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To see the footprint of the patient - how diabetes patients experience the first consultation at the diabetic foot clinic. A qualitative study.

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Background: There are no qualitative studies concerning the treatment of diabetic foot ulcers from the patient's perspective in Denmark. **Aim:** To investigate how patients with diabetic foot ulcers experience their first visit at a multidisciplinary diabetic foot center, and to improve the nursing for these patients. **Design and Method:** The Diabetic Foot Ulcer Center of Northern Jutland (DFCN) is a multidisciplinary team of diabet-ologist, orthopedic surgeons and specialist nurses, a podiatrist and an orthopedic shoemaker. Included were patients with diabetes type 1 or 2 and foot ulcers, with no previous contact to a hospital setting. Eight field observations were made to assess patients experience concerning their first visit to DFCN. Eight patients, (four females and four males) were interviewed at home after their first visit using a narrative method. The transcribed interviews were analyzed using tools of a narrative approach and an ethical and text analytical approach. **Findings:** At the first visit to DFCN most patients were unable to describe how or why they got the foot ulcer. They often seemed to ignore the seriousness of the condition and had unrealistic expectations concerning prognosis. No patients thought it was a problem that many health care professionals, sometimes talking without involving the patient directly, were involved in their treatment. On the contrary it seemed that a high number of health care professionals involved in the patient increased the feeling of safety and professionalism. The interviews at the patients' home showed that a number of patients did not follow the instructions given at the DFCN and only a few of them used the therapeutic footwear provided at the clinic. When relatives accompanied patients to the center information and instructions were better understood and followed. Our observations also gave insight in the DFCN and the working routines of the healthcare professionals. **Conclusion and perspective:** The patients were satisfied with their first visit to the DFCN. Many health care professionals involved in the treatment had no negative influence on the patients' experience. We suggest that the district nurses are involved immediately after the visit to DFCN, to ensure that instructions are understood and followed. Alternatively patient compliance might be increased through phone contacts from the center in the days following their visit.