



The Bled experience in diabetic foot approaches

From Step by Step to Train the Foot Trainer and beyond

Vilma Urbančič Rovan

Kristien van Acker

On behalf of D-Footer International

Trieste, Jan 31st – Feb 1st, 2019



Il /la dr./sa Kristen Van Hacker dichiara di NON aver
ricevuto negli ultimi due anni compensi o
finanziamenti da Aziende Farmaceutiche e/o
Diagnostiche

Dichiara altresì il proprio impegno ad astenersi,
nell'ambito dell'evento, dal nominare, in
qualsivoglia modo o forma, aziende farmaceutiche
e/o denominazione commerciale e di non fare
pubblicità di qualsiasi tipo relativamente a specifici
prodotti di interesse sanitario (farmaci, strumenti,
dispositivi medico-chirurgici, ecc.).



- Podiatry - the cornerstone of adequate foot care.
- Only 19 of the 212 countries in the world have licensed podiatry education.
- These 19 countries also supply podiatrists to approximately 15-20 other countries.
- This is still inadequate for the extent of the diabetic foot problem worldwide

Podiatry in Europe

EUROPE

+ Podiatrists

Podiatrists -



Health care systems in Central and Eastern Europe

No official state-registered educational programme for chiropodists and podiatrists.

Pedicurists are the only professionals dealing with foot care. Pedicurists are not health care workers and their level of education is low.

Health care systems in Central and Eastern Europe

Diabetic podiatry is delivered mostly by diabetologists and additionally trained diabetes nurses, only exceptionally by podiatrists trained in England, Spain, Netherlands, Belgium, ...

Step-by-Step with WDF



- Initiated in 2003
- Pilot programmes in India (2004) and Tanzania (2005);
- Goals: to improve educational skills and the management of diabetic foot problems → cascade effect and sustainability in the region/country
- An experienced national and international faculty is responsible for teaching and the practical sessions.
- Teams: a doctor and a nurse or paramedic
- Basic course, advanced course
- Mandatory data collection

The 'Step by Step' Diabetic Foot Project in Tanzania: a model for improving patient outcomes in less-developed countries

Zulfiqarali G Abbas, Janet K Lutale, Karel Bakker, Neil Baker, Lennox K Archibald

70% of leg amputations in Tanzania occur in diabetic patients
2003: Step by Step Foot Project initiated.
15 centres participated during 2004-2006, 12 during 2004-2007.

Int Wound J 2006; 34: 169-175



GLOBAL REPORT

Step by Step, improving diabetic foot care in the developing world

A pilot study for India, Bangladesh, Sri Lanka and Tanzania

K Bakker^a, ZG Abbas, S Pendsey

Introduction Epidemiology, foot care and diabetes

Diabetes mellitus is a serious chronic disease. The global prevalence of diabetes is estimated at over 200 million. This figure has been predicted to reach 333 million by 2025 because of longer life expectancy, sedentary lifestyles and changing dietary patterns. In India, Tanzania and the surrounding countries, the estimated incidence of diabetes for the urban areas is between 12-14% and in rural areas about 1-2%. This means that India has approximately 40 million and Tanzania one million people with diabetes.

Although many serious complica-

SUMMARY

The increase in the prevalence of diabetes and its complications is alarming. The incidence of diabetic foot disease, which leads to foot amputations far too often, is unacceptably high. This is particularly true for developing countries.

Worldwide, every 30 seconds a lower limb is lost as a consequence of diabetes. The International Diabetes Federation (IDF) Consultative Section and the International Working Group on the Diabetic Foot (IWGDF), together with the Diabetic Foot Society of India (DFSI) and the Muhimbili University College of Health Sciences Dar es Salaam, Tanzania (MUCHS), have initiated a foot care project called 'Step by Step, improving diabetic foot care in the developing world'. Participating countries were India, Bangladesh, Sri Lanka and Tanzania. Teams, consisting of a doctor and a nurse or paramedic, were invited to attend a basic and an advanced course. The goal was to improve educational skills and the management of diabetic foot problems. An experienced national and international faculty was responsible for teaching and the practical sessions.

This article describes the design and the execution of the project. The outcome looks very positive. It is expected that the acquired knowledge and skills of the teams will sustain and that the effect of the courses will cascade from the teams to the local community. We expect that the setup of the project can ultimately help reduce the number of lower extremity amputations. The authors feel that this project is ready to be carried out in other developing countries.

