

Pressure ulcer core curriculum

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We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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Summary

The national Stop the Pressure programme has designed a core curriculum to guide education for nurses and other healthcare professionals on preventing pressure ulcers.

Pressure ulcers remain a challenge for the patients who develop them, and the healthcare professionals involved in their prevention and management. Data from the NHS Safety Thermometer (2018) suggests that despite extensive programmes of prevention, the annual incidence is still 0.9% (April 2017 to March 2018) in England.

Analysis of why patients develop pressure ulcers in healthcare settings suggests lack of education for staff is a key factor (Greenwood and McGinnis 2016). However, there is no current curriculum standard for pressure ulcer education for nurses or other healthcare professionals. Recent data (Schofield 2018) suggests there is inconsistency in the frequency and length of time organisations spend on pressure ulcer prevention education.

Therefore, the national Stop the Pressure programme has designed a core curriculum to guide education for nurses and other healthcare professionals.

The content was developed by an education working party with a broad range of clinical and academic experience (see Appendix 1).

The curriculum has been designed in such a way that is to be useful to a range of education providers and to the learner. It consists of three main sections:

1. a framework for use in academic settings containing aims, learning outcomes, theory and skills components
2. a framework for clinical staff delivering education in their clinical setting; this version has content headings on three levels – fundamental, intermediate and advanced

3. a framework for individual learning to guide practitioners on how to make the best of the content through reflective practice and how to capture what they have learned to support their revalidation.

Another section recommends resources to support the content, and for the learner to support knowledge and understanding. The resources are all used and well-evaluated in clinical practice, and have been generously shared by the teams that developed them. If you use these resources in practice, please acknowledge the original source of the material.

1. Introduction

Pressure ulcers (PUs) remain a challenge for the patients who develop them, and the healthcare professionals involved in their prevention and management. Data from the NHS Safety Thermometer (2018) suggests that despite extensive programmes of prevention the annual incidence is still 0.9% (April 2017 to March 2018) in England. This is based on 2,099,216 patients, of whom 18,789 were reported as developing pressure ulcers during the year. The data does not include patients who had existing pressure damage.

Analysis of why patients develop pressure ulcers in healthcare settings regularly suggests lack of education for staff is a key factor (Greenwood and McGinnis 2016). However, there is no current curriculum standard for pressure ulcer education for nurses or other healthcare professionals.

Recent data (Schofield 2017) suggests there is inconsistency in the frequency and length of time organisations spend on focused pressure ulcer prevention education (see Table 1), with some embedding this in mandatory training and others not.

Table 1: How frequent is your trust pressure ulcer training delivered?

Yearly	Every two years	Every three years	Every five years and above	One-off/ induction	None	More frequent than yearly
24	16	10	1	11	16	2

Source: Schofield 2017

2. Curriculum outline framework

In developing the curriculum content, we considered existing models such as the SSKIN bundles (Whitlock 2013), which are used widely in current practice, and evidence has shown their impact on clinical care (McCoulough 2016).

The SSKIN care bundle defines and ties best practices together. It also makes the process of preventing pressure ulcers visible to all. This minimises variation in care practices.

SSKIN is a five-step model for pressure ulcer prevention:

- **Surface:** make sure your patients have the right support
- **Skin inspection:** early inspection means early detection – show patients and carers what to look for
- **Keep your patients moving**
- **Incontinence/increased moisture** – your patients need to be clean and dry
- **Nutrition/hydration** – help patients have the right diet and plenty of fluids.

A care bundle is a series of actions required to achieve a desired outcome (such as reducing the number of pressure ulcers). Reliably delivering all elements of the care bundle at every care opportunity will improve a patient's pressure area care. This will have impact on improving care outcomes.

We have developed 10 modules primarily around an extended SSKIN framework, which becomes ASSKING:

A	Assess risk
S	Skin assessment and skin care
S	Surface
K	Keep moving
I	Incontinence
N	Nutrition
G	Giving information

The group was aware of the impact on local activity and the potential to confuse clinical staff by changing from the well-known SSKIN. The ASSKING model therefore recognises that modules have different emphases, with SSKIN representing the fundamental elements of care delivery – ie those things that need to be implemented to prevent pressure ulcers occurring – while the other elements underpin and support successful implementation of care.

In addition to the ASSKING modules, there are three further modules: ‘Anatomy and physiology’ and ‘Core concepts’, which were felt to be necessary to prevent repetition of this information throughout the other modules. In addition, ‘Medical device-related pressure ulcers (MDRPU)’ was also felt to be a specific area which, while some of the content may be covered in the generic modules, warranted a focused module.

Each module’s content was developed by the core working group (see Appendix 1 for members). We consulted a wider group to find out how applicable the modules are to more specialist areas (see Appendix 2 for those who reviewed the document).

3. Professional registration

All nurses and midwives must achieve a minimum standard of education to register (Nursing and Midwifery Council 2010). Following registration, the Nursing and Midwifery Council (NMC 2015) states that all registered nurses should:

- be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development; they must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal
- practise independently, recognising the limits of their competence and knowledge; they must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

Similarly, the healthcare assistant role is defined by the Nursing and Midwifery Council as: “Those who provide a direct service – that is, they have a direct influence/effect on care and treatment to patients and members of the public, and are supervised by and/or undertake healthcare duties delegated to them by NMC registrants”.

Service providers should ensure all healthcare workers providing pressure ulcer care and assessment meet standards of education and competence.

Similar requirements to meet standards exist for allied health professionals. They state in broad terms the behaviours expected of professionals registered with the Health and Care Professions Council (HCPC 2018a). To meet the standards for continuing professional development (CPD), a registrant must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery

4. seek to ensure that their CPD benefits the service user

5. on request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD (HCPC 2018b).

4. Academic modules

This section contains suggested outlines for modules that academic staff may develop to different levels and include in relevant academic pathways.

These modules have been developed using a broad evidence base, including national and international guidelines (NICE 2014, NPUAP, EPUAP, PPPIA 2014) and existing standards, including those from NICE (2015) and Healthcare Improvement Scotland (2017): see Table 1.

The module outlines are written in a broad format. We envisage that the wording will be adjusted to the level of education being delivered and language appropriate to the learner.

Table 1: Existing standards relating to pressure ulcer prevention

NICE	Healthcare Improvement Scotland
People admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within six hours of admission.	The organisation demonstrates leadership and commitment to the prevention and management of pressure ulcers.
People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.	The organisation demonstrates commitment to the education and training of all staff involved in the prevention and management of pressure ulcers, appropriate to roles and workplace setting. Information and support is available for people at risk of, or identified with, a pressure ulcer, and/or their representatives.
People have their risk of developing a pressure ulcer reassessed after a surgical or interventional procedure or after a change in care environment following a transfer.	An assessment of risk for pressure ulcer development is undertaken as part of initial assessment or referral, and informs care planning.

