



The Case for Pulmonary Rehabilitation 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, 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.

For more information please contact: Candy Perry, Head of Corporate Communications & External Affairs
c.perry@educationforhealth.org.uk

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 in relation 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 in order to undertake a 4 month distance learning degree module in Pulmonary Rehabilitation

(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 greater access to patients, increase our ability to accurately review patients, and enable more patients with respiratory disease to be effectively managed.

CONTENTS:

1. Concise description of the National and Local picture of Pulmonary Rehabilitation, 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 Pulmonary Rehabilitation and its relation to the local health economy of *(insert name of your PCO here)*

Pulmonary Rehabilitation is a multi-disciplinary programme of exercise and education designed specifically for people with chronic respiratory disease, and in particular those with Chronic Obstructive Pulmonary Disease (COPD). When used alongside medical treatment it is widely accepted as an effective method of reducing symptoms and optimising functional capacity.²

Pulmonary rehabilitation has been proven to be effective in:

- Improving exercise tolerance
- Improving quality of life
- Reducing breathlessness
- Reducing number of hospital admissions
- Reducing number of exacerbations

Pulmonary Rehabilitation programmes have traditionally been delivered in a secondary care setting, but with the development of services within primary care, effective, cost-efficient programmes are now being based in primary care and community settings.

As an interested *(insert your role or position here)* I am in a key position to have a positive impact on the pulmonary rehabilitation services and the General Practice economy by concentrating on effective patient education and appropriate management strategies. To do this effectively I need to develop an appropriate level of knowledge, skill and experience.

National picture

- COPD is thought to affect approximately 1.5% of the UK population, and in an average PCT of 250,000 patients, COPD accounts for 14,500 consultations per year.
- Existing services have the capacity to provide pulmonary rehabilitation to approximately 10,000 patients per year. This means that less than 1.7% of patients with diagnosed COPD have access to a pulmonary Rehabilitation service.

Local picture:

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

2. The benefits and impact of Pulmonary Rehabilitation education

The Department of Health's '10 High Impact Changes' for service improvement and delivery³ were initially assessed against 5 categories; this set of measures makes an excellent means to assess the benefits of this Pulmonary Rehabilitation education:

Benefits to Stakeholders



The impact of gaining Pulmonary Rehabilitation 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....
Understand Chronic Respiratory Disease in relation to Pulmonary Rehabilitation	<i>Ensuring appropriate referral of patients to Pulmonary Rehabilitation programmes</i>	<i>Allowing people with Chronic Respiratory Disease who would benefit from Pulmonary Rehabilitation to be identified early, ensuring access to the treatment which will help control their symptoms and improve their quality of life</i>
Provide evidence based Pulmonary Rehabilitation programmes in accordance with current national guidelines	<i>Implement an effective service in line with the BTS guidelines</i>	<i>Patients can be confident that they are receiving the best available care and treatment</i>
Underpin knowledge with evidence and practical skills relevant to the care of patients undertaking Pulmonary Rehabilitation	<i>Ensuring best practice in terms of exercise and exercise prescription and effective patient education</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 Pulmonary Rehabilitation 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 Pulmonary Rehabilitation.

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 Pulmonary Rehabilitation patients in Primary Care setting
2. It impacts least on my colleagues in relation to time out of the practice (The course is entirely distance learning and I do not need to attend any study days) 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 The British Lung Foundation 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 Evidence Based Healthcare 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 2004.

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 Pulmonary Rehabilitation education for my patients and practice:

The course takes the form of a 4 month learning programme which is timetabled into a series of units which cover different subject areas. These are supported by self assessment and reflective learning activities, and a recommended reading list. Assessment is by coursework.

The units covered include:	Current level of skills...	Skill level after the course
<p>1. Pulmonary Rehabilitation in context <i>What is pulmonary rehabilitation?; the scale of the problem; the historical context</i></p>	Indicate details here	3
<p>2. The cardiovascular and pulmonary system <i>Ventilation; the muscles of respiration; diffusion; the circulatory system; the physiological response to exercise; what are the factors which limit exercise?</i></p>		3
<p>3. The assessment process <i>Introduction; the assessment process; the timing of the assessment; the subjective assessment; cough; breathlessness; chest pain; functional limitations; past medical history; medication history; social history; the objective assessment; quality of life assessment; exercise testing; other tests</i></p>		3
<p>4. Exercise in pulmonary rehabilitation <i>Exercise tolerance in COPD; which patients will benefit from exercise training; the clinical outcomes of exercise training; high intensity versus low intensity aerobic training; strength training; upper limb training; what are the key factors in the exercise component</i></p>		3
<p>5. Education to change behaviour <i>Aims of education in pulmonary rehabilitation; the learning environment; facilitating change; theoretical models changing behaviour; the health belief model; the theory of planned behaviour; stages of change (transtheoretical) model; the impact of clinical practice; effective communication</i></p>		3
<p>6. The practicalities of a rehabilitation programme <i>Location; hospital based in-patient programmes; hospital based out-patient programmes; community based out-patient programmes; home based programmes; the use of supplemental oxygen; respiratory muscle training; long term maintenance programmes; programme duration, audit of pulmonary rehabilitation programmes</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 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.

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 Pulmonary Rehabilitation (level 3) course. Includes all distance learning materials, and full access to the Student help line	£415
On-going costs	None	None
		TOTAL: £415

7. Next steps

The next Pulmonary Rehabilitation course starts 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. Pulmonary Rehabilitation evidence based guidelines (American college of chest physicians 1997)
3. For information on Agenda for Change and the KSF visit the DoH website – Policy – Agenda for Change
4. 10 High Impact Changes for Service Improvement and delivery. www.modern.nhs.uk/highimpactchanges
5. Sheikh et al. Clinical and Experimental Allergy 2007;37:90-99