A new quality of life consultation template for patients with venous leg ulceration

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Abstract.

Background: Chronic venous leg ulcers are common and recurrent; however care for patients predominantly has a wound focus which overlooks the impact of the condition on quality of life.

Aim: To develop a simple, evidence-based consultation template, with patients and practitioners, which focuses consultations on quality of life themes.

Methods: A nominal group (n=8) was undertaken to develop a new consultation template for patients with chronic venous leg ulcers based on the findings of earlier qualitative study phases.

Results: A user-friendly 2-sided A4 template was designed to focus nurse-patient consultations on the quality of life challenges posed by chronic venous leg ulcers.

Conclusion: Chronic venous leg ulcers impact negatively on the quality of life of the patient but this receives inadequate attention during current consultations. This new template will help to ensure that key concerns are effectively raised, explored and addressed during each consultation.

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Key words: venous leg ulceration; quality of life; wound care; template; consultation.

Introduction.

Chronic venous leg ulcers (CVLU) impact significantly on every area of patient functioning (Figure 1);[1] and yet, despite these wide-ranging effects, patients are reluctant to disclose the extent of their difficulties to their District Nurse (DN).[2] Theories relating to the personal characteristics of patients attempt to explain their responses to chronic conditions which include a reluctance to disclose key factors, an unwillingness to relinquish control to the nurse and, for some, a lack of coping with the perceived consequences of the condition.[3-5]

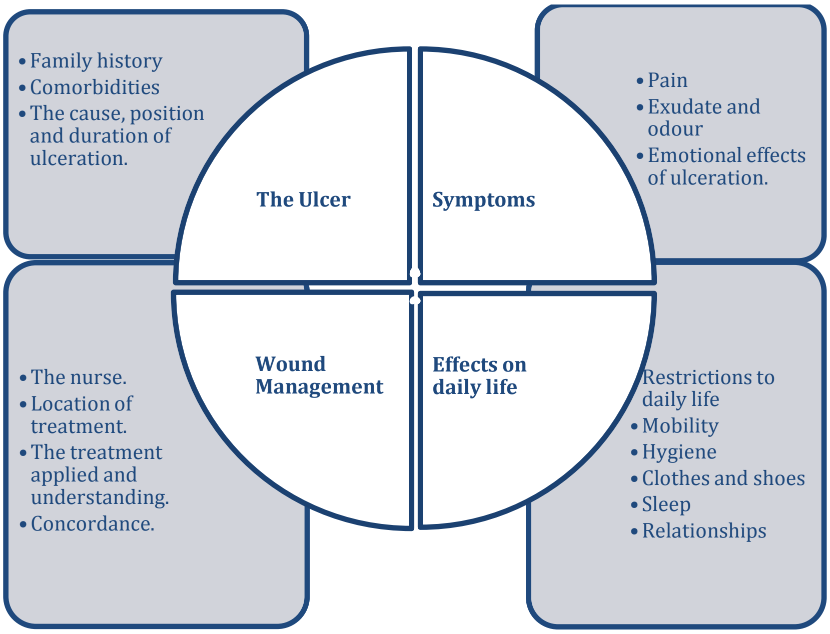
Research that explores patient-centred care (PCC), although limited, purports positive benefits for patients who engage with care including optimised participation, enhanced satisfaction, positive clinical outcomes and improvements in quality of life (QoL).[6-9] Health care professionals are also shown to benefit from a PCC approach to care with reports of enhanced personal empowerment and increased job satisfaction.[10,11] Despite such benefits, research suggests that practitioners' continue to fail to elicit patient main concerns during consultations and many patients remain reluctant to disclose key factors relating to their condition and / or care. [2,9-11] Thorne[12] highlights that health care professionals (HCP) and patient communication is a pivotal opportunity within the consultation, with effective dialogue having the potential to optimise autonomy and maintain independence. [13,14]

In the light of such research and in order to ensure such key QoL issues for people with CVLU receive appropriate attention during future consultations; a new, evidence-based and patient-focused template has been developed using a Nominal Group (NG) approach. The intention of this template is to encourage the consulting nurse to explore appropriate themes,[1,2] to activate the patient to engage in their care,[6] to make sense of their condition[4,15] and to build a concordant relationship with their health care professional.[3,5,16] In this paper we report on the development, in conjunction with experts and patients, of a template to focus consultations on these patient-disclosed themes.

