8-14-2025

Staff Education to Improve Knowledge and Adherence to Diabetic Foot Ulcer Screening Protocols Using the Brief Diabetic Foot Ulceration Risk Checklist Tool

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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2025

Executive Summary: Staff Education Project

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2025

Summary

This doctoral project implemented a structured nurse education module on the Brief Diabetic Foot Ulceration Risk Checklist to improve knowledge and adherence to diabetic foot ulcer screening, supporting preventive care, clinical consistency, and equitable patient outcomes in primary care. The practice-focused question guiding the project was whether providing structured education on the BDFURC would improve nurses' knowledge and adherence to DFU screening protocols within 12 weeks. The goal was to equip nurses with standardized screening tools to support the early identification of high-risk patients and reduce the burden of DFU-related outcomes. The project involved 12 nursing staff and used a structured training intervention supported by a PowerPoint presentation and workflow-integrated handout. A 15-item pre- and post-test was administered to assess knowledge gains. Analytical strategies included descriptive statistics and a paired *t* test performed using Microsoft Excel. Postimplementation results demonstrated a statistically significant increase in mean scores from 8.92 (SD = 1.51) to 14.42 (SD = 0.79), t = 13.18, p < .001, with a 95% confidence interval of [4.58, 6.42]. Improved understanding is anticipated to enhance screening adherence, support early detection, and ultimately improve patient outcomes. Recommendations included integrating the BDFURC module into orientation and refresher programs, tailoring education to experience levels, and promoting interdisciplinary communication. The project reinforces the value of evidence-based nursing education and supports positive social change by reducing health disparities and promoting equitable access to preventive care through standardized practice.

Background

Diabetic foot ulcers (DFUs) are one of the most debilitating complications of diabetes mellitus and are a leading cause of hospitalizations, lower extremity amputations, and reduced quality of life globally (Haile et al., 2025). Data from the International Diabetes Federation (2023) suggest that up to 25% of individuals with diabetes will develop a foot ulcer during their lifetime, with recurrence rates as high as 70% within five years. Worldwide, DFUs account for more than one million amputations annually, contributing significantly to disability and mortality rates (Akkus & Sert, 2022). In the United States alone, the cost associated with DFU management exceeds $17 billion per year, with longer hospital stays and higher readmission rates than many other diabetes-related complications (Edmonds et al., 2021). The risk of death after amputation due to DFU can be as high as 70% within five years, underscoring the urgency of early detection and timely intervention (Zhao et al., 2023; Suglo et al., 2022).

Despite the clinical and economic burden associated with diabetic foot ulcers (DFUs), preventive foot screenings remain inconsistently applied in many primary care settings. Early identification using routine screening and standardized tools is critical to reducing DFU-related complications (Bus et al., 2021; Doğruel et al., 2022). However, audits conducted at the practicum site revealed that adherence to screening protocols ranged from 46% to 56%, far below the American Diabetes Association's (ADA, 2024) recommendation of 100% annual foot screening for all patients with diabetes, with more frequent assessments for those at high risk. A practice needs assessment attributed this gap to limited knowledge and underutilization of evidence-based tools such as the Brief Diabetic Foot Ulceration Risk Checklist (BDFURC). In the absence of formal training, nurses often relied on subjective assessments or bypassed screenings during high-volume clinic days, resulting in missed opportunities for early intervention and referrals to podiatry. Organizational feedback, including SWOT analysis and stakeholder input, reinforced that knowledge gaps among nurses hindered consistent protocol adherence, highlighting the urgent need for targeted education to improve DFU prevention strategies.

The goal of this project was to evaluate whether structured staff education on the BDFURC could enhance nurses' knowledge and adherence to diabetic foot screening protocols within 12 weeks. The educational initiative aimed to promote standardized assessment, improve early risk recognition, and support timely podiatry referrals. Training materials included a PowerPoint presentation and handouts aligned with clinical guidelines, which were designed to be practical and easily integrated into routine workflow. Evidence from Ghazali et al. (2020) and Suglo et al. (2022) provided Level I support for scenario-based education in improving clinical decision-making and patient outcomes. Additional Level II studies by Aalaa et al. (2022), Gholami et al. (2023), and Farmani et al. (2019) emphasized the value of interactive, case-based instruction in improving protocol adherence and nurse performance. Studies at Level III, including Alkhatieb et al. (2022) and Hidalgo-Ruiz et al. (2023), showed that formal training increased nurse competency and consistency in diabetic foot care. Zhao et al. (2023) further identified training frequency and knowledge as key predictors of adherence. Collectively, this evidence supports the implementation of structured staff education to standardize DFU screening practices and enhance preventive care in primary care settings.

