Living Well with COPD™

Chronic Obstructive Pulmonary Disease

A plan of action for life

Reference Guide for Patient Education

Educating COPD patients using the self-management program "Living well with COPD"

1. Goal and objectives of the program
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1. Goal and objectives of the program "Living well with COPD"

1.1 Goal

Facilitate, for patients and their family, development of knowledge and skills required to adjust and maintain behaviour changes needed to manage COPD on a day-to-day basis.

1.2.1 Objectives

- To help persons suffering from COPD maximize their level of autonomy; prevent and manage early disease exacerbations; keep their health condition as stable as possible and optimize their quality of life.
- To help caregivers support their sick loved ones in the learning process.

2. Theoretical foundations of the program

The rapid increase in the prevalence of chronic illnesses such as COPD, with a long term disease trajectory, requires health professionals to change the way they are providing care by adopting an approach based on the chronic care model that is oriented towards health promotion, the prevention of disease complications, the maintenance or increase of autonomy and the optimization of patients' quality of life [1,2]. Figure 1 below shows the components that are included in the chronic care model.

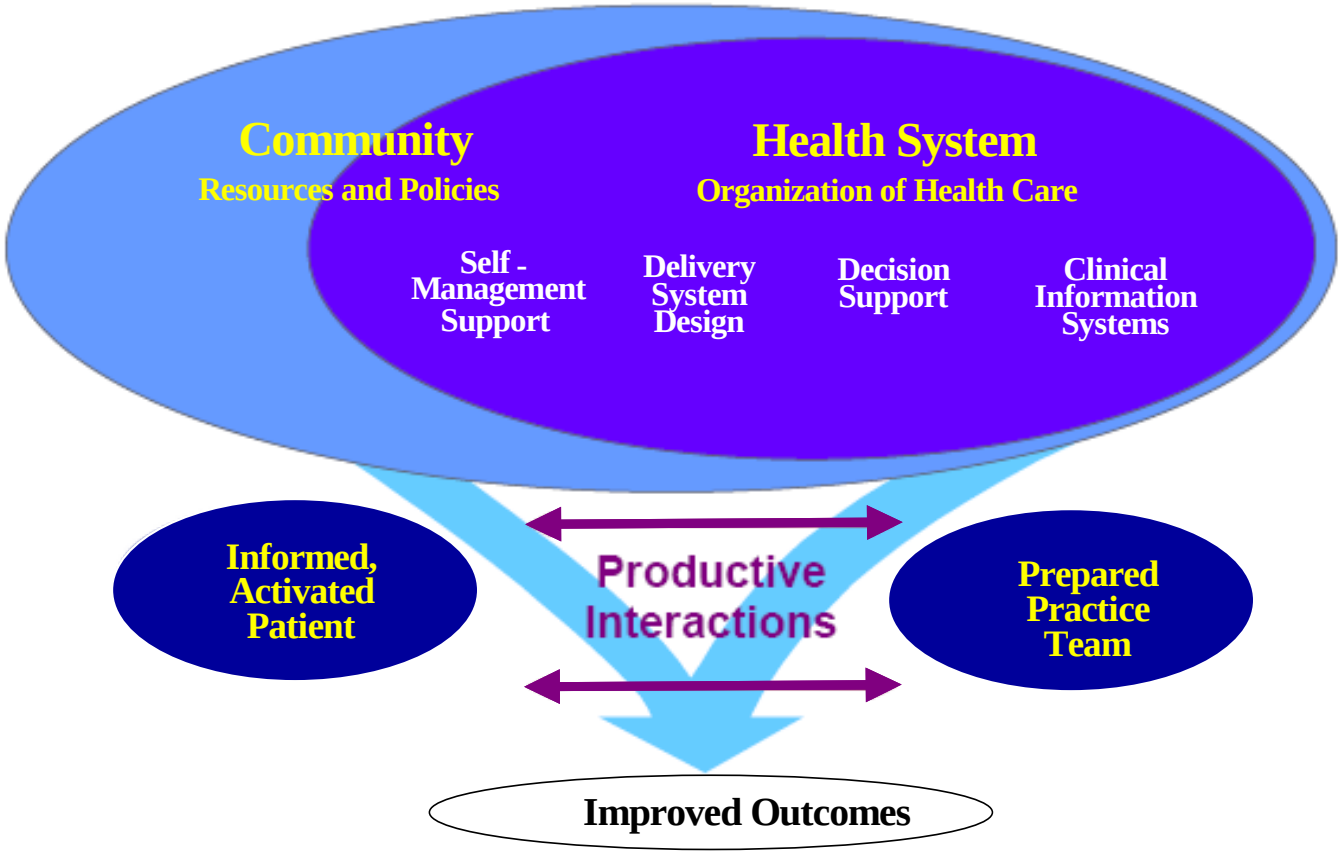


Figure 1. Chronic Care Model [1]. http://www.improvingchroniccare.org

Effective chronic care should ensure that patients become able to self-manage their disease on a daily basis supported by the treating physician, a case manager and other health care professionals from the multidisciplinary team and community. If we look at the schema above, we see that in order to improve outcomes in chronic disease management, the active collaboration between the patient and the practice team is necessary and cannot be achieved without a health care system organization that supports patient self-management, provides a delivery system design in which partners' roles are well defined and long term follow-up is assured through integrated services, where care decisions are based on best practice guidelines and quality control, and where rapid access to complete patients' information is available through a good clinical information system.

2.1 Principles of patient education

Motivating patients suffering from a chronic disease such as COPD and their family to adopt behaviours that will help them manage illness requires effective teaching. To achieve effective teaching that can lead to behaviour change, the educator must understand how adults learn, motivate the learners to desire to change and take responsibility for the change process, get learners' feedback and allow time for personal reflection [3].

