ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

CPCS Clinical Training: Skills Refresher

Umar Chaudhry

Supporting pharmacists delivering the NHS CPCS in England

Ground rules

Take part to the best of your ability and fully engage in the session

Respect others' opinions

Allow others to speak

Don't be afraid to challenge others (respectfully)

One conversation at a time

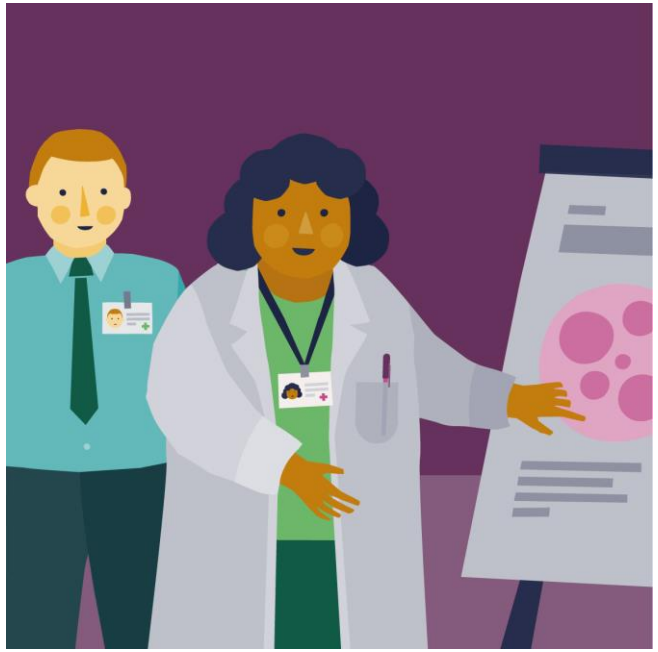
Keep personal issues out of the session

Maintain confidentiality within the group

Be fully present throughout the online workshop

Aim of this module

To refresh the knowledge, skills and confidence needed to undertake effective consultations, communications and clinical assessments in order to provide the NHS Community Pharmacist Consultation Service (CPCS).



Looking for support with operational aspects of CPCS delivery?
Check out our webinar hub

Learning objectives

After completing this session, you should be able to:

- Demonstrate a structured, person-centred approach to clinical history taking.
- Understand and apply tools to effectively undertake a mental health assessment.
- Discuss the principles of remote consultation skills.
- Demonstrate a range of clinical skills assessments.
- Identify presenting red flags in the consultation to enable safe, effective, transfer and safety netting of patients.

Today's session

Mini-quiz
Consultation skills - refresher
Assessment skills - refresher
Breakout rooms – *Video consultation - Eloise*
Understanding mental health assessments
Remote consultations
Breakout rooms – *Case studies*
Q&A
Mini-quiz
Summary and Close

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Mini-Quiz

Question 1

How many times should a person take a peak flow reading before you record it as the final reading?

A. 1
B. 2
C. 3
D. 4
E. As many as can be done in the time available

Question 2

Which mental assessment tools are most commonly used in practice?

A. HADS
B. NEWS2
C. BECK
D. Answer A+B
E. Answer A+C

Question 3

Which of the following scenarios would suggest a mood assessment and referral to a GP is an appropriate course of action?

A. A person who feels anxious about their exams
B. A person who feels depressed following a bereavement
C. A person who has suicidal ideology
D. A person who has postnatal depression
E. All of the above

Question 4

Which of the following is NOT good practice for video consultations?

