

the 17<sup>th</sup> malvern  
**DIABETIC FOOT  
CONFERENCE**

16-18 May 2018



Abbey Hotel

Cover illustration by Heather Frykberg

<https://MujahidSaeed.com>

MALVERN THEATRES  
MALVERN, WORCESTERSHIRE

# Abstract 2

## Assessing and Improving Self-reported Knowledge/Confidence of Diabetes Specialist Registrars in Managing Diabetes-related Foot Problems

**Authors** A Agha <sup>1</sup>, MA Saeed <sup>2,3</sup>

<sup>1</sup>. Department of Diabetes, City Hospital Birmingham;

<sup>2</sup>. Department of Diabetes, University Hospitals Birmingham, Birmingham, UK,

<sup>3</sup>. School of Clinical and Experimental Medicine, University of Birmingham, Birmingham, UK

**Aim** Diabetes mellitus is the commonest cause of non-traumatic limb amputation,<sup>1</sup> and Diabetes Specialist Trainee Registrars (D-StRs) complete a national curriculum to attain competency in diabetic foot care, however, there is no specific measure of their confidence in managing diabetic foot complications. The authors attempted to assess this by using a self-reported questionnaire.

**Methods** The survey was conducted at the West Midlands Diabetic Foot Workshop organised by the Diabetes Department at University Hospitals Birmingham in association with the Young Diabetologist and Endocrinologist Forum (YDEF). All 19 participants answered 18 questions on a Likert scale of 1–10, on confidence/knowledge in specific foot-related topics before and after the course. These included themes such as awareness of amputation rates and avoidance, management of diabetic foot ulcers, antimicrobial guidelines, offloading appliances and setting up a multidisciplinary diabetic foot service.

**Results** The results showed a baseline mean confidence/knowledge of 5.2 Likert scale points which improved to 7.9 after the workshop. It also showed that a multidisciplinary, practical and focused foot workshop can help improve confidence/knowledge of D-StRs in diabetic foot care by an average of 2.7 Likert scale points (27%). The maximum improvement was seen in topics including radiological identification of osteomyelitis/Charcot's (32.7%), understanding the financial burden of foot complications in diabetes on the NHS (29.5%) and the methodology of sampling for a bone biopsy (28.9%).

**Conclusion** To the best of the authors' knowledge this is the first self-reported confidence/knowledge assessment of D-StRs and it can guide us towards steps to enhance speciality training in the diabetic foot.

**References** 1. Kerr M, Rayman G, Jeffcoate WJ. Cost of diabetic foot disease to the National Health Service in England. *Diabet Med* 2014; 31: 1498–1504.