

Clinical Task Instruction

DELEGATED TASK

D-FC02: Foot care advice

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- provide standard education/information including resources for foot care advice
- provide client-specific education/information, as defined by the health professional in the delegation instruction.

VERSION CONTROL

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Acknowledgements:	Darling Downs and Wide Bay Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop
- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Assist with basic foot hygiene

Access to the modules is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Note: the local service model may require this task be provided concurrently with CTI D-FC01 Foot screening including pedal pulses and monofilament testing and CTI D-FC03 Low risk foot care. If this is the case, training in these CTIs is required.

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- basic foot anatomy to the extent required to undertake this CTI and augment foot care advice
- common foot and nail conditions including signs and symptoms of infection, and indications to seek further advice and management
- the rationale for providing foot care advice including risk factors that contribute to poor foot health such as poor circulation, poor sensation, ulceration and infection
- the key characteristics and differences between 'low risk', 'at risk', and 'high risk' feet
- signs of poor footwear selection that may cause or exacerbate foot problems
- the components of a daily foot care program including hygiene and observation
- the local resources used to provide foot care advice e.g. client handouts and posters.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above)
- reviewing of the Learning Resource
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- If telehealth supported delegation practice and client consultation is part of the local service model, competent use of telehealth equipment.

Safety & quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - If the client is observed or complains of a difference in temperature between the feet, swelling, pain or soreness, cease the task and liaise with the delegating health professional.
 - If the client presents with a new wound/s and/or ulcer/s, confirm that there is a management plan in place. If not, implement local workplace processes and instructions for wound/ulcer management and liaise with the delegating health professional.
 - When providing education, if the client demonstrates signs of poor cognition including short term memory loss, confusion, perceptual problems or poor attention, cease the task. If the client has a carer present, educate the carer. If there is no carer available, cease the task and liaise with the delegating health professional.
 - Clients requesting information beyond that available in the standard education resource and this CTI should be referred to the relevant health professional for follow-up. AHAs must not attempt to provide information that sits outside their scope of clinical knowledge and training. Offering information based on personal opinion or experience is not appropriate in a clinical setting.

Equipment, aids and appliances

- Nil

Environment

- Ensure the environment is managed appropriately for effective communication e.g. minimising distractions, closing the door or curtain for privacy, having the client wear their reading glasses and/or hearing aids.

Performance of Clinical Task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - the client resource/handout or poster for use.
 - specific information to be adjusted, emphasised or discussed during the education session. Refer to Table 1 in the Learning Resource.
 - factors impacting the delivery of information such as hearing or sight problems, English as a second language or neurological problems impacting communication.

Note: the delegation instruction for this task may be provided concurrently with D-FC01 and D-FC03. If this is the case, the AHA must have been trained and assessed as competent in the relevant CTIs.

2. Preparation

- Collect or print the required client education resources.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client
- The AHA checks three forms of client identification: full name, date of birth, *plus one* of the following: hospital UR number, Medicare number, or address
- The AHA describes the task to the client. For example:
 - “The podiatrist has asked me to provide you with some information on basic foot care. This information is useful to help reduce the risk of developing problems with your feet.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client’s position during the task should be:
 - in a position where they can read printed resources (where relevant) and converse with the AHA. Ideally the client should be comfortably seated in a chair or sitting up in bed.
- The AHA’s position during the task should be:
 - in a position where they can read the information resource and converse with the client. Ideally the AHA should be facing the client and at eye level. Positioning such that the client can clearly see the AHA is particularly important for clients with hearing or other communication problems.

5. Task procedure

- The task comprises the following steps:
 1. If possible, move to a quiet area or close curtains/door to limit distractions
 2. Provide the information/education resource to the client
 3. Present information/education e.g. a summary of the resource including any variants to the standard information requested by the delegating health practitioner.
 4. Discuss any particular strategies on the information brochure that have been highlighted by the delegating health professional.
- During the task:
 - check that the client understands the information provided by asking if he/she has any questions and by gauging whether the client appears confused or concerned about the information.
 - note any questions that the client has that are not covered by the printed resource or by the AHA’s training and indicate to the client that these questions will be provided to the relevant health professional for follow-up.

- monitor for adverse reactions and implement appropriate mitigation strategies as outlined in “Safety and quality” section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
 - topic of the education/information or title of the written resource provided.