Adult learning is a voluntary act that is manifested by a behaviour change as result of an experience [4]. For an individual, learning must make sense and be based on past life experiences, aim to autonomy, demand effort that will give benefits, be supported by a pleasant and adequate climate and be related to the person's growth and development [4]. Learning occurs when the learner has the desire to start and persist in concentrated learning and, through processing information, acquires knowledge and masters skills [5].

Educating is not just about communicating information, it means guiding human beings in the acquisition of knowledge and the development of abilities to achieve an optimal, autonomous and balanced maturity of their whole personality [6].

2.2 The Self-management model

The needs of patients suffering from a chronic disease to maintain, adjust or change roles, deal with the emotional aspects of their disease and successfully manage their day-to-day lives are considered high priorities in the self-management model elaborated by Lorig [7, 8]. She defines self-management as the day-to-day decisions and activities engaged in by patients with the help of loved ones to live with and manage their illnesses [9]. In this way, the self-management model helps health care providers to assist patients in acquiring the skills necessary to adjust their behaviour for managing their own illness and, more importantly, in gaining the confidence to use these skills on a day-to-day basis in order to maintain behaviour change. Lorig identified the fundamental self-management skills individuals should acquire for chronic disease management as:

- problem solving: analyzing situations and finding solutions for present or future time
- decision-making: steps in choice of actions
- resource utilization: contact resource persons, use of health services
- formation of patient-provider partnership: active role and collaboration in the plan of care
- action planning: day-to-day activities and prevention of symptoms
- self-tailoring: self-monitoring of condition such as symptoms monitoring

2.3 Self-efficacy as a predictor of behaviour change

Self-efficacy, which is the confidence individuals have in their own capability to perform a specific behavior and the ability to overcome barriers, is considered in the Social Cognitive Theory as a strong predictor of behavior change [10, 11]. Self-efficacy will influence the actions that individuals choose to perform and maintain and the effort they will invest into the performance of these actions. Individuals will choose to act in a specific way only if they believe they are capable of doing the

action and will get benefits from performing it. Self-efficacy can be enhanced by four sources of information that need to be used when educating COPD patients towards self-management of their illness:

1) past performance accomplishments; build on successful experiences;
2) peer observation; use of role models;
3) verbal persuasion; expertise from health professionals and competency;
4) self-evaluation of physical and emotional state; recognition of symptoms deterioration.

2.4 The Precede-Proceed Model

The Precede-Proceed Model for health program planning from Green and Kreuter [12] was helpful in the development of the program "Living well with COPD". The Precede-Proceed Model was used to define the goal and objectives and the organizational structure that can support COPD self-management, to identify potential participants' learning needs and to plan educational interventions in relation to those identified needs, to describe required behaviour changes, specific self-management skills leading to these changes and expected patients' outcomes.

Factors such as patients' knowledge, skills, health beliefs, attitudes and social support that can influence behaviour change should be identified when planning educational interventions. According to the Precede-Proceed Model, there are three types of factors that can influence the adoption and the maintenance of healthy behaviours.

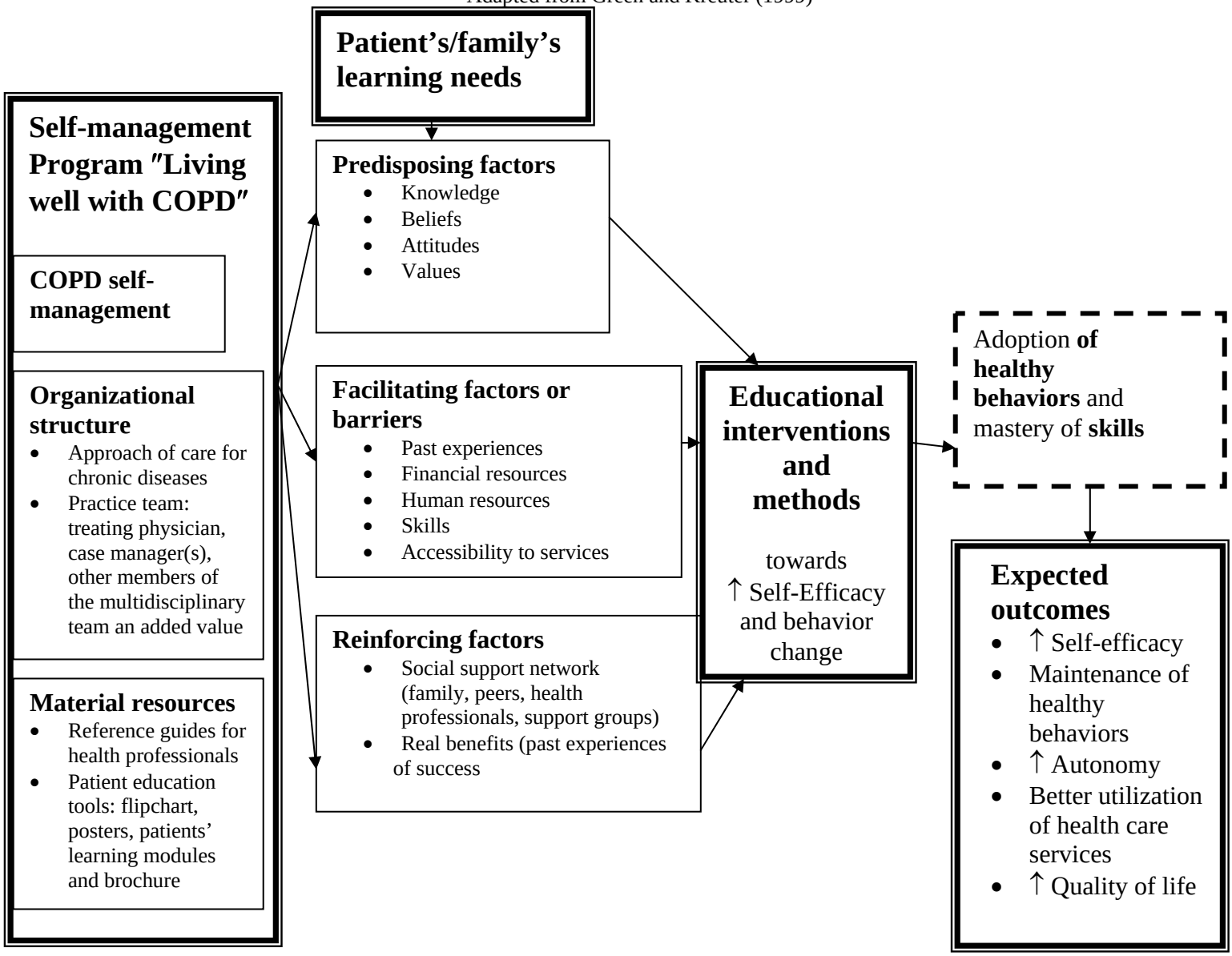
- ***The predisposing factors*** refer to existing knowledge, beliefs, attitudes and values of patients towards their health condition and expected behaviour changes. The level of self-efficacy is an important predisposing factor to behaviour change.
- ***The facilitating factors or barriers*** are based on patients' past life experiences, knowledge and skills already acquired and the accessibility to services and financial resources.
- ***The reinforcing factors*** depend on patients' social support network and their successful past life experiences.

