Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust
ASSESSMENT OF COMPETENCY

Respiratory Assessment and Examination Competency

Key Document code:	WAHT-KD-017	
Key Documents Owner:	Dr Harsha Mistry	Clinical Lead for Pre-Op Assessment
Approved by:	Pre-op Directorate Governance Meeting	
Date of Approval:	4th January 2021	
Date of review: **This is the most current version and should be used until a revised document is in place**	12th November 2025	

Key Amendment

Date	Amendment	Approved by
4th January 2021	Pre-operative assessment Key Documents approved for 3 years	Pre-op Directorate Governance Meeting
27th December 2023	Extended document for 6 months whilst under review. Updated owner details.	Dr Harsha Mistry
12th November 2024	Document extended for 12 months whilst awaiting National Guidelines to inform if changes are required	Dr Harsha Mistry

Worcestershire Acute Hospitals NHS Trust
ASSESSMENT OF COMPETENCY

ASSESSMENT SPECIFICATION: Respiratory Assessment and Examination Competency

The practitioner demonstrates the knowledge and skills to assess a patient's respiratory status and is able to identify areas of risk which may compromise a patient's safety during the perioperative period.

Nurse Practitioners with accredited training in clinical assessment and examination skills that are currently in practice, and Anaesthetists can act as a sign off mentor.

The assessment of five patient consultations is required to complete the practical element of the competency- undertaking one full practical examination with the Anaesthetist and four targeted examination according to the presenting symptoms of the patient. A single sign off for the theoretical element of the competency is required.

KNOWLEDGE EVIDENCE:

Clinical Supervisor *(please print)* …….. Signature …… Date: ……

Candidate *(please print)*…… Signature …….. Date: ……

Ward/Department: ……Directorate/PCT …….. Location: ……..

Comments by Supervisor	Comments by Candidate:

When you have completed your competencies a copy should be retained as evidence of your competency for your professional portfolio and a PHOTOCOPY of this completed record sent to your manager for your personal folder and to Learning and Development Department, Charles Hastings Education Centre, WRH.

PERFORMANCE CRITERIA FOR ASSESSMENT OF COMPETENCY

PERFORMANCE CRITERIA	COMPETENT- Mentor Initial & Date Nurse Practitioners that have completed accredited training in cardiac and respiratory assessment and examination, and Anaesthetists can act as a sign off mentor.				
Demonstrates knowledge and understanding of asthma including related signs and symptoms	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of the potential impact of anaesthetic and surgery for the patient presenting with asthma	**X**	**X**	**X**	**X**	
Takes a targeted history for a patient presenting with asthma	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of chronic obstructive airways disease (COPD) including the related signs and symptoms	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of the potential impact on anaesthetic and surgery presenting with COPD	**X**	**X**	**X**	**X**	
Takes a targeted history for a patient presenting with COPD.	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of bronchiectasis including related signs and symptoms	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of the potential impact on anaesthetic and surgery presenting with bronchiectasis	**X**	**X**	**X**	**X**	
Takes a targeted history for a patient presenting with bronchiectasis.	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of obstructive sleep apnoea (OSA) including related signs and symptoms	**X**	**X**	**X**	**X**	

Demonstrates knowledge and understanding of the potential impact on anaesthetic and surgery presenting with OSA	**X**	**X**	**X**	**X**	
Takes a targeted history for the patient presenting with OSA.	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of Epworth scoring	**X**	**X**	**X**	**X**	
Provide detailed explanation of the decision making process used to establish if the patient needs referral to an anaesthetist or other service (General Practitioner) regarding their respiratory disease.	**X**	**X**	**X**	**X**	
Assesses blood pressure, pulse rate, respiratory rate and oxygen saturations, discusses relevance of findings, including abnormal and normal findings and ensures appropriate safety netting of the patient. (Depth, rate and symmetry of respiration rate)	**X**	**X**	**X**	**X**	
Undertakes a peak expiratory flow rate (PEFR) reading and demonstrates knowledge and understanding of PEFR and the rationale for testing.	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding in the assessment of the predicted value PEFR (height, gender, age) and makes referral to another service (GP) as appropriate (<80% predicted value).	**X**	**X**	**X**	**X**	
Explains the rationale for spirometry testing	**X**	**X**	**X**	**X**	
Demonstrates knowledge and understanding of prescribed medicines used in the treatment of respiratory disease.	**X**	**X**	**X**	**X**	
Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making	**X**	**X**	**X**	**X**	

