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of Diabetes-Related Foot Ulcers (DFU)  Where is your service lessted 25 vdpey Metropolitan Area	0
Where is your service located?Sydney Metropolitan Area	0
	O Regional Area
	Outer regional or rural
	area
	(A separate survey will
	collect more specific
	information but will not be linked to your
	responses to this survey.)
In which type of service are your providing treatment	Private Practice
for Diabetes Related Foot Ulcers (DFU)?	<ul><li>Community Health Centre</li><li>Public Hospital</li></ul>
	Other
In which type of service are your providing treatment	
for DFU?	
Your discipline and experience.	
Are you a podiatrist?Yes	0
	$\cap$
	O No
How many years have you been practicing as a podiatrist?	○ No
How many years have you been practicing as a podiatrist?	
How many years have you been practicing as a podiatrist?	(If less than one year, enter 1.)
How many years have you been practicing as a podiatrist?  What is your clinical discipline? (For example, Nurse, Vascular	
What is your clinical discipline? (For example, Nurse, Vascular	
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)  How many patients with Diabetes-Related FootLess than 1 a	(If less than one year, enter 1.)  week (on average)
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)	(If less than one year, enter 1.)  week (on average) week
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)  How many patients with Diabetes-Related FootLess than 1 a	(If less than one year, enter 1.)  week (on average) week More than 4 and less
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)  How many patients with Diabetes-Related FootLess than 1 a	(If less than one year, enter 1.)  week (on average) week
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)  How many patients with Diabetes-Related FootLess than 1 a	(If less than one year, enter 1.)  week (on average)  week  More than 4 and less than 10 a week  More than 10 a week
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)  How many patients with Diabetes-Related FootLess than 1 a	week (on average) week More than 4 and less than 10 a week More than 10 a week (Please answer for the number of
What is your clinical discipline? (For example, Nurse, Vascular consultant, General Practitioner)  How many patients with Diabetes-Related FootLess than 1 a	(If less than one year, enter 1.)  week (on average)  week  More than 4 and less than 10 a week  More than 10 a week

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What proportion of your overall patient caseload is treatment of Diabetes-related Foot Ulcers (DFU)? treat	Less than 0% of patients I treat  Between 10% and 30% of patients I  More than 30% but  less than 60%
	More than 60% but less than 90%
	Most of the patients I treat / 90% or more (Please answer for the service where you are engaged in treating people with DFU or the one in which you see the highest proportion of people with DFU)
Optional: What (if any) additional qualifications do you hold Wound Care or High Risk Foot Management?	Podiatrist level 3 or above - clinical experim Masters in Wound Management field Credentialed in HRF management Credentialed in advanced wound care Other Not applicable (You may select more than one opt)ion.
What is the title of your qualification?	
Conservative Sharp Wound Debridement (CSWD) in tre	ating Diabetes-Related Foot Ulcers (DFU).
Do you perform Conservative Sharp Wound Debridemer	ntYes O
(CSWD) in your care of patients with DFU?No	O
	(It is assumed that ulcers where there is severe ischaemia (such that there is insufficient blood flow for healing) are not sharp debrided.)
What is your reason for not performing CSWD in	I use other forms of debridement only
	( If you don't use CSWD in DFU management your survey will end here. Thank you. )
If no, what is the reason that you do not perform CSWD in your management of DFU?	. , ,
management of DFU?	I never encounter DFU in my clinical practice

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When treating patients with DFU, do you usually perform CSWD at every visit (in most circumstances)?	at every visit/consultation not at every visit
(A yes	response assumes that you debride every DFU at every visit, most of the time. (excluding ischaemic wounds))
How frequently do you debride each patient's DF average)?	U (on O More frequently than once a week (multiputimes a week) O Once a week O More often than once a week but less that every 2 weeks O Once every 2 weeks O Once every 3 weeks O Once every 4 weeks O Once every 5 weeks or less often (Consider a few of your most recent patients DFU.)