The use of the self-management program "Living well with COPD" requires the identification of participants' learning needs based on the evaluation of the predisposing, facilitating or barriers and reinforcing factors that can influence their behaviour. Educational interventions must be planned in relation to identified learning needs and applied through methods enhancing self-efficacy in order to achieve the expected behaviour changes and outcomes. Figure 2 presents the adaptation of the Precede-Proceed Model framework that guided the development of the self-management program "Living well with COPD". Figure 3 describes the specific self-management skills COPD patients need to master in order to maintain healthy behaviours.

Self-management education programs need to ensure: interactions and collaboration between learners and educators; education based on learning needs and provided to patients and caregivers either on individual or group basis through methods enhancing self-efficacy, motivation for change and maintenance of behaviour changes; mastery of self-management skills through practice with constructive feedback and evaluation of behaviour changes and patients' outcomes. "Living well with COPD" is a self-management program supporting all these criteria.

FIGURE 2: PRECEDE/PROCEED MODEL

Adapted from Green and Kreuter (1999) [12]



Healthy behaviors promoting COPD self-management are:

1. Live in a smoke free environment
2. Comply with medication
3. Manage breathing
4. Conserve energy
5. Manage stress and anxiety
6. Prevent and manage aggravations of symptoms (exacerbations)
7. Maintain an active life
8. Keep a healthy diet
9. Have good sleep habits
10. Maintain a satisfying sex life
11. Get involved in leisure activities
12. Plan trips

FIGURE 3: SELF-MANAGEMENT SKILLS TO BE MASTERED BY COPD PATIENTS

Healthy Behaviours	Self-management skills (strategies)
Live in a smoke free environment	• Quit smoking and remain non-smoker • Avoid second-hand smoke
Comply with your medication	• Take your medication as prescribed on a regular basis • Use the proper inhalation and maintenance techniques for your devices
Manage your breathing	• Use the pursed-lip breathing technique according to directives • Use the body positions to reduce shortness of breath • Use your coughing techniques according to directives
Conserve your energy	• Prioritize your activities • Plan your schedule • Pace yourself
Manage your stress and anxiety	• Use your relaxation and breathing techniques • Try to solve one problem at a time • Talk about your problems and do not hesitate to ask for help • Maintain a positive attitude
Prevent and manage aggravations of your symptoms (exacerbations)	• Get your flu shot every year and your vaccine for pneumonia • Identify and avoid factors that can make your symptoms worse • Use your Plan of Action according to the directives (recognition of symptoms deterioration and actions to perform) • Contact your resource person when needed
Maintain an active life	• Use the pursed-lip breathing technique when doing activities or making efforts • Maintain physical activities (activities of daily living, walking, climbing stairs etc) • Exercise regularly (exercise program at least 3X /week, 30 min each time)
Keep a healthy diet	• Maintain a healthy weight • Eat food high in protein and follow recommendations of the Canada Food Guide • Eat smaller meals more often (5-6 meals/day)
Have good sleep habits	• Maintain a routine • Avoid heavy meals and stimulants before bedtime • Relax before bedtime
Maintain a satisfying sex life	• Use positions that require less energy • Share your feelings with your partner • Do not limit yourself to intercourse, create a romantic atmosphere • Use your breathing, relaxation and coughing techniques
Get involved in leisure activities	• Choose leisure activities that you enjoy • Choose environments where your symptoms will not be aggravated • Respect your strengths and limitations
Plan your trips	• Get a list from your doctor of current medical diagnoses, allergies and medications • Have enough medication for the duration of the trip • Bring your plan of action including a supply of antibiotics and prednisone • Make sure you have adequate health insurance

3. Educating COPD patients in individual sessions

Patient education involves not only teaching but also promoting learning by helping patients and their family improve knowledge, increase self-confidence, and take charge of the disease by actions that allow the prevention and management of disease symptoms and the integration of self-care behaviours [13, 14]. Clearly, teaching and learning are part of an interactive process involving patients and their family, the health care professional educator, the disease itself, and the environment. Teaching does not guarantee learning and learning cannot occur without a good educator [15]. For healthcare professionals to be effective and efficient as educators, they need to understand adult learning principles; stimulate patients' motivation towards the desire to change; be cognizant of patients'/families' learning needs; set, with patients and families, reachable learning goals and objectives; plan and implement appropriate educational interventions; evaluate patient's/family's learning outcomes; and reinforce successful outcomes.

