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...
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/assess increased moisture: your patients need to be clean and dry;
- Nutrition: hydration: help patients have the right diet and plenty of fluids;
- 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 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.