



The Case for Evidence Based Healthcare Education at Level 3:

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

Proposal to secure funding in order to undertake a 6 month distance learning degree module in Evidence Based Healthcare

(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 Care ¹ (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 evidence based healthcare to all patients, increasing our ability to accurately review patients, and enabling more patients to be correctly diagnosed and effectively treated.

CONTENTS:

1. Concise description of the National and Local picture of Evidence Based Healthcare, what it is, and the challenge it presents to (Insert name of healthcare community here) and its 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 Evidence Based Healthcare and its relation to the local health economy of (insert name of your PCO here)

Evidence Based Healthcare 'promotes the collection, interpretation, and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments.'³

It represents 'a shift in the culture of healthcare provision, away from basing decisions on opinions, past practice and precedent, and towards making more use of science, research and evidence to guide decision making.'⁴

Within the NHS, Evidence Based Healthcare is increasingly recognised as underpinning best practice. Those responsible for the development of guidelines (e.g. NICE, SIGN and the varied disease-specific organisations) are at the forefront of Evidence Based Healthcare; it is therefore essential that those individuals responsible for implementing guidelines are equipped with the appropriate skills and knowledge to do this in everyday practice.

As an interested (insert your role or position here) I am in a key position to have a positive impact on the integration of Evidence Based Healthcare within (insert primary or secondary care etc here) by ensuring that diagnosis, treatment, follow-up, patient education and appropriate management strategies are all based on the best available evidence. To do this effectively I need to develop an appropriate level of knowledge, skill and experience.

Local picture:

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

The benefits and impact of Evidence Based Healthcare education

The Department of Health's '10 High Impact Changes' for service improvement and delivery⁵ were initially assessed against 5 categories; this set of measures makes an excellent means to assess the benefits of this Evidence Based Healthcare education:

Benefits to Stakeholders



The impact of gaining Evidence Based Healthcare 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....
Generate structured research questions and carry out effective literature searching	<i>Providing accurate and concise information in areas of clinical uncertainty</i>	<i>Provide accurate and concise answers to patients clinical concerns, based on appropriate research evidence</i>
Carry out critical appraisal of published evidence	<i>Ensuring treatment is in line with local and national clinical governance and is cost effective</i>	<i>Ensuring that all patients receive care targeted at their own individual needs</i>
Understand and implement local and national guidelines	<i>Ensure care follows standards for appropriate and cost-effective practice</i>	<i>Enabling patients to be confident that they are receiving the best available care and treatment</i>
Act on the evidence obtained and evaluate outcomes	<i>Deepening knowledge and skills for Clinical Audit and service evaluation</i>	<i>Developing a partnership approach which enables patients to manage their own condition effectively</i>

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

I have identified the **Education for Health Evidence Based Healthcare distance learning module at Level 3** as the course which will best enable me to acquire the knowledge and skills to practice at an advanced level in Evidence Based Healthcare.

The central aims of the Evidence Based Healthcare module are:

- To enable students to base clinical practice on research evidence
- To deepen the learning in future L3 modules by facilitating students to become independent critical learners.

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 patients in both Primary Care and Secondary Care settings.
2. It impacts least on my colleagues in relation to time out of the practice (just 1 day 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 their adherence to and advancement of Evidence Based Healthcare.
6. Its national accreditation by the Open University, and fact it is the preferred Evidence Based Healthcare education of many PCT's and SHA's and Government health departments

demonstrates its ability to contribute effectively to local and national health improvement programmes

7. It is well established and can form part of a Degree Programme in Respiratory Care or the Management of Long Term Conditions. The module has been running since 2003.

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 Evidence Based Healthcare 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 1 facilitated study day, self assessment and reflective learning activities, and a recommended reading list. The study day is highly interactive, including discussion and practical group work and provides opportunities for me to exchange ideas with professional colleagues. Assessment is by coursework, taking the form of five structured assignments and a Case Study.

