

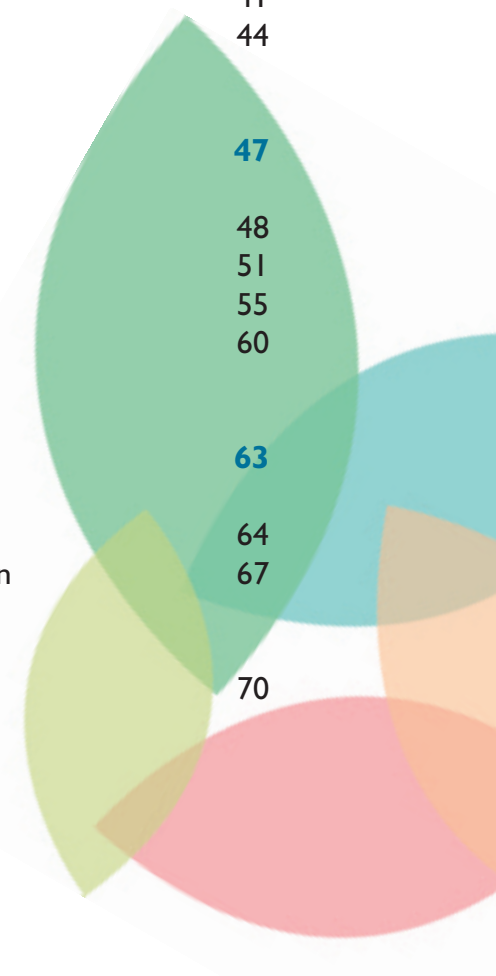
# The Respiratory Health and Well-being Service Framework



Respiratory Competence Assessment Tool  
(R-CAT)

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## The Respiratory Health and Well-being Service Framework (RHWSF) Respiratory Competence Assessment Tool (R-CAT) for Nursing Care and Management

This competence framework has been developed by a group of nurses with expertise in respiratory care, currently practicing in Health and Social Care (HSC) Trusts, and in the independent and voluntary sectors. The work was carried out in partnership with the Northern Ireland Practice and Education Council (NIPEC).

The Respiratory Competence Assessment Tool (R-CAT) is underpinned by a number of documents relative to respiratory care and nursing (Appendix A, page 70) and is based on learning needs arising from the Respiratory Health and Well-being Service Framework (RHWSF) standards for service delivery.

In this respect, R-CAT is not fully comprehensive for all respiratory care needs; further help is available however, through the generic Competency Profile within the NIPEC Development Framework resource which can be found at [www.nipecdf.org](http://www.nipecdf.org)

To find out more about how R-CAT was developed and validated, go to [www.nipec.n-i.nhs.uk/pub/RHWSF%20final%20report.pdf](http://www.nipec.n-i.nhs.uk/pub/RHWSF%20final%20report.pdf)

The following information will guide you on how to use the assessment sheets within this booklet to assess your level of competence and any learning needs.

### What is R-CAT?

R-CAT has been developed on the basis of three assumptions, namely, that all nurses and midwives have:

- competence at the point of registration within a range of skill sets
- varying levels of competence in a range of skill sets that have been achieved through post-registration experience and development opportunities
- accountability to act within the Nursing and Midwifery Council Code: standards of conduct, performance and ethics for nurses and midwives<sup>1</sup>.

This framework should help you build on skills you already have. It promotes a flexible approach to maintaining and developing competence in any clinical setting where you find yourself caring for patients with respiratory needs.

It is made up of four domains:

1. Core Learning and Development.
2. Assessment and Monitoring Activities.
3. Technological Interventions.
4. Health Promotion.

<sup>1</sup> Nursing and Midwifery Council (2008) *The Code: standards of performance and ethics for nurses and midwives*. London, NMC.

Each domain has a number of competencies relative to the care and management of patients with asthma or COPD respiratory needs:

## 1. Core Learning and Development

1. Holistic assessment and diagnosis.
2. Management and monitoring of chronic relapsing respiratory disease (COPD and Asthma).
3. Communication.
4. Patient education and enhancing self-management.

## 2. Assessment and Monitoring Activities

1. Pulse oximetry.
2. Arterial blood gases.
3. Peak Expiratory Flow Rate (PEFR).
4. Pulmonary Function Testing (PFT).
5. Telehealth.
6. Allergy testing.

## 3. Technological Interventions

1. Inhalers.
2. Nebulisers.
3. Oxygen therapy.
4. Non-Invasive Ventilation (NIV).

## 4. Health Promotion

1. Smoking cessation/prevention.
2. Exercise and Pulmonary Rehabilitation.

Each competency has a number of indicators against which you can assess your own competence. This helps you build a picture of how you are performing in your job and what your learning needs are.

R-CAT has been mapped to the Agenda for Change (AfC) Knowledge and Skills Framework (KSF) and you may find this useful as you prepare for your annual appraisal and Development Review (for those working within the HSC).

## How Do I Use R-CAT?

In order to assess yourself, there are a number of processes you need to work through.



# Assessing Yourself Against R-CAT

## What Tier am I?

First of all, you need to decide the frequency with which you come into contact with patients with asthma and COPD nursing care and management needs.

The level of contact you have through your job role will determine the level of knowledge and skills you require to deliver respiratory services to patients/carers with these needs.

For the purpose of this framework, this frequency has been broadly defined within three tiers:

<b>Tier 1</b>	Occasionally to commonly treat people with respiratory nursing care needs
<b>Tier 2</b>	Commonly to frequently treat people with respiratory nursing care needs
<b>Tier 3</b>	Dedicated practitioner

It is useful to note that whilst your Core Learning and Development (**Domain 1**) may be defined broadly within for example Tier 2, you may not require competence at Tier 2 for all other activities.

You should, however, be able to assess Domain 1 – Core Learning and Development within one distinct tier.


You may want to ask a colleague, or your line manager, to help you decide the most appropriate tier of practice for some or all of the domains and competencies outlined.

## How do I Assess Myself?

In order to assess your competence, you will need to work through *Domain 1: Core Learning and Development* first.

This is because there is a range of core knowledge, skills and attitudes which you need to have at the appropriate level to your tier, which are relevant to activities in the other domains.

This might mean that you work through the competency framework over a period of time, taking Domain 1 first and then other competence areas when you have completed learning needs within the Core Learning and Development Domain.



If you are practising at either Tier 2 or 3, it is assumed that you already have the required level of competence for the lower tiers.

### Best Practice Tips:

Checklist your knowledge, skills and attitudes against those required for lower tiers before assessing your competence against what is needed for your own tier of practice.

To work through a competence area, take each indicator in turn and rate yourself against the following scale:

1. You need a lot of development.
2. You need some development.
3. You feel you are well developed.

You should assess ALL the indicators at the appropriate tier relative to your job role for each competence area.

### Best Practice Tips:

Be honest with yourself – rate yourself realistically, even if you do require a lot of development. You may find it helpful to discuss this with your manager or with another colleague, for example during professional supervision.

You can, if you wish, ask different people to assess you using *R-CAT*. To do this, ask people in advance if they are happy to do this for you and then photocopy and give them the relevant pages to complete and return to you.

People you may want to approach might include:

- Your line manager
- Other nurses you work with
- Others e.g. colleagues you work with outside your organisation
- Other members of the multiprofessional team you work with.

This is commonly known as a 360° assessment.

## Gathering Your Results

Having assessed yourself, you are ready to look at where your development needs are. In order to do this, you need to look at the 1s and 2s you have scored and decide how you will meet your development needs.

## Best Practice Tips:

Having assessments completed by other people will help you gather a true picture of your learning and development needs.

Try to select no more than two or three areas to focus on at any one time. You may wish to take one competence area in a 4-6 week period and provide evidence for your learning as you acquire the knowledge, skills and attitudes you want to develop.

# Planning for Your Learning and Development Needs

Once you have decided *what* you need to learn and develop, you need to plan *how* you are going to do that.

There are many ways you can do this. Meeting your learning and development needs can incorporate many types of flexible learning activities for example:

- supervised practice with a more experienced colleague
- formal learning programmes
- visits to another service area to observe practice or develop a specific area of competence
- working with an allied health professional to develop a specific area of competence
- completing an audit on an area of practice
- development of practice activities
- service development activities
- distance and e-learning activities.

For a more exhaustive list, and definitions of these and other learning activities, please visit: [www.nipecdf.org/learn/actList.asp](http://www.nipecdf.org/learn/actList.asp)

It will be necessary for you to maintain a portfolio of learning and development to demonstrate that you have acquired the relevant knowledge and skills. This will include pieces of supporting evidence such as:

- supervision session records
- reflections on specific area of learning and development
- appraisal documentation
- reflections on action learning sets
- recorded learning from supervised practice
- records of learning arising from participation in audits
- reflections on reading journal articles
- critical incident analysis records
- certificates, diplomas or degrees achieved through formal learning processes
- documentation from project work.

Keeping a portfolio is useful to demonstrate your continuous professional development for e.g. PREP<sup>2</sup> requirements or for your personal development review/appraisal.

**For more help with keeping a portfolio and how to reflect, go to [www.nipecdf.org](http://www.nipecdf.org)**



<sup>2</sup> Nursing and Midwifery Council (2008) The PREP Handbook.  
Available for download at <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4340>

# DOMAIN I – CORE LEARNING AND DEVELOPMENT

## Competence area 1: Holistic Assessment and Diagnosis

page: 9

This competence refers to the knowledge, skills and attitudes required to carry out a holistic assessment (and diagnosis) applicable both to acute exacerbations of asthma and COPD and long term management of asthma and COPD.

KSF Mapping: C1, C6, HWB2, HWB5, HWB6

## Competence area 2: Management and Monitoring

page: 15

This competence refers to the knowledge, skills and attitudes required to plan, implement, monitor and evaluate care based on ongoing assessment in acute and long term management of asthma and COPD.