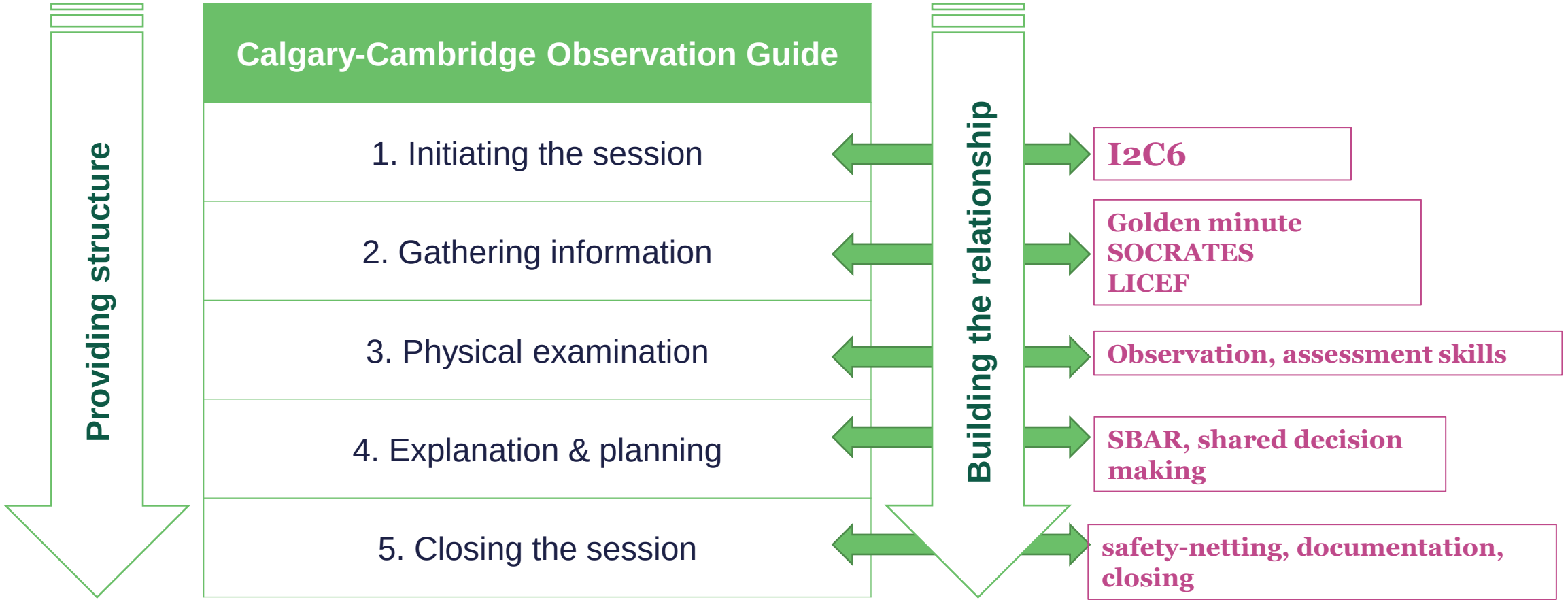
A. Ensure that you are dressed smartly, with adequate lighting and privacy
B. Explain how to set up a video consultation thoroughly with the patient
C. Use a commonly accessible social media platform such as WhatsApp
D. Introduce yourself and confirm the patients' details
E. Check for understanding during the consultation

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Conducting a Consultation - refresher

Calgary-Cambridge



See page 3 In your learner workbook

CPPE
CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

Gathering information: the golden minute

Gathering information: SOCRATES

Site – location of the symptom

Onset – how and when the symptoms developed

Character – specifics of the symptoms

Radiation – have the symptoms spread anywhere else

Association – any other associated symptoms

Time – change over time

Exacerbating (or relieving) - anything that makes it better or worse

Severity – either could score e.g. pain score rate 1 – 10 OR level of effect on ADLs

Gathering information: Have you thought about….

Past medical history, including:
Past operations/ illness

Medical history, including:
Medication + OTC products + drugs
Long term conditions
Family history

Social history, including:
Smoking
Alcohol
Foreign holidays/travel
Pets
Hobbies

Other?

Observations

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Clinical assessment skills refresher

Clinical assessment skills

- Blood pressure monitoring
- Pulse oximetry
- Pulse rate
- Temperature measurement

Share your experiences in the chat box

Refresher

Temperature

- The body temperature is regulated by the hypothalamus in the brain. Core temperature is the temperature below the subcutaneous tissue.
- It can be recorded orally, axilla, rectum or via the ear canal.
- The normal range of body temperature is 36°-37.5°C & can vary according to the site used.
- It can be more than 0.4°C higher than the oral temperature and 0.2°C lower than the rectal temperature

Pulse oximetry

- This tool provides a non-invasive assessment of oxygen saturation.
- It applies a beam of light, absorbed by the haemoglobin in the blood stream. Correct technique is therefore important.
- Normal readings should be between 95-100% in air.
- Some people with specific conditions can have a lower O2 saturation level as normal.
- If the reading drops below 92% the patient needs urgent help.

