

NHS Community Pharmacist Consultation Service (CPCS): Clinical assessment – essential skills

LEARNER WORKBOOK FOR SESSIONS 1 AND 2



Overall aim

The NHS Community Pharmacist Consultation Service (CPCS) CPD course supports pharmacy professionals to develop the knowledge, skills and confidence needed to undertake effective consultations, communications and clinical assessments in order to provide the NHS CPCS.

The two interactive digital sessions have been designed as practical learning sessions and are led by an experienced team of GPs, Advanced Nurse Practitioners and Pharmacists. Our intention is that the sessions are interactive and fun and we will create a safe environment for you to learn new skills.

Learning objectives

As you work through the course consider which competencies you are meeting and the level at which you meet these. What extra steps could you take to extend your learning in these key areas?

After completing all aspects of this course and the pre-course e-learning, participants should be able to:

- Describe the clinical history-taking process
- Apply tools and techniques to demonstrate a structured person-centred approach to clinical history taking
- Apply evidence-based practice and relevant guidance to support clinical reasoning and engage the person in shared decision making, such as NICE Clinical Knowledge Summaries
- Identify presenting red flags in the consultation to enable safe, effective, clinical transfer of the individual
- Demonstrate a safe and effective closure to the consultation including safety netting, signposting and referral when necessary
- Apply the principles of hygiene and hand washing in a clinical setting
- Demonstrate and practise a range of clinical assessment skills
- Interpret and apply clinical assessment test results and findings to aid clinical diagnosis and decisions
- Practise a holistic approach to the care of individuals by promoting self-care and prevention measures in the consultation
- Complete an accurate and concise clinical record to support data sharing across healthcare settings and transfer of care

Session 1

Clinical history taking and consultation skills

ACTIVITY 1 INITIATING THE CONSULTATION

Within your breakout room, you will take turns in pairs to practise initiating a consultation using the mnemonic I2C6.

Your Facilitator will provide support and feedback where needed.

	Questions
Person's identity	Hello my name is I am the pharmacist on duty. What is your name and date of birth? How would you like me to address you?
Inform the person	I would like to take your blood pressure, this involves inflating the cuff twice, you may experience discomfort in your arm. Let me know if you want me to stop.
Gain verbal or implied consent	Is that alright with you? Which arm do you usually use for a blood pressure reading?
Call you	What would you like me to call you?
Confidentiality	Our discussion is confidential, if I need to tell someone else I will let you know.
Chaperone	Would you like someone else to be present during the clinical assessment?
Person's comfort and dignity	Are you comfortable? Can you lift your sleeve for the clinical assessment?
Clean hands	

Notes

What went well?

What could you improve?

ACTIVITY 2
HISTORY-TAKING PRACTICE

History taking

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug and allergy history (DH)
- Family history
- Social and personal history

LICEF		
		Questions
L	Lifestyle	How does this affect the things that you can do each day?
I	Ideas	Tell me your thoughts about the symptoms you have been experiencing, what do you think is happening?
C	Concerns	What concerns you? Is there anything in particular that is worrying you?
E	Expectations	When you came to see me today what were you hoping I could do for you?
F	Feelings	How are you feeling about what is happening to you?

SOCRATES		
		Questions
S	Site	Where is the pain?
O	Onset	When did it start?
C	Character	How would you describe the pain?
R	Radiation	Does the pain change or move to another part of the body?
A	Associated symptoms	Describe any other symptoms that you have experienced.
T	Timing	Tell me when the pain occurs.
E	Exacerbating or relieving factors	Does anything make the pain worse? Does anything relieve the pain?
S	Severity	On a scale of 0 to 10, how bad would you say the pain is? (0 is no pain, 10 is the worst pain ever).

Your facilitator is the person/patient.

Learners will take it in turns to ask questions to gather the history.

When you observe your colleague taking a history, write down any good questions that they use in the table below.

