

Asthma and COPD training in an online environment: A new response to a growing problem'



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**Asthma
+ Respiratory**
FOUNDATION NZ

Respiratory Health in NZ: Asthma

On average,
67
Kiwis die from
asthma each year¹


521,000
Kiwis take
medication for
asthma¹

The cost of asthma to
the nation is over
**\$800
million**
per year¹



affects
1 in 8 adults



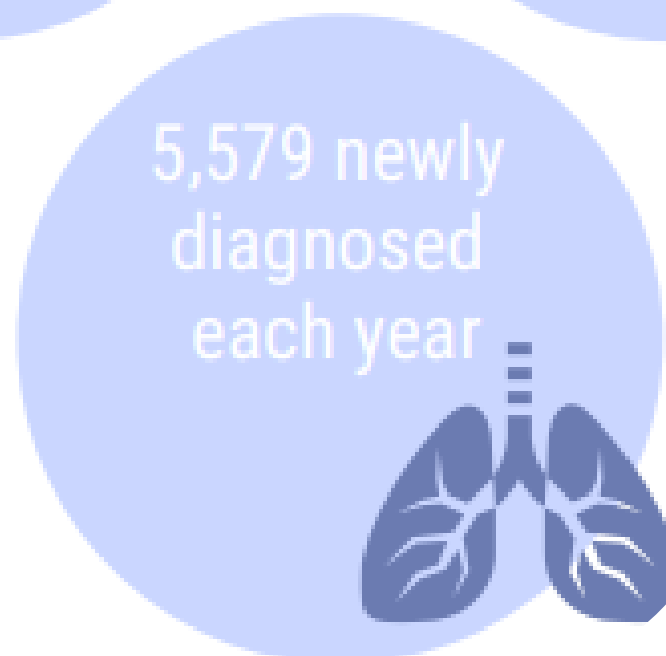
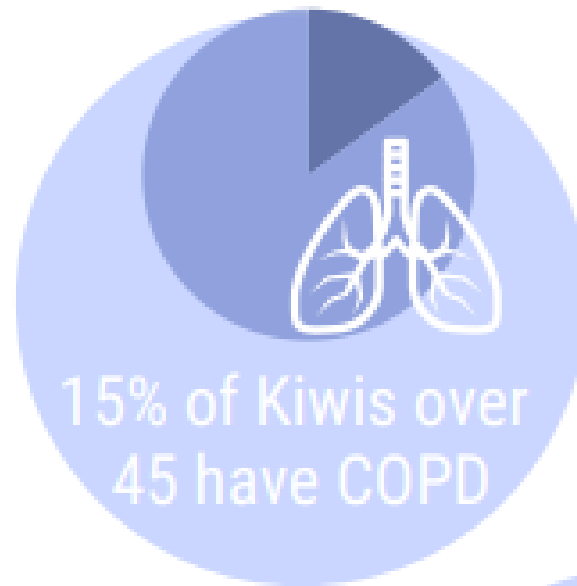