Staff Education Project Development

This project involved 12 nursing staff members working in a primary care clinic, all of whom play a critical role in the routine care of patients with diabetes. Participants included both early-career and seasoned nurses, with varying years of clinical experience. These individuals were selected due to their direct involvement in diabetes management, particularly in performing foot assessments and health education. While participation was voluntary, nurse leaders were instrumental in promoting engagement across the care team. The diversity in clinical backgrounds allowed for rich dialogue during training and ensured that the educational module addressed both foundational and advanced knowledge gaps relevant to diabetic foot screening practices.

The development of the project was informed by an internal practice gap analysis, which identified low adherence to diabetic foot screening protocols, largely due to limited knowledge and lack of formal training on the BDFURC. To address this, a structured educational module was designed using current, high-level evidence synthesized from multiple Level I, II, and III studies. Training materials included a PowerPoint presentation (Appendix A) and a comprehensive handout that highlights practical case scenarios (Appendix B), all aligned with ADA guidelines and current best practices. The content emphasized the significance of DFU screening, the use of the BDFURC tool, and strategies to integrate the checklist into routine workflow efficiently. Nurses were taught how to identify risk factors, perform screenings during check-ups, and ensure proper documentation and referrals when appropriate.

To evaluate the impact of the intervention, a 15-question pretest was administered prior to the training to assess baseline knowledge related to DFU screening protocols and BDFURC use (Appendix C and D: Pre and Posttest Questionnaire). Following the education session, the same 15-item questionnaire was distributed as a posttest to measure knowledge gains. In addition to knowledge, the posttest also assessed adherence practices through Likert-scale items that captured self-reported use of the BDFURC in daily patient assessments. The anonymous nature of the testing process helped ensure honest responses. No patient-level data were collected, and the project evaluation focused solely on staff-level metrics aligned with the DNP project aim to improve protocol adherence through education.

Microsoft Excel was used to manage and analyze data from the pre-and post-test assessments to ensure accuracy and clarity in calculations. A paired t-test was applied to compare participants' knowledge scores before and after the educational intervention. Descriptive statistics, including mean scores and standard deviations, were used to summarize the data and determine the extent of knowledge improvement following the training. This structured approach to data analysis ensured a reliable evaluation of the intervention's effectiveness in addressing knowledge gaps related to diabetic foot ulcer screening. The results of this analysis were compiled and presented through this executive summary to inform stakeholders of the project's impact and support recommendations for continued education and integration of the BDFURC into routine nursing practice.

Results

The results following the implementation of the staff education intervention revealed a significant improvement in nurses' knowledge of DFU screening protocols, specifically in the use of the BDFURC. Knowledge was measured using a 15-item questionnaire administered before and after the training session. As illustrated in Table 1, the mean pretest score was 8.92

(SD = 1.51), reflecting moderate baseline understanding, while the mean posttest score rose to 14.42 (SD = 0.79), indicating a notable gain in comprehension. A paired *t*-test confirmed that the difference between pre-and post-test scores was statistically significant ($t = 13.18$, $p < .001$), with a 95% confidence interval ranging from 4.58 to 6.42, demonstrating the educational module's effectiveness in closing the knowledge gap.