Summary

Pulse

Usually taken at the radial artery , felt laterally in the wrist. Count for 60 seconds.

Examine the pulse manually and measure the rate, rhythm, volume and character.

- Tachycardia - pulse > 100 beats per minute.
- Bradycardia - pulse less than 60 beats per minute.

Blood pressure

Blood pressure is determined by the volume ejected by the heart into the arteries, the elastance of the walls of the arteries, and the rate at which the blood flows out of the arteries.

Normal blood pressure is considered to be between 90/60mmHg and 120/80mmHg. High blood pressure is to be 140/90mmHg or higher. Low blood pressure is to be 90/60mmHg or lower.

How to take a Peak flow reading

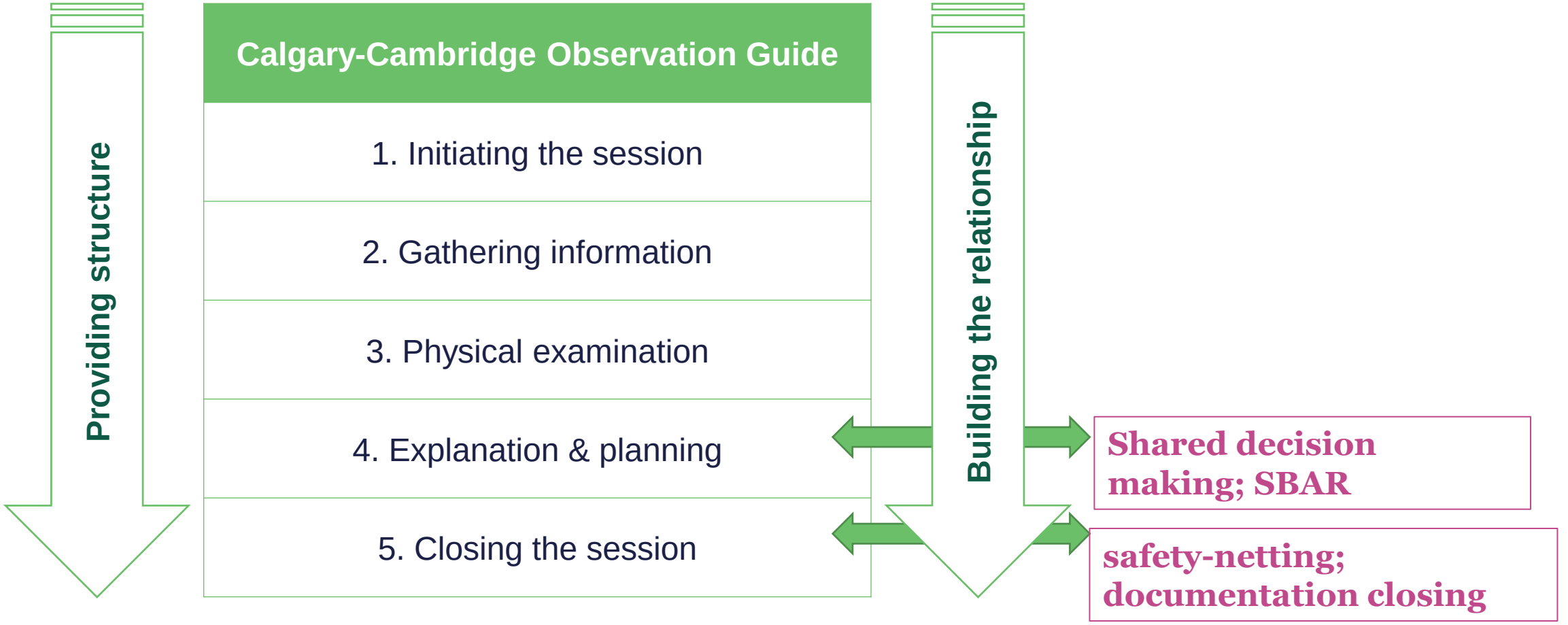
1. Wash your hands using the seven-step technique (or equivalent).
2. Insert a new mouthpiece into the peak flow meter.
3. Warn the person that the process might make them cough.
4. Ask the person performing peak flow to stand or sit, positioning the pointer to zero.
5. Ask them to hold the peak flow 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.

