

Asthma Educator Certification Course Post-Test

Directions: For each question, circle the BEST answer. For any of the patient scenarios, answer the question in the context of your role as an asthma educator.

- 1) You are seeing an individual newly diagnosed with asthma for the first time. As an effective asthma educator you will:
 - a. work to establish a partnership between her and her care providers.
 - b. be responsible for developing her asthma action plan.
 - c. manage and coordinate her asthma plan of care.
 - d. assess the appropriateness of her asthma medications.

- 2) Which BEST describes the impact of educational sessions on an individual's implementation of asthma self-management skills? These sessions are:
 - a. a vital first step, but used alone correlate poorly with actual implementation of self management skills.
 - b. very effective in increasing the implementation of self management skills, if the number of sessions meets the individual's needs
 - c. highly effective in increasing the implementation of self management skills, if the educator has an appropriate teaching style and presentation.
 - d. not required. Describing the appropriate behavior and rewarding adherence are equally effective.

- 3) Which is the MOST prominent, persistent pathophysiologic response during an asthma exacerbation?
 - a. bronchospasm
 - b. increased mucus in the airways
 - c. inflammation
 - d. alveolar destruction

- 4) Which is a major chronic pathophysiologic change in persistent asthma?
 - a. destruction of the alveolar walls
 - b. decreased diffusion capacity of oxygen
 - c. excess mucus production
 - e. hypersensitivity of the immune system

- 5) A mother requests information about the cause of her daughter's asthma symptoms. You would tell her that asthma:
 - a. usually improve as children's lungs and immune systems mature.
 - b. is caused by constriction of the airways after exposure to lung irritants.
 - c. triggers cause lung changes which improve with medication.
 - d. results from an increased sensitivity to her daughter's specific triggers.

- 6) A person with asthma should know that a potential long-term effect of chronic lung inflammation is:
- frequent pneumonias.
 - airway remodeling.
 - premature death.
 - hypertrophy of the alveoli.
- 7) An eighth grader with exercise-induced asthma (EIA) wants to try out for basketball. You would tell her that:
- EIA is usually seen with strenuous activity, but not commonly with normal exercise.
 - Competitive sports are usually not recommended if one has EIA.
 - EIA can be prevented by pre-exercise administration of an inhaled corticosteroid.
 - Appropriate warm-up before and cooling-down after exercise can minimize symptoms.
- 8) Which of the following signs/symptoms indicates a deteriorating or worsening asthma status that requires immediate medical intervention?
- No improvement within 5 minutes after use of an inhaler
 - Difficulty walking and talking due to shortness of breath
 - Inspiratory wheezing
 - Persistent cough
- 9) The risk factors for death from asthma include all of the following EXCEPT:
- Past history of a sudden, severe asthma episode
 - Hospital admission for asthma within the past month.
 - Prior intubation for asthma
 - Current use of inhaled corticosteroids.
- 10) FEV1, is the volume of air exhaled:
- from the point of maximal inhalation to maximal exhalation
 - in the first second of expiration
 - in one full breath with maximal effort
 - from tidal volume to maximal exhalation
- 11) A person who has symptoms at least once per day and nighttime symptoms once a week for several weeks. His asthma is BEST classified as:
- mild intermittent asthma
 - mild persistent asthma
 - moderate persistent asthma
 - severe persistent asthma
- 12) You are conducting a follow-up assessment of an individual with asthma. An assessment of her psycho-social function might include:
- ability to cope with stressors, attitudes/behaviors, and quality of life issues.
 - family functioning, disease severity index, and cultural factors
 - medical history, resource connections, and personality style.
 - a home visit, a psychiatric evaluation, and a validated asthma knowledge questionnaire.

- 13) In working with the parents of a Hispanic preschooler recently diagnosed with asthma, the BEST asthma care plan would be one:
- in which the health care provider's cultural perspectives and beliefs predominate.
 - in which the cultural perspectives and beliefs of the preschooler's family predominate.
 - that fits with the cultural perspectives and values of the preschooler's family.
 - that fits with the cultural perspectives and beliefs of the local community.
- 14) Peak flow monitoring can be used for all of the following EXCEPT:
- short-term monitoring
 - managing exacerbations
 - daily long-term monitoring
 - diagnosing asthma
- 15) You are explaining home peak flow monitoring to a mother whose child has asthma. Which is her MOST appropriate initial intervention when the child's peak flow reading is in the yellow zone?
- Keep her child home from school and on strict bed rest.
 - Call the child's asthma care provider immediately and follow her instructions.
 - Give quick relief medication and recheck the child's peak flow rate.
 - Call 911 or take the child immediately to the emergency room.
- 16) In identifying someone's personal best peak flow rate to develop his asthma care plan, you would use the highest peak flow number he/she
- has ever achieved and documented in the physician's office.
 - can achieve after inhaled bronchodilators during pulmonary function tests.
 - can achieve during a two week period when asthma is controlled.
 - has achieved and recorded in the last year.
- 17) Which is a quick relief medication?
- theophylline (e.g. Theo-24)
 - albuterol (e.g. Proventil)
 - salmeterol (Serevent)
 - nedrocromil (Tilade)
- 18) A young adult with asthma has not been using her budesonide (Pulmicort) inhaler as prescribed, but is relying instead on her quick relief medication several times per day. A common barrier to adherence with corticosteroid therapy which might explain this behavior would be:
- a concern that corticosteroids will cause serious fungal infections.
 - the belief that steroids are more expensive than quick relief medications.
 - the perception that steroids are not as effective as quick relief medications.
 - a preference for quick relief medications because they are usually taken orally.

