

National Learning Objectives for Asthma Educators

The Asthma Educator will be able to achieve the following objectives.

Performance objectives, denoted by the letter B, will be evaluated within the educator programs

Cognitive Objectives

Asthma definition, epidemiology, pathogenesis and pathophysiology

- 1. Define asthma.
- Describe the impact of asthma on society, and the individual and family in terms of:
 - a) prevalence,
 - b) morbidity,
 - c) mortality,
 - d) economic costs,
 - e) psychological functioning,
 - f) social functioning,
 - g) quality of life, and
 - e) family life.
- Explain how family history and personal history determine the natural history of asthma in an individual.
- 4. Explain the pathogenesis of asthma.
- 5. Explain the pathophysiology of asthma.

- 6. Explain the relevance of asthma triggers:
 - a) aeroallergens,
 - b) viral respiratory infections,
 - c) tobacco smoke,
 - d) air pollutants,
 - e) occupational sensitizers,
 - f) medications, and
 - g) physical and emotional factors.
- 7. Describe the relationship of asthma to:
 - a) rhinitis.
 - b) sinusitis,
 - c) gastroesophageal reflux,
 - d) atopic dermatitis, and
 - e) food allergy.
- 8. Describe exercise-induced bronchoconstriction.
- Discuss the effect of the menstrual cycle on asthma.
- 10. Explain the effect of:
 - a) pregnancy on asthma, and
 - b) asthma on pregnancy.
- **Asthma Diagnosis and Evaluation**
- 11. Identify signs and symptoms that are indicative of asthma.
- 12A. Specify the essential components of a client history for asthma.
- 12B. Demonstrate how to take a client history for asthma.

- 13. Determine the components of a physical examination for asthma.
- 14. Interpret the findings of a physical examination of a person with asthma.
- 15. Explain the role of the following in diagnosing or evaluating asthma:
 - a) lung function tests,
 - b) allergy assessment, and
 - c) pharmacotherapy.
- 16. Differentiate among the lung function tests that may be used to help confirm an asthma diagnosis.
- 17. Distinguish between asthma severity and asthma control.
- 18. Assess the severity of a client's asthma.
- 19A. Explain:
 - a) peak expiratory flow (PEF),
 - b) how to monitor PEF, and
 - c) how to use a Peak Flow Meter.
- 19B. Demonstrate how to use a peak flow meter.
- 20. Interpret peak expiratory flow measurements.
- 21. Explain spirometry assessment in terms of:
 - a) indications.
 - b) interpretation of results (FEV1, FVC, FEV1 FVC), and
 - c) quality control.

- 22. Explain hyperresponsiveness testing in terms of:
 - a) indications, and
 - b) interpretation of results.
- 23. Explain:
 - a) how skin-testing is performed in an allergy assessment, and
 - b) the results of skin testing.
- 24. Describe differential diagnoses for children and adults that are relevant to asthma.

Asthma Management

Asthma control

- 25. Discuss the criteria that indicate the best results for asthma control.
- 26. Assess for indicators of loss of control of asthma
- 27. Examine the continuum approach in asthma management.

Self-management

- 28. Explain the goal of client selfmonitoring.
- 29A. Explain how to use a diary in monitoring asthma control.

- 29B. Demonstrate how to complete a client diary form.
- 30. Interpret a diary as to whether asthma control is acceptable.
- 31. Explain the purpose of a written action plan.
- 32. Explain the relationship between the client diary and a writen action plan.
- 33. Describe the components of an appropriate written action plan.
- 34A. Describe how to use a written action plan.
- 34B. Demonstrate how to teach a client to use a written action plan.
- 35. Explain how to manage asthma during:
 - a) the menstrual cycle, and
 - b) pregnancy.
- 36. Explain how to manage exercise-induced bronchoconstriction.

Environmental control

37. Counsel on environmental control measures used in asthma management.

Pharmacotherapy

- 38. Identify generic and trade names for the medications used in asthma management.
- 39. Classify asthma medications according to their action.
- 40. Explain the indications for the medications used in asthma management.
- 41. Describe the side effects of the medications used in asthma management.
- 42. Identify the methods of administration of the medications used in asthma management.
- 43A.Counsel on the proper method of use and maintenance of medication delivery devices.
- 43B. Demonstrate how to use and maintain medication delivery devices.
- 44. Identify which inhaled delivery devices are used with specific medications in asthma management.
- 45. Establish what inhaled delivery devices are best suited to asthma clients of different ages and varying needs.

Immunotherapy

46. Examine the role of immunotherapy in asthma management.

Alternative Therapies

47. Discuss the role of alternative therapies in the management of asthma.

Acute Asthma

- 48. Assess acute asthma in emergency care.
- 49. Explain how to treat acute asthma in emergency care.