People have a skin assessment if they are identified as having a high risk of developing pressure ulcers.	Regular reassessment of risk for pressure ulcer development or further damage to an existing pressure ulcer is undertaken to ensure safe, effective and person-centred care.
People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.	A care plan is developed and implemented to reduce the risk of pressure ulcer development and to manage any existing pressure ulcer.
People at risk of developing pressure ulcers who are unable to reposition themselves are helped to change their position.	People with an identified pressure ulcer will receive a person-centred assessment, a grading of the pressure ulcer and an individualised care plan.
People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.	
People at high risk of developing pressure ulcers are provided with pressure redistribution devices.	
Prevention of medical device-related ulcers.	

4.1 Assess risk

Aim: To ensure all students understand and can undertake a pressure ulcer risk assessment.

Objectives

By the end of the element students will be able to:

- understand and identify risk factors associated with compromised skin integrity
- identify and undertake relevant risk assessments
- understand and implement interventions to reduce and manage risk of pressure ulcer development

- refer to appropriate members of the interprofessional team
- be aware of when to undertake root cause analysis
- be aware of safeguarding policies.

Content will include:

Theory

- risk assessment tools – eg Waterlow, Braden, PURPOSE T, MUST, moving and handling, pain
- interventions – eg choosing the correct pressure redistribution equipment, use of mirrors to check pressure areas, rounding, body mapping
- role of the interprofessional team in assessing risk
- role of safeguarding
- local and national policies/guidance – eg NICE
- co-morbidities that can compromise skin integrity – eg diabetes, rheumatoid arthritis, spinal cord injury
- medications that can affect skin integrity
- safe moving and handling – to include effect of shear and friction and skin
- tissue deformation caused by pressure

Skills

- completing risk assessment tools
- documenting patient assessment
- referring to appropriate agencies

4.2 Skin assessment and skin care

Aim: To ensure all students understand the key concepts of effective skin assessment and skin care.

Objectives

By the end of this element students will be able to:

- understand and discuss risk factors associated with impaired skin integrity
- identify complex health conditions that affect skin integrity
- understand the importance of evidence-based skin interventions
- discuss interventions to promote skin integrity.

Content will include:

Theory

- review of anatomy and physiology of the skin
- review of the effects of pressure, shear, friction and incontinence on skin integrity
- incidence and prevalence of pressure ulcers and moisture-associated skin damage (MASD)
- review of risk assessment documents
- review of documentation to include body maps, skin checks, self-care
- exploration of health conditions and co-morbidities that may affect skin integrity – eg eczema, other dermatological conditions
- skin-cleansing regimes to include pH of the skin, use of soaps and soap substitutes
- use of emollients and skin protectors

- exploration of deep-tissue injury
- skin care at end of life
- safeguarding and mental capacity

Skills

- identifying pressure ulcer categories and deep-tissue injury
- care planning to include skin cleansing, choice of cleansing solutions and skin protection
- planning interventions for a patient at end of life
- accurately documenting interventions and referral to interprofessional team and senior staff

4.3 Surface

Aim: To ensure all students understand the impact of the support surface on skin integrity and can identify a range of equipment and devices appropriate for the skin-device interface.

Objectives

By the end of the element students will be able to:

- understand and identify risk factors associated with a range of support surfaces
- demonstrate knowledge of a range of available equipment, including the mechanism of action, benefits and associated risks
- identify and undertake relevant seating and handling risk assessments
- understand the role of support surfaces and equipment on the patient's level of independence while managing the risk of pressure ulcer development

- refer to appropriate members of the interprofessional team throughout the patient journey, including discharge planning
- be aware of safeguarding policies

Content will include:

Theory

- knowledge of the impact of a range of support surfaces on tissue viability – beds, chairs, wheelchairs, shower chairs, etc
- 24-hour postural management, including the safe moving and handling of people on a range of support surfaces – to include effect of shear and friction on skin when using pressure redistribution equipment
- complex health conditions that can compromise skin integrity (eg diabetes, spinal cord injury, palliative/non-compliance) and their effect on provision of equipment
- local and national policies/guidance – eg NICE
- interventions – understanding the mechanism and actions of a range of pressure redistribution/postural management equipment and matching them to patient needs: mattresses, overlays, sleep systems, seat and wheelchair cushions, in-bed management systems, footwear
- understanding the impact of different support surfaces on patient independence
- knowledge of specialist teams throughout the patient journey to promote effective communication and discharge planning

Skills

- correctly providing and using a range of equipment to minimise risk of PU development within the framework of 24-hour postural management
- care and basic maintenance of a range of support surfaces and equipment, including application of offloading devices

- practical application of safe moving and handling skills in combination with recommended equipment and education of families and carers in using equipment safely
- appropriately documenting assessments and recommendations regarding equipment and its application

4.4 Keep moving

Aim: To ensure all students understand the importance of maintaining mobility and its impact on the patient's level of independence.

Objectives

By the end of the element students will be able to:

- understand different levels of mobility and risk factors associated with reduced mobility
- demonstrate knowledge of a range of available equipment, including the mechanism of action, benefits and associated risks
- identify and use relevant formal tools to assess mobility – falls risk, moving and handling risk assessments
- understand the impact of reduced mobility on an individual's engagement in activities of daily living (ADL) and psychosocial functioning (mood, isolation, social engagement)
- identify and safely use a range of appropriate equipment to promote safe mobilisation – hoists and slings, standing hoists and frames, appropriate seating and mobility aids – to promote individualised plan of mobility and assisted transfers
- refer to appropriate members of the interprofessional team throughout the patient journey, including discharge planning
- be aware of safeguarding policies.

Content will include:

Theory

- understanding the importance of the ergonomic envelope (functional space)
- holistic 24-hour approach to facilitating safe mobility in the bed, from bed to chair and where possible to access toilet and bathing facilities
- differentiating risk of being bed-bound from being chair-bound, including documentation in a prevention plan/care bundle to promote an individualised plan of mobility
- promoting self-motivation (self-management of repositioning) and early enablement strategies
- knowledge of complex health conditions that make repositioning difficult, including challenging behaviours/dementia, and impact on repositioning
- understanding impact of posture and balance
- understanding the mechanism of action of a range of equipment and matching it to patient needs
- considering the home environment, ready for complex moving and handling assessment and discharge planning

Skills

- using electronic profiling mechanism to redistribute pressure
- documenting frequency of repositioning
- safe provision of basic mobility aids
- provision of aids/techniques to assist bed and chair mobility equipment promoting 24-hour postural management
- targeting repositioning to specific areas of need and using offloading devices and appropriate seating and bed surfaces to encourage mobility and active engagement in ADL

- repositioning using the 30-degree tilt in the bed
- care and basic maintenance of pressure redistribution equipment (in bed and chair)
- using slide sheets, in bed management systems, mobility aids, standing aids and hoists
- clinical judgement to underpin decisions
- network with other specialties to ensure patients are referred to correct specialty – eg for complex moving and handling risk assessment for discharge planning

4.5 Incontinence

Aim: To ensure all students develop an understanding of incontinence and increased moisture, and the impact they may have on the skin.