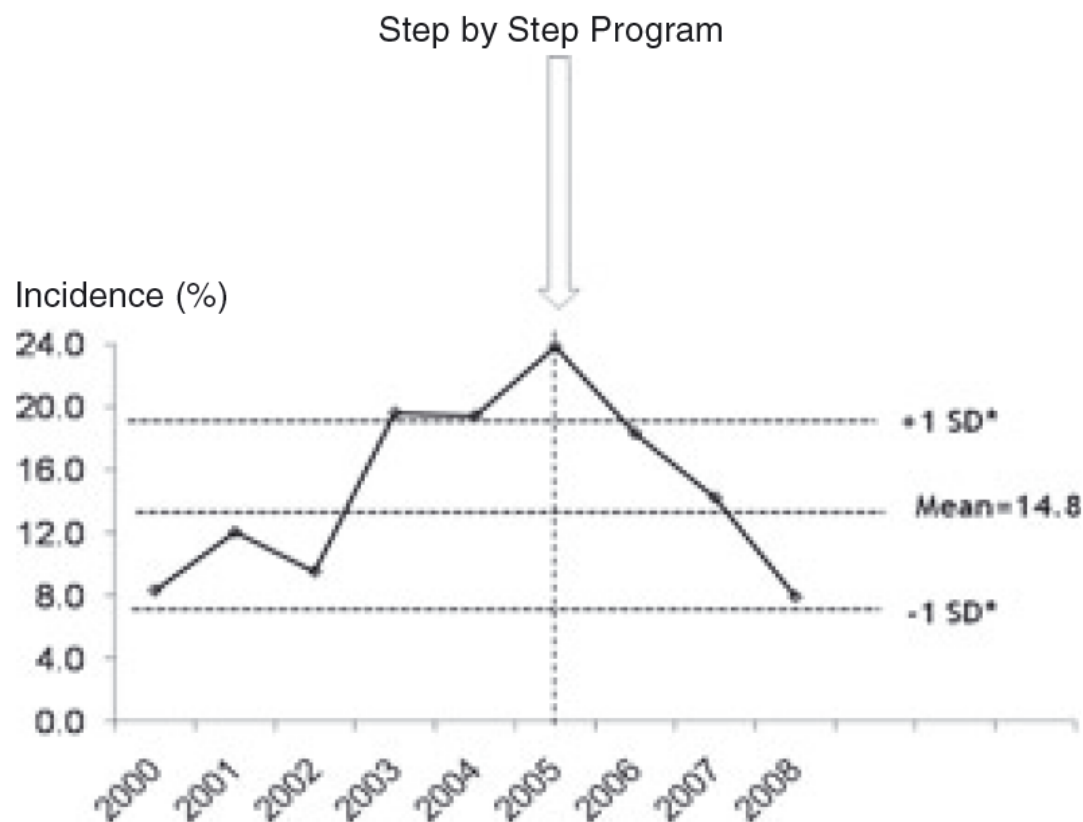
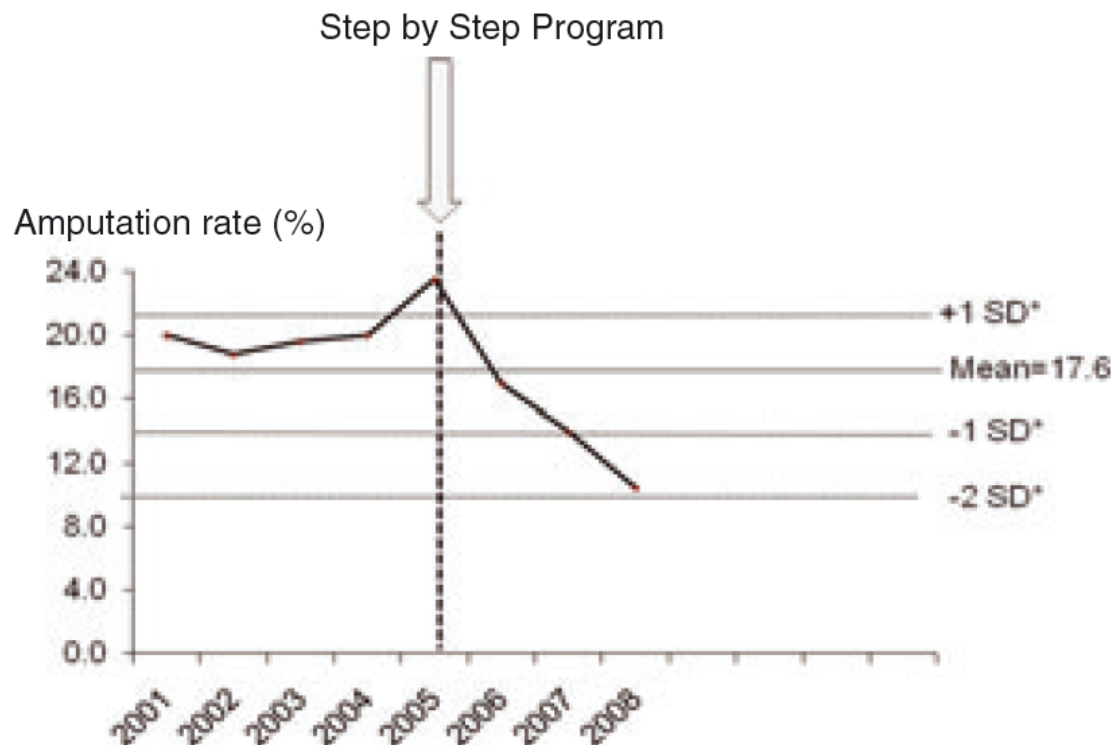