Why do we take a peak flow reading?

- Portable peak flow available since 1978
- The peak flow meter is one of the means of objectively assessing and monitoring the airway function of our patients.
- Normal peak flow rates vary according to age, height, and sex.
- A patient's normal score should be within 20% of a person of the same age, sex, and height who does not have asthma.
- Can use a chart which records standardised normal values to get a predicted value.
- The peak flow values should be recorded on a peak flow chart.

National Heart, Lung and Blood Institute. (2021).

Bringing it together: explanation, planning, closing



See page 5 In your learner workbook

CPPE
CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Breakout rooms

We will now be moving to breakout rooms for small group discussions led by our Clinical Facilitators.

- You will automatically be moved to your breakout room in a moment.
- When you enter your breakout room, please ensure you turn your camera on to indicate you are ready to get started.
- All the same features (mute/unmute, raise hand) will be available in your breakout room.

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Mental health assessments

Introduction to mental health assessments

Mental health assessment

Consider asking people who you believe may have depression if:

- During the last month, have they often been bothered by feeling down, depressed or hopeless?
- During the last month, have they often been bothered by having little interest or pleasure in doing things?
- If a person answers 'yes' to either of the depression identification questions but the practitioner is not competent to perform a mental health assessment, refer the person to an appropriate professional who can.

NICE, 2022

Approaching the conversation

Mental health assessment tools
For example:

1. Hospital Anxiety and Depression Scale (HADS).

Ask patients to tick the box beside the reply that is closest to how they are feeling in the past week. Advise them not to take too long over their replies: your first thoughts are best.

https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf

2. Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire. https://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf

3. Edinburgh postnatal depression scale

See https://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm

Hospital Anxiety and Depression Scale (HADS)

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			**I feel as if I am slowed down:**
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			**I get a sort of frightened feeling like 'butterflies' in the stomach:**
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			**I have lost interest in my appearance:**
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			**I feel restless as I have to be on the move:**
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			**I look forward with enjoyment to things:**
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			**I get sudden feelings of panic:**
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			**I can enjoy a good book or radio or TV program:**
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Please check you have answered all the questions

Scoring:
Total score: Depression (D) _____ Anxiety (A) _____
0-7 = Normal
8-10 = Borderline abnormal (borderline case)
11-21 = Abnormal (case)

https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf

Beck's Depression Inventory

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
- 0 I do not feel sad.
- 1 I feel sad
- 2 I am sad all the time and I can't snap out of it.
- 3 I am so sad and unhappy that I can't stand it.

2.
- 0 I am not particularly discouraged about the future.
- 1 I feel discouraged about the future.
- 2 I feel I have nothing to look forward to.
- 3 I feel the future is hopeless and that things cannot improve.

3.
- 0 I do not feel like a failure.
- 1 I feel I have failed more than the average person.
- 2 As I look back on my life, all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person.

4.
- 0 I get as much satisfaction out of things as I used to.
- 1 I don't enjoy things the way I used to.
- 2 I don't get real satisfaction out of anything anymore.
- 3 I am dissatisfied or bored with everything.

Edinburgh postnatal depression scale

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often — Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