3.1 UNDERSTANDING PRINCIPLES OF ADULT LEARNING

Malcolm Knowles, influenced by the humanistic education movement, created a unifying theory of adult learning that is based on four assumptions [16]:

1. Adults are independent and self-directed learners who need to be active participants in the learning process. They need to be involved in all the phases of the process in order to be committed to the learning experience.
2. Adults value past life experiences as a rich source for learning; they identify learning needs that are generated by real-life experiences and learning can be built on successful past life experiences.
3. Readiness and motivation to learn for adults is often related to developmental tasks and social roles. Adults engage in learning mostly in response to stimuli or pressures they feel at the moment. Any type of change in a person's life opens up opportunities for adjustment and adaptation that often require behaviour changes.
4. Adults are also competency-based learners, meaning that they want to learn skills or acquire knowledge that are useful and can be applied immediately in real-life.

3.2 IDENTIFYING LEARNING BARRIERS IN COPD

A diagnosis of COPD, or anything destabilizing the control of the disease, may act as a catalyst for seeking learning opportunities. However many **barriers to learning** are present in COPD patients. COPD is a disease that still affects a lot of elderly people with a low level of education, and patients are confronted with many losses that greatly affect their physical, psychosocial and family lives [17]. The following factors can have a great impact in the lives of COPD patients and create situations in which they are unable to learn productively: presence of daily symptoms such as shortness of breath and fatigue, disease exacerbations, disease complications such as chronic hypoxemia, co-morbid conditions like diabetes, osteoporosis, cardiac or renal insufficiency, inactivity, invalidity leading to early retirement and financial problems, social isolation, stress, anxiety and depression, important changes in family roles and involvement, stigma reducing self-esteem and enhancing dependence on others for care, and caregivers' burden. Factors related to the educator (personality, competencies, style), teaching methods, the environment and external conditions may further

impede patients' ability to learn. Self-management education programs for COPD patients like the program "Living well with COPD", must ensure that all these barriers are taken into account in the planning, and implementation of educational interventions in order to lead to efficient results.

3.3 IDENTIFYING LEARNING NEEDS FOR SELF-MANAGEMENT

A learning need is the gap between the information patients know about different aspects of their health condition and the skills already acquired and what is necessary to know and master for being able to manage their own illness on a day-to-day basis [15]. A careful needs assessment guides the learning process by establishing patient's/family's learning priorities, learning barriers to overcome, motivation for change and self-confidence.

3.4 KNOWING THE CHARACTERISTICS AND SKILLS ASSOCIATED WITH GOOD EDUCATORS [3]

To be competent in educating patients and families to manage a chronic disease such as COPD, health care professionals educators must have the following:

- **Expertise in the content** that is important and beneficial to patients/families is the power of knowledge, self-confidence, authenticity and credibility.
- **Empathy,** demonstrated by cooperation, active and reflective listening, respect, patience, optimism and tact, is the power of understanding learners and continuously considering their perspective.
- **Enthusiasm** expressed by encouraging learners to change is the power of commitment and perseverance.
- **Clarity** provided in a way for learners to understand educational content by connecting it to real-life experiences and fostering independence, autonomy, empowerment, and self-direction is the power of language and organization.

3.5 IMPLEMENTING A PATIENT EDUCATION PROCESS [13, 18]

3.5.1 Assessment of readiness and motivation to learn:

Identifying the most important learning needs for the learners and potential learning barriers is the first critical step in helping patients and families engage in the learning experience. The educator should assess patient's/family's perceptions by helping them to describe what they know about the illness and how it should be treated; what concerns or problems they have right now in relation with the disease itself and it's impact; what aspect of the illness is causing them the greatest and most immediate concern; what strategies they are currently using to cope and live with the disease.

3.5.2 Setting mutually realistic learning goals and objectives:

Exploring all areas of concern to both the educator and the learner, and determining concrete, short and long term reachable goals and objectives is an important step that gives direction to the educational plan and guides the learning process.

3.5.3 Use of efficient educational methods: [13, 19, 20, 21, 22]

The processes of information encoding, storage, and retrieval and also the learning styles are different from one learner to the other. Changes in the sensory and musculoskeletal systems

and in socio-economic areas due to normal aging influence the rate of the learning process. Content can be learned either in detail or by getting an overall view of each topic. The learning environment can be structured or informal. Some individuals learn best by visualization, others by listening, or by active participation. Individuals can also use a combination of these styles to learn. People remember about three-fourths of what they see, only one-tenth of what they hear, and about nine-tenths of what they see and hear at the same time [22]. Choosing educational methods that will: a) take into account patients' style of coding, storing and retrieving information and their learning style, b) enhance self-efficacy and c) best support the acquisition of knowledge and skills required for self-management is an essential step towards the achievement of learning goals and objectives. Remember also that using a combination of educational methods is more effective for ensuring learning retention.

The following are efficient teaching methods and activities to use in educating COPD patients [13, 22] through individual sessions:

- *Evaluate existing knowledge and skills* to **assess learning needs**.
- Use **interactive lecturing** for the transmission of information. The active participation and involvement of patients and families are essential to the acquisition of knowledge. Question the learners, ask for their opinions, and allow time for questions.
- Use *techniques in motivational interviewing* [19, 20, 21] that help patients and families move forward in accomplishing changes. The educator should express **empathy** and have a **non judgemental approach,** apply **reflective listening** in repeating or rephrasing patients' statements, **build ambivalence** around barriers that prevent change and ways patients believe they can overcome them, **avoid arguments** leading to resistance, use open-ended questions, clarify and summarize patients' statements, **use resistance as a signal** that it is time to change teaching strategy, **emphasize self-efficacy** in letting patients know that you believe in their ability to change, **use successes in past life experiences** to build new successful learning experiences; build on learners' own experiences or experiences of others that live similar situations (peer modeling).
- Allow *time to practice skills* that need to be acquired and mastered. Often support **demonstrations** (educator and the learner). Use patients' own equipment for demonstrations.
- *Subdivide tasks* from the most simple to the more complex steps. The mastery of one step is necessary before moving to the next one. Use of **simulations** or **case scenarios** are helpful for finding solutions or to stimulate the decision making process.
- Give **constructive feedback and reinforcement** to support the acquisition of knowledge and self-management strategies and changes in self-efficacy and behaviours.
- Set up **learning contracts** that involve patients and their family in the achievement of *concrete and realistic short and long term objectives* for the day-to-day management of illness. The educator can use *homework* as an efficient method for establishing learning contracts with patients and their family.
- Have patients **summarize transmitted information** in their own words to evaluate comprehension of information.
- Use a scale of 1 to 10 to **evaluate patients' level of self-efficacy** with respect to each behaviour that needs to be adopted or changed.