Figure 1. Incidence of foot ulcer disease among all patients referred and admitted to Muhimbili National Hospital with a foot complication, Dar es Salaam, Tanzania, 2000–2008.



*SD: standard deviation

Figure 2. Temporal trends in amputation rates among diabetic foot ulcer referrals to Muhimbili National Hospital, Dar es Salaam, Tanzania, 2000–2008. The denominator is the total annual number of foot referrals to MNH.

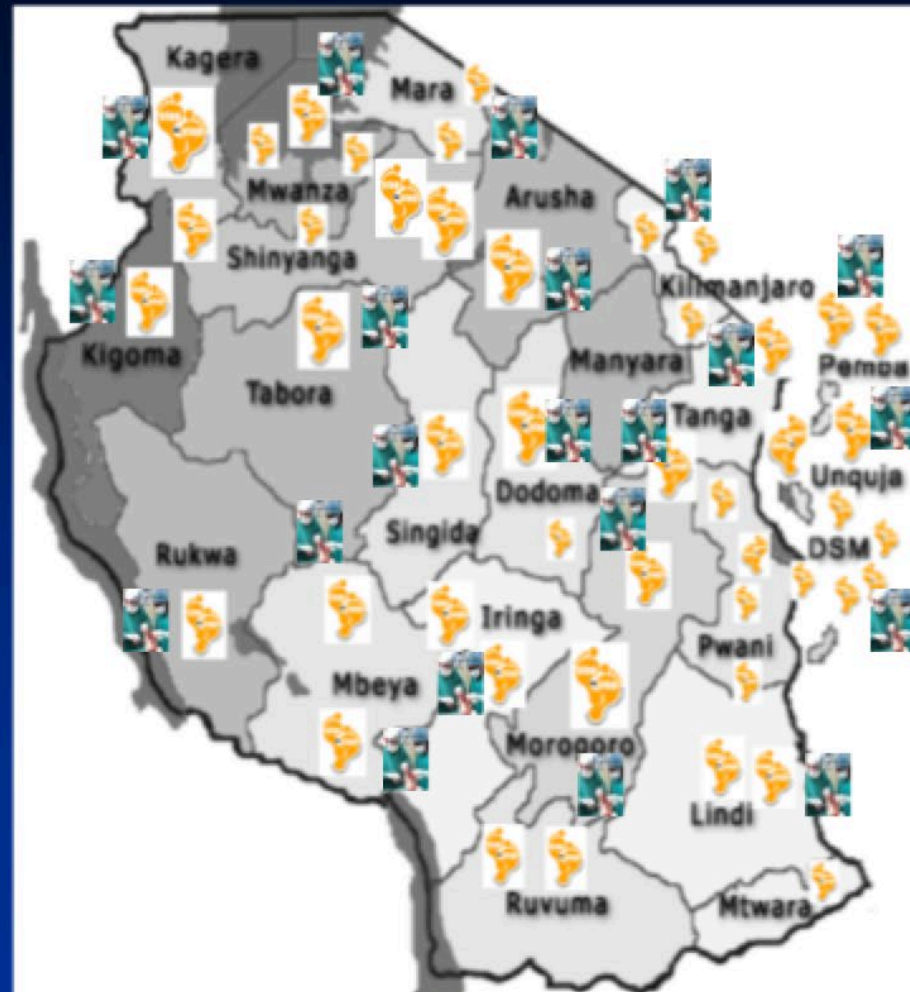
Map Of Tanzania With Regions Before 2004



