



Improving respiratory healthcare in practice – where to start

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Overview



- To summarise how I am improving respiratory healthcare in primary care, specifically referral to pulmonary rehabilitation as part of my PhD.
- To present my journey and to share with others factors that might help you develop positive projects.





Background

- Nurse Project 2000 Diploma - 1996
- BSc Hons (Respiratory) - 2006
- MSc (Respiratory) - 2014
- PG Cert Ed/NMC Teacher – 2015
- 6 year part time PhD started – 2015....

I'm always studying !!!

Considering something new....

Know yourself

Spend a few minutes considering these questions & make a note of your answers.

Q: What are you passionate about?

Q: What enthuses you?

you must work with these answers.

My answers:

- High quality respiratory healthcare.
- Acquiring new knowledge, pushing intellectual boundaries & empowering others.



Planning the journey



- Test the water before diving into something big to stop it being unmanageable and possibly unsuccessful.

.... Secondement opportunity led to nursing times shortlist.

- Managing set backs: what set backs have you had?
- They can increase resilience, ambition, improve skill set and highlight the dead ends.
- But how? Support from others is important





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Q: What is stopping you achieving that which you're passionate about? Can you change it?

External and internal challenges?

What are you good at?

(My answers)

A: System. No.



Studying – research grades, but it has to be a structured, self-driven goal, usually short term to keep me motivated, but what's the theory? How can we motivate others?

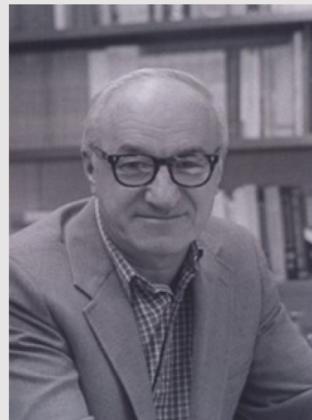
Theory of self efficacy and motivation



Self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives (Bandura, 1977).

Self-efficacy has influence over people's ability to learn, their motivation and their performance (Lunenborg, 2011).

“Individuals with high levels of self-efficacy approach difficult tasks as challenges to master rather than as threats to be avoided” (Williams & Williams, 2010).



Albert Bandura

Determining Efficacy Judgments

Performance Outcomes

Performance Outcomes

"Positive and negative experiences can influence the ability of an individual to perform a given task. If one has performed well at a task previously, he or she is more likely to feel competent and perform well at a similarly associated task" (Bandura, 1977).

Vicarious Experiences

Vicarious Experiences

"People can develop high or low self-efficacy vicariously through other people's performances. A person can watch another perform and then compare their own competence with the other individual's competence" (Bandura, 1977).

Self-Efficacy

Verbal Persuasion

Verbal Persuasion

"Self-efficacy is influenced by encouragement and discouragement pertaining to an individual's performance or ability to perform" (Redmond, 2010).

Physiological Feedback

Physiological Feedback

"People experience sensations from their body and how they perceive this emotional arousal influences their beliefs of efficacy" (Bandura, 1977).

Seek opportunities...



‘The stronger the perceived self-efficacy, the more active the efforts. ‘ Bandura (1977)

- Moving out of full time clinical practice.
- Moving into academia.....sharing work, conferences.
- As those skills develop identify what’s missing?



How to be authentic? Trust worthy? Need to communicate with others with integrity, empathy.



Clinical practice.

Build collaborations – PCRS, academia, stakeholders.

Be curious, observant, humble, LISTEN to others.

Be bold, resilient, take risks (PCRS Trustee post)

--- whilst maintaining own values and goals.

Look out for role models/mentors (new to nurse'??)



