Reference Guide for Group Education

Session 1

Introduction to “Living Well with COPD” Education Program

➤ Participants’ Expectations Towards the Program
➤ Health in COPD
➤ Healthy Behaviours to Live Well with COPD
➤ Lung Anatomy and Self-Cleaning Mechanism of the Airways
➤ Understanding COPD: Main Cause, Definition, Pathophysiology and Symptoms
➤ Impact of COPD
Education Plan and Methods

Session Length: 1 h 30 m

• Introduction

• Working Phase

1. Identification of the participants’ expectations and interests. Group discussion.
2. Health in COPD.
   2.1 Assesment of participants’ beliefs and meaning of health. Group discussion.
   2.2 Concept of Health in COPD. Interactive lecturing.
3. Assessment of healthy behaviours integrated into the participants’ life. Interactive lecturing.

• Suggested break

5. Understanding COPD
   5.1 Definition and main cause of COPD (cigarette smoking). Interactive lecturing.
   5.2 COPD pathophysiology. Interactive lecturing.
   5.3 Symptoms of COPD. Interactive lecturing.
6. Impact of COPD.
   6.1 A testimony on the impact of COPD. Expert patient testimony.
   6.2 Sharing of experiences: Impact of COPD on the participants’ life. Group discussion.

• Closing of the session

Human Resources

1. Two healthcare professionals (nurses if possible)
2. One physician, if available
Living Well with COPD™ Resources

1. Modules:
   - “Maintaining a healthy and fulfilling lifestyle”, p. 5
   - “Managing your breathing and saving your energy”, p. 4-5
   - “Preventing your symptoms and taking your medications”, p. 4-8

2. Posters:
   - Normal Lung
   - COPD

3. Educational flipchart:
   - “Anatomy and Physiology of COPD” section

Additional Resources

1. Board/Flipchart

Environment

1. Use a quiet and comfortable room for 10 to 15 people. Ensure proper ventilation.
2. Place the chairs in a semi-circle around the board.
INTRODUCTION TO “LIVING WELL WITH COPD” EDUCATION PROGRAM
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

Introduction

• Presentation of the facilitator
• Presentation of the participants (provide tags with their names)
• Welcoming the participants to the education program (suggested to be done by a physician)
• Presentation of the schedule of the sessions

Working Phase – Educational Interventions

1. Identification of the participants’ expectations and interests

1.1 ASSESSMENT OF PARTICIPANTS’ EXPECTATIONS TOWARDS THE GROUP EDUCATION PROGRAM

Present this section using group discussion

Assess participants’ expectations, goals and objectives with respect to the group education program.

Suggested question to start the discussion:
• What are your expectations as a result of taking part in this group education program?

Possible answers from the participants:
• Remaining stable
• Becoming more active
• Continuing to be independent
• Acquiring knowledge about my illness
• Feeling in control

Note to the facilitator:
• Direct the group discussion towards reachable and realistic goals.
• Comment on participants’ answers while continuously showing empathy and positive attitude, and focusing on a step-by-step progress.
• Emphasize the commitment of participants to acquire more knowledge and skills that will allow them to self manage their COPD.
• If some participants’ expectations do not seem realistic, note that the education session is not the moment to destroy their hope, it is only an opportunity to initiate a reflection on it.
Introduction to “Living Well with COPD” Education Program

Group Interventions for Each Phase of the Session

2. Health in COPD

2.1 Assessment of Participants’ Beliefs and Meaning of Health

*Present this section using group discussion*

Explore the participants’ different significations given to the concept of “health”. Write down their answers on a board and comment.

**Suggested question to start the discussion:**

- What does “health” mean to you?

**Answers expected from the participants:**

- Having as normal a lifestyle as possible
- Having a good quality of life
- Being independent in daily activities
- Having social and leisure activities
- Being in control of the disease
- Having personal goals and dreams

**Note to the facilitator:**

- Participant answers may vary from one group to another.
- Bring out the emotions, thoughts, images and associated behaviours.
- Give personal examples to facilitate and encourage discussion.
2.2 CONCEPT OF HEALTH IN COPD

**Present this section in an interactive way**

Use the graph on page 5 of the module “Maintaining a Healthy and Fulfilling Lifestyle”.

Explain the *difference* between “Living with COPD” and “Living Well with COPD”. Reinforce the fact that it is possible to be healthy when one has COPD.

