Clinical Podiatry Resource
For podiatry students
Document Approval

Clinical Podiatry Resource – for podiatry students has been endorsed and approved by:

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1. Introduction

1.1 Introduction

The *Clinical Podiatry Resource for podiatry students* document has been developed to provide students with a resource to facilitate their understanding of the role and professional practice of a podiatrist, in conjunction with their practical skills development, in a public health clinical podiatry setting.

The clinical podiatry resource aims to provide further information for podiatry students about professional practice, clinical skills, application of podiatry in different high risk patient groups and the students’ overall understanding of podiatry in the public health setting. This resource will help facilitate the students understanding and implementation of these tools and applying them appropriately.

The learning packages within the resource can be led by the student supervisor or used individually by the student as a self-directed learning tool.

The learning outcomes for the student include being able to:

- Safely handover clinical information of a patient to another clinician, including written documentation.
- Demonstrate appropriate strategies and clinical reasoning in the assessment and safe treatment, particularly in the area of debridement, of at-risk patients.
- Develop an understanding of the assessment, treatment and long term management of high risk patients and foot ulcerations.
- Demonstrate and communicate the appropriate use of patient self-education information.
- Identify the role of the podiatrist in renal and high risk patients.
- Demonstrate an understanding of the role of podiatry in the public health setting, and prioritising patients appropriately.

1.2 Recommendations for student supervisor

In addition to clinic practical clinical placement and supervision, Miller (2004) suggests that a workshop with reflective practice facilitated by the supervisor is very beneficial in retaining information, and much more effective than self-guided learning. Hence please use the reflective question templates to aid in learning retention for the students.

We recommend supervisors be familiar with the supervision principles outlined in the HETI Superguide for Allied Health. [http://www.heti.nsw.gov.au/allied-health/clinical-supervision/]
2. Clinical Podiatry Resource

2.1 Using this resource

This resource is designed to be used by both student supervisor and student. The 5 modules each cover a different topic. Their mode of delivery includes a presentation which can be presented by staff or completed individually by the student, and a reflection template for each module. The reflection can be filled out individually by the student or be used to facilitate a group discussion.

Further readings are also available at the end of each module for each topic.

Within the appendix of this document is a “quick guide” for ISBAR and SOAPE handout for students to be issued on their first day. This can be used as a reference tool for the students when they are in clinic.

2.2 Learning modules

There are 6 learning modules:
- Module one: Communication
- Module two: Clinical reasoning
- Module three: High risk podiatry
- Module four: High risk patient self-education
- Module five: Renal podiatry
- Module six: Triaging for public health podiatry

All modules can be done individually by the student, or presented in a group verbal presentation by a staff member. The modules are currently held on the Podiatry share drive accessible by all SLHD Podiatry staff.

2.3 Assessment

Assessment of the learning objectives takes place through continual observation by the student supervisor whilst on placement at SLHD. The assessment of these objectives is included in their overall competencies done at the beginning and end of placement at SLHD.

2.4 Student reflection

The SLHD podiatry department has developed reflection templates which can be used at the end of each module. These are also found in the appendix of this document. These will facilitate the assessment of the overall placement project during student feedback sessions when assessing the project as a whole. The reflection templates are designed to be used as written feedback by students individually, or can also be used to facilitate a group discussion.

3. Modules

The following information outlines the learning objectives for each of the six modules and provides links to the relevant student reflection tools and further readings on each topic.

3.1 Communication

Learning objectives:
- Understand how to accurately document and store patient information
- Understand the responsibilities and professional conduct of a health professional
- Effectively implement the use of SOAPE and ISBAR tools for the safe transfer of patient information

Student reflection tool for communication.

Further reading on communication:

3.2 Clinical Reasoning

Learning objectives:
- Demonstrate an understanding of the importance of clinical reasoning.
- Develop clinical skills in seeking relevant information from patients, and processing this to make sound diagnoses and treatment plans.
- Develop reflective learning and evaluation skills
Student reflection tool for clinical reasoning.

Further reading on clinical reasoning
1. School of Nursing and Midwifery, University of Newcastle (2009). Clinical Reasoning Instructors handbook

3.3 High Risk Podiatry

Learning objectives:
- Demonstrate use of clinical reasoning in managing high risk patients.
- Develop communication skills appropriate to the patient in seeking relevant information from patients with foot complications from Diabetes, and process this to make sound diagnoses and treatment plans.
- Develop reflective learning and evaluation skills.