The units covered include:	Current level of skills....	Skill level after the course
<p>1. Introducing Evidence Based Healthcare</p> <p><i>Why evidence based healthcare is needed; integrating research findings into clinical practice; the hierarchy of evidence; stages of evidence based healthcare; life-long professional development; clinical governance</i></p>	Indicate details here	3
<p>2. Finding clinical evidence</p> <p><i>Identifying gaps in knowledge; defining topics of interest; types of clinical questions; different types of evidence based healthcare; sources of summarised evidence; sources of research articles; databases may be searched using simple rules; search results may be used to find articles in the library; some research articles are available directly from websites</i></p>		3

<p>3. Interpreting clinical research studies</p> <p><i>Standard structure of research articles; abstract and introduction; design of study; outcome measures; sampling; data analysis; data and graphs; statistics; discussion; checklist of study quality</i></p>		3
<p>4. Interpreting articles about treatments</p> <p><i>Treatment efficacy and tolerability; treatment benefit and harm; reductions in risk and numbers needed to treat; increases in risk and numbers needed to harm; risk over time; application of treatment study results to individual patients; combining treatment and harm studies</i></p>		3
<p>5. Interpreting articles about diagnostic tests</p> <p><i>Diagnostic tests: purpose; diagnostic tests: validity and relevance; calculation of accuracy and predictive values; sensitivity; specificity; positive or negative predictive values; the predictive value of a test is affected by the prevalence; likelihood ratios can be used to interpret individual test results; likelihood ratios can be used to interpret tests that show varying degrees of a positive or negative result</i></p>		3
<p>6. Interpreting systematic reviews and clinical guidelines</p> <p><i>Systematic review: purpose; systematic review: results; systematic review: discussion; clinical guidelines: purpose; clinical guidelines: quality; clinical guidelines: levels of evidence; checklists</i></p>		3
<p>7. Interpreting economic analyses</p> <p><i>Purpose and types of economic evaluations; cost-effectiveness analyses: definition; cost-effectiveness analysis :ratios; cost-effectiveness analysis: patient survival and quality of life; factors affecting interpretation of economic evaluation; generalisation of results</i></p>		3
<p>8. Applying evidence in practice</p> <p><i>Applying evidence: levels of practice change; applying evidence: factors affecting success; applying guideline recommendations to clinical practice; applying evidence: prescribing decisions</i></p>		3
<p>9. Collecting evidence in practice through audit</p> <p><i>Audit: description; audit: clinical governance; audit: design; audit: outcome selection; audit: data collection; audit: results</i></p>		3
<p>10. Conducting a research study</p> <p><i>Research study steps; sources of research study ideas; research ideas are framed as clinical questions; selection of study design; selection of outcome measures; selection of patients; data collection and analyses</i></p>		3
<p>11. Presenting data</p> <p><i>Quantitative data: tables and graphs; qualitative data: summary of key points; slide presentations; conference abstracts and posters</i></p>		3
<p>12. Writing up research and getting published</p> <p><i>Planning research writing; choosing a journal to submit to; types of publications; steps of writing a journal article; referencing; proof-reading; submission; review and revisions of submitted paper; writing for non-academic publications</i></p>		3

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

An increasingly 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 relevant research evidence relates to a randomised control trial⁶ 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.

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	1 place on Education for Health Evidence Based Healthcare (level 3) course. Includes all distance learning materials, attendance on the 1 study day and full access to the Student help line	£655
On-going costs	None	None
TOTAL:		£655

7. Next steps

The next Evidence Based Healthcare course starts on (insert dates). The 1 study day is 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 Penny, Jean (2003) 'Discipline of Improvement in Health and Social Care' in, NHS Institute for Innovation and Improvement (2005) 'Improvement Leaders' Guide: Improvement Knowledge and skills', London: NHS Institute for Innovation.
- 2 For information on Agenda for Change and the KSF visit the DoH website <http://www.dh.gov.uk> or NHS Employers <http://www.nhsemployers.org>
- 3 McKibbon, K.A. et al. (1995) The medical literature as a resource for evidence based care. Working Paper from the Health Information Research Unit, McMaster University, Ontario, Canada.
- 4 Appleby, J. et al (1995) Acting on the evidence, University of Birmingham Health Services Management Centre.
- 5 10 High Impact Changes for Service Improvement and delivery. <http://www.modern.nhs.uk/highimpactchanges>
- 6 Sheikh et al. Clinical and Experimental Allergy 2007;37:90-99