3.5.4 Implementation of educational interventions: [13, 22]

Implementing the educational plan is the step leading to learners' acquisition of knowledge and mastery of skills required for the integration of required self-care behaviours.

- In order to **structure individual educational sessions**, the educator should apply the following principles:
  - Pace the sessions to match patients'/families' rate.
  - Present the sessions according to patients' sensory and motor deficits, learning and processing information styles.
  - Use simple language to enhance the comprehension of content that is free of jargon and specialized medical terminology. The repetition of key information helps patient's comprehension.
  - While speaking, maintain eye contact and keep the mouth visible with low pitch of voice while speaking.
  - Concentrate on one intervention at a time.
  - Involve family throughout the sessions to better facilitate the learning process [23] and increase the chance of obtaining successful outcomes. The health professional educator has to look at the person within a family. The educator should assist family members having to live with a chronic disease such as COPD, to better understand, support and care for each other in order to improve their health. Using family's strengths can help to achieve health improvement.
- To **determine the length of the sessions**, the educator must consider that time required for learning new information increases with age and more energy is required to concentrate. It is important with COPD patients to avoid long educational sessions; it is better to use instead several short sessions.
- The **proper time to conduct an educational session** with COPD patients is when they feel they have the greatest amount of energy. Morning is usually the best time for them.
- **Proper environment for individual sessions** means to avoid distractions (noisy background), have adequate lighting and ventilation.
- **Printed educational materials easy to read** for the elderly are written on a fifth to eight grade level and have larger print, font sizes between 12 and 14 points, black letters on a white non-glassy background. Use of printed materials as a reinforcement of verbal transmission of information results in a better understanding of the information. Printed educational materials available for the application of the self-management program "Living well with COPD", are the following:
  - Seven patient/family learning modules that review the important aspects of behaviour change needed for managing COPD on a day-to-day basis.
  - Patient/family brochure that summarizes content of all the patient/family learning modules
  - Flipchart and posters are educational tools providing essential elements to learn for COPD self-management. The flipchart is used as a visual aid presenting, on one side, the content for patients with appropriate coloured pictures and large print letters, and, at the back of each page, summarized notes for the educator.

3.5.5 Evaluation of patients' learning outcomes: [13, 22]

Testing patient comprehension, attitudes and skills must be done throughout the learning process to determine if pre-established goals and objectives are met. **Methods such as** direct *questioning, problem solving, simulations, direct observation, summarizing in own words, repetition of key instructions* can be used to supplement information, correct misunderstandings and mistakes in a constructive way and reinforce newly acquired skills and behaviours. When goals and objectives are unmet the educational plan should be revised and education repeated through other efficient methods.

4. Educating COPD patients in group sessions

A **group** can be defined as a gathering of interacting individuals that have common interests and goals and that share the same values, knowledge and ways of doing [24, 25]. To perform in a group, each human being must feel accepted, listened to, have a sense of belonging, usefulness, accomplishment, and receive dignity and acknowledgment.

Lorig et al. [26] have published extensively on self-management education programs for arthritis. In these programs, teaching is often done in groups and focuses on improving health behaviours, health status, self-efficacy, pain and health care utilization. As for arthritis, group education can be a suitable intervention to educate COPD patients and their family. It increases availability to a wider variety of resources (e.g. a multidisciplinary team), the learning process is supported by individual and others' experiences (identification, common experience), and richer exchanges (sharing of ideas and experiences) occur among participants leading to greater motivation of each of the members to pursue their commitments. It is also a cost-effective alternative to individual education [27].

Group education for patients with COPD is not only based on adult learning but also on principles of group dynamics. Health professionals, in their role as facilitators, show and guide group members toward common goals [28]. Common goals for COPD patients are to keep their health condition stable, maintain an optimal level of autonomy and quality of life and manage exacerbations rapidly. In this context, facilitators will educate COPD patients in a group by helping them acquire the knowledge, attitudes and skills to self-manage their disease on a daily basis.

The involvement of each of the members, the richness of their interventions, the pursuit of similar goals and the sharing of experiences is the core of group education. Facilitators must manage the group dynamics, and help each member to have an efficient participation inside the group by encouraging them to express themselves and to get involved in the group. In summary, facilitators have the responsibility to organize, plan and animate educational sessions while respecting the criteria related to the different steps of each of the group sessions. They also have the responsibility of evaluating participants' achievement of goals and satisfaction.

4.1 ORGANIZING EDUCATIONAL GROUP SESSIONS

4.1.1 The structure of an educational group should be based on the following principles**:**

- Group education is more effective within a smaller group to foster attention, opportunities to talk and the richness of discussions between members. The usual recommendation for group size is between 6 and 12 [29]; however, groups of 4 can be accommodated. Participants' experiences should vary in order to facilitate the integration of knowledge and abilities during discussions and problem resolutions.
- Group homogeneity in terms of learning level would be ideal in order to increase the attainment of each participant's goals.
- Patients who are extremely anxious, in denial or angry towards their disease should be excluded. Their emotions might affect the rest of the group (attention, motivation) and also be a negative influence on other participants.

- Smoking and non-smoking participants should not be part of the same educational group to avoid unnecessary confrontations and topics that will not be approached by everyone in the group.

