

The Asthma and COPD Fundamentals E- Learning Series: what is available and who is it for?

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Presentation Outline



What is E-Learning and what are the benefits



E-Learning Module Content



Module Feedback



Who are the E-Learning modules aimed at?



Acknowledgements

Background: Continuing Professional Development



Continuing professional development

Essential as is a requirement to remain registered

Safe and effective practice

Keep up-to-date with latest research findings and practice innovations



Opportunities for Continuing professional development

Can vary across health professional groups

Depends on funding and release time available

Subject topics available

Background to E-Learning

The recent worldwide pandemic has forced universities and other educational providers to rely heavily on the online teaching environment

Ever prior to this the use of online learning had expanded widely with the content and standard varying widely

Some use traditional forms of lecture style teaching but online

With others being highly *technical* with simulation, case-based discussion, and other innovative virtual learning environments

McCutcheon et al., 2015, found that online and blended learning for teaching clinical skills was just as effective as face-to-face learning

Background to the ARF E- Learning series

- The Asthma Fundamentals course is designed to provide health professionals with up-to-date education on asthma and COPD
- For many years it was delivered as a face-to-face two-day workshop
- Whilst the workshops were well received, a more contemporary and accessible approach to continuing professional development was needed
- In collaboration with Whitireia NZ the ARF re-designed and re-developed the course into the Asthma & COPD Fundamentals E-learning series.

E-Learning educational approach



- Uses a “flipped classroom” approach
- This is a structured approach delivered outside the traditional classroom through active learning strategies
- This approach places the learner in the centre of the experience - by shifting the energy away from the instructor
- Having the content online enables the learner to review or revisit content as often as they want, to consolidate their knowledge
- In addition the online modules can be completed anytime, anywhere, any pace, on any mobile device giving the learner greater flexibility
- Once the modules are completed, face-to-face time is recommended to focus on problem solving, discussion and analysis to promote deep understanding and application of knowledge

Module Content

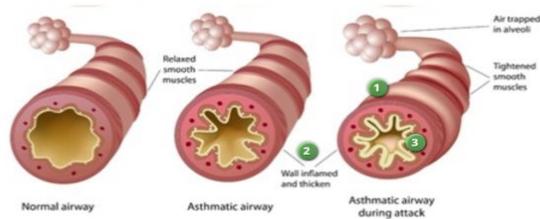
- Module content is based on the
 - Beasley et al., (2020). Asthma and Respiratory Foundation NZ Adolescent and Adult Asthma Guidelines 2020: a quick reference guide. NZMJ.
 - McNamara, D et al., Asthma and Respiratory Foundation NZ Child Asthma Guidelines: a quick reference guide
 - Hancox, R et al., (2020). Asthma and Respiratory Foundation NZ COPD Guidelines 2020: a quick reference guide (in press)
 - Telfar, L & Barnard, J. (2018). The impact of respiratory disease in New Zealand: 2018 update.

Module one: asthma fundamentals

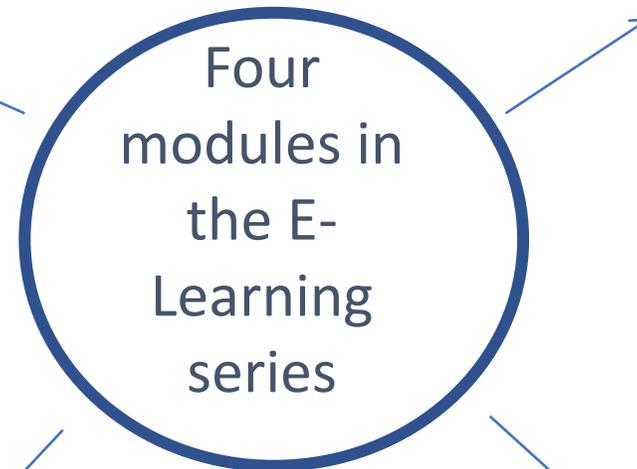
Module One Asthma Fundamentals

RESOURCES GLOSSARY

Features of asthma



Roll your mouse over each of the green markers to highlight the features.



