Module Specification

Module Summary Information

1	**Module Title**	Foot care complexities and treatments in diabetes and peripheral vascular disease
2	**Module Credits**	10
3	**Module Level**	7
4	**Module Code**	LBR7661
5	**Semester Taught**	1,2 or 3

6	**Module Overview**

This module will provide students with advancing strategies in foot care complexities and treatments in both diabetes and peripheral vascular disease (PVD) that can affect the lower limb, this encompasses both arterial, venous and lymphatic diseases. There will be a strong focus on relevance to practice, clinical management, practice planning and person-centred care approaches. It will blend theoretical advances with the challenges of up-to-date assessment, diagnosis and treatment approaches. Applying a strong focus on education, national guidelines and treatment challenges throughout the module.

Students will explore and recognise the potential for practice-led contemporary foot care strategies in PVD. Supporting students to extend and enhance their employability and career progression. Through identification of ways in which they can develop their services by utilising modern technology and diagnostics to innovate new models of interdisciplinary practice and interventions.

The module is designed for all clinicians with experience in the care and management of the patient with foot problems associated with PVD and/or diabetes and students will critically explore and analyse existing and developing theories and concepts that underpin the diagnosis and assessment of PVD, thus facilitating both professional and personal growth.

The module will build upon previous educational and clinical experience and will support students in life-long learning by facilitating the implementation of current theory into practice which will provide the scope required for those wishing to progress to specialist posts.

It will enable students working in various aspects of foot care practice to develop their knowledge and analytical skills through interactive online learning opportunities, and to critically examine practices within the context of the current legislative and professional frameworks of their own country and profession.

The course is delivered online with access to a wide range of resources including taught presentations, interactive webinars, videos and URL links. Students will be encouraged to share practical experiences in small group work, as well as engaging in both directed and self-directed learning activities. They will be encouraged to be an active partner in their own learning and development and will receive regular feedback and feedforward aimed at developing their academic skills in consultation with the module teaching team.

7	**Indicative Content**

- Foot assessment
- Patient history taking
- Neurological and vascular assessment; including non-invasive (outpatient) imaging; including principles and indications of handheld doppler assessment, indications for duplex ultrasound scanning, toe and ankle, brachial pressure indices, $TCPO_2$

- Foot ulceration; including wound assessment and treatment
- Foot infection; including tissue sampling and antibiotic stewardship
- The Charcot Foot
- Offloading and footwear
- Advancing techniques; including casting and offloading
- Surgical interventions; including debridement and amputation
- Service development

8	**Module Learning Outcomes** **On successful completion of the module, students will be able to:**	
	1	Critically apply and synthesise knowledge and awareness of key attributes of evidence and emerging research and technology to develop the assessment and treatment of foot care complexities in people at risk of PVD and /or diabetes.
	2	Building on existing knowledge and clinical skills development, critically reflect on competencies and innovations in the complexities and treatment of foot disease in people with diabetes and/or PVD.
	3	Provide a critical analysis of practice in order to develop and deliver safe, effective and efficient individualised, age-appropriate management of foot complications in diabetes and/or PVD.
	4	Discriminate collaboration and enhancement of inter-professional relationships through multi-disciplinary working in all areas of the assessment and management of foot care complexities in diabetes and/or PVD.

9	**Module Assessment**		
Learning Outcome Number (from table 8)	**Coursework**	**Exam**	**In-Person**
1 and 3	Assignment (50%)		
2 and 4			Presentation (50%)

10	**Breakdown Learning and Teaching Activities**	
Learning Activities	**Hours**	**Details of Duration, Frequency and other comments**
Scheduled Learning (SL) includes lectures, practical classes and workshops as specified in timetable	10	4x 1 hour live or pre-recorded remote lectures 3x1 hour group tutorials/ workshops 3x 1 hour live webinars

Directed Learning (DL) includes placements, work-based learning, peer group learning external visits, on-line activity, Graduate+, peer learning, as directed on VLE	40	Moodle activities, practice-based learning, case histories, discussion groups, reading, literature searching, critique of articles, presentations
Private Study (PS) includes preparation for exams	50	Reading, 1:1 tutorials, preparation for assessments, student group activity, project progression activities
Total Study Hours:	100	

11	Key Texts and Online Learning Resources

You will be introduced to the Virtual Learning Environment (VLE) and be expected to engage with materials throughout this online module. The module has a reading list online. This which will be a comprehensive and continually updated resource of a variety of sources of literature and information that will support learning and achievement of learning outcomes. You may also have access to your workplace library and resources.

Below is a sample that will support your learning:

Books:

Boulton, A. J. M. et al. (2020) *The foot in diabetes*. 5th ed / edited by Andrew J.M. Boulton, Peter R. Cavanagh, Gerry Rayman. Chichester: Wiley.

Earls, J. (2021) Understanding the Human Foot: An Illustrated Guide to Form and Function for Practitioners. New York: North Atlantic Books.

Edmonds, M. E. & Sumpio, B. E. (2019) Limb Salvage of the Diabetic Foot: An Interdisciplinary Approach. Cham: Springer International Publishing AG.

Frykberg, R. G. (2022) The Diabetic Charcot Foot: Principles and Management. Towson, USA: Data Trace Publishing Company.

Herscovici, D. (2016) The surgical management of the diabetic foot and ankle. Dolfi Herscovici (ed.). Cham, Switzerland: Springer.

Pendsey, S. et al. (2014) Contemporary management of the diabetic foot. First edition. Sharad Pendsey (ed.). New Delhi, India: Jaypee Brothers Medical Publishers P Ltd.

Shearman, C. P. & Jeffcoate, W. (2015) Management of Diabetic Foot Complications. London: Springer London, Limited.

Journals:

- European Journal of Vascular and Endovascular Surgery
- Journal of Vascular Surgery
- The Diabetic Foot Journal

for students wishing to deepen their study beyond the basic requirements.

Edmonds ME, Phillips A, Grumitt J, Odiase C, Holmes P, Halloum H, Beckwith A, Doherty Y, (2020) iDEAL Group Position Statement ACT NOW! *Diabetes and Foot Care Assessment and Referral* (www.idealdiabetes.com)

Edmonds M, Phillips A, Holmes P, Odiase C, Robbie J, Grumitt J, Halloum H (2020) To halve the number of major amputations in people living with diabetes, "ACTNOW". *Diabetes & Primary Care* 22: No 6. 1-5

Hurst J, Gibson L, Barn R, Wylie D, Kennon B, Bus S, Woodburn J. (2019) Data linkage and geospatial mapping exposes inequalities in outcomes for diabetic foot disease. *Glasgow Diabetic Foot Study Group of the EASD, 15th Scientific Meeting.* Accessed: 20 November 2019 https://dfsg.org/fileadmin/user_upload/DFSG/DFSG_2018_programme_book_final_compressed.pdf

Kerr M. (2017) "Diabetic Foot Care in England: An Economic Study". *Insight Health Economics*, January 2017.

Paisey RB, Abbott A, Levenson R et al. (2018) Diabetes-related major lower limb amputation incidence is strongly related to diabetic foot service provision and improves with enhancement of services: peer review of the South-West of England. *Diabet Med*. 35(1):53-62