

CASPIR - spirometry training in Dutch general Practice

CASPIR is a comprehensive multi-disciplinary educational programme (GPs and Practice Nurses) developed by Dr Tjard Schermer and colleagues in the Netherlands.

This educational programme combines e-learning with teaching led by specialist GPs, pulmonologists and lung technicians. Participants develop a 'spirometry portfolio' and complete five modules of training combining knowledge skills and practice. A formal evaluation of this educational programme demonstrates improvements in spirometry test quality.

[Impact of spirometry training on test quality in Dutch general practices. Preliminary results](#)

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Aim: Quality of spirometry in general practices is not always sufficient. In 2009 a spirometry course was developed and has now been implemented on a nationwide scale by the COPD & Asthma General Practice Advisory Group to improve spirometry test execution and interpretation in general practice. In this study we evaluate the impact of this so called 'CASPIR spirometry course' on the quality of spirometry tests.

Method: Before-after comparison of routine spirometry tests taken from the databases of two groups of practices: 15 that participated in the CASPIR course (5 modules for GPs and practice nurses, including e-learning and plenary teaching by a GP, pulmonologist and lung function (LF) technician; practise-teaching in a LF laboratory; assembling and assessment of a spirometry portfolio), and 15 that developed their own local spirometry quality improvement program (teaching of practice nurses by a LF technician; performing supervised spirometry tests in a LF laboratory). Random samples of 20 tests are taken before, and 20 tests after the CASPIR course or spirometry improvement program has been completed. Using ERS/ATS quality criteria, all tests are assessed by three LF technicians who are blinded for the origin and timing of tests.

Results: Preliminary analysis of tests from 6 practices (total of 207 tests) and after assessment by two LF technicians showed that the proportion of adequate tests increased from 76.5% to 82.2% in three 'CASPIR course' practices and from 55.6% to 72.1% in three 'local improvement program' practices.

Conclusion: Both approaches may lead to improved spirometry test quality in general practices. Final results of the study will be available in April 2012.

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