

AWMA MODULE ACCREDITATION

Module Three: Assessment and Management of Lower Leg Ulceration

Introduction - The Australian Wound Management Association Education & Professional Development Sub Committee-(AWMA EPDSC) has developed the minimum components that are required in a set of basic Professional Development modules for skin integrity maintenance and wound management. In addition an aligned framework for competency assessment for each of these modules co exists.

The Committee sought assistance through the European Wound Management Association (EWMA-2004) who had developed a core set of educational requirements for specific modules. In Collaboration with EWMA the AWMA module and competency assessment content documents were produced.

There is provision for some information to be excluded but those seeking endorsement for particular training modules must be able to explain why the content is not being taught (See Table 1).

Code	* Reasons why content not included in course
1	Learners have prior knowledge
2	Content considered irrelevant
3	Lack of time to deliver this content
4	Lack of expertise to deliver this content
5	Other reasons (please specify below)

Table 1

The time taken to deliver the content within each module is up to the presenter/organisation. AWMA is providing a guide only. The content suggestion could in some instances just have one slide on epidemiology and 20 slides on infection –the actual structure of the session/ presentation is up to the presenter/organisation. AWMA has however provided some suggestions as to what could be expected if all the content was covered.

These expectations are listed under the headings –Intellectual knowledge and understanding, and Practical skills and attributes. At this present time AWMA does not endorse education programs.

The module content checklist is a guide only. They are available to ensure presenters/organisations and those advertising courses understand what would be a minimum educational content for basic skin integrity and wound education programs. Likewise with the advanced programs – High Risk Foot; Oncology and Palliative Wounds and Conservative Sharp Wound Debridement.

Health professionals undertaking this module must have completed Module One: Introduction to Wound Management

The AWMA Standards for Wound Management underpin all modules and will be referred to in abbreviated form e.g. Standard 2 (S-2).

Intended learning outcomes of Module Three:

Completion of an AWMA accredited 'Assessment and Management of Lower Leg Ulcers' module provides opportunities for health professionals to develop and demonstrate knowledge, understanding, skills and other attributes in the following areas using evidence based practice:

Intellectual knowledge and understanding of:

1. The epidemiology of a range of different Lower leg ulcers and its impact on health service provision.
2. The pathophysiology of lower leg ulceration.
3. The anatomy and physiology of the vascular and lymphatic systems in the lower leg.
4. The comprehensive assessment of the individual at risk and the individual with a lower leg ulcer, to establish aetiology.
5. The range of evidence based management for lower leg ulcers and associated skin changes including: wound management, pain management, skin care, compression bandages/hosiery/intermittent and preventative interventions including surgery.
6. The Interprofessional approach for the assessment and management of individuals 'at risk' and with lower leg ulcers.
7. Service provider lower leg ulcer/prevention program services.

Practical skills and attributes to:

1. Appropriately assess and document the individual at risk, identifying the actual or potential factors that increase risk of lower leg ulceration.
2. Accurately assess the lower leg ulcer and peri-wound skin.
3. Effectively monitor and evaluate management outcomes in a timely manner.
4. Make best available evidence based management decisions, for optimizing outcomes for the individual, their lower leg ulcer and healing environment.
5. Safely and effectively apply compression bandages and hosiery where clinically indicated.
6. Initiate further investigations and identify when to seek further interprofessional collaboration.
7. Identify and assess the physiological and psychosocial impact that wounding (lower leg ulceration has on the individual).

MODULE CONTENT CHECKLIST

Indicate inclusion of educational content by placing a tick in column A

Where applicable: reasons for content not included in a course insert a code (1-5) in column C

Code	Reasons why content not included in course
1	Learners have prior knowledge
2	Content considered irrelevant
3	Lack of time to deliver this content
4	Lack of expertise to deliver this content
5	Other reasons (please specify below)

Note more than one code can be used.

Inclusion (A)	Educational Content (B)	Reasons why content not included (Insert code 1-5)* (C)
1.0	Overview and Epidemiology * Core module one plus:	
1.1	<ul style="list-style-type: none"> ▪ Prevalence and incidence of lower leg ulcers and associated conditions 	
1.2	<ul style="list-style-type: none"> ▪ Causes of leg ulceration e.g. venous, arterial, mixed, cellulites, vasculitis, & neoplasm 	
1.3	<ul style="list-style-type: none"> ▪ The prevalence and incidence of acute and chronic wounds 	
1.4	<ul style="list-style-type: none"> ▪ Types of data will be relevant to the setting e.g. aged care may be skin tear and pressure injury figures; acute care may be burns, traumatic wounds and surgical sites 	

2.0	Anatomy and Pathophysiology * Core module one plus:	
2.1	<ul style="list-style-type: none"> ▪ Vascular – macro-circulation, Deep Vein Thrombosis (DVT), valve incompetence, microcirculation, atherosclerosis, vasculitis 	
2.2	<ul style="list-style-type: none"> ▪ Venous hypertension / insufficiency, lipodermatosclerosis, atrophie blanche 	
3.0	Comprehensive Individual Assessment *Core module one plus:	
3.1	<ul style="list-style-type: none"> ▪ Vascular assessment: <ul style="list-style-type: none"> • Palpation lower limb pulses • Ankle/brachial pressure index (ABPI) for vascular status of lower limb • Duplex ultrasound for venous and arterial disease • Photoplethysmography for venous disease • Transcutaneous oxygen for local tissue perfusion¹ • Angiography for arterial disease.ankle brachial pressure index 	
4.0	Individual ‘at risk’, and existing lower leg ulcer assessment	
4.1	<ul style="list-style-type: none"> ▪ Identification and management of risk factors/indicators for likelihood of development of leg ulcers: DVT, phlebitis, oedema, eczema, smoking, lipodermatosclerosis, hypertension, Peripheral Vascular Disease etc 	
4.2	<ul style="list-style-type: none"> ▪ Protection from injury: e.g. protective devices/ clothing 	
4.3	<ul style="list-style-type: none"> ▪ Management of venous disease- compression bandaging/ hosiery, intermittent compression, encouragement of mobility, reduction of oedema 	
4.4	<ul style="list-style-type: none"> ▪ Management of arterial/mixed disease- modified compression, skin care and surgery 	

5.0	Prevention of Lower Leg Ulcers and Risk Factor Management	
5.1	<ul style="list-style-type: none"> Identifying and Controlling factors that contribute to lower leg ulcers e.g. Odema, VTE, foot hygiene 	
6.0	Lower Leg Ulcer Management * Core module one plus:	
6.1	<ul style="list-style-type: none"> Surgical techniques in arterial/venous disease 	
7.0	Psychosocial Aspects of Care *Core module one	
8.0	Rehabilitation Services * Core module one plus	
8.1	<ul style="list-style-type: none"> Structure and Management- care at home, outpatient clinics, outreach services 	
8.2	<ul style="list-style-type: none"> Integrated community and secondary care teams 	
8.3	<ul style="list-style-type: none"> Inter-disciplinary, multi-professional team approach, patient involvement in care 	

Based on:

1. Australian Wound Management Association, Standards For Wound Management, 2nd edition. West Leederville WA, Cambridge Publishing, 2010.
2. Australian and New Zealand Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers, 2011.