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Research and Clinical Practice



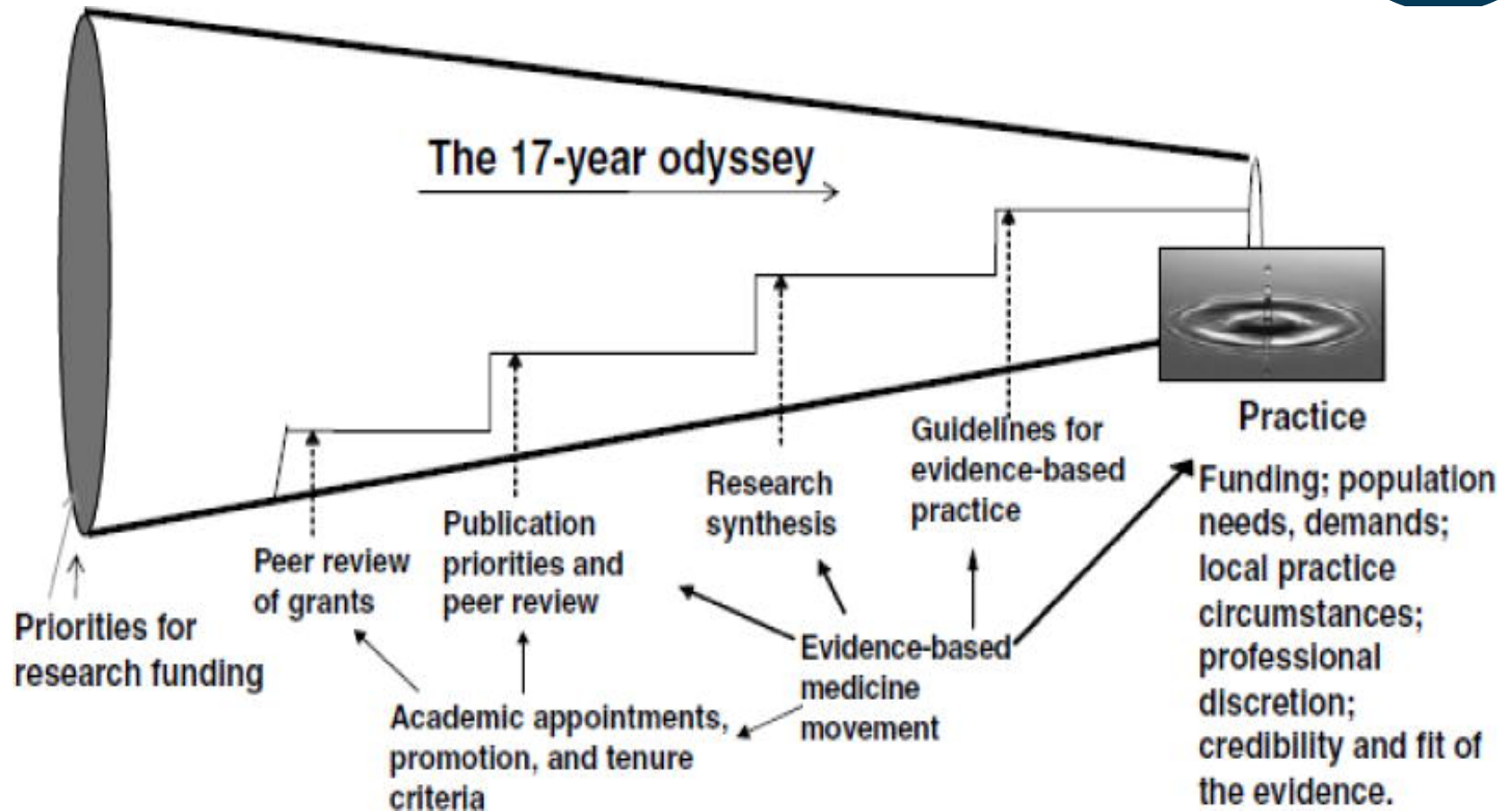
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Reality.....



Data/Research	Practice
NRAD, Asthma Deaths - Overuse of SABA, infrequent Asthma Action Plan (AAP) distribution.	Continued overuse of SABA, underuse of AAP - deaths increasing.
Pulmonary Rehabilitation for patients with COPD – clinically highly effective.	Only 10-15% of eligible patients referred
Inhaler technique poor	Inhaler technique has not improved in over 40 years, > 40% of errors with MDI 30 % of errors with DPI (Sanchez et al 2016)

Good quality data is powerful but.....



Green L, 2001.

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Clinical guidelines don't work



Antibiotic prescribing, consultation and guideline analysis primary care England (Smieszek et al, 2018).

11.3% of clinicians followed appropriate guidelines/expert opinion.

Practice examples???

Developing your action plan

Begin and plan with the end in mind



Who is the beneficiary? Do you need anything from your employees? time? money? their engagement?

