Welcome to our first newsletter for 2013!

We have had some great feedback from our past editions and now have a growing readership of Clinicians from a wide range of disciplines and specialties. All with one common goal when it comes to skin integrity and that’s keeping it intact! The RISE Newsletter is designed to share and inform clinical practice and each issue has a different skin integrity focus. The newsletter is part of 3M’s RISE Program — Reducing the Incidence of Skin breakdown through Education. The program has been developed to help individuals, organisations and facilities to reduce the incidence of skin breakdown. It assists with establishing standardised protocols of care in order to provide cost effective solutions both in treatment costs and nursing time.

Following the highly successful Australian Association of Stomal Therapy Nurses National Conference in Hobart in March, this issue has a focus of “Stoma Care and Management”. It features a Conference Report from one of the Tasmanian Conference Committee Members on page 3.

As we know a stoma (from the Greek word “mouth”) is an opening, either naturally or surgically created, which connects a portion of the body cavity to the outside environment. Surgical procedures in which stomas are created end in the suffix -ostomy and begin with a prefix denoting the organ or area being operated on. When we think of a stoma we think of the well known colostomy or ileostomy. However, we also want to raise the importance of other types of stomata that we come across in our practice, such as tracheostomy, gastrostomy (PEG Tubes), Jejunostomy and urostomies - all of which bring their own specific challenges in maintaining peri – stomal skin health. Often we are not only dealing with the potential of moisture and irritants on healthy skin (such as gastrointestinal fluids) but also friction and adhesive trauma from appliances, dressings, devices and tapes.

This RISE Newsletter takes a slightly different angle in that as well as clinical information, we also hear from an ostomate, who very kindly shares her story of living with an ileostomy and we also feature an article that looks at a day in the life of the Queensland Colostomy Association. We thank all our authors for their contribution and very much value their contribution.

In our next edition we will be exploring the subject of Incontinence Associated Dermatitis (IAD) and its relationship with pressure injury. This is following our first Skin Integrity Forum on 12th June which will be via a webinar as well as a face to face event in Sydney! This is particularly topical in light of the National Safety and Quality Health Service Standards, 2012, and in particular Standard 8: Preventing and Managing Pressure Injuries. We have a wonderful panel of international speakers on IAD and pressure injury topics and the event is chaired by Professor Kerlyn Carville from Silver Chain and Curtin University in Western Australia. More information can be found on the back pages of this newsletter.

We would love to hear from you and so please email us if you would be willing to share your knowledge and experience.

Until then, happy reading!

Victoria Moss & Paula Massey

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Victoria Moss & Paula Massey

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3M Australia & 3M New Zealand
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International EWMA (European Wound Management Association) Events

The next EWMA Conference will be held in Copenhagen, Denmark. The conference is organised in cooperation with the Danish Wound Healing Society (DSFS) and will take place from 15-17 May 2013.

26th Annual Symposium on Advanced Wound Care and Wound Healing Society (SAWC/WHS) Meeting
Date: 2nd – 4th May, 2013.
Location: Denver, Colorado, United States

2013 Infusion Nurses Society (INS) Annual Convention
Date: 18th – 23rd May, 2013
Location: Boston, MA, United States

44th Annual Conference of the Wound, Ostomy and Continence Nurses Society (WOCN)
Date: 20th – 23rd May, 2013
Location: Charlotte, NC, United States

3M Workshops and Events

Topic: Therapeutic Compression Therapy for Venous Leg Ulcers
Presenter: Wendy White
Date: Wednesday 19th June, 3.30pm - 5.00pm
Location: Hunter Valley

Topic: Therapeutic Compression Therapy for Venous Leg Ulcers
Presenter: Jan Rice
Date: Tuesday 25th June, 5.30pm - 7.00pm
Location: Novotel Glen Waverley, Melbourne

For more information visit www.coban2.com.au

Topic: Skin Integrity Forum
Date: Wednesday 12th June, 2013
Full details on page 9 of this publication

Australia and New Zealand Events

2013 NZWCS 6th National Conference
Dates: 23rd – 25th May
Location: Auckland, New Zealand
Venue: Pullman Hotel

2013 Wound Conference - Sydney Adventist Hospital
Date: 25th October, 2013
Location: Fox Valley Community Centre (located on the grounds of Sydney Adventist Hospital), NSW, Australia
Venue: Wabraona, NSW, Australia

Inaugural Sydney Diabetic Foot Conference
Date: 30th – 31st May, 2013
Location: Sydney, NSW, Australia
Venue: Liverpool Hospital

AWMA ACT: 100 Years of Wound Care – Assessing, Managing & Preventing
Date: 23rd August, 2013
Location: Canberra, Australia
Venue: Hyatt Hotel

22nd National Conference on Incontinence
Date: 23rd – 26th October, 2013
Location: Perth, WA, Australia
Venue: Crown Conference Centre

Why 3M is admired:

In March 2013, 3M has once again been named in the “World’s Most Admired Companies” list by Fortune magazine.

