



ascia

australasian society of clinical immunology and allergy

anaphylaxis e-training for schools 2023 REPORT



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INTRODUCTION

From December 2022 to December 2023, ASCIA included a post-training survey in the *ASCIA anaphylaxis e-training for Schools* course for Australia and New Zealand.

It was mandatory for each course participant to complete the survey which comprised eight questions. There were 31,602 surveys completed as follows:

- 30,997 respondents working in Australian schools.
- 65 respondents working in New Zealand schools.

For the purposes of this report, responses from those surveyed working only in New Zealand schools (n = 65) have been omitted.

Responses from the surveys were analysed in 2024, providing the following valuable insights:

- Information about the survey respondents including their geographical region, the type of school they are working in and their role at that school.
- Whether survey respondents felt the training was relevant to the work they are currently engaged in.
- Whether respondents have suggestions about how the *ASCIA anaphylaxis e-training for Schools* could be improved.

About ASCIA

ASCIA's purpose is to advance the science and practice of allergy and clinical immunology.

ASCIA achieves this by promoting the highest standard of medical practice, training, education, and research to improve the quality of life and health of people with immune system disorders. These include allergies, immunodeficiencies and other immune diseases.

An integral component of this is the provision of high-quality allergy and immunology education resources, including e-training courses for schools and children's education/care (CEC) staff.

ASCIA anaphylaxis e-training courses for schools and children's education/care (CEC) staff were first developed in 2010. The courses provide accessible, consistent, and evidence-based training on recognition, emergency treatment and prevention of anaphylaxis. To facilitate access, ASCIA e-training courses are available at no charge to the user.

ASCIA anaphylaxis e-training is important for the following reasons:

- Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency.
- Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle.
- If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.



METHOD AND ANALYSIS

Both quantitative and qualitative analyses of the responses was undertaken by an ASCIA Project Officer who had no prior involvement in the development or delivery of the survey.

Respondents were presented with eight survey questions comprising of:

- Three demographic questions.
- Four multiple choice questions.
- One open ended question (optional).

The three demographic questions asked respondents to provide some basic information about the work they are currently undertaking.

1. Geographical region(s) where they were currently either working or undergoing training in education.
2. Education roles.
3. Education sector they work in.

The four multiple choice questions were designed to obtain information about the type of device used to complete the training module, to indicate how relevant the course material was to their practice, and to determine what aspects of the course the respondents liked. Respondents were asked to indicate if there **“Was something you expected or wanted in the course, and it wasn’t included?”**. Respondents who indicated “Yes”, were encouraged to provide details free text response. These responses were reviewed and analysis for themes was undertaken.

The open ended question **“Do you have any comments about how we can improve the course?”** was not compulsory for respondents to answer. Responses provided were reviewed and the following themes identified:

- Improve the user experience
- Difficulty with access to course content/exam certificate
- More visual elements
- More detailed information
- More information about adrenaline injectors
- Less repetition
- More case scenarios and case-based learning
- Access to summarised information

FINDINGS

Overall, the information provided in *ASCIA anaphylaxis e-training for Schools* was well received by those who completed the course.

Region of Practice:

- **58.1%** work in a metropolitan area (in or near a major city).
- **25.6%** work in a regional, rural or remote area.
- **1.9%** work in both a metropolitan area (in or near a major city) and a regional, rural or remote area.

Type of school*:

- **23.6%** work in an independent school.
- **22.0%** work in a catholic school.
- **19.6%** work in a public school.
- **17.8%** are not currently working in a school.
- **17.0%** are currently training to work in a school.

*The results do not include data from school staff in:

- NSW schools who complete ASCIA e-training on the NSW Department of Education platform.
- Most Victorian schools, as the feedback survey was not mandatory in 2023 in the Victorian specific course.

Professions:

- **45.1%** were teachers.
- **17.4%** were teacher's assistants.
- **7.6%** were working in school administration.
- **32.8%** were working in other roles at the school.

Relevancy to current practice:

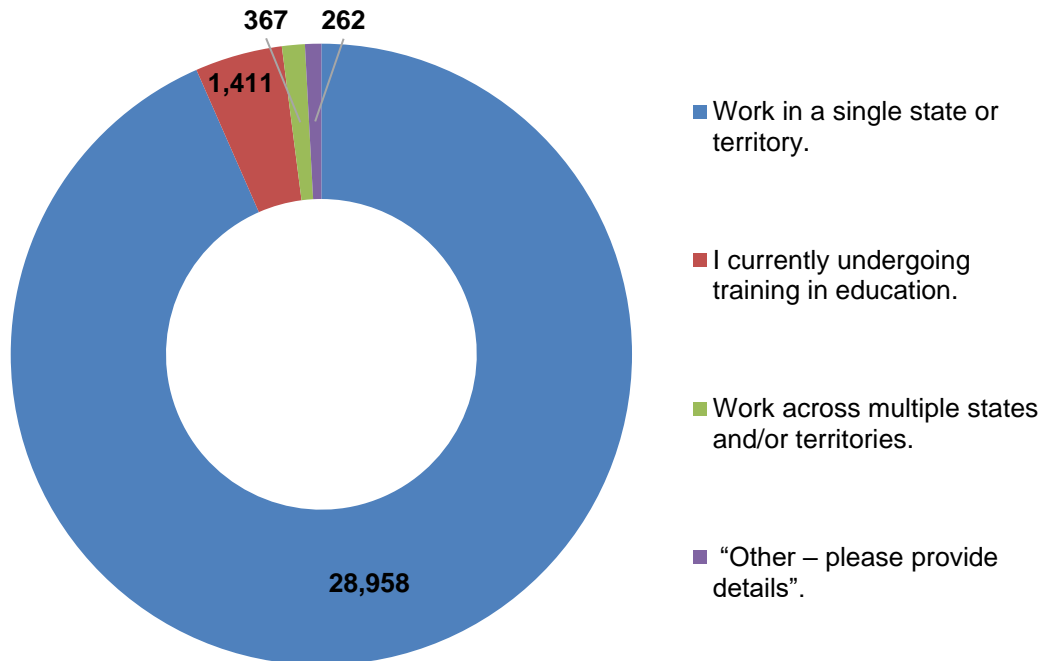
- **83.5%** found the course entirely relevant to their role.
- **15.4%** indicated that the course was partially relevant.
- **1.1%** did not find the course relevant to their role.

Course content:

- **94.1%** indicated there was nothing missing from the course.
- **89.1%** indicated that the course content did not need to be improved.

“In what region do you work?”

Respondents were asked to select the state or territory in which they worked, and to identify whether the region they worked in was a metropolitan area (in or near a major city), or a regional, rural or remote area. Also included in this list was the option for respondents to indicate they were currently undergoing training in education.



There were 30,997 responses to this question.