KSF Mapping: C1, C3, HWB5, HWB6

## Competence area 3: Communication

page: 19

This competence refers to the knowledge, skills and attitudes required to communicate effectively in assessment and management of both acute exacerbations of COPD and asthma and long term management of COPD and asthma.

KSF Mapping: C1, C6

## Competence area 4: Patient Education and Enhancing Self-Management

page: 23

This competence refers to the knowledge, skills and attitudes required to provide patient education and support patient self-management in both acute and long term management of COPD and asthma.

KSF Mapping: C1, C3, C6, HWB4

# 1. Holistic Assessment and Diagnosis

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to assess (and diagnose) patients in acute and long term management of asthma and COPD.

## Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Identify lifestyle and other risk factors that impact on respiratory health			
2	Describe the anatomy and physiology of the cardiorespiratory and oxygen transport carrying systems			
3	Describe the aetiology, pathophysiology and natural history of COPD and asthma			
4	Outline link between asthma and atopy			
5	Identify the signs and symptoms of exacerbations			
6	Outline the impact of disease on the physical, psychosocial, cultural, spiritual and financial health of patient/carer			
7	Outline components of history taking and holistic assessment to identify respiratory care needs			
8	Describe the relevant organisational policies and procedures for assessment and diagnosis including those for deteriorating and emergency patients			
9	Identify the roles of multiprofessional team members in assessment and diagnostic process			
10	Describe referral sources, criteria and pathways for senior and/or specialist practitioner assessment and guidance			
11	Describe scope of own practice and role in assessment and diagnostic process			
<b>TI Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Promote healthy lifestyle behaviours in individuals and groups			
2	Obtain informed consent for assessment process			
3	Carry out holistic assessment to identify patient/carer respiratory care needs			
4	Engage and negotiate with patient/carer to determine individualised needs and wishes			
5	Use clinical judgement to make accurate and effective decisions			
6	Report abnormality and seek guidance according to policies and procedures			
7	Develop partnerships with multiprofessional teams in assessment and diagnostic process to promote seamless and timely healthcare			

# I. Holistic Assessment and Diagnosis

<b>TI Skills (contd.)</b>		<b>1</b>	<b>2</b>	<b>3</b>
8	Refer to other specialists or senior colleagues in timely manner when there is uncertainty over assessment or diagnostic process			
9	Discuss outcomes of assessment and/or diagnostic process with patient/carer within scope of own role			
10	Accurately document findings and actions			
<b>TI Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Value the unique needs of patient and carer, taking into account their wishes and preferences			
2	Value the contribution of other health professionals/agencies			
3	Value the need for clear communication with patient and carer			
4	Value seamless healthcare across sectors			
5	Show awareness of professional accountability with regard to ensuring referrals are acted on by relevant health professionals/agencies			

# I. Holistic Assessment and Diagnosis

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to assess (and diagnose) patients in acute and long term management of asthma and COPD.

## Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T2 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Discuss primary and secondary prevention methods relevant to COPD and asthma			
2	Describe relevant national and local clinical performance guidelines and how they apply to clinical practice			
3	Differentiate between asthma and COPD disease presentations to inform ongoing diagnostic process			
4	Outline factors to consider when assessing (and diagnosing) vulnerable people, for example, older people, children and people with special needs			
5	Describe signs and symptoms indicating disease progression			
6	Discuss how pathophysiology, presentation and impact of disease may direct the assessment process of patient/carer			
7	Describe available tools and investigations that may inform the assessment (and diagnostic) process			
8	Outline Gold Standard Framework prognostic indicators for palliative/supportive care approach in patients with end-stage and terminal COPD			
<b>T2 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Carry out holistic assessment to identify respiratory, psychosocial and financial care needs of patient/carer			
2	Plan, implement and evaluate strategies to reduce the risk of developing disease or exacerbating existing symptoms in individuals or groups			
3	Work collaboratively with the multi-disciplinary, multi-agency care teams to inform the assessment and diagnosis process			
4	Work collaboratively with multi-disciplinary, multi-agency teams to identify the presence of supportive/palliative care prognostic indicators			
5	Educate individuals, families and colleagues about aspects of care			
6	Actively seek opportunities to engage in service development			
7	Actively seek opportunities to engage in audit of the service provided			
8	Use problem solving skills to underpin clinical decision making			
9	Co-ordinate referral to multiprofessional team, and/or other agencies for assessment			

# I. Holistic Assessment and Diagnosis

## T2 Attitudes

	1	2	3
1 Foster a multi-disciplinary team approach to healthcare			
2 Value the need for early identification for palliative/supportive care to alleviate symptoms and suffering			

# 1. Holistic Assessment and Diagnosis

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to assess (and diagnose) patients in acute and long term management of asthma and COPD.

## Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Describe the pathophysiological effect of respiratory disease on body systems			
2	Critically evaluate strategies for assessment and early identification of disease			
3	Describe evidence base for respiratory assessment			
4	Describe theoretical frameworks and models for health assessment and physical examination for differential respiratory disease diagnosis and identification of patient/carer needs			
5	Explain relationship of assessment findings to disease pathology			
6	Critically evaluate implications of patient and/or psychosocial and/or financial status			
7	Critically evaluate cost-effectiveness of tests, tools and investigations that inform the assessment and diagnostic processes			
8	Evaluate services provided by multiprofessionals and multi-agencies to ensure appropriate and timely referral			
9	Critically evaluate need for palliative/supportive care approach in patients with end-stage or terminal COPD using Gold Standard Prognostic indicators			
10	Describe qualities and aspects of clinical and professional leadership			
11	Describe the impact of government policy on development and delivery of respiratory services and care			
12	Evaluate methods to audit and improve quality of respiratory services and care			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Seek to influence and develop regional and organisational service strategies to promote early identification of disease			
2	Carry out skilled, comprehensive and focused health assessment and physical examination using case management approach			
3	Arrange use of appropriate investigations, tests and other tools in a cost-effective and timely manner			
4	Organise and interpret assessment findings from multiprofessionals/multi-agencies			

# I. Holistic Assessment and Diagnosis

<b>T3 Skills (contd.)</b>		<b>1</b>	<b>2</b>	<b>3</b>
5	Develop therapeutic relationship with patient/carer to identify individual needs and/or preferences			
6	Interpret complex information from assessments to:			
	a) inform ongoing diagnostic and management processes			
	b) identify severity of illness			
	c) identify in patients with COPD the end-stage and terminal phases of illness			
7	In partnership with relevant stakeholders, develop and evaluate strategic service systems to support the assessment and diagnostic processes			
8	Develop, sustain and evaluate collaborative work with others			
9	Develop organisational policies and procedures for best practice in assessment and diagnostic process			
10	Develop pathways and protocols for movement of patients from one sector to another to facilitate seamless care			
11	Use continuous quality improvement approach to identify gaps and develop services that are evidenced based and meet organisational and government priorities			
12	Lead and assist nurses to progress and consolidate their assessment and diagnostic skills			
13	Carry out training needs analysis of nurses and multiprofessionals to provide appropriate training			
14	Provide mentorship to nurses and multiprofessionals in assessment and diagnostic process			
<b>T3 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show willingness to provide clinical leadership to support work of nurses and multiprofessionals			
2	Value sharing of information to promote high quality healthcare for patients			

## 2. Management and Monitoring

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to plan, implement, monitor and evaluate care based on ongoing assessment in acute and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the aetiology, pathophysiology and natural history of COPD and asthma			
2 Describe the relevant organisational policies and procedures for treatment, management and review including those for deteriorating and emergency patients			
3 Describe relevant quality assurance and risk management protocols			
4 Outline rationale for treatment options and how their effectiveness might be determined			
5 Identify the contribution of assessment and monitoring tools, technological interventions and health promotion to the management, monitoring and evaluating process			
6 Describe scope of own practice and role in management and monitoring of patients			
7 Recognise and understand roles and responsibilities of senior and specialist health care practitioners			
8 Describe referral sources, criteria and pathways for senior and/or specialist practitioner assessment and guidance regarding effectiveness or safety of management plan			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Obtain informed consent for management and monitoring process			
2 Agree aims of management with patient/carer			
3 Plan, implement, monitor and review safety and effectiveness of treatment and individualised management plans in accordance with organisational policy, procedures and protocols			
4 Discuss treatment and monitoring findings with patient healthcare team			
5 Refer to specialist or senior practitioners for guidance and/or assessment in a timely manner			
6 Use clinical judgement to make accurate and effective decisions			
7 Accurately document findings and actions			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Respect the need for clear communication with patient/carer			

## 2. Management and Monitoring

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to plan, implement, monitor and evaluate care based on ongoing assessment in acute and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe relevant national and local clinical performance guidelines and how they apply to clinical practice			
2 Evaluate range of possible treatment and management options to meet patient/carer needs			
3 Describe possible physiological (and pathological) and symptom responses to pharmacotherapeutic and non-pharmacotherapeutic treatment options			
4 Identify the range of statutory and non-statutory services that are available to meet identified needs of patients			
5 Describe ways patient/carer wishes and preferences can be effectively included in the individualised management plan			
6 Outline components of specialist palliative/supportive interventions and services available for patients/carers			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Plan and co-ordinate individualised management plan in collaboration with patient healthcare team and/or agencies			
2 Co-ordinate timely referral to multiprofessional team and/or other agencies for intervention when appropriate			
3 Communicate and discuss information from assessment and planned management with patient healthcare team in other sectors to facilitate seamless care			
4 Monitor effectiveness of management and treatment and contribute to adjustments where necessary and within scope of own role			
5 Refer patient to specialist in respiratory disease for review of treatment and management options when clinical status does not improve with conventional management			
6 Use palliative/supportive care management approach to alleviate symptoms in patients with end-stage or terminal COPD and to support carers			
7 Arrange or instigate follow-up of patient for review of management plan			
8 Actively seek opportunities to engage in service development			
9 Actively seek opportunities to engage in audit of service provided			
10 Use problem solving skills to underpin clinical decision making			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value contribution of non-statutory services to meeting the needs of patients/carers			