This year, 3M ranked 21st overall out of the top 50 companies listed. The “Most Admired” list reflects overall corporate reputation and is compiled by surveying top executives and directors from eligible companies, along with financial analysts.

3M brought the world sandpaper, masking tape, and DVDs, earning it a spot in the business history books as one of the world’s most innovative companies. Its 1948 move to formally institute the 15% rule was one of the most famous corporate decisions of all time. Under the policy, technical employees can take up to 15% of their time to work on pet projects. Meaning they can take paid time to do things like: say, invent Post-it Notes. Google is among many companies to copy the policy. An idea-generating machine, 3M aims to have 30% of its some $30 billion annual revenue come from products introduced in the last five years. Source: http://money.cnn.com/magazines/fortune/most-admired/2013/snapshots/284.html?iid=wma_ff_list companies, along with financial analysts.
AASTN National Conference

The 39th Australian Association of Stomal Therapy Nurses (AASTN) held their bi-annual conference in Hobart in Tasmania from the 20th - 22nd of March. The conference theme was ‘2013 and Beyond, Diversity in Stoma, Wound and Continence’ and attracted 300 delegates.

We welcomed many Stomal Therapy Nurses from around our great country but also our dear neighbours from New Zealand and a first time presenter, Ya Chen Lin from Taiwan.

The conference began with a splash with an exciting re-run of Duncan Armstrong’s 200m freestyle swim at the Seoul Olympics in 1988, as Duncan was our key note speaker. Duncan spoke of his personal journey with hirschprungs disease and of how this challenged him in achieving his goals in swimming. Duncan describes his life as filled with opportunity to overcome his bowel problems and about chasing his dreams despite these challenges. His talk was entitled ‘No Limits, No Regrets’ and the resounding message to us all is ‘how you decide to approach life is what you get out of it’, truly inspiring.

Of course there were many more fantastic presenters over the course of the very full two day program. When putting the program together, as a conference committee group, we found we had a wealth of amazing people and knowledge in our own backyard. So for this reason, the majority of the invited speakers were ‘locals’ and we were very proud to have had them on board with us. Our aims were to showcase what Tasmania has to offer, to network, to share experiences, ideas and research and of course to socialise.

The conference dinner was themed ‘Yesterday, Today and Tomorrow’. Our guests were encouraged to come dressed in their favourite decade and what a fabulous array of outfits there were! The 3M girls were particularly fun dressed as desperate housewives of yesterday, complete with feather dusters! Not a speck of dust to be seen after they’d done a round or two of the federation ballroom. The band, ‘Basil the Rat’ were sensational, they had people on the dance floor from the first to the last song.

The feedback from the conference thus far has been overwhelming positive. The ‘Tassie Chicks’ (conference committee) are extremely grateful to all of our sponsors and to the wonderful display of companies who participated in the trade display.

Along with the presenters, the trade displays are a wonderful opportunity for us to add to our product knowledge, and contacts, which ultimately enables us to bring back new or refreshed information to our very important patient group and to our colleagues at work.

Thank you to everyone who was able to attend, it was our great pleasure to host you all.

Did you know?

Bracelert & Ribal, (2005) demonstrated benefits for patients and staff of using 3M™ Cavilon™ No Sting Barrier Film in a stoma therapy clinic. Cavilon No Sting Barrier Film was used for: apparatus adhesion and peristomal irritation. Cavilon was easy to apply, dried rapidly and allowed skin monitoring. It was well accepted by patients because of pain-free application. The cost-benefit ratio was positive and allowed 72 hours of protection.

Sandy’s Story:
Living with an Ileostomy

Sandy is a 44 year old full time mum, married with two beautiful children. Her interests include spending time with her family, her dogs as well as acting and travelling.

At 18 years old she was diagnosed with Crohn’s Disease. Constant medication, flare ups and pain led to a temporary ileostomy while she was 3 months pregnant with her second child. After the birth of her child she underwent surgery for a permanent ileostomy.

In this interview, she talks about her journey, living with a stoma and how this has not stopped her from doing the things she loves in her life.