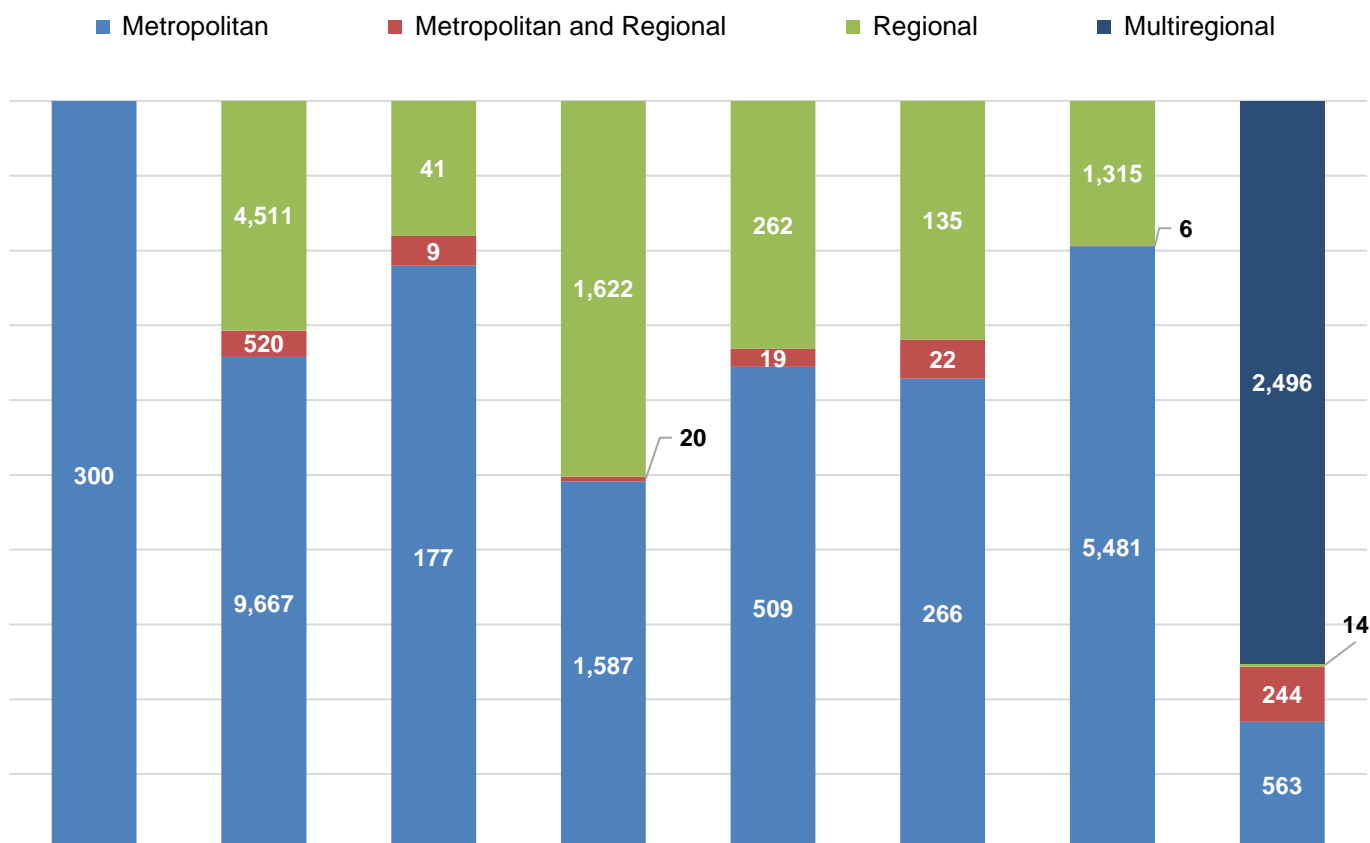
- 93.4% (n = 28,958) respondents indicated that they worked in a single state or territory.
- 4.5% (n = 1,411) indicated that they were currently undergoing training in education.
- 1.2% (n = 367) indicated that they worked across multiple states and/or territories.
- <1% (n = 262) selected the option “Other – please provide details”.

Further analysis was conducted for the 28,958 respondents who indicated their primary region of work was within a **single state or territory**.

Included in this analysis were responses from a targeted survey of Victorian schools (n = 1,731). Respondents completing this particular survey could indicate the region within the state of Victoria in which they work by selecting one or more of the following:

- North Eastern.
- North Western.
- South Eastern.
- South Western.

These survey responses from Victoria have been given the classification “Multiregional” in the following graph.



- 58.1% (n = 18,017) work in a metropolitan area (in or near a major city)
- 25.6% (n = 7,935) work in a regional, rural or remote area.
- 1.9% (n = 603) work in both a metropolitan area (in or near a major city) **and** a regional, rural or remote area.

Australian Capital Territory (ACT) n = 300

There were 300 respondents who indicated that they worked only in the **Australian Capital Territory**.

- 99.% (n = 293) work in a metropolitan area (in or near a major city)
- 0.2% (n = 7) work in a metropolitan area and are also undergoing training to work in a school.

New South Wales (NSW) n = 14,698

There were 14,698 respondents who indicated that they worked only in the state of **New South Wales**.

- 62.3% (n = 9,162) work in a metropolitan area (in or near a major city)
- 29.4% (n = 4,326) work in a regional, rural or remote area
- 8.2% (n = 1,210) work in a combination of both, and/or are currently undergoing training to work in a school.

Northern Territory (NT) n = 227

There were 227 respondents who indicated that they worked only in the **Northern Territory**.

- 77.5% (n = 176) work in a metropolitan area (in or near a major city)
- 18.1% (n = 41) work in a regional, rural or remote area
- 0.4% (n = 10) work in a combination of both, and/or are currently undergoing training to work in a school.

Queensland (QLD) n = 3225

There were 3225 respondents who indicated that they worked only in the state of **Queensland**.

- 49.1% (n = 1,584) work in a metropolitan area (in or near a major city)
- 50.2% (n = 1,618) work in a regional, rural or remote area
- 0.7% (n = 27) work in a combination of both, and/or are currently undergoing training to work in a school.

South Australia (SA) n = 790

There were 790 respondents who indicated that they worked only in the state of **South Australia**.

- 64.2% (n = 507) work in a metropolitan area (in or near a major city)
- 33.2% (n = 262) work in a regional, rural or remote area
- 2.7% (n = 21) work in a combination of both, and/or are currently undergoing training to work in a school.

Tasmania (TAS) n = 420

There were 420 respondents who indicated that they worked only in the state of **Tasmania**.

- 62.6% (n = 263) work in a metropolitan area (in or near a major city)
- 31.4% (n = 132) work in a regional, rural or remote area
- 0.7% (n = 28) work in a combination of both, and/or are currently undergoing training to work in a school.

Western Australia (WA) n = 6,802

There were 6802 respondents who indicated that they worked only in the state of **Western Australia**.

- 80.5% (n = 5,478) work in a metropolitan area (in or near a major city)
- 19.3% (n = 1,315) work in a regional, rural or remote area
- <0.1% (n = 27) work in a combination of both, and/or are currently undergoing training to work in a school.

Victoria (VIC) n = 2,496

There were 2,496 respondents who indicated that they worked only in the state of **Victoria**.

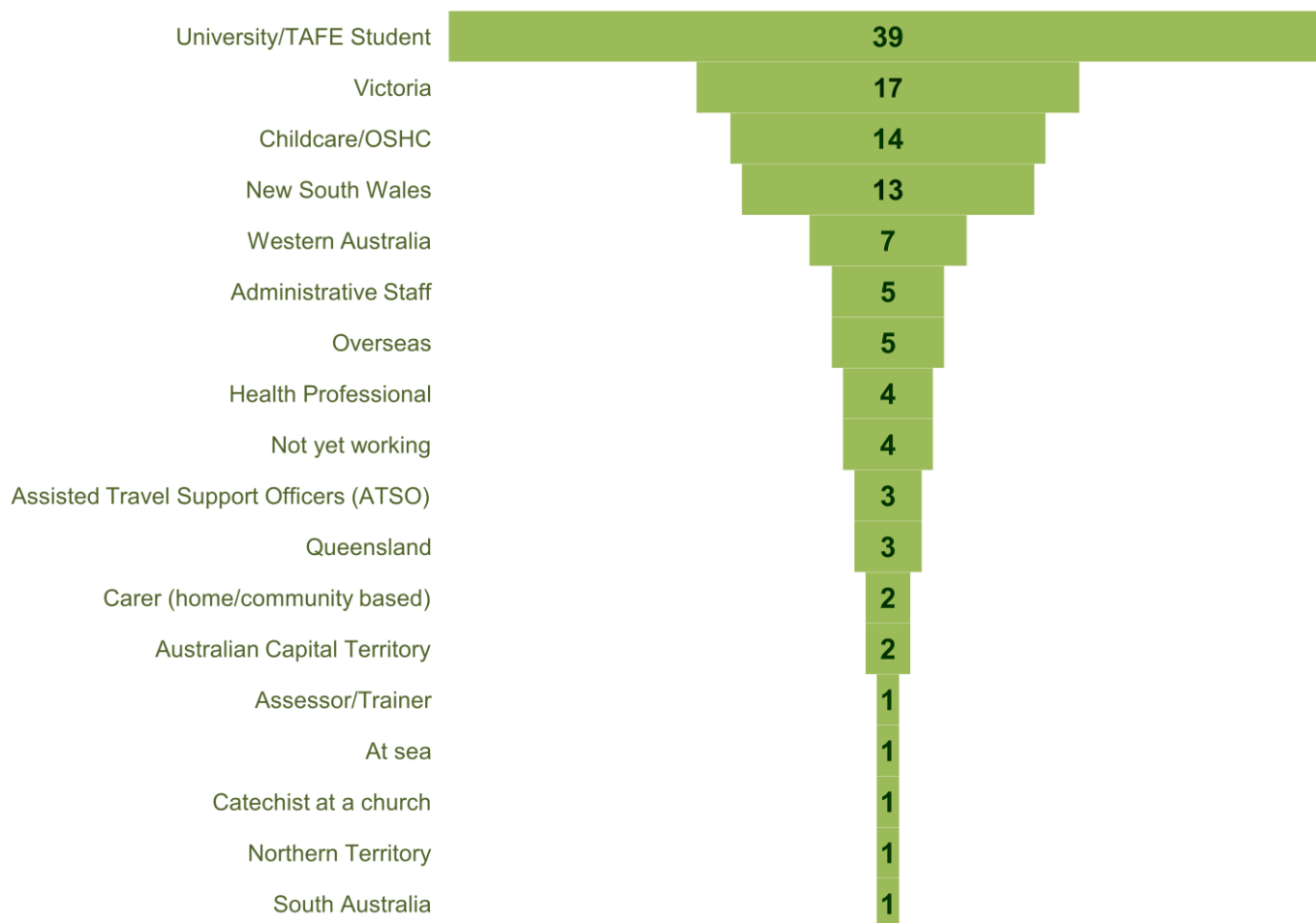
- 22.2% (n = 554) work in a metropolitan area (in or near a major city)
- 9.7% (n = 241) work in a regional, rural or remote area
- 0.9% (n = 24) work in a combination of both, and/or are currently undergoing training to work in a school.
- 27.7% (n = 692) work in the South/East region of Victoria
- 12.9% (n = 323) work in the North/East region of Victoria
- 11.5% (n = 287) work in the South/West region of Victoria
- 14.6% (n = 364) work in the North/West region of Victoria
- 0.4% (n = 9) work in a combination of the South/East, South/West, North/East, North/West regions of Victoria.