7,364
hospital
admissions¹

of which
over
50%
were
children¹

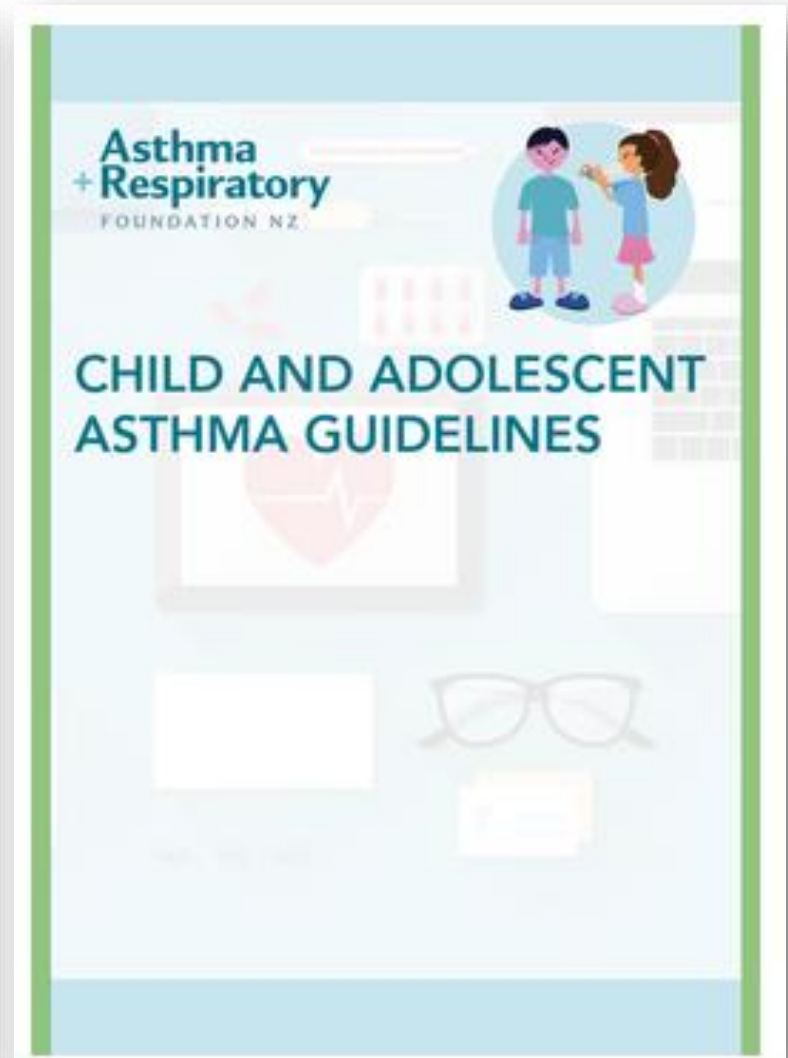
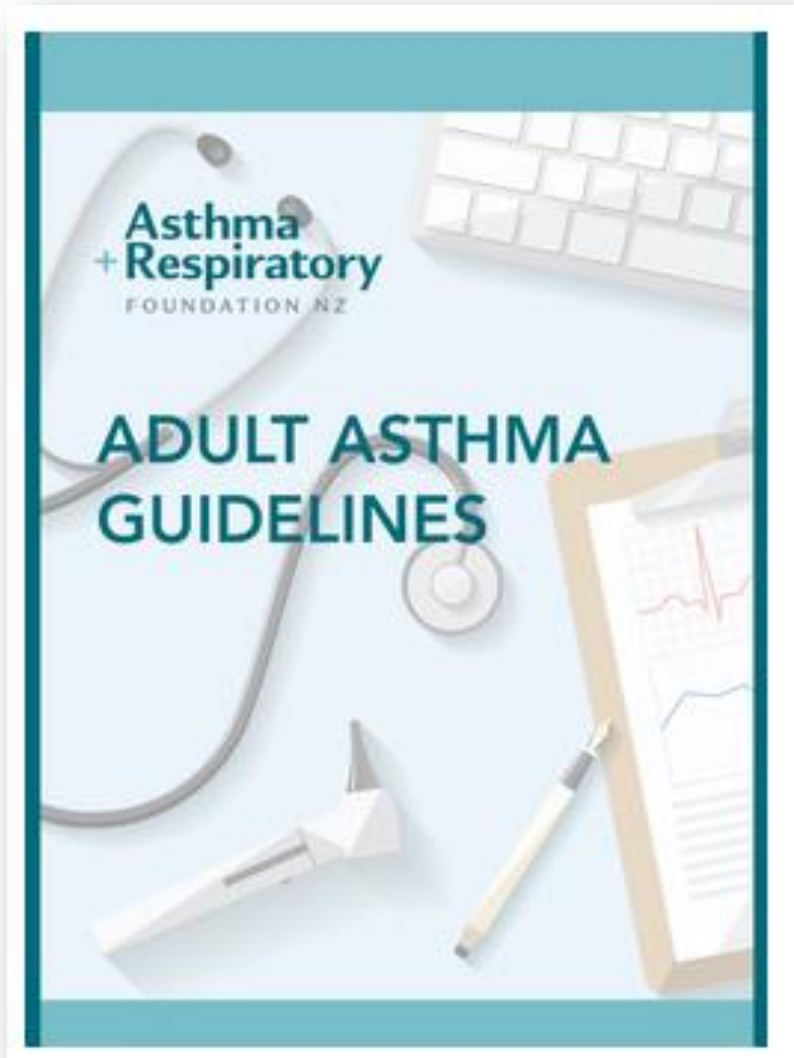



and 1 in 7
children¹

Respiratory Health in NZ: COPD



New Clinical Guidelines



Asthma and Respiratory Foundations Role

History of providing
foundational continuing
professional development
(CPD) for health
professionals