Student reflection tool for high risk podiatry

Further reading on the high risk foot:

3.4 High Risk Patient Education

Learning objectives:
- Develop a strong understanding as to why podiatrists provide patient education.
- Understand how to determine what information to deliver to individual patients.
- Develop skills in the engaging patients in self care and how to deliver and structure of patient education.

Student reflection tool for high risk patient education

Further readings on patient education:

### 3.5 Renal Podiatry

Learning objectives:
- Develop a further understanding of pathology of renal disease with regards to effect on the foot and the needs of renal patients regarding footcare.
- Develop skills in identifying complications of the lower limb related to renal disease
- Demonstrate an understanding of the podiatrist’s role in the management of patients on renal dialysis.

Student reflection tool for renal podiatry

Further reading for renal podiatry:

3.6 Triaging for Public Health Podiatry

Learning objectives

- Develop an understanding of the role and responsibilities of a podiatry service in the public health setting.
- Critically analyse referrals to determine clinical priority for access to podiatry and high risk foot services
- Understand access for patients to podiatry services both privately and publicly
4. Appendices

Appendix 1: Communication - SOAP Progress Notes

SOAPE Progress Notes

SUBJECTIVE: This is a very important part of the notes and often not well documented. This is where you write down what the patient tells you – why they are here, their thoughts and concerns, how they have been since last visit, what makes their problem worse/better etc. Anything they have to say related to their podiatry visit. You can use quotes of what they say eg. “my foot pain has stopped me running.” Or “it is 5 out of 10 on the pain scale.” You also document their medical history and medications in this area.

OBJECTIVE: This is where you document anything that is quantitative or measurable - anything you can objectively see. For example: callus on the apex of the left 2nd digit. You also document all your assessments here including neuro and vascular test results.

ASSESSMENT: Document your diagnosis and reasons for what you have seen and tested. Why they have this problem. Why they are at the podiatrist. Eg. Patient has callus on left 2nd digit due to claw toe. They require podiatry care due to decreased mobility.

PLAN: This is where you write everything that you did to treat the patient. Eg. Feet cleansed with chlorhexidine pre and post treatment. All nails cut and filed and callus debrided. Any referrals that are made to other practitioners are documented here also. When will they be seen again? eg review 4/52 for...

EDUCATION: This is where you write the education and advice you have given to the patient. You may have given self-care advice, footwear advice, or something else. Eg. Advised patient of ideal features of footwear: firm heel cup and sole, deep and wide toe box to fit foot, fastening system. Remember, if you don’t document it, it didn’t happen!

Sign off with: Name, University, “podiatry student” and year, signature.
Appendix 2: Communication - ISBAR Tool

ISBAR tool

**CLINICAL HANDOVER**

**INTRODUCTION**
- Introduce yourself, your role and location
- Identify team leader
- Clearly identify patient and family and carer if present

**SITUATION**
- State the immediate clinical situation
- State particular issues, concerns or risks
- Identify risks – Deteriorating patient, Falls risk, Allergies, limitation to resuscitation

**BACKGROUND**
- Provide relevant clinical history referring to medical record and/or eMR

**ASSESSMENT**
- Work through A-G physical assessment
- Refer to observations, medication and other patient charts
- Summarise current risk management strategies
- Have observations breached CERS criteria?

**RECOMMENDATION**
- Recommendations for the shift
- Refer to medical record or eMR
- Provide expected date of discharge
- What further assessments and actions are required by who and when
- State expected frequency of observations
- Request that receiver read back important actions required
Appendix 3: Communication - Student Reflection tool

Communication – student reflection

Student name: ________________________________ Date: __________________

1. Describe how you would show respect to a patient during a consult?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Outline any difficulties you think you may encounter when taking a patient’s medical history:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Outline how you would use the ISBAR tool when talking to another health professional:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List some examples of what you would put in your “O” part of the SOAPE tool when documenting your treatment?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. How has completing the module changed the way you communicate with patients and fellow health professionals?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Additional thoughts or questions?

