

International Lymphoedema Framework

Lymphoedema Education Benchmark Statements: Dissemination Plan

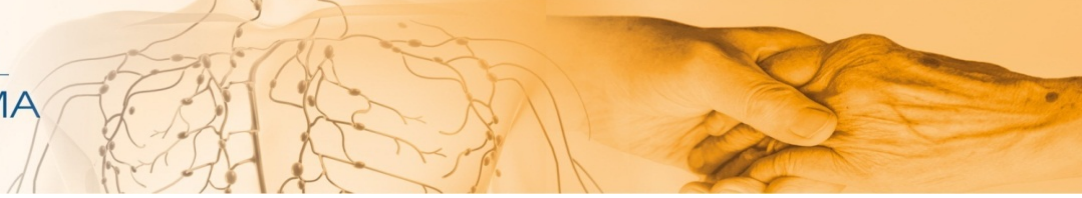
Introduction: The Lymphoedema Education Benchmark Statements represent what anyone with, or at risk of, lymphoedema might reasonably expect from a newly qualified health professional of any discipline. We know that little time is afforded the lymphatic system within curricula, other than its role in immunity, but extra time relevant to lymphoedema is not likely to be agreed. It is important to provide educators with a few key facts and figures about prevalence and impact of lymphoedema and what difference it would make if health professionals recognised it and intervened early. Making it relevant to each country, discipline or organisation is helpful, e.g. the effect of delaying wound healing, unplanned hospital admissions for cellulitis and related cost to patient/health services.

Aims:

1. to raise awareness of the relevance and importance of enabling a better knowledge base for lymphoedema;
2. to highlight requirements in a curriculum to ensure students are able to achieve a fundamental understanding and knowledge;
3. to encouraging integration of key components into existing curricula **without** the need for extra curriculum time: a little input can make a big difference;
4. highlight benefits to students, patients, health services and society in relation to lymphoedema / chronic oedema being a growing problem with large financial and human cost implications that can be greatly reduced by early recognition, referral and appropriate advice to minimise complications and enable self-management.

Tips for dissemination:

- Identify all relevant professional disciplines to be targeted
- Top down approach
 - Identify key bodies and organisations via personal knowledge, personal contacts or internet, focusing on those responsible for delivering or regulating pre-registration curricula. Identify specific contacts if possible.
 - Identify other organisations in a position to influence and support dissemination – oncology, palliative care, tissue viability, wounds, dermatology, diabetes, tailoring covering letter to suit the area of interest.
 - Send LEBS and cover letter to key contacts, if possible after a personal approach.
- Bottom up approach
 - Colleagues / members to snowball the information to others via their own networks
- Use social media to promote LEBS, tagging each of the key organisations / contacts on a regular basis as a prompt, e.g. asking if their curriculum meets the standards, reporting other organisations adopting the standards, reporting that some fall short etc. Always include @ILFLympho in tweets so that ILF can retweet



- Request information and website link to be added to websites or be added to newsletters of sympathetic organisations.
- Select a suitable launch date and keep ILF advised so we can support and promote it.
- Prepare a press release for national or local media

Examples for dissemination in UK – Please add relevant organisations in your own country to encourage others

- **Disciplines** – Medicine, Nursing, Physiotherapy, Occupational Therapy, Podiatry, MLD
- **Key organisations – regulatory/governing bodies** – General Medical Council, Nursing & Midwifery Council, Health Care Professions Council
- **Professional Organisations**– Royal Colleges – Physicians, Surgeons, General Practitioners, Nursing; Occupational Therapy, Chartered Society of Physiotherapists, Society of Chiropodists and Podiatrists
- **Those responsible for designing and delivering curricula:** Council of Deans (med); Council of Deans of Health (nursing / allied health professions) – Powerful bodies and key to effecting change in curricula nationally
- **Individual Universities – all relevant disciplines**