**Accessibility issues for
many PHC providers**

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Together we decided to



Nurse, educator & developer



Nurse



Educator



eLearning developer

Asthma & COPD Series

Module One Asthma Fundamentals

How to use a Peak Flow Meter

- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
- The meter is placed in the mouth and the lips closed tightly around the mouthpiece ensuring that the tongue is kept away from the mouthpiece



Drag the green marker down to highlight how to instruct a patient in the use of a PFM.

Four modules in series

Module Two: Asthma Management

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 compliance 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?
Is a change to the SMART regimen required in patients prescribed ICS/LABA treatment who have had a recent severe exacerbation?
- 4 **Complete the asthma action plan**
Decide which plan to use:
 - 3 stage maintenance ICS + SABA reliever
 - 4 stage maintenance ICS + SABA reliever[This includes the instruction to increase dose and frequency of ICS in worsening asthma]
 - 3 stage ICS/LABA + SABA reliever
 - Single ICS/LABA Maintenance and Reliever Therapy [SMART]

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.



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- Other non-pharmacological
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- Asthma severity
- Algorithm for management of ...
- Childhood asthma



NEXT ➔

Search...

Module examples

Clinical education around new guidelines

Stepwise approach to Asthma Treatment

In the **stepwise approach to asthma management**, patients step up and down as required to achieve and maintain control of their asthma and reduce the risk of exacerbations.

Move the dial to each step to learn about treatment options at each step.

Step 5

Step 4

Step 3

Step 2

Step 1

Step 1

SABA reliever therapy

Step 2

Maintenance standard doses ICS & SABA reliever therapy

Step 3

Maintenance standard dose ICS/LABA & reliever therapy or Standard dose Single ICS/LABA Maintenance & Reliever Therapy (SMART regimen)

Step 4

Maintenance high dose (not standard) ICS/LABA & SABA reliever therapy or High dose (not standard) Single ICS/LABA Maintenance & Reliever Therapy (SMART regimen)

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Maintenance high dose (not standard) ICS/LABA & SABA reliever therapy or High dose (not standard) Single ICS/LABA Maintenance & Reliever Therapy (SMART regimen) & Consider add on treatment & seek specialist advice

Applying clinical guidelines

Can start at any age

Directly linked to smoking

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

Asthma

Inhaled corticosteroids a major component

Usually reversible either with treatment or spontaneously

Episodic attacks with exposures to allergen, irritant or exercise

Typically a dry cough, often at night

COPD

Patient is typically over 35

Progressive shortness of breath, usually with exertion


Inhaled corticosteroids indicated for moderate-severe COPD or > 2 exacerbations a year

Usually irreversible (unless there is a component of asthma present)

Typically a productive cough, usually in the morning

Enables higher level learning

Health Promoting Practice



How do you think Social Determinants of Health can impact on the prevalence of asthma in our communities?

Meet Tane. Tane is eight years old and has presented to the medical centre for the fourth time this month. This visit Tane has a notable wheeze, and has trouble speaking a whole sentence without taking a breath. He is brought in by his mother. He is taking his reliever and was prescribed a preventer earlier in the month. His mother was given relevant brochures and discussed how to manage Tane's asthma.