Four
modules in
the E-
Learning
series

Module Two: Asthma Management

Asthma Management

GLOSSARY RESOURCES

Four stages of asthma consultation

- 1 Assess Asthma Control** using ACT
 20-25: well controlled
 16-19: partly controlled
 5-15: poorly controlled
 Review lung function tests
 Peak flow monitoring and/or Spirometry
 Review history of severe asthma attacks in last 12 months (requiring urgent medical review, oral steroids or bronchodilator nebuliser use)
- 2 Consider other relevant clinical issues**
 Ask about adherence with maintenance treatment
 Check inhaler technique
 Enquire about clinical features associated with an increased risk
 Consider treatable traits
 Decide whether peak flow monitoring is indicated
- 3 Decide if increase or decrease in maintenance therapy required**
 Is a step up in the level of treatment required if asthma is not adequately controlled, poor lung function or recent severe exacerbation?
 Is a step down in the level of treatment possible if there has been a sustained period of good control?
- 4 Complete the asthma action plan**
 Decide which plan to use:
 • AIR budesonide/formoterol reliever ± maintenance therapy
 • 3 stage maintenance ICS or ICS/LABA + SABA
 • 4 stage maintenance ICS + SABA reliever
 [This includes the instruction to increase dose and frequency of ICS in worsening]

Module three: COPD Management

Can start at any age Directly linked to smoking

Consider the differences between asthma and COPD, then drag each note on to the board that you think sticky note best fits.

Asthma	COPD
Inhaled corticosteroids a major component	Patient is typically over 35
Usually reversible either with treatment or spontaneously	Progressive shortness of breath, usually with exertion
Episodic attacks with exposures to allergen, irritant or exercise	Inhaled corticosteroids indicated for moderate-severe COPD or > 2 exacerbations a year
Typically a dry cough, often at night	Usually irreversible (unless there is a component of asthma present)
	Typically a productive cough, usually in the morning

Module four: Health Promoting Practice

Module Four Health Promoting Practice FINAL

Barriers to Health Literacy

My doctor and nurse assumed I knew lots because I was well educated. They used lots of medical jargon that meant little to me, and I felt too embarrassed to ask what they meant.

Association between poverty and asthma

What factors associated with poverty, do you think could impact on asthma? Click on which ones you suspect could influence prevalence in NZ.