## 2. Management and Monitoring

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to plan, implement, monitor and evaluate care based on ongoing assessment in acute and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Describe ways of advocating patient/carer wishes regarding management and treatment options			
2	Critically evaluate effectiveness of treatment and management options			
3	Critically analyse benefits to users and organisation of approaches to the operation and delivery of respiratory services across healthcare sectors			
4	Critically analyse palliative/supportive approaches to management in individuals and groups			
5	Critically evaluate roles and services of available statutory/independent and voluntary sectors in meeting identified needs			
6	Identify stakeholders and resources necessary to the organisation and delivery of services at local and regional level			
7	Evaluate ways of integrating government policy, organisational priorities and best practice to provide high quality service to users			
8	Describe qualities and aspects of clinical and professional leadership			
9	Evaluate methods to audit and improve quality of respiratory services and care			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Communicate and discuss with patients/carers the available management options and services to meet their needs			
2	Analyse and integrate complex findings from the range of sources in assessment (and diagnosis) and patient/carer preferences to prescribe effective interventions and formulate an individualised management plan			
3	Monitor and review effectiveness of patient individualised management plan and make adjustments or onward referral to senior practitioner where necessary			
4	Initiate and co-ordinate timely palliative/supportive care for patients/carers			
5	Work in partnership with relevant stakeholders to develop respiratory services at strategic level			
6	Develop organisational policies and procedures for management and monitoring of patients with respiratory care needs			
7	Develop strategic pathways to facilitate the timely implementation of a palliative/supportive care approach in patients/carers			

## 2. Management and Monitoring

<b>T3 Skills (contd.)</b>		<b>1</b>	<b>2</b>	<b>3</b>
8	Use continuous quality improvement approach to identify gaps in service and to develop, co-ordinate and evaluate systems for the organisation and delivery of respiratory services which are evidence based and meet organisational and government priorities			
9	Manage and co-ordinate core caseload which achieves the best possible outcomes for patient/carer and organisation using case management approach			
10	Develop with primary, secondary and community healthcare teams pathways and protocols to facilitate seamless care			
11	Develop risk management plans to support individuals' independence and daily living within their own home			
12	Lead and assist nurses to progress and consolidate their management and monitoring skills			
13	Carry out training needs analysis of nurses and multiprofessionals to provide appropriate training			
14	Provide mentorship to nurses and multiprofessionals in management and monitoring of patients/carers			
<b>T3 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show motivation and commitment to develop services			
2	Show willingness to provide clinical leadership to support work of nurses and other health professionals			
3	Value user and other stakeholder involvement in the development of services			

## 3. Communication

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to communicate effectively in assessment and management of acute exacerbations of COPD and asthma and long term management of COPD and asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe ethical and legal requirements for patient confidentiality and informed consent and how they may be supported			
2 Outline ways of modifying communication for different needs, beliefs, age and level of understanding to promote effective patient/carer decision making and self-management			
3 Describe the resources required for effective communication			
4 Describe the roles of members of patient healthcare team			
5 Identify systems for effective communication within organisation			
6 Outline systems to promote effective communication across healthcare sectors			
7 Identify professional and legal requirements for accurate documentation			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Discuss with patient and healthcare team who has right of access to patient information			
2 Provide relevant and timely information to patient/carer, individuals or groups, using effective communication skills and available resources			
3 Liaise with healthcare team regarding patient/carer wishes regarding care			
4 Share and discuss findings and outcomes from assessment and care delivery with patient healthcare team and relevant services			
5 Adapt communication skills to address individual needs, age, level of understanding and beliefs of patient/carer, individual or group			
6 Ensure record keeping is up to date and accurate			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to establish rapport with patient/carer			
2 Value equality and diversity			
3 Value patient-centred approach to health care			
4 Respect patient confidentiality			
5 Value the need for clear lines of communication with relevant members of the patient's healthcare team to promote safe and effective healthcare			
6 Value patient/carer dignity			

### 3. Communication

**Competence statement:**

This competence refers to the knowledge, skills and attitudes required to communicate effectively in assessment and management of acute exacerbations of COPD and asthma and long term management of COPD and asthma.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe ways of dealing with stressful or challenging situations			
2 Identify communication approaches to 'breaking bad news' or discussing end-of-life issues with patient/carer			
3 Describe verbal and non-verbal cues indicating anxiety or depression in patient/carer			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Network with multiprofessionals and multi-agencies to promote effective communication, evidenced based care and awareness of roles and services			
2 Liaise with patient healthcare team regarding role and responsibilities of each member within process of providing information to patient/carer			
3 Act as resource for patient/carer			
4 Evaluate effectiveness of communication skills			
5 Monitor, and instigate management of, anxiety or depression in patient/carer			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value clear and direct communication			
2 Show willingness to engage with patient/carer to form productive relationship			
3 Value seamless healthcare within organisation and across healthcare sectors			

## 3. Communication

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to communicate effectively in assessment and management of acute exacerbations of COPD and asthma and long term management of COPD and asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Evaluate ways of disseminating and integrating research into professional practice			
2	Describe qualities and approaches to effective clinical and professional leadership			
3	Evaluate approaches to building a therapeutic relationship with patient/carer			
4	Evaluate communication approaches to discussing sensitive issues such as supportive/palliative care with patient/carer			
5	Identify ways of including service users and other stakeholders in planning of services			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Set up, contribute to and evaluate respiratory care support networks for patients			
2	Negotiate with relevant stakeholders to develop, implement and evaluate strategic systems for effective communication within and between multiprofessional teams, organisations and healthcare sectors			
3	Identify and collate health data for employers to inform healthcare provision and policy			
4	Provide clinical supervision and mentorship to nurses, students and other health professionals to progress and consolidate knowledge and skills			
5	Seek opportunities to develop a culture of learning and development in respiratory care			
6	Initiate and manage practice developments for nursing and respiratory care taking account of relevant research, clinical guidelines and policy			
7	Develop therapeutic relationship with patient/carer			
8	Act as advocate representing patient/carer interests in ongoing assessment and management			
9	Develop partnerships with multiprofessional colleagues within organisation and other sectors to promote high quality, seamless respiratory care			
10	Identify and lead research investigations into relevant areas of respiratory care			

### 3. Communication

<b>T3 Skills (contd.)</b>	<b>1</b>	<b>2</b>	<b>3</b>
11 Develop systems to disseminate research, clinical guidelines and government policy to nurses and other health professionals			
12 Negotiate at strategic level for resources to maximise quality of respiratory care for individuals or groups			
13 Seek opportunities to influence strategic decision making regarding respiratory services and care			
14 Provide sensitive information to patients/carers, selecting and using the most appropriate communication skills			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical leadership to support work of nurses and other health professionals			
2 Value sharing of information to promote high quality healthcare for patients			
3 Respect contribution of nurses, multiprofessionals and multi-agencies to health and well-being of individuals and groups			
4 Show motivation and commitment to develop services			

## 4. Patient Education and Enhancing Self-Management

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to provide patient education and support patient self-management in acute and long term management of COPD and asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Outline the principles of self-management described in regional guidance			
2 Describe organisational policies and procedures relating to patient education and self-management			
3 Describe potential benefits and limitations of principles of self-management to patient/carer			
4 Outline sources of relevant information and advice for individuals or groups			
5 Outline how ability to learn, age and cultural beliefs can impact on learning needs for individuals			
6 Identify the role and services provided by patient healthcare team			
7 Describe ways of identifying individuals or groups with 'at risk' lifestyles			
8 Describe how to identify the range of charitable and voluntary services available for patient/carer			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Tailor education to individuals/groups, taking into account age, culture, beliefs and ability to learn			
2 Refer to other specialists or senior colleagues in timely manner when unable to meet the information and self-management needs of patient/carer			
3 Integrate principles of self-management into effective education for individuals/groups			
4 Provide individuals or groups with details of how to access sources of information and advice			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show respect for person-centred approach to patient education and self-management			
2 Show respect for ethical principles and professional responsibilities related to patient education and self-management			
3 Value the rights of individuals to make informed decisions for themselves			
4 Value contribution of charitable and voluntary organisations			
5 Value equality and diversity			

## 4. Patient Education and Enhancing Self-Management

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to provide patient education and support patient self-management in acute and long term management of COPD and asthma.

**Rating Scale:** **1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the impact of disease on the patient/carer			
2 Outline ways of finding out and prioritising the learning needs of patient/carer			
3 Identify factors contributing to the potential for non-adherence to treatment and self-management			
4 Outline ways of helping patient/carer to make lifestyle changes to promote effective self-management			
5 Describe ways to check patient/carer understanding and learning following education session			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Work in partnership with patients/carers to identify their learning needs and to agree their role in self-management			
2 Adjust education to meet the identified patient/carer needs and role to promote effective self-management			
3 Liaise with patient healthcare team across sectors regarding the self-management information given to patient/carer			
4 Provide education to patient/carer which is tailored to the severity of patient's disease, including supportive or palliative interventions			
5 In partnership with patient/carer devise, and where appropriate review, individualised self-management plan			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to focus on patient/carer need			
2 Value the need for provision of consistent and accurate education to patient/carer across healthcare sectors			
3 Appreciate the importance of effective self-management plans in promoting patient/carer independence			

## 4. Patient Education and Enhancing Self-Management

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to provide patient education and support patient self-management in acute and long term management of COPD and asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Critically evaluate the evidence base for approaches to self-management			
2	Evaluate ways of helping patient/carer understand palliative/supportive approach to self-management			
3	Explain impact of power of attorney, statutory and non-statutory policy, formal and informal methods of expressing wishes – including living wills – on patient/carer self-management			
4	Evaluate the range of services that may promote health and well-being in individuals or groups			
5	Describe range of approaches to teaching and education of individuals and groups			
6	Evaluate individual learning styles and factors influencing effective self-management for patient/carer			
7	Evaluate ways of empowering patients to improve their self-management skills			
8	Describe ways of creating a culture of learning and appropriate information giving for individuals or groups			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	In partnership with relevant stakeholders across healthcare sectors, initiate, develop and evaluate ongoing effectiveness of policies and procedures for provision of consistent education and self-management for patient/carer			
2	Seek opportunities to develop and evaluate ongoing effectiveness of regional and/or organisational strategies designed to promote health and well-being in individuals and groups			
3	Devise relevant literature/education materials to support patient self-management and health and well-being in individuals/groups			
4	Work in partnership with the patient/carer to empower them to make informed decisions regarding palliative/supportive care and preferred place of death			
5	Support and empower patient/carer to participate effectively in decision making			
6	Seek opportunities to develop culture of learning and self-management for individuals and groups			
7	Regularly evaluate effectiveness of education and individualised self-management plans for caseload of patients			

## 4. Patient Education and Enhancing Self-Management

### T3 Attitudes

	1	2	3
I Show willingness to provide clinical leadership to promote effective patient education and self-management			

## DOMAIN 2 – ASSESSMENT AND MONITORING ACTIVITIES

### Competence area 1: Pulse Oximetry

page: 28

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulse oximetry in acute exacerbations of asthma and COPD and long term management of COPD.