https://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

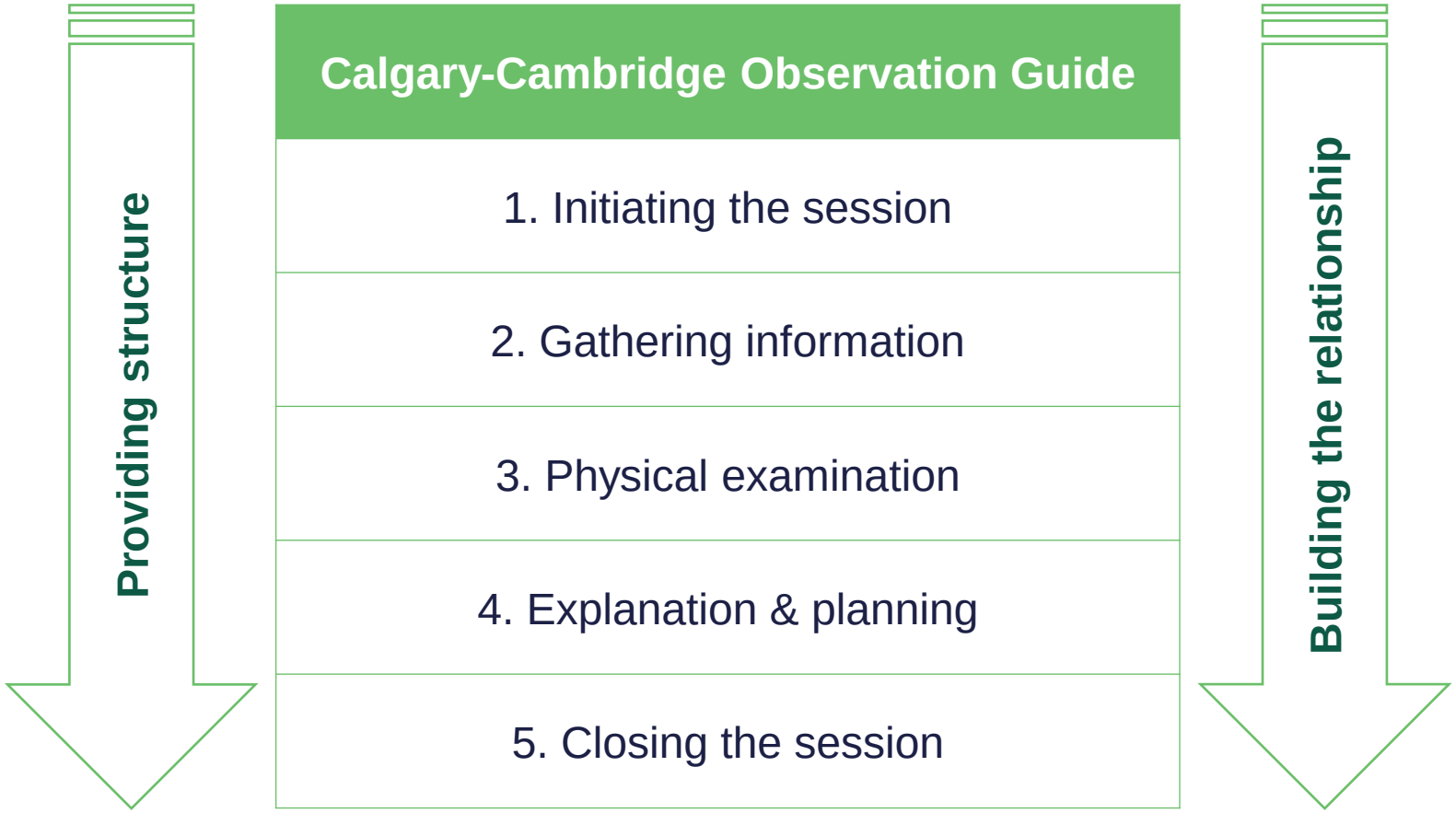
Remote consultations

Remote Consultations

1. Telephone Consultations

2. Video Consultations

Calgary-Cambridge Model for Remote Consultations



CPPE
CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

Delivering an Effective Remote Consultation

- There are both similarities and differences in undertaking remote and face-to-face consultations.
- For any consultation you need to establish the other person's agenda, focus on what they need from the consultation and facilitate a shared decision about next steps.
- The theory that underpins consultation skills in general can be transferred effectively to remote consultations.
- The CONSULT model has been developed specifically for pharmacy professionals to support remote consultations in practice.

the PHARMACEUTICAL JOURNAL
A Royal Pharmaceutical Society publication

https://www.pharmaceutical-journal.com/cpd-and-learning/learning/remote-consultations-how-pharmacy-teams-can-practise-them-successfully/

