Building A Successful Foot Care Team

What constitutes a Foot Care Team?

- Anyone and everyone involved in the care of a given patient's feet
- May be on site, face-to-face
- May be virtual

Why the team approach?

- Comprehensive treatment and follow-up
- Continuity of care
- Provides instantaneous, firsthand feedback
- Eliminates communication breakdown
- Allows for a variety of input
- Can increase patient compliance
- Efficiency in delivery of services
- Expectation management

Why the team approach?

Improved Outcomes

- **Especially in management of the diabetic foot**

- Somayaji R, Elliott JA, Persaud R, Lim M, Goodman L, Sibbald RG. **The impact of team based interprofessional comprehensive assessments on the diagnosis and management of diabetic foot ulcers: A retrospective cohort study.** *PLoS One*. 2017;12(9):e0185251. Published 2017 Sep 26.
- Driver, Vickie R. et al. **The costs of diabetic foot: The economic case for the limb salvage team.** *Journal of Vascular Surgery*, Volume 52, Issue 3, 17S - 22S
- Cahn A, et al. **Establishing a multidisciplinary diabetic foot team in a large tertiary hospital: a workshop.** *Diabetes Metabolism Research and Review.* 30;5 July 2014, 350-3.
- Hatch DC, Armstrong DG. **The Multidisciplinary Team Approach To The Diabetic Foot.** *Podiatry Today*, 29;6 June 2016, 16-21
- Korzon-Burakowska A, Dziemidok P. **Diabetic foot - the need for comprehensive multidisciplinary approach.** *Ann Agric Environ Med.* 2011;18(2):314-7.
- Fitzgerald RH, Mills JL, Joseph W, Armstrong DG. **The diabetic rapid response acute foot team: 7 essential skills for targeted limb salvage.** *Eplasty*. 2009;9:e15. Published 2009 May 5.
- Pinzur MS, Cavanah Dart H. **Team Approach: Treatment of Diabetic Foot Ulcer.** *Journal Bone Joint Surgery* Rev. 2016 Jul 26;4(7).
- Huang DY, Wilkins CJ, Evans DR, et al. **The diabetic foot: the importance of coordinated care.** *Semin Intervent Radiol*. 2014;31(4):307–312.
- Van Acker K, Garoufalis M, Wilson P et al. **POINT: podiatry for international diabetic foot teams.** J Wound Care 2018; 27(Sup 11):1–32.
- Buggy A, Moore Z. **The impact of the multidisciplinary team in the management of individuals with diabetic foot ulcers: a systematic review**. *J Wound Care*. 2017 Jun 2;26(6):324-339.

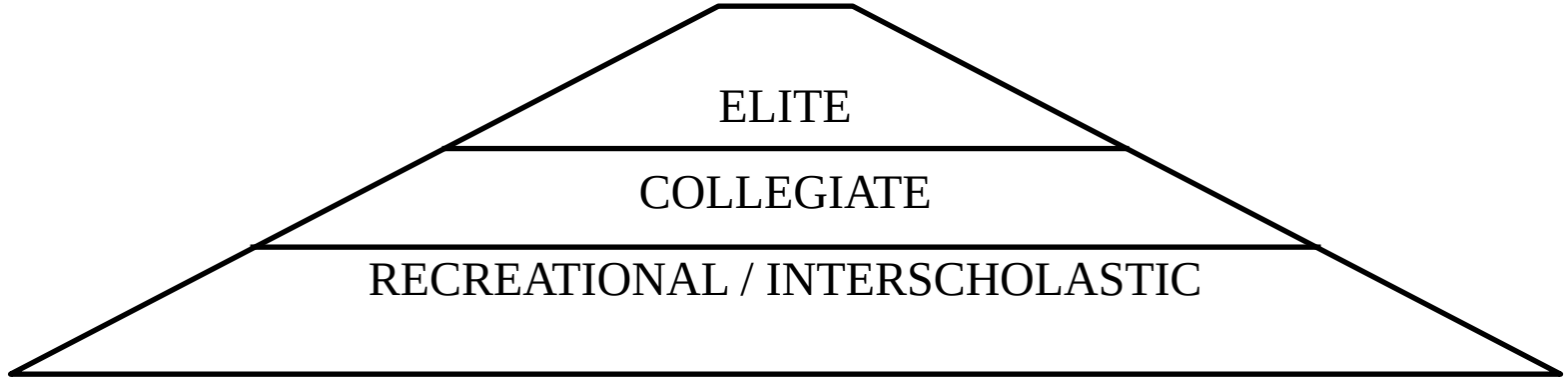
Teamwork

No place is the concept of a

Comprehensive Foot Care Team

more evident than in the treatment of an elite athlete.

