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Staff Education to Improve Knowledge of Venous Leg Ulcer Prevention

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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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Executive Summary: Staff Education Project

Staff Education to Improve Knowledge of Venous Leg Ulcer Prevention

by

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Summary

This Doctor of Nursing Practice (DNP) staff education project implemented a standardized program to strengthen knowledge, confidence, and adherence to venous stasis ulcer (VSU) prevention among staff in an outpatient vascular clinic. The practice problem was the lack of standardized staff education, leading to inconsistent patient teaching and recurrent ulceration. VSUs are a significant public health challenge, increasing morbidity, healthcare utilization, and reducing quality of life (He et al., 2024).

The practice-focused question for this project was: In frontline medical staff at a vascular outpatient clinic, does a staff education program on a standardized approach to patient education for VSU prevention, compared to pre-education knowledge assessment, improve staff knowledge, confidence, and intent to change practice over 12 weeks? The purpose of this doctoral project was to increase staff knowledge and improve patient outcomes through evidence-based education that promoted consistent preventive practices and reduced preventable complications (Probst et al., 2020; Senft et al., 2022).

The results of the descriptive analysis of the pre- and post-knowledge assessment revealed a significant increase in staff knowledge and greater confidence in applying VSU prevention strategies following the education program. The implications for the organization included improved staff proficiency, protocol adherence, and standardized patient education. This project concludes that structured nurse-led education strengthens evidence-based practice and care quality. Recommendations include expanding to other clinics, refresher training, and ongoing audits. This project has the potential to positively impact social change by fostering professional growth, promoting equitable preventive care, and reducing complications to improve outcomes (Dang et al., 2021).

Background

The gap in practice at this DNP project site was the absence of standardized education for staff on VSUs prevention. Staff education relied heavily on personal experience rather than evidence-based guidelines, contributing to delayed healing, increased recurrence, and preventable complications (He et al., 2024; Žulec et al., 2022). VSUs represents a significant and growing healthcare challenge, affecting millions worldwide and contributing to considerable morbidity, prolonged healing times, and healthcare utilization (Fukaya et al., 2025; Martinato et al., 2023). As chronic wounds, VSUs impair physical health, diminish quality of life, increase disability, and impose financial strain on patients, families, and healthcare systems (He et al., 2024). Although evidence-based prevention and early intervention strategies exist, inconsistent staff education and variable guideline adherence hinder optimal outcomes, particularly in outpatient vascular clinics (Žulec et al., 2022).

Anonymous data provided by the DNP project site leader revealed that only 50% of healthcare staff adhered to a standardized VSU prevention education protocol, highlighting measurable process gaps and inconsistent care delivery. Metrics such as the percentage of at-risk patients receiving standardized education and adherence to preventive measures provide objective measures of program effectiveness (Sipes, 2024). Process indicators track consistent implementation of evidence-based prevention protocols, and prevention-focused quality indicators aim to reduce preventable VSU cases (Agency for Healthcare Research and Quality [AHRQ], n.d.). Outcome metrics include recurrence rates, healing times, and patient adherence to preventive recommendations, while staff knowledge, confidence, and consistency in education delivery serve as process measures (AHRQ, n.d.). This gap underscores the need for structured, evidence-based staff training to ensure consistent prevention practices and optimize patient outcomes (Žulec et al., 2022). Implementing a structured, evidence-based staff education program on VSU prevention is critical to improving care consistency, reducing recurrence, and enhancing patient outcomes (Martinat et al., 2023).

The practice-focused question for this project was: In frontline medical staff at a vascular outpatient clinic (P), does a staff education program on a standardized approach to patient education for VSU prevention (I), compared to pre-education knowledge assessment (C), improve staff knowledge, confidence, and intent to change practice (O) over 12 weeks (T)? (Dang et al., 2021). This DNP project aimed to implement a structured staff education program that increased knowledge, strengthened confidence, and promoted consistent evidence-based practices in VSU prevention. The goal was to close the practice gap by equipping staff with the skills and resources to deliver effective patient education and reduce preventable complications.

