised the second event — a Global Dermatology Nursing Leadership Summit that would bring together dermatology nursing leaders from different countries. This would be the first global event of its kind, gathering representatives from national dermatology nursing organisations from across the world at the leading international dermatology conference.

Our vision was to support nurses to network globally and instigate more systematic cooperation up to and beyond the 23<sup>rd</sup> World Congress of Dermatology in Vancouver (Ersser, 2012). Specifically we set out to:

1. Share good clinical practice globally among dermatology nurses that is innovative, evidence-based and meets patients' needs for skin care and health
2. Promote debate and the development of standards of clinical practice in dermatological nursing of global relevance
3. Promote access to dermatological expertise and effective treatment and support worldwide, through raising awareness of nursing and helping to stimulate capacity building among the nursing service and on the prior work of ISNG (Ersser et al, 2011).

### ***Nursing Scientific Meeting***

Nurses from many countries attended the Nursing Scientific Meeting, an all-day event on June 8, at which eight papers were presented (**Figure 1**). It was listed in the official WCD programme as an ancillary society meeting, hosted jointly by ISNG and DNA. The aim of the meeting was to share good

and innovative practice and promote the use of research evidence in driving up standards of dermatological nursing care.

- Developing a measurement tool and intervention to support effective secondary prevention of skin cancer: Steven Ersser & Fiona Cowdell (UK)
- Nurses provide skin care for all: Ranks Lehloenha, on behalf of Pat Kelly (South Africa)
- Wet Wrap Therapy in Children with Moderate to Severe Atopic Dermatitis in a Multidisciplinary Treatment Program: Noreen Nicol (USA)
- British Dermatological Nursing Group (BDNG) Quality Standards for Dermatology Nursing Services and Interventions: Polly Buchanan (UK)
- Epidermolysis bullosa: Experience of Dermacamp Project for integration and quality of life for Brazilian children: Samuel Mandelbaum on behalf of Maria Mandelbaum (Brazil)
- Systematic Review of Sunscreen Use and Non-melanoma Skin Cancer, Katrina Nice Masterson (USA)
- Improving the treatment of Podoconiosis (non-filarial elephantiasis) in Ethiopia: Jill Brooks (UK)
- Nursing considerations for effective phototherapy treatment of Cutaneous T-Cell Lymphoma: Sandra Walsh (Canada)

**Figure 1. The Nursing Scientific Programme: World Congress of Dermatology 2015.**

During the meeting we had an unexpected but significant visit by a small, very senior delegation from the ILDS Committee and IFD, including Professor Jean Bologna, Secretary General (and Yale University); Dr Harvey Lui (President of ILDS); Professor Chris Griffith (ILDS), and Professor Rod Hay and Dr Claire Fuller (IFD). They wished to signal publically to the assembled group that ILDS gives its full support to dermatological nurses and their development activities. This was a landmark moment that signalled recognition by global dermatology leaders of the contribution made by dermatological nurses to services worldwide and their growing role in the development of the speciality on a worldwide scale. **(Figure 2.)**



**Figure 2. Some of the participants who attended the Nursing Scientific Meeting.**

In addition, over the lunch period, a number of leaders from the DNA, including Maryellen Eisen, Marianna Tawa, and Lakshi Aldredge, provided an informal session on various DNA outreach initiatives, including highlighting the work of the Children’s Melanoma Prevention Foundation, of which Maryellen is a Board member.

**Inaugural Global Dermatology Nursing Leadership Summit**

The summit was a half-day, invitation-only event engaging dermatology nursing organisations worldwide. We had limited resource and capacity to invite all who wished to attend and had to ensure that the group size was manageable to be able to interact effectively and formulate proposals on international collaboration. Our invitations extended to all Chairs or Presidents of dermatological nursing groups worldwide that we knew of, together with the DNA Board and ISNG Advisory Board and other key nursing leaders in the field. Sixteen potential participating countries were identified, with those who accepted highlighted in **Figure 3**.

Australia: Australian Dermatology Nursing Association *
Britain: British Dermatology Nursing Group: key Officers *
Finland
Jamaica *

ISNG Advisory Board: representatives from UK, USA, Norway *
Ireland: Irish Dermatology Nurses Association *
Netherlands: Dutch Dermatology Nursing Society
New Zealand: New Zealand Dermatology Nurses' Society
North America: Canada and the USA: Dermatology Nurses' Association (including Board of Directors) *
Norway *
Scotland: Scottish Dermatology Nursing Society *
Sweden
Switzerland

**Figure 3. Countries, regions, key organisations and other key leaders invited to the Global Dermatology Nursing Leadership Summit. The highlighted bars show the attendees.**

The objectives of the leadership summit were to:

1. Support the development of leadership and cooperation worldwide in the field, focused on driving up standards of nursing care
2. Create a forum to develop a sustainable means of ensuring global cooperation among dermatology nurses, encourage sharing of innovative, evidence-based practice initiatives, promote high standards of care in dermatological nursing and access to quality dermatology nursing care globally
3. Explore the establishment of a new or refashioned global dermatology nursing network, building on or substituting the work of ISNG through engaging national dermatology nursing organisations to complement their work and ensure a sustainable vehicle for mutual support and development of the speciality.