**Suggested question:**
- Do you think you can be healthy even if you have COPD?

**Definitions:**
- Explain that “disease” and “health” are separate concepts that can coexist and influence each other.
- Establish clearly that a person with a chronic illness can also be healthy.
- Participants often wonder how being sick and healthy is possible. Use the graph on page 5 of the module to illustrate your explanation and complete with participants’ answers.
3. Healthy behaviours to live well with COPD

3.1 ASSESSMENT OF HEALTHY BEHAVIOURS INTEGRATED INTO THE PARTICIPANTS’ LIFE

Present this section in an interactive way

3.1.1 Ask participants to describe the healthy behaviours that they have already integrated into their daily lives. Encourage everyone to participate in the discussion. Write down the healthy behaviours mentioned on the board. If needed, complete the list adding other healthy behaviours that should be integrated into the participants’ life.

Suggested questions:

- What do you do to stay healthy?
- Are there any other things that you could do in order to be in better health?

Answers expected from the participants:

- Live in a smoke-free environment
- Comply with your medication
- Manage your breathing
- Conserve your energy
- Manage your stress and anxiety
- Prevent and manage aggravations of your symptoms (exacerbations)
- Maintain an active life
- Keep a healthy diet
- Have good sleep habits
- Maintain a satisfying sex life
- Get involved in leisure activities
- Plan your trips

Note to the facilitator:

- Explore with the participants whether there are other behaviours that they would like to integrate into their lives.
- You can get other types of answers from the participants that reflect a more comprehensive vision of life, e.g. humour, knowing themselves, positive thinking, spirituality, acceptance of reality, dealing with difficult situations, respecting their integrity.

3.1.2 Explain to the participants that through the education sessions, they will learn different techniques – “self-management strategies” that will allow them to gradually integrate and maintain these healthy behaviours in their lives.
4. Lung anatomy and self-cleaning mechanism of the airways

4.1 PRESENTATION OF LUNG ANATOMY AND SELF-CLEANING MECHANISM OF THE AIRWAYS

Present this section in an interactive way

4.1.1 Link the assessment of the education program expectations done in the last section, with the material to be presented in subsequent sections.

Suggested script for the facilitator:
You have already expressed what your expectations with respect to this program are. For the rest of the session, we will review together the basic knowledge of your disease.

4.1.2 Invite participants to discuss what the function of the lungs is.

Suggested question:
What are the lungs for?

Answers expected from the participants:
- To breathe
- To inhale
- To exhale

4.1.3 Invite the participants to observe their own breathing.

Suggested script for the facilitator:
Let us explore our breathing:
1. Feel your breathing. Put one hand on your stomach and the other on your chest.
2. Describe what you feel.
3. You breathe in. Air enters your lungs. This is called “Inspiration”.
4. You breathe out. Air leaves your lungs. This is called “Expiration”.

4.1.4 Present to the participants an overview of lung anatomy.

Use the poster of the “Normal Lung” to illustrate your explanation.

Review with the participants the main elements of lung anatomy. Show on the poster the location of lungs, trachea, bronchi, alveoli and cilia.
4.1.5 Present to the participants an overview of the self-cleaning mechanism of the respiratory system.

Use the poster of the “Normal Lung” to illustrate your explanation.

Suggested script for the facilitator:

Our airways are equipped with an efficient self-cleaning system:

1. Every time you breathe, air is drawn into your lungs — along with dust and pollutants.
2. Many of these particles are trapped inside your nose and other smaller particles stick to tiny mucous layers in your airways.
3. Mucous secretions move up to your trachea by tiny hairs called cilia and then move further up to your throat.
4. Once in your throat, mucous is then swallowed or removed by coughing.
5. This process prevents particles from reaching the lower airways and doing damage to your bronchi and alveoli.
5. Understanding COPD

5.1 DEFINITION AND MAIN CAUSE OF COPD (CIGARETTE SMOKING)

Present this section in an interactive way

Ask the participants about the meaning of the acronym COPD. Explore within the group the existing knowledge regarding COPD main cause.

Suggested question:
• What does COPD mean?

Answer expected from the participants:
• COPD means chronic obstructive pulmonary disease.

Suggested question:
• Can you identify the main cause of COPD?

Answer expected from the participants:
• Cigarette smoke is the leading cause of COPD.

Suggested script for the facilitator:
Many people who suffer from COPD are current or former smokers. Only a minority are suffering from deficiencies such as alpha1-antitrypsin, an inherited lung disorder that may cause emphysema.

5.2 COPD PATHOPHYSIOLOGY

Present this section in an interactive way

5.2.1 Explore within the group the existing knowledge regarding COPD, obstructive chronic bronchitis and emphysema. Invite the participants to discuss the pathophysiological changes that occur as a result of a COPD.

Suggested question:
• What happens when one has COPD?
Answers expected from the participants:
• In a person with COPD, the air flows inefficiently in and out of the lungs.
• Air is trapped in the lungs.
• Breathing becomes more difficult and one experiences shortness of breath.

