

In this article...

- Designing a curriculum standard for pressure ulcer education
- Using an extended version of the SSKIN care bundle as a framework
- Developing modules for assessment of risk and information giving

Pressure ulcer education 1: introducing a new core curriculum



Pressure ulcers

Key points

The incidence of pressure ulcers is 0.9% a year in England despite the use of prevention programmes

Lack of education for staff is a key factor in patients developing pressure ulcers

Until recently, there was no curriculum standard for pressure ulcer education

A new core curriculum is available for academic and clinical settings, and to support individual learning

Modules include the fundamental elements of care to prevent pressure ulcers, assessing risk and information giving

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Abstract In spite of prevention programmes, pressure ulcers (PUs) remain a major health problem. Staff education has been shown to be key to prevention but, until recently, there was no curriculum standard for PU education for nurses and other health professionals. This article, the first in an eight-part series on a new core curriculum for PU prevention and management, describes the content, how it was developed, and its use in academic and clinical settings to support individual learning.

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Pressure ulcers (PUs) are a challenge for patients and health professionals. Data from the NHS's Safety Thermometer suggests that, despite extensive prevention programmes, the annual incidence among patients receiving ongoing NHS care in hospital or the community in England is still 0.9% (2018-2019); that does not include patients who already have ulcers when care commences. An analysis by Greenwood and McGinnis (2016) of why patients develop PUs in health settings suggested lack of staff education was a key factor – at that time there was no curriculum standard for PU education for health professionals.

Developing the core curriculum

To address this gap, the national Stop the Pressure programme developed a core curriculum to guide education for health professionals (NHS Improvement, 2018). Designed for higher education institutions, care providers and learners, it was developed by the core curriculum group, an education working party with a broad range of clinical and academic experience.

Organised in three main sections, the curriculum contains frameworks for:

- Academic settings: aims, learning outcomes, theory and skills components;
- Clinical staff delivering education in their clinical setting: fundamental, intermediate and advanced level;
- Individual learning to guide practitioners on how to make the most of the content through reflective practice and capture what they have learned to support revalidation.

Another section recommends useful further resources, all of which are free of charge, used in clinical practice and have been well evaluated.

When developing the curriculum content, the working party considered existing models. The SSKIN care bundle (Whitlock, 2013) defines and ties together best practices in PU prevention, and makes the process visible to all, minimising variation in care practices. It is widely used in current practice, with evidence showing it improves clinical care (McCoulough, 2016). Delivering all elements of the SSKIN care bundle (Box 1) reliably at every care opportunity improves a patient's pressure area care to give better care outcomes.

The working group considered SSKIN a useful model but found it was missing key

Box 1. SSKIN care bundle

The five steps in the SSKIN approach to preventing and treating pressure ulcers:

- Surface: make sure your patients have the right support
- Skin inspection: early inspection means early detection – show patients and carers what to look for
- Keep your patients moving
- Incontinence/increased moisture: your patients need to be clean and dry
- Nutrition/hydration: help patients have the right diet and plenty of fluids

Source: NHS Improvement (Bit.ly/NHSIsskin)

elements fundamental to preventing PUs:

- Risk assessment;
- Information giving.

Our solution was to develop seven modules around an extended SSKIN framework to give aSSKINg:

- assess risk;
- Skin assessment and skin care;
- Surface selection and use;
- Keeping patients moving;
- Incontinence assessment and care;
- Nutrition and hydration assessment and support;
- giving information.

The SSKIN bundle is widely used so changing to a different model could be confusing for clinical staff. The acronym aSSKINg was designed to highlight the fact that SSKIN represents the fundamental elements of care delivery needed to prevent PUs occurring; the lower case ‘a’ and ‘g’ signify the other two elements (‘assess risk’ and ‘giving information’) that underpin and support the implementation of effective care.

The curriculum also includes three other modules:

- Anatomy and physiology;
- Core concepts;
- Device-related PUs.

The first two were needed to prevent repetition of information throughout the other modules; the last warranted a focused

Box 2. Existing national standards on pressure ulcer prevention

National Institute for Health and Care Excellence (2015)

- Individuals admitted to hospital or a care home with nursing have a pressure ulcer (PU) risk assessment within six hours of admission
- The risk of developing a PU is reassessed following a surgical or interventional procedure, or a change in care environment after a transfer
- Those at risk of developing PUs:
 - Who are referred to community nursing services have a PU risk assessment at the first face-to-face visit
 - Receive advice on the benefits and frequency of repositioning
 - Who are unable to reposition themselves should be helped to change position
- Those at high risk of developing PUs:
 - Receive a skin assessment
 - And their carers should receive information on how to prevent them
 - Are provided with pressure-redistribution devices
- Prevention of medical device-related ulcers

Health Improvement Scotland (2016)

- The organisation demonstrates commitment:
 - And leadership to PU prevention and management
 - To the education and training of all staff involved in PU prevention and management, appropriate to roles and workplace setting. Information and support is available for people at risk of/identified with a PU and/or their representatives
- A risk assessment for PU development is undertaken as part of initial assessment or referral, and informs care planning
- Regular reassessment of risk for PU development is undertaken to ensure safe, effective, person-centred care
- A care plan is developed and implemented to reduce the risk of PU development and to manage any existing PU
- Those with an identified PU will receive a person-centred assessment, PU grading and an individual care plan

Source: NHS Improvement (2018)

module, even though some content may be covered in the generic modules.

The core working group developed the modules while consulting more widely to find out how applicable they were to more specialist areas. Each module was developed using a broad evidence base, including national and international guidelines published by the National Institute for Health and Care Excellence (2014) and the National Pressure Ulcer Advisory Panel et al (2014), along with existing standards, including those by NICE (2015) and Healthcare Improvement Scotland (2016) (Box 2).

Uptake

The curriculum has been available since June 2018 and uptake has been excellent among clinical staff. The aSSKINg framework has been implemented, not just in education, but also in care plans and the recent national PU quality audit, the results of which are due to be published in the near future.

The remaining articles in this series will discuss the individual elements of the aSSKINg model. **NT**

References

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- Whitlock J** (2013) SSKIN bundle: preventing pressure damage across the health-care community. *British Journal of Community Nursing*; 18: Suppl 9: S32-39.



For more on this topic online

- New guidance on how to define and measure pressure ulcers
Bit.ly/NTPUGuidance

CLINICAL SERIES

Pressure ulcer education series

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