Background.

This study has four overall phases, with phases 1 and 2 reported in earlier articles. [1,2] In phase 1 factors of importance to people with CVLU were systematically identified during unstructured interviews (n=9). (Figure 1)[1]

Figure 1: Thematic map of interview themes.[1]

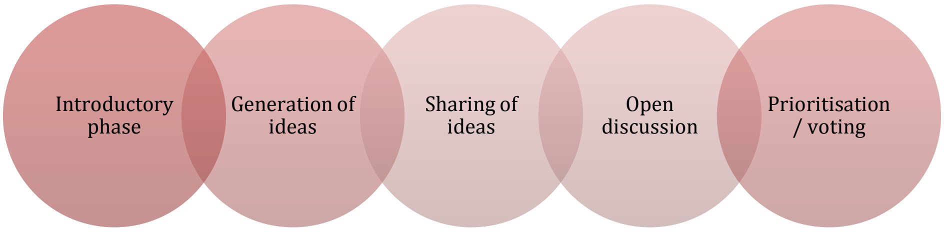


During phase 2,[2] the wound care consultations of the same study participants (n=5) were observed on a total of 20 occasions and a checklist, based on the phase 1 findings, was completed to identify the extent to which experienced nurses addressed the factors raised during the patient interviews. Data from these observations was analysed descriptively[2] and revealed that 38% of patient concerns were not raised, a further 38% were either overlooked by the nurse or discussed without any change in future care and only 24% of patients' were offered a partial or complete solution to their problems.[2] These phases constituted preparatory work for the development of this consultation template and full details have formed the basis of earlier publications. [1,2]

Methods.

Based on the findings of the first two phases of this study, a new, evidence-based and patient-focused template was developed. In order to ensure the utility of this template, a NG approach was employed. This approach employs a single efficient, cost effective, face-to-face meeting with clearly defined outcomes and requires only minimal preparation by group participants.[17-19] The controlled nature of the meeting minimises researcher bias, enables dominant group members to be 'managed' and ensures all have an opportunity to contribute their ideas.[17-19] Despite the small-scale nature of the meeting (5-9 members), research demonstrates that the technique effectively provides views representative of the wider community[18,20,21] and, when members vote for item inclusion, it provides both qualitative and quantitative data.[14] The NG approach comprises five clear stages.[14] (figure 2)

Figure 2: Nominal Group stages. [14]



Study population.

Ethics approval was gained (Staffordshire Research Ethics Committee; 10/H1203/13). Purposive sampling[22] was adopted to ensure that nurses with relevant expert knowledge were invited as group members; thus increasing the likelihood of a successful NG. Nurse Managers in the local Primary Care Trust (PCT) nominated potential participants who had the required knowledge and experience in tissue viability. These potential participants were provided with verbal and written study information and a consent form. In addition a nurse academic, experienced in research surrounding consultation skills, was contacted via email with study information and a consent form and invited to take part in the NG. Following these steps, five people consented to take part in the NG (Table 1).

Table 1: Nominal group nurse members.

	Background.	Gender	Experience
1	Tissue Viability Specialist Nurse	F	12 years
2	Tissue Viability Specialist from industry.	F	10 years
3	Academic specialist in consultation design.	F	20 years
4	District Nursing Sister.	F	25 years
5	District Nursing Sister.	F	20 years
6	Scribe.	F	Student Nurse (Year 3)
7	Facilitator.	F	25 years

Patient participants involved in earlier study phases[1,2] were approached by their DN and provided with both verbal and written study information and a consent form. Three of these patients consented to take part in the development of the template but requested to be seen individually as they were reluctant to contribute alongside experts at a whole group meeting. Although this situation was not ideal, this approach was adopted. The facilitator conducted individual interviews with the patient participants and relayed their suggestions to the ‘expert’ group members via email.

