Foreword

In line with the professional requirements of the Nursing and Midwifery Council Code: Standards of conduct, performance and ethics for nurses and midwives practitioners must be qualified and competent, through education, training and experience, to perform the tasks required to meet the needs of their patients within a designated environment.

The Lindsay Leg Club Model® is a radical innovation delivering care for patients with lower limb conditions within a social environment rather than through traditional channels such as clinics or home visits. Delivering care in a novel environment does not however, require the practitioner to be any less qualified or competent than would be expected in an NHS facility.

This workbook outlines the standards and associated competencies expected of all practitioners working within the Lindsay Leg Club model® and should be used in conjunction with other training materials provided by the Leg Club Foundation to Leg Club staff.

By making these standards available to staff, the Lindsay Leg Club Foundation seeks to make our expectations for practice visible and open to debate and discussion. This is intended to be a working document which will be reviewed regularly and refined in accordance with both current clinical practice and the requirements of the Leg Club staff and members.

Ellie Lindsay, President, Dr Michael Clark PhD, Chief Executive
August 2010.

Introduction

Welcome to your Leg Club workbook. This workbook outlines the standards of practice you will be required to achieve in order to meet the requirements of the Leg Club Foundation for the delivery of all aspects of lower limb care within your Leg Club® setting.

Your existing knowledge and skills will be developed and refined as you work through these standards. In addition, there is a wealth of educational available to you at you Leg Club and the Leg Club Learning Zone. The latter is a dedicated educational resource on the Lindsay Leg Club website (http://www.legclub.org/index.shtml). Opens with a PowerPoint presentation outlining the purpose of the education programme, which we recommend you watch before you start working through this booklet.

Your facilitator will help you access this material and work with you to identify other learning needs you may have. Your facilitator will assess your competence, or you can self assess if you would prefer:

Your facilitator is

Delivering lower limb care within a social rather than a 'clinical' environment is new to most practitioners, and is likely to raise many questions. Please turn to Appendix I to see how the Leg Club® model fits into both a clinical and social context.
How to use this workbook

This workbook is divided into sections, each outlining:

- The standard for each topic
- Educational material available pertaining to that topic
- Competencies required to meet the standard

The competency checklist (appendix II) can help you track your progress through the workbook.

Each standard relates to an aspect of the Leg Club model of care delivery. Practitioners will have to demonstrate that they can:

1. Understand and discuss the Lindsay Leg Club model
2. Describe the anatomy and physiology of the skin and the arterial and venous system
3. Explain the theory of moist wound healing and wound bed preparation
4. Explain the relationship between underlying pathology and leg ulceration
5. Examine an individual’s limb and perform a holistic assessment of an individual with leg ulceration
6. Critically appraise the range of treatments and justify the selection of different therapies for individuals with leg ulceration
7. Evaluate the psycho-social impact of leg ulceration on the individual
STANDARD 1 – Understand and discuss the Lindsay Leg Club model

Educational material
1. Read the information for healthcare professionals on the Lindsay Leg Club website which includes, Identifying a need, the Leg Club approach, Aims & Objectives and patient benefits at: http://www.legclub.org/index.shtml

2. Read the following articles:


Demonstrating competence
- Explain the rationale for setting up and running a Leg Club
- Explain the advantages of this type of care delivery
- Produce and demonstrate knowledge of all Leg Club guidelines
- Accurately complete Leg Club audit documentation
- Explain the Leg Club clinical pathways for referrals to other disciplines

STANDARD 2 - Describe the anatomy and physiology of the skin and the arterial and venous system

Educational material
1. View the PowerPoint presentation on the Leg Club Learning Zone: module 1. ‘The skin: understanding its structure and function’.

   Complete the test at the end of the module.

Demonstrating competence
- Discuss the differences between the epidermis and the dermis in relation to the anatomy and functions of the skin
STANDARD 3 - Explain the theory of moist wound healing and wound bed preparation

Educational material

1. View the power point presentation on the Leg Club Learning Zone: - module 2. ‘The wound healing process’
2. Read the European Wound Management Association documents:
   ‘Wound bed preparation’
   ‘Hard to heal wounds’

Demonstrating competence

- Complete the quiz at the end of module 2
- Be able to explain to a Leg Club member how ulcers heal

STANDARD 4 - Explain the relationship between the underlying pathology and leg ulceration

Educational material

1. View the PowerPoint presentations:
   ‘The causes of lower limb disease and leg ulceration’
   ‘Leg ulcer assessment and epidemiology’

Demonstrating competence

- Explain the normal action of the venous system and the effects of venous hypertension
- Describe the physiological difference between ulcers of venous, arterial & mixed aetiology causation

STANDARD 5 - Examine the individual’s limb and perform a holistic assessment of an individual with leg ulceration

Educational material

1. View the PowerPoint presentation: ‘Leg ulcer assessment’
2. Watch the video: ‘How to complete a Doppler ultrasound examination’
3. Read the article: ‘Diagnosis of vascular insufficiency in managing leg ulcers’
Demonstrating competence

