Title **Foot Screening and Education of the Patient with Diabetes.**

Designed by **The National Diabetes Programme Nurse Education Group** in response to the **National Diabetes Programme: Model of Care for the Diabetic Foot (HSE 2011)**

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Programme philosophy

The education programme 'Foot Screening and Education of the Patient with Diabetes' promotes excellence amongst nurses who provide care to the patient with diabetes, informed by current best evidence, lifelong and practice based learning. Practice will be guided by the **National Diabetes Programme: Model of Care for the Diabetic Foot (HSE 2011).**

Lifelong learning requires that participants caring for patients with Diabetes Mellitus, travel a self directed journey of practice based education, supported by their employer, professional development supports and local diabetes services: e.g. General Practitioners (GP's), Professional Development Coordinator for Practice Nurses (PDC), Podiatrist and Diabetes Nurse Specialists from local hospital and community service (e.g. foot protection team). Ultimately, this programme endeavours to facilitate the development of: "*knowledgeable patients* (with diabetes) *receiving safe and effective care from skilled professionals in appropriate environments with assessed outcomes*" (adapted from Madden 2008, p3).

Rationale

Chronic disease management in Ireland places greater emphasis on care delivery in the primary care setting. In 2011, the National Diabetes Programme adapted the UK's National Institute for Clinical Excellence (NICE) guidelines (McIntosh et al, 2003, Nice 2004, 2009 & 2011 and) to develop a model of care for foot screening and early identification of patients with low risk and at risk (moderate and high) of foot disease, carried out by

nurses in Primary Care[1]. The model of care recommends the treatment and management of the at risk (moderate and high) foot by podiatrists in the community or by a hospital 'foot protection team', and recommends the management of 'active foot disease by a multidisciplinary specialist foot care service (Section 1.2) **National Diabetes Programme Model of Care for the Diabetic Foot (HSE 2011).**

Foot problems in patients with diabetes are among the most serious and costly complications of diabetes (American Diabetes Association 2008). International studies and guidelines show that:

- targeted foot screening by appropriately educated and trained staff,
- early identification of the patient 'at-risk of diabetic foot disease',
- treatment and effective management of foot pathologies by a podiatrist,

ultimately results in a reduction in the incidence of serious foot problems in patients with diabetes.

As outlined in the **National Diabetes Programme: Model of Care for the Diabetic Foot (HSE 2011)** the nurse in primary care is required to:

- Screen feet of the patient with diabetes.
- Identify, educate and review patients at low risk of developing diabetic foot problems.
- Identify and refer the patient at risk of diabetic foot disease to the podiatrist either in the community or in the hospital foot protection team.
- Refer all those with 'active diabetic foot disease' to the 'multidisciplinary specialist foot care service' in the Model 4 Hospitals/tertiary Diabetes Care Centre.

Thus nurses in primary care require knowledge, understanding and clinical expertise in screening patients with low risk, at risk: both moderate and high; and including 'active diabetic foot disease' as defined in the **National Diabetes Programme Model of Care for the Diabetic Foot (HSE 2011).**

Programme aim and learning outcomes

The aim of the education programme is to facilitate nurses working in primary care to be knowledgeable of, and able to use the **National Diabetes Programme Model of Care for the Diabetic Foot (HSE 2011).** The expected learning outcomes of the education programme are outlined in Table 1 below.

Table 1: Learning Outcomes of the **'Foot Screening and Education of the Patient with Diabetes' Education**
On completion of this course the nurse will be able to:
1. Outline the anatomy and physiology of the normal foot.
2. Identify the patient at risk of, and discuss the signs and symptoms of, neuropathy, ischaemia, and infection.
3. Demonstrate an understanding of, and the utilisation of the **National Diabetes Programme: Model of Care for the Diabetic Foot (HSE 2011)**.
4. Undertake an examination and assessment of the diabetic foot at the workshop session, categorise and identify appropriate referral process.

[1] Primary Care Nurses in this instance refers to Practice Nurses, PHNs, Community RGNs and nurses working in the residential elderly care setting who have agreed referral pathways to a diabetes podiatry service.