Table 1

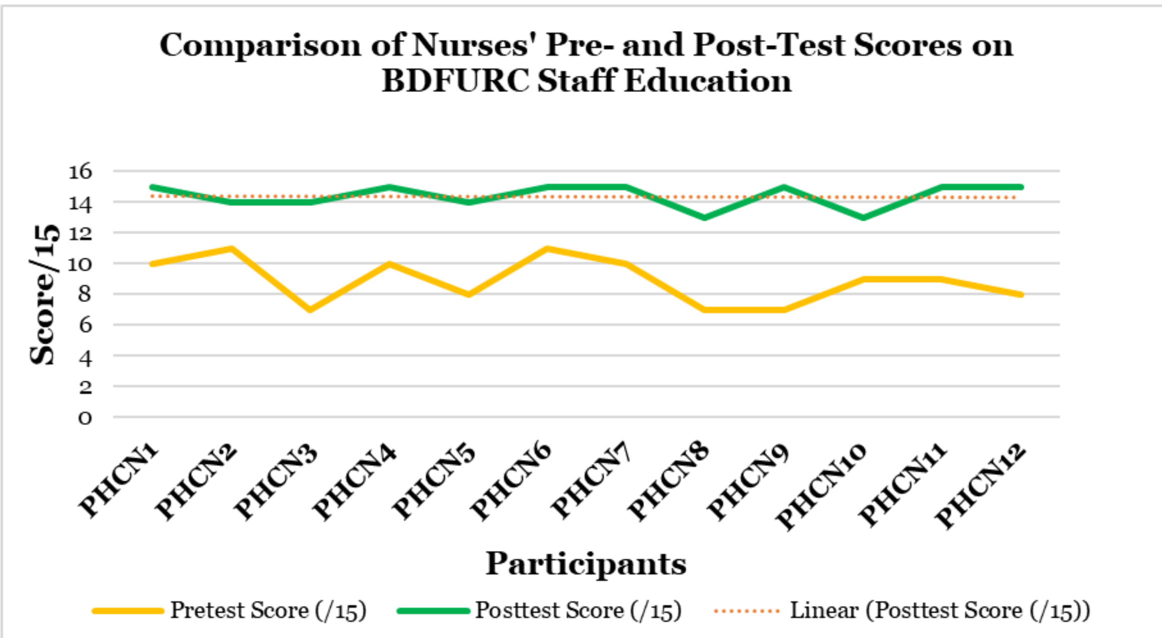
Pre- and Post-Education Knowledge Scores Among Nurses Following BDFURC Training

Assessment	Participants	Range	*M*	*SD*
Pretest scores	12	7–11	8.92	1.51
Posttest scores	12	13–15	14.42	0.79
t-test statistic	–	13.18	13.18	–
P value	–	–	–	< .001
95% CI (mean diff)	–	–	4.58–6.42	–

As illustrated also in Figure 1 below, the knowledge gains reflect the effectiveness of a focused, evidence-based training strategy delivered through a PowerPoint presentation and a structured handout, tools selected for their accessibility, clarity, and relevance to clinical workflows. While the project focused on improving nurses' knowledge, it is anticipated that an increased understanding of the BDFURC tool may lead to greater adherence to screening protocols and more consistent foot assessments over time. Enhanced screening frequency has the potential to facilitate earlier identification of at-risk patients, reduce ulcer-related complications, and ultimately improve patient outcomes in diabetic care These findings align with those of Aalaa et al. (2022), who demonstrated that multidisciplinary clinicians achieved statistically significant knowledge improvement in diabetic foot care ($p < .001$) after participating in a structured, two-day DFU workshop. Similarly, Farmani et al. (2019) reported a 17.4% increase in adherence to hand hygiene protocols among ICU nurses following structured education sessions that used visual aids and clear procedural guidance, reinforcing the role of instructional design in influencing behavior.

Figure 1

Nurses' Pre- and Posttest Scores



The structured format and visual emphasis of the project's educational tools mirror the strategies found effective in prior research. Gholami et al. (2023) conducted a quasi-experimental study and found that scenario-based training led to significant improvements in nurses' triage scores ($p < .05$), supporting the use of contextual examples and simulated cases in enhancing clinical reasoning. The incorporation of clear, checklist-based handouts in this project likely contributed to this outcome by translating abstract protocols into concrete steps. Zhao et al.

(2023) also emphasized that frequency of training, coupled with knowledge score improvements, predicted higher screening adherence among general practitioners, underscoring the value of repeated and structured educational contact. Likewise, Suglo et al. (2022) concluded from a systematic review that DFU-focused education, particularly when it included caregivers and used structured formats, improved foot care knowledge, foot hygiene behavior, and screening compliance. The design of the project, which prioritized simplicity, clarity, and practice relevance through visual materials, reflects these same principles.

