

Chronic Obstructive Pulmonary Disease (COPD)				
Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
Tier 2				
<p>Knowledge and Understanding</p> <ul style="list-style-type: none"> • Demonstrate an understanding of when to consider a differential diagnosis¹⁶⁰ • Demonstrate an understanding of the variety of inhaled medications available for the management of COPD including the different types of devices in line with local and National Guidance^{161 162} • Demonstrate an understanding of levels of ICS doses – low, medium and high and when to issue a steroid safety card¹⁶³ • Demonstrate an understanding of the use of rescue medication on the management of COPD exacerbation¹⁶⁴ • Demonstrate an understanding of the impact of poor air quality on COPD¹⁶⁵ <p>Patient Management</p> <ul style="list-style-type: none"> ○ Initial Assessment 				

¹⁶⁰ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#diagnosing-copd>

¹⁶¹ <https://bnf.nice.org.uk/treatment-summaries/chronic-obstructive-pulmonary-disease/>

¹⁶² <https://www.rightbreathe.com/>

¹⁶³ [Inhaled corticosteroids | Prescribing information | Chronic obstructive pulmonary disease | CKS | NICE](#)

¹⁶⁴ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-exacerbations-of-copd>

¹⁶⁵ <https://www.nice.org.uk/guidance/ng70/chapter/Recommendations#vulnerable-groups>

<ul style="list-style-type: none"> ○ Be able to take a detailed history from the patient to support objective testing¹⁶⁶ ● Diagnosis <ul style="list-style-type: none"> ○ Be able to assess the patients baseline status and record this for future monitoring¹⁶⁷ ○ Be able to elicit patients understanding of the following and provide explanations, information and support where appropriate: <ul style="list-style-type: none"> ▪ The different types of treatment, preventer and reliever, how they work and the different types available^{168 169} ▪ The impact of air quality and pollution on COPD control and provide advice on how to minimise this¹⁷⁰ ○ Be able to discuss the progressive nature of COPD¹⁷¹ ○ Have a shared decision-making discussion with the patient about the following interventions that may improve symptom control¹⁷²: <ul style="list-style-type: none"> ▪ The use of pharmacological management of COPD ▪ The choice of inhalers taking into account: <ul style="list-style-type: none"> ● The pharmacological components that would be needed to achieve good control¹⁷³ 				
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¹⁶⁶ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#diagnosing-copd>

¹⁶⁷ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/diagnosis/diagnosis-copd/#assessment>

¹⁶⁸ <https://www.rightbreathe.com/>

¹⁶⁹ <https://www.asthmaandlung.org.uk/living-with/inhaler-videos>

¹⁷⁰ <https://www.nice.org.uk/guidance/ng70/chapter/Recommendations#vulnerable-groups>

¹⁷¹ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/diagnosis/diagnosis-copd/#assessment>

¹⁷² <https://www.nice.org.uk/guidance/ng115/resources/visual-summary-treatment-algorithm-pdf-6604261741>

¹⁷³ <https://bnf.nice.org.uk/treatment-summaries/chronic-obstructive-pulmonary-disease/>

<ul style="list-style-type: none"> • The patients' dexterity and ability to manage particular devices¹⁷⁴ • The ethnicity, cultural, economic and social needs of the patient ○ Be able to provide the patient with an inhaled steroid safety card where high dose ICS is being used ¹⁷⁵ ○ Be able to explain the importance of adherence to medication, explaining the cumulative effect of ICS and the impact of missed doses¹⁷⁶ • Review <ul style="list-style-type: none"> ○ Be able to recognise when treatment may need to be changed: <ul style="list-style-type: none"> ▪ Where increase or change may be needed with sub-optimal control¹⁷⁷ ▪ Following hospital admission ○ Be able to re-visit shared decision-making discussions to encourage ongoing adherence¹⁷⁸ ○ Be able to provide health promotion advice to support the patient in managing breathlessness¹⁷⁹ and make onward referral, where appropriate ¹⁸⁰: ○ Be able to address any issues around frailty/frailty syndrome that may impact on the patients' respiratory health¹⁸¹ 				
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¹⁷⁴ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/>

¹⁷⁵ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/prescribing-information/inhaled-corticosteroids/>

¹⁷⁶ <https://www.nice.org.uk/guidance/cg76>

¹⁷⁷ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/management/stable-copd/#treatment>

¹⁷⁸ <https://www.nice.org.uk/guidance/cg76>

¹⁷⁹ <https://www.asthmaandlung.org.uk/symptoms-tests-treatments/symptoms/breathlessness>

¹⁸⁰ <https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#managing-stable-copd>

¹⁸¹ <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-resources/>

<ul style="list-style-type: none"> ○ Be able to assess the effect of COPD on mental health and signpost patient to appropriate support ¹⁸² ○ Be able to provide patient with advice regarding air travel¹⁸³ ○ Be able to refer patients on to suitable prescribing clinician when rescue medication at home would be beneficial¹⁸⁴ ○ Be aware of the criteria for onward specialist referral¹⁸⁵ ○ Be able to identify when advanced care planning would be appropriate¹⁸⁶ 				
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¹⁸² <https://www.asthmaandlung.org.uk/living-with/mental-health>

¹⁸³ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/management/stable-copd/#advice>

¹⁸⁴ <https://www.nice.org.uk/guidance/ng115/chapter/recommendations#self-management>

¹⁸⁵ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/management/stable-copd/#referral>

¹⁸⁶ <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/management/end-stage-copd/#advance-decisions>