Lloyd Hambridge, Deputy Chief Pharmaceutical Officer, Welsh Government

Remote Consultations: CONSULT

Consider remote consultation or not?	***What's needed?*** ***Information (email/text) phone, video or face-to-face?***
Organise required technology	***Are software and hardware working?*** ***Can I use them confidently?***
Necessary requirements to hand	***Clinical records, environment (quiet, lighting, camera), equipment available, recording method?***
Start the consultation purposefully	***Can you hear and see each other?*** ***Others present (carers, interruptions)?*** ***Explain oddities e.g. taking notes.*** ***Agree agenda (both).*** ***Outline structure, manage expectations (time).***
Undertake the review	***Use your standard processes.*** ***Remember to keep person-centred.*** ***Triage and arrange face-to-face if needed.***
Listen and agree next steps	***Use shared decision making (benefit/risk, alternative if no action).*** ***Check in and summarise often "chunk and check".*** ***Offer information and organise new appointment if needed.***
Terminate appropriately	***Both you and patient summarise actions.*** ***Remember safety netting.*** ***Be the last to leave the call.***

https://www.pharmaceutical-journal.com/cpd-and-learning/learning/remote-consultations-how-pharmacy-teams-can-practise-them-successfully/

Lloyd Hambridge, Deputy Chief Pharmaceutical Officer, Welsh Government

Key Considerations: Safeguarding

- Establishing whether there is another person or people with the patient who can see and hear the consultation, and whether the patient is comfortable with this. Ask a closed question such as “are you able to talk freely?”.

- Confirming the location of the patient at the time if there is a chance that they need urgent or emergency care. If you determine that you need to call an ambulance, then you would need to know where to direct it to.

- Determining whether there is anything that is putting the patient in immediate danger and how this can be addressed i.e. you may want to check that they are in a safe environment and that they are not currently driving.

Key Considerations: Confidentiality and Consent

- Obtain consent to initially undertake the consultation, for other individuals in the room (with patient and/or in the consultation room) and for invited third parties into the consultation e.g. patient's family member who is not with patient but invited into the consultation via the platform. Document any consent obtained.

- Ensure you are in a private room to undertake the consultation and that only those consented hear and/or see the consultation.

- Recording consultations is a complex subject;
  - Patient recording;
  - Clinician recording.

Key Considerations: Documentation and Indemnity

- Documentation:
  - It is important to document remote consultations in the way that you would document face-to-face consultations and that it is an accurate record.
  - Include detail on the patient's preferences in terms of type of remote consultation and any additional support that was required.
- Insurance/indemnity:
  - It is important that you check with your employer and/or insurance provider if there are any restrictions on your policy and if you are insured to deliver remote consultations.

Skills for Remote Consultations

- Active listening and detailed history taking.
- Ideas, concerns and expectations (ICE).
- Frequently clarifying and paraphrasing (chunking and checking).
- Picking-up cues (e.g. pace, pauses, change in voice intonation).
- Offering opportunities to ask questions.
- Offering patient education.
- Safety netting.
- Documentation.

