

How to use the “Movement for Movement” resources

By Ann Gates,
Curator and Project Lead

2017 update



A global movement for movement

Moving professionals. Moving nations. Moving lives.

Open to everyone, a community of practice:

- 🔄 learning together
- 👥 brought to life by working together
- 🤝 held together through passion and the value of collective experiences

Welcome to the 2017 update

The exercise medicine resource for undergraduates, students and health care professionals has been updated for 2017 and launched under the “Movement for Movement” community of practice

A “Movement for Movement” aims to build a stronger strategic and operational capacity in delivering physical activity interventions by all our future health care workforce.

This will be achieved by working as a community of practice both professionally and educationally.¹

Many thanks are due to all the authors of the original slide-sets and modules (2014, 2015, 2016) and a warm welcome is extended to the new 2017 contributors, supporters and reviewers. We very much hope that both previous and new users of the resource will champion their use and share with higher education institution (HEI) colleagues the resource mission: to enable tomorrow’s health care professionals to deliver safe and effective exercise advice to tomorrow’s patients and communities.

The resources are designed to fit all aspects of an undergraduate health care curricula teaching programme including and not limited to: didactic teaching, practice based learning, inter-professional learning, massive open online courses (MOOCs), placement support, and for bespoke individual lecturer/chronic disease specialty use.

1. Editorial: Movement for movement: exercise as everybody’s business?
Ann B Gates, Roger Kerry, Fiona Moffatt, Ian K Ritchie, Adam Meakins,
Jane S Thornton, Simon Rosenbaum, Alan Taylor
Br J Sports Med doi:10.1136/bjsports-2017-096857 Published Online First:
20 October 2017
<http://bjsm.bmj.com/content/early/2017/10/20/bjsports-2017-096857.full>



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annbgates@googlemail.com



2017 update specifications and outputs

The 2017 update includes all the new national and international evidence, recommendations and guidance incorporated together with a high-quality “look and feel” format for each of the non-communicable disease and exercise prescription slide-sets.

The resources have been designed and evaluated specifically for undergraduate health care professionals as defined by the NHS. We are grateful to Public Health England UK, for financially supporting the evaluation by The University of Nottingham, UK. The 2015 evaluation rated the resources as 8/10 for quality.²

We have tried very hard to improve on the high standards of evidence, content and style for the 2017 updates. If you are aware of additional, evidence based studies or practical applications that could be included, please let us know and we will consider adding them into subsequent updates.

The resources will continue to be updated annually, each November, until the year 2018.

The 2017 project team

The project team, led by Ann Gates, consists of over 40 health care professionals, exercise specialists, exercise physiologists, educationalists, general practitioners, Public Health England, MDs, physiotherapists and medical students.³ This eclectic mix of exercise medicine expertise and pedagogy has reinforced the community of practice model of working and delivered excellence in physical activity workforce capacity.

2. Public Health England Curricula and Resources Evaluation 2015, commissioned from Professor Patrick Callaghan, The University of Nottingham, UK. Contact Ann Gates for details.

3. The 2015 and 2017 project team for the “Movement for Movement” resources. See appendix 1.



Examples of best practice use by a medical school and school of health and other organisations

The “Movement for Movement” resources aim to equip all health and social care students to promote physical activity in the prevention and treatment of disease.

The resources on exercise medicine and health for undergraduate education were endorsed by the Council of Deans of Health when they were first launched in 2015. The revised version contains the latest evidence for future health professionals to use in discussing lifestyle medicine with their patients and deliver safe and effective exercise advice.

Sheffield Hallam University School of Health is an exemplar of best practice use for allied health professional teaching and online development of the resources.⁴

Physiopedia and Exercise Works launched a pilot, innovative, massive open online course (#PEPA16 MOOC) on physiotherapy, exercise and physical activity for international students. So far initial reports demonstrate a best value buy (WHO) in promoting physical activity at reaching 46 million social media impressions and enrolling over 8000 international students.⁵

A case study (Appendix 2) by Lancaster Medical School demonstrates how the resources can be easily integrated into current undergraduate medical school teaching models’ and a web-based educational platform.

How to use the resources

The resources were purposed as a stand-alone, spiral curriculum, that each university school of medicine or health could bespoke to their own needs and aspirations in educating students about the clinical importance of physical activity in health.

