Clarification of training requirements for higher specialist trainees in Geriatric Medicine in Tissue Viability

Tissue ulcers are an important cause of morbidity and mortality amongst our frail elderly patients, both within hospital and in an out-patient setting.

Pressure ulcers cause immense suffering and considerable increases in length of stay. An understanding of the causes of pressure ulceration is fundamental to prevention of occurrence. Risk factors can be reduced, early change detected and appropriate management instituted. Engagement with the tissue viability team and understanding of available interventions is essential to this.

Peripheral ulcers represent a great burden both to the patient and to the Health Service. Broadly there are four types of ulcer:

- Arterial ulcers – which are life and limb threatening
- Venous ulcers – which have a high social impact, are difficult, time consuming and expensive to manage and recur
- Diabetic foot ulcers – which are limb threatening and recur
- ‘Other’ – including vasculitic ulcers and malignancies – are difficult to diagnose and challenging to treat.

Accurate diagnosis, correct treatment and appropriate specialist referral is essential in their effective management.

The core grid from the 2010 curriculum is detailed below. Trainees should link with services out with Geriatric medicine in order to gain the necessary experience and competencies. Pressure ulcers and peripheral ulcers are multidisciplinary challenges involving teams from several areas including:

- Tissue Viability
- Diabetes
- Vascular Surgery
- Dermatology

A thorough and holistic understanding of these complex clinical scenarios will benefit from engagement with the above teams. This could be through attendance at clinics, ward rounds, multidisciplinary team meetings and could potentially include visits in a community setting. One or two sessions with each of the four specialty teams defined is recommended. Some of the required knowledge can be gained through tutorials and teaching sessions. SLEs should be completed to evidence acquisition of competencies and aid learning and reflection. Additionally, attendance at, and reflection on, teaching sessions can be linked to the eportfolio.
Core curriculum competencies in Tissue Viability

To have the knowledge, skills and behaviours required to, diagnose and monitor common types of leg and pressure ulceration, surgical and other wounds in older patients.

Knowledge

- Basic biology and disease processes of ageing skin
- Aetiology, risk factors and pathology of common causes of ulceration
- Prevention of ulceration, in particular pressure relief
- Risk Scores for prevention e.g. Waterlow, Norton, Braden
- Principles of wound and stump care
- Nutrition relating to tissue viability
- Dressings, topical and systemic antibiotic therapy
- Indications and techniques for non-surgical and surgical debridement
- Compression treatment, larval and vacuum therapy
- Indications for skin biopsy

Skills

- Physical examination including diabetic foot screening
- Undertake Ankle-Brachial Pressure Index measurement and Dopplers
- Diagnosis of benign or malignant lesions and the reasons for non-healing
- Ability to diagnose the common types of skin ulceration in the elderly
- Managing scenarios in lipodermatosclerosis, pressure and diabetes
- Ability to understand indication for different dressing and other therapy
- Recognise unusual causes of non-healing e.g. malignancy, vasculitis

Behaviours

- Assesses patients holistically, includes systemic and functional factors
- Works with other members of the multidisciplinary team including nurses, podiatrists and other members of the wound care team
- Liaises and refers appropriately with other departments such as vascular surgery and diabetes

Specific Learning Methods

- Observation and discussion with team – tissue viability team, Consultant colleagues, podiatry, ward nurses and therapists
- Attendance at specialist clinics – e.g. leg ulceration, vascular
- Attachment to specific departments/teams such as tissue viability team (including community), diabetes foot round