Athletic Care Pyramid Paradox



Group with fewest number of members has most comprehensive care team / receives most extensive care

What are the elements of a successful team?

- Unified objectives/common goals
- Wide open channels of communication
- Open minds
- Open exchange of ideas
- Members support one another
- Shared approach/synchronized efforts
- Each member understands his/her role
- Members understand each other’s roles
- End justifies the means

Why be part of the team?

- From a patient-care standpoint
  - Simplifies and clarifies your task
  - Reinforces your standing with the patient
- From a business perspective
  - Networking opportunities
  - Excellent exposure
  - Can significantly increase referrals

Let’s Meet The Team

Patient

- Patient and their family – most important team members!

Nurses

- Licensed Practical Nurse Vs. Registered Nurse
    - An LPN license provides a nurse a functioning license in order to provide nursing, but in many states, an LPN is more limited in the care he or she can provide than an RN. An LPN, for instance, my not be able to deliver certain types of medications, so their work opportunities may be more restricted.
    - An RN degree provides a nurse to perform the full scope of nursing care to patients. In some states, such as California, LPNs are also called LVNs, or Licensed Vocational Nurses, so you may see the terms LPN or LVN used interchangeably.
    - There are two ways to become an LPN:
        - Diploma-based program, which awards an LPN degree based on clinical hours rather than just classroom hours.
        - Associate's degree program that will also award an LPN degree upon completion.
    - There are three main ways to become an RN:
        - Bachelor of Science degree in nursing (BSN). Bachelor's degree through a traditional university then earn RN degree upon completion of the program and successful passing of the NCLEX licensing exam. A BSN-RN degree typically takes between 4 and 5 years full-time for undergraduate students, but may be completed in as quickly as one to two years through an accelerated program if one already has a Bachelor's degree in another field.
        - Associate's degree in nursing (ADN). Earn your associate's degree from a licensed program, than earn RN upon program completion and NCLEX passage - ADN-RN.
        - RN diploma program. Diploma programs are more limited, but are based on clinical hours and prepare one to take the NCLEX degree, which will award an RN license. Upon completion of this program, one will be an RN.

Physician's Assistant

- Master's degree (2-3 yrs). Most programs require three years of healthcare experience before even applying.
- Physician assistant degree programs include 2,000 hours or more of clinical rotations.
- A certified physician assistant is responsible for performing tasks and procedures under the supervision of a doctor or other medical professional. They may work in a specific field, such as family medicine, internal medicine, general surgery, obstetrics and gynecology, emergency medicine, or psychiatry.
- Graduates of a PA program need to pass the Physician Assistant National Certifying Exam (PANCE) and obtain a state license before they can practice.

Nurse Practitioner

- Aka Advanced Practice Registered Nurse
- 4-yr BSN
- NP is a master's degree program that takes 2-4 years (typically includes an additional 600 hrs of clinical work above and beyond RN training – requirements vary by state)
- Typical responsibilities of a Nurse Practitioner include:
  - Diagnosing and treating acute illnesses, injuries and infections
  - Writing prescriptions for medications, including their dosage and frequency
  - Ordering and conducting diagnostic tests, like electrocardiograms (EKGs) and x-rays
  - Teaching patients about managing their health, make recommendations and design treatment plans
  - Examining and recording patient medical histories, symptoms and diagnoses
  - Providing guidance to patients about medications, side effects and interactions

What's the difference?

- The PA tradition draws more from a medical model. The NP model of course draws from the nursing tradition, one that has traditionally included a whole person and wellness approach.
- It is actually the PA, not the NP who has the more generalist advanced education. NPs are educated to serve specific populations, though the population can be as broad as family primary care. NP certification examinations reflect a particular population. PAs get a somewhat broader education in their graduate programs. They take a generalist examination for licensing purpose.
- A NP who seeks to change specialties can expect additional formal training requirements and an additional certification exam. This is not the case with PAs. The PA discipline has traditionally been thought of as one where a person can change specialties relatively easy.
- NPs and Pas often compete for the exact same jobs.