________________________________________________________________________
Appendix 4: Clinical reasoning - Student reflection tool

Clinical Reasoning – student reflection

Student name: _______________________________________________ Date: ________________

1. Describe how your clinical reasoning process works?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe why reflective learning is an important part of clinical reasoning:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Describe a situation where poor clinical reasoning may have been used:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List some situations where you would not debride?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. How has completing the module changed the way you assess and reach a treatment plan?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Additional thoughts or questions? ________________________________
Appendix 5: High Risk Foot - Tutorial Slides

The High Risk Foot
Diabetes Related Foot Ulceration

Diabetic Foot Disease
• 15 - 25% of people with diabetes will have a foot ulcer during their lifetime (US data)
• 50% of amputations are preventable

The First Step...
“For one mistake made for not knowing, ten mistakes are made for not looking.”
J.A. Littledy

Foot Assessments
Why?
1. Identification of patients with high risk foot characteristics
2. Detection of foot problems requiring treatment or referral
3. Determination of wound aetiology and treatment

Foot Assessment
What do we want to know?
• Past history of foot ulcer or amputation
• Peripheral neuropathy
• Peripheral arterial disease
• Foot deformities
• Other skin and nail pathologies
• Footwear

Identify Risk Factors:
Peripheral Neuropathy
Peripheral Ischaemia
Identify Risk Factors: Foot Deformity

Identify Risk Factors: Skin and Nail Pathology

Establish Underlying Aetiology
- Is it Neuropathic?
- Is it Ischaemic?
- Is it Neuro-ischaemic?

Aetiology will guide management

Establish Underlying Aetiology

Vascular Assessment

Is there adequate blood supply for healing?

Establish Underlying Aetiology

Neurological Assessment
- Monofilament
- Tendon reflexes - ankle
- Vibratory perception
  - Tuning fork
  - Biothesiometer / neurothesiometer

Neuropathic Ulcers

Other Indicators:
- Common
- Painless
- Palpable pulses
- Area of pressure
- Surrounded by callus
- May be deep - sinus
- Low-moderately exudative

NSW Government
Sydney Local Health District
Podiatry Department, Sydney Local Health District – ICTN Embedded Student Clinic
Podiatry Department, Sydney Local Health District – ICTN Embedded Student Clinic

**Ischaemic Ulcers**

*Other Indicators:*
- Painful
- Pulses weak or impalpable
- Occur on toes and foot margins
- Little / no callus
- Pale ulcer base
- Sloughy tissue or eschar

**Neuro-Ischamc Ulcers**

- Mixed neuropathic and vascular processes
- One process more dominant
- Need to assess
- Management will be dependent on level of PAD

**Wound Assessment**

- Establish cause & duration of ulcer
  - Maybe difficult for patient to recall
  - e.g. trauma
- Assess the status of the skin
  - Presence of foot ulceration
  - Skin integrity
- Identify other risk factors
  - Can help to establish underlying aetiology
    - Obesity, Elderly, Smoker, Corticosteroids etc.
  - Guide referral and management

*Remember wound assessment is a prerequisite to the selection of an appropriate dressing*

**Wound Management**

*Determine Goals*
- Healing
- Maintenance
- Palliative

**Wound Management**

- Wound care
  - Wound Bed Preparation
  - Dressings
- Infection management
- Pressure Care
- Assess need for extra services/referral pathways
  - HRFs
  - Wound CNC
  - Vascular
  - Orthopaedics
**Wound Care**

**Tips**
- Change dressing every 1-3 days
- Inspect more frequently if infected
- Frequent dressing changes may delay healing
- Frequent changes may not be cost effective
- Keep dry in the shower
- Use porous tapes

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**Management of Infection**

- Evaluate the patient on 3 levels
  - The wound
  - The affected foot
  - The person as a whole
- Purulent discharge or 2 or more signs of inflammation:
  - Heat
  - Redness
  - Swelling
  - Pain
- Systemic signs
  - Fever
  - Neutropenia

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**Management of Infection**

**Types of Foot Infection**

- Localised foot infection
- Generalised foot infection

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**In Diabetes Remember:**

- Clinical Signs May Be Masked Leading To Delayed Diagnosis Of Infection!
  - Pain Often Masked By Neuropathy
  - Inflammation Masked By Peripheral Arterial Disease

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**Management of Infection**

**Investigations**

- Swabs
  - Take specimen after cleansing thoroughly with saline
  - Diagnosis of infection based on clinical findings
- X-rays
  - Assess for osteomyelitis
- Bloods

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**Management of Infection**

**Osteomyelitis**

- X-rays
  - Shows degree of bone destruction
  - May be normal in initial stages
  - Changes take at least 2 weeks to be evident
- Normal x-rays does not exclude osteomyelitis

- Other scans
  - CT and MRI
Management of Infection

Antibiotics
- Often used in high doses and a combination of therapies
- Route and duration will depend on severity
- Most Common
  - Dicloxacillin
  - Clindamycin
  - Augmentin Duo/Duo Forte
  - Flagyl
  - Ciproxin