Importantly, the intervention was also informed by studies that explored barriers to DFU screening. Abrar et al. (2020) found that culturally adapted training tools significantly increased provider knowledge scores in diabetic foot care education, particularly when tools were aligned with the participants' context and literacy. The use of visual content in this project, such as diagrams in the PowerPoint and simplified screening steps in the handout, served as a direct response to such findings, reducing cognitive overload and enabling quick uptake in busy clinical settings. Alkhatieb et al. (2022) further supported this approach by showing that nurses with prior diabetic foot education had significantly higher knowledge and confidence scores ($p < .001$) compared to those without training. This suggests that structured education, even if brief, has lasting value when grounded in evidence and tailored to staff workflows. By integrating these strategies, the BDFURC training initiative successfully addressed practice gaps and established a replicable model for advancing DFU prevention efforts in primary care.

Organizational Impact

Beyond the clinical learning outcomes, the implementation of this educational module demonstrates the organization's investment in nurse development and its commitment to quality improvement. By addressing a clearly defined knowledge gap, leadership fostered a culture of proactive learning and empowered nurses to take ownership of preventive care. Such initiatives are essential in strengthening institutional accountability, promoting role clarity, and encouraging best practices across departments. As highlighted by Alkhatieb et al. (2022), organizations that provide structured, topic-specific education observe improvements in provider preparedness and system-level coordination. The BDFURC training helped align expectations among clinical teams, ensuring that all nursing staff followed the same screening procedures and documentation standards. Besides, the consistent use of educational tools, such as the workflow-integrated handout, promoted efficiency and reduced variability in assessments. This alignment can support more seamless referrals to podiatry, enhance interdisciplinary communication, and reduce avoidable care delays. Over time, initiatives like this may contribute to greater operational consistency, stronger team performance, and improved resource utilization in chronic disease management.

Limitations

While the educational intervention led to a significant improvement in nurses' knowledge of diabetic foot screening protocols, several limitations must be acknowledged. The primary limitation was that the project evaluated only short-term knowledge gains immediately following the training, without assessing retention over time. Although the posttest results confirmed an increased understanding of the BDFURC tool, it remains unclear whether this knowledge will be sustained beyond the training period. As Zhao et al. (2023) and Suglo et al. (2022) have emphasized, repeated reinforcement is often essential for lasting change. Incorporating follow-up sessions, periodic knowledge checks, or brief booster modules could support continued learning and retention. A second limitation relates to the diversity in clinical experience among participants. While novice nurses may have gained foundational knowledge, more experienced staff might have benefited from more advanced case scenarios or practical simulations. Gholami et al. (2023) noted that differentiated learning approaches are more effective in addressing diverse knowledge levels among healthcare professionals. Future educational efforts may consider segmenting content by experience level to ensure all participants are optimally engaged and challenged. Addressing these limitations can help refine future implementations and support ongoing improvements in diabetic foot screening practices.

Relevance of the Project Findings Beyond the Practicum Site

The success of this educational project extends beyond the primary care setting, offering a practical model for improving diabetic foot ulcer prevention in various healthcare environments. Diabetic foot complications remain a major contributor to disability and healthcare costs, and early screening is essential to reduce risks. This project demonstrated that focused education using a presentation and handout can significantly improve nurse knowledge and is suitable for wider use, including in facilities with limited resources. The results align with Van Netten et al. (2020), who promoted accessible tools for DFU prevention, and Suglo et al. (2022), who emphasized the importance of inclusive, relevant education in improving screening practices. Standardized training ensured all nurses had equal access to evidence-based guidance, regardless of experience, supporting equity in clinical care. This reflects findings by Hidalgo-Ruiz et al. (2023) and Abrar et al. (2020), who found that simplified tools reduce variation in care and promote consistent practice. The project also highlights how small educational efforts can influence broader improvements by closing knowledge gaps and promoting consistency. The

BDFURC tool was easy to incorporate into the routine workflow, suggesting that similar educational approaches may support early risk detection and improve outcomes across primary care settings.

Conclusions

The implementation of the staff education project significantly enhanced nurses' knowledge of diabetic foot ulcer screening using the BDFURC tool, addressing a critical gap in preventive care delivery within the primary care setting. By equipping nursing staff with evidence-informed, workflow-integrated screening skills, the project promoted a culture of clinical excellence, professional development, and adherence to best practices. The initiative also demonstrated the organization's commitment to improving patient safety and long-term outcomes by reducing missed opportunities for early DFU detection. To build on this success, future recommendations include ongoing refresher sessions, integration of the BDFURC into electronic health records for easy access, and mentorship opportunities to reinforce learning among newly hired nurses. Additionally, adapting the training content to accommodate varying experience levels can further enhance staff engagement and knowledge retention. From a broader nursing practice perspective, the project exemplifies how practical, scalable education can empower nurses to play a pivotal role in chronic disease prevention, interdisciplinary communication, and quality improvement. The standardization of screening processes using inclusive, easy-to-follow tools promotes equity in care by ensuring all patients receive timely, risk-based assessment regardless of background or setting. Ultimately, this intervention supports positive social change by reducing disparities in diabetic foot care, fostering trust in preventive services, and advancing health equity across diverse populations.