KSF Mapping: C1, C3, HWB7

### Competence area 2: Arterial Blood Gases

page: 31

This competence refers to the knowledge, skills and attitudes required to measure and analyse blood gases in acute exacerbations of COPD and asthma and long term management of COPD.

KSF Mapping: C3, HWB8, IK2

### Competence area 3: Peak Expiratory Flow Rate (PEFR)

page: 34

This competence refers to the knowledge, skills and attitudes required to measure and evaluate peak expiratory flow rate (PEFR) in acute and long term management of asthma.

KSF Mapping: C1, C3, HWB7

### Competence area 4: Pulmonary Function Testing (PFT)

page: 37

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulmonary function tests (PFTs) in acute and long term management of asthma and COPD.

KSF Mapping: C1, C3, HWB7

### Competence area 5: Telehealth

page: 41

This competence refers to the knowledge, skills and attitudes required for the use of 'Telehealth' as a monitoring activity in both acute exacerbations and long term management of COPD.

KSF Mapping: C1, C3, HWB2, HWB7

### Competence area 6: Allergy Testing

page: 44

This competence refers to the knowledge, skills and attitudes required to assess and monitor the contribution of atopic allergy in the acute and long term management of asthma.

KSF Mapping: C3, HWB8, IK2

# 1. Pulse Oximetry

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulse oximetry in acute exacerbations of asthma and COPD and long term management of COPD.

## Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the relationship of pulse oximetry to oxygen status			
2 Identify common indications for use of pulse oximetry			
3 Describe organisational policies and procedures relating to the use of pulse oximetry			
4 Describe appropriate infection prevention and control protocols for the device			
5 Explain the rationale for duration and frequency of pulse oximetry monitoring required in individual patients			
6 Explain the quality assurance mechanisms relative to the device to obtain accurate and reliable result			
7 Identify the limitations of pulse oximetry and factors which may affect accuracy			
8 Describe normal ranges of pulse oximetry in stable asthma and COPD and target ranges during acute exacerbations			
9 Describe how disease processes may affect pulse oximetry results and management decisions			
10 Describe referral criteria and pathways for senior and/or specialist practitioner assessment for abnormal pulse oximetry results			
11 Accurately document findings and actions			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Use pulse oximetry appropriately as an aid to assessing and monitoring patients at risk of hypoxaemia			
2 Use pulse oximetry appropriately as an aid to assessing and monitoring patients using oxygen therapy			
3 Interpret results in light of patient's clinical status, to implement appropriate treatment in accordance with local policies and procedures			
4 Refer to specialist or senior practitioners for guidance and/or assessment in a timely manner			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show respect for patient-centred approach to healthcare			
2 Value contribution of pulse oximetry to assessment and management of patients			

# 1. Pulse Oximetry

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulse oximetry in acute exacerbations of asthma and COPD and long term management of COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify all indications for use			
2 Relate measurement to the patient's clinical picture			
3 Describe clinical guidelines relating to use of pulse oximetry and how they apply to practice			
4 Correlate the range of measurements with partial pressure of arterial oxygen			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Analyse and evaluate results in light of patient's clinical status to:			
a) arrange suitable investigations if required			
b) implement appropriate treatment			
2 Use pulse oximetry to evaluate oxygen status and effectiveness of management plan			
3 Actively seek opportunities to engage in service development			
4 Discuss results with patient healthcare team and contribute to adjustment of individualised management plan where necessary			
5 Actively seek opportunities to audit the service provided			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to build rapport with patient/carer			

# 1. Pulse Oximetry

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulse oximetry in acute exacerbations of asthma and COPD and long term management of COPD.

**Rating Scale:** **1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Relate patterns of results to pathological processes and patient's clinical status			
2 Critically analyse and evaluate factors affecting oxygen saturation curve and how they relate to presentation of symptoms and disease			
3 Evaluate methods to audit and improve quality of respiratory services and care			
4 Describe qualities and aspects of clinical and professional leadership			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Interpret measurement patterns to evaluate oxygen status in all clinical situations to:			
a) arrange and/or carry out suitable investigations where necessary			
b) implement appropriate treatment			
c) adjust and review individualised management plan where necessary			
2 Carry out training needs analysis of nurses and other health professionals to arrange and/or deliver education on pulse oximetry			
3 Lead and develop organisational policies and procedures relating to use of pulse oximetry			
4 Support and assist nurses and other health professionals in their use and understanding of pulse oximetry			
5 Lead audit of pulse oximetry use through continuous quality improvement approach			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical leadership to promote the appropriate use and interpretation of pulse oximetry			

## 2. Arterial Blood Gases

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and analyse blood gases in acute exacerbations of COPD and asthma and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify indications for blood gas analysis based on pulse oximetry screening			
2 Identify relevant organisational policies and procedures relating to blood gas analysis			
3 Describe referral criteria and pathways for senior and/or specialist practitioner assessment			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Refer, in a timely manner, to specialist or senior practitioners for guidance and/or assessment of need for blood gas analysis			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to follow-up referrals to relevant health professionals			

## 2. Arterial Blood Gases

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and analyse blood gases in acute exacerbations of COPD and asthma and long term management of COPD.

**Rating Scale:** 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify mechanisms for maintenance of acid base balance in arterial blood			
2 Describe pathological conditions affecting acid base balance, ventilation, diffusion and oxygen transport			
3 Describe correlation of partial pressure of oxygen to oxygen saturation curve and pulse oximetry			
4 Explain potential side-effects of the sampling process and how they may be minimised			
5 Describe contraindications to blood gas analysis			
6 Describe clinical guidelines relating to blood gases and how they apply to practice			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Prepare patient for sampling through informed consent			
2 Analyse result in conjunction with patient's clinical status to determine if abnormalities are present			
3 Liaise with multiprofessional team to review and contribute to patient's individualised management plan in the light of blood gas results			
4 Communicate blood gas results to relevant members of patient's primary, secondary and/or community healthcare team to promote seamless healthcare			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show sensitivity and empathy for patients undergoing blood gas sampling			

## 2. Arterial Blood Gases

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and analyse blood gases in acute exacerbations of COPD and asthma and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Explain the anatomy and physiology of lower arm and wrist			
2 Differentiate between, and identify causes of, respiratory and metabolic acidosis and alkalosis			
3 Describe quality assurance, risk management and infection control mechanisms relative to: a) the procurement of blood gas analysers where relevant to own practice b) obtaining samples			
4 Critically evaluate benefits and reliability of arterial and arterialisated blood gas sampling methods and their contribution to ongoing assessment and management			
5 Describe legal and professional requirements for extending scope of own role			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Choose most appropriate method of sampling, taking into consideration patient's clinical status and preference			
2 Use blood gas sampling appropriately as an aid to assessing, diagnosing and monitoring patients			
3 Discuss meaning of results for ongoing management with patient/carer			
4 Critically analyse results in light of patient's clinical status and pathophysiological processes to inform diagnosis, severity (and/or progression) of disease and adjust individualised management plan accordingly			
5 Develop organisational policies and procedures relating to blood gas sampling			
6 Lead and assist nurses to progress and consolidate their blood gas analysis skills			
7 Provide leadership through collaboration with nurses and multiprofessionals to promote the appropriate use of blood gas analysis in the assessment and monitoring of patients			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical leadership to promote the appropriate use and interpretation of blood gases			

### 3. Peak Expiratory Flow Rate (PEFR)

#### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate peak expiratory flow rate (PEFR) in acute and long term management of asthma.

#### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the relationship of PEFR to lung function physiology and pathology			
2 Identify indications for use and suitability of patients for PEFR monitoring			
3 Describe organisational policies and procedures relating to PEFR use			
4 Describe appropriate decontamination and infection control protocols			
5 Explain the quality assurance mechanisms of PEFR meters to obtain accurate and reliable results (including PEFR technique)			
6 Explain the rationale for frequency of PEFR monitoring required in individual patients			
7 Identify the limitations of the device and factors which may affect accuracy			
8 Describe where to access normal ranges of PEFR in adults and children and how to determine if abnormality is present			
9 Describe referral criteria and pathways for senior and/or specialist practitioner assessment and guidance where abnormal results are obtained			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Obtain informed consent for use			
2 Use PEFR in accordance with organisational policies and procedures			
3 Recognise and correct poor PEFR technique			
4 Evaluate PEFR results against normal values and patient's clinical status			
5 Demonstrate to patient/carer how to use, record and monitor PEFR for self-management			
6 Refer to specialist or senior practitioners for guidance and/or assessment of abnormal results in a timely manner			
7 Accurately document findings and actions			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show respect for patient-centred care			
2 Value seamless care across healthcare sectors			

### 3. Peak Expiratory Flow Rate (PEFR)

**Competence statement:**

This competence refers to the knowledge, skills and attitudes required to measure and evaluate peak expiratory flow rate (PEFR) in acute and long term management of asthma.