- Perform three assessments of individuals with leg ulcers. These are to include:
  - A full history to identify possibly causation
    - An assessment of physiological, social and psychological variables
    - Identifying pre-existing disease
    - The history and duration of the ulcer
    - Pain assessment and current medication
    - A discussion about the impact of the ulcer on the member’s life

- A minimum of 3 Doppler assessments and Ankle Brachial Pressure Index in accordance with local guidelines
  - Identify anterior and posterior tibial pulses
  - Measure ankle and brachial systolic pressures
  - Differentiate between monophasic, biphasic or triphasic signals
  - Use software to interpret wave forms (if available)
  - Record findings on Leg Club documentation

- Assess a minimum of 3 leg wounds and skin including
  - Condition of the wound
  - Stage of wound healing
  - Presence of infection
  - Peri-wound skin
  - Recording on Leg Club documentation

STANDARD 6 - Critically appraise the range of treatments and justify the selection of different therapies for individuals with leg ulceration

Educational material

1. View the PowerPoint presentations;
   - ‘Leg ulcer treatment’
   - ‘Essential skin care’

2. Read the World Union of Wound Healing Society Consensus documents:
   - ‘Compression in venous leg ulcers’
     http://www.wuwhs.org/datas/2_1/9/Compression_VLU_English_WEB.pdf
   - ‘Minimising pain at wound dressing related procedures’
     http://www.wuwhs.org/datas/2_1/2/A_consensus_document_-_Minimising_pain_at_wound_dressing_related_procedures.pdf
   - ‘Infection in clinical practice’

3. Watch compression therapy application videos:
   http://www.activahealthcare.co.uk/resources.php?q=Videos

4. Read the Wounds UK product directory:
   http://www.woundproducts.co.uk/welcome.asp
5. Listen to the 5 minute podcast in which Kathryn Vowden, Peter Vowden and Stuart Enoch discuss safe bandaging, ABPI assessment and malignancy in leg ulcers. 

**Demonstrating competence**

- Formulate a treatment plan for a member with leg ulcers:
  
  *Make a nursing diagnosis and formulate a minimum of 3 treatment plans in line with current local and national protocols and policies to include*
  
  - Documenting rationale
  - Treatment of varicose eczema and associated skin conditions
  - Management of complex ulcers with mixed aetiology
  - Cleansing and skin care methods
  - Selecting wound dressing
  - Limb shaping and protection
  - Compression therapy
  - The need for further investigations or referral to other members of the multi-disciplinary team
  - Follow up and aftercare plan

- Treat a minimum of three leg ulcers, care plan to include:
  
  - Discussion of various treatment options with Leg Club member
  - Cleansing of the ulcer and drying of the peri-ulcer skin
  - Application of emollients and steroids
  - Application of wound dressings and limb padding
  - Application of multi-component, elastic and inelastic compression systems
  - Measuring for, selecting and applying compression hosiery
  - Recording treatment

- Advise members and their carers on health promotion in the treatment of leg ulcers to include:
  
  - The level and language of understanding
  - Ongoing care of dressings and bandages
  - Application of topical treatments
  - Footwear
  - Washing the limb
  - When and where to seek further help
  - The frequency of future assessments, including Doppler examination of the RAPBI.
  - Walking and exercise
  - A balanced diet
  - Smoking cessation

**STANDARD 7 - Evaluate the psycho-social impact of leg ulceration on the individual**

**Educational material**

1. Read the following articles:


2. Read the patient foundation report at:
http://www.patientsassociation.org.uk/DBIMGS/file/Patients%20not%20numbers,%20people%20not%20statistics.pdf

3. Read leg ulcer leaflets giving advice for patients at:
http://www.patient.co.uk/health/Venous-Leg-Ulcers.htm
http://www.cks.nhs.uk/patient_information_leaflet/leg_ulcer_venous

4. Read the consensus document on communicating with and empowering patients at:
http://www.molnlycke.com/Global/Wound_Care_Products/UK/Wound%20Academy
communicating%20with%20and%20empowering%20patients.pdf

Demonstrating competence

- Assemble three Leg Club member accounts that demonstrate your ability to understand the issues that surround having a leg ulcer

Conclusion

Well done! You have now completed your competency work book. This will provide evidence to support your clinical practice. It is recommended that you revisit these competencies regularly to ensure your knowledge and skills remain as up to date as possible.

Please use the competency checklist (Appendix 2) to demonstrate you have achieved all the progress through the workbook.

We hope you have found this process an educational and rewarding one. If you have time it would be good to hear your views regarding this booklet and the process you have gone through to achieve competence, so please send us your comments and feedback via: http://www.legclub.org/contact.php

We value your time and effort to achieve competence and would like to thank you for your commitment to the Leg Club Model.