Charcot Arthropathy

Indicators:
- Unilateral, warm, swollen foot
- No portal of entry
- Bounding pulses
- May be painless or uncomfortable
- Trauma may precede

Im mobilise and contact High Risk Foot Clinic immediately

Offloading Pressure

- People with neuropathy will weight bear if not reminded
  - Lack of pain (if can walk they will!)
- Instructions need to be kept clear
  - Keep weight-bearing to ADL’s
  - Non weight-bearing: not even to toilet.
  - Touch weight bearing: to transfer only
  - Partial weight-bearing: ~ 25% weight through affected foot
  - Minimal weight-bearing: toilet privileges only

Pressure Care

Offloading pressure at rest (Bed / Hospital)

Pressure Care

Offloading pressure while weight-bearing

The ‘Best’ Offloading Devices
Referrals

- HRFS for Patients with Diabetes +
  - Foot ulceration (below ankle)
  - Foot infection
  - Acute / suspected Charcot’s arthropathy
- Consider Orthopaedic / Vascular teams
- Wound CNC for all other ulcers
- Social Work / Physio / OT

High Risk Foot Services

- Two sites within SLHD
  - RWH
  - Concord
- Multidisciplinary
  - Endocrinologist
  - Podiatrist
  - Nurse
  - Vascular
  - Orthopaedics
  - Pedorthist / Orthotist
  - Other

Take Home Messages

- Define aetiology (presence of PAD is important)
- Assess characteristics of ulcer
- Do not leave any wounds uncovered
- Know your products, and select accordingly
- Foam (eg. Biatain) is safe for most wounds
- Remember, dressings are important but they are only one part of optimal wound care
- Contact HRFS if unsure about any DIABETIC FOOT ulcers
Appendix 6: High Risk Foot - Student Reflection

Student name: __________________________ Date: __________________

1. Describe who would need a referral to a High Risk Foot Service?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. Outline any difficulties you think you may encounter when doing a neurological assessment?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3. Outline how a Charcot may present to you and how you would manage it in a private practice?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. List some types of dressings and what type of wounds you would use them on
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

5. What is one of the most important treatment roles a podiatrist does, and list some examples?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6. Additional thoughts or questions?
________________________________________________________________________________
________________________________________________________________________________
Appendix 7: High Risk Patient Education - Tutorial Slides

Why don’t patients do as we tell them?

These slides were prepared by
Associate Professor Jane Overland
Diabetes Nurse Practitioner

People have a choice

- Eat fruit but no vegetables
- Exercise, but not regularly
- See me but not take their medication
- See you but wear “inappropriate” footwear
- Think about change but not implement it

So why don’t patients do as we tell them?

- What is important to us may not be as important to the patient
- Living with a chronic condition represents a part of a person’s life not the whole
- If it’s not important to the patient they won’t do it

It is not our problem … it is theirs

It is good to have a goal

- I want their HbA1c to be better
- I want to have a baby
- I don’t want them to have an amputation
- I want to be able to go out and enjoy myself
- I want to lead a full life…. 

‘Self-framed’ goals

- Personal investment increases likelihood of change
- Get patient to write down their own goals
- Help re-frame to be achievable
- SMART

I want to lead a full life…. 

- I need to avoid getting a further ulcer
- I need to check my feet daily
Anticipate road blocks

- Outline potential barriers
- Help them identify strategies for managing these
- Keep it basic
- Pen to paper

Technically the glass is always full

Focus on the positive rather than the negative

A dose of reality

Get to know the patient (not just their foot)

- Let the patient speak
  - 90% of the consultation
  - If they are talking they are also thinking things through
- Ask open ended questions
  - What's brought you to see me today?
  - Have you had any problems since I last saw you?
- Ask the question and then be quiet...
  - We interrupt our patients 15 seconds after the first question
  - Silence is golden... try counting slowly to 10

You should use OARS

Open-ended questions
  - Tell me about how you got the problem with your foot
Affirming
  - That's fabulous that you recognised that you needed to see me...
Reflecting - repeat to show you have heard
  - You are worried about work
Summarising
  - On the one hand you know you shouldn't be walking on your foot, but on the other hand you need to walk to work. Where does that leave you?

