

Assessment of competency: Foot Ulcers

This competency is directed to those professionals working in Adult Social Care that are required to provide wound care independently and with a degree of critical analysis (Tier 2, NWCSP)

Trainee's name.....

Initials.....

Signature.....

Assessor's name.....

Initials.....

Signature.....

General principles	Trainee Initials/ Date	Assessor Initials/Date	Comments
Adhere to local protocols, policies and guidelines relating to foot ulcer care and treatment including the local wound management formulary.			
Demonstrate the application of knowledge and skills within the scope of their practice and know when specialist advice or support should be sought.			
<p>Describe the risk factors that increase the likelihood of having at-risk feet:</p> <ul style="list-style-type: none"> - Peripheral arterial disease (PAD) - Neurological conditions including neuropathy - Diabetes - Connective tissue disease - Chronic kidney disease - Foot deformity - History of ulceration and amputation - Age 			
<p>Support and advice service users and care staff how to perform a good regular footcare routine that includes:</p> <ul style="list-style-type: none"> - Inspecting the whole foot - Keeping the feet clean and dry especially in between the toes - Keeping the skin well hydrated using emollients - Wearing suitable socks and shoes <p>- Frequent simple foot and ankle movement which can stimulate blood and lymph circulation.</p>			

- Helpful positioning. Does the person sleep in bed or in the chair?			
Performs daily foot checks on diabetic service users.			
Supports diabetic service users to attend their annual (or more frequently) diabetic reviews.			
Refers to the podiatrist if the person is unable to cut their own toenails or if there are any problems with the length or shape of the nails.			
Recognise when to make a referral for foot ulcer (GP, Tissue Viability Nurse, Diabetic Nurse) and take advice as appropriate. Referral is required for the following: > Non healing foot ulcer > Evidence of ischaemia			
Obtain informed consent from a person or from their representative before carrying out an assessment or intervention.			
Keep up to date with statutory and mandatory training requirements related to wound care.			
Make use and facilitate learning and development opportunities, including mentoring and supervision, to			

ensure that their foot wounds skills and knowledge are up to date.			
Demonstrate the knowledge and skills to think critically when applying evidence and drawing on experience to make evidence informed decisions in foot ulcer care.			
Work in partnership with relatives, health and social care professionals and others who are significant to the person to deliver effective foot ulcer care and treatment.			
Understand and document the history, preferences, wishes and needs of the person related to wound care and maintain the records up to date.			
Ensure that the privacy and dignity of the individual is always maintained in line with the person's individual needs and preferences and promote choice and independence.			
Maintain confidentiality of information.			
Demonstrate good hand hygiene and use of Personal Protective Equipment when supporting someone with a foot ulcer to prevent the spread of infection.			
Communicate clearly and coherently considering the needs of individuals and checking that the person understands what has been explained.			

Identify any communication barriers with the individuals and take the appropriate action.			
Actively listen to any questions and concerns raised and positively respond to feedback.			
Critically reflect on how their own values, attitudes and beliefs might influence one's professional behaviour.			
Assessment	Trainee Initials/ Date	Assessor Initials/Date	Comments
Understand the anatomy and physiology of the skin and the importance of maintaining skin integrity.			
Understand the wound healing process and other factors which can affect healing.			
<p>Performs and documents foot assessments that include:</p> <ul style="list-style-type: none"> - The shape of the feet for any deformity - Circulation: The temperature of the feet (warm or cold) and check that both feet feel the same. - Skin condition and see if there are any thick, hard areas of skin (calluses), blisters or scabs or any changes in shape and colour. - Skin condition (dry, flaky, etc.) between the toes. - Nail condition making sure the nails aren't too long or digging into the skin. - Sensation- Touch the Toes Test - Footwear 			

Describe the difference between a pressure ulcer on the foot and foot ulceration due to other causes.			
Carry out a holistic assessment of a foot ulcer including location, wound bed tissue, condition of the surrounding skin, size, depth etc, comorbidities, past medical history, and medication.			
Carry out appropriate tests, such as a wound swab.			
Develop foot ulcer management plans which include specific review dates.			
Perform re-assessments at least every 4 weeks and escalate to the local specialist service if the foot ulcer doesn't show any signs of progress towards healing or is deteriorating.			
<p>Recognise and escalate the RED FLAGS of a foot ulcer:</p> <ul style="list-style-type: none"> - Infection - Sepsis - Acute or chronic limb threatening ischaemia. <u>Signs acute ischaemia (6 Ps: pain, pallor, perishingly cold, pulselessness, paraesthesia and paralysis)</u> <u>Signs Chronic limb ischaemia (Peripheral Arterial Disease with gangrene or lower limb wound, and a continuous, severe, often burning pain of the toes or forefoot for over two weeks which does not respond to usual pain medication. It begins, or is aggravated, after reclining or elevating the limb and is sometimes partially relieved by sitting or standing)</u> - Deep Vein Thrombosis (DVT) 			

- Skin cancer			
Recognise and refer immediately to acute services those service users with diabetic foot ulcers with a life-threatening complication : <ul style="list-style-type: none"> - Ulceration with fever or signs of sepsis - Ulceration with limb ischaemia - Concern there is a deep-seated soft tissue or bone infection (with or without ulceration) - Gangrene (with or without ulceration) 			
Understands that a person with a foot wound and red flag symptoms should not be treated with compression.			
Seek consent before taking a wound picture.			
Use only the company's approved equipment to take wound pictures.			
Apply the principles for taking digital wound pictures (adequate light, focus, neutral background, etc.)			
Aware of the referral process for foot wounds and the expected assessment times (within 1 working day)			
Communicate the results of investigations and the management plan with the individual recognising that the person with a foot ulcer may find the diagnosis and plan distressing or lacking in clarity; provide or arrange support for the individual as appropriate.			
Wound Care	Trainee	Assessor	Comments

	Initials/ Date	Initials/Date	
Perform wound care to the foot ulcer: <ul style="list-style-type: none"> - Wound cleansing - Emollient application to the surrounding skin and limb - Dressing selection (consider the assessment of the wound and the person's preference) - Offloading and pressure redistributing strategies 			
Provides standard care for treating diabetic foot ulcers: <ul style="list-style-type: none"> - Offloading - Control of foot infection - Control of ischaemia - Wound dressings 			
Have a knowledge of the properties (Eg., absorbency, adherence, etc.) of dressings and other products, including the difference between types, their modes of action and appropriate use.			
Recognise the signs when an individual is in pain or discomfort and takes appropriate action (repositioning, administration of pain killers, escalation, etc.)			
Offers advice to the individual and the care team on skin care, footwear, exercise and mobility, rest and limb elevation and nutrition.			
Understand the importance of encouraging the person to mobilise within their capabilities to promote general good health and promote wound healing when not contraindicated.			

Demonstrate an understanding of the psychological impact of a foot ulcer such as social isolation and loneliness.			
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References:

Lower Limb Recommendations for Clinical Care- National Wound Care Strategy Programme

Wound Care Workforce Framework 2023- National Wound Care Strategy, Skills for Health, NHS

Wound Care Education for the Health and Care Workforce- E-learning for healthcare- ELFH, NHS England

NMC's Standards for Proficiency

Diabetic foot problems: prevention and management, NICE guidelines: [Recommendations | Diabetic foot problems: prevention and management | Guidance | NICE](#)

Peripheral arterial disease: diagnosis and management: [Recommendations | Peripheral arterial disease: diagnosis and management | Guidance | NICE](#)

Other useful resources:

Touch the Toes Test: <https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/Touch-the-toes-test.0812.pdf>