	Questions
Presenting complaint (PC)	
History of presenting complaint (HPC)	
Past medical history (PMH)	
Drug and allergy history (DH)	
Family history	
Social and personal history	

Reflect on the activity and make notes in the box below.

What went well?

What could you improve?

ACTIVITY 3 – RED FLAGS

Red flags are symptoms of concern that may indicate more serious medical conditions requiring urgent action or referral. They will vary depending on the experience and training of the interviewer.

Consider the body system that your group has been allocated and write down all the red flags that you can think of.

General red flags

Cardiovascular

Respiratory

Infections

Clinical assessments and observations

ACTIVITY 4 CASE STUDY 1: ANN



Ann, an 84-year-old woman, has been referred to the pharmacy with constipation. She attends with her husband, who mentions that Ann has become very confused over the last two days and he was considering calling the ambulance, but NHS 111 referred her to the pharmacy. Her husband is unable to give you any more history but tells you that Ann is not normally confused.

In your group make a list of the observations you can make without equipment when you first see Ann.

Notes from group discussion

ACTIVITY 4
CASE STUDY 1: ANN

Make a list of the clinical assessments you would consider to be appropriate at this stage.

Notes from group discussion

Clinical assessment skills

You will be using this section of the workbook as your personal record of the clinical assessments you will learn about during session 1 and then receive feedback during session 2.

The following texts on your practice are used as references throughout:

- Macleod J, Douglas G, Nicol F, Robertson C. Macleod's clinical examination (12th edition). Edinburgh: Churchill Livingstone. 2009.
- Patel V, Morrissey J. Practical and professional clinical skills. Oxford: Oxford University Press. 2011.

We strongly recommend that you practise the skills demonstrated in session 1 as much as possible prior to session 2.

We have intentionally spaced sessions 1 and 2 one week apart, so that you have the opportunity to practice, and also take a video recording (using a mobile device) of you testing out these skills with a colleague or family member. It is only with repeated practice that you will become competent in any skill. During session 2, you will have the opportunity to receive feedback and have the opportunity to discuss your experience with our expert facilitators.

The procedure checklists are intended as aide memoires to proficient performance, they are not written in stone. You should always follow organisational guidelines or policies where you are working. In practice, you may observe variation from what is written here, which is the nature of medicine.

With experience, clinicians learn to focus their clinical skills to the person. Remember, there is rarely only one right way to perform a procedure, but there are lots of wrong ways.

We have included a 'Personal reflection' space at the end of each new skill – use this space to record practice of a skill.

Completing a record will allow you to see:

- which skills you need to practise more or have performed on multiple occasions
- which skills you can perform in their entirety.

It will also help you to:

- become proficient in these skills
- reflect on your skills development and share your reflections with a mentor or peer
- remember the steps required to safely perform a procedure or clinical assessment.

Important information when conducting clinical assessments:

Before any clinical assessment or procedure:

- check the expiry dates on all drugs and equipment (handwashing gels may have a short expiry)
- wash your hands as recommended in NHS guidance
- introduce yourself, your role and confirm the person's identity
- explain that you want to examine them, what you are going to do and why you need to do this
- explain and discuss the clinical assessment or procedure with the person
- gain verbal consent from the person for you to perform the clinical assessment or procedure
- ask the person if they have any questions
- consider whether you need a chaperone for the clinical assessment or procedure.

After the clinical assessment or procedure:

- advise the person that you have finished and that they can get dressed if appropriate
- clean up
- wash your hands
- thank the person
- document what you have done
- check on the person and ask them if they have any questions.

Assessment to demonstrate your skills and competence

This CPD course has no formal assessment of skills to evidence personal competence in this area. The NHS CPCS self-assessment framework has been developed to support you to reflect on your knowledge and skills that enable you to provide the NHS CPCS.

This section of the workbook has been designed so that you can assess your skills or have them assessed by the facilitator and your peers at the during session 2. You can then use this experience to review your self-assessment framework.