4. Sheffield Hallam University ERWCPT poster 2017.
https://www.researchgate.net/publication/310303529_Making_every_contact_count_for_physical_activity_equipping_tomorrow%27s_physiotherapists_to_deliver_quality_physical_activity_interventions

5. Physiopedia & Exercise Work interim report 2017. Contact Ann Gates for details.



Resource format

The resources consist of key national and international strategies and infographics, a briefing document arguing the case of need, background introductions, an introductory slide-set on the context of the project, specific disease and health condition slide-sets, a text module, and advice on how to use the resources effectively. The slide-sets on health conditions and exercise are numbered presentations: P1-P22.

This main content includes:

Introduction to physical activity and health
Physiological adaptations to exercise and associated risk considerations
Prescribing physical activity and exercise
Motivational interviewing
Public health and exercise
Cancer and exercise
Heart disease, stroke and peripheral artery disease and exercise
Hypertension and exercise
Type 2 diabetes and exercise
Mental health, severe mental health and exercise
Dementia and exercise
Osteoarthritis, rheumatoid arthritis and exercise
Osteoporosis, sarcopenia and exercise
Falls and exercise
Obesity and exercise
Chronic obstructive pulmonary disease and exercise
Pregnancy and exercise
Peri-operative exercise
Chronic kidney disease and exercise
Children with chronic diseases and active play
NHS school for change and leadership

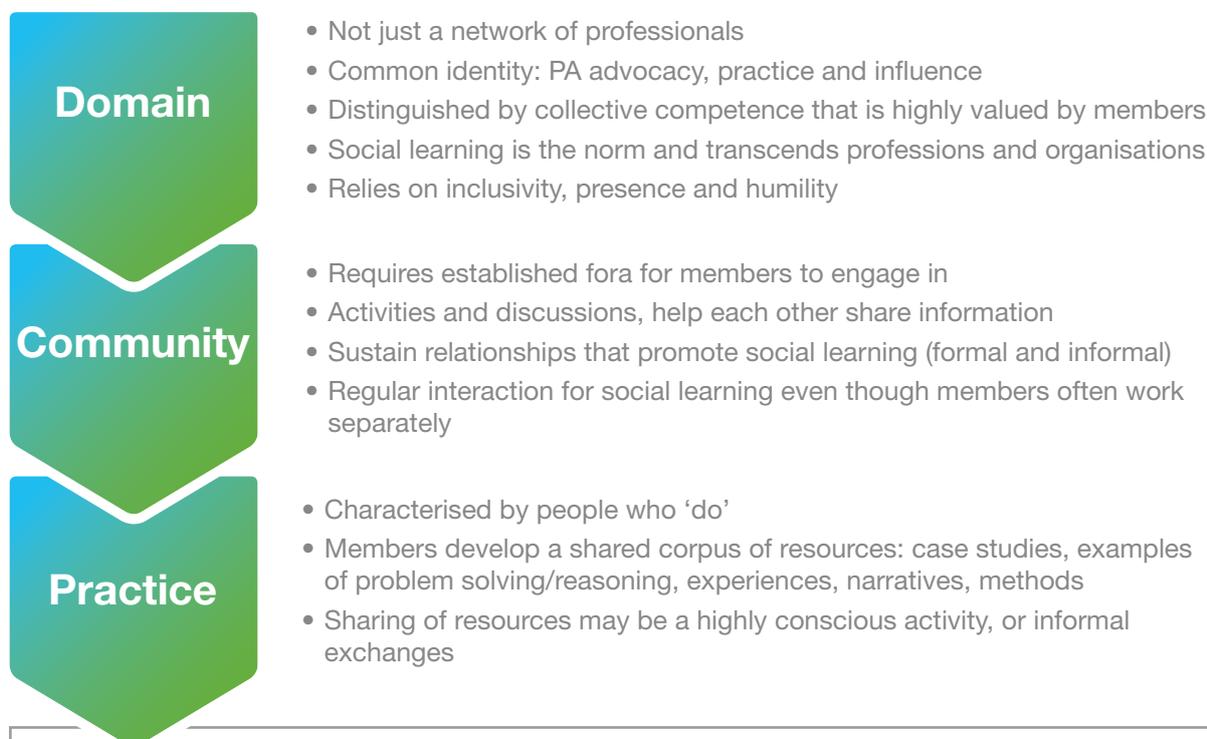
We ask that each school of medicine and health devise suitable educational learning techniques such as: facilitated learning, reflective learning, peer led discussion forums, quizzes, examinations, practical experience of physical activity brief interventions, dissertation, and placement opportunities in physical activity roles.