- Is it implementation you are interested in (the WHY?)
- is there a lever? Where might you find this?
- Is it new research you want to investigate (the WHAT?)

Where to start? – guidelines, systematic review's -
Prospero

Produce evidence that is useful, not just interesting



- Is it something you already measure? Audit
- Systematic Reviews – Prospero, Cochrane Library.
- Guidelines – research recommendations, what's not being implemented?
- Read, read, read, ask others – reliable sources or experiences.
- Make friends with librarians

Guideline examples:

Practice recommendations:



Give steroids in adequate doses to all patients with an acute asthma attack. (BTS/SIGN, 2019)

Research recommendations –BTS Bronchiectasis (2019)

- Randomised controlled trials are required to evaluate the effects of airway clearance techniques in patients who are undergoing an exacerbation.
- The role of pulmonary rehabilitation after exacerbations requiring hospital admission needs to be explored.

Involve end users throughout.



- Patient voice is powerful.
- Group consultations perhaps.....
- Do remember a small change may seem straightforward, but people and health care systems are complex....
- PR Findings..... PCRS presentation.

Results



Barriers	Facilitators
<p>Little detailed knowledge Don't know how to 'sell' it</p>	<p>MRC 3-4 Largely easy referral</p>
<p>If secondary care involved they will have referred. Lack of consultation time Few in practice resources. Forget to refer.</p>	<p>Practice nurses are considered best placed to refer. COPD Annual Review. On screen prompts.</p>
<p>Patients decline referral (multiple reasons). PR providers decline referral. Not for MRC 2 or 5 & O2 users. Subjective PHCP assessment.</p>	<p>Recognition that PR can improve patients symptoms.</p>
<p>Patients not interested in PR. -VE impression of local service. PHCP fear & frustration (pts & PR providers)</p>	<p>+VE impression of local services. Where known, enthusiasm for PR.</p>
<p>PR for the 'right pt' at 'right time'. Referral -Low level goal. Referrer referral numbers unknown</p>	<p>'Drip Drip' strategy. Where known general desire to refer more patients.</p>
<p>Lack of PR provider engagement</p>	<p>PR advocates – MDT's & patients.</p>
<p>Pts frequently declining referral.</p>	<p>Financial Incentive Symptom deterioration Positive symptom feedback.</p>



It maybe something very small that you start with go too big and it will fail, everyone will lose motivation, including yourself!

When working with others, shared understanding and empathy are important.

- How can I help you?
- Act on the answers that you get back.

Qualities



Create positive emotion, be compassionate & appreciative
Leadership skills are integral to improving patient outcomes.

(Professor Mike West: Kings Fund)

- Consider measuring self-efficacy

General self-efficacy scale - The purpose of the GSE is to measure confidence in goal setting, effort, and persistence.



Self-efficacy can be enhanced: perhaps this is helpful for yourself/teams/patients



1. Build one success on top of another.
 2. Observe the endurance and success of other people.
 3. Surround yourself with people who believe you can succeed.
 4. Work through your own psychological responses.
- Cognitive, behavioural, personal, and environmental factors interact to determine motivation and behaviour (Crothers, Hughes, & Morine, 2008).



Be Brave... learn to say no!

- If the task isn't directly relevant.
- If it conflicts.

**IT'S ONLY BY SAYING "NO"
THAT YOU CAN CONCENTRATE
ON THE THINGS
THAT ARE REALLY IMPORTANT.**

STEVE JOBS

Summary:



- You must work with what you are interested & passionate in.
- Set backs can be valuable learning opportunities.
- Consider how best to work with others so you bring out the best in all parties.
- Identify the project: where to start, who to collaborate with, identify levers, be realistic in project objectives, remember you are VIP (practicing clinicians).
- Be bold contact CCG's, reach out to Universities, others, then be inquisitive (practice nurse placement) – swampy low ground! (Donald Schon)

Ultimately...

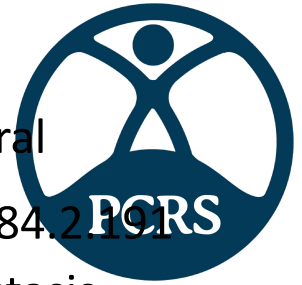


Enjoy what you do.....

And do what you enjoy.....



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