Table 2: Patient nominal group participants (identity protected by pseudonyms).

	Name	Gender	Duration of ulceration
1	Tom	M	10 years
2	Mary	F	30 years
3	Sam	M	40 years

Data collection.

The stages of the NG were followed as outlined (Figure 2). Prior to the NG meeting, pre-reading derived from the published qualitative work[1,2] was circulated to ensure prompt engagement with the group activity. At the start of the meeting background information was summarised, ground rules established and meeting output described by the facilitator.[17,18] Each participant was given an opportunity to share their ideas, which were recorded on a flipchart.[17,18] Once all members had contributed, open discussion allowed ideas to be explored or clarified and items were prioritised for inclusion in the template by a show of hands.[17] When no new ideas were generated by group members, key concepts for inclusion were agreed[1,2] and the meeting concluded after approximately two hours.[20]

After the meeting, the template was presented individually to the three patient participants during pre-arranged visits, as requested, providing an opportunity for them to comment. One participant (Tom) suggested some minor amendments to the wording of four of the questions and an increase in the size of the comments/problem solving section, to allow more detail to be included. The other patient participants (Mary and Sam) both agreed with these alterations and confirmed that the template was useful, easy to understand and reflected the issues that impacted on their lives each day. Following the patient review and email approval by the NG nurse members, an updated template was circulated to all NG members for their final approval.

Results.

A range of important decisions were made during the NG meeting. The wording of each question was carefully considered to ensure effective cues were provided for the consulting nurse. Other decisions related to template format and layout, including the need for the template to be brief to avoid unduly extending the consultation. Group members also agreed the inclusion of brief explanatory guidance aimed to ensure that nurses considered appropriate topics in their discussions with their patients, based on published study findings. [1,2] For ease of use NG members grouped similar themes and subthemes thus allowing the nurse to explore similar themes simultaneously. The following groupings were agreed:

(i) mobility, ability to get out and to socialise;

(ii) sleep, diet and pain;

(iii) personal hygiene and issues with clothes and shoes;