We encourage all health care students to interact with the #MovementforMovement community of practice (CoP) that is developing globally.⁶

6. Editorial: Making every contact count for physical activity—for tomorrow's patients: the launch of the interdisciplinary, undergraduate, resources on exercise medicine and health in the UK. Ann B Gates Br J Sports Med 2017; 50: 322-3. doi:10.1136/bjsports-2015-095489 <http://bjsm.bmj.com/content/50/6/322.extract>



3 elements combine to form a community of practice



A Movement for Movement: Transforming PA advocacy and practice

Figure 1: A community of practice for exercise and physical activity.
(Based on Wenger-Tragner 2015, www.wenger-tragner.com)

We hope that each student is “enabled” to give competent, capable and confident advice in making every contact count for physical activity, now and in the future. This is line with current World Health Organization and national standards of public health advocacy in the prevention and treatment of non-communicable diseases and various health conditions.

The resource contents can be used in any order as determined by the university. It is hoped that the resources are introduced into the curricula before students are on placements, this then gives students the opportunities to practice, reflect and act on their learning and develop competencies.



Assessment of competencies and capabilities

Clinical training to achieve competency in lifestyle counselling is an essential foundation for the treatment of non-communicable diseases and other chronic medical conditions.⁷ In fact, the American Heart Association has published a scientific statement to this effect.

Each university is responsible for considering how the resources together with established teaching and assessment methods are implemented. The UK project team strongly recommend that all teaching staff and curricula leads identify ways in which the competencies and capabilities around physical activity brief intervention are assessed to provide a benchmark of physical activity advocacy at both the patient bedside and at wider societal levels.

Final comments and thanks

The resources are designed to be used.

The majority of the UK medical schools and schools of health are using the resources in teaching how physical activity is an important brief intervention in the prevention and treatment of disease and ill-health. We have had up-to 500 downloads of the resources across undergraduate national and international schools of health. But to reduce inequalities in future practitioner care and best practice there needs to be competition between the schools to attract disruptive innovation and curricula change. This approach drove adoption and created innovative use of the resources from 2014-2017.

The “Movement for Movement” initiative has now gained widespread national support and international acclaim. Global health care strategic and educational organisations have expressed interest in re-purposing the resources and adopting the community of practice approach. Physical activity advice as part of making every contact count is happening!

Now is the time to put physical activity education and interventions at the centre of a preventative self-care health model that delivers prevention and treatment options for all patients as good as medicines and other interventions.

7. Medical Training to Achieve Competency in Lifestyle Counselling: An Essential Foundation for Prevention and Treatment of Cardiovascular Diseases and Other Chronic Medical Conditions: A Scientific Statement From the American Heart Association
Marie-France Hivert, Ross Arena, Daniel E. Forman, Penny M. Kris-Etherton, Patrick E. McBride, Russell R. Pate, Bonnie Spring, Jennifer Trilk, Linda V. Van Horn and William E. Kraus and On behalf of the American Heart Association Physical Activity Committee of the Council on Lifestyle and Cardiometabolic Health; the Behavior Change Committee, a joint committee of the Council on Lifestyle and Cardiometabolic Health and the Council on Epidemiology and Prevention; the Exercise, Cardiac Rehabilitation, and Secondary Prevention Committee of the Council on Clinical Cardiology; and the Council on Cardiovascular and Stroke Nursing
Circulation 2017;CIR.000000000000442, originally published September 6, 2017
<http://circ.ahajournals.org/content/early/2017/09/06/CIR.000000000000442>

We sincerely hope that your university will embrace this leadership challenge

**“It’s time for bedside medicine:
prevention not presentation,
health not disease. From cradle
to grave.”⁸**

A global movement for movement

Moving professionals. Moving nations. Moving lives.

8. 2016, 2017 © by Ann Gates.

With thanks to Seven Stones for the design:
www.sevenstones.co.uk



Appendix 1

INTERDISCIPLINARY #MovementForMovement RESOURCE CONTRIBUTORS 2014-2018.