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In your opinion and experience	e, how important are t	he followir	ng factors in determini	ng how			
frequently you debride a diabetes-related foot ulcer?							
Please rate the degree of imp	ortance from Not Impo	rtant to Ve	ry important.				
It is assumed that these factor	rs would increase the fr	equency o	f debridement.				
Presence of slough	Not Important	$\circ$	Sometimes	$\circ$	Very Important		
Presence of callus	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$		
Presence of infection	0	$\circ$	0	$\circ$	0		
What is the effect of the presence of peripheral arterial disease on your decisions regarding debridement frequency?  O Not a factor O Debride less frequently O Debride same frequency but remove less tiss O Other O don't know							

What is the effect of the presence of PAD on your decisions regarding debridement frequency?





In your opinion and experience,	how important are t	the following	factors in determin	ing	
debridement frequency?					
Please rate the degree of import	ance from Not Impo	ortant to Very	Important.		
It is assumed these factors would	d reduce the freque	ncy of debride	ement.		
	Not Important		Sometimes		Very Important
Lack of access to transport	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
Cost of transport and parking	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\circ$
Cost of consultation fee	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Patient non-adherance to appoin	tment O	$\bigcirc$	$\circ$	$\circ$	0
attendance					



To what extent are your clinic resou	To what extent are your clinic resources (staffing/time/financial) a determinant in CSWD						
frequency in treatment of DFU?							
It is assumed that these conditions v	would reduce fr	equency of deb	ridement.				
Please rate as Not Important to Very important.							
	Not ImportantSome	etimes/some Very	important what impo	ortant Lack of clinic	cal staff time		
Other financial constraints	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$		
Lack of staff skill and confidence with	١	$\circ$	$\circ$	$\bigcirc$	$\circ$		
debridement	$\bigcirc$				$\bigcirc$		

Rank factors that influence debridement frequency.		
1 is the MOST influential		
7 is the LEAST influential factor		
Try to choose each response of 1, 2, 3, 4, 5, 6 & 7 only once.		
Presence of callus, slough		
		<del>_</del>
Staff skill and confidence with debridement		
		_
Resources (including staff time) of clinical service		
The sources (moraum, seam arme, or or mode service		
		_
Costs to patient of attending the clinic (including transport		
and parking)		_
Barriers to access (mobility and transport)		
Presence of infection		
		_
Is conservative sharp wound debridement the only	○ Yes	
method of debridement you use?	O No	



Patient adherance to appointment attendar	nce				
Please make any additional comments here enablers or barriers.	regarding	the factors that i	nfluence your	debridement frec	quency, the
Use of other methods of debridement in tr	eating Dia	abetes-related fo	ot ulcers.		
Harring of the state of the sta	- •		Data forma Name		
How often do you use these other method:	s in your c	ciinicai practice? i	rate from Nev	er to Always.	
	١	$\circ$	$\bigcirc$		$\circ$
C	)	0	0	0	0
C	)	$\circ$	$\circ$	$\circ$	$\circ$
Neve	) er (	Occasionally (< 10%	Sometimes	Often (50-90% of	O Always (>90 %)
		of ulcers)	(30-50% of ulcers)	ulcers)	, , ,
Hydrogels			2,		
Ultrasound					
Versjet(TM)					

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Larvae

Clinician resources for professional development
To what extent did your undergraduate education OI was highly prepared at entry to the (podiatry) study prepare you to provide CSWD inprofession I was somewhat prepared, then treating DEU, safely and with confidence? "learned on the job" I felt inadequately prepared not applicable
What evidence-based practice guidelines (EBG) / resources have you used to inform your debridement practice?
☐ Australian EBG Diabetic Foot- NHMRC Endorsed, 2011 ☐ International working group on diabetic foot (IWGDF) ☐ Australian Diabetic Foot Network (ADS) guidelines(2012)
Other
What other guidelines or resources have informed your debridement practice?

Part of this Ministry of Health funded project is to deliver resources and share our results to inform clinical practice. Is there anything you would like the project team to consider with regards to this? Please take a moment to write your thoughts or recommendations to the team.

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