The evidence supporting this project came from clinic performance reports, quality dashboards, safety event reports, and leadership reports, which revealed inconsistent staff education on VSU prevention. The clinic performance review revealed that only about 50% of providers consistently followed standardized education protocols for VSU prevention, resulting in variability in patient care. Data from the vascular clinic's 2025 performance review revealed a noticeable increase in ulcer recurrence and preventable wound complications, primarily attributed to inconsistent or incomplete preventive education (He et al., 2024). Safety event reports and leadership feedback revealed that staff often relied on individual experience rather than standardized, evidence-based protocols (Žulec et al., 2022). These findings demonstrated a clear need for a structured nurse-led education program to improve staff consistency, patient safety, and outcomes at the project site (Martinato et al., 2023).

The evidence in the literature supporting this change in practice derives from a comprehensive review of recent peer-reviewed studies that emphasize the critical role of structured staff education in preventing VSUs (He et al., 2024; Žulec et al., 2022). A systematic search of CINAHL, PubMed, and the Cochrane Library using key terms such as *venous stasis ulcer prevention*, *staff education*, *evidence-based practice*, *compression therapy*, and *nurse-led interventions* initially yielded 73 articles. After applying the inclusion and exclusion criteria, 14 high-quality studies published within the past 5 years were selected, all of which consistently support the need for structured staff education (Dang et al., 2021). Evidence from systematic reviews, randomized controlled trials, and clinical guidelines demonstrated that standardized training enhances provider competency, promotes adherence to preventive measures, such as compression therapy, skincare, nutrition, and exercise, and reduces recurrence rates (He et al., 2024; Martinato et al., 2023). Collectively, these findings confirm that structured nurse-led education programs are effective strategies for improving provider performance and advancing evidence-based vascular care (Dang et al., 2021; Žulec et al., 2022).

Five Level I randomized controlled trials and systematic reviews showed significant improvements in wound healing, reduced recurrence rates, and increased provider knowledge and confidence (Bossert et al., 2023; McDaniel et al., 2022; Rerkasem et al., 2023; Senft et al., 2022; Žulec et al., 2022). Two Level II quasi-experimental studies highlighted the effectiveness of multidisciplinary approaches, patient engagement strategies, and educational tools such as workshops and brochures (Gomes et al., 2023; Probst et al., 2020). Four Level III non-experimental and qualitative studies emphasized ongoing staff training to overcome barriers, including time constraints and variable clinical experience (Guo et al., 2024; Lommi et al., 2023; Martinato et al., 2023; Qiu et al., 2023). Clinical practice guidelines (Level IV) and integrative reviews (Level V) consistently reinforced staff education as central to standardized, evidence-based care (Ingleby, 2023; Martinato et al., 2023; Pennisi et al., 2024). This evidence confirms that structured nurse-led education is a practical, evidence-based intervention that improves provider competency, enhances patient outcomes, reduces recurrence, and supports organizational quality improvement initiatives in vascular care (Probst et al., 2020).

Integrating this evidence into practice aligns directly with the American Organization for Nursing Leadership (AONL) Nurse Executive Competencies and the American Association of Colleges of Nursing (AACN) Essentials of Doctoral Education for Advanced Nursing Practice emphasizing evidence-based knowledge, nursing leadership, and interprofessional collaboration to enhance patient outcomes (AACN, 2021). Implementing a structured nurse-led education program fosters a culture of continuous learning, enables staff to apply best practices consistently, and drives sustainable quality improvement (Dang et al., 2021). Ultimately, this initiative addresses the identified practice gap, strengthens nursing leadership, promotes patient-centered care, and advances the organization’s mission to deliver high-quality, evidence-based vascular care (AONL, 2023).