Examination					
Explains the purpose of the examination to the patient and seeks consent.					
Offers a chaperone for the procedure as per the WAHT policy					
Ensures that the dignity and privacy of the patient is considered throughout the examination.					
Performs a comprehensive, age appropriate, physical examination based on the presenting symptoms of the patient: Inspection, palpation, percussion and auscultation. Posterior chest wall and anterior chest wall					
Performs a general inspection of the patient (Cartledge, Cartledge and Lockey, 2014) and discusses a rationale for inspection					
Inspects the hands for tar staining, clubbing, cyanosis (Jevons, 2009) and discusses that rationale for inspection					
Observes the hands for flapping tremor (Cartledge, Cartledge and Lockey, 2014) and discuses rationale.					
Inspects the conjunctiva of the eyes for anaemia (Cartledge, Cartledge and Lockey, 2014)					
Inspects the eyes for ptosis and a constricted pupil which may represent Horner's syndrome (Cartledge, Cartledge and Lockey, 2014)					
Observes for cyanosis of the lips and tongue (Jevon, 2009) and understands the rationale.					

Inspects the neck for JVP (Cartledge, Cartledge and Lockey, 2014) and understands the rationale for testing					
Inspects the chest for deformity, scars, venous and further inspects for spinal deformity (Cartledge, Cartledge and Lockey, 2014) and understands the rationale for inspection					
Inspects the neck for use of accessory muscles in breathing (Bickley and Szilagyl, 2013) and understands the rationale for inspection					
Listens for an audible wheeze or stridor on breathing (Bickley and Szilagyl, 2013)					
Palpates for chest expansion (Bickley and Szilagyl, 2013) and understands the rationale for palpation					
Palpates for tactile fremitus on the posterior chest wall, '99' (Bickley and Szilagyl, 2013) and understands the rationale for palpation					
Percusses the chest wall and understand the rationale for percussion (fluid filled, air filled, solid) (Bickley and Szilagyl, 2013).					
Understands the principles of auscultation (listening for breath sounds, listening for adventitious sounds and if abnormal sounds are suspected listening to the patient's spoken or whispered voice through the chest wall (Bickley and Szilagyl, 2013)					
Demonstrates knowledge and understanding of normal breath sounds: • Vesicular breathing- in most of lung fields • broncho-vesicular- often in the 1st and 2nd interspaces anteriorly and between scapula • bronchial- over manubrium (Bickley and Szilagyl, 2013).	**X**	**X**	**X**	**X**	

Listens to the breath sounds with the diaphragm of the stethoscope after instructing the patient to breathe deeply through an open mouth (Bickley and Szilagyl, 2013).					
Demonstrates knowledge and understanding of adventitious (added) sounds (Bickley and Szilagyl, 2013). (Number, intensity, timing, location, pattern in the breathing cycle, changes after cough) • Crackles (rales)- abnormality of the lungs: pneumonia, fibrosis, early heart failure) • Wheezes- narrowed airways asthma, COPD, bronchitis • Ronchi- secretions in large airways (Bickley and Szilagyl, 2013).	**X**	**X**	**X**	**X**	
Assesses for transmitted voice sounds 'ee' in the presence of abnormally located broncho-vesicular or bronchial breathe sounds (Bickley and Szilagyl, 2013) and the rationale for the assessment of transmitted voice sounds.					
Percusses the liver to identify dullness (COPD displaces the upper boarder of the liver downwards (Bickley and Szilagyl, 2013)	**X**	**X**	**X**	**X**	
Documents findings appropriately, dates, signs, prints and times entry.					

I declare that I have supervised this practitioner and found him/her to be competent as judged by these knowledge and performance criteria Main Clinical Mentor *(please print)*…….. Signature …… Date: …….	I declare that I have expanded my knowledge and skills and undertake to practice with accountability for my decisions and actions Candidate *(please print)* …….. Signature …….Date:…….

References

Bickley, L.S and Szilagyi, P.G.,2013. *Bates' guide to physical examination and history taking*. 11th ed. London: Lippincott Williams & Wilkins.

Cartledge, P, Cartledge, C and Lockey, A., 2014., *Clinical examination*. JP Medical Ltd: London

Jevon, P, 2009., *Clinical examination skills*. John Wiley &Sons: West Sussex