Atkin, Leanne, Rothwell, Matt and Stephenson, John

Leg health assessment days: facilitating undergraduate training and population empowerment

Original Citation


This version is available at http://eprints.hud.ac.uk/id/eprint/24594/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
LEG HEALTH ASSESSMENT DAYS
Facilitating undergraduate training and population empowerment

Leanne Atkin, Lecturer practitioner/Vascular Nurse Specialist University of Huddersfield  L.atkin@hud.ac.uk
Matthew Rothwell, Senior Lecturer in Podiatry The University of Huddersfield
Podiatric Surgical Trainee Mid Yorkshire Hospitals Trust  m.j.rothwell@hud.ac.uk
John Stephenson, Senior Lecturer in Biomedical Statistics School of Human and Health Sciences
University of Huddersfield  J.Stephenson@hud.ac.uk
Leg assessment days

- Leg health assessment days have taken place with industry support since 2011.
- Members of the public are invited via local press to attend a leg health assessment.
- The assessment is carried out by podiatry undergraduates, supported by practising clinicians.
- The holistic assessment incorporates: medical history, presenting compliant, limb assessment.
- Assessment results are communicated with the individual and any necessary early intervention is recommended, such as lifestyle advice, skin care, provision of hosiery, or instructions to visit the General Practitioner.

FREE
Leg Health Checks
The Podiatry Clinic, Ramsden Building, University of Huddersfield, Queensgate HD1 3DH
Wednesday, 18 February 2015
Aim of evaluation

• To illustrate the benefits of working in partnership with clinicians, academics and industry to improve undergraduate clinical skills
• To promote leg health amongst the local population.

Methods

• Collection of patient demographic information including symptom history and whether patient had accessed a health practitioner about their legs previously
• Patient feedback questionnaire
• Student feedback questionnaire.
Demographics: Age of participants

Age distribution of males and females

Median ages are quite similar but there are a few more younger males and older females.
Length of symptoms

Over half of patient respondents (22; 55.0%) had experienced problems with their legs for more than 3 years, of these 17 had seen an Health Care Practitioner.

The remainder is approximately equally distributed between those with problems for less than 6 months, and those with problems for between 6 months and 3 years.

Most respondents had seen a health care practitioner: in most cases a General Practitioner.
A variety of recommendations had been made by respondents’ practitioners; with compression therapy being the most common.

Skin care/emollients and exercise were also recommended to a number of respondents.
Presenting compliant

- Varicose veins = most common reason.

- Other reasons included skin conditions, gait issues, ulceration or assessing health screening.
Diagnosis

- Muscular Skeletal = most common diagnosis.
- Varicose veins = second highest – symptomatic and asymptomatic in similar numbers.
- Oedema = main diagnosis in 7 patients.
- Others included potential skin cancers, PAD, eczema.
Participant/student feedback results

**Participants:**
41 questionnaires were completed. Most questionnaires were fully completed; however, around 4% of data was recorded as missing.

**Students:**
31 questionnaires were completed. Most questionnaires were fully completed; however, around 2 items had one missing value (about 1% of the total data).
**Participant feedback – how they scored the assessment**

- The score is the sum of responses to all items, with the most negative response being given a score of 1 and the most positive response being given a score of 5.

- The graph is highly skewed, with many more people scoring the day positively than negatively, including 9 who gave it the maximum of 35 out of 35.
### Participant feedback

| Respondent perception of having been listened to | 38 (100.0%) | 0 (0.0%) |
| Respondent perception of having been adequately assessed | Yes | 38 (100.0%) | No | 0 (0.0%) |
| Respondent perception of clarity of information provided | Very clear | 34 (87.2%) | Clear | 5 (12.8%) | Unclear | 0 (0.0%) | Slightly confusing | 0 (0.0%) | Confusing | 0 (0.0%) |
| Respondent recommendation of day to others | Yes | 39 (100.0%) | No | 0 (0.0%) |
| Respondent overall satisfaction level | Very satisfied | 36 (92.3%) | Satisfied | 3 (7.7%) | A little dissatisfied | 0 (0.0%) | Very dissatisfied | 0 (0.0%) |

**Uniformly positive…**

- 100% reported that they felt they had been listened to, been adequately assessed, and would recommend others to attend similar days.

- Most respondents rated the clarity of the information provided to be “very clear”.

- Most respondents rated their satisfaction of the service they received to be “very satisfied”.

Student feedback

Overall student perceptions were strongly positive...

• Over half of the students strongly agreed that their learning was enhanced by the contributions of other professions.

• Almost all students agreed that the session had increased their understanding of how professions work for patient benefit.

• A similar distribution of responses to the statement ‘improved insight into the roles of other professions’.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Frequency (valid %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My learning from this session has been enhanced by the contribution of other professions</td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>17 (54.8%)</td>
</tr>
<tr>
<td>Agree</td>
<td>14 (45.2%)</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Don't know</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>This session has increased my understanding of how health professions work with industry for patient benefit</td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>14 (45.2%)</td>
</tr>
<tr>
<td>Agree</td>
<td>13 (41.9%)</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3 (9.7%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1 (3.2%)</td>
</tr>
<tr>
<td>Don't know</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>This session has given me an insight into the role of another professional group</td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>12 (40.0%)</td>
</tr>
<tr>
<td>Agree</td>
<td>13 (43.3%)</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>2 (6.7%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Don't know</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>
Student perception

A total score was derived for all students; representing a measure of the students’ overall perception of the effectiveness of the day. This measure was calculated to be the sum of scores obtained on individual items; using the coding:

- Strongly agree = 5;
- Agree = 4;
- Neither agree nor disagree = 3;
- Disagree = 2;
- Strongly disagree = 1.

Coding was not required for the Don’t know option as this was not selected by any respondent.

The overall perception scores ranged from 17 to 35 (35 being maximum score); with a mean score of 30.2 (SD 4.37).

Overall, students perception of the effectiveness of the day was very high, and consistent across the cohort.
Discussion

The benefits for the undergraduate practitioner:
• Develop assessment skills under supervision
• Understand appropriate referral pathways for those requiring medical input
• Appreciate the need and the clinical benefits of early intervention for venous/lymphatic insufficiency.

The benefits for the participant:
• The process of self referral facilitates empowerment
• Promotes self care
• Individuals feel listened to and supported
• Prevents disease progression and, potentially, the development of further complications.
• Facilitates timely specialist referral in cases requiring prompt review.

Conclusion

Leg health assessment days facilitate both undergraduate training and health promotion. The days gain positive feedback from both individuals and undergraduates.
Thank You

Questions?