



**ACI** NSW Agency  
for Clinical  
Innovation

# **ACI Endocrine Network Diabetic Foot Advanced Wound Care Core Competencies**

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## Acknowledgement

These competencies have been adapted from the Podiatry Competency Document developed by the Hunter New England Area Health Service's Greater Newcastle Cluster (2005).

## Instructions for use

The Agency for Clinical Innovation (ACI) advanced wound care core competencies may be completed prior to completing the ACI podiatry credentialing document. There are 13 competencies in total and it is expected that candidates complete the competencies within the time frame of one month. The ACI recommends for best practice that the competencies be completed in one sitting with a recognised Assessor within their clinical setting. For rural clinicians, it may be appropriate for a clinical rotation to a tertiary referral / teaching hospital where the opportunity to review related clinical scenarios is available.

The competencies have been designed for use by podiatrists. However, other health professionals may adapt them for use within their own discipline with acknowledgement to this document. It is anticipated that the candidate utilise local guidelines, protocols and available evidence

It is expected that Assessors are a discipline senior with the Area Health Service or out of the Area Health Service if unavailable. A discipline senior is to be determined by the Area Health Service in which they are employed and is not within the scope of the ACI advanced wound care core competencies.

Prior to the advanced wound care core competencies commencing, the candidate and the assessor gain consent from the patient of which the candidate will complete the competencies.

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## Unit 1: Interacts Appropriately with Clients

Clinician:

Assessor:

<p><b>1.1 Patients are allocated an appointment or directed to an appropriate service according to the eligibility of the service and the urgency of their foot problem</b></p>	<p><b>Rationale</b></p> <p>To ensure that clinicians are able to assess the urgency and appropriateness of referral and allocate appointments accordingly. To ensure that patients receive the treatment they require.</p> <p>Equity of access to service. Resources aren't duplicated. Patients who are not appropriate for the service may need to attend the ED, see a vascular specialist or be directed to general podiatry service</p>	<p><b>Achieved</b></p>
<p><b>1.2 Establishes patient rapport</b></p>	<p><b>Rationale</b></p>	<p><b>Achieved</b></p>
<p>Patient concerns are addressed using verbal and nonverbal communication in a way which takes into account the age, attitude, cognitive ability and cultural background of the patient and significant others(s) when indicated</p>	<p>Podiatrist communicates in an effective way with patients and carers.</p> <p>Patients are encouraged to supply all the relevant information without fear of judgement.</p>	
<p><b>1.3 Elicits relevant initial and demographic information</b></p>	<p><b>Rationale</b></p>	<p><b>Achieved</b></p>
<p>Relevant information is included in the patient's records such as name, address, phone number, occupation, date-of-birth, local medical officer, social supports, date of diagnosis, referral and source.</p>	<p>Required for identification of the patient, to assist in the management of their condition and to assist with communication between relevant health professionals involved in their care. Also helps to identify the need for time off work, social work intervention, aged care assessment etc.</p>	
<p><b>1.4 Modifies assessment and management protocol according to patient needs</b></p>	<p><b>Rationale</b></p>	<p><b>Achieved</b></p>
<p>Understands and can identify professional responsibilities for patient and community safety e.g. impaired driving.</p>	<p>To identify potential risks associated with treatment.</p>	
<p>Allocates time appropriately considering clinical need, clinical load and waiting list pressures</p>	<p>Appropriate time management</p>	

*N.B All areas are required to be achieved to attain the competency*

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## Unit 2: Assesses the Patient's History

Clinician:

Assessor:

2.1 Elicits subjective history/ information/ symptoms	Rationale	Achieved
Appropriate information regarding the patient presenting complaint is elicited from his/her verbal report. E.g. How the injury/wound occurred, duration of the problem, treatment to date and response to treatment (if any).	Podiatrist has ability to interpret subjective information which can be used in diagnosis, treatment, prognosis and long term secondary prevention and to identify co-factors that may cause delayed wound healing therefore to optimise host response for preventing infection and for enabling healing	
The information is recorded legibly and accurately and includes written notes and where relevant, photography, tracings and wound dimensions.	Legal requirement and facilitates documentation recording between health professionals	
2.2 Obtains complete patient history	Rationale	Achieved
<p>Appropriate information is elicited from the patient's verbal report, written referrals, and from other sources. Include information such as but not limited to;</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Alcohol</li> <li>• Allergies</li> <li>• Amputation</li> <li>• Anaemia</li> <li>• Cardiovascular risks and history</li> <li>• Diabetes history (incl. complications and co-morbidities)</li> <li>• Environment / society</li> <li>• Foot ulceration</li> <li>• Footwear</li> <li>• Medications</li> <li>• Nutritional Status</li> <li>• Occupational / recreational</li> <li>• Previous wound dressing and treatment</li> <li>• Previous vascular history</li> <li>• Smoking</li> <li>• Social history / support</li> </ul>	Holistic and comprehensive history assists in the diagnosis, management and secondary prevention.	
2.3 It is expected that the candidate show sound assessment in achieving patient history and is able to interpret the significance of their findings to develop a management plan and referral pathway.		Achieved