**Rating Scale:** **1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify relevant clinical guidelines relating to PEFR use			
2 Explain contribution of PEFR to asthma assessment, diagnosis and management			
3 Relate patterns of results to patient's clinical picture and lung function physiology and pathology			
4 Explain the benefits of PEFR monitoring in self-management to patient/carer			
5 Explain difficulties patient/carer may have in incorporating PEFR monitoring into lifestyle			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Use PEFR results to contribute to the patient's diagnosis and individualised management plan			
2 Assist and encourage patient/carer to use PEFR in self-management of own asthma			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to establish rapport with patient/carer to ascertain individual preferences, abilities and/or needs in PEFR monitoring			
2 Value contribution of other professionals to patient care			

### 3. Peak Expiratory Flow Rate (PEFR)

**Competence statement:**

This competence refers to the knowledge, skills and attitudes required to measure and evaluate peak expiratory flow rate (PEFR) in acute and long term management of asthma.

**Rating Scale:** **1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Critically evaluate the cost-effectiveness of PEFR equipment for organisational use			
2 Critically evaluate the evidence base and contribution of PEFR to the care of individuals and groups			
3 Describe how to obtain normal PEFR ranges for ethnic minority groups			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Incorporate PEFR in the overall assessment, diagnosis, evaluation and adjustment of patient's individualised management plan			
2 Develop, in partnership with relevant stakeholders, organisational policies and procedures relating to PEFR use			
3 Carry out training needs analysis of nurses and multiprofessionals to provide appropriate education			
4 Lead and assist nurses to progress and consolidate their PEFR knowledge and skills			
5 Ensure ethnic minority groups' normal ranges are considered in interpretation of results			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show motivation to promote the use of PEFR in the care of asthma patients			

## 4. Pulmonary Function Testing (PFT)

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulmonary function tests (PFTs) in acute and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Describe the physiology of airflow in the lungs			
2	Describe common indications for spirometry, for example, recurrent winter chest infections, persistent or recurrent respiratory symptoms, health status or pre-operative assessment			
3	Describe referral criteria and pathways for senior and/or specialist practitioner assessment for spirometry			
<b>TI Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Refer, in a timely manner, to specialist and/or senior practitioners for assessment of need for spirometry			
<b>TI Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show motivation to refer patients on when necessary			

## 4. Pulmonary Function Testing (PFT)

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulmonary function tests (PFTs) in acute and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe pathological effects of COPD and asthma on ventilation			
2 Identify relevant organisational policies and procedures relating to indications and referral for spirometry			
3 Identify contraindications to spirometry testing			
4 Explain contribution of spirometry to assessment and management			
5 Explain how to analyse results to distinguish between obstructive and restrictive pictures, and identify severity of airflow obstruction			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Discuss with senior and/or specialist colleagues, referral of suitable patients for spirometry testing			
2 Prepare patient/carer for spirometry procedure through provision of appropriate information			
3 Interpret spirometry results and graph in light of patient's clinical status to inform assessment and management			
4 Communicate results to relevant members of patient health care team to promote seamless healthcare			
5 Liaise with multiprofessional team to contribute, and where necessary adjust, patient's individualised management plan			
6 Actively take part in, and seek opportunities to participate in, service development			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value the contribution of spirometry to ongoing assessment and monitoring of patients with asthma or COPD			
2 Value contribution of other members of healthcare team to patient care			

Nurses in Tier 1 or Tier 2 who carry out spirometry testing should refer to Tier 3 indicators K1, K4, K5, K6, K7, K13, S1, S2, S3

## 4. Pulmonary Function Testing (PFT)

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate pulmonary function tests (PFTs) in acute and long term management of asthma and COPD.

**Rating Scale:** **1 Needs a lot of development**  
**2 Needs some development**  
**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Explain physiological and pathological effects on airflow and diffusion in the lungs			
2 Explain the indications for the range of PFTs			
3 Identify relevant clinical and operational guidelines for spirometry and other PTF testing and how they can be integrated into clinical practice			
4 Describe quality assurance and risk management mechanisms relative to procuring, and ongoing use of, spirometers			
5 Describe infection prevention and control mechanisms for spirometry			
6 Outline the process for preparing patients to carry out forced vital capacity (FVC) manoeuvre			
7 Identify how to minimise factors affecting the reliability of FVC test results			
8 Describe how to obtain normal spirometry ranges for ethnic minority groups			
9 Critically evaluate benefits of flow loop and volume time graphs			
10 Explain the relationship of spirometry, lung volumes, diffusing capacity and flight assessments to physiological and pathological processes and patient's clinical status			
11 Critically discuss the contribution of			
a) spirometry			
b) lung volumes			
c) diffusing capacity			
d) flight assessments			
to the assessment, diagnosis and management of patients			
12 Critically evaluate cost-effectiveness of spirometry equipment and disposable interfaces			
13 Describe legal and professional requirements for extending scope of own role			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Ensure patient is fully informed about spirometry, and consents to procedure			
2 Carry out spirometry testing in suitable patients according to organisational policy and procedures			

## 4. Pulmonary Function Testing (PFT)

<b>T3 Skills (contd.)</b>	<b>1</b>	<b>2</b>	<b>3</b>
3 Assist and motivate patient to perform reliable FVC manoeuvre and minimise and manage potential side-effects			
4 Refer patient to pulmonary function laboratory for PFTs when indicated			
5 Develop, in partnership with respiratory physiologists, pathways for appropriate referral to local respiratory investigation centres for PFTs			
6 Interpret PFTs in light of patient's clinical status (and ethnic minority group) to inform diagnosis, severity (and/or progression) of disease and adjust individualised management plan accordingly			
7 Develop, in collaboration with relevant stakeholders, organisational protocols and procedures for spirometry			
8 Carry out training needs analysis of nurses and multiprofessionals to provide appropriate education			
9 Lead audit of spirometry practice through continuous quality improvement approach			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical leadership to promote the appropriate use and interpretation of spirometry			

## 5. Telehealth

### Competence statement:

This competence refers to the knowledge, skills and attitudes required for the use of 'Telehealth' in acute exacerbations and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Describe the different approaches and current use of telehealth within organisation			
2	Describe the organisational policy and protocols for use within scope of own role			
3	Describe the scope of own practice and role in relation to telehealth monitoring			
4	Describe the clinical parameters measurable through the use of telehealth activities, relating to own role			
5	Outline the relevant quality assurance and risk management policies			
6	Describe the relevant infection prevention and control mechanisms			
7	Identify sources of expertise associated with telehealth			
8	Describe methods for escalation of care, including appropriate referral			
9	Identify expected outcomes of telehealth for patients and health professionals			
<b>TI Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Refer to specialists or senior colleagues in timely manner when there is concern over patient's clinical status			
2	Use clinical judgement to make accurate and effective decisions			
3	Refer to specialists or senior colleagues in timely manner when there is concern over the reliable operation of equipment			
<b>TI Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show willingness to participate in innovations in healthcare			
2	Value the need for clear lines of communication with relevant members of the patient's healthcare team to promote safe and effective healthcare			

## 5. Telehealth

### Competence statement:

This competence refers to the knowledge, skills and attitudes required for the use of 'Telehealth' in acute exacerbations and long term management of COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the benefits and limitations of telehealth			
2 Describe the functionality of equipment			
3 Describe the types of patient who might potentially benefit from telehealth monitoring			
4 Describe the range of clinical outcomes and normal parameters for each patient			
5 Describe the organisational triage system for dealing with an alert which requires escalation of care			
6 Assess, and where necessary escalate, care for patients in a timely manner when clinical outcomes are outside normal parameters			
7 Demonstrate and reinforce to patient/carer how to use telehealth			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Liaise with senior and/or specialist colleagues regarding the suitability of patients for initiation in and ongoing use of telehealth			
2 Alert in a timely manner organisational triage system to initiate escalation of care for patient			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value contribution of other sectors and agencies to healthcare			

## 5. Telehealth

### Competence statement:

This competence refers to the knowledge, skills and attitudes required for the use of 'Telehealth' in acute exacerbations and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Critically evaluate the evidence base			
2	Explain ways to meet potential patient/carer learning needs to allow them to use telehealth monitoring safely and effectively			
3	Critically evaluate clinical parameters and alert questions for each patient			
4	Critically describe resources required to implement, maintain and escalate safe and effective telehealth services			
5	Describe qualities and aspects of clinical leadership			
6	Evaluate methods to audit and improve contribution of telehealth to patient care			
7	Describe ways to research impact of telehealth on respiratory services and patient care			
8	Describe the impact of government policy on development and delivery of respiratory services and care			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Obtain informed consent from patient/carer for commencement with telehealth services			
2	Tailor individualised alert parameters and questions to each patient, based on the assessment and individualised management plan			
3	Implement telehealth with suitable patient/carer and monitor clinical status			
4	Regularly review patient/carer ability to use telehealth effectively and safely			
5	Collaborate with relevant stakeholders to develop strategic policies and protocols to implement, monitor and evaluate the effectiveness and safety of telehealth as a monitoring tool			
6	Benchmark telehealth against evidence based practice			
7	Assess learning needs of nurses and multiprofessionals to organise and/or deliver education on telehealth			
8	Lead and develop research activities into value and role of telehealth			
<b>T3 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show willingness to provide clinical and professional leadership for innovations in respiratory care			

## 6. Allergy Testing

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to assess and monitor the contribution of allergy in the acute and long term management of asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Define atopy			
2 Outline the link between asthma and the other atopic diseases: eczema and allergic rhinitis			
3 Identify the signs and symptoms of anaphylaxis			
4 Describe organisational policies and procedures for anaphylaxis management			
5 Describe referral sources and networks for specialist assessment and/or guidance			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Manage anaphylaxis in a timely manner and in accordance with organisational policies and procedures			
2 Use clinical judgement to make accurate and effective decisions			
3 Refer to a specialist or senior practitioner in a timely manner for assessment and/or guidance			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show respect for patient-centred approach to healthcare			