4.1.2 Length of educational sessions and proper timing

Each session should last approximately one hour, maximum two hours. For patients with COPD, the daily symptoms, anxiety, physical and psychological limits require more energy and diminish their capability to concentrate for a long period of time. With this in mind, the educational session should be given at a time when participants are less tired and less affected by their symptoms, usually mornings.

4.1.3 Evaluation of participants' learning needs before the start of the program

A few weeks prior to the beginning of the group sessions, it is important to evaluate the participants' interests and learning needs in order to be able to respond to their concerns and expectations. The following two methods could be useful:

1. Provide participants with an evaluation questionnaire related to learning needs - to be completed and returned by mail (see Appendix 1).
2. Use the same questionnaire for a telephone interview.

Once each participant has completed the questionnaire, analyze the answers to categorize the topics of interest as well as learning needs specific to the group. This will facilitate the establishment of common goals for each education session and keep the group motivated.

4.1.4 Resources for preparing and conducting sessions

- Flipboard with large sheets of paper
- Markers (erasable)
- Material relevant to each session (Posters of the educational flipchart "*Living well with COPD©*", copies of the action plan "*Living well with COPD©*", specific modules and/or summary brochure to give to patients, evaluation forms, etc.).

4.1.5 Environment

- Use a quiet and comfortable room for 10 to 15 people (equipment, material, furniture).
- Ensure proper ventilation.
- Place chairs in semi-circle to facilitate interactions between participants.

4.2 PLANNING GROUP EDUCATIONAL SESSIONS

A group session usually includes three parts: [28, 30]:

4.2.1 The Introduction allows to:

- Establish an atmosphere of trust;
- Welcome participants;
- Ask everyone's name for instructions;
- Get everyone's attention;
- Reinforce participants' involvement;
- Review information given during previous session(s);

- Ask about new learning acquisitions and reflections since the previous session and link them with current session;
- Prepare participants for the session reminding them of their motivation;
- Explain the session's plan and clearly establish common goals;
- Provide guidance as needed.

4.2.2 The central part is the **Working phase** during which participants:

- Review acquired information;
- Learn new elements;
- Perform tasks, or practice skills;
- Exchange together;
- Live practical experiences, solve problems through case scenarios;
- Discuss important themes.

Evaluating participants' comprehension by promoting discussions, asking questions, demonstrating skills, solving problems and summarizing information is essential to the success of this step.

4.2.3 The final part, the **Closing of the session,** is important to:

- Answer pending questions;
- Synthesize what was learned by intentionally repeating the key elements in order to increase long term retention;
- Reinforce participants' learning involvement;
- Give, if needed, indications for the next sessions;
- Evaluate participants' satisfaction with the present session;
- Suggest homework exercises to integrate learned skills.

4.3 ANIMATING EDUCATIONAL GROUP SESSIONS

4.3.1 Facilitators' general attitude and competences

Proper functioning of a group can be affected by the facilitators' general attitude, competences, tone of voice, non-verbal language and gaze [28]. Facilitators' general attitude must be understanding, encouraging, respectful, and honest. Tone of voice must be energetic, calm and it must set the rhythm of the session. Words are reinforced or refuted by non-verbal language. Gaze allows to get and to keep participants attention.

Expected competences of facilitators:

- Good communication skills
- Efficient management of group dynamics: ability to involve, develop and generate interest in all participants and interrupt them when necessary
- Use of different ways to proceed and interact
- Efficient use of teaching tools
- Self-confidence
- Master contents of sessions
- Ability to emphasize the subject, the person and the activity

4.3.2 Animation roles for Facilitators

Different group animation roles have to be adopted by facilitators to help participants accomplish their goals and objectives. Three types of roles are described by St-Arnaud [31, 24]:

4.3.2.1 Clarifying role

Facilitators can foster free exchange of ideas in a group without causing misunderstandings or tension among participants by:

- Clearly defining the new terms to be used
- Rephrasing the points of view to ensure comprehension
- Reviewing or synthesizing content, new elements or points of view
- Explaining what is not clear by clarifying meaning and establishing links with what was said previously

4.3.2.2 Organizing role

Facilitators help participants to get involved and optimize group performance by:

- Giving participants who wish to do so the opportunity to talk
- Inviting members who talk less or with difficulty to express themselves
- Refraining, with tact, the participation of those who monopolize the discussion
- Establishing with the members of the group a time contract for each aspect of the discussion.

4.3.2.3 Facilitating Role

Facilitators can assure a constructive dynamic between participants by:

- Helping them to express their emotions and feelings
- Maintaining or restoring an atmosphere of trust where everyone feels part of the group
- Creating diversions in order to prevent or diminish tension and fatigue among the participants
- Demonstrating objectivity during discussions

4.3.3 Group dynamics strategies

Efficient group dynamics requires to guide and lead participants towards the achievement of established common goals and objectives [28]. It requires sufficient time for the group to establish an identity and it implies the involvement of each of the members to agree on common goals, share life experiences and move towards outcomes achievement.

4.3.3.1 In general, the facilitator should:

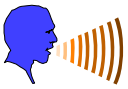
- **Foster everybody's involvement**
- **Help the group establish common goals**
  - Be aware of group's interests and concerns and try to answer them
- **Foster the sharing of knowledge, experiences, opinions and worries**
  - Keeping an open, non-judgemental attitude
  - Stress the fact that there are no "good" or "wrong" answers
  - Avoid topics that can lead to confrontation and opposition, try reaching a positive and constructive exchange
  - Listen and look at everyone with attention

- Ask participants to talk about their knowledge, experiences, opinions and worries; involve each and all of the participants as needed. Invite expert patients to share their experience
- Complement proposed exercises with examples, situations and solutions brought up by participants
- Invite participants to say in their own words what was just explained
- Inform the group when something is not working and try to find solutions together