*N.B. All areas are required to be achieved to attain the competency*

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## Unit 3: Conducts Physical Examination and Tests

Clinician:

Assessor:

<b>3.1 Vascular assessment is performed appropriately</b>	<b>Rationale</b>	<b>Achieved</b>
a) Assessment of symptoms and signs including i. Claudication distance ii. Rest pain	Identifying peripheral arterial disease using appropriate methods.	
b) Large vessel palpation and evaluation including i. Dorsal pedis pulse ii. Posterior tibial pulse iii. Popliteal pulses	"	
c) Small vessel evaluation i. Peripheral observation	"	
d) Ankle brachial index Photoplethysmography (toe pressures)	"	
e) Oedema	"	
<b>3.2 Neurological assessment is performed appropriately</b>	<b>Rationale</b>	<b>Achieved</b>
a) Assessment of neurological symptoms	Measures presence / absence of protective sensation. Detection of potential neurological conditions.	
b) Knee and ankle joint reflexes	"	
c) Assess for loss of protective perception, may include; • Monofilament • Graduated tuning fork • Neurothesiometer	"	
d) Muscle strength testing	"	
<b>1.1.1.1 3.3 Dermatological assessment is performed appropriately</b>	<b>Rationale</b>	<b>Achieved</b>
a) Skin condition	Podiatrist recognises conditions that may impede healing and the protective barrier function of the peri-wound skin and body.	
b) Nail problems	"	

c) Interdigital maceration	"	
d) Lesions	"	
<b>3.4 The candidate has demonstrated effective use of history taking and clinical tests and is able to refer abnormalities to appropriate disciplines in a timely fashion.</b> <ul style="list-style-type: none"> <li>– <b>Candidate can describe the role of neurological, vascular / other abnormalities in the etiology of the patient’s condition and the barriers to healing relevant to the patient.</b></li> <li>– <b>Candidate can determine the biomechanical etiology of many ulcerations</b></li> <li>– <b>Candidate can effectively discuss the relevant results with the patient.</b></li> <li>– <b>Candidate can effectively relate their findings to other relevant health professionals involved in the care of the patient, or to whom the patient is to be referred.</b></li> </ul>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

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## Unit 4: Wound Assessment and Treatment is Performed Appropriately

Clinician:

Assessor:

4.1 Wound assessment is performed appropriately and candidate is able to discuss the relevance of results.	Rationale	Achieved
a) Wound bed assessment <ul style="list-style-type: none"> <li>• Necrotic</li> <li>• Slough</li> <li>• Granulation</li> <li>• Friability of granulation base</li> <li>• Base colour</li> <li>• Identify foreign body/matter</li> <li>• Identify bridging or pocketing in the wound</li> </ul>	<ul style="list-style-type: none"> <li>• Podiatrist is able to differentiate between wound contamination, wound colonisation, localised infection, spreading infection and systemic infection.</li> <li>• Podiatrist identifies barriers to healing, refer patient as necessary in order to optimise host response</li> <li>• Podiatrist is able to discuss results of assessments with appropriate disciplines and make referrals as necessary</li> <li>• Podiatrist is able to recognise those wounds that require an urgent medical review</li> </ul>	
b) Wound dimensions <ul style="list-style-type: none"> <li>• Length</li> <li>• Width</li> <li>• Depth</li> <li>• Wound tracking</li> <li>• Identification of sinus</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation</li> <li>• Communication with team members / disciplines</li> <li>• Establish and monitor healing rate. Podiatrist is able to demonstrate the correct technique to trace and measure a wound</li> </ul>	
c) Wound edge – margins <ul style="list-style-type: none"> <li>• Rolled</li> <li>• Undermining / scored</li> <li>• Maceration</li> <li>• Blue discolouration</li> <li>• Induration</li> </ul>	Identifies signs of increased bioburden, wound contamination, wound colonisation, localised infection, spreading infection and systemic infection.	
d) Exudate <ul style="list-style-type: none"> <li>• Colour</li> <li>• Type</li> <li>• Volume (decreased or increased)</li> </ul>	Identifies possible signs of increased bioburden and infection, wound deterioration.	
e) Probe to bone	Podiatrist recognises potential for bone and joint involvement and refers for appropriate investigations and medical management	
f) Assess nutritional status	Podiatrist takes into account the nutritional requirements of wound healing to ensure optimum host response	