Developing and maintaining competence in these skills should remain part of your ongoing professional development after this workshop. You are professionally responsible for deciding if you can conduct clinical assessments.

ACTIVITY 5
CLINICAL ASSESSMENT SKILLS

Go through the following exercises in your groups:

Temperature and urine dipstick testing

Check your understanding with the questions on the slides. Clarify any questions that you have with your group's trainer and write down areas for development here.

Pulse

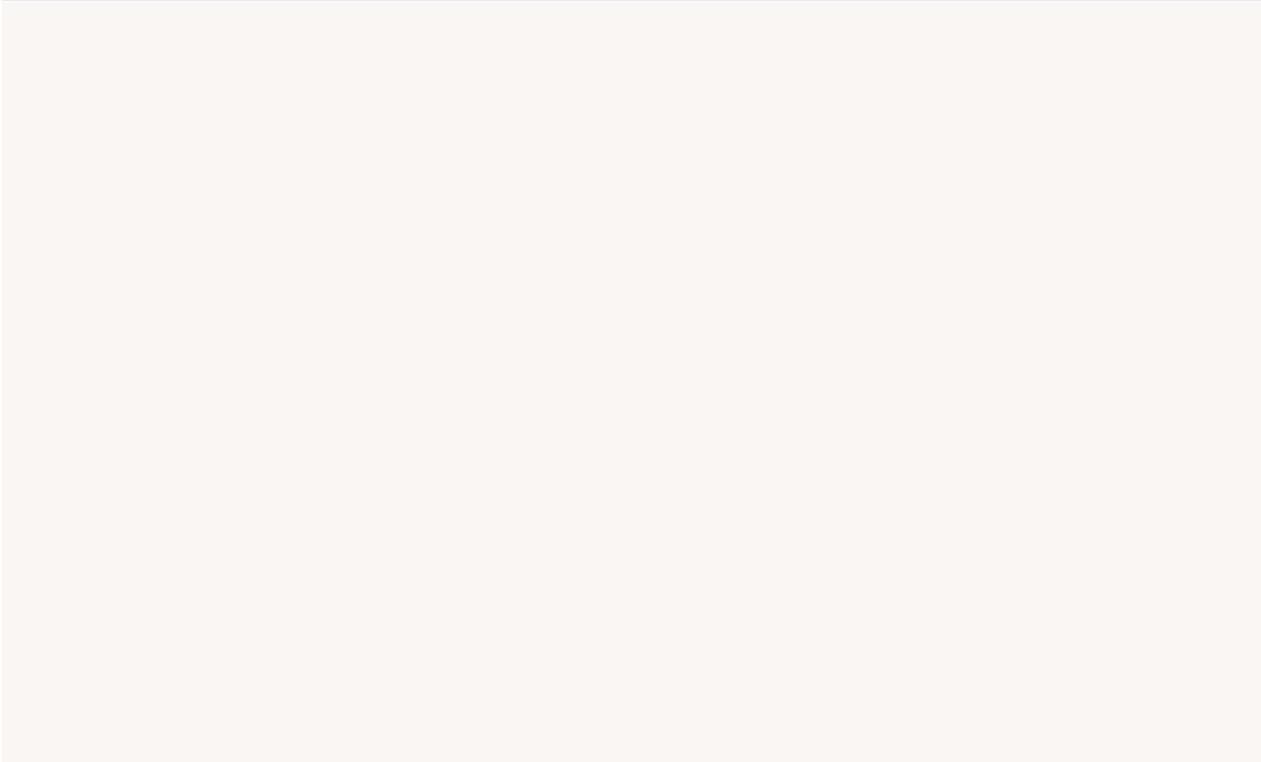
When pulse is examined manually, rate, rhythm, volume and character can be measured.

The radial artery, felt laterally in the wrist, is one of the most accessible pulses. Counting for up to 60 seconds may be required.

What might tachycardia (greater than 100 beats per minute) indicate?