Target audience and prerequisites for attendance at the foot screening education programme

The target audience for this education programme is nurses working in the primary care setting, who have agreed referral pathways to podiatry services. In particular, the programme wishes to target Practice Nurses with prior knowledge of diabetes nursing i.e. who have completed or who are undertaking recognised diabetes nursing education programme (**Table 2**). Thus, the **prerequisite for nurses to attend** the foot care education programme is that each candidate/participant has:

- attended (or is attending) a recognised diabetes nursing programme (Table 3);

or

- achieved a score of > 80% in their pre-assessment of prior learning[2] (a MCQ); self administered and corrected by participant.

and

- completed the pre course reading i.e. **National Diabetes Programme: Model of Care for the Diabetic Foot (HSE 2011)** and has an understanding of the decision support tools.

Table 2: List of known primary care diabetes nursing education modules
ICGP E Learning Diabetes Module
Bradford Diabetes Nursing Course
DCU Module Nursing the Individual with Diabetes NS431
UCC Diabetes Management Module (NU5077)
Diabetes in Primary Care (NUIG & UCC)
CNME HETAC Certificate in Diabetes Nursing (available in 2011 in two CNMEs)
MMUH Diabetes Nursing Course for Practice Nurses
CNME HSE West (LCNTR) - Diabetes Mellitus five day attendance programme for Nurses and Midwives HSE West (LCNTR)

Programme delivery

This education programme promotes self directed learning pre and post attendance at the programme. Currently it is recommended the taught section of the foot care education programme is delivered as a stand alone master-class/seminar to those with prior education (e.g. those listed in Table 2). It is recommended that those providing diabetes nurse education modules/programmes incorporate the 'Foot Screening and Education of the Patient with Diabetes.' into their programmes/modules/courses.

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[2] The multiple choice questionnaire (MCQ) available to download from http://www.hse.ie/eng/about/Who/clinical/natclinprog/precourse.pdf contains 20 questions and will be self administered prior to recruitment. A guidance note regarding the use of the MCQ and what to do if someone fails is available with the MCQ template.

After attending the foot care screening programme, continued practice in the provision of foot care to patient with diabetes mellitus is required to demonstrate and maintain competence. (Edwards et al. 2004). Competence is a developmental process. The knowledge underpinning the management of the foot in diabetes must be informed by best evidence. Completion of a self administered, competency assessment tool (**Appendix 1** or download from http://www.hse.ie/eng/about/Who/clinical/natclinprog/selfassessment.pdf) prompting the student to identify their further education/continuing professional development needs is recommended.

Nurses, who have difficulty in achieving the desired learning outcomes from the practical session, will require a supportive learning plan (self directed). To this end, the education programme provides:

- Indicative reading including the **National Diabetes Programme: Model of Care for the Diabetic Foot (HSE 2011)** – available on http://www.hse.ie/eng/about/Who/clinical/natclinprog/modelofcarediabetes.pdf
- A nurse education DVD on the 'Foot Screening and Education of the Patient with Diabetes'.
- A contact person: ideally the local programme facilitators from the local hospital and community service (e.g. foot protection team) **or** the DSIG diabetes nurse, podiatrist or PDC (see Table 3 below) for participants to link in with regarding practice queries post completion of the programme.

Duration of programme

This education programme consists of a self directed pre course reading **(Appendix 5),** classroom/direct contact hours (4 hours) and post course learning, Self Assessment of Competency (**Appendix 1**) is recommended within 6 months of completion of the programme. Maintenance of competency is facilitated by work based learning and use of professional development resources.

Syllabus/Indicative content

The key course content which emerges from the course learning outcomes includes:

1. Evidence for the effectiveness of the model of care
2. Application of **National Diabetes Programme: Model of Care for the Diabetic Foot HSE (2011)** in relation to :
   - Patient history
   - Diabetic foot screening instructions and diabetic foot screening tool;
   - Pathway to ischaemia, infection, ulceration, and amputation including neuropathy, foot deformity and trauma
   - Referral to the foot protection team and multidisciplinary foot care service
   - Infection control
   - Optimal metabolic control/ glycaemia control.
3. Practical workshop: group and individual practice sessions, facilitated by the podiatrist / DNS / nurse tutor; completion of the diabetes foot screening tool for recording and auditing purposes.