<b>4.2 Wound treatment is completed appropriately including the following techniques.</b>	<b>Rationale</b>	<b>Achieved</b>
<ul style="list-style-type: none"> <li>• Wound cleansing</li> <li>• Wound debridement of non-viable tissue in healable wounds</li> <li>• Wound drainage</li> <li>• Review frequency of dressings</li> <li>• Manage excess exudates</li> <li>• Manage malodour</li> <li>• Optimise host response</li> <li>• Identify need to optimise management of co-morbidities e.g. optimize glycaemic control. Discuss with patient and make relevant referrals, appointments</li> <li>• Review arterial flow</li> <li>• Identify signs of infection and discuss with relevant medical staff to ensure infection is treated.</li> <li>• Question patient to identify if diet advice or dietician referral is needed or whether other action needs to be taken to improve nutritional status</li> <li>• Determine the need for review of the patient</li> <li>• Relate frequency of reevaluation to severity of infection and patient</li> <li>• Are the wound and patient improving?</li> <li>• Tracking changes of inflammatory markers</li> </ul>	<p>Podiatrist provides an optimum wound environment: debridement (where appropriate), moisture balance and infection control.</p> <p>Podiatrist reassesses throughout the course of treatment to determine the effectiveness of intervention and to reassess if healing is not occurring at expected rate.</p> <p>Podiatrist to reassess and make referrals as appropriate.</p>	
<b>4.3 Podiatrist makes appropriate wound dressing selection</b>	<b>Rationale</b>	<b>Achieved</b>
<p>Upon epithelisation, develops a long term treatment plan for the condition(s), including preventative strategies are also established according to best available evidence and expert consensus and refers for appropriate ongoing care</p>	<p>Podiatrist to make appropriate dressing selection based on their knowledge of wound care products, their indication and precautions for use.</p>	
<b>4.4 Develops short or long term management plan according to best available evidence and expert consensus. (International Consensus of the Diabetic Foot 2007, Appendix 2)</b>	<b>Rationale</b>	<b>Achieved</b>
<b>4.5 Negotiates appropriate treatment regimen with patient and other relevant health professionals involved in the patients' care.</b>	<b>Rationale</b>	<b>Achieved</b>

Treatment options are presented to the patient / carer in a way that is understandable to the parties concerned, taking into account their requirements.	Podiatrist can present knowledge in a flexible manner.	
Treatment regimen is negotiated with members of the interdisciplinary team, other health professionals and/or other relevant organisations and with patient consent	Holistic multidisciplinary involvement initiated and maintained.	
Patient education and counselling resources are utilised where appropriate.	Patients / carers are adequately informed with regards to their condition and care.	
<b>4.6 The candidate is able to perform wound assessment and develop a management plan, referring to other disciplines as required. Conveying relevant information to health professionals involved in the patients' care using written or verbal communication where appropriate</b>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

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## Unit 5: Infection Assessment

Clinician:

Assessor:

5.1 Infection assessment	Rationale	Achieved
Identify Signs and symptoms associated with chronic wounds	Podiatrist is able to determine signs of infection and to identify those patients where signs and symptoms may not be obvious	
Recognise / differentiate and treat the wound for contamination, colonisation, localised, spreading and systemic infection.	Podiatrist demonstrates awareness of the barrier to healing that an increased bioburden or infection imposes.	
Demonstrates correct bacteriological sampling technique (refer to local guidelines)	<ul style="list-style-type: none"> <li>• Podiatrist is able to demonstrate the correct swab sampling technique</li> <li>• Podiatrist utilises AHS policies / procedures</li> <li>• Culture and sensitivity results accurately reflect wound flora</li> <li>• Bacteriological samples provide direction for wound infection management.</li> </ul>	
Allocating appropriate PEDIS (suggest) classification	<ul style="list-style-type: none"> <li>• International Consensus of the Diabetic Foot (2007) IDF. (Appendix 1)</li> <li>• Podiatrist demonstrates that they can apply consensus guidelines to treatment plan.</li> <li>• Grading of infection severity is identified and acted upon.</li> </ul>	
Discusses relevant findings with provider of medical care to facilitate necessary treatment.		
<b>5.2 Infection treatment: Infection control procedures can be identified and are used in daily practice including:</b>	<b>Rationale</b>	<b>Achieved</b>
Standard precautions		
MRSA protocols		
MRSA screening procedures		
Sharps disposal		

<b>5.3 Candidate is able assess for infection and treat appropriately referring to other disciplines as required.</b>	<b>Achieved</b>
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*N.B. All areas are required to be achieved to attain the competency*

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## Unit 6: Pain Assessment

Clinician:

Assessor:

6.1 Pain assessment	Rationale	Achieved
<ul style="list-style-type: none"> <li>• Identify the presence of pain and categorise as chronic (persistent, occurs at rest and between wound related procedures i.e. rest/activity/night) or acute (temporary i.e. dressing removal, wound cleansing, wound debridement)</li> <li>• Assess patients pain with standardised wound pain tool</li> <li>• Identifies the absence of pain.</li> </ul>	<p>Podiatrist is aware of the significance of pain assessment with respect to the patient's quality of life. The presence or severity of pain may be used as an indicator for underlying infection or peripheral arterial disease.</p> <p>International guidelines for pain Woo et al. Assessment and management of persistent (chronic) and total wound pain.</p>	
<p>Identify and address cause of pain;</p> <ul style="list-style-type: none"> <li>• infection</li> <li>• bacterial damage</li> <li>• tissue trauma</li> <li>• neuropathic</li> <li>• ischaemic pain</li> </ul>	"	
<p>Assess wound pain at every visit</p>	"	
<p>Prevent and/or minimise anticipatory and procedural wound pain by using appropriate pain management.</p>	"	
<p><b>6.2 Candidate is able to assess for pain and refer to other disciplines as required.</b></p>		<p><b>Achieved</b></p>

*N.B. All areas are required to be achieved to attain the competency*

Comments:

Signature Employee: .....

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## Unit 7: Suitability of Pressure Off-Loading Devices for Healing

Clinician:

Assessor:

7.1 Biomechanical assessment is performed for the purpose of prescribing short term offloading device and long term footwear and orthoses	Rationale	Achieved
<p>a) Abnormal patterns of gait or weight bearing is noted, with particular emphasis on plantar lesions including but not limited to;</p> <ul style="list-style-type: none"> <li>• Areas of high pressure (corns, calluses)</li> <li>• Foot drop</li> <li>• Plantar fat pad atrophy</li> <li>• Proximal plantar fat pad shift</li> </ul> <p>Ulceration</p> <p>b) Deformity identification</p> <ul style="list-style-type: none"> <li>• Charcot Neuroarthropathy</li> <li>• Claw toes</li> <li>• Previous amputations</li> <li>• Bony prominence</li> </ul> <p>Proximal plantar fat pad shift</p>	<p>Is able to asses for, apply and/or construct appropriate pressure offloading device, justify its use and monitor its effectiveness.</p>	
<p>Appropriate device is chosen to provide offloading at the locality of the lesion.</p>		
<p>Device is fitted appropriately;</p> <ul style="list-style-type: none"> <li>• Cognisant of circulatory status</li> <li>• Without causing secondary pressure lesions.</li> <li>• Cognisant of dermatological state</li> <li>• With consideration to mobility and falls risk.</li> </ul>	<p>“</p>	
<p>Candidate is able to review and identify potential hazards and complications with device.</p>	<p>“</p>	
7.2 Footwear assessment is performed appropriately	Rationale	Achieved
<p>Candidate identifies the appropriate time for the patient to return to footwear and assists them to obtain appropriate footwear.</p>		

