

## **Attachment 6: Moderator's Guide for Focus Groups with Nurses**

### **Asthma Education Study**

**November 17, 2011**

Project Officer: Scott A. Damon, MAIA, CPH, RPCV  
Centers for Disease Control and Prevention  
National Center for Environmental Health  
Division of Environmental Hazards and Health Effects  
Air Pollution and Respiratory Health Branch

## **Moderator's Guide for Focus Groups**

### **Asthma Education Study**

#### **I. INTRODUCTION [2 minutes; $\Sigma$ = 2 minutes]**

1. CDC Sponsorship
2. Purpose of the study
  - a. Discussion about asthma education for patients
3. Observers
4. Audio recording
5. Comments kept confidential – no personal identifiers in reports
6. Respondent information
  - a. Number of years as a nurse
  - b. Brief description of patient panel (socioeconomic status, demographics)
  - c. About how many new cases of asthma do you typically see in a year?

---

<sup>1</sup> Public reporting burden of this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXX)

## II. Process

[18 minutes;  $\Sigma = 20$  minutes]

*A patient in your practice is newly diagnosed with asthma.*

1. Please talk about the information that patient receives during the remainder of that visit.
  - For a child
  - For an adult

Probes:

Who provides patient education?

Who typically is involved in receiving the information (Parents? Spouses?)

What is the content of the information?

How is a discussion of environmental triggers involved?

How long does a typical session for this last?

How much of that time is devoted to patient education?

Are the following topics typically covered:

- Ongoing care
- Inhaled corticosteroid use (medication adherence & correct use)
- Environmental triggers
- Asthma Action Plan

### III. Barriers and Facilitators

[20 minutes;  $\Sigma$  = 40 minutes]

*For the next couple of exercises, I'd like you to work in pairs. Assign as numbers allow.*

1. Hand out worksheet "Barriers and Facilitators: Asthma Education."
2. Instructions  
*On the left side of the page, please jot down things that either do or could make it easier for you to provide good asthma education to your patients. On the right side of the page, please jot down things that either do or could make it more difficult to provide good asthma education to your patients.*
3. Debrief

Probes

What is "good asthma education"?

Is the level of patient involvement as high as they would like to see it?

Is billing asthma education an issue? How so?

How would they describe the materials they have for patient education?

Quality?

Sources?

Readily understandable by their patients?

Likely to be used?

Likely to promote adherence to care plan?

Easy to reproduce in their office?

What other materials would be helpful?

How well do your patients comply with their management plans (medication adherence, proper use of medication, returning for ongoing care)?

Are factors such as race, literacy, SES important?

**IV. Asthma Action Plans**

**[15 minutes;  $\Sigma$  =55 minutes]**

1. Hand out” Stick Figure Worksheet.”
2. Instructions  
*CDC and NIH both recommend having a written asthma action plan for asthmatic patients. Here, for your reference, is a copy of NIH’s version; this is what CDC recommends (copy included with protocol). Please think about nurses you know who provide asthma education to newly diagnosed patients. Near the figure on the left, please jot down characteristics of a nurse who routinely uses this form or something like it. For the figure on the right, please put characteristics of a nurse who does not routinely use a tool like this. Please give me at least: age, gender, and one thought they are having about why they do or do not use them. Also, feel free to add characteristics of their practice, lifestyle, or other factors.*
3. Complete exercise, probing for thoughts, feelings that provide incentives or disincentives for routinely developing a written plan for someone diagnosed with asthma.

**V. Wrap-up**

**[5 minutes;  $\Sigma$  = 60 minutes]**

1. Is there anything else CDC should know about the issues you face in educating your patients about asthma and controlling it?
2. Those are all of my questions for today.
3. Thank and close.

**Barrier and Facilitator: Asthma Education Worksheet**  
**Factors That Make It Easier or More Difficult to Provide Good Asthma Education**  
**to Newly Diagnosed Patients**

**THINGS THAT MAKE IT EASIER  
TO PROVIDE GOOD ASTHMA  
EDUCATION TO NEWLY  
DIAGNOSED PATIENTS**

---

---

---

---

---

---

---

---

---

---

---

---

**THINGS THAT MAKE IT MORE  
DIFFICULT TO PROVIDE GOOD  
ASTHMA EDUCATION TO NEWLY  
DIAGNOSED PATIENTS**

---

---

---

---

---

---

---

---

---

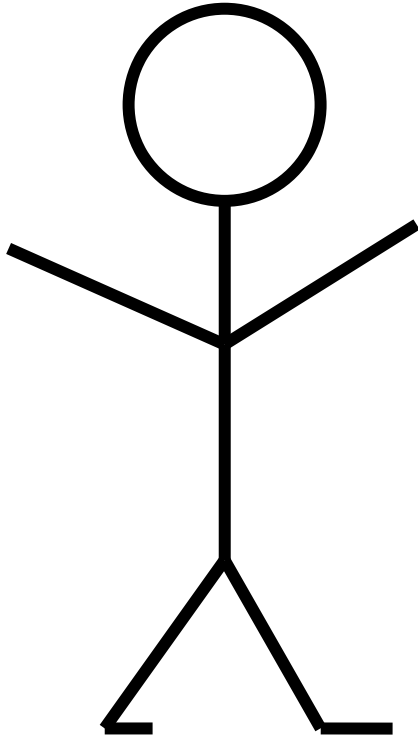
---

---

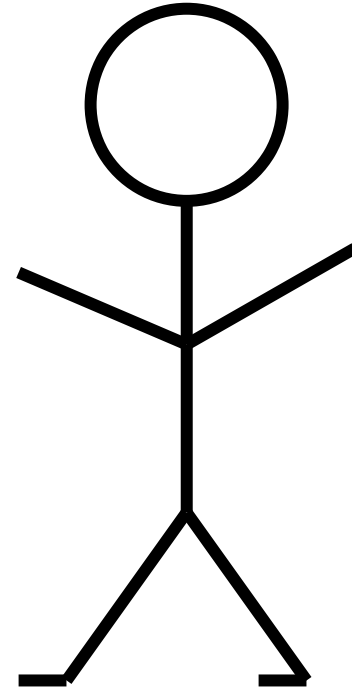
City: \_\_\_\_\_

Time: \_\_\_\_\_

**Stick Figure Worksheet**



**Nurse who typically prepares a written asthma action plan for newly diagnosed patients**



**Nurse who typically does not prepare a written asthma action plan for newly diagnosed patients**