Respondents could select “Other” for the region in which they worked in the absence of a more appropriate option. Details about the region in which they worked was requested.

- 53.0% (n = 139) of respondents did not provide any further details.
- 47.0 % (n = 123) provided a free text response.

Free text responses were analysed and where possible, grouped together in similar categories.

Details of "Other" region

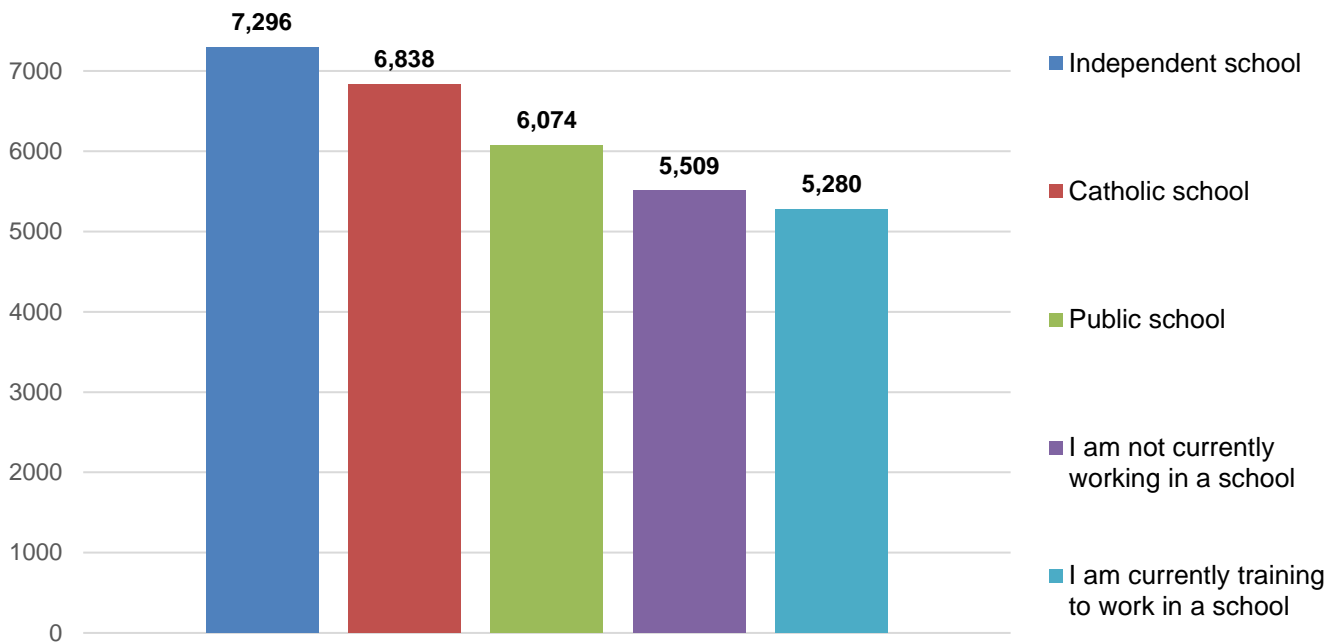


“What type of school do you work in?”

There were 30,997 responses to this question.

- 23.6% (n = 7,296) respondents indicated that they worked in an independent school.
- 22.0% (n = 6,838) indicated that they worked in a catholic school.
- 19.6% (n = 6,074) indicated that they worked in a public school.
- 17.8% (n = 5,509) indicated they are not currently working in a school.
- 17.0% (n = 5,280) indicated they are currently training to work in a school

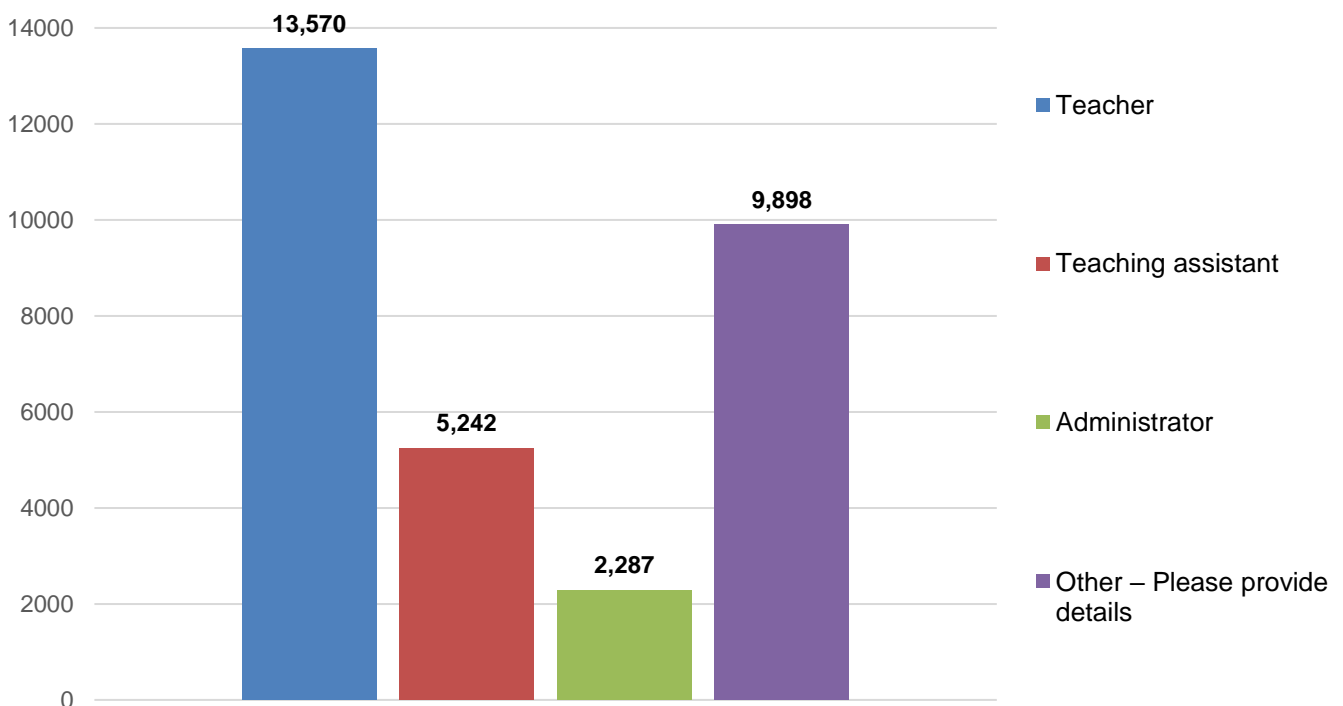
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“What is your main role in the school?”

