



The Case for COPD Education at Level 2:

Worked example for those wishing to undertake education with Education for Health

Education for Health has created this document as part of our response to the *National Survey of the Roles and Training of Respiratory Nurses in the UK* published in October 2007. By freely providing the toolkit and worked examples of the toolkit in practice, we aim to provide as much support as possible to health care professionals wishing to study with Education for Health or other education providers.

Information in this document has been researched and prepared by Clinical Lecturers at Education for Health. It contains evidence based, disease specific information and relates entirely to studying this particular module with Education for Health.

This Business Case has been provided for the use of healthcare professionals working with patients with long term conditions. It is provided freely and in a way which can be personalised to health professionals' unique circumstances. Space has been left for health professionals to insert details from their own local health improvement plans. Indeed this information is vital if the case for education is to be presented strongly, clearly and effectively.

Worked examples similar to this are being prepared for every module offered by Education for Health. The complete list can be viewed and downloaded from www.educationforhealth.org.uk/pages/businesscase.asp

Health professionals will also find that the toolkit can be easily adapted to make their case for education in other disease areas or with other education providers. The toolkits are offered in Word in order to facilitate this.

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How to present and win your case for education

This toolkit is aimed squarely at those health professionals who share our passion for and commitment to continuing professional development which enables them to deliver measurable health improvements for their patients with long term conditions. It has been designed specifically to help your voice be heard in a fast-moving, complex and often 'noisy' healthcare community.

Step 1	Proposition	<ul style="list-style-type: none"> ▪ <i>Clearly and succinctly state your plan and objectives</i> ▪ <i>What are you aiming to achieve?</i> ▪ <i>How are you proposing to achieve it?</i> ▪ <i>Think about the people who will be making the decision - what is their prior knowledge of this clinical area?</i>
Step 2	Context / Strategic fit	<ul style="list-style-type: none"> ▪ <i>Briefly describe the National picture relating to the clinical area</i> ▪ <i>Focus on the size and scale of local need</i> ▪ <i>Relate your proposal to your local health improvement plans and strategic direction of your Practice or PCO</i>
Step 3	Benefit and impact of the education proposed	<ul style="list-style-type: none"> ▪ <i>Who will benefit from your education?</i> ▪ <i>Can you link it to the 10 High Impact Changes?</i> ▪ <i>How will your education have an impact on your Practice's performance to target?</i> ▪ <i>How will your education show improvements in patient care and patient quality of life?</i>
Step 4	Details of the proposed education	<ul style="list-style-type: none"> ▪ <i>What education have you identified?</i> ▪ <i>How will this education enable you realise these benefits?</i> ▪ <i>Demonstrate your commitment and motivation</i> ▪ <i>What are the timescales in which the benefits will be realised?</i>
Step 5	Evidence	<ul style="list-style-type: none"> ▪ <i>Why will your plan be successful?</i> ▪ <i>What evidence can you present to support your plan?</i> ▪ <i>Could anything jeopardise a successful outcome?</i>
Step 6	Support for the plan	<ul style="list-style-type: none"> ▪ <i>Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway.</i>
Step 7	Cost	<ul style="list-style-type: none"> ▪ <i>Clearly outline the real costs and timings</i> ▪ <i>Quantify estimated savings where possible</i>
Step 8	Next steps	<ul style="list-style-type: none"> ▪ <i>Once your plan has been agreed - What will you do next and when?</i> ▪ <i>Who else needs to know?</i> ▪ <i>Decide and agree how you will feedback the benefits achieved through undertaking this education</i>

Proposal to secure funding and 3 days study leave in order to undertake a 6 month distance learning diploma module in Chronic Obstructive Pulmonary Disease.

(Insert your name, position, practice details and contact information here)

This education will enable me to directly implement research evidence and guidelines into my clinical practice and consequently lead to outcomes which will benefit our patients, General Practice, and Healthcare Community. Opportunities for personal reflection and supported learning over this period of time will additionally ensure that these benefits are sustainable and provide lasting value.

The Department of Health's Discipline of Improvement in Health and Social Care¹ (discussed in more detail in Section 3) describes 4 levels of knowledge and skills. I have used this model to establish my current levels of knowledge, understanding and experience. In this way I have been able to plan development of my competences within the remit of Agenda for Change in a way which is also meaningful within the Knowledge and Skills Framework (KSF) and Skills for Health (National Workforce Competences)²

I am keen extend my knowledge and skills up to an advanced level. This will in turn expand the Practice's ability to offer greater access to patients, increase our ability to diagnose and proactively treat COPD and recognise other respiratory conditions which in turn will enable appropriate treatment and resources to be targeted at the most needy practice population

CONTENTS:

1. Concise description of the National and Local picture of COPD, what it is, and the challenge it presents to (Insert name of healthcare community here) and it's health improvement plans
2. Brief discussion on the potential benefit and impact that this education could bring to (insert name of Practice here)
3. Details of the educational module which will bring about this benefit
4. Supporting evidence relating to the likelihood of achieving positive outcomes
5. Local support for the plan and during the learning process
6. Costs
7. Next steps

1. **The National and Local picture of COPD and its relation to the local health economy of** (insert name of your PCO here)

Chronic obstructive pulmonary disease is a long term condition. It is usually progressive, not fully reversible and most patients have symptoms which vary little from day to day or week to week. It is predominantly caused by smoking.