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Appendix A: PowerPoint Presentation for Training

Appendix B: Training Hand-Out

Comprehensive Training Handout for Brief Diabetic Foot Ulceration Risk Checklist (BDFURC)

Introduction
Diabetic foot ulcers (DFUs) remain a leading cause of severe complications in patients with diabetes, including infections and amputations. Statistics show that 25% of people with diabetes will develop a foot ulcer in their lifetime, and 85% of diabetes-related amputations stem from untreated ulcers. As a nurse, you are on the frontline of prevention. By conducting regular foot screenings and educating patients, you play a pivotal role in identifying risks early.
This handout introduces the Brief Diabetic Foot Ulceration Risk Checklist (BDFURC), a practical, evidence-based tool designed to simplify and standardize diabetic foot screening. This training will provide you with the knowledge and practical steps to integrate BDFURC into your workflow effectively, improving adherence to screening protocols.

Learning Outcomes
By the end of this training, you will:
1. Understand the importance of diabetic foot screenings and explain their value to patients.
2. Use the BDFURC to identify foot-related risk factors accurately.
3. Overcome common challenges to implementing diabetic foot screening.
4. Integrate the BDFURC into your daily practice, ensuring adherence to protocols.

1. Why Diabetic Foot Screening Matters
Diabetic foot screening saves lives by preventing ulcers and complications before they occur. Regular screenings improve outcomes and reduce costs by identifying risks early.
Key Points:
- Prevalence: 1 in 4 people with diabetes will develop a foot ulcer
- Complications: 85% of amputations are preventable with early intervention
- Benefits of Screening: Detecting risk factors early prevents ulcers and enables timely care.

How to Explain to Patients:
- Example 1: *"Did you know that regular foot checks can prevent infections and amputations? Today, I'll assess your feet to make sure everything is healthy and address any risks early."*
- Example 2: *"Have you noticed any numbness or redness in your feet? Let's take a closer look to keep your feet in good condition."*
- Encourage engagement: *"What questions do you have about caring for your feet at home?"*

2. Overview of the BDFURC
The BDFURC is a checklist developed to standardize diabetic foot screenings. It focuses on five essential components of foot health:
1. Skin Integrity: Identifying wounds, redness, or infections.
2. Nail Health: Checking for thickened, discolored, or ingrown nails.
3. Sensation Testing: Detecting peripheral neuropathy using a monofilament.
4. Vascular Assessment: Assessing blood flow through pulse palpation.
5. Foot Deformities: Identifying structural abnormalities such as hammer toes or Charcot foot.

Why Use the BDFURC?
- Standardizes care, ensuring no critical steps are missed.
- Takes less than 10 minutes to complete.
- Improves documentation for better follow-up care.

3. Screening Process
You can incorporate the BDFURC during annual check-ups or when specific risk factors are identified.
Key Risk Factors to Look For:
- History of foot ulcers or amputations.
- Peripheral neuropathy symptoms (e.g., numbness, tingling).
- Peripheral arterial disease (e.g., diminished pulses or claudication).
- Poor glycemic control (elevated HbA1c).
- Ill-fitting footwear or poor foot hygiene.

How to Implement the Screening:
- Example 1: During a routine diabetes visit:
  "Since you've mentioned numbness in your toes, let's do a quick screening today. This will help us catch any potential problems early and prevent complications."
- Example 2: For a patient with a history of ulcers:
  "I see you've had a foot ulcer in the past. Let's check your feet today to ensure no issues have developed."