4.3.3.2 Managing Different types of participants and of situations [28].

- **Difficult patients**: usually best to deal with by using humour and gentleness.
- **Verbomaniacs (talkative)**: address questions directly to participants who have not had a chance to talk. Teach participants to act as a group, which entails letting others talk. Stop the talkative and care for the person who was interrupted. Approach verbomaniacs directly and discretely during break.
- **Resistants**: let them share their feelings; do not focus on them; have someone else who deals with a similar situation talk and participate.
- **Saviours**: convey that the rules for a group are not the same as the ones for friendship; intercept directly the saviours' message and talk to the other person.
- **Hostility between participants**: expose the situation to the group; exclude one or both participants if the conflict is severe; meet with the participants individually if this situation appears to be a pattern of interaction.
- **Judgemental, short minded or insensitive members**: remind participants that the rules of a group are based on tolerance of differences and on listening to others.
- **Negative patients**: identify positive participants and redirect to them a question asked by the negative participant. Let the opinion of positive members prevail; avoid eye contact with negative members while asking questions; try to understand this negative behaviour by talking with them outside the group.
- **Silences**: redirect the focus to the session; warm-up the atmosphere at the beginning of each session; break silences by asking everyone's opinion, asking a question or suggesting an exercise; if silence is needed, interrupt a participant who wants to talk.

4.3.4 EDUCATIONAL METHODS THAT CAN FOSTER PARTICIPANTS' LEARNING IN GROUP SESSIONS [32]



4.3.4.1 Interactive Lecturing:

Interactive lecturing requires a two-way interaction between facilitator and participants. Active participation and involvement of all group members are therefore essential [33]. Transmission of new information to a group is done efficiently by interacting while explaining and clarifying difficult areas, organizing concepts and ideas, challenging beliefs, promoting problem resolution and by focusing on enthusiasm and motivation to learn.

Interactive lecturing strategies are:

- Explain topics using easy to understand vocabulary and support clearly and explicitly with pictures/images.
- Alternate questions and answers. Questions asked in small groups often stimulate participants' interest.

- Captivate their attention, break the ice, and give constructive feedback. Questions should be asked in a non-threatening way, an answer should always be expected and more than one participant should be given the opportunity to respond. When participants within an educational group session get involved in answering the questions their attention is sustained and they can receive immediate feedback on acquired knowledge.
- Write, review and ask participants to summarize in their own words what is being said.
- Link information to what participants already know and do; provide examples and analogies.
- Reinforce acquired knowledge and clarify implicit points; review difficult items.

4.3.4.2 Group exchange or discussion:

This method promotes exchange of ideas and concepts; allows time to examine issues and resolutions and improves communication skills.

Group exchange/discussion strategies require to:

- Have everyone participate in the discussion
- Make connections with participants' life experiences (expert patient's role can be used)
- Use a simple vocabulary
- Avoid confrontation and opposition by using feedback and constructive exchange (clarification, refocusing, emphasis on important items, respect)

4.3.4.3 Problem resolution (case scenarios)

Simulations or case scenarios encourage group participants to resolve (in a safe environment) a potential real life situation. Participants get immediate constructive feedback on the experience, allowing them to solve the problematic situation more efficiently.

Problem resolution strategies entail:

- Presenting case scenarios based on real life situations
- Asking participants to solve problematic situations

4.3.4.4 Demonstration and practice

Demonstration and practice of skills is useful to develop participants' abilities and self-confidence. Allow them to observe, practice correctly or readjust and execute properly the different skills to be integrated in their daily lives [34].

Demonstration and practice strategies entail:

- Demonstrating techniques and asking participants to practice them in front of you
- Providing feedback by congratulating or correcting in a constructive way

4.3.4.5 Learning contracts:

Learning contracts are formal engagements taken by participants of a group to integrate learned knowledge and skills. The respect of these contracts is mandatory to ensure a successful transfer of knowledge and skills into daily life.

Learning contracts strategies entail:

- Inviting participants to suggest solutions (without imposing)

- Negotiating activities to be performed at home, assuring a follow-up; suggesting challenges to be met in the short, medium and long term.

4.3.4.6 Expert Patient Testimony: A Powerful Group Exchange Strategy

4.3.4.6.1 Definition of an Expert Patient

The term « Expert COPD patient» designates an individual diagnosed with COPD who has successfully rebuilt a healthy lifestyle and who contributes to the well being of other members of the society [35, 36]. The expert patients must have received the necessary education for the self-management of their illness and have had positive experiences as a result of the integration of the self-management skills into their daily life. Lorig and collegues [9] identified 12 common self-management skills patients with a chronic disease should integrate on a daily basis:

- Know and control the triggers and symptoms
- Take medication as prescribed
- Control acute episodes and emergencies
- Have a healthy diet
- Do not smoke
- Use relaxation and stress reduction techniques
- Make good use of health care professionals
- Ask for information and help; use available resources in the community
- Modify work and role functions
- Communicate with significant people
- Manage negative emotions and psychological reactions to the disease

According to Bandura's self-efficacy theory [37], individuals are more motivated to adopt and maintain a behaviour if they think they can perform the actions related to this behaviour and if they believe these actions will have a positive impact in their life. This theory is the core of many self-management programs for chronic disease such as "*Living Well with COPD* ©" [38, 39]. Bandura claims that one of the sources that can improve the self-efficacy of an individual is the vicarious experience that is based on the observation of other people living a similar situation. Individuals can then, identify themselves with a role model and decide to act in the same way, which means to adopt the same behaviour. The role of an expert patient within a group of COPD patients takes then its full meaning. The expert's experience can have an enormous motivating effect for the long-term adoption of COPD self-management skills.

4.3.4.6.2 General attitude and qualifications of an expert patient

Even if patients demonstrate that they can manage COPD by themselves, the transfer of knowledge and skills to other patients requires specific attitudes and qualifications.