Certification and accreditation

The programme is accredited by An Bord Altranais and has received 10 Continuing Education Units (CEU's). Participants who complete the programme will receive a Certificate of Attendance,

Programme evaluation

Evaluation can be conducted at a number of levels (Kirkpatrick, 1994; Phillips 2003)

1. **Reaction**: What is the initial response to the education programme e.g. feedback evaluation forms (**Appendix 2**).
   Action: i. Participant feedback will be sought via an end of course evaluation questionnaire.
   ii. CNME and programme facilitators' (nursing and podiatry) feedback will be sought, through a questionnaire at end of programme. iii. In addition the national education group will request from CNMEs and other education providers, the number of foot screening education programmes delivered as standalone workshops/master-class updates or as part of larger education programmes. Specifically the National Diabetes Programme will require information on no of programmes delivered, no of nurses attending and what areas of primary care they come form general practice, community or residential care.

2. Other aspects of programme evaluation will be captured by the National Diabetes Programme's national work. The national education group recommends audit of the use of the decision support tools within the model of care document e.g. audit of appropriate and correct use of assessment and referral tools/forms.

Facilities and resources

- Lecture theatre/classroom suitable for practical simulated demonstration and patient examinations
- Plinths/ couches for patient examinations
- Facilitators – Podiatrist. Nurse facilitators who may be diabetes nurses or a CNME Registered Nurse tutor with knowledge / expertise in diabetes foot screening
- Volunteer patients with diabetes who are 'low risk' (normal) or 'at risk' (moderate and high) of developing foot complications. All 3 risk categories required but those with active foot disease or unstable in any other aspect of their diabetes are excluded from volunteering as models for the practical teaching sessions. The number of patients will be dictated locally by resources and facilities to ensure a safe environment for the patient and participants as well as an optimal learning environment. **NB**: Guidance on selecting patients with diabetes as volunteers and reimbursement of their expenses is outlined in **Appendix 3.** Allocate **6-8 students per facilitator.** All nurses attending programme must undertake screening of patients with diabetes in the low risk and at risk categories. The ratio of students to facilitators will be dictated by local resources and facilities.

Equipment

- Hand washing facilities
- Alcohol hand gel *(Services/Diabetes Centre to supply*)
- Disposable towels and clinical sheets (*Podiatry/Diabetes Services/Centre to supply)*
- Glucometer
- Policy on hypoglycaemic management and appropriate supplies (**Appendix 3**)
- Monofilaments 10g *(Podiatry/Diabetes Services/Centre to supply)*
- Tuning Forks 128 Hz *(Podiatry/Diabetes Services/Centre to supply)*
- Waste bin
- Flip chart and pens/ Power point presentation projector
- AED or access to same

Support material/documentation

- Available on the HSE internet or from national education group link staff (**Table 3**)
- Pre-course MCQ's, answer templates and guidance notes
- Self Assessment of Competency (**Appendix 1**).
- Nurse education DVD on the examination of the foot
- Suggested short lesson plan for Nurses and Podiatrists facilitating programme (**Appendix 4**)
- Standard education slides developed by Podiatry (on HSE Internet)
- Recommended reading material (**Appendix 5**)
- Patient Information Leaflets Care of the i) low, ii) moderate and iii) high risk foot. Hard copies available through local/regional health promotion units. Soft copies will be placed on the HSE Internet - http://www.hse.ie/eng/about/Who/clinical/natclinprog/diabetes/Diabetic%20Footcare%20Information%20Leaflets/

Costs associated

- Travel and subsistence for facilitators (not required if part of usual working day)–paid for by CNMEs
- Reimbursement of patients for out of pocket expenses e.g. travel and lunch (**Appendix 3**).
- Costs should be costed in when developing the programme locally and local arrangements made with services or CNME to provide/fund same.

Education programme supports and links to national education subgroup

It is envisaged the delivery of the programmes will be coordinated by the Centre of Nursing and Midwifery Education (CNME), subject to available resources, and in consultation with the regional Diabetes Services Implementation Group (DSIG). Local diabetes services/centres, podiatrists and PDC for Practice Nurses (where available) are requested to liaise with Centres of Nurse/Midwifery Education to seek support in the delivery the programme in a time, mode and location most appropriate for their service and CNME. The role of the DSIG is important as the DSIG will know if i) Foot Protection Teams and multidisciplinary Specialist Foot Care Services are in place to implement the **National Diabetes Programme Model of Care for the Diabetic**

Foot Care (HSE 2011) and ii) if facilitators (podiatry and nursing) are in place to deliver the education programme.