Acknowledgments

The competency booklet and supporting Leg Club Learning Zone was developed with considerable input from Dr Hildegard Charles, Trudie Young, Deborah Glover, Angela Steen and Clare Morris. Much of the specific competency statements were derived from work undertaken by the All Wales Tissue Viability Nurse Forum and we are grateful for their willingness to share competency information and statements with us. The content of the Leg Club Learning Zone would not be possible without the support of the Leg Club Industry Partners and in particular Julie Carr, Elaine Gibson and Claire Stephens.
Appendix I

Clinical Practice within a Social Environment

Clinical practice is referred to as an aspect of care which is undertaken by Registered Nurses who accept accountability for their actions and are confident and competent to provide the required care. The practitioner working within the Leg Club will require the knowledge to initiate an assessment, formulate a diagnosis and implement from a range of care interventions for patients presenting with undifferentiated and undiagnosed problems relating to the lower limb. Practitioners should also be able to evaluate the effectiveness of their interventions while at all times working in accordance to their Primary Care Organisation’s (PCO) protocols and procedures.

In parts of the UK, Doppler ultrasound examination of the resting ankle brachial pressure index (RABPI) and compression therapy application may be considered as an extended scope of practice within your organisation. In the Leg Club environment, Doppler ultrasound examination and compression therapy application should be undertaken by a competent practitioner with the approval of the relevant PCO. Nurses are legally responsible and accountable for every nursing action undertaken or omitted, and must practice in accordance with current standards of care. They must have acquired the relevant theory and practice and acknowledge any limitations of their professional competence. Ultimately it is the responsibility and accountability of each Leg Club practitioner and PCO to ensure that staff practicing in the Leg Club environment should only carry out practice for which they are competent.

Professional accountability and liability is held by the individual nurse for their actions, not by the Lindsay Leg Club Foundation.

The Leg Club Model in context

For several years successive governments in the UK have talked about providing greater empowerment for people to improve their health through moving from a professional led service to a patient led Health Service. Currently in 2010 the early discussion of the so-called ‘Big Society’ which will hopefully create a climate that empowers local people and communities, building a big society that will ‘take power away from politicians and give it to people’ (http://www.number10.gov.uk/news/topstorynews/2010/05/big-society-50248). The Leg Club model fits exactly into the vision of the ‘Big Society’ where Leg Club members and volunteers determine where and when care is available working in conjunction with Health Care Professionals to deliver a high-quality patient-led service.

All Lindsay Leg Clubs work to a set of prescribed procedures, standards and use a comprehensive system of documentation and consistent educational resources. In order to ensure that these standards are achieved and maintained, a system for clinical audit has been developed and is performed within all Leg Clubs.

As the umbrella organisation for the Lindsay Leg Clubs, the Lindsay Leg Club Foundation provides guidance, support and training at all stages of setting up and running a Leg Club. There are documents setting out important considerations such as Health and Safety within Leg Clubs and Infection Prevention guidance. Although the Lindsay Leg Club Foundation has its own documentation, guidelines, and referral pathways, each Leg Club team must ensure that local PCO protocols and procedures are followed. Leg Club staff should always liaise with their tissue viability nurse specialist, infection control specialist and clinical governance coordinator to make sure that each local Leg Club operates in such a way to allow it to be fully supported by the Primary Care Organisation, a factor critical to the success of any innovation.
## Appendix II.

### Competency checklist for Lindsay Leg Club practitioners

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Assessment Criteria</th>
<th>Method*</th>
<th>Assessor/ self assessed</th>
<th>Evidence</th>
<th>Date</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Discuss the Lindsay Leg Club model</td>
<td>Explain the rationale for setting up and running a Leg Club</td>
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<td></td>
<td>Explain the advantages of this type of care delivery</td>
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<td></td>
<td>Produce and demonstrate knowledge of all Leg Club guidelines</td>
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<td>Accurately complete Leg Club audit documentation</td>
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<td></td>
<td>Explain the leg club clinical pathways for referrals to other disciplines</td>
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<td>Describe the anatomy and physiology of the skin. Describe the arterial and venous systems</td>
<td>Discuss the differences between the epidermis and the dermis in relation to the anatomy and functions of the skin</td>
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<td>Explain the theory of moist wound healing and wound bed preparation</td>
<td>Be able to explain to a Leg Club member how ulcers heal</td>
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<td>Explain the relationship between the underlying pathology and leg ulceration</td>
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<td>Describing the physiological difference between ulcers of venous, arterial &amp; mixed aetiology causation</td>
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<td>Examine the individual’s limb and perform a holistic assessment of an individual with leg ulceration</td>
<td>Perform 3 assessments of individuals with Leg Ulcers</td>
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<td>Critically appraise the range of treatments and justify the selection of different therapies for individuals with leg ulceration</td>
<td>Formulate a care plan for a member with leg ulcers</td>
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<td>Demonstrate how to treat a minimum of 3 Leg Ulcers following the care plan</td>
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<td>Advise members and their carers on health promotion in the treatment of leg ulcers</td>
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<td>Evaluate the psycho-social impact of leg ulceration on the individual</td>
<td>Assemble three Leg Club member accounts that demonstrate your ability to understand the issues that surround having a leg ulcer</td>
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*Method may include questionnaire, question and answer and other forms of enquiry