

**Foot and Lower Limb Healthcare**

**Podortho Nursing Core-Competencies**

**Introduction**

Board members of the Ontario Podortho Nursing Association collaboratively assembled this document of Podortho Nursing Core Competencies (PNCC) to reflect standards of best practices for nurses working in the field of Foot and Lower Limb Healthcare. This document contains a collection of routine practices related to the delivery of Podortho Nursing care under the umbrella of the Foot and Lower Limb Healthcare. Information contained within was collectively derived from evidenced based research, leaders in the healthcare industry, governing regulatory bodies and practicing Podortho Nurses. It is a set of guidelines that does not replace recommendations of governing bodies, rather intended to enhance and guide practice for Foot and Lower Limb Healthcare providers.

The OPNA is an organization that supports members by giving them tools that enhance their practice for the betterment of the Foot and Lower Limb Healthcare industry. Podortho Nursing Core Competencies are designed to equip and guide Podortho Nurses. We are committed to providing best practice recommendations through the implementation of this PNCC document and reviewed at minimum annually. Podortho Nursing Core Competencies reflect evidence-based best practices outlined by governing bodies and revisions are made when necessary to maintain quality guidelines for practicing Podortho Nurses.

It is the boards intention to standardize the expectations for quality care within the Foot and Lower Limb Healthcare industry, so patients receive care they need and deserve. By incorporating evidence-based recommendation into a Podortho Nursing Core Competency document, Podortho Nurses can use it to guide their practice so to maintain quality healthcare and improve patient outcomes.

Healthcare and how it is delivered is constantly evolving, therefore HCP need to remain current with the best practice recommendations within their chosen profession. Podortho Nursing Core Competencies are a guiding tool to practice Foot and Lower Limb Healthcare for Podortho Nurses at all levels; students, novice nurses and advanced practicing nurses.

As leaders in Foot and Lower Limb Healthcare, we believe there is an expected level of care that clients should receive from all Podortho Nurses across the province. The board anticipates all Podortho Nurses to incorporate the written Podortho Core-Competencies into their daily healthcare practice to ensure the delivery of safe and effective client care.

**Podortho Nursing Core-Competencies**

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| **Core Competency: Preparing to Practice** | |
| C.C. Sec.1  Rec. 101 | According to the CNO and regulating body for nurses in Ontario, it is mandatory all practicing nurses to hold an active nursing license status. Respectively, all practicing nurses should carry liability insurance.  The title Podortho Nurse is a registered trademark and can only be used by members of the Ontario Podortho Nursing Association. Its members are comprised of Registered Nurses and Registered Practical Nurses alike, working within their scope of practice, under the umbrella of Foot and Lower Limb Healthcare. |
| C.C. Sec. 1  Rec. 102 | Foot and Lower Limb Education:  Obtain extended knowledge of the anatomy and physiology of the Foot and Lower Limb for all ages and stages of human development. Be familiar with common foot abnormalities, pathophysiology and disease processes as it relates to the profession. Develop knowledge and skills that enable the HCP to competently and safely deliver healthcare practices to the public.  Currently, there are various Foot Care training programs offered in Ontario. Some offer basic footcare whereas others offer advance training. It is our recommendation to research and review course curriculums and select a program that will give you the skills needed to competently practice and that is recognized by the CNO. |
| C.C. Sec. 1  Rec. 103 | Podortho Nurses are regulated HCP that have obtained additional education specializing in the foot and Lower Limb Healthcare, which consists of, but is not limited to;   * Foot and lower limb anatomy and physiology, as it relates to the aging * Nail and soft tissue pathology and related diseases * Microbiology, Infection protection and control * Foot health and patient education * Pathophysiology and high-risk foot * Biomechanical functions, orthotics, compression therapy * Foot care procedures; nail care, corn and wart removal, callus reduction, wound care, removing ingrown toe nails, nail reconstruction, etc. * Padding and strapping, application of devices * Proper use of medical devices and related technology |
| C.C. Sec. 1  Rec. 104 | Infection Prevention and Control:  Nurses practicing in the Foot and Lower Limb profession are required to gain knowledge on reprocessing and sterilization techniques. All Nurses must follow guidelines set out by nursing regulatory bodies. In addition, the OPNA recommends gaining extended knowledge on Prevention and Infection Control and Wound Care. The OPNA offers several links to reputable educational tools for its members. |