There were 30,997 responses to this question.

- 45.1% (n = 13,570) respondents identified as teachers.
- 17.4% (n = 5,242) respondents identified as teacher’s assistants.
- 7.6% (n = 2,287) respondents identified as working in school administration.
- 32.8% (n = 9,889) respondents did not identify with any of the choices available so have provided further details in free text response.

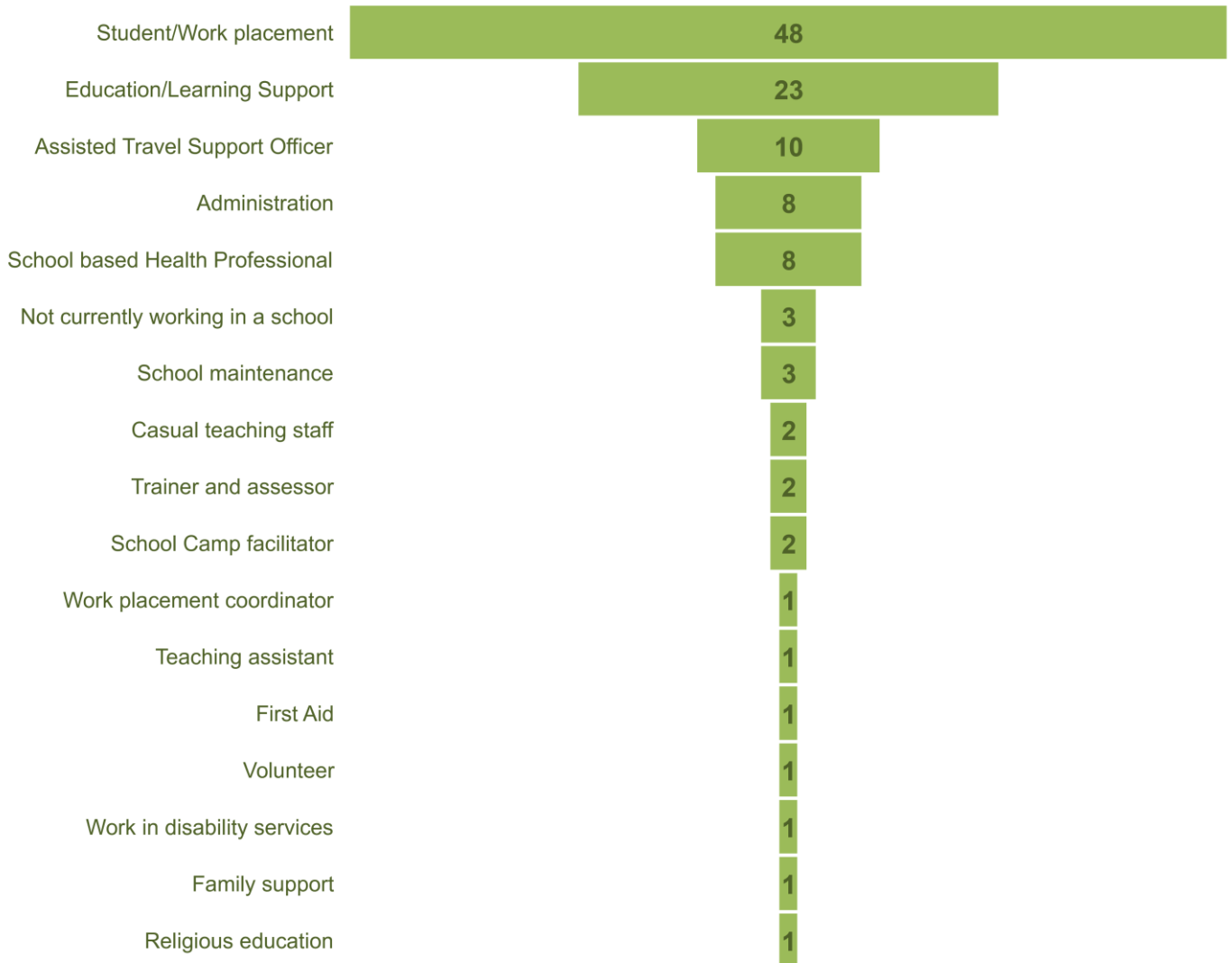


Respondents could select “Other” for their current role in the absence of a more suitable option and provide further details.

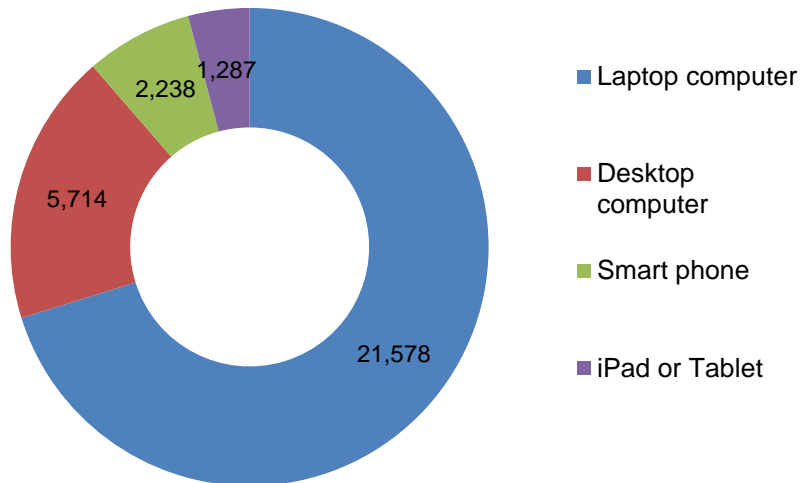
- 98.9% (n = 9,773) of respondents did not provide any further details.
- 1.1 % (n = 116) provided a free text response.

Free text responses were analysed and where possible, grouped together in similar categories.

Details of "Other" role

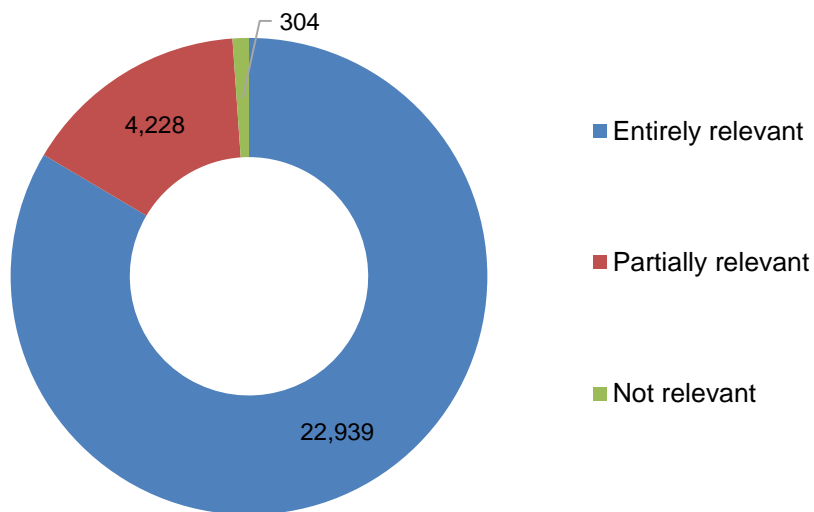


“What device did you use mainly to complete the course?”



Laptop computer	Desktop computer	Smart phone	iPad or Tablet
21,758	5,714	2,238	1,287
70.2%	18.4%	7.2%	4.2%

“How relevant was the course content to your work?”

