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NBRC AE-C

NBRC Asthma Educator Specialist



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Question: 1

A family heats the main room of their home with an unvented portable gas heater through the winter and cooks on a gas stovetop with no exhaust fan and the kitchen door usually closed. Their daughter's symptoms are consistently worse in the winter months and in the evenings. They have already dealt with the dust and the bedding, and they ask what else in the house could matter.

Which advice should the educator give?

- A. The family should replace both the gas heater and the gas stovetop with electric appliances before any other change to the household is considered
- B. The heater and stovetop are safe provided a carbon monoxide alarm is fitted in the room
- C. Burning fuel indoors releases irritant gases, so the appliances need venting
- D. Gas appliances produce no airway irritants, so the winter pattern must be due to cold air outdoors

Answer: C

Question: 2

A patient says she knows when her reliever inhaler is empty because she floats the canister in a bowl of water to see how it sits, and shakes it to listen for liquid. She has been using the same reliever for several months.

How should the educator respond?

- A. Explain that neither method is reliable, and track the dose counter or record actuations
- B. Confirm that floating the canister is a reliable way to judge the remaining contents
- C. Advise her to count the number of days since she started the inhaler and discard it after a fixed period regardless of use
- D. Advise her to keep using the inhaler until the spray becomes noticeably weaker

Answer: A

Question: 3

A sixteen-year-old with asthma acknowledges using an electronic cigarette at weekends and says it is harmless because it is not tobacco smoke. His reliever use has increased over the same period, and he has raised the subject himself rather than being asked about it directly.

Which response is most appropriate?

- A. Agree that it is a safe alternative, since it is not tobacco smoke and he only uses it at weekends

- B. Advise that occasional weekend use is unlikely to matter given his daily controller therapy
- C. Tell him you will inform his parents unless he stops using it
- D. Explain that the aerosol still exposes the airways to irritants, and explore why he chooses to use it

Answer: D

Question: 4

A young adult mentions that three years ago she was admitted to intensive care and placed on a ventilator during an asthma attack. Her symptoms have been mild since then and she does not use a controller.

Which conclusion is most important for the educator?

- A. The event was most likely misdiagnosed, since she has had no similar episode since
- B. Her history identifies her as at high risk of a life-threatening attack
- C. The absence of controller therapy is appropriate given her mild recent symptoms
- D. Three symptom-free years indicate that the earlier episode is no longer relevant

Answer: B

Question: 5

An adult reports taking her controller inhaler every day but remains poorly controlled. On observation she loads the device correctly, but she places the mouthpiece against her closed teeth, does not seal her lips fully around it, and breathes in partly through her nose.

What is the most appropriate conclusion?

- A. The device is faulty and should be exchanged at the pharmacy for a new one
- B. She is unlikely to be taking the medication as often as she reports
- C. Technique errors mean much of each dose is not reaching her airways
- D. Her asthma is more severe than previously assessed and she requires a higher dose

Answer: C

Question: 6

An asthma education service finds that many of its patients are seen far more often by their community pharmacy than by any other part of the health system, and that several have had devices changed at the counter without any teaching. The pharmacy has expressed interest in working more closely with the service.

Which partnership arrangement would be most valuable?

- A. Arrange for an educator from the service to be present in the pharmacy at all times when asthma medication is being dispensed, so that technique can be checked and taught at the counter by someone properly trained to do it on every occasion that a device changes
- B. Agree what the pharmacy will do at the point of dispensing — teaching technique when a device changes and flagging heavy reliever use — with a referral route and a way of feeding information back
- C. Ask the pharmacy to display the service's leaflets and refer patients who ask about them, which uses the pharmacy's contact with patients at little cost to the staff's workload
- D. Ask the pharmacy to stop dispensing any device other than the one originally prescribed, so that no patient is handed something they have not been taught how to use, whatever the reason for the change

Answer: B

Question: 7

At a review, a patient's control has improved markedly since the last visit. Two things changed at that visit: her prescriber increased the dose of her controller, and the educator taught her a technique correction that she had been getting wrong for years. She is delighted and assumes the higher dose is responsible. Her prescriber will see her next month.

What is the most important thing for the educator to record and report?

- A. That the technique correction was responsible, since a dose increase would not have produced an improvement of this speed
- B. That her improvement confirms she had been under-treated, and that the earlier dose should be recorded as inadequate
- C. That two changes were made at once, so the improvement cannot be attributed to either alone, and that her technique was corrected at the same visit
- D. That the higher dose has worked and should be continued indefinitely at its current level

Answer: C

Question: 8

In programme evaluation, what distinguishes a process measure from an outcome measure?

- A. Process measures describe what was delivered; outcome measures describe the change in participants
- B. Process measures are collected during the programme, while outcome measures are collected only after it has ended permanently
- C. Process measures are qualitative, while outcome measures are always numerical
- D. Process measures are collected by staff, while outcome measures are collected by participants

Answer: A

Question: 9

The mother of a six-year-old says she is not too concerned about the daily inhaler, because her own asthma disappeared in her teens and she expects her son to grow out of it in the same way. She sees the next few years as something to get through rather than something to manage, and gives the controller inconsistently.

How should the educator respond?

- A. Tell her that asthma is lifelong and that her own recovery must have been a misdiagnosis
- B. Avoid the question of prognosis, as it cannot be predicted for an individual child
- C. Confirm that children usually do grow out of asthma by their teenage years, as she herself did, and focus the session on managing the intervening years until his symptoms settle of their own accord, rather than on the daily inhaler she is doubtful about
- D. Explore what she expects, explain that symptoms may lessen for some while the underlying tendency persists, and connect the daily treatment to how he is now

Answer: D

Question: 10

What is the purpose of conducting a needs assessment before developing an asthma education programme?

- A. To establish what the population needs, what already exists, and where the gaps are
- B. To measure whether an existing programme has achieved its stated objectives
- C. To satisfy the documentation requirements of the funding body, the board, and the regulator
- D. To determine how many educators the organisation will need to employ

Answer: B

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