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| **Core Competency: Basic Standards of Care** | |
| C.C. Sec. 2  Rec. 201 | Professional conduct:  Practicing Nurses must ensure they use appropriate professionalism, in terms of following the Practice of Standards outlined by the CNO (Eg; consent to treat, ethical practices, confidentiality, professional relationships, etc.). Importantly, it is the nurses’ duty to maintain human dignity and respect especially within the legalities of the nursing profession, as outlined by our governing body. |
| C.C. Sec. 2  Rec. 202 | The nurse must have successfully graduated from a recognized Foot and Lower Limb program, and possess the skills, knowledge and judgement and use reflective practices to competently deliver quality care to the public. |
| C.C. Sec. 2  Rec. 203 | Initial Health assessment:  Provide health assessment, appropriate nursing diagnosis, develop a care plan with the client, implement treatment and applicable health education, then evaluate progress and anticipated outcome, and adjust Plan of Care accordingly. Assess and update Plan of Care with each visit.  Holistic Nursing strategies are recommended. Encompassing the client’s whole being and including them in their Plan of Care will aid in better health teaching, client compliance to Plan of Care and overall better health outcomes.   * Include a client’s physiological, psychological, sociocultural, spiritual, health history and life-style factors * Review the client’s medications (prescribed, over the counter, herbal remedies) prior to treatment and do routine medication reconciliation |
| C.C. Sec. 2  Rec. 204 | Educating clients:  It is a moral duty for HCPs to inform clients of the benefits of receiving treatment, associated possible risks, alternative options and the risks of declining treatment, so clients can make an informative decision regarding their healthcare. Nurses should always be looking for ways to educate and improve the client overall health and quality of life. |
| C.C. Sec. 2  Rec. 205 | Interdisciplinary teams:  Nurses are required to collaborate with other HCP within the circle of care and provide referrals, clinical updates to MD, advocate for client care needs, converse with insurance companies and complete necessary documentation, etc. |
| C.C. Sec. 2  Rec. 206 | Nurses are required to ensure goals within the Plan of Care are delivered in a satisfactory ethical client-centered manner. If interventions are not satisfactory and the nurse strongly believes a client’s health can improve or benefit from alternative medical treatment, it is highly recommended for the nurse to take responsible steps and provide clients with alternative options or a referral for alternative treatment. |
| C.C. Sec 2  Rec. 207 | Client safty:  During treatment client’s health and well-being must be monitored and appropriate medical intervention performed when necessary. Podortho Nurses must be prepared to contact next-of-kin in the event of medical emergency, therefore this information should be obtained prior to treatment.   * Podortho Nurses need to have an active CPR certificate |

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| **Core Competency**: **Accountability within Scope of Practice** | |
| C.C. Sec. 3  Rec. 301 | Skills can overlap among many HCPs working in the profession of Foot and Lower Limb Healthcare. It is the nurse’s responsibility to know and deliver care within their scope of practice in accordance to their governing body. |
| C.C. Sec. 3  Rec. 302 | Use of footcare tools:  As a rule, if a nurse does not have the knowledge skill and judgement to use specific tools related to the deliver of foot care, they should not use them. Obtaining theory does not justify use of foot care tools.   * Podortho Nurses practicing in the profession of the Foot and Lower Limb are required to do shadow shifts/visits, develop skills, get critiqued by a qualified HCP and use reflective practices. * Additionally, practicing nurses must take into consideration the patients health history, medical diagnosis, medications, etc. |
| C.C. Sec. 3  Rec. 303 | Nurses must adhere to standards outlined by the CNO as it relates to documentation. The OPNA recommends tracking all client care related activities, use reputable assessment tools (Patient Intake forms, Lower Leg assessments, log books, etc.), multidisciplinary reporting strategies (referral forms, etc.) and any documents recommended by regulatory bodies. |
| *C.C. Sec. 3*  *Rec. 304* | Accountability in practice:   * It is the nurse responsibility to do research and remain current with best practices and satisfy any educational requirements to competently practice * Nurses are accountable for their actions and must report error to the CNO regardless of their practice setting * The Podortho Nursing Core Competencies are a guide to practice only and will be updated in a time efficient manner to reflect current practices. |