A member of the National Diabetes Programme Nurse Education Group and a Senior Podiatrist will act as regional link persons to support the co-ordination and delivery of the foot care education programme in each HSE region. **Table 3** lists the contact/link persons for each region. As mentioned earlier nurses who have difficulty in achieving the desired learning outcomes from the practical session, will require a supportive learning plan (self directed). This plan may incorporate practice based learning/contact with their local Diabetes Services/Podiatrists/ PDC's, post programme delivery. Nurses participating in the education programme should contact the course facilitators, or DSIG nurses listed in **Table 3** if the nurse participant has difficulty in gaining required support post programme delivery.

Table 3: Regional Link Staff to support development of programmes locally and regionally

Region	National Diabetes Clinical Programme Link Person	DSIG Link Person(s) & Member of Diabetes National Clinical Programme Education Subgroup	Professional Development Coordinator for Practice Nurses (PDC)
DNE	**Ms Pat Keenan** CNM2, Mater University Hospital and Lead Clinical Nurse, Diabetes Programme (April 2010 - June 2011) pkeenan@mater.ie **Siobhan Delaney**, Senior Podiatrist Beaumont and Lead tertiary Hospital Podiatrist for Diabetes Programme Siobhandelaney@beaumont.ie	**Jenny Thompson** CNS Diabetes jennyv.thompson@hse.ie & **Rita Forde ANP Diabetes** rforde@mater.ie & **Celine Croakin** Diabetes Facilitator Monaghan Celine.Croarkin@hse.ie	*Where no PDC available, the or DSIG representative (column 3) will act as a support/link to PNs.*
DML	**Mairead Mannion** Diabetes CNS in Primary Care (Laois/Offaly) and Lead Clinical Nurse, Diabetes Programme (April 2010 - June 2011) Mairead.mannion@hse.ie **Christine Kiernan** Senior Podiatrist AMNCH, Christine.kiernan@amnch.ie	**Siobhan Meehan** siobhan.meehan@hse.ie Diabetes CNS Primary Care 2nd CNS Acute Hospitals *requested via DSIG Chair*	**Rhonda Forsythe** PDC (Dublin) rhonda.forsythe@hse.ie **Rita Lawlor** PDC (Dublin North) rita.lawlor@hse.ie
South	**Katie Murphy** Nurse Facilitator UCC and Regional Lead Nurse, Diabetes Programme (Nov 2010 – June 2011) k.murphy2@ucc.ie **Imelda Cunning** Podiatry Manager Imelda.Cunning@hse.ie	**Marie Heffernan** Heffernan.marie@sivuh.ie CNS, SIVUH (Cork & Kerry) & Leona Guinan Leona.guinan@hse.ie , CNS, STGH Clonmel (South East rep)	**Marie Courtney** PDC (South) marie.courtney@hse.ie **Patricia McQuillan** PDC (SE) Patricia.McQuillan@hse.ie

West	**Ann McGill** PDC for Practice Nurses (Donegal) & PN representative, Diabetes Programme (September 2010 - June 2011) annm.mcgill@hse.ie **David Watterson** Podiatry Manager Merlin Park Podiatry Clinic and education centre NUI Galway David.watterson@hse.ie	**Caitriona Coleman** CNS Diabetes Sligo Caitriona.Coleman@hse.ie & **Helen Burke** ANP Diabetes Galway helen.burke@hse.ie & **Sarah Fitzpatrick** CNS Diabetes sarah.fitzpatrick@hse.ie &/or **Mary Norris** CNS Diabetes maryj.norris@hse.ie Limerick/ Mid West	**Kathy McSharry** PDC (Galway, Mayo & Roscommon) kathy.mcsharry@hse.ie **Kathy Taaffe** PDC (Sligo, Leitrim & West Cavan) Kathy.taaffe@hse.ie **Ann McGill** (as across)

It is recommended that each DSIG should have a member/link person that has an education background and bring that education perspective to the work of the group.

Actions required of regional representatives on nurse education subgroup to support delivery

1. Request local DSIG Link and PDC for PN to contact local CNME's regarding incorporating the foot care programme into education prospectus (as part of an existing diabetes education programme or as a standalone masterclass, noting that the National Diabetes Programme will require a report on the number, grade/discipline and location of participants on a quarterly basis in Year 1 – i.e. 2012).
2. Develop, with DSIG representatives, a baseline of resources available locally to deliver the programme in each area within the region.
3. Set, in consultation with education providers and in line with available resources, local targets (number of programmes/participants) for delivery of the nurse education.
4. Link in with DSIG representatives and programme providers to monitor uptake and delivery of the programme, reporting back to the National Diabetes Programme on a quarterly basis in Year 1).