What might bradycardia (less than 60 beats per minute) indicate?



Respiratory rate

Counting breaths without the person knowing is a simple test to carry out. This prevents any elevated respiratory rate when people are conscious of their respiratory efforts.

What is a normal respiratory rate in adults?

What might tachypnoea (respiratory rate greater than 20 breaths per minute) indicate?

What might bradypnoea (respiratory rate less than 12 breaths per minute) indicate?

Pulse oximetry

The pulse oximeter is a useful non-invasive test to monitor oxygen saturations.

Using a pulse oximeter applies a beam of red light, which is absorbed by haemoglobin depending on its oxygen saturation. False readings can be obtained when person's hands are cold, the device is not placed correctly on the finger, or if the person is wearing nail varnish or false nails. The person's ears and toes can also be used.

The principles for using a pulse oximeter to test oxygen saturation are outlined in the steps below.

Steps	
1	Wash your hands using the seven-step technique (or equivalent).
2	Check site for warmth, proximal pulse and capillary refill.
3	Ensure the site is clean and nail varnish is removed.
4	Choose an appropriate pulse oximeter sensor.
5	Position the sensor securely, but not with tape, unless recommended by manufacturer.
6	Switch on and/or plug in the pulse oximeter.
7	Allow the measurement to settle for a minute before reading.

What is the normal oxygen saturation level?

If a person with acute respiratory illness such as influenza or breathing difficulty, such as an asthma attack, has an oxygen saturation of less than 92%, what action would you take?

If a person with stable COPD has an oxygen saturation level of less than 92%, what action would you take?

Blood pressure

The principles for taking blood pressure measurement using an aneroid manual device are outlined in the steps below.

Steps	
1	Wash your hands using the seven-step technique (or equivalent).
2	Ask the person to be seated for at least five minutes, relaxed and not moving or speaking during the blood pressure reading, feet flat on the floor and legs not crossed.
3	Support the arm at the level of the heart.
4	Ensure no tight clothing constricts the arm. Locate brachial artery located medially on the anterior aspect of the elbow, medial to the biceps tendon.
5	Place the cuff on neatly with the centre of the bladder over the brachial artery.
6	The bladder should encircle at least 80 percent of the arm (but no more than 100 percent).

Estimate the systolic beforehand using this technique:

- a) palpate the radial or brachial artery
- b) inflate cuff until pulsation disappears
- c) deflate cuff
- d) estimate systolic pressure.

Then inflate to 30 mmHg above the estimated systolic level needed to occlude the pulse.

Place the stethoscope diaphragm over the brachial artery and deflate at a rate of 2 to 3 mm/sec until you hear regular tapping sounds.

Measure systolic (first sound) and diastolic (disappearance of sound) to nearest 2 mmHg.