Staff Education Project Development

The staff participants in this project included 14 frontline healthcare professionals from the outpatient vascular clinic, comprising physicians, nurse practitioners, registered nurses, and medical assistants. All participants provide direct patient care and education, reflecting the multidisciplinary nature of vascular care. All 14 participants engaged completely and completed the project.

The procedures for developing this project involved designing educational content based on the highest available evidence regarding the prevention and management of VSUs. I created a PowerPoint presentation, facilitator scripts, and step-by-step guides highlighting essential prevention strategies, including compression therapy, skincare, leg elevation, and patient-centered exercise promotion. The subject matter experts—the clinic administrator, an MD and expert vascular specialist, and the clinic preceptor, an FNP-prepared APRN with over 20 years of clinical experience—reviewed all educational materials to ensure clinical accuracy, policy alignment, and adherence to evidence-based best practices (He et al., 2024).

Pre- and post-knowledge assessments were collaboratively developed with the subject matter experts and consisted of a 10-item multiple-choice survey measuring participants' knowledge, confidence, and intent to apply evidence-based VSU prevention strategies. The project leveraged validated patient education tools from professional practice organizations, published literature, and authoritative guidelines, including the Wound, Ostomy, and Continence Nurses Society guidelines, the Centers for Disease Control and Prevention chronic wound prevention tools, and the National Institute for

Health and Care Excellence guidelines. The faculty provided final approval before the presentation.

The implementation of this project was conducted during a 30-minute educational session during protected clinical time to minimize workflow disruption. The participants voluntarily provided informed consent to complete the anonymous pre- and post-education knowledge assessments. All the participants completed the pre-knowledge assessment on paper, attended the educational presentation, and immediately completed the post-knowledge assessment. Participants maintained anonymity by using randomly assigned identification numbers on all assessments, with no personal identifiers collected, and the research team securely stored all deidentified surveys to protect confidentiality (Dang et al., 2021; Sipes, 2024).

To further safeguard participant privacy, the research team placed a locked collection box in the presentation room, allowing participants to return surveys without facilitator or peer identification. Designated team members and I maintained exclusive access to the collected pre- and post-assessments using assigned codes. After completing data entry and verification, the team crosscut and shredded all paper surveys to permanently destroy physical records, rigorously maintaining confidentiality and anonymity throughout the study (see Dang et al., 2021; Sipes, 2024).

Collection and Analysis of Evidence

The process for collecting the pre- and post-knowledge assessments involved administering paper surveys before and after the educational session. Participants used their assigned identification numbers on all assessments to ensure anonymity, and no personal identifiers, such as names or employee numbers, were collected. A locked collection box in the presentation room allowed participants to return surveys discreetly, preventing facilitators or peers from linking responses to individuals. I securely compiled all deidentified responses for analysis, with access restricted to the research team, and later crosscut shredded the original paper surveys after data entry and verification to preserve confidentiality (see Dang et al., 2021; Sipes, 2024).

The analysis of this evidence included descriptive and comparative methods. Pre- and post-assessment scores were analyzed to determine changes in participants' knowledge, confidence, and intent to apply evidence-based VSU prevention strategies. Descriptive analysis, including means and percentages, summarized participant performance, while comparative analysis evaluated improvements from the pre-assessment to the post-assessment (Sipes, 2024). The research team reviewed qualitative feedback from participants to assess the clarity, relevance, and applicability of the educational content, using the findings to inform iterative refinements for future sessions (see Dang et al., 2021; White et al., 2024).

Project Evaluation Process

The data guided the following evaluation process. The team applied a structured framework to analyze the data, ensuring internal validity and aligning practices with organizational goals for patient safety, quality improvement, and evidence-based care (see Dang et al., 2021). The project team compared pre- and post-assessment results to quantify increases in knowledge and confidence. Qualitative feedback provided insight into participants' readiness to implement VSU prevention strategies. The evaluation confirmed the feasibility of a nurse-led staff education model, demonstrating its potential for replication and integration into routine clinical practice to promote standardized care, improve patient outcomes, and foster a culture of shared accountability in the vascular clinic (He et al., 2024; White et al., 2024; Žulec et al., 2022).