7. Report to delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task. Include any questions the client raised that could not be addressed, observation of client understanding, and any feedback on the information provided by the client that may be relevant to the care plan.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition)
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: Performance Criteria Checklist

D-FC02: Foot care advice

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting appropriate resource/s for the task.			
Introduces self to the client and checks client identification.			
Describes purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Provides client with information/education resource/s. b) Provides information/education, and if requested by the delegating practitioner, highlights key points or strategies. c) During the task, maintains a safe clinical environment and manages risks appropriately. d) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			
Resources for use that the AHA has been trained and assessed as competent to deliver:			
<input type="checkbox"/> Diabetes Australia (2015). Foot care. <input type="checkbox"/> Diabetes Australia (2003). Healthy Feet Are Happy Feet: A guide for the high risk diabetic foot <input type="checkbox"/> National Evidence-Based Guideline on Prevention, Identification and Management of Foot Complications in Diabetes (Part of the Guidelines on management of type 2 Diabetes) 2011 <input type="checkbox"/> Care 4 Feet: Toe the line for healthy feet <input type="checkbox"/> The high risk foot: patient information leaflet. How to keep your feet. <input type="checkbox"/> Other _____			

Comments:

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Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved:	/	/
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Scheduled review

Review date	/	/
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Foot care advice: Learning Resource

Required reading

The AHA must understand and be confident explaining the content in the local education/information resources. These resources may include:

- Diabetes Australia (2015). Foot care. Available at:
<https://www.diabetesaustralia.com.au/foot-care>
- Diabetes Australia (2003). Healthy Feet Are Happy Feet: A guide for the high risk diabetic foot
- National Evidence-Based Guideline on Prevention, Identification and Management of Foot Complications in Diabetes (Part of the Guidelines on management of type 2 Diabetes) 2011. Melbourne Australia. Available at:
https://www.baker.edu.au/Assets/Files/Foot_FullGuideline_23062011.pdf
- Care 4 Feet (An initiative of Limbs 4 Life) 2013. Toe the line for healthy feet. Available at:
<http://www.care4feet.org.au/>
- Queensland Government (2015). The High Risk Foot: patient information leaflet. How to keep your feet (P0941 v1.0 17032015). Available at:
<http://qheps.health.qld.gov.au/cqld/publications/docs/high-risk-foot-brochure.pdf>

Example local resources:

- Queensland Government (2015). Metro South Health: Princess Alexandra Hospital Nephrology Department: Kidney disease and looking after your feet. Available at:
<http://paweb.sth.health.qld.gov.au/sqrm/qiu/brochures-posters/documents/neph-look-after-feet.pdf>

Daily foot care regime

A daily foot care regime is designed to identify early signs of trauma and commence management.

The AHA must understand and be confident explaining the content in the local education/information resources. These resources may include:

- Institute for Preventative Foot Health®. IPFH.org (2016). How to practice good foot hygiene. Available at:
<https://www.ipfh.org/foot-care-essentials/how-to-practice-good-foot-hygiene>
- Pharmacy Times (2013). Diabetic foot care: The Importance of Routine Care. Table 3: Recommendations for Daily Diabetic Foot Care. Available at:
<http://www.pharmacytimes.com/publications/issue/2013/october2013/diabetic-foot-care-the-importance-of-routine-care>

Planning foot care advice

Prior to delivering the delegation instruction the podiatrist will consider findings from previous foot screening assessments which may indicate a need to emphasise specific aspects of the standard foot care advice information. These considerations are outlined in Table 1 below:

Table 1 Key considerations when providing foot care advice and area for emphasis

Key Consideration	Emphasis
Absent sensation confirmed by monofilament testing	Importance of: <ul style="list-style-type: none"> • checking feet daily for any skin changes • wearing of protective footwear • feeling inside of shoes before wearing to ensure the shoe is free of irritants e.g. pebbles, torn linings and other foreign items
History of foot ulceration and/or infection (increased risk of re-ulceration and/or re-infection)	<ul style="list-style-type: none"> • Good first aid practices • Keeping wounds clean and covered and seeking medical advice for any new wounds
Identified foot or digital deformities (increased risk of footwear irritations)	<ul style="list-style-type: none"> • Choosing suitable shoes to accommodate the foot shape (extra depth and/or width), ensuring that they are the correct shoes for the activity
Absent pedal pulses	<ul style="list-style-type: none"> • Benefits of exercise to increase blood flow to the feet and legs (implemented in consultation with the medical officer/other health professional advice if the client is demonstrating a significant change to exercise regimen) • Avoidance of tight bandaging, adhesive tapes and socks with elastic garters that may further restrict blood flow and damage frail skin