4. Addressing Common Barriers

Barrier	Solution	How You Can Apply It
Limited Time for Screenings	Integrate the BDFURC into routine appointments. Use the checklist during diabetes reviews or HbA1c monitoring.	*"While we're discussing your diabetes management, I'll use this checklist to screen your feet. It only takes a few minutes, and it's important for preventing serious issues like ulcers or infections."*
Knowledge Gaps	Attend hands-on workshops conducted by your DNP trainer. Use quick-reference guides and training videos for ongoing support.	*"Here's a quick-reference card for the BDFURC. Let's practice the monofilament testing together to ensure you feel confident using it."*
Resistance to New Protocols	Change champions—experienced nurses selected by leadership—can model BDFURC use and share real-world success stories.	*"One of our experienced nurses has been using the BDFURC for a month and found it easy to integrate into her workflow. During today's meeting, she'll share how it has helped her identify high-risk patients more effectively."*

5. Integrating the BDFURC into Your Workflow
1. Preparation: Ensure tools like monofilaments and the BDFURC checklist are readily available. Have it pre-loaded into the EHR.
2. Screening Process: Perform the screening during check-ups or after observing risk factors.
3. Documentation: Record findings immediately, flagging high-risk patients for podiatry referrals.

Example for Nurses:
- *"After completing the checklist, I noticed signs of reduced sensation. I'll refer this patient to podiatry for a closer evaluation."*

6. Measuring Success
- Pre-Training Metrics: Measure staff knowledge and baseline adherence rates to foot screenings.
- Post-Training Metrics: Look for improvements in knowledge, confidence, and screening adherence.
- Documentation Audits: Perform monthly reviews to track progress and identify gaps in adherence.

7. Resources
- BDFURC Quick Reference Guide: https://www.youtube.com/watch?v=JJzASQwGW3I
- Instructional Video for Monofilament Testing: ttps://www.youtube.com/watch?v=aQHDIkNSyxk
- ADA Guidelines: https://www.diabetes.org.

Appendix C: Pre-Test

Six-Digit ID No…………………

Assessment of Nursing Staff Knowledge of Diabetic Foot Ulcer Screening Protocols Using the BDFURC Tool

Instructions

Welcome to the pre-test assessment for this educational program. Your responses will help evaluate your baseline knowledge, confidence, and adherence to diabetic foot ulcer (DFU) screening protocols using the Brief Diabetic Foot Ulceration Risk Checklist (BDFURC).

- Create a six-digit identification number on this test that you will remember as you will need to use it again following the presentation. Do not use consecutive numbers. Use a unique string of numbers (e.g., 397834). Only place the number on the top right space of the test. Do not use your name or any other personal information.
- For multiple-choice questions, circle the correct option. For Likert scale questions, place an 'X' in the box corresponding to your response.
- Return the completed pre-test to the designated collection point.

Thank you for your participation!

Section 1: Knowledge Assessment (15 Questions)

1. What is the primary purpose of the BDFURC tool?
   A) To diagnose diabetic foot ulcers
   B) To identify patients at risk for diabetic foot ulcers
   C) To provide a treatment plan for diabetic foot ulcers
   D) To monitor blood sugar levels
2. Which of the following is a risk factor assessed by the BDFURC tool?
   A) Foot deformities
   B) Blood pressure levels
   C) Patient height
   D) Age of the patient
3. How often should DFU risk assessments be conducted for low-risk diabetic patients?
   A) Monthly
   B) Annually
   C) Every three months
   D) Only when symptoms are present
4. What is the next step after identifying a high-risk patient using the BDFURC tool?
   A) Refer to a podiatrist
   B) Schedule a follow-up in one year
   C) Educate the patient on self-care practices
   D) Start medication immediately
5. Which clinical sign is most critical for identifying neuropathy in diabetic patients?
   A) Swelling in the ankles
   B) Loss of sensation in the feet
   C) Discoloration of the toenails
   D) Presence of a callus
6. What does the BDFURC tool prioritize in its assessment?
   A) Patient adherence to diabetes medications
   B) Identification of structural and sensory foot risks
   C) Daily exercise routines of diabetic patients
   D) Blood sugar management
7. Which patients should be prioritized for more frequent DFU screenings?
   A) Patients with a history of foot ulcers
   B) Patients with controlled blood sugar levels
   C) Patients under 40 years old
   D) Patients without a history of diabetes
8. What is the recommended initial intervention for a patient identified as low-risk for DFUs?
   A) Schedule routine annual follow-ups
   B) Immediate referral to a specialist
   C) Begin preventative antibiotic treatment
   D) Skip screening for the next two years
9. Which patient education topic is essential for DFU prevention?
   A) Daily foot inspection for abnormalities
   B) Reducing sugar intake in meals
   C) Managing insulin dosages
   D) Avoiding outdoor activities
10. What is the primary outcome expected from implementing the BDFURC tool in clinical practice?