This initiative has been led by Ann Gates. Curricula development and resources were developed by: Ann Gates MRPharmS, Member of the World Heart Foundation Emerging Leaders Programme 2014. Dr Brian Johnson, General Practitioner and Honorary Medical Advisor to Public Health, Wales. Dr John H M Brooks, PhD (together with existing Kings College Medical School undergraduate course resources in association with Dr Ann Wylie and Kings Undergraduate Medical Education in the Community). Dr Simon Rosenbaum PhD, Senior Research Fellow, School of Psychiatry, UNSW Sydney, Australia. Dr Jane Thornton MD PhD, Resident Physician and Clinical Researcher, University of Western Ontario, London, Canada. Mr Ian Ritchie FRCS, President of the Royal College of Surgeons Edinburgh, Consultant Trauma and Orthopaedic Surgeon at Forth Valley Royal Hospital, Scotland. Steffan Griffin, Medical Student at University of Birmingham, United Kingdom. Professor Patrick Callaghan, Professor of Mental Health Nursing and Head of School of Health Sciences, Faculty of Medicine & Health Sciences Nottingham University Medical School, United Kingdom. Mr Jon Dearing, Consultant Orthopaedic surgeon, NHS Kilmarnock, United Kingdom. Ellinor Olander PhD Lecturer in Maternal and Child Health, City University London, UK. Fiona Moffatt PhD MCSP Assistant Professor, University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences. United Kingdom. Alan Taylor MSc MCSP Assistant Professor, University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences, United Kingdom. Paul Hendrick PhD MCSP, Lecturer, University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences. United Kingdom. Victoria Hood PhD MCSP, Lecturer, Division of Physiotherapy and Rehabilitation Sciences, University of Nottingham, United Kingdom. Dr Hamish Reid, Academic Clinical Fellow in Sport and Exercise Medicine, British Heart Foundation Centre on Population Approaches for Non-Communicable Disease Prevention, University of Oxford, United Kingdom. Jo Foster, Physical Activity Programme Lead, Macmillan Cancer Support, United Kingdom. Clare Stevinson PhD, Lecturer in Behavioural Aspects of Physical Activity and Health, Loughborough University, United Kingdom. Dr J Varney, Dr M Brannan, Dr Z Williams, R Shaw and H Ridgley: Public Health England. Dr David Lipman, MBBS. BHlthSci(Pod)Hons. BAppSci(HMS)Hons. Doctor Gold Coast University Hospital and Associate Lecturer, Griffith Medical School, Australia. Dr Paul Remy Jones, Academic Foundation Year 2 Doctor, St. Thomas' Hospital, London, United Kingdom.

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Special thanks to co-editors: Dr David Lipman, MBBS. BHlthSci(Pod)Hons. BAppSci(HMS)Hons. Doctor Gold Coast University Hospital and Associate Lecturer, Griffith Medical School, Australia and Dr Brian Johnson, GP, Honorary Medical Advisor to Public Health Wales.

Appendix 2

Case study via Lancaster University Medical School

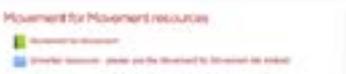


Movement for Movement at Lancaster Medical School

Following an email from the Medical Schools Council in November 2016, Dr Bob Wheatley, a Clinical Teaching Fellow at Lancaster Medical School (now retired), introduced the Movement for Movement resources at our December 2016 departmental Learning and Teaching meeting. The resources were considered to be a valuable addition to our provision and Dr Wheatley mapped the resources to the curriculum in Years 1 and 2, with suggestions for use in the later years.

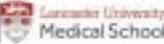
The spiral curriculum at Lancaster Medical School utilises problem based learning (PBL) to foster independent study skills around four themes: Medical Sciences, Population Health, Health Culture and Society, and Professional Practice, Values and Ethics. Students in Year 1 study the "normal" Medical Sciences, whereas those in Year 2 begin to apply this knowledge to patients and learn about pathophysiology. Students in later years spend increasing amounts of time on clinical placement rotating through specialities.

Dr Fiona Curtis implemented the Movement for Movement resources in Moodle for the year 2 students (in 2016-17) as they commenced their "Weight matters" PBL module (2.11), using the "book" format.



The first chapter explains the resources and our implementation:





The early chapters contain the more 'generic' resources which integrate perfectly with the "Weight matters" PBL module, with later chapters focusing on specific conditions and associated modules:



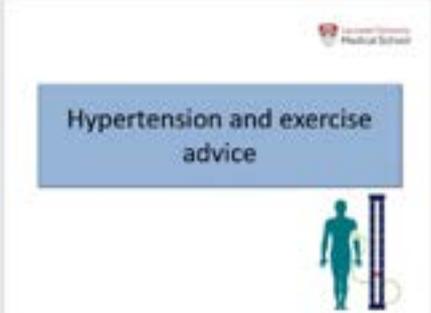


The first Year 2 module, 1.12 (completed after the examinations at the end of Year 1, but examined in Year 2) focuses on hypertension. The link to the resource is embedded, and I extracted the learning objectives from the resource in order to provide context for students:

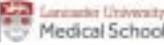




On opening the students see the presentation with the Lancaster Medical School logo:



The resources are highlighted in each module, as relevant:





The resources have also prompted us to review the learning objectives relating to physical activity. In light of this, we added a new learning objective and amended another in the Year 1 curriculum. We plan to integrate the newly released resources, for example, the Chronic Kidney Disease presentation, into PBL module 2.09.

Dr Fiona Curtis, October 2017