Certified Diabetes Educator

- What is a CDE?
  - One must be a healthcare professional who has a defined role as a diabetes educator, not for those who may perform some diabetes related functions as part of or in the course of other usual and customary duties.
  - Practice as a diabetes educator means actively employed for compensation, providing a direct or indirect professional contribution to the care and self-management education of people with diabetes.
  - Diabetes education, also referred to as diabetes self-management education or diabetes self-management training, is performed by health care professionals who have appropriate credentials and experience consistent with the particular profession's scope of practice. Diabetes self-management education is defined as the interactive, collaborative, ongoing process involving the person with diabetes or pre-diabetes and/or the caregivers and the educator(s).
- AADE – American Association of Diabetes Educators (15,000 in US)

Diabetes Educator

Certified by National Certification Board for Diabetes Educators (NCBDE)

A. Licenses (current, active, unrestricted license from one of the United States or its territories):

- Clinical Psychologist
- Registered Nurse (includes Nurse Practitioners, CNS)
- Occupational Therapist
- Optometrist
- Pharmacist
- Physical Therapist
- Physician (M.D. or D.O.)
- Podiatrist

B. Registrations/Certifications

- Dietitian or dietitian nutritionist holding active registration with the Commission on Dietetic Registration
- PA holding active registration with the NCCPA
- Exercise physiologist holding active certification as an American College of Sports Medicine Certified Clinical Exercise Physiologist (ACSM-CEP®)
- Health educator holding active certification as a Master Certified Health Education Specialist from the National Commission for Health Education Credentialing

C. Health care professional with a minimum of a master's degree in social work from a United States college or university accredited by a nationally recognized regional accrediting body

Minimum 2 years of professional practice *and* 1000 hours providing Diabetes Education

Complete 15 hours of Continuing Education

Apply to sit for exam

Orthopaedic Surgeon

- 4 yrs. pre-med
- 4 yrs. medical school
- 5 yrs. orthopedic residency
- 1-2 yrs. fellowship
- Approximately 150 accredited orthopaedic residency programs, with over 3,000 residents nationally, and 610 positions available for new residency applicants (>700 applicants/yr).

Orthopaedic Surgeon

- Certified by American Board of Orthopaedic Surgery, *or*
- American Board of Physician Specialties

- AAOS – American Academy of Orthopaedic Surgeons
- AOFAS – American Orthopaedic Foot and Ankle Society

AAOS
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

AOFAS
AMERICAN ORTHOPAEDIC FOOT & ANKLE SOCIETY®
Dynamic. Decisive. Dedicated.

Physiatrist

- 4 yrs. Pre-med
- 4 yrs. Medical school (MD or DO)
- 1 yr. internship in medicine
- 3 yrs. physiatry residency (currently 80 accredited programs)
- 1 yr. fellowship (optional)

- Certified by American Board of Physical Medicine and Rehabilitation

- AAPMR – American Academy of Physical Medicine and Rehabilitation

Podiatry

- DPM—Doctor of Podiatric Medicine: A doctor specializing in the prevention, diagnosis and treatment of foot disorders resulting from injury or disease

- AACFAS—Associate, American College of Foot and Ankle Surgeons
- FACFAS—Fellow, American College of Foot and Ankle Surgeons
- FACPOPM—Fellow, American College of Podiatric Orthopedics and Primary Medicine

- There are approximately 14,000 licensed podiatrists in the United States. Approximately 450-500 students graduate all podiatry schools each year.

- Bachelor's Degree—Pre Med
- 4 years at Podiatry School
- Clinical rotations after 2nd year

Schools of Podiatry

- 9 Podiatry schools in the U.S.
  - Rosalind Franklin (Scholl College)—Chicago, IL
  - Midwestern University—Glendale, AZ
  - Barry University—Miami Shores, FL
  - Samuel Merritt University—Oakland, CA
  - Des Moines University—Des Moines, IA
  - Kent State University—Independence, OH
  - New York College—New York, NY
  - Temple University—Philadelphia, PA
  - Western University—Pomona, CA

Physical Therapist

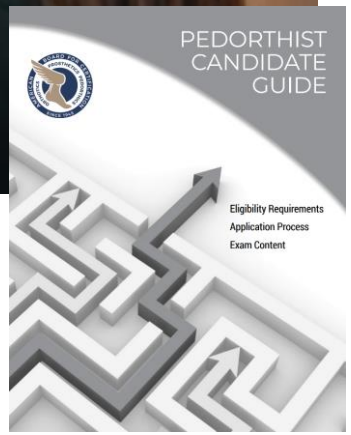
- 239,800 PTs in the US
- There are more than 200 accredited PT programs in the US.

- Bachelor's degree, *and*
- Doctor of Physical Therapy (DPT) – 3-year program
- Optional 1-year post-graduate residency.