Objectives

By the end of this element students will be able to:

- demonstrate an understanding of incontinence-related skin damage
- differentiate between aetiologies associated with incontinence
- identify and differentiate between other causes of moisture-related skin damage
- understand how increased moisture increases the risk of skin damage caused by shear and friction
- understand and implement appropriate prevention and management strategies

Theory

- review of anatomy and physiology of the skin

- understanding causes and presentations of incontinence
- review of effects of pressure, shear, friction and increased moisture on skin integrity
- promotion of social hygiene and infection prevention
- review of causes of increased moisture
- review of risk assessment documents
- review of documentation to include skin assessment and self-care
- self-help strategies to include pelvic floor exercises, bladder retraining and toileting programmes
- skin-cleansing regimes to include effects of the pH of the skin, use of soaps/soap substitutes
- appropriate use of emollients, skin protectors and devices – to include pads, sheaths, catheter clamps, catheter bags and faecal management systems.

Skills

- identifying skin damage associated with increased moisture
- care planning to include skin cleansing, choice of cleansing solutions and skin protection
- accurately documenting interventions and referral to interprofessional team and/or senior staff

4.6 Nutrition

Aim: To ensure all students understand the importance of adequate nutrition and the role nutrition plays in maintaining tissue viability.

Objectives

By the end of the element students will be able to:

- understand basic nutritional groups and key nutritional concepts in wound healing
- understand the impact of disease on nutritional need absorption
- demonstrate knowledge of assessment tools, including food and fluid charts, food diaries, MUST, BMI, MUAC, bloods, feeding risks and PEM assessment
- advise on food fortification, nutritional supplementation and moderation of dietary restrictions in event of PU
- understand the multidisciplinary team's (MDT) role (dietician, speech and language therapist, occupational therapist)

Content will include:

Theory

- basic nutritional groups, micro-nutrients, key nutritional concepts in wound healing, clinical risks for malnutrition and energy requirements, including additional needs related to wound healing
- assessment of nutritional status, including access to food and fluids and ability to feed self
- co-morbidities that may affect appetite
- assessment and referral of bariatric patients
- use of enteral nutrition

- assessment of protein intake against renal function

Skills

- advising on food fortification
- provision of adequate fluids
- moderation of dietary restrictions in event of PU
- escalation within team and MDT

4.7 Giving information

Aim: To ensure all learners understand how to communicate effectively with patients, carers and the MDT.

Objectives

By the end of the element students will:

- be aware of a range of communication strategies
- be able to select and implement the most appropriate approach to increase awareness and facilitate concordance and engagement with pressure ulcer prevention strategies
- be able to communicate effective and safe use of interventions effectively for the patient, family and within the MDT
- understand and recognise when clinical concerns need to be escalated
- be able to promote effective pressure ulcer prevention approaches
- understand effective resource allocation
- be able to escalate concerns when resources are unavailable
- be aware of safeguarding issues

- be able to facilitate health promotion with patients and families
- understand strategies for individuals who are non-concordant

Content will include:

Theory

- communication strategies
- principles of health promotion
- safeguarding, capacity and concordance

Skills

- patient assessment
- demonstrate of a range of communication skills, including negotiation
- accurate documentation
- escalation skills

4.8 Core module: anatomy and physiology

Aim: To provide students with underpinning knowledge to understand the anatomy and physiology of the skin.

Objectives

By the end of the element students will be able to:

- identify three layers of the skin
- identify normal and altered anatomy
- understand physiological changes in the skin that can affect skin integrity
- understand what factors increase the risk of impaired skin integrity

- understand and be able to explain the wound healing process
- accurately recognise and categorise skin damage

Content will include:

Theory

- anatomy and physiology of the skin
- barrier function of the skin
- wound healing process
- impact of pressure, shear, friction and microclimate on the skin and underlying tissues
- the role tissue deformation plays in cell death
- the complex interplay of inflammatory mediators in tissue death
- skin hypoxia and tissue death
- pressure ulcer categorisation
- differences between pressure ulcers and wounds of other aetiologies, including moisture-associated skin damage, skin tears, etc

Skills

- ability to categorise a range of pressure ulcers
- recognising and identifying key areas for pressure damage
- ability to identify non-blanching erythema
- ability to correctly identify MASD
- ability to identify wound infection

4.9 Core module: core concepts

Aim: To provide students with knowledge of the core concepts underpinning delivery of care for prevention of pressure ulcers.

Objectives

By the end of the element students will be able to:

- understand the concept of patient-centred care
- identify opportunities for assessment
- understand when and how to escalate concerns
- recognise and manage patient/carer expectations

Content will include:

Theory

- patient centeredness and self-care
- promoting health
- opportunities for assessment
- communicating and acting on results
- escalating information to senior staff

Skills

- ability to communicate effectively
- recognising opportunities for assessment
- documentation
- delivery of health promotion messages

4.10 Core module: medical device-related pressure ulcer (MDRPU)

Aim: To ensure that students understand what constitutes a medical device and how this may impact on skin integrity.

Objectives

By the end of the element students will be able to:

- define a range of medical devices that may affect skin integrity, including moving and handling equipment
- be aware of internal and external risk factors associated with medical devices
- identify, assess and plan appropriate interventions for those individuals at risk
- understand the role of the multidisciplinary team
- refer to the MDT as appropriate
- accurately document any identified risk and subsequent interventions
- refer to senior staff as necessary

Content will include:

Theory

- prevalence of MDRPU
- causes of MDRPU
- research underpinning MDRPU
- relevant consensus documents
- classification/categorisation scales

- use of Datix or other incident-reporting systems

Skills

- using specific risk assessment tools
- patient assessment
- device selection, fit and safe securing
- skin inspection
- repositioning
- communicating with patients and MDT
- documentation

5. Curriculum outline for clinical organisation education programmes

This section is for people delivering education in a clinical setting or area, who may or may not be a qualified educator.

There are three levels of detailed content, so that the educator can assess their audience and decide which is most appropriate.