Follow-up

50A. Explain:

- a) the importance of follow-up, and
- b) how to conduct an effective follow-up visit.
- 50B. Perform a follow-up visit.
- 51. Determine the circumstances that warrant referral to:
 - a) a specialist, and
 - b) other health care professionals.

Asthma Education

Education

- 52. Explain the goals of client education.
- 53A. Analyze verbal and nonverbal communication in theasthma educator-client relationship.
- 53B. Demonstrate effective verbal and nonverbal communication in the asthma educator-client relationship.
- 54. Describe models and theories commonly used in health education, including the Health Belief Model, PRECEDE model, Transtheoretical Model (stages and processes of behavior change), Social CognitiveTheory and Self-efficacyTheory.
- 55. Distinguish the general characteristics that may influence learning among:
 - a) preschool children (3-4 years),
 - b) young school-age children (5-8 years),
 - c) older school-age children (9-12 years),
 - d) adolescents (13-18 years),
 - e) adults (19-65 years), and
 - f) seniors (> 65).
- 56. Distinguish the learning styles of:
 - a) preschool children (3-4 years),
 - b) young school-age children (5-8 years),
 - c) older school-age children (9-12 years),
 - d) adolescents (13-18 years),
 - e) adults (19-64 years), and
 - f) seniors (> 65 years).

- 57. Explain predisposing, enabling and reinforcing factors that influence behaviour.
- 58. Differentiate among educational interventions to address predisposing, enabling and reinforcing factors.
- 59. Describe group process in the context of providing group education.
- 60A. Apply effective instructional practices for individuals and groups.
- 60B. Demonstrate effective instructional practices for individuals and groups.
- 61. Apply the principles of health education.
- 62A. Utilize effective teaching strategies appropriate for:
 - a) preschool children (3-4 years),
 - b) young school-aged children (5-8 years),
 - c) older school-age children (9-12 years),
 - d) adolescents (13-18 years),
 - f) seniors (> 65), and
 - g) groups.
- 62B. Demonstrate effective teaching strategies for individuals and groups.
- 63. Explain how to educate asthma clients who have special needs or difficulty with self-management.
- 64. Identify the factors that an asthma educator would evaluate to determine if a client is able to manage her/his asthma.

- 65A. Use a comprehensive asthma education process for individuals and groups:
 - a) assess learning needs, and factors that influence learning and behavior change,
 - b) determine learning outcomes in collaboration with clients,
 - c) design a plan for an education intervention,
 - d) implement an education plan, and
 - e) evaluate client learning outcomes (impact evaluation).
- 65B Demonstrate the asthma education process for individuals and groups.
- 66. Evaluate asthma education resources available in the community.
- 67. Design a comprehensive asthma education program.

Program Evaluation

- 68. Evaluate the asthma educator's skill set.
- 69. Evaluate the asthma education program in terms of process.

Professionalism

- 70. Illustrate professional conduct:
 - a) maintain professional competency,
 - b) appraise the literature for relevance and credibility,
 - c) adhere to evidence-based or best practice guidelines,
 - d) observe professional boundaries,
 - e) accept accountability for one's own actions,
 - f) acknowledge one's personal and professional limitations, and
 - g) maintain decorum.

71. Apply ethical principles when conducting client education, including:

- a) beneficence,
- b) non-maleficence,
- c) respect for autonomy,
- d) justice,
- e) confidentiality,
- f) respect for the values and beliefs of others, and
- g) respect for cultural differences.

72. Examine the team approach to asthma management in terms of:

- a) the goal,
- b) benefits and barriers,
- c) role and responsibilities of the asthma educator,
- e) role and responsibilities of other health care professionals,
- e) role and responsibilities of clients, and
- f) effective strategies.
- 73. Advocate for health education, resources and services for people with asthma.

Performance Objectives

These performance objectives, which are denoted by the letter B, correspond with the cognitive objectives, which are denoted by the letter A. The performance objectives are to be evaluated within the educator programs.

Asthma Diagnosis and Evaluation

- 12B. Demonstrate how to take a client history for asthma.
- 19B. Demonstrate how to use a peak flow meter.

Asthma Management

- 29B. Demonstrate how to complete a client diary form.
- 34B. Demonstrate how to teach a client to use a written action plan.
- 43B. Demonstrate how to use and maintain medication delivery service.
- 50B. Perform a follow-up visit.

Asthma Education

- 53B. Demonstrate effective verbal and nonverbal communication in the asthma educator-client relationship.
- 60B. Demonstrate effective instructional practices for individuals and groups.
- 62B. Demonstrate effective teaching strategies for individuals and groups.
- 65B. Demonstrate the asthma education process for individuals and groups.