## 6. Allergy Testing

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to assess and monitor the contribution of allergy in the acute and long term management of asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T2 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Describe the difference between asthma that is linked to atopy (allergy) and non-atopic asthma			
2	Describe relevant UK and regionally adopted clinical guidelines			
3	Identify components of allergy history taking			
4	Describe relevant allergy avoidance measures			
5	Identify the association between asthma and other atopic diseases and the relative risk of patients for 'the atopic march'			
6	Outline common allergens which may induce symptoms in asthma patients			
7	Describe relevant tests to determine presence of atopy in patients			
8	Identify the indications for specific allergen testing			
9	Describe the indications for immunoglobulin E (IgE) testing			
10	Identify the indications for referral to allergy specialist services			
11	Outline the difference between sensitivity and atopy			
<b>T2 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Assess patient's allergy history			
2	Obtain informed consent from patient/carer to confirm presence of atopy (IgE testing) when indicated			
3	Provide up-to-date allergen avoidance advice to patient/carer with positive atopic history, integrating guidance from clinical guidelines			
4	Monitor patients for signs of 'allergic march' and, in liaison with senior and/or specialist colleagues, adjust individualised management plans in accordance with organisational policies and procedures			
5	Refer to specialist services when indicated for further assessment of potential allergy			
6	Actively seek opportunities to engage in service development			
7	Actively seek opportunities to audit the service provided			
8	Use problem solving skills to underpin clinical decision making			
<b>T2 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show sensitivity to patient/carer needs or concerns			
2	Value the unique needs of patient/carer			

## 6. Allergy Testing

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to assess and monitor the contribution of allergy in the acute and long term management of asthma.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Describe the pathophysiology of atopic (immunoglobulin E mediated IgE inflammatory) processes in airways of the nose and lungs			
2	Describe models for full assessment of patient allergy status			
3	Describe methods for specific allergen testing			
4	Evaluate the benefits to patients of specific allergen testing			
5	Evaluate the evidence base for organisation of allergy services			
6	Evaluate the evidence base for avoidance of specific allergens			
7	Describe legal and professional requirements for extending the scope of practice/role			
8	Evaluate methods to audit and improve quality of respiratory services and care			
9	Describe qualities and aspects of clinical leadership			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Carry out full allergy assessment of patient			
2	Obtain informed consent from patient/carer to carry out specific allergen testing (IgE or skin prick testing) on suitable patients, using most appropriate testing method			
3	Interpret results from assessment to formulate allergy management plan with patient/carer			
4	Explore with patient/carer ways of incorporating allergen avoidance, relative to confirmed allergy, into patient's lifestyle			
5	Collaborate with relevant stakeholders to develop strategic policies and procedures for the management of confirmed clinical allergy			
6	Carry out training needs analysis of nurses and multiprofessionals to provide appropriate training			
7	Lead audit of service effectiveness through continuous quality improvement approach			
<b>T3 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show willingness to empower patient/carer through appropriate allergy education and advocacy of their wishes			

## DOMAIN 3 – TECHNOLOGICAL INTERVENTIONS

### Competence area 1: Inhalers

page: 48

This competence refers to the knowledge, skills and attitudes required to help patients use inhalers effectively – applicable to both acute and long term management of asthma and COPD.

KSF Mapping: C1, C3, HWB7

### Competence area 2: Nebulisers

page: 51

This competence refers to the knowledge, skills and attitudes required to use nebuliser therapy in acute exacerbations of asthma and COPD and long term management of COPD.

KSF Mapping: C1, C3, HWB7

### Competence area 3: Oxygen Therapy

page: 55

This competence refers to the knowledge, skills and attitudes required to implement oxygen therapy in acute exacerbations of COPD and asthma and long term management of COPD.

KSF Mapping: C1, C3, HWB7

### Competence area 4: Non-Invasive Ventilation

page: 60

This competence refers to the knowledge, skills and attitudes required to implement non-invasive ventilation (NIV) in acute exacerbations of COPD and long term management of COPD.

KSF Mapping: C1, C3, HWB7

# 1. Inhalers

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to help patients use inhalers effectively – applicable to both acute and long term management of asthma and COPD.

## Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the groups of medications that can be prescribed by inhaler and their effects and side-effects			
2 Describe the basic care of devices			
3 Describe the rationale for good inhaler technique			
4 Describe how to assess patient for effective inhaler technique for commonly used devices			
5 Describe the quality assurance and risk management mechanisms relative to inhaler therapy to ensure safe and effective treatment			
6 Describe the relevant organisational infection prevention and control protocols			
7 Describe criteria and/or sources of referral for patients where there is lack of effectiveness of treatment and/or difficulty using devices			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Assess and optimise patient inhaler technique through: a) observation of the patient			
b) demonstration of correct technique to patient/carer (using placebo where necessary)			
2 Provide the patient/carer with information on the effects of medication and how to minimise or deal with side-effects			
3 Refer to specialist or senior practitioners for guidance and/or assessment in a timely manner			
4 Accurately document findings and actions			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value the unique needs of patient/carer			

# 1. Inhalers

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to help patients use inhalers effectively – applicable to both acute and long term management of asthma and COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify the prescription criteria for inhaler medications			
2 Explain the effects, contraindications and possible drug interactions of the medications that can be prescribed by inhaler			
3 Identify the variety of devices and aids to optimise inhaler technique			
4 Describe the benefits and limitations of the range of inhaler devices			
5 Explain behavioural and physical traits that may reduce adherence to inhaler medication in patient/carer			
6 Describe relevant clinical guidelines and how they apply to practice			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Routinely assess, review and optimise patient adherence to inhaler regime and ability to use inhaler			
2 Carry out an objective assessment of inspiratory flow rates			
3 Liaise with senior and/or specialist colleagues regarding alternative inhaler medications for patients assessed as physically unable to use a device			
4 Act as resource for patient/carer and other nurses or health professionals regarding inhaler therapy			
5 Refer to appropriate resources to assist behaviour modification			
6 Maintain an evidence based risk assessment and update as necessary			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show motivation to work in partnership with the patient/carer to select suitable inhaler devices			

# 1. Inhalers

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to help patients use inhalers effectively - applicable to both acute and long term management of asthma and COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Critically evaluate the evidence base of inhaler technology and new treatments			
2 Critically evaluate the effectiveness of inhaler medication in individual patients			
3 Evaluate new innovative ways for assessing inhaler technique, involving user/carer groups, nursing colleagues and other relevant sectors/agencies			
4 Identify ways of assessing the inhaler learning needs of nurses and other health professionals			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Recommend/prescribe inhaler medication and suitable device for patient based on a holistic assessment			
2 Provide regular updates to nurses/multiprofessionals and other healthcare sectors regarding effectiveness of treatment and devices			
3 Maintain an evidence based risk assessment; implement and update as necessary			
4 Liaise with relevant bodies/organisations as necessary			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical leadership to support work of nurses and multiprofessionals			

## 2. Nebulisers

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to use nebuliser therapy in acute exacerbations of asthma and COPD and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T1 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the indications for nebuliser therapy in emergencies and deteriorating patients			
2 Identify the indications for air or oxygen driven nebuliser therapy			
3 Outline the rationale for the nebuliser treatment regime for individual patients			
4 Identify the common groups of medication, and their doses, used in nebuliser therapy			
5 Describe how effectiveness of medication may be assessed and ways to minimise side-effects			
6 Explain the rationale for duration, frequency and type of monitoring required for provision of safe and effective nebuliser therapy			
7 Describe scope of own practice and role in the provision of nebuliser therapy			
8 Describe referral criteria and pathways for senior and/or specialist practitioner for assessment or guidance regarding need for, or lack of effectiveness of, nebuliser therapy			
9 Describe components of accurate recording and documentation of prescription and effectiveness			
10 Describe the equipment required for nebulisation and how to set up the system			
11 Describe the organisational policies and procedures relating to nebuliser use			
12 Describe relevant organisational infection prevention and control protocols			
13 Explain the quality assurance and risk management mechanisms relative to the equipment and therapy to ensure safe and effective treatment			
14 Describe local nebuliser equipment management policy			
<b>T1 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Obtain informed consent for nebuliser therapy			
2 Choose the most appropriate equipment and method of driving nebuliser therapy for individual patients			

## 2. Nebulisers

<b>TI Skills (contd.)</b>	<b>1</b>	<b>2</b>	<b>3</b>
3 Implement and monitor effectiveness of nebuliser therapy in accordance with the individual treatment plan, patient's clinical status and organisational policies and procedures			
4 Monitor and manage equipment for signs of unreliability of medication delivery in accordance with quality assurance and risk management policies			
5 Refer to specialist or senior practitioners for guidance and/or assessment in a timely manner			
6 Accurately document findings and actions			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show respect for patient-centred approach to healthcare			
2 Establish a rapport with the patient/carer through respect and good communication			

## 2. Nebulisers

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to use nebuliser therapy in acute exacerbations of asthma and COPD and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

### 2 Needs some development

### 3 Is well developed

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Explain how nebuliser equipment works			
2 Identify prescription criteria for nebuliser therapy			
3 Explain the effects, contraindications and possible drug interactions of the medications administered by nebuliser prescribed			
4 Describe relevant clinical guidelines and how they apply to practice			
5 Relate effectiveness of nebuliser therapy to pathophysiological processes and patient's clinical status			
6 Describe the difficulties patients/carers may have incorporating domiciliary nebuliser therapy into lifestyle and how these can be minimised			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Discuss nebuliser treatment plan with patient/carer and identify ways of incorporating their wishes			
2 Liaise with multiprofessionals/multi-agencies regarding patient's ongoing need for, and effectiveness of, nebuliser therapy			
3 Educate patient/carer on how to use therapy and care for equipment			
4 Actively seek opportunities to develop the services provided			
5 Actively seek opportunities to audit the services provided			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value the need to communicate with members of patient's healthcare team to promote seamless healthcare			
2 Show sensitivity to patient/carer needs or concerns			