**One Foot Clinic
In
Dar es Salaam**

Map Of Tanzania With Regions

2009 Course



**We targeted 29 more
centres in Tanzania
Now we have
 $29 + 14 = 43$ clinics
more all over
Tanzania in
21 regions**



Conclusions:

SbS in Tanzania and India improved diabetic foot ulcer management and resulted in permanent, operational foot clinics across the country.

SbS is an effective model for improving outcomes in other less-developed countries.

Promoting foot care education in developing countries: the Caribbean Diabetic Foot Care Programme

Karel Bakker, Kristien van Acker, Stephan Morbach, Andrew Perry



UN Resolution

Implementation project Step by Step

- India 2004 (WDF)(Sharad Pendsey)
- Tanzania 2004 (WDF)(Abbas)
- Pakistan 2007 (WDF)(Abdul Basit)
- Republic of Congo 2009 (WDF)(Abbas)
- Egypt 2009 (WDF)(Hanan Gawish)
- Caribbean Region 2009 (funded by Rotary WDF/IDF)
- ...

Situation in 2011



Significant spin-off effect of the SbS courses

A rapidly increasing demand for the programme in more countries (22 programmes 2004 – 2011)

Situation in 2011



Problems- barriers...

Availability of the international teams

Funding

Attitude of the local authorities and health care
professionals

Data collection

Sustainability

Situation in 2011



A need for a new model:

robust both financially and in manpower terms



Activities of IWGDF *in cooperation with IDF/ WDF*

From Step By Step (2003) to training TtFT (2013)



Diabetic Foot Care Assistants Program (2008)







Train the Foot trainer course South- and Central America

Brasil, December 2012



13 countries: Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Dominicana, Ecuador, Mexico, Panama, Paraguay, Peru and Uruguay

Train the Foot trainer course

Tobago, June 2013



22 countries, 53 participants: Antigua, Barbados, Belize, Bermuda, BVI, Cayman Island, Curacao, Dominica, Grenada, Guatamala, Guyana, Haiti, Jamaica, Montserrat, St Lucia, St Maarten, St Thomas StKiits & Nevis, Suriname, Tobago, Trinidad, Venezuela

Train the Foot Trainer course

Bangkok, Thailand, 2016



Bangkok 2016



EUROPEAN TRAIN THE FOOT TRAINERS PROGRAM

to implement the Step by Step footproject



February 17-21, 2015 | Bled, Slovenia



Bled 2015

38 participants and 8 observers from 17 countries:

- Albania, Armenia, Bosnia-Herzegovina, Bulgaria, Croatia, Estonia, Greece, Kosovo, Latvia, Lithuania, Poland, Romania, Serbia, Slovenia, Sweden, Turkey, Ukraine).

Bled 2015

38 participants and 8 observers from 17 countries:

- Albania, Armenia, Bosnia-Herzegovina, Bulgaria, Croatia, Estonia, Greece, Kosovo, Latvia, Lithuania, Poland, Romania, Serbia, Slovenia, Sweden, Turkey, Ukraine).
- Dr Evarist Bouenizabile, President of IDF Africa was invited as observer for preparing one of the next editions of a TtFT course in Africa.

Bled 2015

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- Dr Evarist Bouenizabile, President of IDF Africa was invited as observer for preparing one of the next editions of a TtFT course in Africa.
- Dr Arend-Jan Woittiez, skilled in education, was of great help for “auditing” the course and the faculty members

Bled 2015

38 participants and 8 observers from 17 countries:

Line Kleinebreil and Thomas Baratier ,UNFM,(*Université Numérique Francophone Mondiale*) from France were responsible for sharing the knowledge of data collection through the “DIAFI-DATA” collection system tool and taping all the lectures and workshops.