- Licensing requirements vary by state but all include passing the National Physical Therapy Examination administered by the Federation of State Boards of Physical Therapy.
- The American Physical Therapy Association (APTA) is a U.S-based individual membership professional organization representing more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy.

Certified Pedorthists

- How many CPeds in US?
  - 1700 ABC
  - 200 BOC
- Becoming a CPed
  - High school diploma or equivalent
  - Completion of ABC-approved pedorthic pre-certification program
  - Letter of Competency Attestation
  - 1000 hours of supervised experience
  - Pass board exam



Certified Prosthetist/Orthotist

- Becoming a CO, CP or CPO
  - Masters degree in O&P
  - Bachelors or Masters degree in other major, plus completion of approved O&P program
  - 12- or 18-month residency
  - Pass written and practical board exams

CAAHEP-approved Programs

O&P Schools

- Alabama State, College of Health Sciences
- California State University
- Loma Linda University School of Allied Health Professions (CA)
- University of Hartford (CT)
- Florida International University
- Georgia Institute of Technology
- Northwestern University
- Eastern Michigan University
- Concordia University (MN)
- University of Pittsburgh
- Baylor College of Medicine
- University of Texas Southwestern Medical Center
- University of Washington

Certified Fitter of Therapeutic Shoes

- Becoming a CFts
  - High school diploma or equivalent
  - Completion of ABC-approved pre-cert course
  - Letter of Competency Attestation
  - 250 hours supervised experience
  - Pass board exam

The Academy of Pedorthic Science
Contact: Krin Patrie
Phone: (678) 498-2977
Email: **info@academyofpedorthicscience.com**

CFS Allied Health Education
Contact: Yolanda Sevier, C.Ped., CFo
Phone: (918) 266-3678
Email: **yolanda@cfsclassroom.com**

Dr. Comfort
Contact: Brian Lane, C.Ped.
Phone: (800) 556-5572
Email: **Brian.Lane@djoglobal.com**

OandPEdu
Contact: Minerva Mendoza, CFo
Phone: (530) 229-0337
Email: **minerva@oandpedu.com**

Anodyne
Contact: William Kanter, C.Ped.
Phone: (844) 637-4637
Email: **Billyk@anodyneshoes.com**

A Day in the Life…

A day in the life...