How has having a stoma affected your quality of life?
Having the operation and the formation of an ileostomy actually improved my quality of life. I didn’t continue to feel the constant pain from flare ups from the Crohn’s Disease. I have not been on medication for fifteen years and am much healthier stronger and fitter. Initially after the surgery, it did take some time to come to terms with ‘why me’, however with the loving support of my family I accepted that this had to be done and it was not a matter of choice. I felt extremely grateful to be out of pain, out of hospital and home with my family. Being sick has made me appreciate life in a whole different way and enjoy each day. I have been overwhelmed by the love and support of my family and friends.

What are the biggest challenges of living with a stoma?
One of the biggest challenges would be clothing and the way I wear my clothing to get the coverage I need. I love shopping and will look for underwear that will cover the top of the bag or use swim skirts over swim bottoms. I generally am not too restricted with what I can wear and no one even knows I have a stoma. Other challenges include leakages and irritation around my stoma so I often make sure these areas are well protected.

Do you experience any challenges with your skin around your stoma?
As my skin around the stoma is sensitive, I use a protective barrier film around the stoma to protect my skin from becoming itchy, red and sore.

What are some of things you have learnt over the years with living with stoma?
I have learnt not to get embarrassed by my smell in public toilets – everyone’s poo stinks! I have realised how to feel if a leakage is coming on by itchy skin, if the base plate has been on for more than five days and deterioration at the edge of the base.
I try not to let the bag get too full or heavy so I can minimise risk of accidents and to carry emergency supplies and emergency clothing at all times. I am also mindful of the types of foods I eat as certain foods can change the stoma function and can greatly increase leakage problems. I don’t however let my stoma stop me from doing what I love. I love life without limitations and we go camping and I love to travel.

Sandy currently presents at information days to Stomal Therapy Nurses and visits patients pre surgery or just after surgery to answer any questions or concerns they have.

3M wishes to thank Sandy for her time and also contribution to the newsletter.

Did you know?
The Wound, Ostomy and Continence Nurses Society (WOCN), founded in 1968, is a professional, international nursing society of more than 4,800 health care professionals who are experts in the areas of wound, ostomy and continence management.
For more information visit http://www.wocn.org
3M™ Cavilon™ No Sting Barrier Film

For the intervention against damaged or broken skin. Cavilon No Sting Barrier Film is an alcohol-free liquid barrier that dries quickly to form a breathable, transparent protective film.

What is it used for?
- Protecting broken, tender skin without stinging.
- Protecting red or sore skin caused by incontinence.
- Protecting the skin around stoma sites.
- Protecting skin from damage caused by rubbing, friction or adhesives.
- Protecting skin from damage caused by oozing or discharge from wounds.

How is Cavilon No Sting Barrier Film Applied?
- The area of skin to be applied must be clean and dry.
- Foam applicator or wipe – apply an even coat of film to the entire area to be applied.
- Pump spray – hold the spray about 10-15cm away from the skin. Spray a smooth, even coating in a sweeping motion over the whole application area.
- Allow the area to dry for 30 seconds.

How often should Cavilon No Sting Barrier Film be re-applied?
- Normally, it should be re-applied every 48 to 72 hours (or every 2 to 3 days).
- If used for adhesion protection re-apply after every dressing or tape change.
- For severe incontinence or when skin is broken, reapply every 12 - 24 hours.

Key points to remember
- If Cavilon No Sting Barrier Film is applied to an area with skin folds or other skin-to-skin contact, make sure that the skin contact areas are separated and allow the coating to dry before returning to normal positions.
- Avoid using ointments or creams as they will stop Cavilon No Sting Barrier Film from working properly.
- Applying too many layers will make the skin feel stiff.

Please note that Cavilon No Sting Barrier Film 3mL Wand is not available in New Zealand.

Cavilon No Sting Barrier Film 28mL Spray and 1mL Wipe available to eligible patients on the Australian Stoma Appliance Scheme.
The Queensland Colostomy Association was formed in July 1972 with the help and guidance of well-respected surgeon, Dr Daniel Lane. His vision was to help people with colostomies and at the time Queensland was the only state that did not have a Colostomy Association.

Today, the association has over 2000 clients, the youngest being 6 days and the oldest 91 years old. Clients come from the southern suburbs of Brisbane — from QE2 Hospital to Ipswich Hospital and occasionally from the Mater and central Brisbane Hospitals.

Current President, Bernie Preuss, enthusiastically leads a team of 27 volunteers, liaises with new clients (an average of 40 per month) and assists with the ongoing challenges and satisfaction of running an effective service.