Results

The results of this project were substantial improvements in staff knowledge, confidence, and compliance with VSU prevention strategies following the educational intervention. Fourteen staff participants completed pre- and post-knowledge assessments, and the team matched them using assigned identification numbers to ensure anonymity. Descriptive analysis revealed an increase in mean knowledge scores from 70.1% (*SD* = 16.4) pre-intervention to 97.1% (*SD* = 2.9) post-intervention, representing a mean gain of 27 percentage points. Most participants improved from pre-knowledge assessment scores of 50%–75% to post-knowledge assessment scores of 90%–100%, while three participants scored 100% on both assessments, reflecting strong baseline knowledge and validating the clarity of the educational content (see Salkind & Frey, 2019).

Table 1 displays the pre- and post-knowledge assessment scores, and Figure 1 illustrates the upward trajectory of individual participants' knowledge gains. These results demonstrate both statistically meaningful improvement and clinically relevant enhancement in staff knowledge of VSU prevention, including compression therapy, skincare, patient-centered exercise promotion, and early identification of chronic venous insufficiency (Fukaya et al., 2025; He et al., 2024; Martinato et al., 2023).

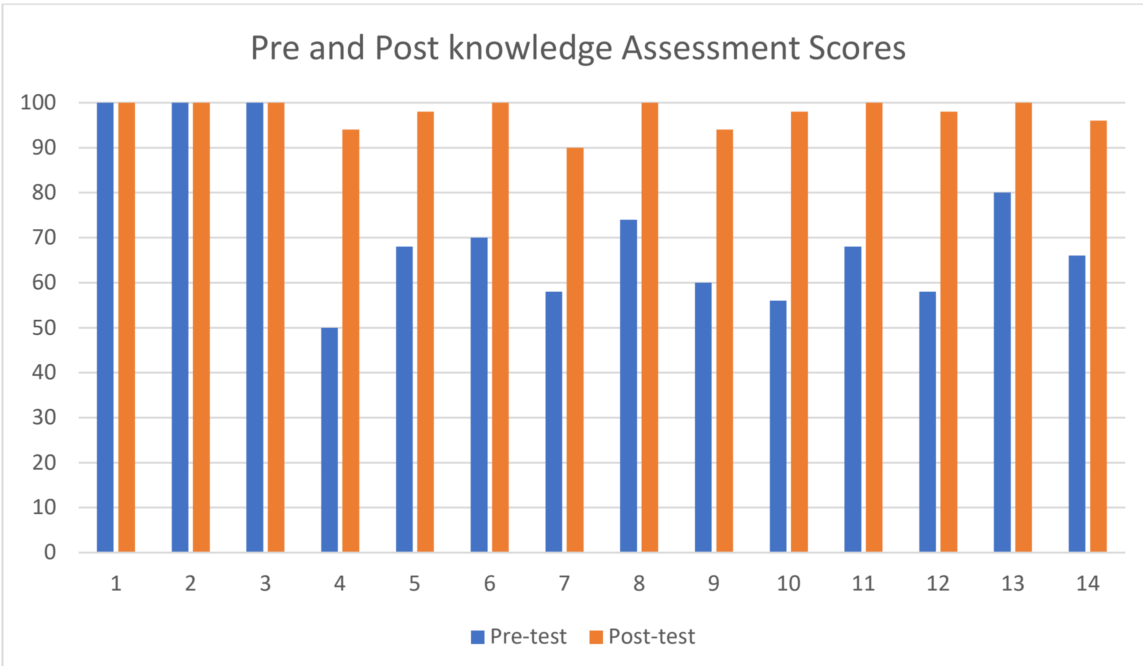
Table 1

Pre- and Post-Knowledge Assessment Scores (n = 14)