We suggest a matrix model of delivery, as staff may be at differing levels for different sections.

Levels are not attributed to any band of staff, as all staff will come with prior experience, knowledge and skills: for example, a healthcare support worker who has been an active and engaged link nurse may know more about support surfaces than a newly qualified registered nurse.

The person delivering the education and the learner should decide together which level to follow.

The learner may also use this section to identify their existing knowledge and skills and where they need to develop.

5.1 Assess risk

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> Identify risk factors, including age, medication, long lie, trauma, incontinence Assess pain Identifying opportunities for assessment moments – eg personal care, physio Recognising activities that increase or lower risk 	<ul style="list-style-type: none"> Understanding aetiology of pressure ulcer development Understanding impact of shear and friction Knowledge of formal tools – eg Waterlow, Braden, PURPOSE T, etc Discuss the frequency of assessment in accordance with NICE 	<ul style="list-style-type: none"> Summarise the reliability, validity, sensitivity and specificity of formal tools Appraise complex health conditions that increase risk further Evaluate the impact of posture and balance
Assessment	<ul style="list-style-type: none"> Carry out skin checks Understanding of screening tools Recognition of patient's ability to move self and inspect own skin Select and use assessment tools (mirrors, visual scales) Knowledge of pain scales 	<ul style="list-style-type: none"> Able to use at least one of the main assessment tools – Waterlow, Braden, Norton, PURPOSE T, etc Practises use of an holistic approach, incorporating clinical judgement with the formalised risk assessment 	<ul style="list-style-type: none"> Understanding of intensity and duration of pressure/distortion of tissues Assess individual patients' tolerance to prolonged pressure
Management/actions	<ul style="list-style-type: none"> Implement rounding tools Deliver basic patient advice Act on assessment result 	<ul style="list-style-type: none"> Initiates MDT involvement Completes relevant documentation with an understanding of the legal implications Develops and implements prevention plan/care bundles Initiates pain management strategies 	<ul style="list-style-type: none"> Initiate and complete relevant investigation if PU occurs Instigate and support the use of appropriate risk assessment tool for each care setting/patient group

	Fundamental	Intermediate	Advanced
Evaluation and referral/reassessment	<ul style="list-style-type: none"> • Know how and when to escalate to senior staff • Appropriately revisit assessment 	<ul style="list-style-type: none"> • Adheres to reassessment guidelines • Articulates their clinical judgement to underpin decisions • Knowledge of specialist teams for referral 	<ul style="list-style-type: none"> • Defend their expert opinion to underpin decisions • Actively develops networks with other specialties to ensure patients are referred to correct specialty.

5.2 Skin assessment and skin care

	Fundamental	Intermediate	Advanced
Key concepts – skin assessment	<ul style="list-style-type: none"> Identifies opportunities for assessment moments – eg personal care, physio 	<ul style="list-style-type: none"> Knowledge and understanding of physiology of skin layers, functions, etc Knowledge and understanding of impact of shear and friction Understanding of co-morbidities affecting skin condition Discuss and debate the frequency of assessment for individual patients in accordance with NICE guidance 	<ul style="list-style-type: none"> Can synthesise the impact of complex physical and mental health conditions that further affect skin condition Detailed knowledge and understanding of incidence/prevalence of dry skin, pressure ulcers and moisture-associated skin damage Differentiate between complex skin/dermatology conditions
Key concepts – skin care	<ul style="list-style-type: none"> Describes opportunities for giving skin care List reasons for skin care – cleansing, hygiene, social and personal happiness, etc 	<ul style="list-style-type: none"> Understanding of the pH of the skin and how soaps affect this Understanding of the impact of over-cleansing Understanding the impact of altered pH and potential for skin breakdown due to bodily fluids 	<ul style="list-style-type: none"> Demonstrate and apply in-depth knowledge and understanding of emollient ingredients/cautions, etc Knowledge of underpinning research regarding concept of skin care – psychological and physical benefits
Assessment – skin assessment	<ul style="list-style-type: none"> Correctly use body maps to locate skin damage Undertake skin checks Recognise and support patients' ability to inspect own skin Using pain scales 	<ul style="list-style-type: none"> Able to identify early signs of change – blanching/non-blanching Able to identify fungal infections Practises using an holistic approach Identifies specific issues related to diabetic/neuropathic feet Completing relevant documentation 	<ul style="list-style-type: none"> Understanding intensity and duration of pressure/distortion of tissues Differentiate between complex skin conditions Understanding skin failure at life's end

	Fundamental	Intermediate	Advanced
	<ul style="list-style-type: none"> • Undertaking simple diabetic foot assessment – eg Ipswich touch test • Selecting and using assessment tools (mirrors, visual scales) 	<p>showing understanding of legal implications</p> <ul style="list-style-type: none"> • Ability to recognise difference between DTI and bruising/category 1 • Understanding the effect of humidity and microclimate on skin 	
Management/actions – skin care	<ul style="list-style-type: none"> • Giving patient advice • Acting on assessment result • Administering basic skin care – cleansing, simple emollients • Implementing simple management of dry skin/moist skin 	<ul style="list-style-type: none"> • Initiating MDT involvement • Initiating skin care regimens • Developing pain management strategies • Understanding advantages/disadvantages of zinc/petroleum-based products versus dimethicone and barrier films 	<ul style="list-style-type: none"> • Formulating complex skin management plans, including use of topical steroids and other prescription products • Understanding ingredients in skin care products and their individual properties/potential for side-effects
Evaluation and referral/reassessment	<ul style="list-style-type: none"> • Knowing how and when to escalate to senior staff • Revisiting assessment 	<ul style="list-style-type: none"> • Adherence to reassessment guidelines • Using clinical judgement to underpin decisions • Discussing the role of specialist teams and making relevant referrals 	<ul style="list-style-type: none"> • Defending their expert opinion to underpin decisions • Actively developing networks with other specialties to ensure patients are referred to correct specialty