Appropriate footwear is chosen or prescribed to help minimise the risk of future foot ulceration ( <i>lesion may not be related to biomechanics but future wounds may be prevented</i> )	Is able to discuss and advise the patient on the most beneficial footwear options to protect the feet from future ulceration taking into consideration the patient's lifestyle, attitudes and clinical needs. Is able to assess for and apply appropriate footwear, justify its use and monitor its effectiveness.	
Candidate is able to assist the patient to acquire footwear through referral to private supplier and/or application to ENABLE NSW.		
Footwear is fitted appropriately with regards to patients; <ul style="list-style-type: none"> <li>• Circulatory status</li> <li>• Secondary pressure lesions.</li> <li>• Dermatological state</li> <li>• Mobility and falls risk.</li> </ul>		
Candidate is able to review and identify potential hazards and complications with footwear.		
<b>7.3 Candidate is able to identify suitability of pressure offloading devices / footwear and refer to other disciplines if required.</b>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

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Signature Employee: .....

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Date:

## Unit 8: Patient Self-Care / Carer Assessment is Performed Appropriately

Clinician:

Assessor:

<b>8.1 Patient Self-care / carer assessment is performed appropriately</b>	<b>Rationale</b>	<b>Achieved</b>
a) Vision - ability for client to see their feet	Podiatrist recognises the role of appropriate self care in the management of foot pathology	
b) Foot hygiene – ability to reach feet to perform tasks	“	
c) Foot care knowledge	“	
d) Available assistance for foot care (carers, family, friends)	“	
e) Health Professional care	Podiatrist ensures that patient knows when to seek health professional advice.	
f) Foot care education; • Care of feet • Duty of care to the public, e.g. safety considerations when driving	Advise patient about infection, dressings and safety issues, e.g. driving. Patient /carer taught to recognise infection and immediately contact GP or health care professional.	
<b>8.2 Candidate is able to provide relevant and appropriate information to clients regarding self care, taking into consideration the patients;</b> – <b>Health literacy</b> – <b>Attitudes</b> – <b>Physical Capabilities</b> – <b>Lifestyle</b>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

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## Unit 9: Interprets and Analyses Assessment Findings for the Diagnosis of the Client's Problems and Needs

Clinician:

Assessor:

<b>9.1 Establishes diagnosis</b>	<b>Rationale</b>	<b>Achieved</b>
A diagnosis is made through the utilisation of comprehensive knowledge of normal and abnormal function in the human body and the results are presented in terms of the aetiology and presentation of the condition. Classification of the wound and causal pathway – see Appendix	Podiatrist uses appropriate wound classification and causal pathway.	
<b>9.2 Integrates appropriate information</b>	<b>Rationale</b>	<b>Achieved</b>
Podiatrist uses appropriate diabetic foot risk categorisation / classification.	Risk categorisation is used to identify the risk to the client and identify priorities for intervention.	
9.3 Podiatrist monitors and reviews treatment plan and clinical progression every 4 weeks. Wound dimensions reviewed weekly.	<b>Rationale</b>	<b>Achieved</b>
	If wound is not 50% healed at 4 weeks it is unlikely to heal at 12 weeks. Podiatrist to recognise wound healing is delayed and reassess or refer as required.	
<b>9.4 Candidate is able to interpret and analyse assessment finding to develop a management plan.</b>		

*N.B. All areas are required to be achieved to attain the competency*

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## Unit 10: Technology

Clinician:

Assessor:

10.1 Accesses, uses and provides information using appropriate technologies	Rationale	Achieved
Identifies and uses IT infrastructure in the management of patient care and information.	Knowledge base is kept current and regularly updated.	
<b>10.2 Candidate is able to interpret investigations and develop management plan using appropriate and current technologies.</b>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

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## Unit 11: Manages Practice Appropriately

Clinician:

Assessor:

<b>11.1 Manages administrative aspects of practice</b>	<b>Rationale</b>	<b>Achieved</b>
Manages administrative aspects of wound care practice.	Podiatrist recognises importance of administrative procedures to operate in a safe environment for themselves and their patient.	
Demonstrates appropriate time management skills.	“	
Identifies equipment needs. Maintains equipment	“	
Maintains practice environment in a hygienic manner	“	
<b>11.2 Maintains professional communication</b>	<b>Rationale</b>	<b>Achieved</b>
All professional referrals are acknowledged by verbal or written means and necessary succinct reports made available to relevant parties.	Referral processes are monitored and all team members are notified of progress.	
Implements occupational health and safety practices		
Reports, tests, and management of patient's presenting wound(s) are forwarded where necessary to appropriate personnel with patient consent	“	
<b>11.3 Acts within existing policies / procedures or identifies those that need to be reviewed.</b>	<b>Rationale</b>	<b>Achieved</b>
	Consistent application of policy framework maintained.	
<b>11.4 Candidate demonstrates sound management of administrative principles of practice.</b>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

Comments:

Signature Employee: .....

