

Chronic Obstructive Pulmonary Disease (COPD)				
Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
Tier 1				
Knowledge and Understanding <ul style="list-style-type: none"> • Demonstrate an understanding of the holistic care of a patient with COPD • Demonstrate an understanding of respiratory anatomy and physiology • Demonstrate an understanding of the pathophysiology of COPD • Demonstrate an understanding of the diagnostic criteria COPD in line with current local and national guidance¹⁴⁰ • Demonstrate an understanding of the local and national guidance for the management of COPD¹⁴¹ • Demonstrate an understanding of the identification and management of COPD exacerbation and be able to stratify when this can be managed primary care and when this needs to be referred on to secondary care in line with local and national guidance¹⁴² • Demonstrate an understanding of the correct technique for using the different types of inhaler devices and explain what will guide your device recommendations for a specific patient in line with local and national guidance^{143 144} 				

¹⁴⁰ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#diagnosing-copd>

¹⁴¹ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-stable-copd>

¹⁴² <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-exacerbations-of-copd>

¹⁴³ <https://www.rightbreathe.com/>

¹⁴⁴ <https://www.asthmaandlung.org.uk/living-with/inhaler-videos>

<ul style="list-style-type: none"> • Demonstrate and understanding of the aims of COPD treatment¹⁴⁵ <p>Patient Management</p> <ul style="list-style-type: none"> • Initial Assessment: <ul style="list-style-type: none"> ○ Be able to arrange for spirometry testing to take place¹⁴⁶ ○ Be able to arrange for chest imaging to take place in line with local guidance to exclude other lung pathology ○ Be able to arrange for full blood count serology to exclude polycythaemia ○ Be able to take measurements to obtain patients BMI • Diagnosis: <ul style="list-style-type: none"> ▪ Be able to elicit patients understanding of What COPD is and how it affects the lungs¹⁴⁷ provide explanations, information and support where appropriate: ○ Be able to explain the need for an annual review and familiarise patient with a validated assessment questionnaire such as the Medical Research Council dyspnoea score (MRC) and COPD assessment test (CAT) score to enable self-monitoring and improved engagement with future reviews, in line with local and national guidance¹⁴⁸ ○ Be able to explore with the patient contributory factors such as smoking and the environment and discuss the importance of smoking cessation¹⁴⁹ <ul style="list-style-type: none"> • Review: 				
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¹⁴⁵ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-stable-copd>

¹⁴⁶ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#diagnosing-copd>

¹⁴⁷ <https://www.asthmaandlung.org.uk/conditions/copd-chronic-obstructive-pulmonary-disease>

¹⁴⁸ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/diagnosis/diagnosis-copd/#medical-research-council-dyspnoea-scale>

¹⁴⁹ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/diagnosis/diagnosis-copd/#assessment>

<ul style="list-style-type: none"> ○ Be able to elicit patients experience of current control and follow this up with standardised questionnaire to enable alignment of patients' perception with treatment aims¹⁵⁰ ○ Be able to confirm patients' adherence to treatment¹⁵¹ ○ Be able to assess patients' inhaler technique^{152 153} ○ Be able to teach patient 'good technique' where needed, and provide support materials ○ Be able to discuss spacer use with patient and explain rationale for use¹⁵⁴ <ul style="list-style-type: none"> ▪ Be able to recognise when treatment may need to be changed and discuss or refer on to appropriate prescribing clinician ○ ○ Be able to arrange appropriate follow up for the patient following any change to medication ¹⁵⁵ ○ Be able to providehealth promotion advice that could improve COPD symptom control, and make onward referral, where appropriate ¹⁵⁶: <ul style="list-style-type: none"> ▪ Diet ▪ Pulmonary rehabilitation¹⁵⁷ ▪ Smoking cessation 				
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¹⁵⁰ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/management/stable-copd/>

¹⁵¹ <https://www.nice.org.uk/guidance/cg76/chapter/1-Guidance#supporting-adherence>

¹⁵² <https://www.rightbreathe.com/>

¹⁵³ <https://www.asthmaandlung.org.uk/living-with/inhaler-videos>

¹⁵⁴ <https://bnf.nice.org.uk/treatment-summaries/respiratory-system-drug-delivery/>

¹⁵⁵ <https://www.nice.org.uk/guidance/ng115/resources/visual-summary-treatment-algorithm-pdf-6604261741>

¹⁵⁶ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-stable-copd>

¹⁵⁷ <https://www.nice.org.uk/guidance/ng115/chapter/recommendations#pulmonary-rehabilitation>

<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Vaccination <ul style="list-style-type: none"> ○ Be able to support patient to self-management including providing patient with a personalised COPD management plan as per local and national Guidance ¹⁵⁸ ○ Be able to provide patient with robust safety netting advice relating to deterioration of their COPD and COPD exacerbation¹⁵⁹ • Be able to recognise when patient complexity exceeds competence and refer on as appropriate 				
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¹⁵⁸ <https://www.nice.org.uk/guidance/ng115/chapter/recommendations#self-management>

¹⁵⁹ <https://www.nice.org.uk/guidance/ng115/chapter/recommendations#managing-exacerbations-of-copd>