229. Professional development and advanced practice roles in respiratory nursing

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A competence framework to support the development of the workforce to deliver improved outcomes for patients with COPD and asthma

Anne Moger, Sue Hill, Kevin Holton, Matt Kearney. *Respiratory Programme, Department of Health, London, United Kingdom*

Rationale: It is estimated that over 3 million people in the UK are living with COPD or related respiratory disease, with less than one third diagnosed and treated. With better awareness and clearer pathways of care focused on improving outcomes, there are implications for planning and developing the workforce. This competence framework identifies the skills, knowledge and attitudes required to deliver improvements. The framework consists of a menu of National Occupational Standards where evidence of competence will ensure practitioners are equipped to deliver respiratory services and promote patient self care and management within their scope of practice, role and responsibility.
Method and results: In collaboration with Skills for Health, the agency responsible for developing National Occupational Standards in healthcare, a respiratory disease Competence Framework based on functional and performance standards has been developed, that describes what is needed to deliver patient-centred respiratory care. This was informed by an expert group of stakeholders focused on delivery of care across the spectrum of respiratory disease from prevention, detection and diagnosis, through acute and chronic care to end of life care.
Conclusion: This resource is being used by commissioners, service providers, local networks and workforce planners to inform service and workforce design, thereby supporting the shift of service delivery by a competent workforce, from acute settings into the community.

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New Zealand adult respiratory nursing knowledge and skills framework: A platform for competence development

Victoria Perry. *Respiratory Services, Palmerston North Hospital, Palmerston North, Manawatu, New Zealand*

Respiratory nurses in New Zealand (NZ) are required by the Nursing Council of NZ and national legislation to provide evidence of competence however, there has been an absence of an agreed articulation of the respiratory specific knowledge and skills required to demonstrate this. A national working group of respiratory nurses therefore undertook to develop a national respiratory knowledge and skills framework that offers a mechanism for the development of a range of transferable

clinical skills, seeks to minimise risk to patients, nurses and employers, provides a reference point for curricula and a mechanism for nurses to measure effectiveness of their practice. This presentation will describe the aims of the framework, process of development, scope for application, implementation to date, and initial evaluation.

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Audit of the impact of increased nurse education in diagnosis and management of patients with airflow obstruction in the community

Roger Wolstenholme, Marie Barrowclough, Patricia Darley, Gillian Prescott. *Bridgewater Community Healthcare, NHS Trust, Wigan, United Kingdom Clinical Services Department, AstraZeneca, Macclesfield, United Kingdom*

Aims: Primary. To improve skills of primary care clinicians in diagnosis and management of patients with airflow obstruction and to provide more effective and consistent care. Secondary. To reduce self reported COPD and asthma exacerbations over a 12 month period, improve patient outcomes including MRC scores, patient satisfaction surveys and increased use of self management plans. To increase a multidisciplinary approach in the management of COPD and increase self reported competency of primary care nurses.
Methods: 10 community practices applied and were accepted for clinical mentorship. Following an Education Needs Analysis a practice nurse education programme was developed and provided by specialist nurses and community respiratory physician. In the 10 practices 259 patients were identified as having poorly controlled asthma or COPD. 213 attended for review, 63 with an initial diagnosis of asthma and 150 COPD.
Results: 12 of 63 (20%) patients with asthma showed no reversibility, 11 of 150 (6%) of COPD patients had normal spirometry. 90% of the asthmatics and 93% COPD pts were "uncontrolled", 2 or more courses of steroids and antibiotics a year. After the programme this was reduced to 3% and 12% respectively. COPD MRC scores improved markedly, MRC 3 37% to 17%, MRC 4 30% to 13%. 50% of COPD patients were referred and accepted pulmonary rehabilitation.
Discussion: Increased education supported by continued mentorship improves clinical competencies and outcomes by better diagnosis, appropriate inhaled therapy and encouraging multidisciplinary working. Continued mentorship is vital to maintain standards and confidence in primary care.

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What are the solutions to the key challenges facing primary care nurses delivering respiratory care in the United Kingdom?

Stephen Holmes[1], Amr Radwan[2], Gareth Hall[2], Jane Scullion[3], Ruth McArthur[4], Iain Small[5]. *[1]The Park Medical Practice, Cannards Grave Road, Shepton Mallet, Somerset, United Kingdom; [2]Novartis Pharmaceuticals UK Limited, Frimley/Camberley, Surrey, United Kingdom; [3]Department of Respiratory Medicine, Glenfield Hospital, University Hospitals, Leicester, Leicestershire, United Kingdom; [4]Mackintosh Practice, Hunter Health Centre, East Kilbride, Glasgow, United Kingdom; [5]Peterhead Medical Centre, The Health Centre Links Terrace, Peterhead, Aberdeen, United Kingdom*

Aim: To discuss solutions to the current key themed challenges identified previously for primary care nurses delivering respiratory care in the United Kingdom.
Method: We have previously described the qualitative research involving 12 primary care nurses (60 minute interviews) and four 90 minute focus groups of nurses purposively representative of primary care respiratory interested nurses in the United Kingdom. We have also published results of this research (IPCRG Abstract 202; 2012). We now describe some of the suggested solutions gained from discussions of a group of clinicians involved in health care education (involving primary care, community, specialist nurses and general practitioners).
Results: The initial research identified four key challenging themes: time, professional isolation, working with patients and lack of resources. The key areas identified to facilitate addressing these challenges were themed into two broad areas - which will address all the challenge areas. Firstly, leadership skills (including time management, influencing and negotiating skills) and secondly communication skills (eg motivational interviewing and shared decision making techniques).
Conclusions: It is likely that with changes in the continuing professional development offered to practice nurses many of the key challenges currently faced could be addressed. This however would require influencing and negotiating skills at practice, area and national levels and a desire from practice nurses to engage in leadership and communication skills development. With these inputs a real change could be obtained which would improve clinician and patient satisfaction.