Category	Pre-knowledge assessment mean (*SD*)	Post-knowledge assessment mean (SD)	Mean difference
Total mean score	70.1 (16.4)	97.1 (2.9)	+27.0

Figure 1

Bar Chart of Pre- and Post-Knowledge Assessment Scores



Note. Bar chart of pre- and post-knowledge assessment scores by participant, visually illustrates the upward trajectory, reinforcing the effectiveness of the intervention and the consistency of knowledge gains across the study (see Cooksey, 2020; Salkind & Frey, 2019).

- Participants 1–3 scored 100% pre and post
- Participants 4–14 scored ~50%–75% pre and ~90%–100% post

In addition to knowledge gains, the intervention improved staff confidence in implementing evidence-based VSU prevention strategies. The confidence questions (8–10) revealed measurable gains in self-assurance when applying prevention strategies in clinical practice. Before the intervention, only 25%–27% of participants reported being *extremely confident*, compared to 36%–41% after the education.

Likewise, the proportion of participants who felt only *somewhat confident* declined from nearly 30% before the intervention to less than 10% after the intervention. These improvements in confidence paralleled the knowledge gains and reinforced the sustainability of practice change by ensuring providers not only knew the strategies but also felt equipped to implement them consistently (see He et al., 2024; Martinato et al., 2023). Together, the results demonstrated that the project strengthened provider competency, enhanced confidence, and contributed to building a culture of reliable, evidence-based patient care in VSU prevention (Fukaya et al., 2025).

The impact of this project on the organization was the promotion of consistent, evidence-based education for VSU prevention, which strengthened provider competency and reduced variability in care delivery. Staff members reported greater confidence in applying standardized prevention strategies, including compression therapy, skincare, and patient-centered exercise promotion, aligning practice with clinical guidelines. These improvements not only enhanced staff knowledge and reliability but also reinforced the organization’s commitment to quality improvement, patient safety, and a culture of shared accountability (Fukaya et al., 2025; He et al., 2024).

The limitations of this project included a small sample size (n = 14), a single-site design, and a short follow-up period, which restricted the generalizability of the results. These constraints prevented the evaluation of long-term knowledge retention and direct patient outcomes, such as ulcer healing or recurrence rates (Dang et al., 2021). Despite these limitations, the project demonstrated strong internal validity, with consistent improvements in staff knowledge and confidence across all participants. The immediate post-intervention gains highlight the feasibility and effectiveness of a structured, nurse-led education program in the vascular clinic setting. Although broader application may be necessary, the findings establish a strong foundation for scaling similar interventions across diverse clinical environments (see Salkind & Frey, 2019).

This project has importance beyond the local project site because uncontrolled VSUs contribute to significant morbidity, reduced quality of life, and higher healthcare costs. Expanding similar nurse-led educational programs across outpatient vascular clinics can standardize evidence-based practices, strengthen staff competency, and improve patient safety by reducing preventable complications (Fukaya et al., 2025; He et al., 2024). The project also provides a scalable and replicable framework that fosters interprofessional collaboration, promotes health equity, and addresses disparities in chronic venous disease management (White et al., 2024; Žulec et al., 2022). Ultimately, structured staff education plays a crucial role in bridging the evidence-to-practice gap and driving sustainable quality improvement across healthcare systems (Dang et al., 2021; Sipes, 2024).

Conclusions

The impact of this DNP project on the project site was the establishment of a structured, evidence-based staff education program that enhanced provider knowledge, confidence, and consistency in the prevention and management of VSUs. Standardizing staff education aligns clinical practice with evidence-based guidelines, strengthens patient safety, and reduces variability in care delivery, thereby supporting organizational quality improvement goals (see Fukaya et al., 2025; He et al., 2024). These outcomes demonstrate the organization's strengthened culture of accountability and commitment to delivering high-quality vascular care.