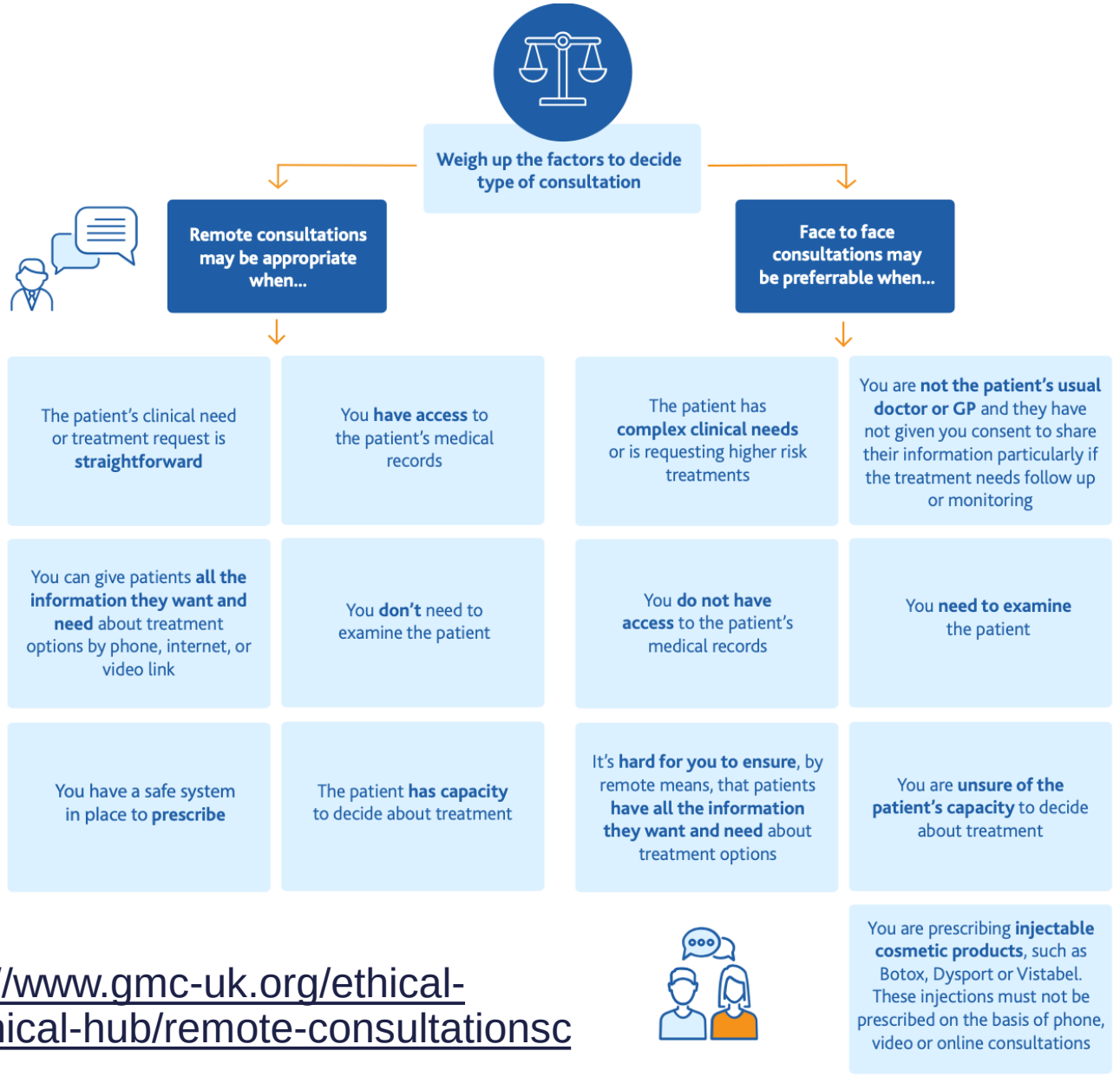
Lloyd Hambridge, Deputy Chief Pharmaceutical Officer, Welsh Government

Common Errors in Remote Consultations

Type of error	Common examples	Techniques to prevent error
Information Gathering	• Inadequate drug and allergy history. • Absence of key questions.	• Open questions. • Checklist.
Relationship Building	• Clinician anger and frustration with psychosocial problems. • Patient anger over unmet expectations.	• Attentiveness to verbal and non-verbal cues. • Overt expression of empathy. • Clarify reason for call. • Supervision and feedback from regular call recordings.
Decision Making	• Premature decision-making or too early closure in the consultation. • Absent diagnosis. • Wellness bias.	• Frame problems in terms of disease and illness. • Involve patient in decision-making.
Explanation and Planning	• Unclear instructions and treatment explanation.	• Smaller chunks of information. • Ask patient to repeat information to check understanding. • Safety-netting.

Lloyd Hambridge, Deputy Chief Pharmaceutical Officer, Welsh Government

Remote versus Face-to-face Consultations



GMC: https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultationsc

Top tips for conducting telephone consultations

- Is the patient ok to talk?
- Speak with a smile in your voice
- “Know what you are aiming for…
- Allow enough time
- Develop TeleCharisma™
- Have a systematic approach
- Listen actively
- Use open and closed questions
- Summarise the call
- Check your understanding matches that of the caller
- Document the call adequately
- Access good training”

Pulse (2010)

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Break

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Breakout rooms

We will now be moving to breakout rooms for small group discussions led by our Clinical Facilitators.

- You will automatically be moved to your breakout room in a moment.
- When you enter your breakout room, please ensure you turn your camera on to indicate you are ready to get started.
- All the same features (mute/unmute, raise hand) will be available in your breakout room.

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Q&A

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Mini-Quiz revisited

Question 1

How many times should a person take a peak flow reading before you record it as the final reading?