5.3 Surface

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> • Understands different types of equipment and their benefits • Show awareness of consequences of equipment use on patient independence (facilitating enablement to promote independence) • Demonstrates awareness of the consequences of body mass and height on equipment provision • Understands the different role of equipment in maintaining independence – eg PU prevention, manual handling, patient comfort, maintaining physiological health • Demonstrates correct use of equipment • Appreciates and escalates patient and carer expectations and concordance 	<ul style="list-style-type: none"> • Understanding of the mechanism of action of equipment • Understanding of impact of body mass on equipment selection • Knowledge of formal tools – eg falls risk, moving and handling assessments • Understanding 24-hour postural management • Appreciates the impact of equipment on pressure, shear, friction and microclimate. • Recognises patient and carer expectations and concordance 	<ul style="list-style-type: none"> • Knowledge of national/international recommendations • Appreciates complex physical and mental health conditions that may make equipment provision difficult • Understanding of impact of posture and balance • Managing patient and carer expectations and concordance • Understanding the role of equipment throughout the patient journey, including discharge planning and liaison with community services
Assessment	<ul style="list-style-type: none"> • Undertake a falls risk assessment • Practises safe handling • Understands postural management • Participates in seating assessment 	<ul style="list-style-type: none"> • Understand the importance correct use of equipment across all ADL • Knowledge of basics of seating assessment (height, width, depth of chair, arm rests, specialist cushions, and lumbar supports) and impact on psychosocial aspects of care • Holistic approach to equipment provision • Targeting equipment to support specific 	<ul style="list-style-type: none"> • Understanding of impact of shear forces and intensity and duration of pressure which result in distortion of tissues • Understanding of mechanism of action of a range of equipment and matching to patient needs • Training patient and family in equipment usage; education to continue regular repositioning

	Fundamental	Intermediate	Advanced
		<p>areas of risk</p> <ul style="list-style-type: none"> • Use of offloading devices for at-risk foot (offloading through specialist wheelchair cushions and airflow mattresses) • Awareness of impact of equipment on the patient's level of independence – when to remove assistive device • Training patient and family in equipment usage; education to continue regular repositioning • Recognises when and how to make adaptations that reflect the environment in which care is delivered 	<ul style="list-style-type: none"> • Assessment of bespoke or specialised equipment
Management/actions	<ul style="list-style-type: none"> • Delivers relevant patient advice/education • Practises safe provision and use of equipment • Acts on assessment results • Implements care and basic maintenance of pressure redistribution equipment • Demonstrates use of electronic profiling mechanism to redistribute pressure and maximise impact of mattresses • Accurately documents frequency of repositioning • Documents mode/setting of equipment following daily checks 	<ul style="list-style-type: none"> • Practises within the specific care environment in a way that shows understanding of that environment and the care needs of the patient group 	<ul style="list-style-type: none"> • Investigation if complications occur • Understands the role of MHRA • Ensures appropriate equipment provision for each care setting/patient group • Participates in tenders for equipment procurement • Initiates product evaluations/ research to develop evidence base to support procurement decisions

	Fundamental	Intermediate	Advanced
Evaluation and referral/reassessment	<ul style="list-style-type: none"> • Knows how and when to escalate to senior staff • Revisits assessment 	<ul style="list-style-type: none"> • Adheres to reassessment guidelines • Uses clinical judgement to underpin decisions • Knowledge of specialist teams for referral – clear understanding of MDT roles, complex seating/environmental assessments to plan effective discharge provision 	<ul style="list-style-type: none"> • Defends their expert opinion to underpin decisions • Actively develop networks with other specialties to ensure patients are referred to correct specialty

5.4 Keep moving

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> • Understanding of different levels of mobility • Shows awareness of consequences of immobility (on ADL function/occupational engagement) • Differentiates risk of being bed-bound from being chair-bound • Awareness of the consequences of body mass on mobility 	<ul style="list-style-type: none"> • Understanding the role of equipment for staff and patient • Understanding of impact of body mass on immobility • Knowledge of formal tools – eg falls risk, moving and handling assessments • Knowledge of specialist equipment – hoists, slings, standing hoists 	<ul style="list-style-type: none"> • Understands the clinical utility of formal tools • Appreciates complex health conditions that reduce mobility further • Discusses complex health conditions that make repositioning difficult • Understands the impact of posture and balance • Knowledge of challenging behaviours/dementia and impact on repositioning
Assessment	<ul style="list-style-type: none"> • Identifies falls risk • Practises safe handling • Performs ADL assessment to maintain occupational engagement 	<ul style="list-style-type: none"> • Understands the importance of the ergonomic envelope (functional space) • Knowledge of basics of seating assessment for postural management (height, width, depth of chair, arm rests) and impact on independent mobility • Holistic 24-hour approach to equipment provision • Targeting repositioning to specific areas of need • Use of offloading devices for at-risk foot • Psychosocial impact of immobility – consider home environment ready for discharge planning • Recognition of less common causes 	<ul style="list-style-type: none"> • Understanding of impact of shear forces and intensity and duration of pressure which result in distortion of tissues • Understanding of mechanism of action of a range of equipment and matching to patient needs • Assessment of bespoke or specialised aids to mobility • Assessment of bespoke or specialised aids to repositioning • Knowledge of specific requirements for mobility in specialist groups – eg maternity, mental health, learning disability, paediatrics, critical care

	Fundamental	Intermediate	Advanced
		<p>of immobility – eg spinal anaesthesia during childbirth</p> <ul style="list-style-type: none"> Recognises when and how to make adaptations that reflect the environment in which care is delivered 	
Management/actions	<ul style="list-style-type: none"> Deliver patient advice Practises safe provision of basic mobility aids Provision of aids/techniques to assist bed mobility Acting on assessment result Correctly repositions using the 30-degree tilt in the bed Safely repositions devices Care and basic maintenance of pressure redistribution equipment (in bed and chair) Practises correct use of slide sheets and hoists Understands how to use electronic profiling mechanism to redistribute pressure Documents frequency of repositioning 	<ul style="list-style-type: none"> Negotiates mobility or repositioning regimens with the MDT Completes relevant documentation showing understanding of legal implications Designs and implements prevention plan/care bundles Instigates pain management strategies to support independent movement Promotes individualised plan of mobility and assisted transfers from bed to chair Promotes self-motivation (self-management of repositioning) Facilitating early enablement strategies Use of a range of pressure redistributing equipment (in bed and chair to promote 24-hour postural management) Understand differences between recline and tilt in space Instigates and teaches passive exercises Documents safe positions 	<ul style="list-style-type: none"> Investigation of complications Ensures appropriate risk assessment tool for each care setting/patient group Considers home environment ready for complex moving and handling assessment and discharge planning

	Fundamental	Intermediate	Advanced
Evaluation and referral/reassessment	<ul style="list-style-type: none"> • Escalation to senior staff • Revisiting assessment and equipment provision/handling strategies 	<ul style="list-style-type: none"> • Adheres to reassessment guidelines • Uses clinical judgement to underpin decisions • Knowledge of MDT roles/specialist teams for referral 	<ul style="list-style-type: none"> • Defends their expert opinion to underpin decisions • Actively develops networks with other specialties to ensure patients are referred to correct specialty • Complex moving and handling risk assessment for discharge planning

5.5 Incontinence

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> • Understand what is meant by the term 'incontinence' • Understanding the potential impact of urine and/or faeces on the skin • Know how to appropriately cleanse the skin frequently and the safe and effective use of products • Know how to protect the skin from incontinence • Know how to use products such as pads and barrier washes and creams • Understand the impact of incontinence on an individual's emotional wellbeing • Identifying skin changes associated with other sources of moisture • Recognise an individual's ability to manage their own incontinence care needs or, if required, help and assist • Consider mental capacity in the ability to understand and self-care. 	<ul style="list-style-type: none"> • Understands anatomy and physiology of skin and its functions • Understands the of impact of shear and friction on moisture-damaged skin • Recognises skin damage associated with moisture • Able to accurately describe differences between moisture lesions, incontinence dermatitis and pressure ulceration • Recognises in pressure ulcer risk assessment the need for pressure redistribution equipment and repositioning due to vulnerable skin associated with moisture • Describes the need for planning the frequency of skin assessment in accordance with NICE guidelines • Understands the pH of the skin and how soaps and incontinence fluids may affect this • Understanding the impact of over-cleansing and the need for appropriate use of barrier products • Demonstrates an awareness of NICE guidance for incontinence and associated pathways • Knows how to refer to appropriate specialist services 	<ul style="list-style-type: none"> • Understands the rationale for monitoring the incidence of pressure ulcers and moisture-associated skin damage separately • Able to consistently diagnose incontinence-associated skin damage, mixed lesions with pressure ulcers, with rationale for decision-making • Demonstrates an in-depth knowledge of emollients, their ingredients and any cautions or contra-indications • Demonstrates an in-depth knowledge of the different barrier products, their mode of action and availability on local formularies • Discusses the current knowledge of research underpinning skin care and the psychological and physical benefits • Demonstrates an ability to provide education and training to patients, carers, healthcare professionals on this subject • Discusses the benefits of joint working practices with continence or other specialist professionals

	Fundamental	Intermediate	Advanced
Assessment	<ul style="list-style-type: none"> • Describes types of incontinence: urinary/faecal • Identifies frequency of incontinence and effect on the skin • Recognises and works to current management plans • Accurately undertakes body map assessment and documentation • Undertakes accurate skin assessment • Recognises the individual's ability to inspect own skin 	<ul style="list-style-type: none"> • Conducts initial assessment using local protocols and assessment tools for incontinence • Identifies type of incontinence experienced by individuals • Recognises underlying conditions affecting incontinence, such as neurological conditions. • Able to identify early signs of skin changes, maceration, excoriation, kissing lesions, rashes, moist skin • Able to accurately identify fungal infections • Demonstrates an holistic approach to care, assessment and management including social and personal support • Understands the need for assessing ambulation and mobility, hand function, cognitive function and lifestyle • Able to document clearly and accurately using a range of documentation, including appropriate assessment tools, fluid balance charts, stool charts and evaluation records • Able to take urine and faecal samples and testing of dipstick for urine – use Bristol stool chart • Knowledge of red flag signs relating to urine and bowel disorders and importance of immediate referral • Knowledge of signs of urine infection 	<ul style="list-style-type: none"> • Assesses the impact on lifestyle • Assesses the impact of medication affecting symptoms and relieving symptoms • Use of other therapies to improve symptoms • Assessment of appropriate aids such as commode, bed pans or adaptations • Toileting programme to aid in frequency • Knowledge of sheaths, catheters and pad products, including absorbency, how many required in 24-hour period • Able to assess for special order equipment such as mattress coverlet devices • Assess for self-neglect

	Fundamental	Intermediate	Advanced
Management/actions	<ul style="list-style-type: none"> • Delivers patient advice • Acting on assessment result • Practises basic skin care-cleansing, simple emollients, barrier products • Application of continence pads • Knows how to change devices – eg catheter bags and sheaths • Encourages self-care and pressure redistribution • Shows awareness of risk associated with use of devices 	<ul style="list-style-type: none"> • Knows how and when to initiate MDT involvement • Involves specialist service – continence nurses where available • Implements appropriate skin-care regimens • Implements good hygiene care • Instigates pain management • Understanding of advantages/disadvantages of zinc/petroleum-based products versus dimethicone and barrier films – effects of zinc-based on pads such as Sudocrem and clogging. • Understanding of the need for social support 	<ul style="list-style-type: none"> • Delivers complex skin management – use of topical steroids and other prescription products • Understanding ingredients in skin care products and their individual properties/potential for side-effects • Advises on pelvic floor exercises • Implements toileting programmes, bladder retraining • Knowledge of specific medical devices to manage issues related to continence, such as faecal catheters, anal plugs
Evaluation and referral/reassessment	<ul style="list-style-type: none"> • Escalation to family, carers or senior staff • Revisiting assessment 	<ul style="list-style-type: none"> • Adherence to local reassessment guidelines • Uses clinical judgement to underpin clinical decision-making • Knowledge of specialist teams for referral 	<ul style="list-style-type: none"> • Defends their expert opinion to underpin decisions • Actively develops networks with other specialties to ensure patients are referred to correct specialty • Ensure fast-track referrals are flagged if red flag systems are present

5.6 Nutrition

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> • Knowledge of basic nutritional groups • Knowledge of micro-nutrients 	<ul style="list-style-type: none"> • Understands the key nutritional concepts in wound healing • Is able to appropriately identify clinical risks for malnutrition 	<ul style="list-style-type: none"> • Is able to identify energy requirements, including additional needs related to wound healing. • Understands the impact of disease on nutritional need • Understands the impact of disease on the body's ability to absorb key nutrients
Assessment	<ul style="list-style-type: none"> • Able to appropriately complete food and fluid charts • Able to appropriately complete or assist patients and their families to complete food diaries • Knows how to access food and fluids • Undertakes assisted feeding for patients with a range of disorders • Understands the importance of good dentition 	<ul style="list-style-type: none"> • Accurately completes the MUST tool • Accurately calculates BMI • Appropriately uses the MUAC • Co-morbidities that may affect appetite • Assessment and referral of bariatric patients • Assesses dentition and oral hygiene needs 	<ul style="list-style-type: none"> • Recognises abnormalities in blood results • Identifies risks associated with different types of feeding • Undertakes protein energy malnutrition (PEM) assessment
Management	<ul style="list-style-type: none"> • Provides advice on food fortification • Provides patients with adequate fluids • Provides oral hygiene 	<ul style="list-style-type: none"> • Implements relevant nutritional supplementation • Appropriately engages with the MDT – eg dietician, speech and language therapists, occupational therapists • Undertakes organisation of care 	<ul style="list-style-type: none"> • Moderation of dietary restrictions in event of PU • Use of enteral nutrition • Assessment of protein intake against renal function
Evaluation and referral	<ul style="list-style-type: none"> • Understands when and how to escalate concerns within the team 	<ul style="list-style-type: none"> • Able to escalate concerns within the MDT 	

5.7 Giving information

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> • Understands the importance of patient centeredness and self-care • Is able to raise concerns 	<ul style="list-style-type: none"> • Promotes health education • Ensuring team have right information 	<ul style="list-style-type: none"> • Appraises local and national guidelines • Demonstrates safety, caring, effectiveness, responsiveness and leadership
Assessment	<ul style="list-style-type: none"> • Able to assess appropriate forms of communication to use with patient regarding pressure ulcer prevention and management • Able to identify at-risk patients to whom information should be given 	<ul style="list-style-type: none"> • Communicates assessment results to appropriate MDT members and refers appropriately • Consideration of mental capacity, safeguarding and non-concordance • Able to use appropriate communication strategies to manage refusal of treatment 	<ul style="list-style-type: none"> • Communicates complex matters with MDT members and provides advice to team
Management/actions	<ul style="list-style-type: none"> • Provides information to patient/carer on avoiding pressure damage (written, verbal, electronic) • Demonstrates the ability to advise the patient/carer on regular position change • Able to advise patient/carer on nutrition and hydration • Understands when to raise concerns to appropriate person • Able to advise patient/carer on use of equipment 	<ul style="list-style-type: none"> • Teaching appropriate staff the principles of effective skin management that should be communicated to patients • Planning care in conjunction with the patient/ carer, and communicating this plan • Escalates refusal of treatment to senior team 	<ul style="list-style-type: none"> • Facilitates health education and health promotion activities with patients and their families • Communicates with stakeholders to develop prevention strategies and care pathways to reduce pressure ulcers • Develops processes for communicating local and national guidelines

	Fundamental	Intermediate	Advanced
Evaluation and referral/reassessment	<ul style="list-style-type: none"> • Knows when and how to escalate refusal of treatment to senior team • Documenting care and refusal of treatment • Acts on feedback from patient/carer on their needs • Communicating results of care 	<ul style="list-style-type: none"> • Evaluates care, communicates results with team and patient/carer • Initiates referral for further/enhanced care 	<ul style="list-style-type: none"> • Defends their expert opinion to underpin decisions • Actively develops networks with other specialties to ensure patients are referred to correct specialty • Interprets key themes from root cause analysis and shares with all MDT members • Supports referral for complex needs • Actively leads audit and surveillance and communicates results • Develops teaching and learning strategies that reflect the evaluation of care and delivers these

5.8 Anatomy and physiology

Fundamental	Intermediate	Advanced
<ul style="list-style-type: none"> Identify three layers of the skin 	<ul style="list-style-type: none"> Identify the anatomy of the skin 	<ul style="list-style-type: none"> Identify normal and abnormal anatomy
<ul style="list-style-type: none"> Understands the barrier function of the skin 	<ul style="list-style-type: none"> List the functions of the skin 	<ul style="list-style-type: none"> Appraise how and why function is impaired
<ul style="list-style-type: none"> Appreciate the impact of pressure, shear, friction and microclimate on the skin and underlying tissues 	<ul style="list-style-type: none"> Understand the impact of pressure, shear, friction and microclimate on the skin and underlying tissues; deliver care that considers these factors 	<ul style="list-style-type: none"> Determine which factors increase impact of pressure, shear, friction and microclimate on the skin and underlying tissues, and prescribe appropriate care to reduce these
<ul style="list-style-type: none"> Identify early signs of skin damage (non-blanching erythema) and escalate 	<ul style="list-style-type: none"> Appreciate the role deformation plays in cell death 	<ul style="list-style-type: none"> Describe/explain how pressure, shear, deformation and friction impact on clinical care
<ul style="list-style-type: none"> Differentiate between PU and MASD 	<ul style="list-style-type: none"> Competently categorise pressure damage: 1 – 4, unstageable and DTI 	<ul style="list-style-type: none"> Defend decisions to change categories of damage
<ul style="list-style-type: none"> Name key body areas at risk (sacrum, heels, elbows, hips, ischia) 	<ul style="list-style-type: none"> Differentiate between PU and wounds of other aetiologies 	<ul style="list-style-type: none"> Diagnose other aetiologies
<ul style="list-style-type: none"> Recognise the signs and symptoms of hypoxia 	<ul style="list-style-type: none"> Identify key areas at risk, including less common areas 	<ul style="list-style-type: none"> Accurately name areas where pressure damage has occurred
<ul style="list-style-type: none"> Demonstrate awareness of the inflammatory response 	<ul style="list-style-type: none"> Understand the pathways that lead to hypoxia 	<ul style="list-style-type: none"> Describe the complex interplay of factors that result in tissue death
<ul style="list-style-type: none"> Differentiate between heat and coldness in local tissue and know the relevance to tissue damage 	<ul style="list-style-type: none"> Describe the inflammatory response and the associated tissue signs and symptoms 	<ul style="list-style-type: none"> Understand the complex interplay of inflammatory mediators in tissue death

Fundamental

Intermediate

Advanced

- Describe the differences between inflammation and tissue death

- Recognise the differences between superficial and deep damage

5.9 Core concepts

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> • Understands the importance of patient centeredness and self-care • Supports patient/carer concordance • Complete appropriate documentation 	<ul style="list-style-type: none"> • Promoting health education/health promotion • Shows an understanding of safety, caring, effectiveness 	<ul style="list-style-type: none"> • Demonstrates responsiveness and leadership that is communicated appropriately up and down and acted on in a timely manner
Assessment	<ul style="list-style-type: none"> • Identify opportunities for assessment 	<ul style="list-style-type: none"> • Recognises when and how to make adaptations that reflect the environment in which care is delivered 	
Management	<ul style="list-style-type: none"> • Acts on assessment results • Knowledge of how and when to escalate information to senior staff • Communicate results • Manages patient/carer expectations 	<ul style="list-style-type: none"> • Practises within the specific care environment in a way that shows understanding of that environment and the patient group's care needs 	
Evaluation	Review assessment		<ul style="list-style-type: none"> • Defends their expert opinion to underpin decisions • Actively develops networks with other specialties to ensure patients are referred to correct speciality