References

HSE (2011). National Diabetes Programme: Model of Care for the Diabetic Foot. Available to download on http://www.hse.ie/eng/about/Who/clinical/natclinprog/diabetes/

Kirkpatrick, D (1998) Evaluating training programmers : the four levels . San Francisco . Boerrett –Koehler.

Madden , D. (2008) Building a culture of patient safety. Report of the Commission on Patient Safety and Quality Assurance, Department of Health and Children, The Stationary Office, Dublin.

McIntosh A, Peters J, Young R, Hutchinson A, Chiverton R, Clarkson S, Foster A, Gadsby R, O Connor M, Rayman G, Feder G & Homes PD (2003) Prevention and management of foot problems in type 2 diabetes: clinical guidelines and evidence. Sheffield University Sheffield.

NICE (2011) Diabetic foot problems – impatient management of diabetic foot problems. Available from www.nice.orguk/guidance/119

NICE (2008) The management of type 2 diabetes. Available from www.nice.orguk/guidance/66

NICE (2004) Type 2 Diabetes: prevention and management of foot problems. Available from www.nice.orguk/guidance

Philips, J. (1997) Handbook of training evaluation and measure methods 3rd edition.

Appendix 1: Self assessment of competency tool

Foot Screening and Education of the Patient with Diabetes.

Has attended training **Yes** ☐ **No** ☐

Self Assessment of Competency

Performance Criteria: (Tick/date/initial as applicable)

Domain of Practice	Critical Element	**Needs Theory** Date/Initials	**Needs Practice** Date/Initials	**Competent** Date/Initials
1, 2	I can discuss the role and function of clinical practice in the context of An Bord Altranais guidelines in relation to: 1. The Code of Professional Conduct. 2. Scope of Nursing and Midwifery Practice.			
1, 2, 4,	I have competencies to deliver diabetes foot screening and education to patients.			
1, 2	I am aware of the anatomy and physiology of the normal foot.			
1, 4	I practise within my scope of practice to deliver foot screening as per the ‘National Model of Care for the Diabetic Foot’.			
1, 2, 3	I can carry out and record screening / history taking and identification of the ‘low risk’ and the ‘at risk’ diabetic foot.			
2, 3	I can undertake screening incorporating a foot examination and identification of the "low risk" and the at "risk foot" including 1. Foot wear & socks 2. Skin integrity 3. Foot deformity 4. Correct use of 10 g monofilament and 128hz tuning fork 5. Foot pulse palpation			
2, 4	I can identify the person with diabetes whose feet are 1. Low risk. 2. Risk of infection, ulceration and trauma.			
1, 2, 3	I can identify clinical presentations of foot conditions and recognises the associated signs and symptoms.			
2	I can describe and demonstrate the main features and symptoms of ischemia and neuropathy.			
2,4	I am familiar with the documentation required for 1. Screening of the foot 2. Referral of foot problems (*Appendix 3 and 4: Model of Care for the Diabetic Foot*) and can accurately and comprehensively document all aspects of foot screening.			
2, 3, 4	I can outline the information and advice given to a patient prior to carrying out foot screening.			

2, 3, 4	I am familiar with the use of screening tools as per the *Model of Care for the Diabetic Foot* and can demonstrate correct application and maintenance of same.			
2, 3, 4	I can categorise and refer patients when required as per the national model of care for the diabetic foot.			
2, 3	I can provide verbal and written education to patient and carers regarding footcare principles appropriate to the patient risk category including the prevention and early detection of foot problems.			
3	I can discuss the principles of treatment with the patient who presents with foot problems.			
3, 4, 5	I am aware of the role of all members of the multidisciplinary team in caring for the patient with diabetes. .			
1, 4	I dispose of all used equipment in accordance with standard precautions and local policies.			
1, 2, 3	I can records screening procedure in patient's clinical record as appropriate.			

I have sufficient theoretical knowledge and practice to undertake screening and education independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing Practice

Nurse's Signature: ___________________________ Date: ______________________

If any deficits in theory and /or clinical practice are identified, the nurse must discuss with line manager / clinical supports (i.e. Diabetes CNS / Clinical facilitator /Podiatrist) and implement appropriate actions to achieve competency within an agreed time frame.

Action Plan *(for use if needed to reach competencies outlined)*

Action necessary to achieve competency:

………

………

……………………………………………………………………………………

Date to be achieved: ……………………………………..