Cold damp housing

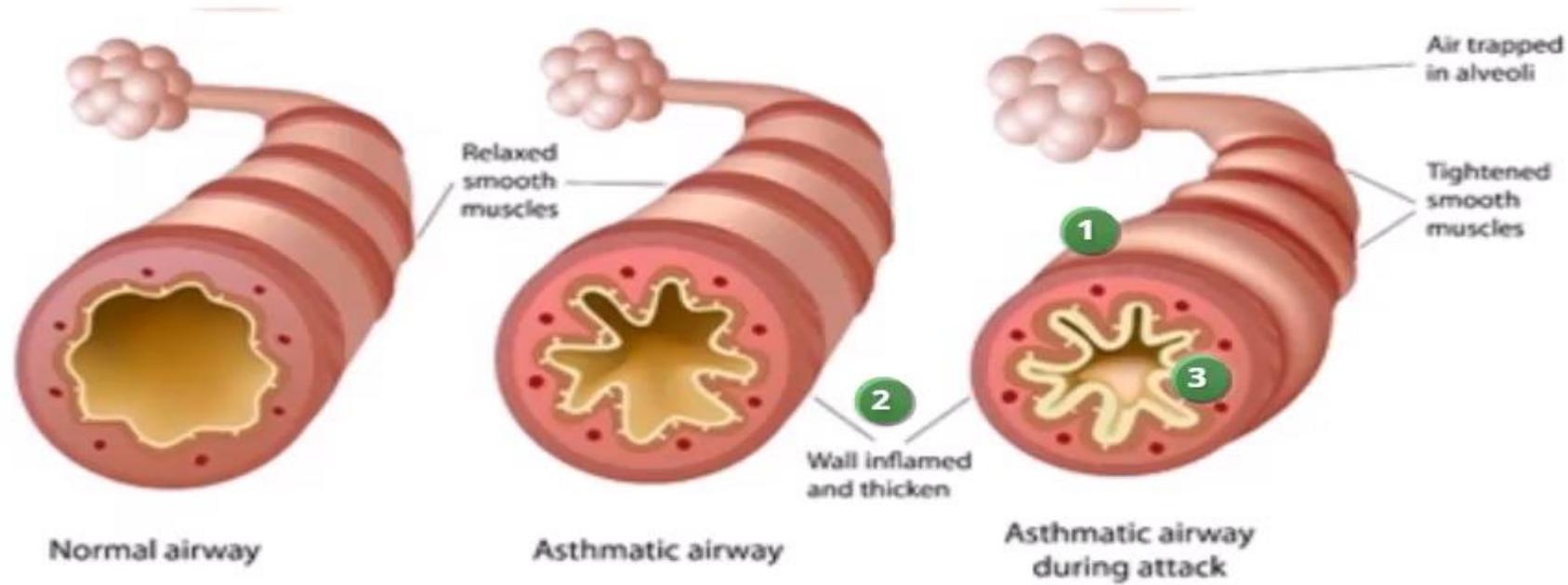
Low Health literacy

Complexity of health care system

Cost of health care & medications

Access to PHC services (culturally, physically, financially)

Features of asthma



Roll your mouse over each of the green markers to highlight the features.