Up to 1600 orders are processed each month on Tuesdays and Thursdays so Bernie fully understands the importance of a close, productive team. She believes her “open door”, transparent policy is vital for effective internal and external communication. “We try to put people first,” she says. “We understand some of our clients can have bad days, are scared or unwell but we still insist on respectful communication over the phone.”

When asked how she handles problems that sometimes arise, Bernie says, “We have a panel of three volunteers including myself. We meet to discuss problems – internal or external. It works well and they’re great colleagues.” “We have some lighter moments with our clients,” says Bernie. “I love some of our older gentlemen who ask us if we want to have a look and proudly lift up their shirts.” She smiles and says it’s cheerfully greeted by, “No I’m fine thanks – you can put your shirt down!”

When asked what her wish list would be Bernie says, “A perfect system where everything works and runs smoothly — transport, supply companies, the government, hospitals, clients and the organisation as it all has a knock-on effect to clients. It never works that way, that’s why you need a great team to take care of problems when they arise,” she says.

Dr Lane should be very proud of the association.

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Leigh Arrowsmith  
Clinical Nurse Consultant  
Westmead Hospital, NSW, Australia

Leigh is a Clinical Nurse Consultant and works with the Westmead Hospital Tracheostomy Service. She has been in the Nursing Profession for 12 years and thoroughly enjoys her job. Leigh’s experience has been with adult and paediatric nursing and she has a strong passion for neurosciences and trauma nursing. She loves to be challenged and looks forward to what each day brings.

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Maintaining Skin Integrity around a Tracheostomy

The Tracheostomy Service is a newly created service at Westmead Hospital and consists of a multidisciplinary team. As the Tracheostomy Clinical Nurse Consultant it is my role to educate staff, troubleshoot and provide adequate support to patients and their families. This can be done by regular in-services and assistance with the discharge planning.

A Tracheostomy is an opening in the trachea for insertion of a catheter or tube to facilitate breathing. Tracheostomies can be performed surgically or percutaneous. Indications for a tracheostomy include upper airway obstruction, prolonged ventilation and / or severe inability to protect own airway.

There can be many complications that arise from having a tracheostomy including dislodgement and stoma breakdown. Skin integrity is often compromised due to the secretions from around a tracheostomy site and can lead to damaged or excoriated skin. Skin can also be further damaged due to friction and rubbing from tubing.

To prevent this from happening it is important to always make sure the cuff is fully inflated and tapes are secure. Stoma care should be addressed regularly including cleaning around the site with normal saline and having an adequate dressing around the tracheostomy to prevent wound breakdown.

We are currently trialling 3M™ Cavilon™ No Sting Barrier Film to help protect skin around tracheostomy sites. Cavilon No Sting Barrier Film works by creating a barrier against the skin and the secretions from the tracheostomy site. It is also indicated for protection against friction and adhesive trauma and so would also be of benefit for skin protection from damage cause by tubing and secural devices, dressings and tapes.
RISE Program

Skin functions as a barrier against infection, environmental damage, and physical injury. When its integrity is compromised by damage or disease, skin becomes less able to protect against further injury or infection (Maene 2013).

Prevalence of peristomal skin complications has been shown in a research study by Kalashnikova et al 2011. A total of 1427 patients were assessed over a two year period, peristomal skin complications were 64.2 %, respectively. These complications included contact dermatitis (89.3%), hypergranulation (6.8%), allergic dermatitis (2.0%), and folliculitis, psoriasis, and herpes (1.9%).

When caring for an ostomy, maintaining the health of peristomal skin is critical. Skin injuries not only cause pain and discomfort but can also create more of a challenge for pouch adhesion.

Many clinicians view such skin damage, and the accompanying costs of treatment as the inevitable side effect of using medical adhesive and appliances. Maene (2013) describes the ongoing struggle that healthcare providers face to balance the quality of patient care with the need to control costs. However, these injuries and their financial impact are largely avoidable and prevention is key.

Introducing 3M’s Rise Program

Rise (Reducing the Incidence of Skin breakdown through Education). The RISE Program is an educational program which 3M can offer to help your organisation to reduce the incidence of skin breakdown. The RISE program offers a range of tools and support including:

Clinically Proven Products

The 3M Cavilon Professional Skin Protection Range was designed to help provide simple, soothing relief for vulnerable skin and assist you to simplify your skin care regimen, maintain support for skin integrity and provide cost effective treatment options. All our Cavilon Products are supported by extensive research and clinical evidence so you can be assured that you are providing exceptional patient comfort and care.

Clinical Protocols

RISE clinical protocols allow you to tailor individual solutions for your patients on product use and re-application to ensure the most cost effective and best practice outcomes. Our qualified Clinical Specialists can assist your organisation in the development of protocols to suit your specific needs.