Supporting evidence of measures taken to achieve competency:

………

………

………

…………………………………………………………………

Nurse's Signature: ______________________________ Date: _____________________

Appendix 2: Evaluation form: Foot Screening and Education of the Patient with Diabetes

Date: ____________________________

Did the programme fulfill your identified learning needs in relation to foot screening and education of the patient with Diabetes? Yes □ No □
Please comment:

____

____

____

Did you complete the MCQ self assessment before attending? Yes □ No □

Did you find the MCQ useful? Yes □ No □

Did you read the pre-course material before attending? Yes □ No □

Did you find this material useful? Yes □ No □

Any comments on how to improve the pre-course requirements of attendees.

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Please grade (tick √ the answer most reflects your answer) **the following areas of the programme:**

	Excellent	**V. Good**	**Good**	**Fair**	**Poor**
Course Content					
Quality of visual aids					
Quality of handouts					
Workshop practice					
Training Environment					

Please grade the skills exhibited by the facilitators when delivering the programme:

Facilitators	**Excellent**	**V. Good**	**Good**	**Fair**	**Poor**
Podiatrist					
Knowledge of Subject					
Presentation style					
Assistance and Attention					
Ability to Answer Questions					
Time management					
Diabetes nurse specialist					
Knowledge of Subject					
Presentation style					
Assistance and Attention					
Ability to Answer Questions					
Time management					
How could we improve any of the above?					

Thank you for your participation in this programme and completing this form.

Appendix 3: Guidance notes on patient recruitment, educator responsibility and hypoglycaemia management

Section 1- Recruitment

As part of the education programme it is recommended that attendees/students are provided the opportunity to assess the feet of patients with diabetes so that they have the hands on, practical experience of foot screening and patient education. This 'hands-on 'approach has been shown as a valuable learning experience in previous programmes provided by those developing this education programme.

This appendix seeks to provide guidance to education providers (CNMEs, Diabetes Nurses and podiatrists) who will be required to seek volunteer patients to support learning by programme attendees.

1. Who should be asked to volunteer as role models for the education sessions?

Volunteer patients with diabetes who are 'low risk' (normal) or 'at risk' (moderate and high) of developing diabetes foot complications. All 3 risk categories are required but there may be reasons local providers may only be able to accommodate (for physical and financial reasons) the patient volunteers in some risk categories. The attendees own feet will be used to practice with tuning forks and monofilaments. The advantage of this is that the students can freely practice and discuss the challenges of foot screening amongst each other, prior to exposure to the 'at risk foot' during the practical session in the patient with diabetes. Furthermore, patients will be required for a shorter duration of time.

The number of patients will be determined locally by available resources e.g. facilities and numbers of students.

Though patients with diabetes are being requested to volunteer as role models for learning on the programme , it is very important that the patients approached should :

1. not have active foot disease
2. are of reasonable general health
3. have good insight
4. not feel obliged to accept but recognise this is a voluntary input and saying no will not effect their care or your views of them in any way.

2. Who should ask the patient to volunteer?

Ideally the local diabetes nursing service or local podiatrist should identify and ask suitable patients to participate. In their roles they are best placed to identify patients who fit the appropriate criteria for inclusion. Patients should be approached in friendly open manner with the voluntary nature of participation explained. Patients are reminded that non participation will have no influence on his/her care or treatment.

3. What does the volunteer patient need to know before agreeing to participate?

Ideally the patient should be given some information on;

- Purpose of programme
- Dates and venue
- Student and facilitator profile and other patient participants
- Patient's role, physical foot examination and likely questions they may be asked.
- The patient should be informed of possible remuneration of expenses incurred i.e. travel and lunch. There is no written formal HSE protocol on what is correct but it is common practice to provide for a taxi or travel costs to and from the venue as well as to provide a lunch or light meal for the patient. The facilitator should be aware of how this process works at the time of recruitment to the programme.
- The patient should be asked for permission to share his or phone number and next of kin contact details with the education provider in case of an emergency event.

For patients who are on insulin or sulphonureas, the patients should also know that they may be asked if they have checked their blood glucose reading and eaten (within one/two hours of the education session) and/or that a diabetes nurse who is the education facilitator to the education session may check the patient's blood glucose level or request the patient may to do a blood glucose check reading before the education session. It is important that all information is presented clearly and in appropriate manner, relevant to the patient concerned. Information should be provided before a decision is made by the patient to volunteer or not. Of utmost importance is that the patient realises this is a totally voluntary process and will not influence his or her care in any way, if they do not wish to participate.

