Surgical site infection, opioid dependence, racial diversity, and meals on wheels

**Surgical site infection.** Surgical site infections (SSIs) are surprisingly common and are associated with a range of adverse patient outcomes that can be reduced by implementing systematic surveillance systems. A recent Irish study sought to evaluate the impact of a complex intervention on the knowledge and attitudes of healthcare professionals to SSI prevention and surveillance in a university hospital setting. A multidisciplinary implementation group consisted of surgeons, anaesthetists, theatre nurses, surveillance scientists, nurses, pharmacists, ward staff, clinical nurse specialists (cancer surgery, stoma therapy, and infection control), theatre managers, theatre staff, recovery staff, dietitians, occupational therapists, and physiotherapists. A care bundle was co-designed by this group, which included a 48-page booklet that guides patients on all aspects of their care from the decision to operate to returning home postoperatively. Perhaps unsurprisingly given the comprehensive nature of the intervention, it had an overall positive impact. Whether or not it can be translated to routine care, though, remains to be seen.

**Opioid dependence.** The diagnosis of opioid dependence during pregnancy has increased in recent years, prompting specialised, integrated, and comprehensive services for pregnant women to be established across North America. A recent Canadian study examined the social organisation of America. A recent Canadian study women to be established across North America. A recent Canadian study examined the social organisation of America. A recent Canadian study examined the social organisation of America. A recent Canadian study examined the social organisation of America. A recent Canadian study examined the social organisation.

**Racial diversity.** Because of structural and cultural discrimination, Black, Latinx, and Indigenous Americans have long been excluded or marginalised in health professions training, and these disparities have important consequences for healthcare outcomes. Lack of representative diversity extends to rehabilitation professions, including physical therapy (PT), which is overwhelmingly white and able-bodied. A recent study from Nebraska examines the influence that Abraham Flexner’s landmark review of American medical schools in 1910 had on PT education. It argues that PT leaders’ focus on enhancing their profession’s status and indifference toward facilitating educational access and mobility played a significant role in the field’s racial homogeneity. It calls for PT education to move away from the Flexnerian model and pursue approaches that have helped more diverse and inclusive health professions, such as nursing, to achieve greater educational opportunity and mobility.

**Meals on wheels.** Meals on wheels (MoWs) is a crucial service delivering food to older adults and adults with care and support needs who might not be able to prepare their own meals. A recent study by researchers in Bristol sought to explore the experiences of service users and people who refer them to the service across England. The findings highlight that, despite a variety of different referral routes, referrers who are family members are perceived as most likely to enquire about and commence MoWs for adults with care and support needs. The service was perceived as easy to commence but there were several tensions identified, and existing preconceptions and stereotypes were perceived to act as barriers to accessing MoWs.

**Podcast of the month.** Comedian and erstwhile GP Phil Hammond talks with guests about their medical careers in his usual amusing yet thoughtful way in Doctor, Doctor — well worth a listen: https://www.bbc.co.uk/programmes/m001tbns

**References**