



## Letters to the Editor

**Training of Primary Care Health Professionals and Quality in Spirometry<sup>☆</sup>**

**Formación de los profesionales de atención primaria y calidad en la espirometría**

To the Editor:

We read with interest the letter to the editor from Dr J. Giner,<sup>1</sup> referring to a recent paper in which we showed the effectiveness of a supervised training program on spirometry for Primary Care professionals.<sup>2</sup> We appreciate the comments, and we agree on the importance of ensuring maximum quality in spirometry, including assessment of the validity of the maneuvers and reproducibility of the results. However, we believe that some of the issues discussed in relation to our study should be duly explained.

In our opinion, proper performance and interpretation of spirometry in Primary Care should be a team effort. It should begin with the appropriate indication from the doctor, followed by accurate implementation by the nursing staff, and finish with correct interpretation by both, although the person responsible for the final report will be the physician. It was for this reason that the training program evaluated included teams of doctors and nurses working in the same Primary Care centers, and not professionals of both types working individually. Moreover, for spirometries to be considered correct, the maneuver submitted for evaluation and the test report had to be error-free, and the doctor/nurse team also had to ensure that at least three valid maneuvers were obtained and that the reproducibility criteria recommended by the ERS/ATS<sup>3</sup> were met. This is the equivalent of a grade A (good quality) in the score mentioned by the author. This score is at present included in the most recent SEPAR guidelines that are coincidentally published in the same journal issue as our study.<sup>4</sup>

We totally agree with Dr. Giner that this is a limitation of the study (we mention this in the Discussion section), since the quality

of the spirometries could not be guaranteed due to the lack of verification of acceptability and reproducibility criteria in all the cases reviewed. For this reason, one aspect regarding the evaluation of the tests was modified in subsequent training sessions: the same program was implemented, but students had to print and submit the three valid maneuvers required of each spirometry. Thus, acceptability and reproducibility could be assessed and the quality of the studies could be analyzed. As described in our paper, the results were completely equivalent to those of the earlier sessions. Therefore, we may conclude that successful completion of a supervised training program such as the one we designed and evaluated here, both in the short and long terms, allows most Primary Care teams to improve their theoretical and practical knowledge of spirometry, and to produce very satisfactory rates of high quality spirometric studies.

**References**

1. Giner Donaire J. Calidad en la espirometría. ¿en qué nos basamos para definirla? Arch Bronconeumol. 2013.
2. Represas-Represas C, Botana-Rial M, Leiro-Fernández V, González-Silva AI, García-Martínez A, Fernández-Villar A. Efectividad a corto y largo plazo de un programa tutelado de formación en espirometrías para profesionales de atención primaria. Arch Bronconeumol. 2013;49:378–82.
3. Miller MR, Hankinson J, Brusasco V, Burgos F, Casaburi R, Coates A, et al. Standardisation of spirometry. Eur Respir J. 2005;26:319–38.
4. García-Río F, Calle M, Burgos F, Casan P, del Campo F, Gáldiz JB, et al. Normativa SEPAR. Espirometría. Arch Bronconeumol. 2013;49:338–401.

Alberto Fernández Villar,\* Cristina Represas Represas

Servicio de Neumología, Área de Xestión Integrada de Vigo, Instituto de Investigación Biomédica de Vigo, Vigo, Pontevedra, Spain

\* Corresponding author.

E-mail address: [alberto.fernandez.villar@sergas.es](mailto:alberto.fernandez.villar@sergas.es)

(A. Fernández Villar).

<sup>☆</sup> Please cite this article as: Fernández Villar A, Represas Represas C. Formación de los profesionales de atención primaria y calidad en la espirometría. Arch Bronconeumol. 2014;50:259.