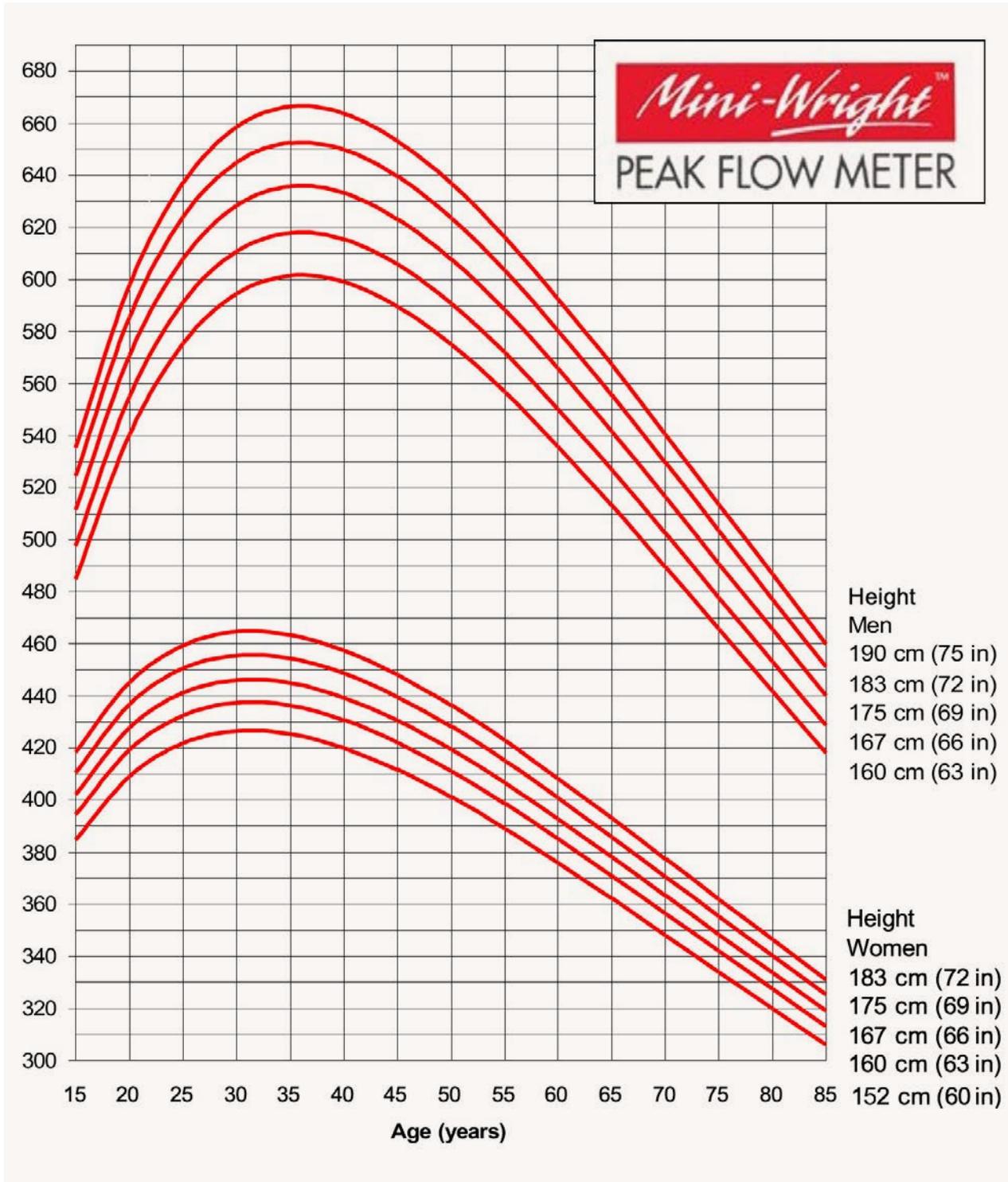
What are the optimal conditions before and during a blood pressure reading?

Peak flow

Peak expiratory flow rate (PEFR) has a useful role to play in diagnosis and monitoring of people with asthma. In chronic obstructive pulmonary disease (COPD), PEFR may be used for domiciliary monitoring or to document diurnal variation to differentiate from asthma. The method for performing peak flow is outlined below.

Steps	
1.	Wash your hands using the seven-step technique (or equivalent).
2.	Insert a new mouthpiece into the peak flow meter.
3.	Warn the person that the process might make them cough.
4.	Ask the person performing peak flow to stand or sit, positioning the pointer to zero.
5.	Ask them to hold the peak flow meter horizontally – fingers not obstructing the pointer.
6.	They should take a full inspiration prior to blowing, and make sure to not hold it.
7.	Ask the person to use lips to make a tight seal around the mouthpiece. Make sure the tongue and teeth do not obstruct the blow.
8.	Within two seconds of full inspiration tell the person to blow out as hard and as fast as possible, not as long as possible.
9.	Note the reading, record best of three blows.
10.	Dispose of the mouthpiece.
11.	Compare this figure to the predicted value (or person's best own reading) and express as a percentage of that value.