Kalashnikova, Irina; Achkusov, Sergey; Fadeeva, Svetlana; Vorobiev, Genadiy. The development and use of algorithms for diagnosing and choosing treatment of ostomy complications: results of a prospective evaluation. Ostomy Wound Management, 2011 Jan; 57(1).
Educational Support

For Patients
Patient information is available on the general principle of skin care to help you educate and support patients.

For Healthcare Professionals
3M Territory Managers and our Clinical Specialists in skin health can help with your facility to determine best practice and cost effective treatment options which will assist you in your healthcare practice. They can also provide product in servicing and ongoing education for your staff to ensure appropriate product usage and application.

RISE Educational Workshops & Webcasts
3M hosts accredited educational workshops and national webcasts to provide continuing education on skin breakdown and skin protection. The workshops are led by a recognised expert in the field and are available on request for conference and other large group situations.

Website
Product information and clinical resources can also be found on our website at www.cavilon.com.au and www.cavilon.co.nz

Specific Stoma Resources for Health Care Professionals, Ostomates and Ostomy Associations

Cavilon Peristomal Skin Protection Brochure
Cavilon Prescription Pad with Instructions for Use
Cavilon Products on Stoma Appliance Scheme Leaflets
Cavilon Patient Instructions Tear-off Pads
Cavilon No Sting Barrier Film Samples
Please note that Cavilon No Sting Barrier Film 3mL Wand is not available in New Zealand.
Cavilon No Sting Barrier Film Clinical Evidence Summaries
Skin Integrity Forum

Raising the awareness and delivering excellent care in the areas of pressure injury prevention and Incontinence Associated Dermatitis (IAD) management.

Wednesday 12th June, 2013
Sydney, Australia

3M hosted in-person event in Sydney:
1.00pm - 6.30pm (lunch served from 1.00pm - 1.30pm)

Live webinar:
1.30pm - 6.30pm (AEST)
3.30pm - 8.30pm (NZT)

If you are only available to attend certain presentations, you are welcome to join and leave the webinar as your time permits. A more detailed agenda, including timing will be provided.

Spaces are limited

➢ To register for the in-person event in Sydney (3M Head Office, North Ryde), please email your RSVP to 3Mhealthcareedu@mmm.com

➢ To register for the live webinar event, please click on the link to register
https://attendee.gotowebinar.com/register/5156919891082188544

If you are only available to attend certain presentations, you are welcome to join and leave the webinar as your time permits.
Skin Integrity Forum Agenda - Wednesday 12th June 2013, 1.30pm - 6.30pm (AEST)
Raising the awareness and delivering excellent care in the areas of pressure injury prevention and Incontinence Associated Dermatitis (IAD) management.

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<td>Professor Keryln Carville</td>
<td>1.30pm</td>
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<td>Introduction to Skin Integrity</td>
<td>Debra Thayer</td>
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<td>Selection of skin care products</td>
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<td>Moisture Associated Skin Damage (MASD)</td>
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<td>The Impact of Incontinence Associated Dermatitis (IAD)</td>
<td>Dr. Karen Campbell</td>
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<td>Epidemiology of IAD</td>
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<td>Differential Diagnosis: IAD and Pressure Injuries (PI)</td>
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<td>IAD prevention strategies and effects to cost effectiveness</td>
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<td>IAD, as a quality indicator</td>
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<td>Evidence based practices for the prevention and management of IAD</td>
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<td><strong>BREAK</strong></td>
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<td>Pressure Injury Prevention Strategies</td>
<td>Professor Keryln Carville</td>
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<td>Effect to healthcare cost of PIs</td>
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<td>Pan Pacific Pressure Injury Guidelines implementation</td>
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<td>PI as a quality indicator</td>
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<td>National Safety and Quality Health Service Standards - Standard 8</td>
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<td>PI prevention strategies and effects to cost effectiveness</td>
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<td>Learning from a Regional Collaboration in New Zealand to Reduce Pressure Injury</td>
<td>Associate Professor Andrew Jull</td>
<td>3.50pm</td>
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<td>IAD Prevalence in the Acute Care Setting</td>
<td>Jill Campbell</td>
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<td>Prevalence of IAD in the acute care setting</td>
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<td>IAD and Pressure Injury Strategies in Intensive Care</td>
<td>Associate Professor Fiona Coyer</td>
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<td>Inspire Study</td>
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<td>Device Related Pressure Injuries</td>
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<td>Implementing a Skin Care Program</td>
<td>Dr Karen Campbell</td>
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<td>Principles of knowledge transfer and making change happen</td>
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