Implementation

1. Step by Step training programme

Time-frame: within 1 year

2. Proof of the contents: slide kits available on-line

**EUROPEAN TRAIN THE FOOT TRAINERS
PROGRAM** to implement the Step by Step footproject



February 17-21, 2015 | Bled, Slovenia



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3. Mandatory data collection: DIAFI

Follow-up meeting: Stuttgart, DFSG 2016



Follow-up meeting: Krakow 2018

- In May 2018, 24 participants from 12 countries gathered at the second follow-up meeting in Krakow, Poland.
- Reports from the participating countries on their achievements, problems, barriers and plans for future
- The level of footcare and the position of footcare in the healthcare system as well as the level of government support varied substantially among the participating countries at baseline and so did the approach towards the implementation of the TtFT tasks.

Implementation

local champions: success stories

Bosnia

- Practical training:
 - 2 doctors and 2 nurses
 - Ljubljana, March 2015
- Translation of the guideline document
- Step by Step training courses performed on **top-to-bottom** principle: education delivered on the spot, in local health care centers



Prevenција i tretman komplikacija dijabetesa na stopalu Smjernice i preporuke

Sažetak za
svakodnevnu
praksu

Smjernice

Definicije i
kriterijumi



SMJERNICE ZA DIJABETESNO STOPALO

Izazov Međunarodne radne
grupe za dijabetesno stopalo
2015



Interaktivni program Međunarodnog konsenzusa za dijabetesno stopalo 2015
Uključuje: Sažetak za svakodnevnu praksu; serije Smjernica;
Definicije i kriterijume



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Croatia

Practical training of the Zagreb team in Ljubljana, Sept 2015

Training course in Zagreb, November 2015

National diabetes programme





Dreamlands:have they come true?

CROATIA

Anica Badanjak

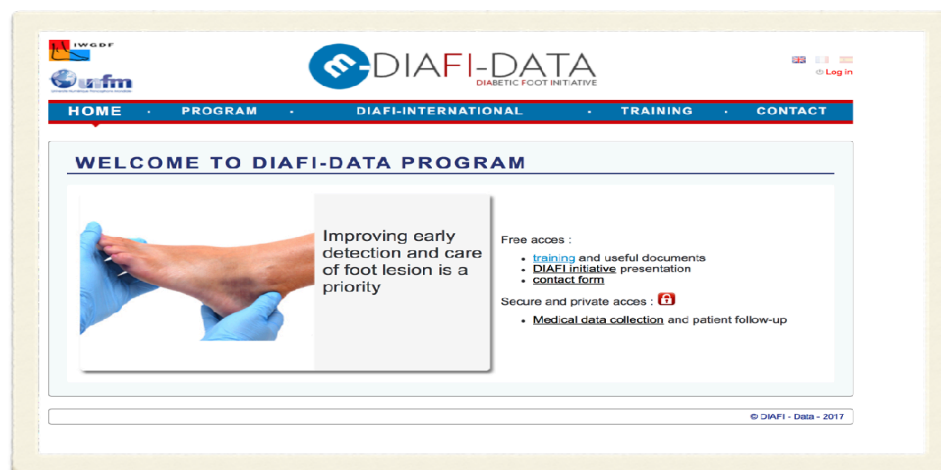
TtFT Zagreb 12.-14-11-2015.

The TtFT course was recognized by the Croatian Ministry of Health and opened by Siniša Varga, DMD, Minister of Health



Croatian TtFT family





Bulgaria

- Basic course dedicated to the World Health Day April 7th 2015.
- 28 participants – 13 nurses and 15 physicians
 - 92% - working in hospital setting
 - 85% - no experience in diabetic foot
 - 85% - no experience in callus removal
- Letter of support:
 - Ministry of Health – The National Consultant in Endocrinology
 - Bulgarian Diabetes Association – patient organization



T. Tankova, G.Dakovska, E. Mitova
Local Faculty
Department of Diabetology,
Medical University, Sofia, Bulgaria



Nina Petrova, MD
Guest-speaker
King's College Hospital, London
IWGDF

Bulgaria, basic course



Czech republic

- 28 years of experience in foot care
- Reimbursement of footcare activities
- Podiatric section of Czech Diabetes Society established in 2005.
- Foot care assistant programme successfully implemented

Both in the Czech Republic in 2009 (Prof Alexandra Jirkovska) and in Slovenia in 2011 (Prof Vilma Urbančič) the DFCass curriculum has been introduced already.