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The role of the asthma nurse specialist in optimising the management of acute asthma according to British Thoracic Society guidelines

Philip Coakley, Karina Virdee, Ajitha Jayaratnam, Bernadette Hawkes. *Medicine, King George Hospital, London, United Kingdom*

Introduction & aims: Asthma affects over 5 million people in the UK and accounts for one hospital admission every 7.5 minutes. The British Thoracic Society (BTS) has evidence-based guidelines on the management of acute asthmatics which have been shown to reduce readmission rates. This study aims to audit the management of acute asthmatic admissions against BTS guidelines and establish whether or not intervention by an asthma nurse specialist (ANS) improves the audit criteria outcomes.
Methods: In a busy Outer London district general hospital, retrospective case note audit was carried out on all patients admitted with acute asthma in September and October 2011. The patients were then divided into those who were jointly managed by the medical team and ANS with those who were managed by the medical team alone.
Results: 50 patients were admitted over the 2 month period, of which 50% had been reviewed by the ANS. Across all 16 BTS audit criteria, the achieval rates in the group of patients who received the intervention of ANS was either equal to or higher than those who were managed by physicians alone. The average achieval rate of all audit criteria in patients who did not see the ANS was 29.3% compared to 60.1% for those who were seen by the ANS.
Conclusions: The intervention of the ANS in the inpatient management of acute asthmatics increases the adherence to national guidelines, thus improving standards in overall management. This audit also demonstrates the importance of the continuing education of junior doctors in the guidelines in the management of acute asthmatics to improve overall adherence.

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Nurse-patient collaboration; a grounded theory study in patients with chronic obstructive pulmonary disease on non-invasive ventilation

Dorthe Sørensen[1], Kirsten Frederiksen[1], Thorbjørn Grøfte[2], Kirsten Lomborg[1]. *[1]Department of Public Health. Section of Nursing Science, Aarhus University, Aarhus, Denmark; [2]Department of Anesthesiology, Randers Regional Hospital, Randers, Denmark*

Objectives: This paper provides a theoretical account of nurses' collaborations with patients' with chronic obstructive pulmonary disease during non-invasive ventilation treatment at the hospital.
Background: Despite strong evidence for the effect of non-invasive ventilation treatment, success remains a huge challenge. Nurse and patient collaboration may be vital for treatment tolerance and success. A better understanding of how nurses and patients collaborate during non-invasive ventilation may therefore contribute to improvement.
Design: A constant comparative classical grounded theory.
Method: The data comprised sessions of qualitative participant observation during the treatment of 21 patients with non-invasive ventilation, which included unstructured conversations with the nurses and semi-structured interviews with 11 patients after treatment completion. Data were collected at three Danish hospitals.
Results: Definition of the situation emerged as the core category in nurse-patient collaborations during non-invasive ventilation treatment. The main concern was resolved by activating of one or more of the following four complex adjusted modalities: (1) joint modality; (2) patient-initiated modality; (3) nurse-initiated modality; or (4) split modality. Modalities 1–3 were characterised by mutual definitions of the situation, whereas the fourth was characterised by divergent definitions of the situation.
Conclusions: This study offers a robust account of nurses' and patients' concerns about their definition of the situation and how they activate different complex adaptive modalities. We offer a theoretical basis for developing complex interventions.

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Fatigue in COPD: A qualitative study of peoples experiences

Caroline Stridsman[1,2], Anne Lindberg[2,3], Lisa Skär[1]. *[1]Luleå University of Technology, Department of Health Science, Division of Nursing, Luleå, Sweden; [2]The County Council of Norrbotten, The OLIN-studies, Luleå, Sweden; [3]Umeå University, Department of Public Health and Clinical Medicine, Division of Medicine, Umeå, Sweden*

Background: Fatigue is reported to be one of the most common symptoms among people with COPD. However, there is hardly any qualitative research describing how fatigue affects people living with COPD.
Aim: To study people's experience of fatigue when living with COPD.
Method: In the years of 2008-2010, a purposive sample of 20 people with COPD stage II-IV, according to GOLD, was recruited from the OLIN COPD-study in Northern Sweden. Data was collected by semi-structured interviews and the participants were interviewed about their experience of fatigue. The interviews were subjected to a qualitative content analysis.
Results: One theme was identified: To reconcile with the dimensions of fatigue, and four categories: To understand the reason; To preserve fatigue unexpressed; To be controlled and To struggle against. In COPD, fatigue seems to appear in different dimensions. People are aware of the cause of fatigue and they seem to reconcile with the symptom believing it is a natural consequence of COPD, and therefore it remains unexpressed. Fatigue is an always present feeling that involves the whole body, raising feelings of hopelessness making life heavy and invincible. Further, by increased dyspnea, fatigue gets even heavier and more severe to manage. To cope, people have to force themselves to struggle against fatigue, regardless of dyspnea that was triggered by physical movements.
Conclusion: Fatigue affected the daily life of people living with COPD. In relation to dyspnea, fatigue was described to be overwhelming, and most important fatigue seems to be unexpressed to healthcare professionals and relatives. This knowledge is significant for nurses in order to meet the person's needs of care.