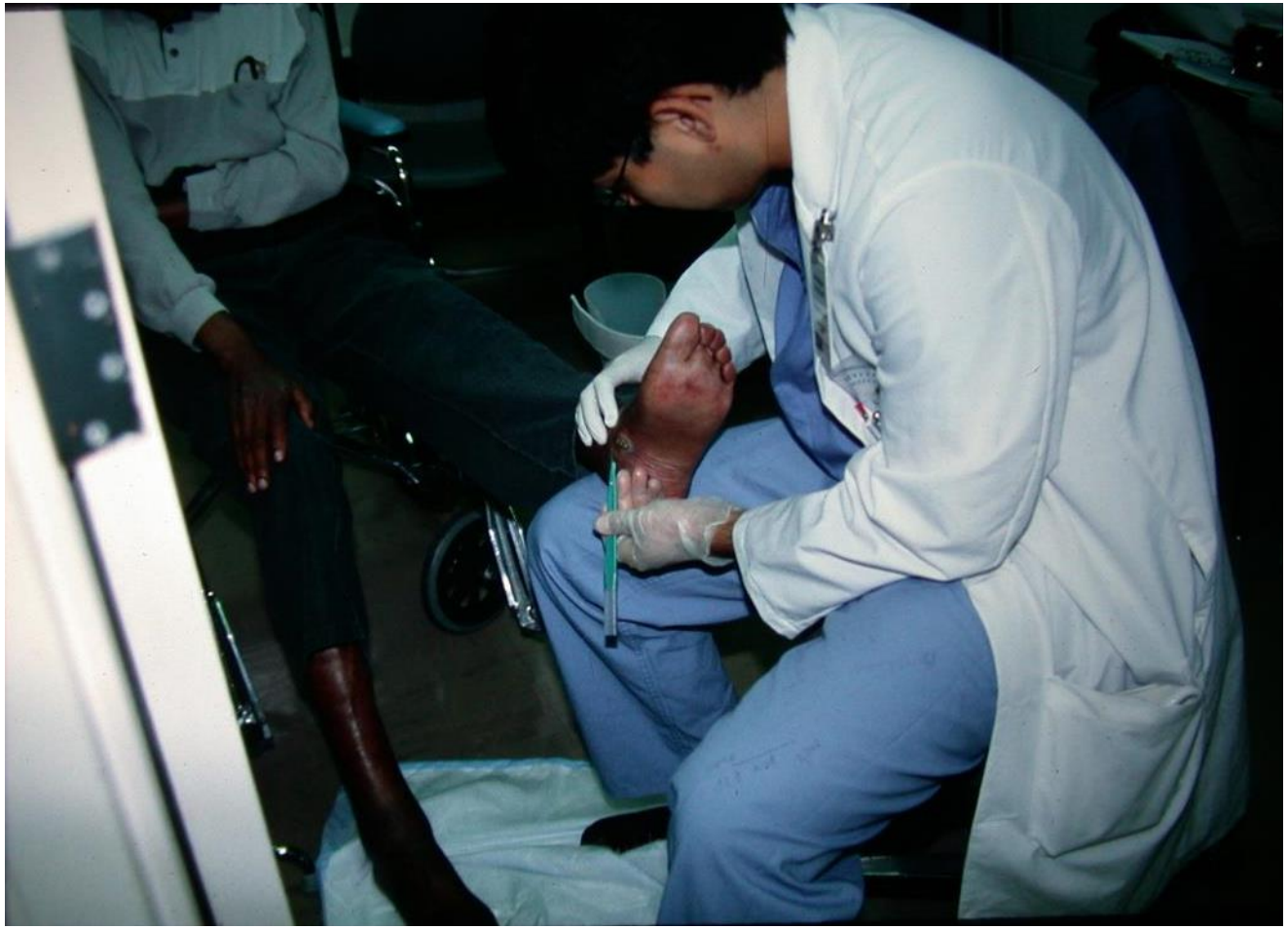
Patient decides to seek help

A day in the life...

- Nurse coordinates team members, deals with health insurance issues, sets up patient visit and preliminary studies and performs innumerable other duties

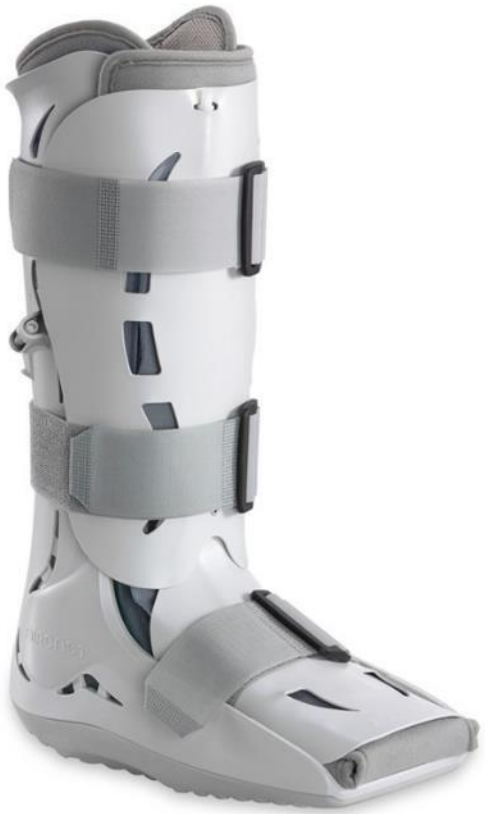
A day in the life...

- Physician examines patient
- Physician consults with team
- Physician devises treatment plan (surgical v. conservative)



A day in the life…

- Team implements plan (either conservative or post-operative treatment)
  - Total contact casting
  - C.R.O.W.
  - Pneumatic walker boot
  - Off-the-shelf walker boot
  - Shoes and orthoses
  - AFO or prosthesis
  - Any combination of above



A day in the life…

- Follow-up as a team at subsequent office visits
  - Adjustments to plan and/or modalities as needed
- Follow-up individually in between physician visits
  - Adjustment to modalities as needed
  - Other team members are apprised of any problems and adjustments

How can you join the team?

- Contact physicians (old and new)
  - Physicians from many disciplines run diabetic foot and/or wound clinics
    - Orthopaedic surgeons
    - Endocrinologists
    - Podiatrists
    - Physical medicine

How can you join the team?

- Contact physicians
  - Physicians from many disciplines run diabetic foot clinics
  - Must be a need for a C. Ped. in clinic
  - Create a need
  - Must build relationships with physician *and* support staff

How can you join the team?

- Contact physicians
- Contact wound care centers
- Join local Diabetes Educators association

Conclusion

6 “C”s of the Comprehensive Foot Care Team

- Coordination
- Consistency
- Continuity
- Compliance
- Communication
- Competency

The End