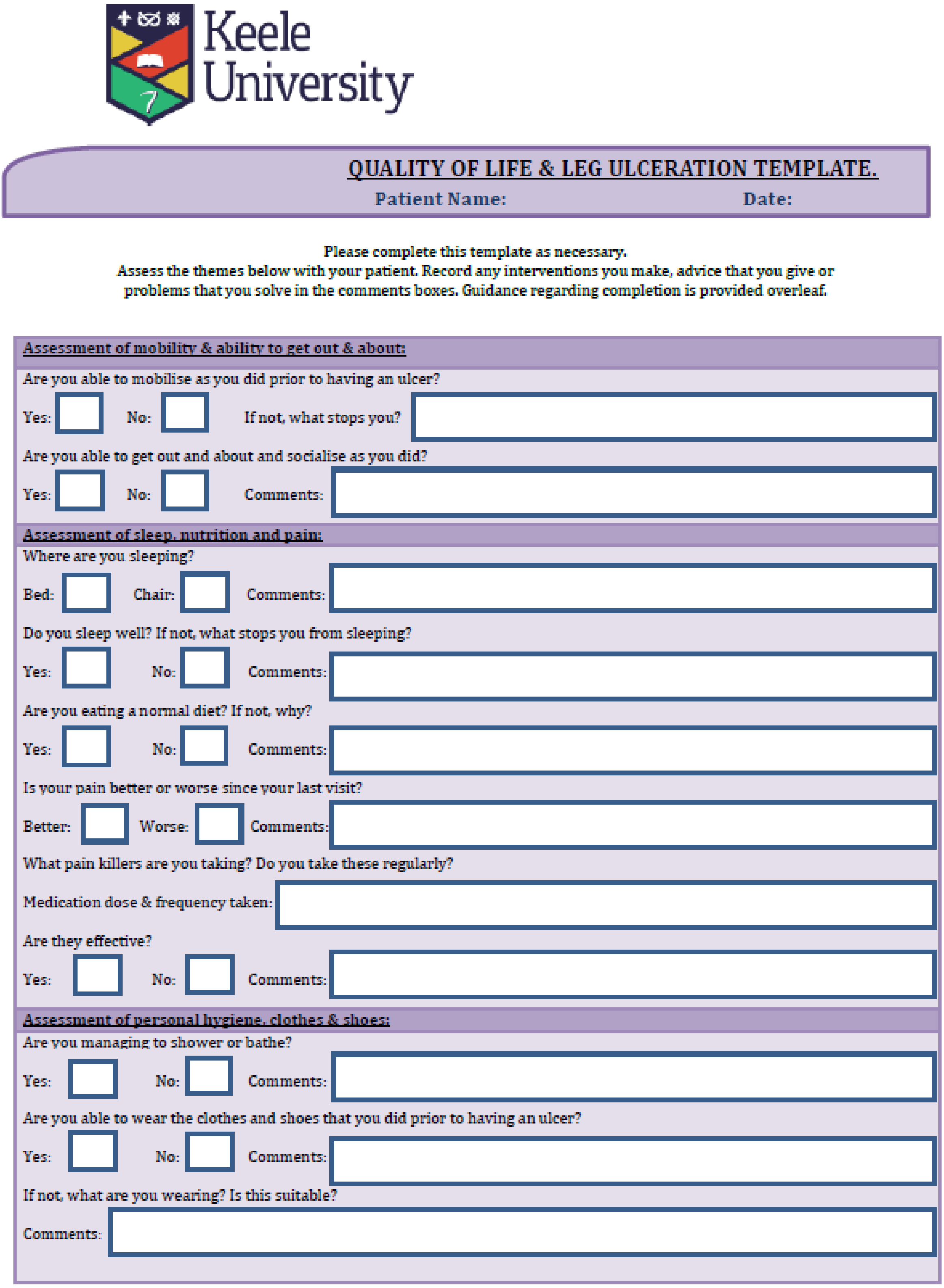
(iv) emotional effects of ulceration, relationships and fears;

(v) documentation of care provided, exudate and odour, type of dressings and information given to the patient.

This arrangement reflects the activities of daily living expounded by Roper, Logan and Tierney.[24]

At the end of the NG process, consensus was reached regarding themes and subthemes to be included in the template by both expert and patient participants. The template comprises a range of response options from tick boxes to additional comments. The final box in the template encourages the recording of 'comments and problem solving' and, it was anticipated, would encourage the nurse to detail goals developed jointly with the patient for review during a subsequent consultation. The final template was the target length of two sides of A4 paper yet included all the features identified by the NG to maximise its acceptability to staff and its impact on care (Figure 3).

Figure 3: The Consultation Template (Available at: www.keele.ac.uk/luct/).



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QUALITY OF LIFE & LEG ULCERATION TEMPLATE.

Patient Name: **Date:**

Please complete this template as necessary.
Assess the themes below with your patient. Record any interventions you make, advice that you give or problems that you solve in the comments boxes. Guidance regarding completion is provided overleaf.

Assessment of mobility & ability to get out & about:

Are you able to mobilise as you did prior to having an ulcer?

Yes: ☐ No: ☐ If not, what stops you?

Are you able to get out and about and socialise as you did?

Yes: ☐ No: ☐ Comments:

Assessment of sleep, nutrition and pain:

Where are you sleeping?