Use what you have learned

- Tailor information so it is relevant
  - Avoid the "tick-box" approach to care
  - 25% recall of any consults
  - Use handouts wisely e.g. Healthy Feet are Happy Feet
  - Drip feed don't saturate
Some other points

- Look at the learning environment
- Get the patient to repeat the information or plan
- Talk to patients as an equal but watch your language
- Think about their health literacy

Tips for your consultation

- Strive to
  - Relax your facial expression
  - Maintain appropriate eye contact
  - Smile when appropriate
  - Maintain appropriate physical space
  - Mirror their posture (when appropriate)
  - Use the patient’s name

- Communication is more than words
  - 7% word, 38% tone, 55% body language

- Try not to use of judgmental phrases or words
  - Have you been wearing the footwear we prescribed?
  - Test, why
Appendix 8: High Risk Patient Education – Student Reflection

Student name: ___________________________ Date: __________

1. Explain the reasons why we give patient education:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. Describe how you would give patient education:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. How would you decide what information is important to be given to the patient?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. List some examples of information topics you would discuss with a patient with diabetes:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. How has completing the module changed the way you give patient education?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Additional thoughts or questions?
__________________________________________________________________________
**Appendix 9: Renal Podiatry – Student Reflection**

**Renal Podiatry – student reflection**

Student name: ___________________________________________ Date: ______________

1. What are important things to remember when caring for patients with end stage renal/kidney disease?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

2. Explain why patients with renal disease have similar foot problems as people with diabetes mellitus:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

3. What is calciphylaxis and how can it affect the feet?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

4. List some issues people with end stage renal disease may face when trying to manage their health?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

5. Additional thoughts or questions?
Appendix 10: Triaging – Presentation and Student Reflection

Providing the right care in the right place at the right time

Providing the right care in the right place at the right time
- Responsibility to the community as a health professional and provider of publicly funded service
- Which patients need hospital funded podiatry care and why

NSW State Health Plan Towards 2021

The State Health Plan aims to assist NSW Health deliver a health system:
- Patient focused
- Respectful and compassionate
- Integrated and connected
- Providing the right care in the right place at the right time
- Based on local decision making
- Providing a whole of society approach to health promotion and prevention
- Chartered by strong partnerships
- Innovative
- Financially sustainable
- Fostering a learning organisation

Podiatry Department Position Paper

Review and triage referrals - exercise
- In pairs, review 2 referrals (per pair)
- Note the key, relevant information?
- What else do you need to know to make a decision?
- Would you accept this referral and why?
- When would you allocate the appointment in the context of having 1 available appointment today, 1 later this week and 1 in 4 weeks and why?
Clinical Reasoning Discussion

- What is significant about the presence of a wound and P&D in my decision making?
- What is the risk of not providing treatment today / this week?
- What is the significance of dementia and frailty?
- What might trigger a discussion about discharge or transfer of care for a patient?
- What are the current options for receiving podiatry care in NSW?
- Who are the key target groups for receiving publicly funded podiatry care and why?

Accountability

- How do we evidence our outcomes and value to the community?


[Bar chart showing percentage of clients assessed as low risk by year and location]

Percentage of High Risk Clients (category 1 and 2) attending for podiatry care in the Sydney LHD 2012, 2013, 2014 (excludes HRFIs or RRFs)

[Bar chart showing percentage of high risk clients by year and location]

Local Service Evaluation
Comparing Apples with Oranges

| Service | Healing rate (%) | Time to healing (days) | Time to presentation (days) | Re-Location rate (%) | Rate of amputation (%)
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Summary

- Publicly funded services require a transparent, evidence based (or best practice guideline) system for accepting referrals based on clinical need
- It is our responsibility to help ensure people receive not only the right treatment but that access is timely and care provided in the most appropriate setting. This means working with other service providers.
- We are accountable to patients, the hospital and the community to provide a service that is of value.
Appendix 11: Orientation Checklist

Podiatry, Sydney Local Health District
Student Orientation Checklist

☐ Check the students in on clinconnect.

☐ Check if the student received an orientation pack from a placement co-ordinator before commencing the placement.

☐ Introduce students to other staff members.

☐ Show the student nearest evacuation point, fire hydrant, location of duress alarm, toilets and other amenities.

☐ Safe work practice induction completed (seating patient, sharps, treating patients on the ward, mental health patients)

☐ Informed students regarding uniform standard and presentation.

☐ Informed the nature of placement and exchanged the phone numbers.

☐ Online courses completed.
  - Infection control - OHS 1298
  - Hand hygiene - OHS 1268
  - Aboriginal : respecting the difference – COM 915
  - Work effectively with culturally diverse clients – DEV 1214

☐ Demonstrated safe scalpel blade loading technique.

☐ Demonstrated a correct way of managing and disposing of sharp instruments.