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Results: The response rate was 61%. 43 (49%) responding practices had COPD protocols, 49 (54%) practices had COPD registers and 8 (9%) practices had COPD clinics. 50 (56%) practices owned one or more spirometers and 13 (15%) had at least 1 person with current (within the last 2 years) approved/formal training in performing spirometry. Only 4 (4%) of practices had COPD protocols, registers and clinics and trained operators with current training.

Discussion: Very few practices in Leicestershire have the prerequisites to provide high quality of primary care of COPD. Maintenance of current approved training for spirometry operator is likely to be a major continuing barrier to providing high quality practice based primary care of COPD. This may be best provided at a locality level by intermediate care.

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The effect of training on practitioner confidence in their knowledge of COPD

AB06P0

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Background: Chronic Obstructive Pulmonary Disease (COPD) affects 600,000 patients in the UK (BTS Burden of Lung Disease, 2001). COPD guidelines state that diagnosis and management of COPD should be undertaken by appropriately trained practitioners (BTS *Thorax* 1997 **52**; Suppl 5). This audit aimed to show the effect of NRTC COPD training on practitioner confidence in their knowledge of the disease.

Method: Questionnaires designed to investigate the influence of training on confidence in COPD knowledge were sent to 167 health care professionals (HCP) prior to attending NRTC COPD courses. 140 HCPs completed the same questionnaire on their final exam day. HCPs rated confidence in their COPD knowledge as 1-5 (very low to very high) for:

- (i) understanding the causes and pathophysiology of COPD,
- (ii) taking a comprehensive respiratory history,
- (iii) obtaining accurate spirometry measurements,
- (iv) identifying abnormal spirometry patterns and their significance, (v) knowledge of effective treatment strategies for COPD,
- (vi) understanding of disability/handicap and methods of addressing these issues. To ascertain overall confidence in COPD knowledge, average numbers of HCPs for each confidence level was determined as a percentage of the total number of those audited.

Results: 140 (84%) pre-course and 124 (89%) final exam day questionnaires were returned. Pre-course 40 % of HCPs had low/very low confidence in their knowledge, 40% average and 20% high/very high levels of confidence. On the final exam day 1% of HCPs had low confidence in their knowledge, 16% average and 83% high/very high levels of confidence.

Average number HCPs as % total audited

Confidence Level	Pre- course	Exam Day
1 - Very Low	13 %	0 %
2 - Low	27 %	1 %
3 - Average	40 %	16 %
4 - High	17 %	55 %
5 - Very high	3 %	28 %

Discussion: The percentage of health care professionals who had high/very high level of confidence increased from 20% to 83% on completion of the course. The results of this audit show that there is a clear shift in confidence in COPD knowledge after attending an NRTC COPD course.

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Assessment of key influences on asthma inhaler device selection in trained asthma practice nurses.

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Background: The impact of asthma is felt throughout the UK with an average primary care organisation treating 45,000 people for asthma with 439 emergency hospital admissions and eight deaths due to asthma each year (National Asthma Campaign 2001). Optimal asthma management is reliant on individualised patient focused selection of appropriate treatment via a suitable inhaler device.

Aims of the study: To identify the most important influences on asthma inhaler device selection in a group of asthma trained nurses.

Design: Interviews and a focus group were conducted in order to gain information that could be used to develop a questionnaire on which to base a pilot study.

Setting: Interviews, focus group and pilot study were all held in a semi-rural area of England. Subjects: 3 NRTC asthma nurse experts, eight local asthma trained practice nurses and a non random sample of 18 asthma trained nurses.

Results: Practice nurse's identified influences such as patient age, cost to the practice and patient preference as being the most important influences with experts also highlighting the importance of evidence from research and adherence to current national asthma guidelines. The subsequent pilot study showed that ease of use and patient's manual dexterity had the greatest influence on a nurse's choice of device, with adherence to national asthma guidelines and training in asthma management in third and fourth places.

Conclusion: Inhaler devices need to be easy to use by the majority of patients to ensure optimal asthma management, while national asthma guidelines also play a prominent role in device selection. Asthma education should include this information in order to promote optimal symptom control.

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