What is the role of PEFR in asthma monitoring?



Adapted by Clement Clarke for use with EN13826 /
EU scale peak flow meters from Nunn AJ Gregg I,
Br Med J 1989;298:1068-70

Doing things differently

ACTIVITY 6 WORKING WITH GENERAL PRACTICE

In your groups, discuss ways of working with General Practice, including strategies for building relationships across GP / community pharmacy – building a local peer network

As the GP referral pathway for the NHS CPCS is expanded, peer networks and collaborative working relationships will be increasingly important for the benefit of patient care.

Record and reflect on the group discussion here

Consider exploring collaborative working and peer networks in your own practice after this session.

For example:

- Shadowing clinicians and undertaking histories/observations under supervision to build experience and confidence – with a GP, ANP, or Practice Nurse. They could also shadow you to better understand each other's' roles and collectively look at streamlining better ways of working.
- Joining a local peer network e.g. virtual group that meets online at regular intervals for peer supervision, WhatsApp groups etc.
- Linking with regional clinical skills and simulation groups e.g. Yorkshire & Humber Clinical Skills and Simulation Network, as hold local meeting and regional conferences.

Session 2

Feedback on learning: Clinical assessments and observations

ACTIVITY 7 PEER AND FACILITATOR FEEDBACK

This activity gives you an opportunity to receive feedback on recorded videos of you demonstrating clinical assessment skills.

We strongly recommend that you continue to practise the skills demonstrated through this course as much as possible. It is only with repeated practice that you will become competent in any skill.

The procedure checklists found earlier on in this workbook are intended as aide memoires to proficient performance, they are not written in stone. You should always follow organisational guidelines or policies where you are working. In practice, you may observe variation from what is written here, which is the nature of medicine.

With experience, clinicians learn to focus their clinical skills to the person. Remember, there is rarely only one right way to perform a procedure, but there are lots of wrong ways.

We have included an area below for you to record your practise and reflections against each new skill.

Completing a record will allow you to see:

- which skills you need to practise more or have performed on multiple occasions
- which skills you can perform in their entirety

It will also help you to:

- become proficient in these skills
- reflect on your skills development and share your reflections with a mentor or peer
- remember the steps required to safely perform a procedure or clinical assessment.

Measuring pulse	
Observed by:	
Date:	
Personal reflection	
Learning points	

Respiratory rate

Observed by:	
Date:	
Personal reflection	
Learning points	

Pulse oximetry

Observed by:	
Date:	
Personal reflection	
Learning points	

Manual blood pressure

Observed by:	
Date:	
Personal reflection	
Learning points	

Peak expiratory flow rate

Observed by:	
Date:	
Personal reflection	
Learning points	

Case studies – Managing the patient

ACTIVITY 8 CASE STUDY 2: MORGAN



Morgan is 8 years old and is referred to the pharmacy after his parent has contacted NHS 111 for advice about a rash that has appeared overnight.

<p>History-taking questions</p> <div data-bbox="161 808 786 1182"></div>	<p>As your facilitator reveals the information obtained, write it down here</p> <div data-bbox="786 846 1428 1182"></div>
<p>Observations</p> <div data-bbox="161 1245 786 1619"></div>	<p>As your facilitator reveals the information obtained, write it down here</p> <div data-bbox="786 1290 1428 1619"></div>
<p>Clinical decision</p> <div data-bbox="161 1682 1428 2067"></div>	

ACTIVITY 9
CASE STUDY 3: ALEX

Alex is 50 years old and has been referred to the pharmacy by his/her GP practice. Alex tells you that he/she has had a cold and cough for the last two weeks and is producing lots of sputum. Alex reports that he/she feels awful. Over the last few days he has lost his sense of taste and if asked, admits to having a few beers with friends after hours, where social distancing was not maintained.

Alex asks if you can provide him/her with a course of antibiotics to clear it up. He/she states antibiotics always work for him/her when he/she is this ill.