## 2. Nebulisers

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to use nebuliser therapy in acute exacerbations of asthma and COPD and long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

### 2 Needs some development

### 3 Is well developed

<b>T3 Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Critically evaluate the evidence base for nebuliser therapy			
2	Critically evaluate assessment processes for domiciliary nebuliser therapy			
3	Critically evaluate the cost-effectiveness of the range of compressors, disposables and their combinations			
4	Explain how to assess the learning needs of nurses, multiprofessionals/multi-agencies			
5	Describe legal and professional requirements for extending scope of own role			
6	Describe qualities and aspects of clinical leadership			
7	Describe approaches to audit and development of services			
8	Describe research methodology for investigating aspects of nebuliser therapy			
<b>T3 Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Carry out nebuliser therapy trials in appropriate patients			
2	Review cases where patients have commenced domiciliary nebuliser therapy			
3	Integrate policy, research and clinical guidelines into the development of services and provision care			
4	Develop, in partnership with relevant stakeholders strategic policies and procedures for nebuliser therapy provision			
5	Carry out training needs analysis of nurses and multiprofessionals to provide appropriate education			
6	Lead and assist nurses to progress and consolidate their nebuliser therapy knowledge and skills			
7	Lead audit of effectiveness of nebuliser therapy services and care using continuous quality improvement approach			
8	Identify and lead research activities into aspects of nebuliser therapy services and care			
<b>T3 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show willingness to empower patient/carer through appropriate nebuliser education and advocacy of their wishes			

## 3. Oxygen Therapy

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to implement oxygen therapy in acute exacerbations of COPD and asthma and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Identify indications and contraindications for oxygen therapy			
2	Describe appropriate prescription for emergencies and acute relapses			
3	Explain the rationale for duration, frequency and type of monitoring required to determine effectiveness of oxygen therapy			
4	Identify appropriate delivery systems which will provide prescribed level of oxygen			
5	Explain the quality assurance and risk management mechanisms relative to oxygen therapy provision and equipment to produce safe and effective treatment			
6	Describe the relevant organisational policies and procedures for use			
7	Describe relevant prevention and control of infection protocols			
8	Identify the expected effects of oxygen therapy			
9	Outline possible side-effects, hazards and complications that may arise and how they can be minimised			
10	Describe referral criteria and pathways for senior and/or specialist practitioner assessment or guidance regarding oxygen therapy or its effectiveness			
11	Outline components of accurate recording and documentation of prescription and effectiveness			
12	Describe scope of own practice and role in provision of oxygen therapy			
<b>TI Skills</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Prepare patient/carer for using oxygen therapy through explanation and informed consent			
2	Choose the most appropriate equipment for oxygen delivery, based on type of therapy, changing prescription requirements, patient's clinical status and preference			
3	Carry out appropriate monitoring of effectiveness and safety of oxygen therapy in accordance with treatment plan, patient's clinical status and organisational policies and procedures			
4	Provide smoking cessation advice and assistance where appropriate			

### 3. Oxygen Therapy

<b>TI Skills (contd.)</b>		<b>1</b>	<b>2</b>	<b>3</b>
5	Refer to specialist or senior practitioners for guidance and/or assessment in a timely manner			
6	Accurately document findings and actions			
<b>TI Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show motivation to establish rapport with patient/carer			

### 3. Oxygen Therapy

**Competence statement:**

This competence refers to the knowledge, skills and attitudes required to implement oxygen therapy in acute exacerbations of COPD and asthma and long term management of COPD.

**Rating Scale:** **1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify prescription criteria based on pathophysiological processes			
2 Describe relevant clinical guidelines and how they apply to practice			
3 Explain the types of oxygen therapy, for example, long term oxygen therapy, ambulatory oxygen therapy			
4 Explain expected benefits to patients of the types of domiciliary oxygen			
5 Describe oxygen sources and where they can be obtained			
6 Relate effectiveness of oxygen to pathophysiological processes and patient's clinical status			
7 Outline the physical, psychosocial and financial effects on patient/carer of using the types of oxygen therapy and how these effects can be minimised			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Screen patients at risk of hypoxaemia for the need for oxygen therapy, and refer to senior or specialist practitioner where necessary			
2 Discuss oxygen treatment plan with patient/carer and identify ways of incorporating their wishes and preferences			
3 Choose and/or recommend oxygen equipment that will sufficiently meet individual patient/carer preferences and changing prescription requirements			
4 Liaise with patient healthcare team regarding ongoing effectiveness of treatment and contribute to adjustment of individualised management plan where necessary			
5 Discuss domiciliary oxygen provision with patient healthcare team in relevant sectors to facilitate seamless care			
6 Assist and motivate patient/carer to incorporate domiciliary oxygen safely into lifestyle			
7 Actively seek opportunities to develop the service provided			
8 Actively seek opportunities to audit the therapy provided			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Respect the need for clear lines of communication with relevant members of the patient's healthcare team to promote safe and effective healthcare			

## 3. Oxygen Therapy

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to implement oxygen therapy in acute exacerbations of COPD and asthma and long term management of COPD.

**Rating Scale:** **1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Critically evaluate evidence base for oxygen therapy and service provision			
2 Explain the relationship of oxygen saturation curve and maximum volume of oxygen uptake (VO <sub>2</sub> max) to symptoms and effectiveness of oxygen therapy			
3 Critically discuss pathological processes affecting prescription and effectiveness of treatment			
4 Critically analyse the appropriateness of introducing other forms of management, for example, non-invasive ventilation, intensive care or palliative care, when patient's clinical status does not improve or deteriorates			
5 Explain ways to critically evaluate effectiveness of equipment, interfaces and delivery of acute and domiciliary services			
6 Critically evaluate cost-effectiveness and mechanics of combinations oxygen sources, conserving devices and delivery systems			
7 Describe legal and professional requirements for extending scope of own role			
8 Describe qualities and aspects of clinical leadership			
9 Describe approaches to audit and development of services			
10 Describe research methodology for investigating aspects of oxygen therapy			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Assess patient for safe prescription of oxygen therapy			
2 Recommend and/or prescribe oxygen therapy according to need			
3 Plan, implement and critically evaluate effectiveness of oxygen treatment within context of individualised management plan and make changes accordingly			
4 Liaise with senior practitioners and patient/carer regarding appropriateness of other forms of management where necessary			
5 Develop risk management plans to support patient independence and safe provision of therapy for patients requiring oxygen			
6 Review cases where patients have commenced acute or domiciliary oxygen therapy			

### 3. Oxygen Therapy

<b>T3 Skills (contd.)</b>		<b>1</b>	<b>2</b>	<b>3</b>
7	Develop, in partnership with relevant stakeholders, strategic systems, policies and protocols for oxygen therapy provision			
8	Integrate policy, research and clinical guidelines into the development of services and provision of care			
9	Carry out training needs analysis of nurses and multiprofessionals to provide appropriate education			
10	Lead and assist nurses to progress and consolidate their oxygen therapy knowledge and skills			
11	Lead audit of effectiveness of oxygen therapy services and care, using continuous quality improvement approach			
12	Identify and lead research activities into aspects of oxygen therapy services and care			
<b>T3 Attitudes</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Show motivation and commitment to develop services			
2	Show willingness to provide clinical leadership to support work of nurses and other health professionals			

## 4. Non-Invasive Ventilation

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to implement non-invasive ventilation (NIV) in acute exacerbations of COPD and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

### 2 Needs some development

### 3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify indications for NIV, based on holistic assessment of patient			
2 Describe the relevant organisational policies and procedures for use			
3 Describe relevant organisational infection prevention and control protocols			
4 Explain the duration, frequency and components of monitoring required to determine effectiveness of treatment			
5 Explain the quality assurance and risk management mechanisms relative to NIV to ensure safe and effective treatment			
6 Describe the correct application, operation and removal of the equipment			
7 Describe referral criteria and pathways for senior, specialist practitioner and/or other agency associated with the provision of NIV			
8 Describe potential complications of NIV for patients			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Correctly apply and remove equipment for patients established on NIV			
2 Carry out appropriate monitoring of effectiveness of NIV, and potential complications, in conjunction with an individualised NIV management plan and treatment guidance (includes ceiling of treatment and 'Do Not Attempt Resuscitation' status)			
3 Interpret monitoring findings in light of patient's clinical status and management plan			
4 Refer to/liase with specialist or senior practitioners for guidance and/or assessment in a timely manner			
5 Accurately record and document findings and actions			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show motivation to build rapport with patient/carer			
2 Value contribution of health professionals and agencies to patient care			

## 4. Non-Invasive Ventilation

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to implement non-invasive ventilation (NIV) in acute exacerbations of COPD and long term management of COPD.