5.2.2 Explain the pathophysiological changes caused by obstructive chronic bronchitis and emphysema.

Use the poster “COPD Lung” to support your teaching.

Suggested script for the facilitator:

How smoking – and other pollutants – can alter your airways self-cleaning mechanism.

When your airways are constantly attacked by pollutants, such as those found in cigarette smoke, they become inflamed, red and swollen.

Your bronchi become filled with thick, sticky mucous. You cough to clear your airways. Later, your bronchi may become obstructed (or there is limited airflow). Because of airway obstruction, your lungs do not fully empty and air is trapped. You have obstructive chronic bronchitis.

Your bronchial tubes branch into smaller and smaller tubes, which end in millions of tiny air sacs called alveoli. The exchange of oxygen and carbon dioxide takes place in the alveoli. When your alveoli are damaged or destroyed, there is a loss of lung elasticity, it becomes difficult for the lungs to exchange oxygen and carbon dioxide and less oxygen gets into your body. Your lungs do not fully empty and air is trapped. You have emphysema.

Obstructive chronic bronchitis and emphysema are major breathing diseases that cause airways to become “obstructed” or blocked. They often occur together but they can also occur separately. They are also known as COPD (chronic obstructive pulmonary disease).

5.3 SYMPTOMS OF COPD

Present this section in an interactive way

5.3.1 Invite the participants to describe their symptoms; complete the explanation of the symptoms related to chronic obstructive pulmonary disease.

Suggested question:
• What are the most common everyday symptoms of COPD?

Answers expected from the participants:
• Shortness of breath
• Wheezing / bronchospasm
• Secretion production
• Anxiety
• Fatigue
5.3.2 Guide participants in identifying their everyday respiratory symptoms (baseline).

Suggested questions:

- Can you describe your everyday respiratory symptoms?

- How short of breath do you feel on a regular basis? What type of activities would make you feel short of breath (e.g. walking, climbing stairs, etc.)? Attachment 1 – “MRC visual dyspnea scale” can be used to give an idea of the level of dyspnea in day-to-day life.

- Do you cough up sputum (phlegm) daily?

- Could you describe the colour of your sputum? Do you have any idea about the amount (volume) of sputum that you cough up every day? Could you describe the consistency of your sputum?

- Do you cough regularly? What does “regularly” mean to you?

Note to the facilitator: If participants have questions about the differences in symptoms presentation, remind them that everyday symptoms can differ from one patient to the other depending on the predominance of emphysema (shortness of breath) or obstructive chronic bronchitis (sputum production).
6. Impact of COPD

6.1 A TESTIMONY ON THE IMPACT OF COPD

*Expert patient testimony*

Invite the expert patient to share his/her experience in living with a chronic disease: COPD. Underline the actions taken by the expert patient and emphasize his/her achievements. Motivate group discussion.

Introduce the expert patient by asking him/her these questions:

- Is there an area of your life that is particularly affected by your COPD?
- What symptom of COPD is affecting you the most and how?
- How did you manage to cope with the changes and difficulties COPD brings to your life?

*Note to the facilitator:* Emphasize the self-management skills developed by the expert patient.

6.2 SHARING OF EXPERIENCES: IMPACT OF COPD ON THE PARTICIPANTS’ LIFE

*Present this section using group discussion*

Invite participants to share an aspect of their lives affected by their COPD. Establish the links among their symptoms, their daily life and their experiences. Allow exchanges between the participants with regards to their experiences. Motivate group discussion.

*Note to the facilitator:*

- Emphasize the self-management skills developed by the participants.
- Normalize the experiences of the participants as an ongoing learning process.
INTRODUCTION TO “LIVING WELL WITH COPD” EDUCATION PROGRAM
GROUP INTERVENTIONS FOR EACH PHASE OF THE SESSION

Closing the session

- Answer the questions of the participants.
- Summarize the points to remember and make participants repeat them.
- **Learning contract:** Ask the participants to observe their breathing (rhythm, motion, sound) and recognize the daily variations of their symptoms.
- Evaluate the satisfaction of the participants with regards to the present session. Ask the group about the 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.
Attachment 1 – MRC Dyspnea Scale

Dyspnea Scale
You are breathless, but how much?

0. No dyspnea.
1. Breathless with strenuous exercise.
2. Short of breath when hurrying on the level or walking up a slight hill.
3. Walking slower than people of the same age on the level or stopping for breath while walking at own pace on the level.
4. Stopping for breath after walking 300 feet (100 metres).
5. Too breathless to leave the house or breathless when dressing.

Visual Ref.: Société de Pneumologie de Langue Française
Text Ref.: Medical Research Council dyspnea scale. Canadian Thoracic Society COPD Guidelines.
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