Bed: ☐ Chair: ☐ Comments:

Do you sleep well? If not, what stops you from sleeping?

Yes: ☐ No: ☐ Comments:

Are you eating a normal diet? If not, why?

Yes: ☐ No: ☐ Comments:

Is your pain better or worse since your last visit?

Better: ☐ Worse: ☐ Comments:

What pain killers are you taking? Do you take these regularly?

Medication dose & frequency taken:

Are they effective?

Yes: ☐ No: ☐ Comments:

Assessment of personal hygiene, clothes & shoes:

Are you managing to shower or bathe?

Yes: ☐ No: ☐ Comments:

Are you able to wear the clothes and shoes that you did prior to having an ulcer?

Yes: ☐ No: ☐ Comments:

If not, what are you wearing? Is this suitable?

Comments:

Assessment of emotional effects, relationships & fears:

Do your ulcers get you down? How are you feeling today?

Yes: ☐ No: ☐ Comments:

Do you have friends or family members who support you?

Comments:

Do you have any concerns about your ulcer?

Comments:

Assessment of wound management:

Have you documented your patient's treatment and the advice you have given to them in their notes?

Yes: ☐ No: ☐ Comments:

Are your patient's legs wet? Is there any odour?

Yes: ☐ No: ☐ Comments:

Are the dressing type and frequency of dressings appropriate?

Comments:

Have you made your patient aware of their wound assessment and their management plan?

Yes: ☐ No: ☐ Comments:

Template assessment guidance.

Assessment of mobility & ability to get out & about:

- Are leg ulcers restricting mobility? Are you able to recommend anything to assist with mobility?
- Is your patient able to enjoy the activities that they did prior to having an ulcer? Is there anything you can recommend to improve this?

Assessment of sleep, nutrition and pain:

- Does the ulcer interfere with sleep? What advice have you given? eg. the timing of analgesia, positioning, etc. Where are they sleeping? Is this suitable?
- Is dietary intake sufficient? Is a full nutritional assessment necessary? Have suitable supplements been prescribed?
- Assess your patient's pain and ascertain whether this is improving or deteriorating? Is it intermittent or continuous? What makes the pain better or worse?
- What analgesia is currently being taken and is this effective? Does the medication need reviewing? What advice have you given in relation to non-pharmacological methods of pain relief such as positioning of the limb, timing of the visit, etc.?

Assessment of personal hygiene, clothes & shoes:

- Is your patient able to maintain their personal hygiene? Can you make any recommendations to improve this? Is it possible for legs to be washed or for any aids and appliances to be recommended?
- Is your patient struggling to the wear clothes and shoes that they would like to? Is their footwear safe? Review any advice given.

Assessment of emotional effects, relationships & fears:

- How is your patient feeling today and how is their ulceration impacting on their daily life? Is there anything you can offer to support your patient?
- Does your patient confide in friends and family about their ulcers and do they feel well supported?

Assessment of wound management:

- Complete a full assessment of the wound and document the details in the patients' notes.
- Assess exudate and odour – are the dressing product suitable and the frequency of visits appropriate? How are these symptoms impacting on your patient?
- Does your patient understand their management plan and do they agree with this? Are they able to follow the advice given?

Problem solving / comments:

- This box is provided to record any problems that you have solved during your visit today. This may have been by making a referral to another service, undertaking a reassessment, giving advice or making a recommendation or by making a change to treatment in response to a problem that you have assessed. Discuss and agree your actions and the plan of care with your patient and document here.

Review the assessments you make, the advice you give and the interventions you recommend at each visit.

Completed by……………………………………Signed(nurse)……………………………………Signed(patient)……………………………………………………………………

Discussion.

We have developed a new template, to structure and facilitate the process and recording of the content of consultations between people with CVLU and those who provide wound care. The template focuses on physical, social and psychological functioning, aiming to encourage the adoption of a more holistic approach to wound care,[25] more effective communication[26] and aiming to equalise power within the HCP-patient relationship.[27] Ideally this QoL template would be completed alongside local wound care assessment documentation, thus ensuring holistic assessment of the patient's needs.