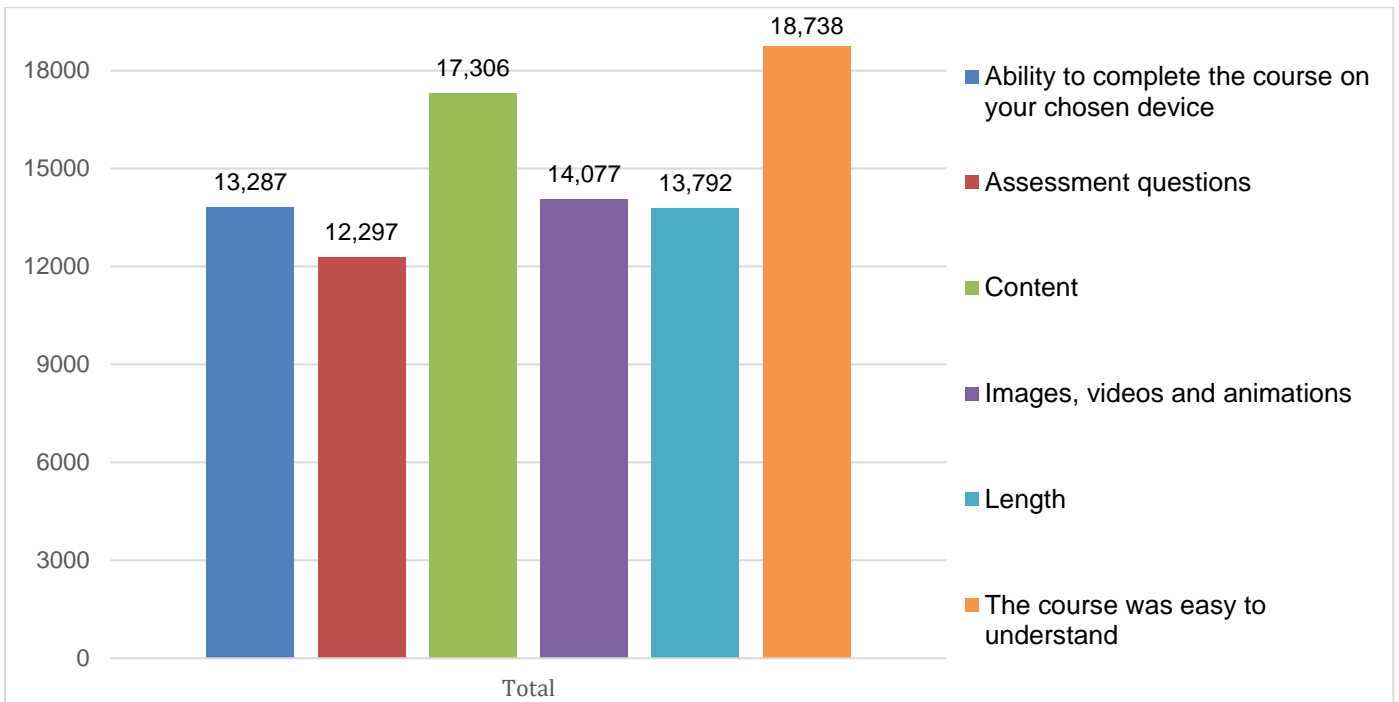


Entirely relevant	Partially relevant	Not relevant
22,939	4,228	304
83.5%	15.4%	1.1%

Of the 30,997 respondents, 3,526 were unable to assess relevancy of the course to their role:

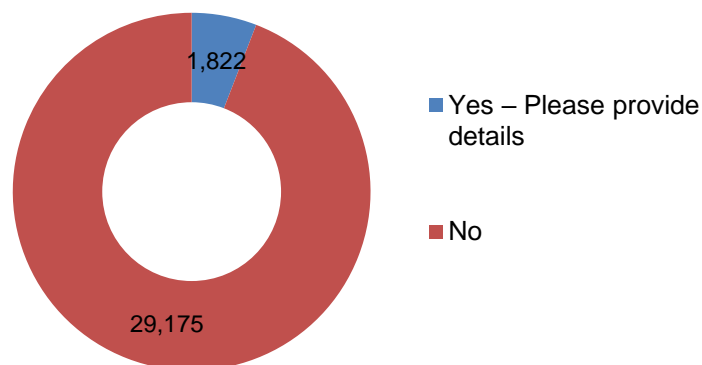
- 7.8% (n=2,423) were undergoing training to work in a school.
- 3.5% (n=1,103) were not currently working in a school.

“What did you like about the course?”



Ability to complete the course on your chosen device	Assessment questions	Content	Images, videos and animations	Length	The course was easy to understand
13,827	12,297	17,306	14,077	13,792	18,738
42.9%	39.8%	55.8%	45.4%	44.5%	60.5%

“Was there something you expected or wanted in the course, and it wasn’t included?”



There were 30,997 responses to this question:

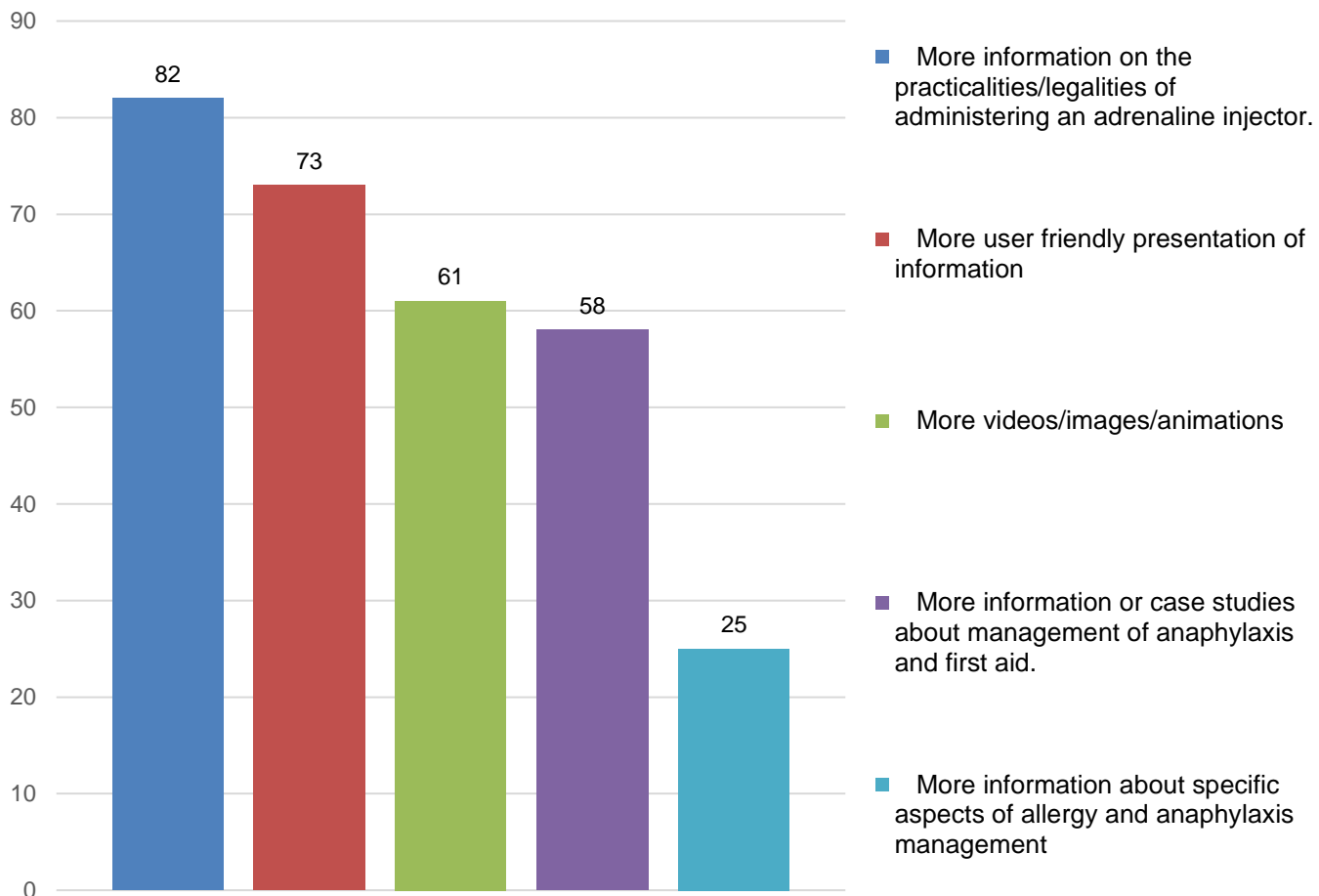
- 94.1% (n = 29,175) of respondents selected “No”, indicating there was nothing missing from the course.
- 5.9% (n = 1,822) of respondents selected “Yes” and were invited to provide further information.