Section 2 – Educator provider responsibilities

What does the education providers need to do?

The education providers for the programme need to agree in advance, that:

I. An appropriate venue is available to accommodate students and volunteer patients. Local plans on how to manage the through put of students assessing different patients will need to be agreed.

II. Facilities should have access to the following equipment
- Hand washing facilities (Some CNMEs have informed us they needed to seek Infection Control advice to agree if their class room was appropriate).
- Alcohol hand gel *(Podiatry Services/Diabetes Centre to supply)*

  (Previously infection control advised that if the student washed her hands at a hand basin before starting any assessments and then used alcohol hand gel between patients but washed hands at hand basin after every 5th assessments this would be appropriate)
- Disposable towels and clinical sheets (*Podiatry/Diabetes Services/Centre to supply)*
- Blood glucose meter with lancets and strips *(Diabetes Services Centre to provide).*
- Policy on hypoglycaemic management and appropriate supplies…
- Monofilaments 10g *(Podiatry/Diabetes Services/Centre to supply)*
- Tuning Forks 128 Hz *(Podiatry/Diabetes Services/Centre to supply)*
- Waste bin
- Flip chart and pens/ Power point presentation projector/Laptop
- AED or access to same on the campus

III. Agree a budget and process for reimbursing patients travel and providing a meal to the patient

IV. Have a patient volunteer form with their contact details and next of kin, indicating they have agreed to be a volunteer model for the education session.
V. Provide patient information (as detailed above), that can be used in patient recruitment.
VI. Agree prior to session which educator will meet and greet volunteer patients, check their blood glucose reading if appropriate.

Section 3: What to do if a patient experiences a hypoglycaemic event?

The programme is being facilitated by a nurse in diabetes care who will have the knowledge to recognise, assess, and treat hypoglycaemia. Every effort should be made to have a relaxed environment so that the patient will be able to tell the facilitator if they are experiencing any signs or symptoms of hypoglycaemia.

Steps to take if you suspect a patient is experiencing hypoglycaemia are:

1. Check blood glucose reading to confirm or outrule hypoglycaemia
2. If reading is 4mmol/l or below treat according to local guidelines, with 10-20mgs of fast acting carbohydrate, followed with 10-20mgs of slower absorbed carbohydrate.
3. Repeat blood glucose reading after 10 minutes.
4. If blood glucose less than 4mmol/l repeat steps 1 to 3.
5. Check with patient if they are happy to continue with session.
6. Ensure patients blood glucose is above 5mmol/l before allowing them to leave/drive from the programme.

Appendix 4: Suggested/sample timetable for half day workshop

9.00 – 9.15	Welcome , Registration
9.15 – 10.45	Diabetic foot assessment and pathway to foot ulceration with reference to the national Model of Care for the Diabetic Foot (HSE 2011)
10.45 – 11.15	Practical Workshop on the Low risk foot - *Facilitator demonstrates to group with reference to assessment tools as per Model of Care.*
11.15 – 12.00	Practical Assessments of the Low-Risk foot (student performs assessments)
12.00- 12.15	Coffee break
12.15- 12.45	Practical Workshop on the 'At risk' foot to include moderate and high risk diabetes foot. *Facilitator demonstrates to group.*
12.45- 13.15	Practical assessments of the at risk foot (student performs assessments)
13.15- 13.45	Question & Answer Session *or further practical work if required of the at risk foot.*
13.45-1400	Evaluation form and Self assessment of Competency Tool

<u>Appendix 5: Recommended reading list</u> – *(in addition to podiatry slides on web)*

National Diabetes Programme (2011) *Model of Care for the Diabetic Foot*. HSE. Available to download on http://www.hse.ie/eng/about/Who/clinical/natclinprog/diabetes/

International Consensus on the Diabetic Foot and Practical Guidelines on the Management and Prevention of the Diabetic Foot. International Working Group on the Diabetic Foot 2003 Amsterdam, the Netherlands. www.idf.org/bookshop

IDF 2011 *Diabetes and Footcare; Time To Act* Available to download on http://www.cvd.idf.org/

Edmonds ME Foster AVM Sanders LJ (2008) *A Practical Manual of Diabetes Footcare* 2ND Edit Blackwell Publishing Oxford

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