- 19) An inhaled medication has recently been prescribed for a 14-year old boy. Despite practice and feedback, his hand-mouth-breath coordination is poor. Your MOST appropriate intervention would be to:
- refer him back to the pediatrician for an oral medication.
 - follow-up and continue to work with him on his next visit.
 - request a prescription from the pediatrician for a spacing/holding chamber device.
 - show him a video and send him home with written instructions.
- 20) Which statement about a spacer (or holding chamber) is correct?
- It is contraindicated unless the person with asthma has significant difficulty using an inhaler.
 - It increases the effectiveness of inhaled corticosteroids by increasing systemic absorption.
 - It can be used effectively with very young children as well as with older children and adults.
 - It needs only occasional cleaning because of all of the medication particles are inhaled.
- 21) One difference between proper technique with metered dose inhalers and dry powdered inhalers is that dry powdered inhalers:
- require a rapid, deep inhalation.
 - often require the use of a spacer device.
 - can only be used in children older than 7 years old.
 - must be shaken before use.
- 22) An oral fungal infection (i.e. thrush) developed in an individual using 4 puffs twice daily of Vanceral metered dose inhaler despite rinsing her mouth regularly with water after use. What additional action might help prevent the recurrence of this infection?
- routine use of a spacing device
 - change to a dry powdered formulation
 - change the regimen to two puffs four times per day
 - use of an antifungal mouthwash daily
- 23) Which is an important control strategy for all persons with asthma?
- Avoid aspirin and non-steroidal anti-inflammatory medications.
 - Have skin testing performed to identify potential triggers.
 - Avoid use of beta-blocker medications.
 - Receive a pneumococcal vaccination every 5-7 years.
- 24) Which is TRUE regarding an effective environmental control plan?
- Including the school environment is optional, because it meets governmental standards.
 - A plan is necessary only after medications fail to control symptoms.
 - Plans should be based on current published OSHA standards.
 - Plans should consider the family's resources.
- 25) All of the following statements are true about asthma triggers EXCEPT:
- They are synonymous with allergens
 - They can be singular or multiple
 - They vary from one person to another
 - Their effects are cumulative

- 26) “Moderate persistent” is one of the 4 levels in the classification of asthma severity. It is characterized by:
- Symptoms occurring 2 days a week or less with normal peak flows between exacerbations.
 - Symptoms occurring more than 2 days a week but less than daily and exacerbations that may affect activity.
 - Daily symptoms and exacerbations that interfere with activity.
 - Continual symptoms, limited physical activity, and frequent exacerbations.
- 27) For an adolescent with “mild persistent” asthma, which of the following guidelines would be the MOST appropriate for determining management?
- No daily medication is needed.
 - Inhaled anti-inflammatory medication daily with a bronchodilator as needed.
 - Long-acting bronchodilator daily.
 - Systemic corticosteroids daily with a bronchodilator as needed.
- 28) Which BEST describes a goal of asthma management? The person with asthma should:
- be able to maintain the desired physical activity level, including exercise.
 - be “wheeze-free” most of the time.
 - have nocturnal symptoms less than once a week.
 - be able to complete activities of daily living without any wheezing.
- 29) Which BEST describes the documentation regarding asthma education required for the medical record? The asthma educator should document:
- initial and follow-up assessments and any resulting interventions by the educator.
 - a summary of the improvement in quality of life and physical findings.
 - the dates and an outline of all information provided to the person with asthma.
 - a check list of topics covered with the person with asthma.
- 30) Which BEST describes an effective asthma educational plan? Educational plans should:
- include the information determined by the primary asthma care provider.
 - be integrated into the individual’s asthma care.
 - be standardized for content and presentation.
 - consist primarily of information regarding medications.
- 31) Which is the BEST way to assess the asthma management skills of the person with asthma? Have the person:
- watch the educator perform the skill.
 - identify common mistakes in a video.
 - demonstrate the skill back to the educator.
 - verbally describe the procedure.

- 32) For an asthma education program, the BEST example of an outcome is:
- e. the number of educational materials developed and distributed by the asthma educator.
 - f. the total number of patient educational sessions performed by the asthma educator.
 - g. a decrease in emergency room visits by persons with asthma participating in the program.
 - h. an increase in the percentage of persons with asthma successfully completing the program.
- 33) To incorporate an asthma action plan into daily living, the asthma educator should discuss with a person with asthma that they should:
- 5. regularly record symptom frequency and severity
 - 6. know the names and indications of the medications
 - 7. regularly perform a peak flow measurement
 - 8. schedule monthly physician visits
 - a. 1, 2, and 4 only
 - b. 1, 3, and 4 only
 - c. 1, 2, and 3 only
 - d. 2, 3, and 4 only
- 34) To achieve the best control, a 30-year old female with asthma should take nedocromil
- e. two to four times per day until discontinued by the asthma care provider
 - f. once daily in the morning until the asthma exacerbation has resolved
 - g. after exercise as needed for quick relief of asthma symptoms
 - h. daily at bedtime to prevent nighttime asthma symptoms
- 35) Which of the following techniques should improve the effectiveness of an asthma educator who is conducting an interview?
- 5. Address the individual by name
 - 6. Make direct eye contact
 - 7. Speak two thirds of the time
 - 8. Stand on the other side of a table
 - e. 1 and 2 only
 - f. 1 and 3 only
 - g. 2 and 4 only
 - h. 3 and 4 only

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American Lung Association of Minnesota