**Rating Scale:** 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Identify patient selection criteria and contraindications for initiating NIV			
2 Describe relevant clinical guidelines and how they apply to practice			
3 Describe operation and application of NIV functions			
4 Describe physiological effect of NIV on ventilation			
5 Describe how NIV is set up and how to assess patient for appropriate interfaces			
6 Explain the physical, psychosocial and financial effects on patient/carer of using domiciliary NIV and how these can be minimised			
7 Describe ways of finding out patient/carer wishes regarding NIV management plan			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Obtain informed consent for provision of NIV where necessary			
2 Contribute to, and implement, individualised NIV management plan			
3 Liaise with multiprofessional colleagues to evaluate the effectiveness of NIV therapy			
4 Correctly set up and apply NIV circuit to patient newly requiring therapy			
5 Set up NIV therapy in new patients in accordance with local policy and procedures			
6 Co-ordinate a seamless patient journey between healthcare sectors with effective and appropriate communication and documentation			
7 Contribute to and implement local standards for application of NIV			
8 Actively seek opportunities to engage in service development			
9 Actively seek opportunities to audit service provision			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show respect for the need for clear lines of communication with relevant members of the patient's healthcare team to promote safe and effective healthcare			

## 4. Non-Invasive Ventilation

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to implement non-invasive ventilation (NIV) in acute exacerbations of COPD and long term management of COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Critically evaluate evidence base for NIV			
2 Identify other forms of management that may be appropriate when ceiling of treatment has been reached			
3 Describe components of discharge co-ordination and review			
4 Explain ways to critically evaluate effectiveness of equipment, interfaces and delivery of acute and domiciliary services			
5 Explain the types of non-invasive ventilation (for example, pressure support)			
6 Describe qualities and aspects of clinical leadership			
7 Describe approaches to audit, and to the development of services			
8 Describe research methodology for investigating aspects of NIV care			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Critically analyse types of NIV and make informed decisions regarding clinical use			
2 Collaborate with senior and/or specialist practitioners to formulate and evaluate individualised NIV management plan and make changes accordingly, including removing NIV when ceiling of treatment reached			
3 Develop risk management plans to support independence and safe provision of therapy for patients requiring NIV			
4 Review cases where patients have commenced acute or domiciliary NIV			
5 Carry out training needs analysis of nurses and multiprofessionals to provide appropriate education			
6 Lead and assist nurses to progress and consolidate their NIV knowledge and skills			
7 Collaborate with relevant stakeholders to develop strategic policies and procedures for NIV provision			
8 Lead audit of effectiveness of NIV services using continuous quality improvement approach			
9 Identify and lead research investigations into aspects of NIV care and service provision			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical leadership to support work of nurses and other health professionals			
2 Show motivation and commitment to develop services			

## DOMAIN 4 – HEALTH PROMOTION

### **Competence area 1: Smoking Prevention/Cessation**

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This competence refers to the knowledge, skills and attitudes required to promote smoking prevention and cessation in acute and long term management of asthma and COPD.

KSF Mapping: C1, C3, C6, HWB4

### **Competence area 2: Exercise and Pulmonary Rehabilitation**

**page: 67**

This competence refers to the knowledge, skills and attitudes required to promote exercise and provide pulmonary rehabilitation in long term management of both asthma and COPD.

KSF Mapping: C1, C3, HWB7

# I. Smoking Prevention/Cessation

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to promote smoking prevention and cessation in acute and long term management of asthma and COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the effects of smoking and/or passive smoking on aetiology, disease progression and symptoms of COPD and asthma			
2 Describe how to assess an individual's readiness to stop smoking			
3 Identify the range of interventions and services available to individuals who would like to stop smoking			
4 Outline the immediate and long term benefits of stopping smoking			
5 Describe sources of support for individuals wishing to stop smoking			
6 Identify the hazards of smoking relevant to the individual and the environment			
7 Describe the organisational policies and procedures relating to smoking prevention and cessation			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Record smoking status and readiness to stop			
2 Offer brief advice to all who smoke, in accordance with local policies and procedures			
3 Routinely review smoking status of people on caseload who smoke			
4 Provide information to individuals or groups on smoking prevention/cessation in accordance with local policies and procedures			
5 Provide information to individuals or groups regarding local services and organisations for smoking cessation			
6 Refer individuals who express interest in stopping to relevant support service			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show motivation to provide healthy living information to individuals and/or groups			
2 Value patient/carer dignity			

# I. Smoking Prevention/Cessation

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to promote smoking prevention and cessation in acute and long term management of asthma and COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the types of individuals/groups at risk of starting smoking			
2 Describe the benefits of brief advice, individual or group counselling for people who smoke			
3 Describe the physical and psychosocial aspects of nicotine addiction and ways to minimise withdrawal symptoms			
4 Describe the strategies individuals who smoke can employ to help them stop smoking			
5 Describe the benefits and limitations of pharmacotherapies available to assist smoking cessation			
6 Describe public health policy regarding smoking prevention and cessation			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Negotiate a stop date with individuals who wish to stop smoking and provide strategies to assist them in the cessation process			
2 Generate referral to specialist services for assessment of lung function of individuals who smoke, or who are exposed to passive smoking and have persistent or recurrent respiratory symptoms or winter chest infections			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show motivation to establish a rapport with the patient/carer to support health promoting behaviours			

# I. Smoking Prevention/Cessation

## Competence statement:

This competence refers to the knowledge, skills and attitudes required to promote smoking prevention and cessation in acute and long term management of asthma and COPD.

**Rating Scale:** **1 Needs a lot of development**  
**2 Needs some development**  
**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the indications and contraindications of pharmacotherapies available to assist smoking cessation			
2 Describe models of change and behaviour which may assist the smoking prevention/cessation process			
3 Evaluate the cost-effectiveness of brief advice, individualised and group support for people who smoke			
4 Evaluate ways of setting up smoking prevention/cessation services that incorporate policy and best practice			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Incorporate models of change/behaviour into smoking cessation counselling for individuals or groups			
2 Assist in mentoring and clinical supervision to assist nurses and other health professionals integrate and consolidate their knowledge and skills			
3 Collaborate with relevant stakeholders to develop and evaluate effectiveness of organisational systems to promote smoking prevention and cessation in individuals/groups			
4 Negotiate with relevant stakeholders to develop and audit strategic policies to target 'at risk' individuals/groups for smoking prevention/cessation advice			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical and professional leadership for health promoting behaviours in respiratory care			

## 2. Exercise and Pulmonary Rehabilitation

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to promote exercise and provide pulmonary rehabilitation in the long term management of asthma and COPD.

### Rating Scale: 1 Needs a lot of development

2 Needs some development

3 Is well developed

<b>TI Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the benefits of exercise in individuals or groups			
2 Describe the relevant organisational policies and procedures relating to exercise and pulmonary rehabilitation			
3 Identify the available services, voluntary and charitable organisations which assist individuals to maintain a healthy lifestyle or exercise regime			
4 Describe the indications for pulmonary rehabilitation or an alternative exercise programme based on a holistic assessment of patient			
5 Describe the benefits of pulmonary rehabilitation and exercise for patient/carer			
6 Describe referral criteria and pathways for senior and/or specialist practitioner assessment for pulmonary rehabilitation or an exercise programme			
7 Describe the relevant quality assurance and risk management policies for promoting exercise in individuals and groups			
<b>TI Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Provide information to individuals or groups on ways to incorporate exercise into lifestyle			
2 Provide information to individuals or groups regarding local services and organisations facilitating exercise			
3 Identify potential patients for pulmonary rehabilitation or an alternative exercise programme			
4 Refer potential patients to specialist or senior practitioners in a timely manner for assessment			
<b>TI Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value seamless healthcare across sectors			
2 Show motivation to provide healthy living information to individuals and/or groups			
3 Value equality and diversity			

## 2. Exercise and Pulmonary Rehabilitation

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to promote exercise and provide pulmonary rehabilitation in the long term management of asthma and COPD.

**Rating Scale: 1 Needs a lot of development**

**2 Needs some development**

**3 Is well developed**

<b>T2 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Describe the symptoms patients may experience during exercise and how they can be prevented or managed			
2 Describe the relevant clinical guidelines and how they apply to practice			
3 Outline patient selection criteria and contraindications for a pulmonary rehabilitation programme or alternative exercise programme			
4 Identify the relevant infection prevention and control mechanisms			
5 Describe the aims and content of pulmonary rehabilitation			
<b>T2 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Discuss and review with patient/carer ways to include exercise in lifestyle and how to maintain the benefits of a structured exercise programme			
2 Provide patient/carer with approaches to symptom prevention and management during exercise			
3 Liaise with the patient healthcare team regarding patient suitability (and safety) for pulmonary rehabilitation or an exercise programme, and initiate referral			
4 Actively take part in and seek opportunities for service development of exercise programmes and pulmonary rehabilitation			
<b>T2 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Value the skills of multiprofessional team and other agencies, and their contribution to health promotion			

## 2. Exercise and Pulmonary Rehabilitation

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to promote exercise and provide pulmonary rehabilitation in the long term management of asthma and COPD.

**Rating Scale:** **1 Needs a lot of development**  
**2 Needs some development**  
**3 Is well developed**

<b>T3 Knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Critically evaluate the evidence base for pulmonary rehabilitation and effective exercise			
2 Describe ways of integrating government policy, clinical guidelines and research into practice			
3 Outline the assessment process for determining patient suitability for pulmonary rehabilitation or an exercise programme			
4 Critically evaluate the structure, organisation and training of instructors for pulmonary rehabilitation and exercise programmes, necessary a) for patient safety b) to produce patient improvements			
5 Critically evaluate the relevant outcome measures to determine the effectiveness of pulmonary rehabilitation or an exercise programme			
6 Describe ways to research impact of exercise and pulmonary rehabilitation programmes			
<b>T3 Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Work in partnership with multiprofessionals and other agencies to provide and evaluate pulmonary rehabilitation and/or exercise programmes for suitable patients			
2 Co-ordinate and encourage follow-on exercise to ensure promotion of healthy lifestyle for patient/carer			
3 Conduct training needs analysis for multiprofessional team to arrange and/or deliver education			
4 Engage in mentoring and clinical supervision to assist nurses and other health professionals integrate and consolidate their knowledge and skills			
5 Collaborate with relevant stakeholders to develop and evaluate strategic policy and procedures for provision of pulmonary rehabilitation or appropriate exercise programmes			
6 Audit effectiveness of exercise and/or pulmonary rehabilitation programmes, through continuous quality improvement approach			
7 Lead and develop research activity into impact and role of exercise and pulmonary rehabilitation programmes			
<b>T3 Attitudes</b>	<b>1</b>	<b>2</b>	<b>3</b>
1 Show willingness to provide clinical and professional leadership for health promoting behaviours in respiratory care			

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