5.10 Medical devices-related pressure damage (MDRPD)

	Fundamental	Intermediate	Advanced
Key concepts	<ul style="list-style-type: none"> Understanding the magnitude of the problem Appreciating the definition of a medical device Able to identify 'at-risk' population – anyone with, or using a medical device Has knowledge of high-risk populations – critical care/ITU/HDU/theatres/neonates Able to list the most common devices associated with MDRPD Able to identify body sites most at risk 	<ul style="list-style-type: none"> Summarising the prevalence of MDRPU Understanding the aetiology of MDRPD development Familiar with the internal and external factors inherent in MDRPD development Familiar with the potential impact of oedema and MDRPU Discussing co-morbidities that increase risk 	<ul style="list-style-type: none"> Using a detailed knowledge of organisational incidence of MDRPU Synthesising knowledge of the current literature and guidance on MDRPU Using in-depth knowledge of best practices to prevent MDRPU Awareness of avoidable/unavoidable MDRPU – NPUAP consensus statement
Assessment	<ul style="list-style-type: none"> Participating in risk assessment Able to complete a skin inspection 	<ul style="list-style-type: none"> Demonstrating correct device selection, fit and securing – advanced medical devices Alert to non-verbal cues that a device may be causing a problem Classification/categorisation of skin damage Recognising and describing mucosal membrane damage 	<ul style="list-style-type: none"> Recognising when devices are at fault and communicating with the device manufacturer
Management	<ul style="list-style-type: none"> Demonstrating correct device selection, fit and securement – non-advanced devices Able to correctly manipulate devices to relieve pressure Understanding prevention strategies Undertaking skin inspection Delivering skin care 	<ul style="list-style-type: none"> Developing and implementing a prevention plan/care bundle Supervising unqualified staff Initiating MDT involvement Understanding the importance of documentation Competently delivering patient/carer education 	<ul style="list-style-type: none"> Able to choose from and deliver a range of education strategies – formal, informal, resources, multi-modal approach, etc.

	Fundamental	Intermediate	Advanced
	<ul style="list-style-type: none"> • Undertaking patient positioning 		
Evaluation and referral	<ul style="list-style-type: none"> • Undertaking skin inspection • Knowing how and when to escalate to senior staff 		<ul style="list-style-type: none"> • Developing and delivering audit of MDRPU incidence • Analysing causes of MDRPU using clinical incident analysis – root-cause analysis – action planning • Adhering appropriately to policies/guidelines

6. Individual practitioner development

This section is designed a learning log for the learner, to support reflection and revalidation.

The learner is encouraged to review sections 5 and 6 as part of their personal development to help formulate a learning plan.

Personal reflection on continuing professional development (CPD) activities

Good practice requires you to reflect regularly on your standards of care and on all aspects of your work. You should do this as soon as possible after the event, to be contemporaneous and meaningful, even though the impact may occur a significant time after undertaking CPD. You can use this tool to help personal reflection on all types of CPD activities.

If you are a registered professional, you will be required to show that you work within your registrant body's ethical framework. It may therefore help to map your reflections onto the standards required:

- Nursing and Midwifery Council (NMC) (2015) – The Code
- Health and Care Professions Council (HCPC) (2018) – Standards of conduct, performance and ethics.

Details of activity

Either: details of the event attended; what were your intended learning outcomes of the conference or teaching you attended?

Or: details of what prompted this reflection, such as data from an audit, a complaint or compliment, a significant event, information about service improvements, the result of a workplace-based assessment or feedback from patients/colleagues.

What was the learning need or objective addressed?

CPD activities should ideally be linked to learning objectives, either agreed as part of your personal development plan or those that you have considered desirable for your own development.

Describe how the activity contributed to the development of your knowledge, skills or attitudes.

What was the outcome of the activity?

How does this fit in with your current practice, understanding or attitudes?

How can you incorporate any new understanding or skill you have into your day-to-day practice?

Further learning needs

Have you identified any new learning needs to feed forward into your personal development plan?

How might you address these?

Signature

Date reflective note completed

7. Suggested resources

These and many other resources are available on the Stop the Pressure website:

<http://nhs.stopthepressure.co.uk/>

The 5 key messages to prevent pressure ulcers – You Tube video from Shropshire Community Health NHS Trust:

<https://www.youtube.com/watch?v=Syc-hByVGF0>

Sign up to safety – pressure ulcers – You Tube video from Barts Health NHS Trust:

<https://www.youtube.com/watch?v=10xxDsJ5nqA&t=19s>

Maternity pressure ulcers – leaflet:

http://www.nhs.uk/Safety/Documents/Pressure_Ulcers_in_Maternity_Leaflet.pdf

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Appendix 1: Working group members and affiliation

Name	Designation	Organisation
Ria Betteridge	Nurse Consultant Tissue Viability	Oxford University Hospitals NHS Foundation Trust
Sue Burgis	Head of Practice Development and Innovation	Imperial College Healthcare NHS Trust
Fiona Butler	Tissue Viability Nurse	Nuffield Health
Paul Chadwick	Consultant Podiatrist, Clinical Director	The Society of Chiropodists and Podiatrists
Jacqui Fletcher (Chair)	Senior Clinical Advisor	NHS Improvement
Jennie Hall	Programme Director/ Strategic Nurse Adviser	NHS Improvement
Karen Ousey (Vice Chair)	Professor of Skin Integrity	University of Huddersfield
Dawn Parkes		Representing NHS England's Leading Change, Adding Value programme
Alison Schofield	Tissue Viability Nurse	North Lincolnshire and Goole NHS Foundation Trust
Amy Verdon	Tissue Viability Nurse	University Hospitals Coventry and Warwickshire NHS Trust
Jo-Anne Webb	Senior Lecturer, Occupational Therapy	University of Salford
Deborah Wickens	Tissue Viability Nurse	North East London NHS Foundation Trust
Carole Young	Lead Tissue Viability Nurse Specialist	Cambridge University Hospitals NHS Foundation Trust

Appendix 2: Consultation group

Name	Organisation	Specialist area
Leanne Atkin	The Mid Yorkshire Hospitals NHS Trust and University of Huddersfield	Vascular Nurse Consultant
Tom D'Souza	Ashford and St Peter's Hospitals NHS Foundation Trust	Theatres
Jo Fillingham	NHS Improvement	Allied health professionals
Birte Harlev-Lam	NHS Improvement	Midwifery
Anita Kilroy Findlay	Leicestershire Partnership NHS Trust	Mental health
Caroline Lecko	NHS Improvement	Dietetics
Karen McCormick	NHS Heywood, Middleton and Rochdale Clinical Commissioning Group	Safeguarding Lead
Irena Pukiova	Oxford University Hospitals NHS Foundation Trust	Intensive and critical care
Geraldine Rogers		Frail elderly
Karen Thompson	Cambridge University Hospitals NHS Foundation Trust	Learning disability
Janet Youd	Calderdale and Huddersfield NHS Foundation Trust and University of Huddersfield	Emergency Nurse Consultant

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