The most distressing and important symptom is breathlessness. This worsens as the disease progresses. (Holding your breath at full inhalation whilst holding a conversation gives an idea of what this feels like)

The care of patients with COPD has traditionally been based on crisis management: patients see the GP for frequent antibiotic courses and repeat prescriptions and may from time to time be hospitalised with a troublesome chest infection or severe breathlessness and perhaps respiratory failure. The shift of respiratory services into primary care, together with the patient choice agenda, means that nurses are increasingly filling the role once played by the GP with a concurrent emphasis on preventing acute care by focussing on long term management and self care.

COPD is slowly progressive which means that patients presenting with severe disease stand a high chance of having had their symptoms 'missed' whilst their disease was less severe and at a stage where therapeutic interventions were most likely to be beneficial.

As an interested (insert your role or position here) I am in a key position to have a positive impact on the burden of COPD to patients and General Practice economy by concentrating on early diagnosis and appropriate management strategies. To do this effectively I need to develop an appropriate level of knowledge, skill and experience.

National picture

- More than 900,000 people have a diagnosis of COPD but this figure is thought to be much higher with as few as 1 in 4 patients actually having their condition recognised
- The over all quality of life for people with advanced COPD is about 4 times worse than for people with asthma when assessed using similar quality of life questionnaires
- Britain has one of the highest death rates from COPD in Europe – recent figures show about 27,000 people die of COPD and allied conditions each year.
- Hospitalisations with this disease have increased by 50% between 1092 and 2000
- Hospital costs in 2001-2002 amounted to £587m in the UK
- It is estimated that COPD causes at least 20.4 million lost working days amongst men and 3.5 million among women every year. More than any other respiratory condition

Local picture:

Insert details relating to COPD from your local health improvement plans and / or strategic direction of your Practice or Primary Care Organisation (PCO)

2. **The benefits and impact of COPD education**

The Department of Health's '10 High Impact Changes' for service improvement and delivery³ makes an excellent means to assess the benefits of this COPD education:

Benefits to Stakeholders



The impact of gaining COPD education on performance targets and patient outcomes:

The knowledge and ability to:	Contributes to organisational key performance targets by....	Leads to improvements in patient care and quality of life by....
Diagnose COPD	<i>Enabling identification of our COPD population, correct diagnosis and treatment</i>	<i>Correct diagnosis empowers patients to work in partnership with the practice, use prescribed medication appropriately and contact health professionals for advice proactively</i>
Provide guidelines based treatment of COPD	<i>Guidelines based care could mean a change of medication or treatment more appropriate to their diagnosis</i>	<i>An evidence based approach to care with an emphasis on efficacy will demonstrate to patients that they are important and valued</i>
Deliver evidence based management of COPD	<i>Pro-active evidence based care for all rather than reactive crisis management for some</i>	As above
Underpin knowledge with practical skills and techniques relevant to the care of patients with COPD	<i>Reinforcement of learning already undertaken and therefore increased confidence in both diagnosis and treatment</i>	<i>Able to achieve QoF targets of all patients with COPD, and offer care appropriate to their individual needs</i>

3. Details of the educational module which will bring about this benefit

I have identified the **Education for Health COPD distance learning module at Level 2** as the course which will best enable me to acquire the knowledge and skills to practice at an advanced level in COPD

This particular course brings the following benefits to our patients, the practice and to me:

1. It is based on the latest research evidence and guidelines, is focussed on, and highly relevant to, delivering exceptional care to COPD patients in Primary Care setting
2. It impacts least on my colleagues in relation to time out of the practice (just 2 days over 6 months). On the other hand it is fully supported at every stage by means of a student help line for clinical and academic enquiries and a dedicated Education Coordinator.
3. It provides clear value for money - Education for Health is a non-profit making, registered medical charity which obtains no core funding. All money raised from student education is reinvested to develop and deliver new and innovative educational programmes for health professionals working with patients with one or more long term conditions
4. It meets my learning needs and style, and fits in with my personal life and situation. The fact it is distance learning means I can study at my own pace at times which suit me, my family and my practice commitments
5. It is highly regarded by Primary and Secondary Care Respiratory Specialists on a National basis, the Department of Health, and Patient facing charities such as Asthma UK and the Long Term Conditions Alliance, for its adherence to and advancement of evidence based practice
6. It's national accreditation by the Open University, and fact it is the preferred COPD education of many PCT's and SHA's and Government health departments demonstrates it's ability contribute effectively to local and national health improvement programmes
7. It is well established and can form part of a Degree or Diploma Programme in Respiratory Care or the Management of Long Term Conditions. The module has been running since 1993.