Analysis was conducted of the information provided by the 1,822 respondents who selected “Yes”:

- 56.1% (n = 1,023) of respondents provided either no detail or entered indecipherable text in the field provided.
- 27.4% (n = 500) of respondents provided details that although did not answer the question posed, were consistent with confirmation that their expectations of the course were met.

A total of 16.4% (n = 299) of respondents provided information that was analysed for themes, of which five were identified.

- More information on the practicalities/legalities of administering an adrenaline injector (n = 82).
- More user-friendly presentation of information (n = 73)
- More videos/images/animations (n = 61).
- More information or case studies about management of anaphylaxis and first aid (n = 58).
- More information about specific aspects of allergy and anaphylaxis management (n = 25).



More information on the practicalities/legalities of administering an adrenaline injector (n = 82).

Respondents expected there to be more information about the practical side of administering an adrenaline injector to be included in the course. Examples of this information include the administration technique itself, and potential legal implications that may need to be considered.

“A sentence about confirming that you can/cannot re-apply adrenaline in the same leg, information on restraining children who are struggling or distressed to administer adrenaline. What the advice is for helping panicked children would be helpful also.”

“Curious to know what to do for children less than 1 year old, given the recommended EpiPen age starts at age 1.”

“I want to have hands-on experience of using the adrenaline injectors after attending the course.”

“I thought we would learn virtually how to use the EpiPen and other adrenaline injectors.”

“I thought that there would be a section where we could interact with the two Adrenaline (epinephrine) injector models. This would require us to press and drag the relevant parts of the injectors that need to be removed to arm them, then we drag the injector to the outer mid-thigh.”

“Legal expectations or requirements from administering adrenaline autoinjectors - especially for children in a school setting.”

“Maybe a way to remember what order to remove the ends of the Anapen, as the EpiPen was easier to remember due to ‘blue to the sky, orange to the thigh’.”

“Questions and answers about what to do if a person who for whatever reason cannot access their own autoinjector - if they are able to use a general one/and the issues involved in using an injector that is cloudy, or the possibility to use two junior EpiPens if an adult one cannot be used.”

“The course says if a 150microgram is not available for a young child you can use a higher dose (300 microgram). It is not clear as to whether the Anapen 500 microgram should be used if neither 150 or 300 is available.”

“I expected the course to give me knowledge and confidence using an EpiPen or Anapen.”

More user-friendly presentation of information (n = 73)

Responses in this group addressed expectations of course delivery and ease of user access that identified as being unmet by respondents.

“I thought there would be a read-aloud option to listen to the content.”

“I would be very beneficial for my learning style to have had access to a complete PDF of all the content covered in the course for study and future use.”

“If I answered one question incorrectly in the final quiz, I expected all my correct answers to be pre-filled.”

“It would be great to have a booklet summary of the information set out in the course included along with the certificate at the end of the course.”

“The kind of thing I could read in 3-6-9 months’ time to quickly remind myself of the content covered in the course.”

“Less text - it would be more helpful to have more variety in the information formatting.”

“More efficient way of logging in. Too frustrating and took too long.”

“Some of the questions were made more tricky due to the way it was worded. Any ones I was confused with was due to the wording, not the content.”

“The ability to just go straight to an incorrect question rather than doing the entire thing over again.”

“The content in Module 4 was too wordy and needed more images.”

More videos/images/animations (n = 61).

Frequently identified was the expectation that more visual and interactive user content would have been included in the course.

“A simulation video of someone presenting with symptoms and then demonstrating the required steps to administer an epi/ana pen all the way to the end - calling ambulance and emergency contacts, filling in report form. As written instructions and pictures are not always as easy to remember as a visual demonstration.”

“A video showing a real adult with student feeling effects (acting) of anaphylaxis, being encouraged to lie down and showing how the teacher is responding, how they get and use the EpiPen, and Anapen, visually, in real life acting of a scenario would leave a greater impression than just words to remember.”

“I would have appreciated videos of actors portraying real life scenarios, e.g. how to use an EpiPen, how to respond in the different situations, not just a transcript but maybe an acted scene, please.”

“Inclusion of videos of people using the adrenaline autoinjectors in the real-life.”

“It would be fantastic to be able to view a video during this course of both the EpiPen and Anapen being administered in real life (or just the practice pens on human leg). It would also be good to use photos in this training of individuals who are experiencing anaphylaxis (including swollen tongue, rashes etc) to help course participants get a visual of exactly what anaphylaxis can look like.”

“Videos of canteen volunteers being briefed about food safety.”

“More images would help. It was much easier to remember facts when an image was included.”

“Maybe a real-life example/ photo/video of the recovery position for adults, children and babies. Graphic was Okay - but to me it wasn't clear.”

“Less independent reading of endless text. I had to use a read-out-loud program to force myself to stay focused. To cater to students with disability, or learning difficulties, please consider making this entire module more interactive and visual. I would say make all the content into short video clips (the ones provided were great) and frequent questions to answer to stay focused and engaged.”

More information or case studies about management of anaphylaxis and first aid (n = 58).

In the opinion of many respondents, there was an expectation that case-based learning would be included in the course.

“Real-life story and questions with a scenario to understand the reality of it.”

“I will be an allied health professional coming into the school for the day, so if I am in a room/building separate from the office it would have been helpful to have a scenario that outlined the steps to take in terms of calling for help or informing others. For example, would I administer an EpiPen then call the office to call an ambulance or directly call an ambulance from my mobile and then call the office for support? Perhaps it is up to the school.”

“I expected harder questions, or questions to be scenarios where we would provide an answer for best course of action.”

“I expected at least a brief description of how to conduct CPR.”

“Detailed information relating to Anaphylaxis, risk management, awareness and duty of care in a school setting.”

“How to complete CPR.”

“Further information to assist with Student Reception/Sick Bay role.”

“I would have liked real-life examples to see it before doing the test.”

“Practical steps and defining areas of responsibility.”

“The role and expectations of an external allied health service provider who is visiting the school.”

More information about specific aspects of allergy and anaphylaxis management (n = 25).

Information about other allergic conditions and more detailed information about how to manage allergic reactions (not just anaphylaxis) was also expected to be included.

“Explanation of what to do if someone has signs/symptoms of anaphylaxis but has not been diagnosed with allergies.”

“I wanted an explanation of how antihistamines don’t work, or what the hospitals do to help with anaphylaxis.”

“Food intolerances vs allergies.”

“More about allergy plans.”

“Just for interest’s sake, I would have liked to know stats around Anaphylaxis in WA schools - the prevalence, how often schools are dealing with this, or any other real examples or information.”

“More information on when to determine if it is asthma or anaphylaxis. I have a son who is mild-moderately allergic to walnuts, and he gets asthma when unwell. According to your training, I should be giving him adrenaline if he is struggling to breathe, which isn’t the message I got from (all) of our doctors. It’s quite a grey area.”

“To know if all allergies that become anaphylaxis should also be given antihistamine if not on their anaphylaxis plan. I was told by a doctor that the antihistamine should always be administered as that treats the allergy and the EpiPen opens up the airways to keep them alive.”

“How this information is applied in other contexts, e.g. particularly whether the anaphylaxis plans have to be hung up in churches etc.”

