

Assessment of competency: Leg 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 leg 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>Recognise when to make a referral for a leg ulcer (GP, Tissue Viability Nurse, Community Matron) and take advice as appropriate.</p> <p>Referral is required for the following:</p> <ul style="list-style-type: none"> > Initial assessment with calculation of Ankle Brachial Pressure Index (ABPI) > Non-healing ulcer > suspicion of malignancy > Peripheral arterial disease > Diabetes Mellitus > Rheumatoid arthritis/ vasculitis > Atypical distribution of leg ulcers > Suspected contact dermatitis 			
Obtain informed consent from a person with a leg ulcer, 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 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 leg ulcer care.			
Work in partnership with relatives, health and social care professionals and others who are significant to the person to deliver effective leg 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 leg 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.			
Understand the difference between a leg wound and a leg ulcer.			
Carry out a holistic assessment of a leg ulcer including location, wound bed tissue, condition of the surrounding skin, size, etc, comorbidities, past medical history, and medication.			
Understand the pharmacological and non-pharmacological approaches to leg ulcer management.			
Carry out appropriate tests, such as a wound swab.			

Interpret the results of the investigations and uses them to determine appropriate treatment and care plan for non-complex leg ulcers.			
Develop leg 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 leg ulcer doesn't show any signs of progress towards healing or is deteriorating.			
Able to recognise the RED FLAGS of a leg ulcer: <ul style="list-style-type: none"> - Infection - Sepsis - Deep Vein Thrombosis (DVT) - Skin cancer 			
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 leg wounds and the expected assessment times (14 days from the day of referral)			
Communicate the results of investigations and the management plan with the individual recognising that the person with a leg ulcer may find the diagnosis and plan distressing or lacking in clarity; provide or arrange support for the individual as appropriate.			

Wound Care	Trainee Initials/ Date	Assessor Initials/Date	Comments
Perform wound care to the leg ulcer: <ul style="list-style-type: none"> - Cleansing - emollient application to the surrounding skin - Barrier cream to the ulcer margins - Application of a simple non-adherent dressing - Application of compression bandaging for venous leg ulcers 			
Understand that people with leg ulcers with red flag symptoms, low ABPI or diabetes should not be treated with compression unless under specialist advice.			
Wound Care	Trainee Initials/ Date	Assessor Initials/Date	Comments
Recognise the signs of an infected leg ulcer (Increased redness, swelling, pain, exudate, heat, bad smell)			
Recognise signs and symptoms of sepsis (confusion, high or low temperature, changes to the skin, low blood pressure, high heart rate, etc)			
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.			
Perform closer monitoring of those service users with compression bandages that have reduced sensation due to neuropathy.			

Recognise the signs when an individual is in pain or discomfort and takes appropriate action (repositioning, administration of pain killers, escalation, etc.)			
Support the person with a healed leg ulcer to use compression hosiery to prevent the recurrence of new venous leg ulcers.			
Offers advice to the individual and the care team on skin care, footwear, exercise and mobility, rest and limb elevation and nutrition.			
Wound Care	Trainee Initials/ Date	Assessor Initials/Date	Comments
Understand the importance of encouraging the person to mobilise within their capabilities to promote general good health and promote wound healing.			
Demonstrate an understanding of the psychological impact of a leg ulcer such as social isolation and loneliness.			

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

Scottish Intercollegiate Guidelines Network (SIGN), *Management of chronic venous leg ulcers, A national guideline* (2010)

<https://www.oxfordhealth.nhs.uk/wp-content/uploads/2015/08/SIGN-Guidelines-foer-the-Management-of-Venous-Leg-Ulcers.pdf>

Other useful resources:

Legs Matter: <https://legsmatter.org/healthcare-professionals/>