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| **Core Competency: Infection Control and Prevention** | |
| C.C. Sec. 4  Rec. 401 | All nurses practicing Foot and Lower Limb Healthcare must follow Infection control and prevention practices reflective of guidelines of evidence-based practices and as outlined by nursing governing bodies.   * Extra precautions and appropriate PPE is required when warranted * It is highly recommended to wear a face mask when using rotary tools or when infectious diseases are present. Remember infectious diseases can not always be seen. Health assessments are vital. Practice with caution! * Adequate hand hygiene and use of gloves during treatment is mandatory |
| C.C. Sec. 4  Rec. 402 | After each and every treatment all equipment, furniture and objects in the treatment area must be wipe down with a hospital grade solution. Floors should be swept/vacuumed between clients and mopped daily. If visiting a home, highly suggest client vacuums the area and washes linen after each visit. |
| C.C. Sec. 4  Rec. 403 | Nurses should wear none fabric indoor work shoes and routinely wipe them down. Disposable booties can be worn and changed between client appointments.  The OPNA recommends using a disposable grown during treatment. A new clean gown must be used for each client. If the nurse is seated during treatment, we suggest draping a towel over the knees. All fabrics must be washed in hot water with an antimicrobial cleaning agent. |
| C.C. Sec. 4  Rec. 404 | Educate clients:  If contagious diseases are present, inform clients of any risks and prevention strategies. For example: if a client is presented with onychomycosis teach them strategies on how to kill the microorganism, such as; footwear and sock care, treatment compliance, foot hygiene, etc. Clients may also need a referral to MD. |
| C.C. Sec. 4  Rec. 405 | Medical tools/devices must be properly cleaned and sterilized between treatment procedures to prevent the spread of infections diseases. According to the CPSA Medical Device Reprocessing (MDR) standards for best practices tools need to be cleaned in an enzymatic solution or detergent proceeding subsequent high-level disinfection or sterilization, in accordance to manufactures directions. Chemical or Autoclave reprocessing are acceptable practices.   * Cleaning and sterilization should be in a designated area * Proper PPE used. Read manufactures directions. * All surgical tools need to be properly cleaned and dried before sterilizing. * Keep a log – date when new bottle was opened, testing solutions, discarded and new solutions, etc. * Tools must be stored in a clean dry area * Disposable tools are a one time use only   The OPNA has a list of resources on the topic of Reprocessing Medical Devices but it should be discussed in any reputable Foot and Lower Limb Healthcare program. |

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| **Core Competency: Advanced Foot and Lower Limb Healthcare** | |
| C.C. Sec. 5  Rec. 501 | All Podortho Nurses are required to have comprehensive training where in-depth theory is studied, evidenced based practices are applied and skills sets are practiced and approved by certified clinician. The goal of the Podortho Nurse is to optimize Foot and Lower Leg health, improve client mobility and overall Health Related Quality of Life.  In relation to the anatomy and physiology, as outlined in C.C. Sec.1, HCP are required to have a comprehensive training, knowledge, skill, judgement and the ability to identify disease processes that are considered high risk facts wherein client’s health and quality of life are negatively impact. |
| C.C. Sec. 5  Rec. 502 | Provide a complete Lower Leg Assessment, including; assessing for edema, mobility, condition of skin and potential related disease processes, lower leg pain, sensation, Diabetic Foot assessment, foot and nail deformities, co-morbidity factors, health history, circulation, ABPI, (or TBPI for DM patients, usually done in vascular lab). |
| C.C. Sec. 5  Rec. 503 | Advanced Foot and Lower Limb Healthcare skills can also include; nail reconstruction, nail bracing, remove ingrown toenails, fitting braces or assistive devices, advanced wound care, nail and soft tissue debriding, etc. Any of these procedures can improve overall health quality of life by either preventing infection, decrease pain, improve balance and mobility, and mental well-being. |
| C.C. Sec. 5  Rec. 504 | Podortho Nurses are required to obtain knowledge skill and judgement surrounding use of medical rotary tools, this includes; knowing the correct bit for each procedure; which are disposable or good for reprocessing; infection prevention and control; equipment maintenance, etc. Recommended training courses for Podortho Nurses can be found on the OPNA website. |