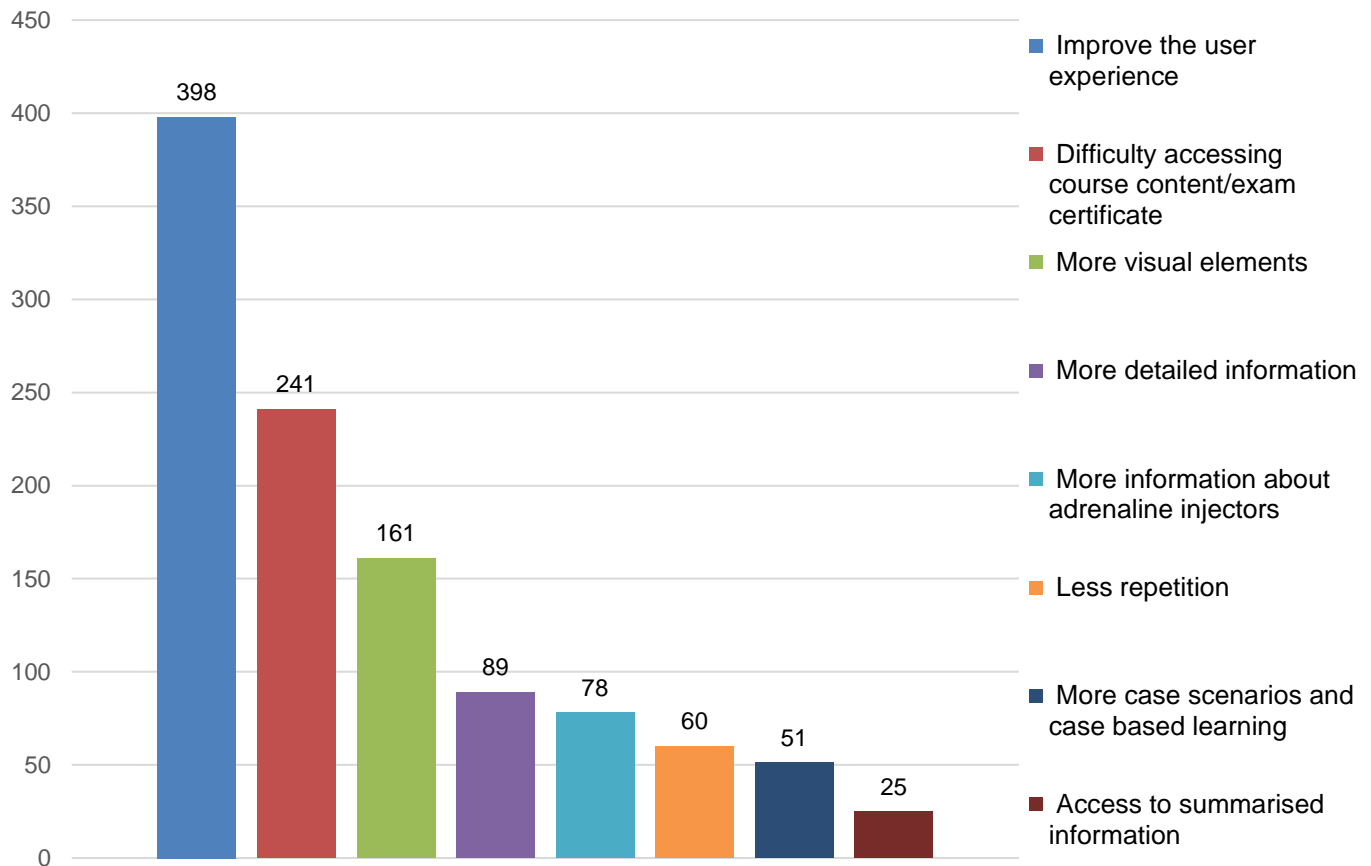
“Do you have any comments about how we can improve the course?”

Of the 30,977, 89.1% (n = 27,607) of individuals provided either no response, or entered “No”, “N/A”, “Nil” or similar in the text field. The remaining 3,370 individuals provided responses that fell into one of two groups:

- 67.3% (n = 2,267) used the opportunity to enter positive feedback about the course, rather than add comments about how the course could be improved.
- 32.7% (n = 1,103) offered suggestions about how the training modules could be improved. Due to the freedom of respondents to enter unlimited text, an analysis for recurring themes was undertaken and responses were categorised accordingly.

Suggestions on how the course could be improved were analysed and seven themes were identified:

1. Improve the user experience (n = 398)
2. Difficulty with access to course content/exam certificate (n = 241)
3. More visual elements (n = 161)
4. More detailed information (n = 89)
5. More information about adrenaline injectors (n = 78)
6. Less repetition (n = 60)
7. More case scenarios and case-based learning (n = 51)
8. Access to summarised information (n = 25)



Improve the user experience (n = 398)

Comments in this theme suggested making changes to aspects of the ASCIA anaphylaxis e-training for Schools course to enhance the user experience.

“It was a bit annoying to scroll down the page every time in each module. It may have been better to have an automatic scroll function or to fit the module page to the screen size.”

“I found it a little confusing to navigate in terms of the module tabs being rather small and therefore not obvious. The layout could be improved. Perhaps even having more quiz questions per page instead of needing to hot next.”

“Make the font of the modules larger, darker and more engaging. Make the menu bars more up to date and contemporary looking.”

“More interactive, drag and drop. More real-life examples. Give us an audio book option so we can smash it out on the drive into work or on the train.”

“Too detailed for a teacher to complete - they do not need to constantly be asked what colour the cap and the safety release is. We just need to have a few practical experiences and we will remember! There were way too many questions.”

“Remove the music from the video on how the body reacts to allergens and can cause anaphylaxis. The audio levels were too loud under the voiceover (and also just generally distracting) which made it hard to concentrate on the information being presented.”

“Shuffling re-attempts causes cognitive overload. Consider keeping the same order of questions. Also, allow quiz to self-mark as you progress instead of completing it all at one time. It is overly clunky the way it is currently administered.”

“Some of the formatting of the questions and then if you get it correct or not could be improved - change the font, use an icon for correct/incorrect to make it stand out more.”

“The layout of your site and the questions is not very clear and easy to see. It’s not intuitive and sometimes it was hard to see what I was supposed to click on. I had to guess a few times.”

“The length of the course - a lot of text and needed to be shorter and more interactive. I found it a bit of a slog having to read so much information. The content was fine, but the information needed to be presented better.”

“The way to start the course was not easy to see, there needs to be a big button or something that says press here to start, I only stumbled across the beginning because I was so frustrated at seemingly going round and round in circles that I was clicking on anything I could see. It is not very clear, instead of being called an information page it should be called the start page.”

“Website and course layout. the pages and wording feel messy and when looking at the screen I feel I didn’t know where to look or go next. Confusing.”

“When completing the assessment, you should not have to answer again questions that you have already got correct. People working in schools do not have the time to go back and answer things that they already have correct.”

Improve access to course content/exam certificate (n = 241)

Comments within this theme were from respondents who had some difficulty accessing course content which included issues with navigation through the modules, loading course content such as videos and accessing their certificate of completion.

“Video not working, and I needed to use smart phone and laptop to access all material.”

“Was very time consuming to set up user account. We all use iPads and we all had issues getting into it regardless of which browser was used. Once set up it flowed nicely but we all needed extra time because of the initial delay.”

“Very difficult to log in.”

“Could not find a certificate on completion of the course. No guide or information.”

“Easier to print out the Certificates, needs to be a clear link to click straight onto when you get 100% on the quiz. No clear link, although I had to redo the quiz.”

“Access to platform and how to begin course is not clear - interface needs to be improved.”

“Badly designed interface, this is my 5th attempt at providing feedback it just loops back and I cannot print the certificate.”

“Date of expiry on certificate, so we know when to re-do the course.”

“Thank you for these courses. We have more and more children with anaphylaxis every year. It is always important to revise the skills and knowledge needed. I have found how to get my certificate a bit complicated.”

“The assessment was difficult to undertake as check boxes do not line up with questions. It took a couple of attempts until I realised that it was best to click on the actual answer as opposed to the check box. This made it quite a frustrating experience.”

More visual elements (n = 161)

In addition to comments about improving the user experience, more targeted comments suggesting more visual elements be included throughout the ASCIA anaphylaxis e-training for Schools course were noted.

“I personally like videos more than having to read. So maybe having the information split more evenly between video and written text would have made it easier to work through.”

“It can be improved by adding videos of administering adrenaline injectors used in practical training of first aid course.”

“Maybe showing a video of the different stages of anaphylaxis on a real human so we can see how the adrenaline provides relief.”

“More optional videos with the written information for another way to learn and take in the information.”

“The course is very informative with excellent content. However, I find reading such a large amount of information quite unappealing. As a visual learner, I would rather watch a video/s and listen to someone well-spoken narrate, with the option of reading the text available underneath for

those who prefer to read for themselves or read at the same time as watching the video for reinforcement. Great job though - certainly didn't put me to sleep!"

"The course was excellent. It could be enhanced by having images of people with symptoms e.g. hives, swelling etc. could be helpful to see what it looks like."

