

Evaluation of an Experience Week with the Community Respiratory Resource Unit

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Objectives

My main objective for this SSC experience week was to improve my knowledge and understanding of COPD while also learning how a multidisciplinary team works while visiting patients at home in the community. This can be broken down into several aims the first being to learn about pharmacological and non-pharmacological treatments. The second aim was to better my understanding of blood gases and to learn the procedures for prescribing oxygen for patients at home.

Method

Prior to the SSC week I spent some time researching COPD and revising my knowledge from year 1 to ensure I would have a good foundation of knowledge to build upon throughout the week. I mainly spent this time reading through my own notes, flashcards, and research articles on COPD. The CRRU team held three oxygen clinics throughout the week assessing patients for ambulatory oxygen and for at home oxygen. I had the opportunity to attend both types of assessments and speak to the patients about their experience with COPD and having oxygen at home. Part of assessing for at home oxygen requires the patient to have a blood gas, during this time I was given the chance to learn a little more as to why this was needed and what results they were looking for. I attended several home visits with the team as well as a few pulmonary rehab sessions which was helpful on giving me an insight into non-pharmacological treatments and what it can be like to live with COPD.

Conclusion

I believe I achieved my objective of improving my knowledge of COPD and my understanding of the disease and its impact on the patients lives. Learning about prescribing oxygen, inhalers and pulmonary rehab gave me a good understanding of some of the pharmacological and non-pharmacological treatments. I felt I could've learnt more regarding the pharmacological treatments which is something I can research into further in the future.

Acknowledgements

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Intro

COPD (Chronic obstructive pulmonary disease) is a common chronic lung disease characterized by progressive airflow obstruction (1). Patients with COPD usually present with a productive cough and dyspnoea on exertion, and often a 'whistling' sound on exhalation due to air travelling through the narrowing airway. COPD is most commonly associated with smoking and structural lung damage caused by prolonged exposure to cigarette smoke, but occupational exposure to air pollution and irritants can be important risk factors (2). Throughout my SSC week I spent my time with the CRRU (Community respiratory resource unit) in Llandough hospital. They are a multidisciplinary team consisting of occupational therapists, physiotherapists and nurses who offer home community visits to support early discharge and to avoid hospital admission by preventing the exacerbation of patient's COPD (3).

Reflection

Throughout the week I felt as though what I had learnt about COPD through research was solidified as it was put into practise. I found the oxygen clinics particularly useful for not only solidifying my knowledge on blood gases and the symptoms of COPD but also introducing me to the protocols for prescribing oxygen and the requirements that need to be met to be prescribed with oxygen. I found that these oxygen clinics gave me the opportunity to see the realistic benefits of prescribing oxygen to patients and the impact it can have on their quality of life. One patient stood out to me as an example of this as although he was able to walk a small distance and therefore in most case would not qualify for ambulatory oxygen. This patient was only in his 50s as had a teenage son, he expressed his wish to remain as active as he could and that he felt as though it would be of benefit to him to receive ambulatory oxygen to allow him to get out and about more and therefore improve his quality of life. This taught me the importance of looking at every patient individually when deciding on their care and treatment. I found the pulmonary rehab particularly interesting of building up the patients muscle strength to better cope with the effects of COPD e.g.. deficient oxygen going to the muscles. This really helped my to see the benefits of non-pharmacological treatment and the impact they can have on patients lives.

References

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