EPUAP CURRICULUM VITAE

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Relevant publications for the last two years (in English only):

1. Avsar P, Cubuk KO, O'Connor T, Wilson H, Patton D, Moore Z. (2026). Lessons from earth, reimagined for space: Why pressure ulcer science must look beyond the atmosphere. Journal of Tissue Viability, 35(1):100978.
2. Wilson H, Avsar P, Patton D, Moore Z. (2025). Enhancing patient outcomes through effective implementation of pressure ulcer guidelines. Journal of Wound Care, 34(10), 862–868.
3. Patton D, Avsar P, Moore Z. (2025). The ongoing necessity for evidence to underpin pressure ulcer prevention. Intensive and Critical Care Nursing, 89.
4. Avsar P, Moore Z, Patton D, Wilson H. (2025). A discourse on skin tone assessment: The how, the why, and the path toward equitable pressure ulcer prevention. Journal of Tissue Viability, 34(2).
5. Wilson H, Vitoriano Budri AM, Teixeira LA, Avsar P, et al. (2025). Synthesising the evidence for patient and public involvement in pressure ulcer research: A scoping review protocol. Journal of Tissue Viability, 34(2).
6. Jain K, Avsar P, Patton D, Moore Z, Murray B. (2025). Challenges faced by patients with chronic wounds when attending medical appointments: A systematic review. Journal of Tissue Viability, 34(2).
7. Avsar P, Moore Z, Patton D, O'Connor T, Skoubo Bertelsen L, Tobin DJ, Wilson H. (2025). Exploring physiological differences in injury response by skin tone: A scoping review. Journal of Tissue Viability, 34(2). 2024
8. Patton D, Moore ZE, Boland F, Chaboyer WP, Latimer SL, Walker RM, Avsar P. (2024). Dressings and topical agents for preventing pressure ulcers. Cochrane Database of Systematic Reviews, 12(12).
9. Wilson H, Avsar P, McEvoy N, Byrne S, Brunetti G, Patton D, Moore Z. (2024) Integrating technologies to enhance risk assessment for early detection and prevention of pressure ulcers. Journal of Wound Care, 33(9), 644–651.
10. Avsar P, Patton D, O'Connor T, Wilson H, Bertelsen LS, Tobin D, Moore Z. (2024). Are there physiological differences in response to injury depending on skin tone? Journal of Wound Care, 33(9), 671–672.
11. Avsar P, Patton D, Cuddigan J, Moore Z. (2024). Impact of sub-epidermal moisture assessments on pressure ulcer/injury care pathways: A systematic review. International Wound Journal, 21(6).

Please comment on your involvement with pressure ulcers under the following headings:

Clinical: My interest in pressure ulcer prevention originated during my early clinical career as a registered nurse working in cardiovascular surgery intensive care units. In this high-acuity environment, I observed the rapid development of pressure ulcers in critically ill patients despite standard preventive measures. These experiences highlighted the limitations of visual skin assessment and sparked my long-term commitment to improving early detection and prevention strategies.

This clinical insight directly informed my academic pathway. I completed my Master of Science in Nursing (MSc) focusing on pressure ulcer risk assessment, followed by my PhD in Nursing, where I investigated the effectiveness and cost-effectiveness of evidence-based nursing interventions aimed at improving tissue tolerance and preventing pressure ulcers.

Following my doctoral studies, I continued this line of research through my postdoctoral work at RCSI, where I was involved in multiple international and industry-funded projects focusing on pressure ulcer prevention, including innovations in risk assessment, care bundles, and technology-supported detection methods.

Currently, my work focuses on advancing early detection of pressure ulcers through sub-epidermal moisture (SEM) assessment and addressing inequities in clinical assessment through objective skin tone measurement technologies, including spectrophotometry and Chroma Meter analysis. My research aims to move beyond subjective visual assessment and develop more accurate, inclusive, and clinically applicable approaches to pressure ulcer prevention.

Scientific research: I am an internationally recognised researcher in pressure ulcer prevention, with a sustained and high-impact publication record (80+ peer-reviewed publications; h-index 19) and a strong track record of leading and contributing to internationally collaborative research programmes. My work is consistently aligned with advancing clinically meaningful, evidence-based, and equitable approaches to pressure ulcer prevention and management.

My research is characterised by three interconnected and strategic areas:

Early detection and innovation – I have led and contributed to research exploring the role of sub-epidermal moisture (SEM) in the early identification of pressure-related tissue damage, alongside emerging technologies including machine learning and digital health approaches. This work focuses on shifting practice from reactive to proactive models of care, enabling earlier intervention and improved patient outcomes.

Equity in pressure ulcer prevention – A central and distinguishing focus of my research is addressing disparities in pressure ulcer detection across different skin tones. I have pioneered work integrating objective skin assessment methods, including spectrophotometry and Chroma Meter analysis, to move beyond subjective visual assessment. This work directly contributes to reducing inequities in clinical practice and improving diagnostic accuracy across diverse populations.

Evidence synthesis and guideline development – I have extensive expertise in systematic reviews, meta-analyses, and evidence synthesis, including contributions to Cochrane reviews and international clinical guidelines. My work supports the translation of high-quality evidence into practice and informs global standards in pressure ulcer prevention and care.

I currently serve on the international guideline development group and the European Pressure Ulcer Advisory Panel Guideline Governance Group, contributing to the development and refinement of internationally adopted clinical practice guidelines. Through this role, I am actively involved in shaping recommendations that influence practice across healthcare systems globally.

My research is highly collaborative, with over 80% of publications involving international partners, and includes successful engagement with industry-funded and interdisciplinary projects. I have secured and contributed to competitive research funding, including projects focused on SEM technology, spectral imaging, and pressure ulcer prevention strategies, further strengthening the translational impact of my work.

Overall, my research programme is focused on bridging the gap between innovation, evidence synthesis, and clinical implementation, with the aim of improving early detection, enhancing patient outcomes, and advancing equitable care in pressure ulcer prevention.

Organisational: I hold several senior leadership roles within academic and research environments, including Programme Director responsibilities at RCSI, where I lead and coordinate large-scale postgraduate programmes and research-focused modules. My roles require oversight of curriculum design, quality assurance, resource planning, and alignment with institutional and professional standards, ensuring high-quality and sustainable programme delivery.

I have supervised over 40 MSc dissertations and multiple doctoral and professional doctorate students in pressure ulcer prevention and wound care, contributing to a strong pipeline of emerging researchers in the field. Many of these projects have resulted in peer-reviewed publications and conference outputs, demonstrating my commitment to capacity building and research translation.

At an institutional level, I contribute to strategic initiatives and committee work, including Equality, Diversity and Inclusion activities and academic programme development. Internationally, I am actively engaged in collaborative research networks and guideline-related work, contributing to the development, dissemination, and implementation of evidence-based practice.

I have extensive experience managing interdisciplinary and multi-partner collaborations, including projects involving academic, clinical, and industry stakeholders. This includes coordination of research activities, contribution to funded projects, and engagement with innovation-focused initiatives in pressure ulcer prevention. My work ensures that research outputs are not only academically robust but also clinically relevant and implementable.

In addition, I contribute to the organisation and delivery of educational and scientific activities, including conference engagement, peer review processes, and support for international collaborations. These experiences have strengthened my ability to work effectively within complex organisational structures, contribute to strategic decision-making, and support the advancement of shared goals within international professional communities such as European Pressure Ulcer Advisory Panel.

Educational: Education is central to my contribution to the field, and I am strongly committed to advancing high-quality, evidence-based learning in pressure ulcer prevention and wound care. I design and deliver postgraduate teaching across wound management, pressure ulcer prevention, and advanced research methods to large and diverse student cohorts (700+ students annually), ensuring accessibility, engagement, and clinical relevance.

My educational approach is grounded in research-led teaching and translation of evidence into practice. I have led the development and redesign of modules and programmes incorporating

innovative, technology-enhanced learning strategies, including interactive digital platforms, simulation-based clinical scenarios, and flexible online delivery. These initiatives have enhanced student engagement and learning outcomes and were recognised through the EPUAP Excellence in Education Award (2023).

I have also developed targeted educational resources and short courses in key areas such as pressure ulcer prevention, systematic review methodology, and emerging technologies (including sub-epidermal moisture and objective skin assessment). These contributions support capacity building among postgraduate, doctoral, and clinical audiences.

A key strength of my educational contribution is the integration of research, education, and clinical impact. Through supervision and mentorship, I have supported a large number of MSc, doctoral, and medical students in conducting pressure ulcer-related research, many of whom have progressed to peer-reviewed publications and conference presentations. This work not only strengthens the future workforce in tissue viability but also contributes to the growing evidence base in the field.

Beyond my institution, I contribute to education at an international level through invited teaching, external examining, and collaboration with academic and clinical partners. My work aligns closely with the mission of European Pressure Ulcer Advisory Panel to promote education, support knowledge translation, and improve standards of care across healthcare systems.

Strengths not utilised: My work sits at the intersection of technology, equity, and clinical practice, an area that remains underdeveloped yet increasingly critical within pressure ulcer prevention. I bring a distinctive combination of methodological, clinical, and translational expertise that could further strengthen ongoing and future initiatives within European Pressure Ulcer Advisory Panel.

I have developed specific expertise in:

Objective skin assessment, including spectrophotometry and sub-epidermal moisture (SEM), to improve early detection beyond subjective visual inspection
Integration of digital health and emerging technologies, including AI-informed approaches to risk assessment and prediction
Addressing inequities in pressure ulcer detection, particularly in relation to skin tone variability and under-recognised populations

These areas align closely with current gaps in clinical practice and guideline implementation, particularly in ensuring that prevention strategies are both evidence-based and equitable across diverse populations.

In addition to my research expertise, I bring strong experience in evidence synthesis, guideline development, and education, enabling me to contribute to the full pathway from knowledge generation to implementation. I am particularly interested in supporting the integration of emerging evidence and technologies into clinical guidelines, while ensuring feasibility, usability, and global applicability. I would welcome the opportunity to contribute these perspectives within EPUAP committees, particularly Guidelines, Research, and Education, to support innovation, strengthen evidence translation, and advance equitable, future-focused approaches to pressure ulcer prevention.

Membership of other organisations:

- European Pressure Ulcer Advisory Panel
- Cochrane Wounds Group
- International Pressure Ulcer Guideline Development Group (EPUAP/NPIAP/PPPIA)
- Irish Endocrine Society