History-taking questions	As your facilitator reveals the information obtained, write it down here
Observations	As your facilitator reveals the information obtained, write it down here
Clinical decision	

Clinical transfer and safety netting

ACTIVITY 10 **DOCUMENTING AND CLOSING** **(REVISITING ANN)**

Revisit Ann from Case Study 1, which was discussed in Session 1 (see page 8).

Answer the following questions as a group:

In your group identify what and how you would document the consultation you have held with Ann.

How would you close this consultation and provide a safety net? Make a note of the actual words and phrases that you would use.

Clinical decision

SBAR COMMUNICATION TOOL

The SBAR communication tool is easy to use and may help you to structure your communication so that information is transferred accurately when you refer people to other healthcare professionals or services. You can read more about it at: <https://improvement.nhs.uk/resources/sbar-communication-tool/>

S	Situation:
	I am (name), (x) nurse on ward (x) I am calling about (patient x)
	I am calling because I am concerned that...
	(e.g. BP is low/high, pulse is XX, temperature is XX, Early Warning Score is XX)
B	Background:
	Patient (x) was admitted on (XX date) with... (e.g. MI/chest infection)
	They have had (X operation/procedure/investigation) Patient (x)'s condition has changed in the last (XX mins) Their last set of obs were (XX)
	Patient (x)'s normal condition is... (e.g. alert/drowsy/confused, pain free)
A	Assessment:
	AI think the problem is (XXX)
	And I have...
	(e.g. given O2/analgesia, stopped the infusion) OR
	I am not sure what the problem is but patient (x) is deteriorating
	OR
I don't know what's wrong but I am really worried	
R	Recommendation:
	I need you to...
	Come to see the patient in the next (XX mins) AND
	Is there anything I need to do in the mean time? (e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

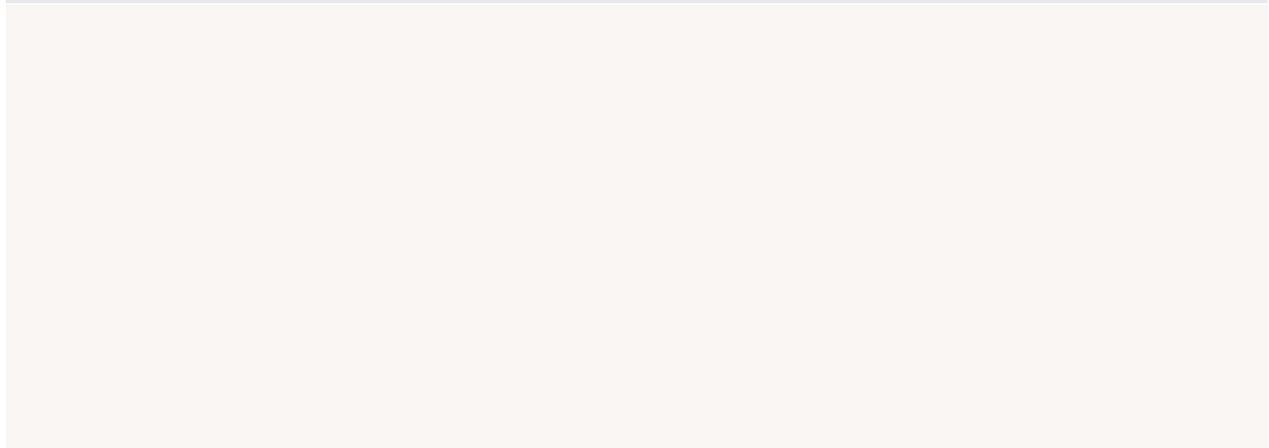
Doing things differently

ACTIVITY 11 LEARNING FROM EXPERIENCE

In your groups, pick one or more of the following topics to discuss, focusing on your experiences and lessons learnt.