A. 1
B. 2
C. 3
D. 4
E. As many as can be done in the time available

Question 1

How many times should a person take a peak flow reading before you record it as the final reading?

A. 1
B. 2
C. 3
D. 4
E. As many as can be done in the time available

Question 2

Which mental assessment tools are most commonly used in practice?

A. HADS
B. NEWS2
C. BECK
D. Answer A+B
E. Answer A+C

Question 2

Which mental assessment tools are most commonly used in practice?

A. HADS
B. NEWS2
C. BECK
D. Answer A+B
E. Answer A+C

Question 3

Which of the following scenarios would suggest a mood assessment and referral to a GP is an appropriate course of action?

A. A person who feels anxious about their exams
B. A person who feels depressed following a bereavement
C. A person who has suicidal ideology
D. A person who has postnatal depression
E. All of the above

Question 3

Which of the following scenarios would suggest a mood assessment and referral to a GP is an appropriate course of action?

A. A person who feels anxious about their exams
B. A person who feels depressed following a bereavement
C. A person who has suicidal ideology
D. A person who has postnatal depression
E. All of the above

Question 4

Which of the following is NOT good practice for video consultations?

A. Ensure that you are dressed smartly, with adequate lighting and privacy
B. Explain how to set up a video consultation thoroughly with the patient
C. Use a commonly accessible social media platform such as WhatsApp
D. Introduce yourself and confirm the patients' details
E. Check for understanding during the consultation

Question 4

Which of the following is NOT good practice for video consultations?

A. Ensure that you are dressed smartly, with adequate lighting and privacy
B. Explain how to set up a video consultation thoroughly with the patient
C. Use a commonly accessible social media platform such as WhatsApp
D. Introduce yourself and confirm the patients' details
E. Check for understanding during the consultation

ROYAL PHARMACEUTICAL SOCIETY

Royal College of General Practitioners

Summary

Summary points

Today we have considered the following topics:

- Demonstrate a structured, person-centred approach to clinical history taking.
- Understand and apply tools to effectively undertake a mental health assessment.
- Discuss the principles of remote consultation skills.
- Demonstrate a range of clinical skills assessments.
- Identify presenting red flags in the consultation to enable safe, effective, transfer and safety netting of patients.

Additional resources

Nickless, G., & Davies, R. (2016). How to take an accurate and detailed medication history. *The Pharmaceutical Journal*, *296*(7886), 1-5.

Greenhalgh T., Koh G. C., Car J. Covid-19: a remote assessment in primary care. BMJ. 2020 Mar 25;368.

Feedback

- Your opinion matters!

- Help us to improve your training sessions and deliver more of the content you like by completing the feedback survey.

- The link is in the chat and will also be emailed to you.

Thank you for your interest in NHS CPCS!

Make sure to share this opportunity with your colleagues!

ROYAL PHARMACEUTICAL SOCIETY

RCGP Royal College of General Practitioners

References

Kurtz, S. M., & Silverman, J. D. (1996). The Calgary—Cambridge Referenced Observation Guides: an aid to defining the curriculum and organizing the teaching in communication training programmes. *Medical education*, *30*(2), 83-89.

National Heart, Lung and Blood Institute. (2021).Asthma Management Guidelines: Focused Updates 2020. www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates.

NICE (2022). Depression in adults. https://www.nice.org.uk/guidance/ng222

RPS (2022). The role of pharmacy in mental health and wellbeing. https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/the-role-of-pharmacy-in-mental-health-and-wellbeing

Royal College of Nursing (2020). Remote Consultations Guidance Under COVID-19 Restrictions. https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2020/April/009-256.pdf

Royal College of General Practitioners (2020). Top 10 tips for successful GP video consultations. https://www.rcgp.org.uk/Blog/COVID-19-video-consultations

Greenhalgh T., Koh G. C., Car J. Covid-19: a remote assessment in primary care. BMJ. 2020 Mar 25;368.

General Medical Council. Remote consultations. https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations

Medical Defence Union (2022). Conducting remote consultations. https://www.themdu.com/guidance-and-advice/guides/conducting-remote-consultations

Pulse (2010). Ten top tips on telephone consultations. https://www.pulsetoday.co.uk/clinical-feature/practice-personal-finance/ten-top-tips-on-telephone-consultations/