DFCass course in Prague, 03-12-2009, Prof. Alexandra Jirkovska introduces the course.

Romania

- From 2012, yearly Summer Schools for young doctors: diabetes, neurology, surgery, internal medicine, endocrinology, GP
- The Association for Podiatry founded in March 2015
- Promotion and development of the foot care culture among the entire population, especially in people with diabetes
- Promotion and development of the podiatric medical competence & specialization among healthcare professionals
- Promotion and development of the podiatric profession

EUROPEAN TRAIN THE FOOT TRAINERS PROGRAM

to implement the Step by Step footproject



February 17-21, 2015 | Bled, Slovenia



Dr. Georgeta Inceu
diabetes



Dr. Paula Pavel
surgery



Dr. Raluca Popescu
diabetes



Dr. Eduard Catrina
surgery

January 2016: Training course in Romania – 11 physicians, 8 nurses

Lansare

17 aprilie 2015

Asociația de Podiatrie

Profesioniști în îngrijirea piciorului

Pășește cu încredere!



Organizator științific:



Partener principal:



Management eveniment:



www.podiatrie.ro

1st Theoretical Teaching Course in Podiatry: *Diabetic Foot Care*:

Sept 6th, 2016 Bucurest

Oct 20th, 2016, Cluj Napoca

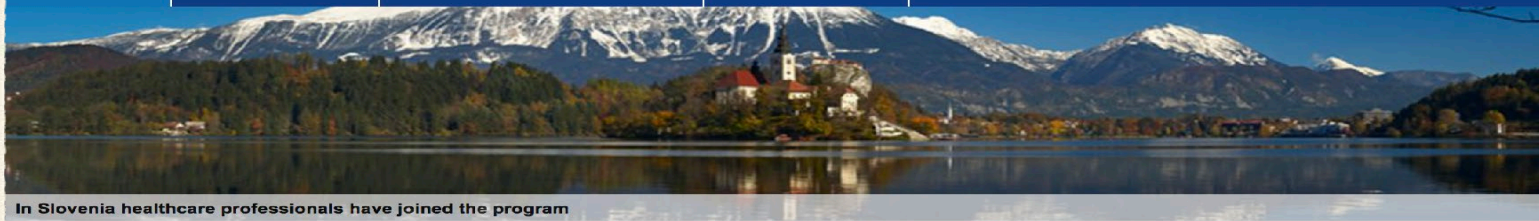
Selection for practical training!

From 2017 - teaching courses with practical approach in podiatry, focused on diabetic foot care

Partnership with a private medical center,
specialized in foot care

Bottom line:

The establishment of national Podiatry Association generated a conflict about the competencies with the national physician's association and jeopardized the use of a generous EU grant obtained for improvement of diabetic footcare



In Slovenia healthcare professionals have joined the program

Knowledge test – Training

Test for the delegates who performed the E learning module of the Train the Foot trainer course of d-foot .

Please give the most correct or best fitting answer (only one item is possible)

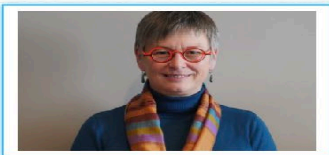
[Acces to Knowledge test – Training >>>](#)

The e-Footcare Program

Welcome to this on-line course for the diabetic foot. This is a series of PowerPoint slide sets with video presentations on a number of topics related to the fundamentals of foot examination, risk stratification and basic management including management of simple wounds/ulcers. It has been designed for those who have completed a "Train the Foot Trainer" course and for those who are involved in the Urgo foundation scheme for junior doctors.

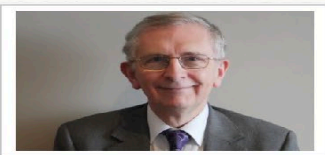
This project is realised by the International Working Group on the Diabetic foot (www.d-foot.org) in close cooperation with Université Numérique Francophone Mondiale (www.unfm.org). We received an unrestricted grant from Urgo Foundation.