Appendix D: Post-Test

Assessment of Nursing Staff Knowledge, Confidence, and Adherence to Diabetic Foot Ulcer Screening Protocols Using the BDFURC Tool

Instructions

Welcome to the posttest assessment for this educational program. Your responses will help evaluate your knowledge, confidence, and adherence to diabetic foot ulcer (DFU) screening protocols using the Brief Diabetic Foot Ulceration Risk Checklist (BDFURC) after the presentation

- Use the six-digit identification number on this test that you created during pretest. Place the number on the top right space of the test. Do not use your name or any other personal information.
- Return the completed posttest to the designated collection point.

Thank you for your participation!

Knowledge Assessment (15 Questions)

1. What is the primary purpose of the BDFURC tool?
   A) To diagnose diabetic foot ulcers
   B) To identify patients at risk for diabetic foot ulcers
   C) To provide a treatment plan for diabetic foot ulcers
   D) To monitor blood sugar levels
2. Which of the following is a risk factor assessed by the BDFURC tool?
   A) Foot deformities
   B) Blood pressure levels
   C) Patient height
   D) Age of the patient
3. How often should DFU risk assessments be conducted for low-risk diabetic patients?
   A) Monthly
   B) Annually
   C) Every three months
   D) Only when symptoms are present
4. What is the next step after identifying a high-risk patient using the BDFURC tool?
   A) Refer to a podiatrist
   B) Schedule a follow-up in one year
   C) Educate the patient on self-care practices
   D) Start medication immediately
5. Which clinical sign is most critical for identifying neuropathy in diabetic patients?
   A) Swelling in the ankles
   B) Loss of sensation in the feet
   C) Discoloration of the toenails
   D) Presence of a callus
6. What does the BDFURC tool prioritize in its assessment?
   A) Patient adherence to diabetes medications
   B) Identification of structural and sensory foot risks
   C) Daily exercise routines of diabetic patients
   D) Blood sugar management
7. Which patients should be prioritized for more frequent DFU screenings?
   A) Patients with a history of foot ulcers
   B) Patients with controlled blood sugar levels
   C) Patients under 40 years old
   D) Patients without a history of diabetes
8. What is the recommended initial intervention for a patient identified as low-risk for DFUs?
   A) Schedule routine annual follow-ups
   B) Immediate referral to a specialist
   C) Begin preventative antibiotic treatment
   D) Skip screening for the next two years
9. Which patient education topic is essential for DFU prevention?
   A) Daily foot inspection for abnormalities
   B) Reducing sugar intake in meals
   C) Managing insulin dosages
   D) Avoiding outdoor activities
10. What is the primary outcome expected from implementing the BDFURC tool in clinical practice?
    A) Diagnosing existing foot ulcers
    B) Improving adherence to DFU screening protocols
    C) Reducing time spent on diabetic patient assessments
    D) Monitoring treatment outcomes

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11. Which component of the BDFURC tool assesses structural abnormalities in the feet?
    A) Sensory testing
    B) Foot deformities
    C) Skin integrity checks
    D) Vascular examination
12. What is the significance of adherence to DFU screening protocols?
    A) It ensures immediate treatment for all patients.
    B) It prevents complications and reduces healthcare costs.
    C) It focuses on blood sugar control.
    D) It identifies all diabetic patients who need surgery.
13. What is the primary goal of patient education for high-risk diabetic patients?
    A) To ensure regular podiatrist visits
    B) To teach self-care practices to prevent ulcers
    C) To emphasize medication adherence
    D) To monitor blood glucose levels daily
14. What is a potential barrier to DFU screening in primary care settings?
    A) Lack of patient interest
    B) Lack of time and resources for screening
    C) Overuse of advanced screening technologies
    D) Low prevalence of DFUs in diabetic patients
15. Why is it important to integrate the BDFURC tool into primary care workflows?
    A) To reduce the burden of specialist referrals
    B) To standardize DFU screening and improve outcomes
    C) To eliminate the need for other diabetes management tools
    D) To focus on acute care for diabetic patients