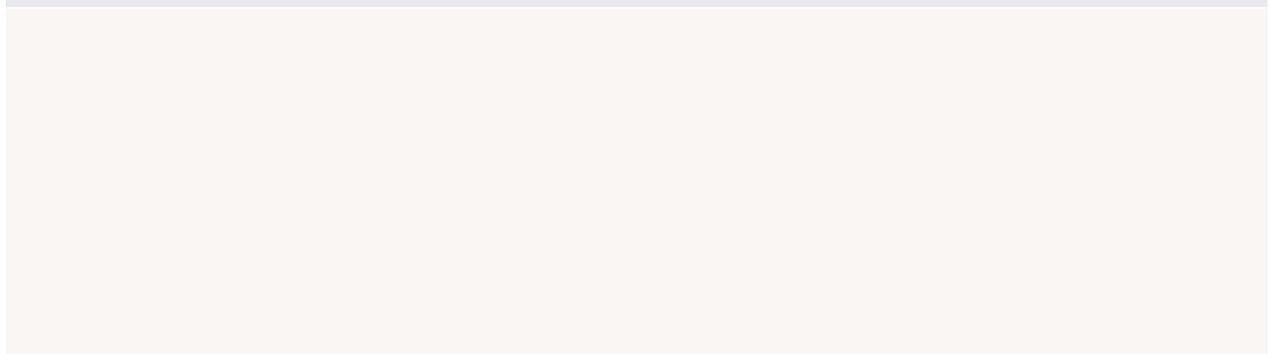
- Near misses
- Making assumptions patients can understand what we are saying
- Inclusion and diversity
- Having difficult conversations
- Safeguarding
- Challenging behaviours
- Confidentially
- Resilience
- Establishing working relations between general practice and community pharmacy

Notes from group discussion



Pick a take home message to share with the wider group and nominate one person to discuss this with the rest of the learners after return to the main meeting room.

Take home message



Next steps: learning and development plan

SUMMARY

Now you have worked through the materials and attended the workshop, it is time to undertake some activities which will give you an opportunity to apply your learning to practice.

The main learning points for me were:

What will I put into practice tomorrow?

What did I enjoy the most?

What further skills and knowledge do I need to develop?

Further reading

- Macleod J, Douglas G, Nicol F, Robertson C. Macleod's clinical examination (12th edition). Edinburgh: Churchill Livingstone. 2009.
- Patel V, Morrissey J. Practical and professional clinical skills. Oxford: Oxford University Press. 2011.
- Juthani-Mehta M, Tinetti M, Perrelli E, Towle V, Quagliarello V. Role of dipstick testing in the evaluation of urinary tract infection in nursing home residents. *Infection Control & Hospital Epidemiology* 2007; 28:889-91.
- National Institute of Health and Care Excellence. Clinical knowledge summaries: meningitis – bacterial meningitis and meningococcal disease. 2019.
<https://cks.nice.org.uk/meningitis-bacterial-meningitis-and-meningococcal-disease#!topicSummary>
- National Institute of Health and Care Excellence. Clinical knowledge summaries: urinary tract infection (lower) – women. 2019.
<https://cks.nice.org.uk/urinary-tract-infection-lower-women>
- National Institute of Health and Care Excellence. NG 51. Sepsis: recognition, diagnosis and early management.
www.nice.org.uk/guidance/ng51
- NHS Improvement. SBAR communication tool - situation, background, assessment, recommendation. No date.
<https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf>
- Royal College of General Practitioners. TARGET Antibiotic Toolkit. No date.
www.rcgp.org.uk/clinical-and-research/resources/toolkits/target-antibiotic-toolkit.aspx
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<http://rnhca.org.uk/clinical-skills>
- Royal College of Physicians. National Early Warning Score (NEWS) 2. 2017.
www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2
- Scottish Intercollegiate Guidelines Network. SIGN Guideline 88. Management of suspected bacterial urinary tract infection in adults. 2012.
www.sign.ac.uk/assets/sign88.pdf

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