The meeting was facilitated by Dr Noreen Nicol and Professor Steven Ersser, both Board members of ISNG; Noreen is also a Past President of the DNA. After presenting the focus and objectives of the meeting and some context, Noreen gave an outline of the organisation, focus and work of ISNG to date. Polly Buchanan, Chair of the Scottish Dermatology Nursing Society and BDNG member, presented work on the BDNG Quality Standards work that she led, as a means to illustrate a way in which we may work together across countries to improve nursing care. Susan Maguire, BDNG Operations Manager (and outgoing ISNG Board member), provided some illustrations of how the organisation had been involved in outreach work. We then undertook group work to address the objectives of the summit and to explore the way forward.

There were some key common conclusions from the six small groups. All agreed in principle to work together with a spirit of cooperation, striving collectively with a common purpose across our national boundaries to advance dermatological nursing internationally. The summit proposed that the group build on the achievement, reputation and organisation of ISNG by formulating a new ISNG Advisory Board. It would contain representatives, where possible, from the different national dermatology nursing organisations, pending approval from the existing ISNG Board, with possible election of new officers. The group would work towards supporting and sharing models of good nursing practice and seek opportunities to come together, using technology where possible to attend and secure a nursing presence at key global events like the World Congress. The group wished to seek future nursing representation and close working with the ILDS and promote the voice

of dermatological nursing at the highest international levels. The summit group also recognised the need to address early on the governance arrangements, the importance of working groups, stepping up ways of improving international communications using technology, refining web presence and using new methods such as social networking to reach out to dermatological nurses worldwide who support its aims. There was support for the new Board to be comprised of representatives from each dermatology nursing organisation, supplemented with other dermatology nursing leaders. The group wished to continue staging the World Congress nursing meeting.

The group recognised the need for a period of transition, with an interim board from the existing one and transitional arrangements building on those already in place for economy of effort. Subsequent to the meeting, the ISNG Advisory Board held a special meeting and unanimously approved the move towards a new Board, with the support of existing members and Pat Kelley and Steven Ersser remaining on the new Board to aid continuity of work. The next stages are that representatives of the national dermatology nursing organisations will hold a teleconference to plan the next steps forward and announce the development of the newly reformed group.

### **ILDS Assembly of Delegates**

Finally, each of the two affiliated ILDS nursing organisations, the ISNG and the DNA currently, were able to have representatives at the ILDS 'Assembly of Delegates' later in the Congress. Maura Flynn represented DNA as its President and Steven Ersser represented the ISNG (**Figure 4**).



**Figure 4. Nursing representation for the first time at the ILDS Assembly of Delegates, Vancouver 2015: Maura Flynn and Steven Ersser.**

Again, this was a momentous event as it was the first time nursing representatives were present at the Assembly. One of our key tasks was to vote on behalf of our organisations for the next venue of the World Congress. The Assembly voted for Milan, Italy, to host the 24<sup>th</sup> World Congress of Dermatology in 2019. Our sincere hope is that nursing will be represented again by a new ISNG with nurses working cooperatively from across countries.

## **Dermatological nursing worldwide and future opportunities to meet unmet or poorly met needs**

To meet global needs for dermatological care worldwide, nurses — as the largest international healthcare workforce — need to play an active part not only in the delivery of care, but in formulating and shaping policy, improving clinical standards and developing education and research. It is vital that nurses share and advocate for effective innovation of care and promote learning across different health systems, ensuring that there is exchange between resource-rich and resource-poor or underserved countries and learning from each other.

Global dermatology nursing leaders are needed to step forward and assert our commitment and capacity to cooperate and work together more effectively alongside dermatologists. There is tremendous opportunity to do this through the work instigated by ISNG over the last 16 years. This organisation provides us with an important foundation for nursing to make a greater and more effective contribution to dermatological care. Such work is imperative for the development of our field, since it has been argued that dermatologists alone cannot provide adequate access to meet global needs for dermatological care and skin health worldwide (Ersser et al, 2011). Nursing can make even more significant contributions to improving dermatological care globally through: 1) expanding access to dermatological expertise; 2) ensuring efficient resource utilisation of treatments; 3) utilising patient experience, promoting active involvement in their care and improving the patient-technology interface; 4) promoting the wellbeing of those living with chronic skin problems; 5) playing a key role in public and community health aspects of dermatology, and 6) managing the health risks associated with dermatological disease and new and existing treatments.

We need to ensure that there is leadership of dermatological nursing at international level to enable us to respond strategically to the many complex health challenges. While there remains significant untapped potential to improve dermatological care globally through nursing engagement, the historic events of the 23<sup>rd</sup> Vancouver World Congress for dermatological nursing are a small but important step forward towards this goal and one that will hopefully have an enduring impact.

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