Future recommendations for this organization include expanding the education program to additional outpatient vascular sites, increasing the sample size to enhance generalizability, and conducting longitudinal follow-up to assess sustained knowledge retention and patient outcomes. The integration of annual refresher training into competency reviews and the incorporation of the program into new staff onboarding will promote sustainability. In addition, implementing regular audit-and-feedback cycles and embedding interprofessional collaboration strategies can strengthen practice consistency and enhance quality improvement efforts (Dang et al., 2021; Sipes, 2024). Scaling the initiative across diverse outpatient settings will allow replication of the project's success and broaden its organizational impact.

The potential implications of this project on nursing practice include advancing standardized, nurse-led education as a foundation for consistent, high-quality care. Improved staff competency and confidence in applying evidence-based VSU prevention strategies directly support improved patient outcomes, such as reduced recurrence rates, faster healing, and enhanced adherence to preventive measures (Martinato et al., 2023; Žulec et al., 2022). This project highlights the pivotal role of nurses as leaders in translating evidence into practice and driving organizational change through structured education and interprofessional collaboration (AONL, 2023).

The real or potential impact of this project to effect positive social change lies in its ability to reduce healthcare disparities, improve quality of life, and promote health equity for patients with chronic venous disease. By integrating diversity, equity, and inclusion principles, the initiative ensures that prevention and education strategies are culturally responsive and accessible to all patient populations (AHRQ, n.d.; Sipes, 2024).

The scalability and replicability of this nurse-led education model extend beyond the local project site, providing a framework for improving vascular care in outpatient settings nationwide. Ultimately, the project bridges the evidence-to-practice gap, supports equitable care, and contributes to healthier communities (see He et al., 2024; White et al., 2024).

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Appendix A

Pre- and Post-Knowledge Assessment

Assigned Test Numbers:

1. What is the primary cause of venous stasis ulcers?
   ☐ Arterial insufficiency
   ☐ Venous hypertension
   ☐ Neuropathy
   ☐ Pressure injury

2. Which of the following is most effective in VSU prevention?
   ☐ Daily wound debridement
   ☐ Oral antibiotics
   ☐ Compression therapy
   ☐ Total bed rest

3. What is an early sign of chronic venous insufficiency?
   ☐ Hair loss on legs
   ☐ Brownish discoloration on lower legs
   ☐ Absent pedal pulses
   ☐ Cold extremities

4. Which risk factor is most associated with venous ulcer development?
   ☐ Short stature
   ☐ Acute trauma
   ☐ Chronic venous insufficiency
   ☐ Peripheral arterial disease

5. Which diagnostic test is commonly used to assess venous blood flow and valve function?
   ☐ X-ray
   ☐ Duplex ultrasound
   ☐ CT scan
   ☐ Ankle-brachial index

6. Which of the following lifestyle recommendations helps prevent venous stasis ulcers?
   ☐ Standing still for long hours

☐ Elevating legs above heart level

☐ Applying cold packs daily

☐ Taking iron supplements

7. Which patient education point is most important to reduce recurrence of VSU?

   ☐ Increase salt intake

   ☐ Avoid leg movement

   ☐ Wear compression stockings as prescribed

   ☐ Keep legs exposed to sunlight

8. What is your current level of familiarity with VSU prevention guidelines?

   ☐ Very familiar

   ☐ Somewhat familiar

   ☐ Not familiar at all

9. I feel confident in educating patients about self-care practices such as daily leg inspection, skin moisturization, and proper footwear use and compression therapy.

   ☐ Strongly agree

   ☐ Agree

   ☐ Neutral

   ☐ Disagree

   ☐ Strongly disagree

10. I incorporate VSU prevention strategies into my documentation.

    ☐ Always

    ☐ Often

    ☐ Sometimes

    ☐ Rarely

    ☐ Never