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| **Core Competency: Beyond Basic Foot Care** | |
| C.C. Sec 5  Rec. 501 | Basic wound care:  If a client develops a minor trauma wound during routine procedures it needs to be cleansed and dressed appropriately, in accordance to Best Recommend Practices.   * Nitrate can be used to stop bleeding when necessary, thus why it is important to know the clients’ health Hx, medical diagnosis, current medications (blood thinners), etc.   Advanced wound care:  A complete lower leg assessment is mandatory if a client is presented with foot or lower leg wound (trauma wound, arterial or venous ulcers, diabetic foot ulcers, etc).   * Confirm any medical history and diagnosis with clients. Establish nursing diagnosis and any recommendations for treatment. * Discuss assessment findings and proposed care plan with MD, obtain recommendations and any further medical referrals * Most often wound care is required every 2-3 days either at a clinic or through community nursing, funded by the LHIN. * Consider if the patient has adequate WC support outside of your care.   All wound care must be done using aseptic Best Recommended Practices according to regulatory bodies. Here are a few good WC resources: Wounds Canada, RNAO, Local Health Integrated Network (LHIN) Wound Care Protocols and Integrated Clinical Pathways, NSWOC, etc. |
| C.C. Sec 5  Rec. 502 | Compression Therapy:  Compression therapy is a widely accepted form of therapy that improves circulation, reduces edema and pain, improve chronic venous insufficiency and prevents ulcerations. Nurses must become certified and have obtained knowledge, skills and judgement prior to commencing treatment.   1. Over 30% of the population will develop the need for medical compression therapy. Adherence to the treatment plan can improve quality of life. 2. Approximately 500,000 Canadians are affected by lower limb ulcers, which are generally treated using evidenced-based protocols with in a community setting. Compression stockings are contraindicated until the ulcer heals. 3. It is highly recommended that all Podortho nurses take a Compression Stocking Fitters course within the first year of membership. 4. Vascular assessment: A vascular and physical reassessment is necessary every 6 months if the patient has a history of cardiac disease, renal disease, diabetes, rheumatoid arthritis, increased pain, recurrent ulcerations. 5. MD orders are often required and for insurance reimbursement. 6. Patients with cardiac disease, renal disease, diabetes, rheumatoid arthritis, or increased pain during treatment must be seen by an MD. 7. Educating patients will facilitate adherence to the care plan |
| C.C. Sec 5  Rec. 503 | Laser Therapy:  Prior to conducting any procedures, Podortho Nurses are required to gain extensive knowledge surrounding the use of laser therapy. Several clinal trails report success in treating onychomycosis, hair and tattoo removal, pain management, cosmetic therapy, etc.   * Practicing nurses must receive training from a reputable educator or manufactures technician. Subsequently, the nurse will have gained knowledge, skills, and judgement to safely commence laser therapy treatments. * A systematic health assessment is vital in implementing a Plan of Care * Documentation is essential for any care provided and will aid in tracking the success of treatment, or a need for revisiting the Plan of Care * Compliance to proposed treatment can often be the biggest struggle, therefore it is important to educate patients as it relates to their disease process, the cost and duration of treatment, and risk VS benefits of receiving laser therapy |
| C.C. Sec 5  Rec. 504 | Orthotics:  Gait analysis, biomechanics, orthotic therapy |
| C.C. Sec 5  Rec. 505 | Marketing and Sales:  Podortho nurses are expected promote services or sales with integrity and conduct fair dealings with the general public. In no way should a nurse mislead clients for personal gain. Transactions are for financial gain but moreover to benefit client and improve client’s overall health quality of life.   * Sales may be directly related to treatment or carry out products * The nurse is required to educate client on any treatments or products sold * Retail sales must be at fair market value and be related to improving patient’s health quality of life |
| C.C. Sec 5  Rec. 506 | The Ontario Podortho Nurses Association makes recommendations regarding approved workshops that offer continuing education credits consistent with the CNOs Quality Assurance requirements. This information is available to OPNA members and upcoming workshops are often sent via email. |
| C.C. Sec 5  Rec. 606 | Podortho nurses are expected to uphold specific standards to maintain their status as a Podortho Nurse Specialist. Firstly, be practicing directly in the field of Foot and Lower Limb Healthcare, or related practices, in a clinical or home-base community setting. Secondly, be an active member of the OPNA and renew membership annually. Thirdly, obtain a Compression Fitters Certificate and Orthotic Therapy training within the first year of membership. Fourthly, improve client’s healthcare experience and overall health quality of life through interdisciplinary teams and holistic healthcare approach. |

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Canadian Standards Association

College of Nurses of Ontario

College of Physicians & Surgeons

Health Quality Ontario

Health Canada

Ontario Nurse Association

Public Health Agency Canada

Public Health Ontario

Public Services Health & Safety Association

Registered Nurses Association of Ontario

The Orthotic Group

Wounds Canada

**Recourses**

Compression Stockings: A practical approach to common complaints.Vol.4, No.2, 2006. Wondscanada.ca

It is expected that all nurses preforming any related Foot and Lower Limb care have obtain acceptable training and possess knowledge skill and judgement to practice. All nurses should require additional training for advanced skills and seek mentors when necessary to ensure public safety.