

# Foot STAMP (Short-burst Teaching Aimed at Medical Professionals)

Impact of “short-burst” teaching on the knowledge regarding the Ipswich Touch Test

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## INTRODUCTION

- Diabetes is the most common aetiology of peripheral neuropathy in the developed world.
- Nearly 75% of these complications are preventable when diagnosed early and managed appropriately.
- However, diabetes-related peripheral neuropathy is significantly under-diagnosed by both general physicians and specialists.
- The Ipswich Touch Test is a quick and easy test designed to screen for peripheral neuropathy in diabetes but is poorly utilised.
- Alternative and creative ways to improve awareness of the condition and its diagnosis is imperative.
- We, therefore, assessed the impact of a 5-minute “short-burst” tutorial for junior doctors on screening for DPN.

## METHODOLOGY

- The study was done in March 2015 at the Queen Elizabeth Hospital Birmingham, University Hospitals Birmingham NHS Trust.
- All junior doctors working in the hospital during the study period were included in this study.
- Those doctors who were already familiar with the Ipswich Touch test were excluded from the study.
- Initially, an anonymous online survey was put to the junior doctors to assess their knowledge regarding the Ipswich Touch Test.
- Doctors unaware of the test were invited to a “short-burst” tutorial.
- The tutorial was a face-to-face interaction using a 5-minute presentation focusing on the background and procedure of the test followed by a question and answer forum to clarify doubts arising from the presentation.
- A week later, these junior doctors were re-invited to the online survey to assess the usefulness of the short tutorial.
- The resulting change in the knowledge surrounding the Ipswich Touch Test was statistically analysed using Prism Version 6.0 (Graphpad Inc, USA) and the results were tabulated.

## IPSWICH TOUCH TEST

- Also known as the ‘Touch the Toes Test’.
- It was designed by Dr. Gerry Rayman at Ipswich Hospital.
- It is a quick and easy test designed to screen for peripheral neuropathy in the feet.
- After explaining the tests to the patient, the toes are examined by a light touch of the finger in the sequence shown below.
- If two or more toes across the feet have reduced sensation, peripheral neuropathy is likely.



## RESULTS

- We received 43 responses to the initial survey in which 38 doctors were not familiar with the Ipswich Touch Test. Following the tutorial, 37 of these doctors completed the post-presentation survey.
- There was a statistically significant improvement in the overall knowledge about the Ipswich Touch Test amongst the junior doctors following our educational intervention.
- Only a third (37.8%) of the junior doctors were able to recall the recommended sequence of toe testing in the Ipswich Touch Test.
- Interestingly, although, three-fourths (75.6%) of the respondents were able to recall the toes to be tested, they incorrectly reported the sequence.

Survey questions	Expected responses	Score in percentage (%)		Significance of change
		Pre-tutorial (n=38)	Post-tutorial (n=37)	
What is the Ipswich Touch Test used for?	To screen for diabetic peripheral neuropathy	2.6	97.3	p<0.01
How many toes are tested in the test?	Six	2.6	89.2	p<0.01
What instrument/device is used for testing?	Finger / No instrument/device	0	86.5	p<0.01
How firmly would you touch the toes in the test?	Light as a feather / Light touch	28.9	97.3	p<0.01
How long would you touch the toes while testing?	1-2 seconds	21.1	94.6	p<0.01
How many times should a toe be touched before it is diagnosed with impaired sensation?	Once	2.6	91.9	p<0.01
The sensation is impaired if the patient did not feel _____ or more toes across both feet	Two	13.2	73.0	p<0.01
In what order would you test the toes in the Ipswich Touch Test?	Right great toe, right little toe, left great toe, left little toe, right middle toe, left middle toe	0	37.8	p<0.01

**Table 1: Results of the online questionnaire.** There was a significant improvement, from 8.9% pre-intervention to 83.5% post-intervention in the overall knowledge about the Ipswich Touch Test. Interestingly, although, 75.6% of respondents were able to recall the toes to be tested, only 37.8% of the junior doctors were able to recall the recommended sequence.

## CONCLUSION

- Our “short-burst” teaching significantly helped improve the knowledge surrounding the Ipswich Touch Test.
- Junior doctors found recalling the order of toe testing most challenging but remembered the importance of the randomness in the test.
- As this educational intervention required minimal use of time and resource, it may be considered while designing induction training.

## LIMITATIONS

- The current study included a small targeted population without controls.
- We faced difficulty organising face-to-face teaching as the junior doctors were on different rotas throughout the day needing multiple teaching sessions. Although, we minimised inter-session differences by ensuring the delivery was by the same presenter.

## REFERENCES

- Diabetes UK, 2012. Touch the toes test. Available at: [http://www.diabetes.org.uk/Documents/Guide to diabetes/monitoring/Touch-the-toes-test.0812.pdf](http://www.diabetes.org.uk/Documents/Guide%20to%20diabetes/monitoring/Touch-the-toes-test.0812.pdf)
- Rayman, G. et al., 2011. The Ipswich Touch Test: a simple and novel method to identify inpatients with diabetes at risk of foot ulceration. *Diabetes care*, 34(7), pp.1517–8.