What underlying SDH could be impacting on Tane's asthma? Write your thoughts in the box below.

type your text here

< PREV NEXT >

Course Completion and Evaluation



62 primary health care nurses

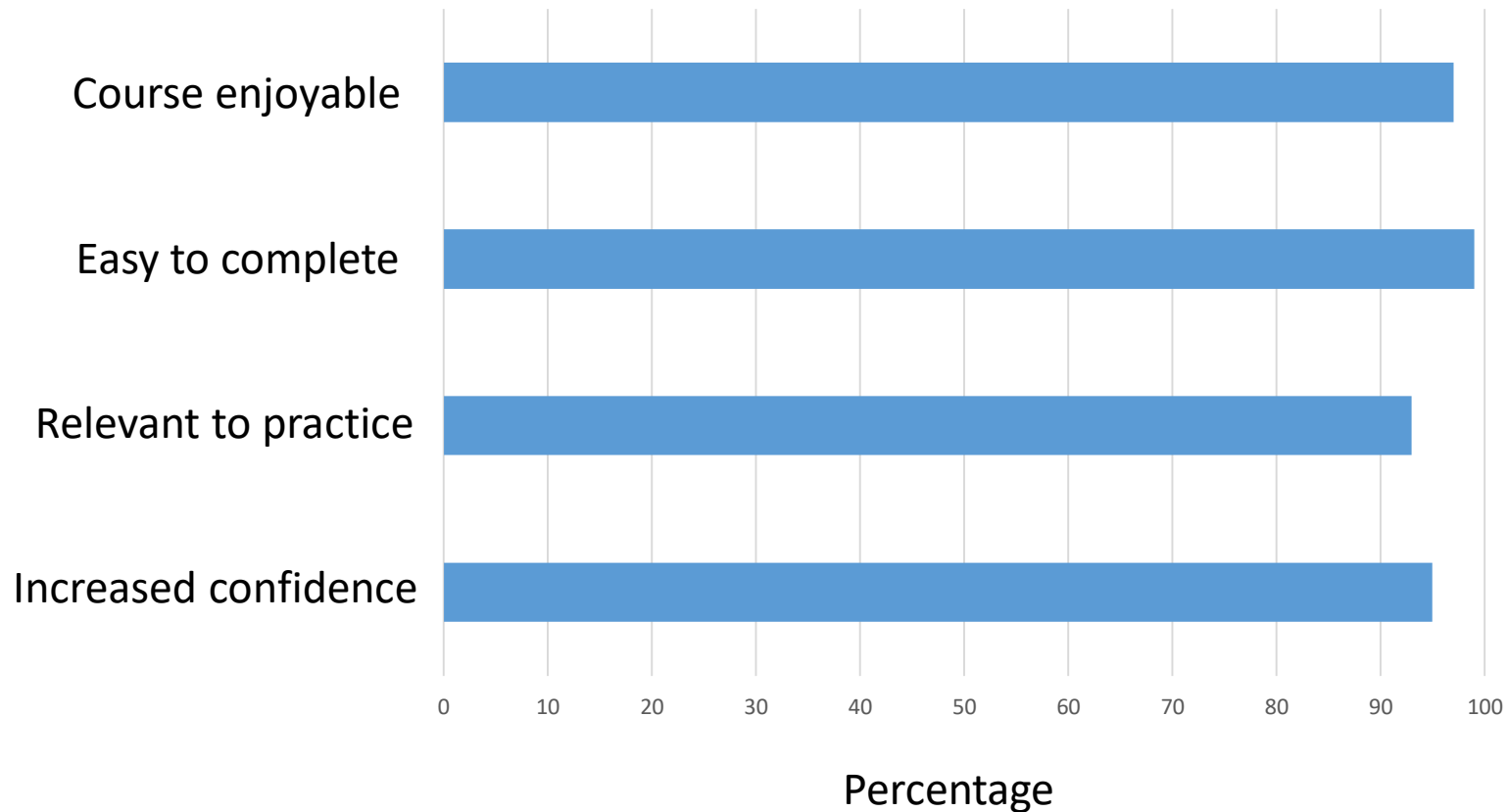


80% took more than 6 hours to
complete all four modules

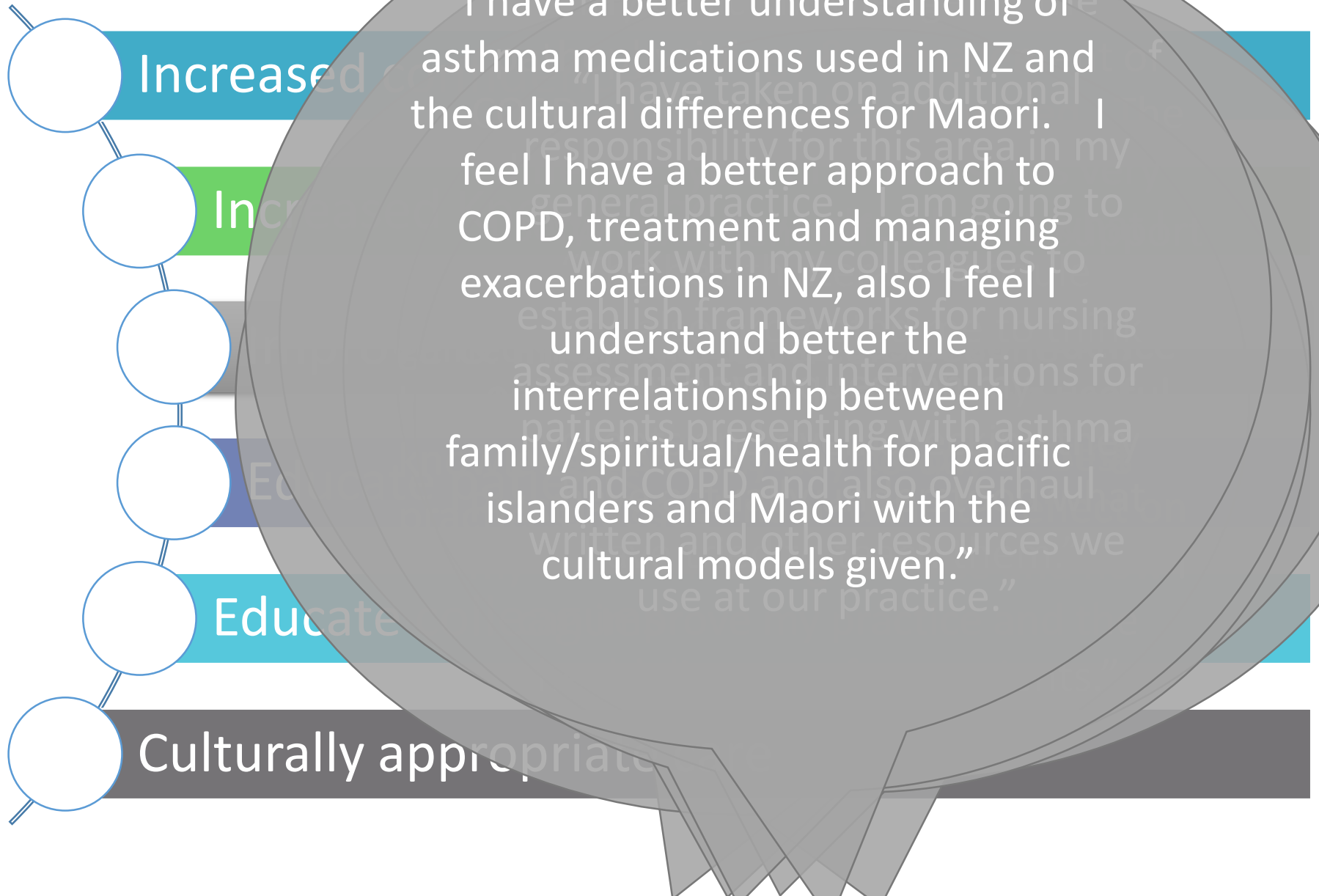


Online evaluation based on the first
two levels of Kirkpatrick's
Evaluation Model (reaction &
learning)

Results (Learning Engagement)



Results (Themes)



Conclusions

Many nurses and health professionals have difficulty accessing CPD so online learning increases accessibility

Places the learner at the center of the experience anytime, anywhere, any pace, and device learning

Complex healthcare teaching can be provided through an online eLearning CPD platform

Online learning can require nurses to check their applied knowledge

Effective way to provide up to date clinical knowledge