We have also demonstrated that the NG technique, a novel research method in this area, can be used to achieve consensus between the stakeholders in the care of CVLU, both nurses and patients, which is an extension to the use of NG to bring about change to policy or to develop educational interventions.[18] Given the theoretical grounding of this work in PCC and empowerment,[1,2] the effectiveness of the new consultation template has subsequently been evaluated in terms of its impact on patient satisfaction and QoL (paper in preparation).[6,7]

What this research adds to our knowledge.

An 'effective' PCC consultation promotes shared decision-making (SDM) but is also reliant on the patient sharing information with their HCP.[11] Historically, a number of initiatives have aimed to equalise power within the HCP-patient relationship, to encourage the adoption of a partnership approach and to enhance the sharing of decisions about care;[13,28] but patients have continued to report a lack of PCC.[12] More recent studies have demonstrated that training HCPs can enhance a PCC approach, especially interventions that focus on consultation style.[29] Such interventions aim to manipulate practitioner behaviour and have included changes to consultation style, the use of focussed consultation 'tools' to direct HCP-patient interaction and interventions to improve listening skills.[29-31]

A range of physical assessment consultation 'tools' for use with patients with CVLU are readily available;[32] however these templates exclusively relate to physical assessment and focus on the detail of wound assessment. Such a 'physical' focus represents a medicalised approach to CVLU care and almost serves to direct the nurse away from providing a more holistic assessment.[25] This new template, which requires minimal staff training, represents the first to focus in detail on known QoL issues that impact on the day-to-day functioning for patients with CVLU and is designed to focus the consulting nurse on the issues that are known to impact on the daily lives of patients with CVLU. Since consultations are known to overlook important QoL issues,[33] this template will re-dress the balance, focussing the consultation on issues and concerns that impact on the lives of patients. The template will ideally be applied at the initial assessment and will be repeated as necessary, dependent on the patient's personalised needs.

Strengths and weaknesses.

Strong theoretical underpinnings, content developed from patient experience and observation of practice support the development of this template.[1,2] The NG meeting encompassed a range of experts, experienced in CVLU care and the development of consultation aids, which served to ensure that the resultant template was robust, reflected the patient voice and was suitable for this client group. Such expert knowledge underpinned template design and was then verified by patient participants. It was unfortunate that the patient participants, whilst wanting to be involved in template development, elected not to attend the formal NG as this would have provided an excellent opportunity to integrate their comments and communicate directly with other group members. The reluctance of these participants to contribute at a meeting with ‘experts’ further reflects that the HCP-patient relationship is still not between equals.[34, 35] This lack of a cohesive NG may have limited the formation of the template.

Further research.

Manipulating practitioner behaviour in order to facilitate PCC is a known approach;[36-38] alternatively, activating the patient to become more involved in the consultation and to disclose their concerns could also be used. Use of the consultation template for self-completion by the patient prior to their consultation may prove to be beneficial and serve to activate the patient to be more enquiring. This is a potential area for further research.

Conclusion.

In 1957, Balint[39] described what we know as PCC and, despite the purported benefits for the patient[6-9] and the HCP,[10-12] over the ensuing 55 years improvement has been slow, with patient complaints commonplace.[40] There continues to be a need for interventions to enhance PCC within the consultation and to evaluate efficacy so that improvements can be made at every consultation, for every patient, to “.....make every contact count”. [41,p12]

We have developed a template destined to promote holistic, PCC consultations between people with CVLU and their wound carers in line with international wellbeing consensus recommendations.[42] While designed for completion by the wound care team, it could similarly be used as a patient activation tool. The template was designed in response to a lack of disclosure of QoL issues during patient consultations[1] thus further research is required to evidence utility of the template and establish whether template application has clinical significance.

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