The following factsheet has been designed to support you as you progress through your spirometry learning. This factsheet will be provided to you every month after each tutorial.

### New to the programme?

Please ensure that you have viewed the meet and greet video for those of you working through the Spirometry Online blended learning with ARTP and the Spirometry Refresher Programme with ARTP.

### **Support Available**

We have changed the way you can contact us to ensure your questions and queries are managed effectively. If you have a question or query, please can we ask that you access the following link and complete the form rather than emailing us. A member of the team will contact you. Alternatively, you can use the form if you would like a particular topic to be covered at the monthly tutorial.

https://forms.office.com/Pages/ResponsePage.aspx?id=VsTAAthQqkWkgjh 96Vc-

WY9ZFgW\_JFBDmuyqYm8\_KopUMTBUNIIJMVVVRTZXSDY3R0JCQ0xJUD ZKVC4u

### Your monthly tutorial

We are continually looking to review the way in which we deliver the course. We want to ensure that each monthly tutorial is catered to the learning needs of our learners. Therefore, we are changing the names of the tutorial so that you can be really clear around which tutorial you would like to attend. These will now be:

### Performing

These sessions are designed to provide you with an overview of how to perform spirometry. Here we will be discussing key components such as

calibration and verification as well as providing some key hints and tips to support your patient getting ready to undertake spirometry.

### • Performing and Reporting (interpreting)

These sessions are designed for those learners who will be involved in performing spirometry and reporting (interpreting) on spirometry traces. We will cover a step-by-step process on how to report (interpret) a basic spirometry trace. You should attend this tutorial if you are confident on performing spirometry and are ready to report (interpret) a spirometry trace.

### • Reporting and getting ready to undertake your ARTP certification

These sessions are designed for those learners who are nearing completion of their spirometry eLearning and are ready to apply for their ARTP certification (assessment). Within this tutorial we will be covering how to report (interpret) more complex traces and providing you with hints and tips to the ARTP certification process.

Please ensure that you have attended the performing and performing and reporting tutorials.

### **Occupational Health**

These sessions have been designed for those learners who are operating outside of primary and secondary care and are currently operating in the following area of practices Army, Ministry of Defence and occupational health settings.

### Which tutorial to attend?

These tutorials are rolling and therefore as you work through your programme, you can move from one tutorial to another so for instance you can attend the performing tutorial initially. Once you are confident with performing spirometry then you can attend the performing and reporting tutorial and so on.

There will be an opportunity to ask questions during the monthly tutorials; any questions that may come in advance and are not covered on the rolling programme, will be addressed on the day.

## How to work through the Spirometry Online blended learning programme?

The Spirometry online blended learning programme consists of eLearning units and monthly tutorials. We encourage you to work through the chapters in a linear format so that you gain a thorough understanding of the spirometry process. Depending on your role in spirometry you may wish to spend more or less time on some chapters versus others. Please check your welcome pack for further details. **Please note this does not apply to those of you on the Spirometry Refresher programme.** 

# I am completing the Spirometry Blended Online Programme with ARTP certification. Do we have to complete the eLearning before we access the ARTP certification?

Education for Health's learning is independent of the ARTP assessment. We would recommend that you apply for your ARTP once you have completed all the eLearning chapters and have undertaken practical training in your area of practice.

### Frequently Asked Questions (FAQs):

The Association for Respiratory Technology and Physiology (ARTP) have put together a number of FAQs: <a href="https://www.artp.org.uk/Spirometry-FAQs">https://www.artp.org.uk/Spirometry-FAQs</a>

### **Spirometers**

If you have any questions around spirometers, we encourage you to contact the manufacturers in the first instance. Education for Health does not endorse any particular spirometer for use in the clinical situation. For advice re: suitability of spirometers, please refer to the manufacture's website for detail of the variety and performance of their products.

### Questions from 15.08.24 on-line Tutorial

### Q 1. do we read the z score at the FEV1.

The z-score is read across all the indices. Please refer to ARTP statement on pulmonary function testing (2020)

https://www.artp.org.uk/news/artp-statement-on-pulmonary-function-testing-2020

### Q 2. why do we use the fev1 z-score for severity instead of the ratio?

An obstructive defect is a disproportional decrease in maximal airflow from the lung (FEVI) relative to the maximal volume (FVC) that can be displaced from the lung. In practical terms, an FEVI/FVC ratio of less than 0.70 **defines an obstructive ventilatory defect.** The **FEVI** is used to classify the severity of **obstructive lung diseases**. The deterioration in FEVI can be monitored and correlates with disease decline.

Q 3. Inhalers, I have finally found training, but I am being taught two different things. Please could I clarify, do we withhold all inhalers for suspected/diagnosis? I am being told to make sure the COPD patients have used their inhalers.

**NICE (2019)** COPD guidelines state: "Measure **post-bronchodilator** spirometry to confirm the diagnosis of COPD".

GOLD (2024) COPD guides state "spirometry showing presence of a post-bronchodilator FEV1/FVC <0.7 in mandatory to establish the diagnosis of COPD.

**BTS/SIGN (2019**) state "Obstructive spirometry with positive bronchodilator reversibility increases the probability of asthma". Therefore, with suspected asthma, bronchodilators will be withheld for the appropriate time to perform the full reversibility test. Please see ATS/ERS (2019) guidelines for recommended washout period for bronchodilating medication.

Q 4. support to get through ARTP - lots of nurses fail this, why is this? Also do we have to do the ARTP?

Education for Health provides additional support for learners who have enrolled onto the ARTP certification pathway. Examples include the monthly tutorial and support from Education for Health Learner Support and its associates. The decision to enrol onto the ARTP certification pathway is for the individual to make. Education for Health provides a portfolio of spirometry courses to suit individual, local, or strategic training needs suitable for the learner's service area.

## Q 5. am I correct in saying all 3 of VC and FVC blows have to be within 150ml and not the 2 highest for the portfolio?

The chosen values for FVC and FEVI should not differ from the next best values for FVC and FEVI by more than 150 mL. In subjects with a FVC of <1.00 L, this difference should not be greater than 100 mL. The top 2 readings are acceptable, though be cautious with any outliers; check quality of graph and blow for possible implications and need to repeat.

### Q 6. I use a check list for contraindications - is this allowed in the OSCE or should it be memorised?

No, there should be no supportive information, such as checklists, documents etc.

All other questions were covered as part of the presentation content.