Tools that aid diagnosis

Allergy Testing

Asthma Control Test

Challenge Test

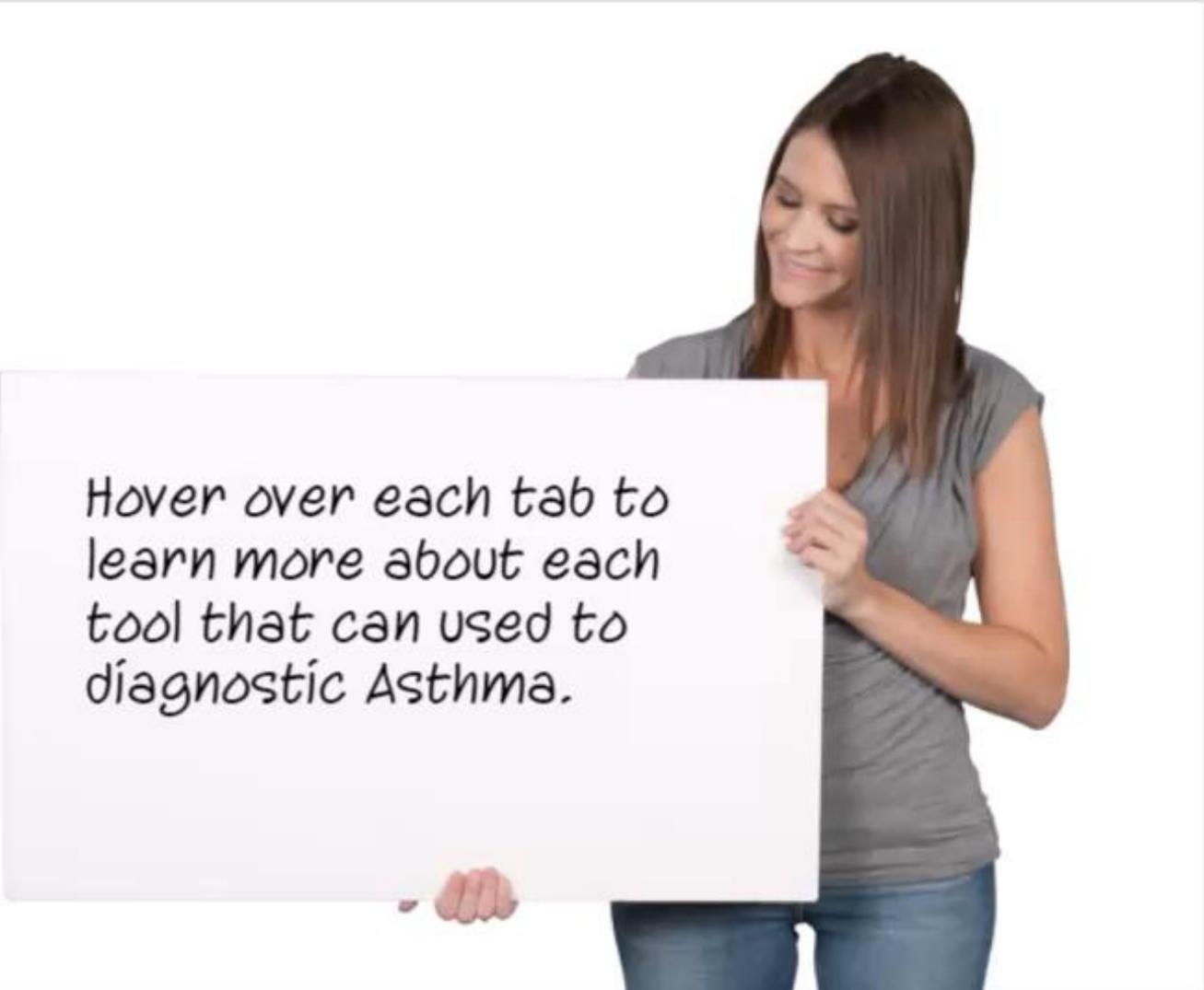
Chest X-ray

Full Pulmonary
Function Test

PEF

Non Invasive Markers

Spirometry

A woman with long brown hair, wearing a grey t-shirt and blue jeans, is holding a large white rectangular sign. She is looking down at the sign with a slight smile. The sign contains text in a black, handwritten-style font.

Hover over each tab to learn more about each tool that can used to diagnostic Asthma.

Assessment of Asthma

What to assess

Assess control

Assess treatment issues

Assess co-morbidities

Assessing Severity

The first stage in the asthma management cycle is assessment.

An assessment of asthma should include:

- Assessment of asthma control
- Assessment of treatment issues such as inhaler technique and adherence
- Assessment of any co-morbidities.



< PREV

NEXT >



Step 3

Maintenance

Step 2

Step 1

Symptom relief

One actuation as required



< PREV

NEXT >

What Type of Inhaler Device?

The image displays a variety of asthma inhaler devices and their names, arranged above five sorting bins. The devices and their names are:

- Seretide**: A purple and black inhaler.
- Flixotide**: An orange inhaler.
- Seretide Accuhaler**: A purple circular device.
- Spiriva Resimat**: A white and blue inhaler.
- Breo Ellipta**: A white and blue inhaler.
- Vannair**: A red and white inhaler.
- Oxis**: A white and blue inhaler.
- Ventolin**: A blue inhaler.
- Symbicort**: A white and red inhaler.
- Bricanyl**: A white and blue inhaler.
- Bedazone**: A white and black inhaler.
- Serevent Accuhaler**: A blue circular device.

Below the devices are five sorting bins:

- Relievers (SABA)**
- Symptom controllers (LABA)**
- Symptom controllers (LAMA)**
- Preventers (ICS)**
- Combination (ICS & LABA)**

Module Feedback

- All 94 participants who completed all four modules between June 2017 and August 2020 found the course relevant to their practice, 98% reported increased confidence in respiratory patient care following course completion.
- Participants found the online course enjoyable (94%), of an appropriate level (85%) and easy to complete (90%).
- They found they had:
 - increased confidence; increased knowledge; it improved and informed their practice; helped to educate patients and colleagues; and it provided culturally appropriate care.
- These overwhelmingly positive responses have confirmed that healthcare education in an online environment can be beneficial for both nurses and patients alike.

Who is it for?

- The modules are designed for
 - Any healthcare professional who works with those who have asthma and/or COPD
 - It has a primary care focus
 - Up till now it has been predominantly accessed by nurses
- Completing the E-Learning series gives 12 continuing professional development hours

How to sign up

- Through the Asthma and Respiratory Foundation website

<https://www.asthmafoundation.org.nz/health-professionals/copd-asthma-fundamentals>

- Through Whiteria NZ website

<https://cpd.whitireia.ac.nz/local/moodec/pages/product.php?id=8>

Acknowledgements

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- Teresa Demetriou, previous Research and Education Manager, Asthma and Respiratory Foundation NZ



References

- Karen Mcutcheon, Maria Lohan, Marian Traynor and Daphne Martin. (2015). A systematic review evaluating the impact of online or blended learning vs. face-to-face learning of clinical skills in undergraduate nurse education. Journal of Advanced Nursing, 71, 2 <https://doi.org/10.1111/jan.12509>
- Teresa Demetriou, Elizabeth Asbury & Georgina Orsborn. (2019) Asthma and chronic obstructive pulmonary disease (COPD) training in an online environment: A new response to a growing problem. ERJ 54: PA1275; DOI: 10.1183/13993003.congress-2019.
- Asthma and Respiratory Foundation NZ <https://www.asthmafoundation.org.nz/>
- Whiteria NZ <https://www.whitireia.ac.nz/>