The expert patient's general attitude in an educational group session must be the same as the facilitator's: positive, comprehensive, motivating, respectful, honest and uncontrolling. The expected qualifications of an expert patient are:

- Efficient communication (clear and short messages)
- Self confidence

- Ability to respect the topics to be discussed
- Ability to listen to others and to receive feedback from facilitator and participants
- Expertise in the application of the COPD self-management skills; hold a diploma from a rehabilitation program

4.3.4.6.3 Facilitators' role in coaching expert patients for a group exchange or discussion

1. Invite expert patients formally and in advance to participate in one ore more educational group sessions.
   a. Explain the objective of their presence within the group and determine their interest and availability
   b. If interested and available, discuss the topics of each session and the importance of keeping the focus on these items; provide them in advance with questions to be answered.
2. The day before, if possible, review the content of the educational session
3. Supervise interventions during the educational session(s); start by asking questions to guide the talk; help refocus if moving away from the subject; foster discussions within the group.

5. Evaluating Achievement of Goals and Participants Satisfaction

1. Verify participants' comprehension of the information learned either by asking questions, allowing discussion, asking them to rephrase in their own words or repeating key instructions.

2. Verify participants' integration of the skills learned by confronting them with problematic case scenarios that they have to solve, asking them to demonstrate the skills learned in front of you and giving feedback on the use and efficacy of the skills in their daily life when they apply it at home.

3. Evaluate the participants' satisfaction with regard to each session by asking them about their level of general satisfaction. Use an evaluation questionnaire that can measure the level of response to the group expectations in terms of: development, length, content, methods, facilitator, and environment (see Appendix 2).

Appendix 1: COPD Initial Data Collection – Needs Assessment

SECTION 1: COPD KARDEX

Name: _____
Date of opening: _____ Revision: _____
By: _____

DIAGNOSIS	**IDENTIFICATION**
PRINCIPAL COPD type:	
Secondary:	
	Civil Status: _____ Insurance: _____
	Education:_____ Language:_____
	Occupation: _____ Origin:_____

Hospital	**Date**	**Length**	**Dx**

RESPIRATORY STATUS
Dyspnea on exertion (MRC scale) /5
Smoking history:
O_2 Prescription:
Baseline symptoms:

Regular Medication		**Exacerbation**	**Date**

ALLERGIES:

Vaccination	**Date**
☐ Flu shot	
☐ Pneumovax	

Action Plan

Symptoms during exacerbation:

Genogram

Resources	**Name**	**Telephone**
GP		
Pharmacist		
Respirologist		
Other Specialists		
Community		
Family		

SECTION 2: REFERRAL

Referring physician: _____ Institution: _____

Reason for Referral:
Patient's understanding of referral and expectations:
_____
_____

What is patient's/family's understanding of COPD? _____
_____
_____

SECTION 3: PSYCHOSOCIAL STATUS

Life stressors

		YES	NO	COMMENTS
1.	Intra-family strains conflict	☐	☐	_____
2.	Finance & Business	☐	☐	_____
3.	Work – family strains	☐	☐	_____
4.	Illness & family "care strains"	☐	☐	_____
5.	Losses	☐	☐	_____
6.	Additional personal acute injury or acute illness not related to COPD	☐	☐	_____ _____
7.	Change in living conditions	☐	☐	_____
8.	Other	☐	☐	_____

Comments: _____

Anxiety:
Is anxiety a problem in your life?

- Never ☐
- Rarely ☐
- From time to time ☐
- Occasionally ☐
- Often ☐
- All the time ☐

Panic attacks:
Do you ever experience panic attacks that lead to SOB?

- Never ☐
- Rarely ☐
- Occasionally ☐
- Often ☐
- About once daily ☐
- More than once a day ☐

Comments:
_____
_____

SECTION 4: IMPACT

A) Environment

House ☐ Apartment ☐ Senior Residence ☐ Stairs ☐ ⇒ # _____
Elevator ☐ Other ☐ _____
Comments: _____

B) Mobility Status

Change in mobility and activity level over time: Patient's description:
_____
_____
_____

C) Transportation

Drives own car ☐ Bus and metro ☐ Adapted transport ☐ Accompanied by someone ☐
Has disabled parking permit ☐ Other ☐ _____

D) Activity level / leisure activities
outings / week comments: _____
walks / week comments: _____
leisure activities comments: _____
exercise training sessions* comments: _____
*explain type and where: _____

Has COPD affected patient's Quality of Life with respect to the following activities or aspects?
Physical Yes ☐ No ☐ Specify _____
Social Yes ☐ No ☐ Specify _____
Emotional Yes ☐ No ☐ Specify _____
Family Yes ☐ No ☐ Specify _____
Economic Yes ☐ No ☐ Specify _____
Total: Yes_____ No _____
Other: _____
Comments: _____
_____

SECTION 5:

What motivates patient? (Patient's goal)
_____
_____

Does patient feel in control of the illness? (Self-efficacy) Yes ☐ No ☐

Comments _____
_____

SECTION 6: SUMMARY

A) Presenting issues/concerns established in collaboration with patient / family:

1-_____
2-_____
3-_____
4-_____
5-_____

B)Analysis: _____
_____
_____
_____
_____
_____
_____
_____

SECTION 7: INTERVENTIONS

_____
_____
_____
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SECTION 8: PLAN

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NURSE'S NAME _____ RN
SIGNATURE _____RN
DATE _____/ _____/ _____
Year month day

Appendix 2

EVALUATION FORM

Date _____ **Facilitator** _____

Session _____ **Title** _____

	Excellent	Acceptable	Inadequate
	☺	😐	☹
The objectives of the session were met	☐	☐	☐
Comments: _____			
The content of the session was relevant to my needs	☐	☐	☐
Comments: _____			
The material was clearly presented / understandable	☐	☐	☐
Comments: _____			
The allowed time was adequate	☐	☐	☐
Comments: _____			

How would you improve this session?
Comments: _____

Thank You!

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Living Well with COPD has also been updated in consultation with groups of healthcare professionals and COPD patients from different regions of Quebec.

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