Each slide set will have key messages and objectives with the option of undertaking a self-assessment multiple choice question and answer section. Additionally there will be some open questions for those who are be mentored and wish to undertake some reflective practice or further learning.



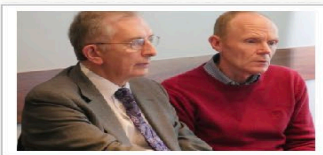
Dr Kristien Van Acker

#1 - **Global introduction**
by IWGDF chair, Kristien
Van Acker



Pr. Mike Edmonds

#2 - **What goes wrong**
with the diabetic foot?



Pr. Mike Edmond and Pr. Neil
Baker

#3 - **A basic foot**
examination



Pr. Vilma Urbančič

#4 - **Identifying risk**
factors for foot ulceration,
stratification and
prevention programmes



Pr. Neil Baker

#5 - **Callus removal –**
scalpel techniques



Pr. Neil Baker

#6 - **Footwear basic**
concepts



Pr. Mike Edmonds

#7 - **Ulcer classification**



Dr. Class Lüedemann

#8 - **Neuropathic and**
Neuro-ischaemic ulcers :
UT-Classification



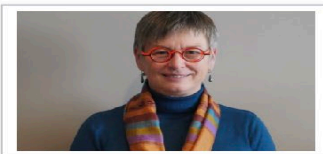
Dr. José Luis Garcia-Klepzig

#9 - **Case Studies – risk**



Dr. José Luis Garcia-Klepzig

#10 - **Case Studies –**
risk stratification – part 2



Dr Kristien Van Acker

#11 - **Basic Wound-care**
treatment principles for



Dr. Class Lüedemann

#12 - **Neuropathic and**
Neuro-ischaemic ulcers :



Dr Kristien Van Acker

#1 - **Global introduction**
by IWGDF chair, Kristien
Van Acker



Pr. Mike Edmonds

#2 - **What goes wrong**
with the diabetic foot



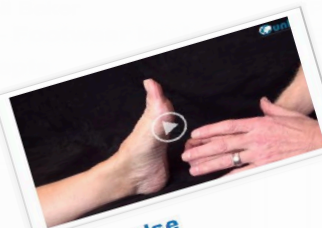
Pr. Mike Edmonds

Practical gestures

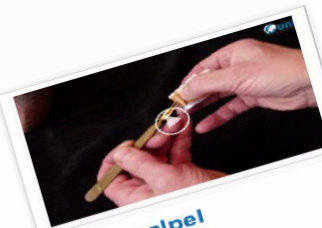
The following lectures are given by international experts in the diabetic foot. The topics in this section of the e-learning programmes are to equip you with the fundamental knowledge and information in managing the pre-ulcerative foot. They were designed to give basic knowledge for those who are involved in Train the Foot Trainer programmes or junior professionals in the field. Topics include: basics pathology, screening / examination techniques, risk stratification, etc. You can pause, replay and review as often as you want and at your own pace. We hope you find them instructive and helpful.



#1 - **Orange**



#2 - **Pulse**



#3 - **Scalpel**



#4 - **Monofilament**



#5 - **Tuning fork**



#6 - **Deformity**



#7 - **Debridement**



#8 - **Discussion**

Greece

- National association for the study of diabetic foot
- School of podiatrists in Athens
- foot meetings
- new footclinics
- Longstanding activities....!

Poland

- 35 diabetic foot centres established since 2016.
- 5-day courses for doctors and nurses
- e-learning

Slovenia

- Yearly training courses for diabetes nurses
- Strong efforts towards the integration the footcare education in the regular educational system:
- Integration of the foot care training into the curriculum of the School of nursing
- National diabetes programme: Improvement of footcare level is one of the priorities

Instead of conclusions

Steps forward have been made

Different countries, different approaches: one size doesn't fit all.

Legal aspect – competencies: who is allowed to do what?

White spots: countries of former Soviet Union, Serbia, Macedonia, ...

Instead of conclusions...

Nothing great was ever achieved without enthusiasm.

Ralph Waldo Emerson

Pleasure in the job puts perfection in the work.

Aristotle

Everything should be made as simple as possible, but not one bit simpler.

Albert Einstein (attributed)

It does not matter how slowly you go so long as you do not stop.

Confucius

Together we are stronger...