"The font can be larger. If more interactive videos are used for presenting information, that would be more engaging people to learn."

"More videos would be great for visual learners."

More detailed information (n = 89)

Requests for additional and/or more detailed information on certain elements of the course were made by respondents.

"Provide simple further explanations regarding to the technical terms."

"There was no information provided about allergy plans. A template was shown but no further mention about how to read them or interpret the medications on them."

"The course content was quite informative and very well structured. More insights on different types of allergies and associated risk management procedures would be useful. Thank you for getting us to do the training modules."

"The part about the plans and different colours and what they meant could have been explained in a video for easier understanding, as it took me a really long time to go through that part."

"Some answers or statements were vague or lacking in information."

"The wording about supplying the documentation when 'enrolling in school'; vs 'at time of enrolment' in the quiz was confusing because these terms are used interchangeably by colleagues in the schools where I work as a Social Worker."

"Maybe give clearer options (map) on places to complete practical training."

More information about adrenaline injectors (n = 78)

Some respondents mentioned that they would like more information specific to the different brands of adrenaline injector included in the course.

"Better information to address the question, 'What happens if I administer an EpiPen/Anapen and the patient was not suffering from anaphylaxis?'- Information was available but too vague."

"I was told in a previous First Aid course that when you need to administer a second dose of adrenaline it should be done in the other leg. We were told a story of how someone administered a second dose in the same leg and the patient's body didn't respond and they died. If this information is correct, then this point should be added to the information in this course."

"Include what an expired EpiPen looks like."

"Just post more detailed videos of how to inject adrenaline injection."

"What you should do if you don't have an EpiPen"

“Perhaps, in addition to the animated videos, have some videos of people demonstrating the use of the EpiPen and Anapen.”

“The question re: the Anapen grey needle shield vs grey safety cap could be a little more clearer.”

Less repetition (n = 60)

It was noted that some respondents found the material to be repetitive in some sections of the course and commented that the course might be improved by simplifying the modules to avoid duplication of information.

“Some of the content was repetitive in different modules. For example, how to position a person was discussed around 4 times and it was the exact same content.”

“Videos are great, but frustrating when you have just read the exact same information.”

“Simplify the presentation of content. While comprehensive, it was also excessive and repetitive at times, making it confusing to remember important details and required a few repeated attempts for quizzes.”

“Shorten the information as some information was presented multiple times.”

“Too many clicks of mouse when answering questions. Once you click submit you see the answer, then click to go to next question. not click submit, click to see answer and then click to go to next question. too many clicks. Course also appears to be longer in duration and repetitive in some areas.”

More case scenarios and case-based learning (n = 51)

For many respondents, the inclusion of scenarios and case-based learning would enhance their understanding of anaphylaxis.

“It’s not very interactive, I would rather some more complex scenarios and/or case studies.”

“More interactive/scenario-based questioning.”

“Perhaps some interviews with teachers who have gone through the experience of administering EpiPens in an emergency situation firsthand.”

“To see footage of a student going into anaphylaxis (with actors) and how the procedure plays out in ‘real life’, including the call to 000 and when paramedics arrive, documentation to complete (examples).”

“You can give more scenario-based questions to check what types of right actions/decisions will be taken spontaneously at the scene.”

“Video simulation of anaphylaxis episode in classroom or on oval and how to move through the scenario step by step.”

Access to summarised information (n = 25)

Mentioned within some of the comments was the preference for a summary sheet or access to something printable for later reference.

“Having a summary sheet towards the end of each module could be helpful to recall main ideas.”

“Maybe a little PDF, containing the most important information, would be helpful as a download after the completion of the training module.”

“Summary dot points at the end of each section.”

“Perhaps a summary roundup of all important points at the end of each section/chapter, to refresh the knowledge of the person reading.”

“Allow me to print the questions and answers so that I can refresh my knowledge at a quick glance on a regular basis throughout the year.”

ACTIONS that ASCIA will take as a result of e-training surveys

ASCIA will:

- Review and update the *ASCIA anaphylaxis e-training for Schools* course to improve the user experience based on feedback. In 2024-2025 ASCIA will achieve this by developing:
 - An animated webcast version of the short refresher anaphylaxis course for schools.
 - Professional videos of adrenaline injectors being used.
 - Professional videos and/or animations of case studies and scenarios will be considered.
- Make existing questions at the end of each module optional.
- Promote regular training by encouraging participants to make a reminder note in their calendars to complete the refresher training in 12 months, with a web link to the course.
- Continue to mandate the *ASCIA anaphylaxis e-training for Schools* course post-training survey and review survey results on a 12 monthly basis and update questions based on previous results.

SURVEY QUESTIONS (2022 – 2023)

Evaluation survey 2023: ASCIA anaphylaxis e-training for Schools

ASCIA has provided accessible, consistent and evidence-based anaphylaxis e-training courses for schools since 2010, which are regularly reviewed and updated.

To help ASCIA to improve this course, please complete this short survey which will only take a few minutes. All information collected will be anonymous.

Question 1. [compulsory]

In what region/s (listed below in alphabetical order) do you work?

- Australian Capital Territory
- New South Wales - Metropolitan area (in or near a major city)
- New South Wales - Regional, rural or remote area
- New Zealand - Metropolitan area (in or near a major city)
- New Zealand - Regional, rural or remote area
- Northern Territory - Metropolitan area (in or near a major city)
- Northern Territory - Regional, rural or remote area
- Queensland - Metropolitan area (in or near a major city)
- Queensland - Regional, rural or remote area
- South Australia - Metropolitan area (in or near a major city)
- South Australia - Regional, rural or remote area
- Tasmania - Metropolitan area (in or near a major city)
- Tasmania - Regional, rural or remote area
- Victoria - Metropolitan area (in or near a major city)
- Victoria - Regional, rural or remote area
- Western Australia - Metropolitan area (in or near a major city)
- Western Australia - Regional, rural or remote area
- Other - Please provide details:
- I am currently training to work in a school

Question 2. [compulsory]

Do you work in a:

- Public school
- Catholic school
- Independent school
- I am not currently working in a school
- I am currently training to work in a school

Question 3. [compulsory]

My main role in the school is:

- Teacher
- Teaching assistant
- Administrator
- Other – Please provide details:

Question 4. [compulsory]

What device did you use to complete the course?

- Desktop or laptop computer
- iPad or tablet
- Smart phone

Question 5. [compulsory]

How relevant was the course content to your work?

- Entirely relevant
- Partially relevant
- Not relevant
- I am not currently working in a school
- I am currently training to work in a school

Question 6. [compulsory]

What did you like about the course?

Select one or more of the following:

- Content
- Length
- Images, videos and animations
- Assessment questions
- Ability to complete the course on your chosen device
- The course was easy to understand

Question 7. [compulsory]

Was there something you expected or wanted in the course, and it wasn't included?

- Yes – Please provide details:
- No

Question 8.

Do you have any comments about how we can improve this course?

Please provide details:

Evaluation survey 2023: ASCIA anaphylaxis e-training for Schools VIC

To help ASCIA to improve this course, please complete this short survey which will only take a few minutes. All information collected will be anonymous.

Question 1. [compulsory]

In what region/s (listed below in alphabetical order) do you work?

- North/Eastern
- North/Western
- South/Eastern
- South/Western

Question 2. [compulsory]

Do you work in a:

- Government school
- Catholic school
- Independent school
- I am not currently working in a school
- I am currently training to work in a school

Question 3. [compulsory]

My main role in the school is:

- Teacher
- Education support
- School leader
- Other – Please provide details:

Question 4. [compulsory]

What device did you use to complete the course?

- Desktop or laptop computer
- iPad or tablet
- Smart phone

Question 5. [compulsory]

How relevant was the course content to your work?

- Entirely relevant
- Partially relevant
- Not relevant
- I am not currently working in a school
- I am currently training to work in a school

Question 6. [compulsory]

What did you like about the course?

Select one or more of the following:

- Content
- Length
- Images, videos and animations
- Assessment questions
- Ability to complete the course on your chosen device
- The course was easy to understand
- Other - Please provide details:

Question 7. [compulsory]

Was there something you expected or wanted in the course, and it wasn't included?

- Yes – Please provide details:
- No

Question 8.

Do you have any comments about how we can improve this course?

Please provide details: