

Transforming wound
and lymphoedema care



Accelerate

Developing skills in leg ulcer management

Practice portfolio

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Practice assessment

Aim
To enable students to become competent in leg ulcer management with theoretical learning to ensure best practice based care is given to patients with leg ulcers.

- Learning outcomes**
- At the end of the course and practice placement the student will be able to:
- 1. Give their patients evidence based care enabling improved outcomes for patients with a leg ulcer
 - 2. Understand the aetiology of leg ulceration and consequences if inappropriate compression is used
 - 3. Adapt to the changing needs of each patient to ensure that each patient is assessed holistically including co-morbidities and pharmacology
 - 4. Be able to share their knowledge amongst peers and promote team working across the Multi-Disciplinary Team (MDT)
 - 5. To reflect on everyday practice and make any changes required to enhance patient outcomes



This programme has been accredited by the RCN Centre for Professional Accreditation. Accreditation applies only to the educational content and not to any product.

Name

Supporting services for leg ulcer patients

Name & contact numbers	Name & contact	Clinic times and site	Referral criteria if known
Vascular Department			
Dermatologist			
Tissue Viability			
Podiatrist			
Diabetologist			

Date Student Print name

Practice assessor Designation Print name

Learning log with additional visits agreed with line manager/assessor to support learning needs

Clinic/Nurse Specialist (vascular/dermatology etc)	Date of visit	Contact person

Visits agreed

Practice assessor Print name Date

Gibbs reflective cycle

By using reflection we can analyse our practice and make changes to improve our knowledge to enhance patient care



Competence in Doppler assessment - compression bandaging and hosiery/wrap selection and application

Learning contract

To perform under supervision Doppler ultrasound, compression bandaging using two different systems and hosiery/wrap selection and fitting assessments

What do you need to do to ensure you are ready for the assessments? Discuss with your practice assessor and agree actions

Action plan:

Student Print name Date:

Practice assessor..... Print name Date:

Record of practice sessions (Doppler/compression bandaging/hosiery/wraps)

PLEASE NOTE: Four assessments are required (each competency must be signed off in the assessment grid)

PLEASE ENSURE: The final assessment must always be on a patient

Date	Where performed eg clinic address	Type of practice session bandaging/ hosiery etc	Verified by (print and title)	Signature	Any comments

Assessment of practice competency Doppler ultrasound recording of ankle brachial pressure index (ABPI)

Competency	Competency indicator Practice Assessor - ensure that each competence is assessed and signed off on four separate occasions	Assessment 1 Pass/feed forward (comment)	Assessment 2 Pass/feed forward (comment)	Assessment 3 Pass/feed forward (comment)	Final assessment Pass/fail (comment)
Patient and environment	<ul style="list-style-type: none"> • Ensure suitable environment where possible and aim to minimise noise • Explanation of procedure to the patient • Appropriate position and rest time for the patient • Correct management of ulcer site during the procedure 				
Equipment	<ul style="list-style-type: none"> • Correct equipment with appropriate probe • Correct gel for procedure • Articulates the need to check and maintain equipment 				
Theory of Doppler procedure	<ul style="list-style-type: none"> • Locate and identify appropriate pulses • Demonstrate correct procedure (angle of probe/use of gel) • Distinguish arterial and venous blood supply • Distinguish normal and abnormal sounds e.g. triphasic, biphasic and monophasic • Select correct readings to calculate ABPI 				
Correct calculation and interpretation of results	<ul style="list-style-type: none"> • Perform calculation appropriately and obtain correct answer • Interpret the results and explain the significance of the findings • Apply this to the chosen compression regime 				

Please use two different systems e.g. short stretch (Actico) long stretch (K4) according to your local formulary

Competency	Competency indicator Practice Assessor - ensure that each competence is assessed and signed off on four separate occasions	Assessment 1 Pass/feed forward (comment)	Assessment 2 Pass/feed forward (comment)	Assessment 3 Pass/feed forward (comment)	Final Assessment Pass/fail (comment)
Patient	<ul style="list-style-type: none">Explanation of theory of compression according to patients understanding	<ul style="list-style-type: none">Compression bandage system used?	<ul style="list-style-type: none">Compression bandage system used?	<ul style="list-style-type: none">Compression bandage system used?	<ul style="list-style-type: none">Compression bandage system used?
Selection of bandages and padding	<ul style="list-style-type: none">Appropriate bandages/padding chosen for presenting conditionAny known sensitivities?				
Limb shape and methods for correction	<ul style="list-style-type: none">Evidence of holistic assessmentDemonstrate that levels of pain have been consideredAcknowledge the type of oedema that is present and how it will respond to compression eg pitting oedema or non-pittingCorrect ABPI and implications of the resultDemonstrate awareness of the limb shape and the possible effect on graduated compression				

Please use 2 different systems eg short stretch (Actico) long stretch (K4) according to your local formulary (cont'd...)

Competency	Competency indicator Practice Assessor - ensure that each competence is assessed and signed off on four separate occasions	Assessment 1 Pass/feed forward (comment)	Assessment 2 Pass/feed forward (comment)	Assessment 3 Pass/feed forward (comment)	Final assessment Pass/fail (comment)
Appropriate bandage	<ul style="list-style-type: none">Reason for bandage choice and discuss other optionsSelection of appropriate size of bandageDemonstrate importance of ankle size	<ul style="list-style-type: none">Compression bandage system used?	<ul style="list-style-type: none">Compression bandage system used?	<ul style="list-style-type: none">Compression bandage system used?	<ul style="list-style-type: none">Compression bandage system used?
Correct and safe application of bandage	<ul style="list-style-type: none">Awareness of manufacturer's instructions for selected bandageAppropriate application of padding including protection of bony prominences and vulnerable areasCorrect position of footCorrect application including extension and overlap of bandage layers according to manufacturer's instructionsChecks for accuracy after fixing bandage				
Factors which may affect graduated compression	<ul style="list-style-type: none">Awareness of addition or subtraction of layers and the sub bandage pressureAble to articulate the risks associated with not giving therapeutic compression:<ul style="list-style-type: none">Too much compressionToo little compression				
Patient Information to promote comfort and safety	<ul style="list-style-type: none">Check patient is comfortable and discuss use of appropriate footwear and clothingCheck colour movement and sensation to toesExplain to the patient any danger signs that require urgent attentionEnsure all contact numbers are given before leaving				

Assessment of practice competency for choosing compression hosiery/wraps for the lower limb

Please include an off the shelf product and made to measure state the type of hosiery or wrap

Competency	Competency indicator Practice Assessor - ensure that each competence is assessed and signed off on four separate occasions	Assessment 1 Pass/feed forward (comment)	Assessment 2 Pass/feed forward (comment)	Assessment 3 Pass/feed forward (comment)	Final Assessment Pass/fail (comment)
Assembly of appropriate materials in order to measure and order compression hosiery or wrap	<ul style="list-style-type: none">• Appropriate measurement forms/tape measure to enable accurate measurement• Ensure correct measurements are taken and recorded as per manufacturer's measurement form and guidance	<ul style="list-style-type: none">• Type of hosiery/wrap used?	<ul style="list-style-type: none">• Type of hosiery/wrap used?	<ul style="list-style-type: none">• Type of hosiery/wrap used?	<ul style="list-style-type: none">• Type of hosiery/wrap used?
Able to communicate to the patient the reason for compression hosiery or wrap and articulates an understanding of the impact on the patient	<ul style="list-style-type: none">• Appropriate explanation of how hosiery/wraps can aid healing and prevent recurrence of a leg ulcer to the patient				
Appreciation of limb shape and which hosiery or wraps may be suitable?	<ul style="list-style-type: none">• Evidence of holistic assessment including interpretation of ABPI and implications of the result• Check for irregular limb shape; foot deformities which will necessitate a made to measure garment• Demonstrate awareness of the patient's capabilities when choosing hosiery/wrap• Any known sensitivities?				

Assessment of practice competency for choosing compression hosiery/wraps for the lower limb (cont'd...)

Competency	Competency indicator Practice Assessor - ensure that each competence is assessed and signed off on four separate occasions	Assessment 1 Pass/feed forward (comment)	Assessment 2 Pass/feed forward (comment)	Assessment 3 Pass/feed forward (comment)	Final Assessment Pass/fail (comment)
Correct and safe application of hosiery/ wrap	<ul style="list-style-type: none"> Demonstrate awareness of manufactures instructions for selected hosiery/wrap Application with use of hosiery aid if indicated Awareness of a wide range of hosiery aids to assist with application and removal of hosiery 	<ul style="list-style-type: none"> Type of hosiery/wrap used? 	<ul style="list-style-type: none"> Type of hosiery/wrap used? 	<ul style="list-style-type: none"> Type of hosiery/wrap used? 	<ul style="list-style-type: none"> Type of hosiery/wrap used?
Theory of compression and how this may be affected by varying the layers or adding in a wrap device will affect the level of compression being delivered	<ul style="list-style-type: none"> Show awareness of layering up hosiery and how to achieve desired level of compression using layering or adding in a compression wrap Discuss how this may affect the static stiffness indicator and how this may impact on oedema reduction 				
Patient information to promote safety and comfort	<ul style="list-style-type: none"> Check patient is comfortable Demonstrate application and removal of hosiery or wrap with the patient/carer Ensure the patient knows when to leave the hosiery or wrap on and when it can be removed for skin care/laundrying Care of their hosiery or wrap according to manufacturer's guidance Explain to the patient any danger signs that require urgent attention Ensure all contact numbers are given before leaving 				

Self certification of achievement of learning outcomes Doppler assessments

STUDENT

I confirm that I have completed four Doppler assessments. I confirm that I am competent to apply these outcomes to my every day practice and undertake to update my skills annually according to the needs of the service.

Signed
.

Print name and designation Date

ASSESSOR

I confirm that I have observed the person named above and am satisfied that they are able to transfer these skills to their everyday practice.

Signed

Print name and designation Date

Please keep this document for your records

Self certification of achievement of learning outcomes compression bandage assessments

STUDENT

I confirm that I have completed four Doppler assessments. I confirm that I am competent to apply these outcomes to my every day practice and undertake to update my skills annually according to the needs of the service.

Signed
.

Print name and designation Date

ASSESSOR

I confirm that I have observed the person named above and am satisfied that they are able to transfer these skills to their everyday practice.

Signed

Print name and designation Date

Please keep this document for your records

Self certification of achievement of learning outcomes hosiery or wrap assessments

STUDENT

I confirm that I have completed four Doppler assessments. I confirm that I am competent to apply these outcomes to my every day practice and undertake to update my skills annually according to the needs of the service.

Signed

.

Print name and designation Date

ASSESSOR

I confirm that I have observed the person named above and am satisfied that they are able to transfer these skills to their everyday practice.

Signed

Print name and designation Date

Please keep this document for your records

Notes

Accelerate CIC

Centenary Wing
St Joseph's Hospice
Mare St, Hackney
London E8 4SA

020 3819 6022
hello@acceleratecic.com
acceleratecic.com