Date: .....

Signature Assessor: .....

Date: .....

## Unit 13: Demonstrates Professional Attitudes and Behaviour

Clinician:

Assessor:

<b>12.1 Demonstrates commitment to professional development</b>	<b>Rationale</b>	<b>Achieved</b>
Continually reviews and updates clinical knowledge and practice in line with registration requirements.	Continuous professional development is undertaken and demonstrated. Facilitates dissemination of information within team.	
Basic skills in evaluating, analysing and integrating research information relevant to wound care practice are demonstrated	“	
Opportunities to plan and implement basic research programs are recognised / undertaken	“	
Actively participates in mentoring and peer review processes for improving own practice	“	
<b>12.2 Works cooperatively in the health care system</b>	<b>Rationale</b>	<b>Achieved</b>
The ability to work co-operatively in a professional environment and achieve an integrated approach to patient management is demonstrated	The roles of health professionals within the interdisciplinary settings are understood as part of an holistic approach to patient care	
Offers self as mentor for others in Podiatry and other disciplines as appropriate	“	
<b>12.3 The candidate is able to identify own professional development needs as they relate to skills, research, peer review and collaborative practice</b>		<b>Achieved</b>

*N.B. All areas are required to be achieved to attain the competency*

Comments:

Signature Employee: .....

Date: .....

Signature Assessor: .....

Date: .....

## APPENDIX 1 – PEDIS Classification

**Grade 1:** No symptoms or signs of infection

**Grade 2:** Infection involving the skin and the subcutaneous tissue only (without involvement of deeper tissues and without systematic signs as described below)

- Local swelling or induration
- Erythema > 0.5 – 2cm around the ulcer
- Local tenderness or pain
- Local warmth
- Purulent discharge (thick, opaque to white sanguineous secretion)

Other causes of inflammatory response to the skin should be excluded (e.g. trauma, gout, acute Charcot neuro-osteopathy, fracture, thrombosis, venous status)

**Grade 3:** Erythema > 2cm plus one of the items described above (swelling, tenderness, warmth, discharge) or infection involving structures deeper than the skin and subcutaneous tissue such as abscess, osteomyelitis, septic arthritis, fasciitis. No systemic response signs as described below.

**Grade 4:** Any foot infection with the flowing signs of systemic inflammatory response (SIRS). This response is manifested by two or more of the following conditions:

- Temperature >38 or <36° Celsius
- Heart rate > 90 beats/min
- Respiratory rate > 20 breaths / min
- PaCO<sub>2</sub> > 32 mmHg
- White blood cell count > 12, 000 or < 4, 000/cu mm
- 10% immature (band) forms.

Ref: The International Consensus of the Diabetic Foot, IDF 2007

## Organisations Invited for Consultation of Draft Document

Australian Diabetes Educators Association  
Australian Diabetes Society  
Associate Professor Joshua Burns, University of Sydney  
Australian Podiatry Association  
Greater Southern Area Health Service – Chief Executive  
Greater Western Area Health Service – Chief Executive  
Hunter New England Area Health Service – Chief Executive  
North Coast Area Health Service – Chief Executive  
Northern Sydney Central Coast Area Health Service – Chief Executive  
NSW Health – Donald MacLellan, Health Service Performance Improvement Branch  
NSW Podiatry Advisory Group  
Podiatry Board of Australia  
South Eastern Sydney Illawarra Area Health Service – Chief Executive  
Sydney South West Area Health Service – Chief Executive  
Sydney West Area Health Service – Chief Executive  
Thyra Bolton, HRFS Coordinator – Royal Prince Alfred Hospital, SSWAHS  
Wound Care Association NSW

## Resource List / Literature Search

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9. Woo et al Wound Infection in Clinical Practice. An International Consensus 2008 vol 5 (2)
10. [www.awma.com.au/publications/2009/bacterial\\_impact\\_position\\_document\\_V\\_1\\_0.-pdf](http://www.awma.com.au/publications/2009/bacterial_impact_position_document_V_1_0.-pdf)
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