Current Level of knowledge and skills ¹	
0 Knowledge and skills not yet developed	<ul style="list-style-type: none"> ▪ I have had no experience ▪ Even though I know a few general principles, I have not developed any skills
1 Core knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill in my work but infrequently ▪ I feel capable of applying some aspects, to some situations with appropriate and effective support and direction
2 Advanced knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill frequently in my work ▪ I feel capable, confident, and with direction, I can apply this skill to most situations ▪ I have a depth of understanding to be able to explain the basic principles to others
3 Expert knowledge and skills	<ul style="list-style-type: none"> ▪ I use this skill regularly in my work ▪ I have the understanding and capability to apply and adapt this skill with confidence in complex work situations ▪ I can act fully independently and provide direction, support and advice to others ▪ I am confident that I could explain the principles, application, advantages and disadvantages to others.

The module realises the benefits of COPD education for my patients and practice:

The course takes the form of a 6 month learning program which is timetabled into a series of units which cover different subject areas. These are supported by 2 facilitated study days, self assessment and reflective learning activities, and a recommended reading list. The Study days are highly interactive, include discussion and practical group work and provide opportunities for me to exchange ideas with professional colleagues. Assessment is by examination and coursework.

The units covered include:	Current level of skills....	Skill level after the course
<p>1. The COPD profile: <i>Symptoms, disability and psychosocial impact; late presentation; variable diagnosis; wide prevalence; mortality; the role of the health professional.</i></p>	Indicate details here	2
<p>2. The clinical picture <i>COPD in chronic severe asthma, chronic bronchitis and emphysema; breathlessness, disability and handicap; breathlessness; disability; health status and handicap.</i></p>		2
<p>3. Mechanisms <i>Underlying disease mechanisms - asthma; smoking; emphysema; hypoxia; breathlessness on exertion; respiratory drive - the spectrum from blue bloater to pink puffer; respiratory failure; cor pulmonale; end stage lung disease; special problems</i></p>		2
<p>4. Risk factors and prevention <i>Lung growth and development; lower respiratory tract infections in infants and COPD; maternal smoking; social class; nutrition; air pollution; occupation; smoking; flu vaccination</i></p>		2
<p>5. Diagnosis <i>History; the basic examination; pulmonary function testing; reversibility testing in COPD</i></p>		2
<p>6. Assessment <i>Walking distance & dyspnoea; quality of life & health status; therapeutic response</i></p>		2
<p>7. Drug treatment <i>Asthma with COPD; COPD without asthma; ensuring maximum bronchodilation; drug treatment strategy; Beta2 agonist bronchodilators; combination bronchodilators; oral theophylline; corticosteroid therapy in COPD; combinations of long acting beta2 agonists and inhaled steroids; mycolytics; inhaler devices; high dose bronchodilator therapy; nebulisers; end stage disease</i></p>		2
<p>8. Non-drug treatment <i>Pulmonary rehabilitation; oxygen therapy; travel and holidays; continuous positive airways pressure (CPAP); surgical techniques; psychosocial and practical care in end stage disease</i></p>		2
<p>9. Acute Exacerbations <i>Definitions and causes; symptoms and assessment; drug treatment; respiratory failure and ventilation; home care</i></p>		2
<p>10. Patients and Health Professionals <i>Primary Care; intermediate care; secondary care</i></p>		2

4. Supporting evidence relating to the likelihood of achieving positive outcomes

A robust evidence base shows measurable improvements in the health of patients with long term conditions when the ability to diagnose, treat and provide follow-on care is underpinned with reflective, evidence based, and practical health professional education which takes place over time. Education of this quality enables change in practice to become embedded and sustainable.

The most significant research evidence relates to a randomised control trial⁴ conducted by Education for Health which showed that patients being cared for by health professionals who had undergone standardised, accredited education showed significant improvements in their health related quality of life and health outcomes.

The BTS / SIGN Asthma Guideline states that Health professionals trained in asthma management have a positive effect on asthma outcomes (BTS/SIGN 2005)

In addition Education for Health is collating a wealth of case studies which show that nurse education is fundamental to the success of initiatives which aim to improve patients' quality of life and health outcomes and decrease medical encounters.

5. Support for the plan

Provide clear evidence of support from some or all of the following: Nursing colleague, GP, Manager, Local nurses or GP's with a special interest in the disease, colleagues in secondary care or others in the relevant care pathway

6. Costs

Type of cost:	Item:	Actual cost to practice:
One-off costs	I place on Education for Health COPD (level 2) course. Includes all distance learning materials, attendance on the 3 study days and full access to the Student help line	£595
On-going costs	None	None
		TOTAL: £595

7. Next steps

The next COPD course starts on (insert dates). The 2 study days are in (insert location) on (insert dates). To register I will need to send a completed application form and payment / invoice details by (insert date)

The course completes on (insert date)

References:

1. Discipline of Improvement in Health and Social Care (Penny 2005)
2. For information on Agenda for Change and the KSF visit the DoH website – Policy – Agenda for Change
3. 10 High Impact Changes for Service Improvement and delivery. www.modern.nhs.uk/highimpactchanges
4. Sheikh et al. Clinical and Experimental Allergy 2007;37:90-99