



## Competence Areas – TIER I

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# 1. Pulse Oximetry

## Competence statement:

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

**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 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 , factors which may affect accuracy, selection of appropriate probe, and identification of when probe site needs changed. |          |          |          |
| 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>T1 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>T1 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  |          |          |          |

## 2. Blood Gases

### Competence statement:

This competence refers to the knowledge, skills and attitudes required to measure and evaluate blood gases in acute exacerbations and long term management of asthma, COPD and other respiratory conditions

**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 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 for specialist practitioner assessment  |          |          |          |
| <b>T1 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>T1 Attitudes</b>  | <b>1</b> | <b>2</b> | <b>3</b> |
| 1 Value a person-centred approach to health care   |          |          |          |
| 2 Show willingness to follow-up referrals with relevant health professionals   |          |          |          |
| 3 Show sensitivity and empathy for patients undergoing blood gas sampling  |          |          |          |
| 4 Value the contribution of blood gas analysis to the ongoing assessment and management of patients                              |          |          |          |

### 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>T1 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>T1 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>T1 Attitudes</b>   | <b>1</b> | <b>2</b> | <b>3</b> |
| 1 Value a person-centred approach to health care  |          |          |          |
| 2 Value seamless care across healthcare sectors   |          |          |          |
| 3 Value the contribution of Peak Expiratory Flow Rate measurement to the ongoing assessment and management of patients                          |          |          |          |
| 4 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, COPD and other respiratory conditions

**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 physiology of airflow in the lungs   |          |          |          |
| 2 Describe common indications for spirometry, for example, recurrent chest infections, persistent or recurrent respiratory symptoms, health status or pre-operative assessment  |          |          |          |
| 3 Describe referral criteria for specialist practitioner assessment for spirometry, fractional concentration of exhaled nitric oxide (FeNO) and other respiratory investigation |          |          |          |
| <b>T1 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>T1 Attitudes</b>   | <b>1</b> | <b>2</b> | <b>3</b> |
| 1 Value a person-centred approach to health care  |          |          |          |
| 2 Value contribution of other members of healthcare team to patient care  |          |          |          |
| 3 Value the contribution of spirometry to ongoing assessment and monitoring of patients with asthma, COPD or other respiratory conditions                                       |          |          |          |

## 5. 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>T1 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>T1 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>T1 Attitudes</b>   | <b>1</b> | <b>2</b> | <b>3</b> |
| 1 Value a person-centred approach to health care  |          |          |          |
| 2 Value the contribution of other members of the health care team to patient care                     |          |          |          |